

MFP Roundtable Notes
Iredell County Department of Social Services
Statesville, NC
Friday, August 10th 2012



Welcome! Christy Blevins, Maria Brown-Cherry, Anna Cain, Rene Cummings, Kim Emory, Trish Farnham, Al Fry, Gina Gammons, Krista Hunsuck, Kim Johnson, Sharon Kellermann, Linda Kendall Fields, Michelle Kluttz, Katie Kutcher, Catherine Laporte, Debi Lee, Vivian Leon, Bailey Liipfert, Ashley McGill, Jeanie Moran, Marianne Nadeau, Kevin Nale, Rachel Noell, Joanne Otuanye, Natarsa Patillo, Charisse Porter, Christan Poston, Whitney Pritchard, Lorrie Roth, Erin Strain, Diane Upshaw, Nichole Watson, Georgia Wood, Sunny Woodbury, Barbara Woodbury

Trish welcomed everyone. Announced that Diane Upshaw has accepted position with MFP as Budget and Contracts Coordinator.

Participants introduced themselves, their organizations and responded to the question "What was your favorite school lunch?"

Thanks to Iredell DSS for meeting accommodations today – Joanne Otuanye received flowers as a thank you

Meeting Dedication – Director of MHSADD, Steve Jordan was killed in a bicycle accident in July. His spirit of collaboration, gentle and kind demeanor will be missed. He had a special interest in the Money Follows the Person Project. Trish reflected on his memorial service and his consistent spirit across all the domains of his life. This MFP Round Table is dedicated to his memory.

MFP Updates and Discussion

- Real People, Real Impact – Christy Blevins welcomed Catherine Laporte to the Round Table, whose mother was able to transition home through MFP. Catherine spoke of her mother, Phyllis Pillar's life and her positive, life changing experience with MFP.
- Transition Data Report – Natarsa provided an overview of transitions as of August 10, 2012 (Attachment 1). Returns to the facility were, by and large, due to a decline in health. Noteworthy point that the rate of transitions has increased each year.
- Barriers Discussion (Attachment 2)–Pre-transition Withdrawals - #1 reason people unable to transition, lack of family support/community

support. Housing issues largest issue in delaying transition process. Other factors illustrated on handout. Discussion/clarification about “deductible barrier” – a North Carolina institutional bias. Trish noted that MFP project has a lot of work to do to reach the benchmark of 105 by the end of the calendar year – currently at 48. Not a huge concern at this point, but an important point since MFP will lose a portion of their funding if they do not meet their benchmarks.

- Recent Cost Analysis Data Presentation (Attachment 3)– Trish reviewed a handout dedicated to illustrating the average monthly Medicaid cost per recipient, before and after MFP transition – notable drop (on average) in Medicaid costs after transition. Trish asked for clarification from the group re: the table located on page 2 of 5 on this handout – needs to be clearer. Why aren’t the real costs of institutional care reflected and allocated; confusion about how the table is labeled? May be more informative to say “On average, the cost of a person coming out of X institution is _____”
- Rebalancing Fund Update – Funds required to set aside and reinvest in community infrastructure. Housing committee and Family Caregiver RFA ready and some bureaucratic “constipation” in commencing with Rebalancing efforts.
- Data Advisory Group Update
 - Potential MFP-eligible Projections by Facility Type, County and Aging – 4,000 people in facilities between ages 22 and 64. 22,000 people over 65. Data Advisory Group will polish this information and have prepared in written form by November MFP meeting.
- Outreach Update – Kicked-off the “year of storytelling” in 2012
 - Brochure – showed mock-up of new brochure – Trish reviewed the sections and the thoughtful use of photos and fonts. A few highlights: Brochure contains a self-check: “Will I qualify for MFP?” Has an open spot for local organizations to place their own information. Will be available soon – some suggestions for distribution to nursing facilities, hospitals, discharge planners and particularly through local partners.
 - Website – Progress being made – delayed by bureaucratic processes. Thanks to Roundtable participants from the May meeting in Fayetteville - helped with videos.
 - Other outreach discussion: Katie Kucher talked about outreach efforts to nursing homes in nine county area. Other ideas for outreach include: building support for local communities to bring MFP stories to the media. Invitation to Round Table to join MFP Outreach Committee (telephone meetings). Idea to support facilities to chip away at “learned helplessness,” in preparation for transitions. Question about reaching family members directly to tell them about

