

**NC MFP Rebalancing Fund Development  
Update to Roundtable  
May 13, 2011**

**Revised June 2, 2011 to include May 13 Roundtable Feedback**



**A Reminder of what the MFP Rebalancing Fund Is**

An estimate of the amount of state savings attributed to the MFP enhanced FMAP rate for each demonstration year. This money can be used to provide additional home and community-based services (HCBS). It is a restricted fund for the states to increase HCBS or build infrastructure (quality management system or train providers for example) that will lead to an increase in HCBS.

**Projection of Rebalancing Funds NC Will Have Based on Current Benchmark Projections**

NC Rebalancing Fund Projection	
CY 2007	
CY 2008	
CY 2009	\$ 55,810.00
CY 2010	\$ 259,146.00
CY 2011	\$ 1,161,889.00
CY 2012	\$ 1,186,410.00
CY 2013	\$ 1,398,875.00
CY 2014	\$ 1,514,414.00
CY 2015	\$ 1,514,414.00
CY 2016	\$ 1,514,414.00
Rebalancing Fund Projected Total	\$ 8,605,372.00

Numbers posted represent formula in January, 2011 budget submission. Numbers will be slightly higher since benchmarks increased by 30 slots in April, 2011

**Rebalancing Fund Priorities/Parameters set by DMA Leadership Team**

**Parameters:**

- Must promote person-centered, person-directed practices.
- At this time, no new money to contribute
- Supports hospital/facility diversion efforts

**Specific Priorities:**

- Voluntary ICF Conversion
- Linking individuals with work (suggested)
- Exploring universal waiver options

**What's Emerging**  
**(Based on Recommendations from February, 2011 Roundtable and Feedback**  
**from Other Stakeholders)**

\* indicates issue that 2006 NC MFP application indicated Project would address.

- **Housing \***
  - Roommate referral network
  - Increased Housing vouchers
  - Down payments for mortgages
- **Behavioral Health/Mental Health \***
  - Expansion of NC Start
  - Increased Community-based behavioral support/capacity
  - Better support to folks with SPMI
- **Expansion of Respite Services \***
- **Support for Voluntary ICF Conversion**
- **Peer Education/Support**
  - Develop strong I/DD peer-to-peer support program
  - Scholarships for trainings/etc
  - Advocates while in hospital.
- **Coverage of one time “big ticket” expenses.**
  - Things not currently allowed/sufficient under Medicaid
  - Increase start up funds\*
  - Specific to equipment: wheelchair lifts, ramps
- **Creating Community Connections**
  - Recreational Funds to allow individuals to connect to the community.
  - MFP reunion/annual gathering of transitioned individuals.
- **Transportation\***
- **Assistive Technology**
  - TA on use
  - “telesupport”/ “Smart Homes”
- **Medicaid-Specific Recommendations:\***
  - Increased CAP slots
  - Increased rate to CAP-DA
  - Waivers to support SPMI
  - Waivers to support individuals with physical disabilities
  - Address deductible issues.
- **Infrastructure Building:**
  - Strengthening of QI/QA systems.\*
  - Efforts to support better coordination at state level\*
  - “barrier buster” staff
- **Workforce Development:\***
  - Increased rates for direct support staff, case managers
  - College of Direct Support tuitions

## **FEEDBACK FROM MAY, 2011 ROUNDTABLE:**

- Support to participants to fully participate in transition planning process including being accountable and responsible for identified transition functions (peer support opportunities here)
- Support for all individuals re: long-term care planning and health care planning.

### **The Ideas for Funding Mechanisms:**

- **Community Foundation**
  - Not restricted to Medicaid recipients
  - Flexible funding
  - Endowment—growth
- **Grant-based through DHHS.**
- **Waiver services**
  - How will sustain?

### **Next Steps (aka, it's going to be a busy summer)**

- Full analysis of long-term care studies.
- Research of Rebalancing Fund structure (including thoughts of sustainability, etc.)
- Survey development and distribution
- Rebalancing Structure Scenarios presented for discussion at August Roundtable