MFP. Another initiative involved family/resident councils. Some facilities have information in nursing facility admission packets. Lorrie R. suggested working through local Ombudsman office. Comment from Katherine (family) – observation that there is a conflict of interest between MFP and nursing facilities. Ideas to include MFP materials/other resource directories in admission packet; something posted with Resident Bill of Rights. Also - ideas for outreach for DD/ID populations are underway.

- Updates on Other Priorities:
 - Pre-Transition Case Management – under development for awhile; revising payment process – slowed by Medicaid claims process. If this doesn't work, there will be an administrative arrangement
 - CCNC – critical access to medical care. Wanda Brown from CCNC will make sure that people transitioning from nursing facilities access these services. By end of 2013, people in NFs will be able to transition into CCNC. Wanda will be part of November meeting.
 - LCA/CRC Updates
 - CRC database – Lorrie Roth echoed some frustration with bureaucratic constipation (one of the themes of the day!) CRC staff working with 2-1-1 in Durham to develop a client tracking service. Some local programs are developing/using their own systems. Trish shared the benefits of a data system that authorized users can access to streamline client information and community interactions
 - Since October 2010, LCA has processed 1,081 referrals from nursing homes.
 - Quality of Life Survey – People transitioned for 11 months under MFP can be interviewed by LCA options counselors to check in & offer additional resources, etc.

LUNCH (provided)

Reviewing and Discussing MFP's Expansion: "SubCAP" Transitions (For individuals who qualify for MFP but do not require CAP level of service) –Why? Who qualifies? Who will be doing transition coordination? How will supports come together? *Power Point slides were presented and are available – outlined what this effort is and why MFP did it. Handouts show potential "support level determination for transitioning individuals" under this effort and DVR/IL & CIL MFP Transition Coordination

- Discussion of feedback, input, questions – Kevin Nale and Renee' Cummins commented on identified need for MFP transitions for people

who do not require CAP services and opportunity for CILs to be involved in transitions of these people. Bailey mentioned promise of using this model for care transitions out of hospitals.

- Questions? Question about western counties and coverage of seven county area around Asheville – piloting in a portion of the Disability Partners catchment area for now. Important to let LCA counselors know that this option is available so that a MFP referral becomes a default action (because of CAP eligibility). Suggestion that Christy share her experience with helping people move out, even with the difficult Medicaid deductible issue – perhaps at a Round Table in the future. Vivian L. asked about PASSAR reviews and whether she could make a MFP referral. Every MFP person will receive a Quality of Life survey after 11 months. Packet of written information is being developed for transition team, which is expanded under this initiative. Current initiative focused on people between the age of 22 and 64, but will not exclude others. Ombudsman and LCAs need to be informed of this change.

Discussion of MCO/MFP Relationship – (Attachment 4)

- Slot allocation – 26 slots will be available to MFP through March 2013 (allocated very soon). If you are an MCO, the CAP DD (Innovations) waiver freeze will go away. Announcements will come through DMA communications channels – MFP will announce.

Upcoming Priorities:

- Supporting people with SPMI (Severe Persistent Mental Illness) – MFP will be thinking through the following for this populations: 1) Assessing support needs; 2) Linking with supports; and, 3) Ensuring that support is received. Who wants to contribute to this conversation?
 - MFP staff – Christy
 - DVRIL transitions staff
 - Renee' Cummings
 - Kevin Nale
 - Krista
 - Sharon
 - Vivian Leon
 - Michelle (NC Start)
- Quality Assurance/Quality Improvement Efforts – MFP will be partnering with Truvent, which is CMS' national quality improvement technical advisor!
- The meeting was adjourned at 3:00pm

Save the Dates

- 2nd Monday of Every Month, 2-4p Learning Series
- MFP Roundtable, The Annual Event!
 - Friday, November 9th, Raleigh

Attachment 1

MFP – NC Transitions
August 10, 2012 Update

Transitions Information:

Total Transitions:	205	<u>2012</u> 48 to date	<u>2011</u> 88	<u>2010</u> 39	<u>2009</u> 30	
Total Aging and Physical Disability Transitioned:	116	<u>2012</u> 38 to date	<u>2011</u> 57	<u>2010</u> 12	<u>2009</u> 9	
Total Development Disability Transitioned:	89	<u>2012</u> 10 to date	<u>2011</u> 31	<u>2010</u> 27	<u>2009</u> 21	
Number of participants who have currently returned to facility:	15 (7.3% of total transitions)					
Number of participants who have passed away since transitioning:	11					
Number of participants enrolled but have not transitioned:	139	<u>Enrolled 2012</u> 98	<u>Enrolled 2011</u> 31	<u>Enrolled in 2010</u> 5	<u>Enrolled in 2009</u> 4	<u>Enrolled in 2008</u> 1
		10 = DD 88 = Aging and PD	13 = DD 18 = Aging and PD	3 = DD 2 = Aging and PD	4 = DD	1 = Aging & PD

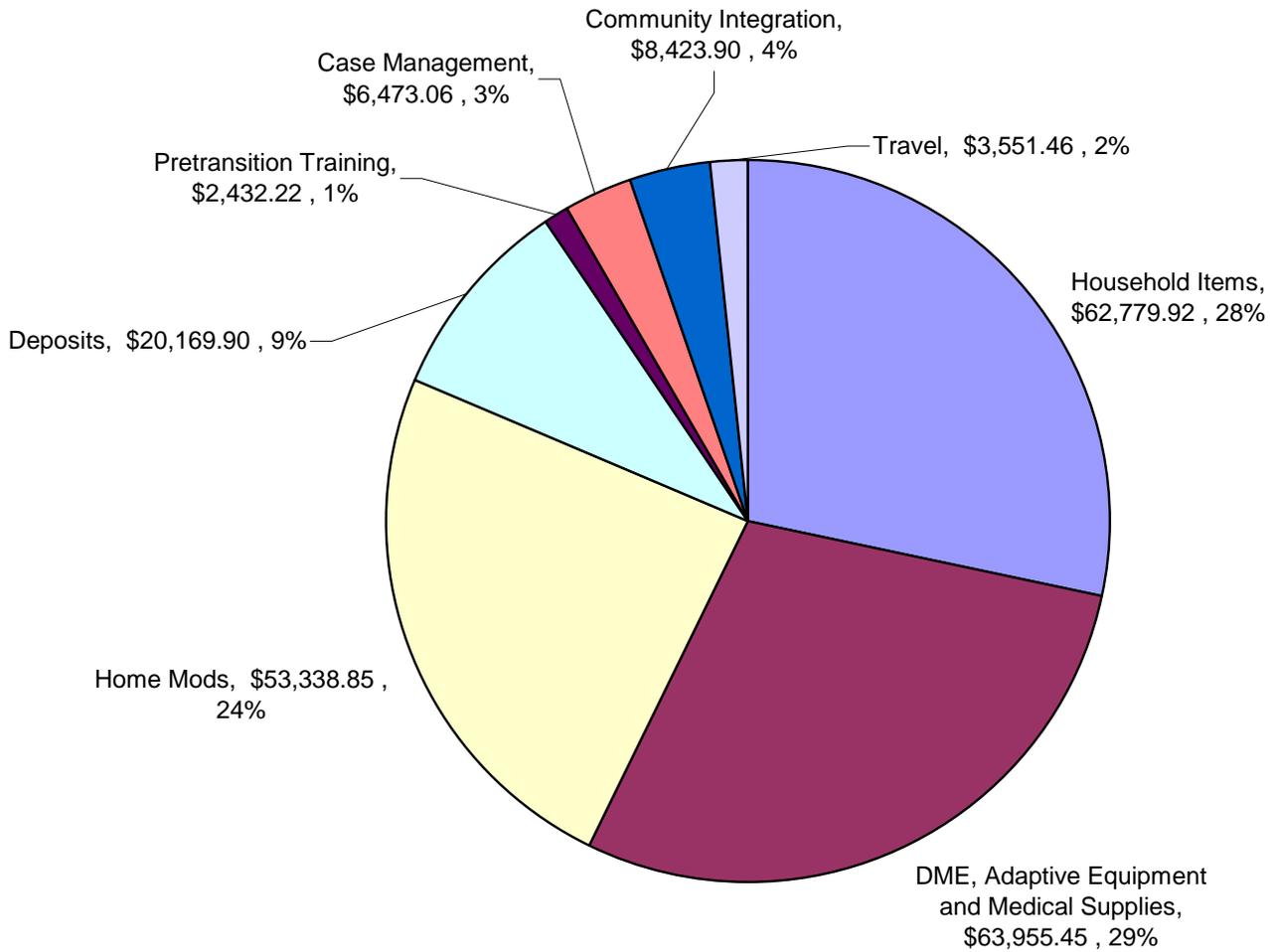
Barriers for those Transitioning:

- Most Noted:** Housing • Family Support • Deductible • Lack of Provider Support
Other Barriers: Increased Behaviors • Too many medical issues • Decline in health • Specific housing request • Transitioned into 6 bed facilities • Process took too long • FL - 2 issues • Slot allocation • Issues with criminal backgrounds • Issues finding a provider
 • CAP staffing • CAP eligibility

Additional Information about our Benchmarks:

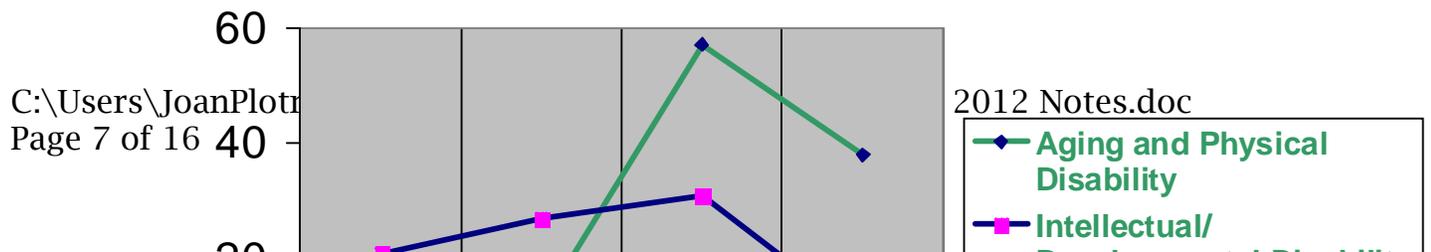
NC MFP Proposed Revised Benchmarks				
	Aging and Physical Disability		Intellectual/Developmental Disability	
YEAR	Projection	Notes	Projection	Notes
CY 2009	9	CY2009=actual	21	CY 2009=Actual
CY 2010	10/12	Revised Projection/Actual	30/27	Revised Projection/Actual
CY 2011	60/57	Projection/Actual	30/31	Projection/Actual
CY 2012	75/38	Projection/Actual	30/10	Projection/Actual
CY 2013	100	Projection	30	Projection
CMS requires placeholder benchmark projections through 2015. These placeholder projections are based on CY2013 projections but will be revised through informed, collaborative decision-making.				
Maintained Benchmark Commitment from Original Operational Protocol			304	
Revised Benchmark Commitment Through 2013			396	
Revised Benchmark Commitment 2013-2019* 2019=last year of MFP slot allocation			To be determined with thoughtful, collaborative decision making.	

**Transition Year Stability Funds
Spending Chart**



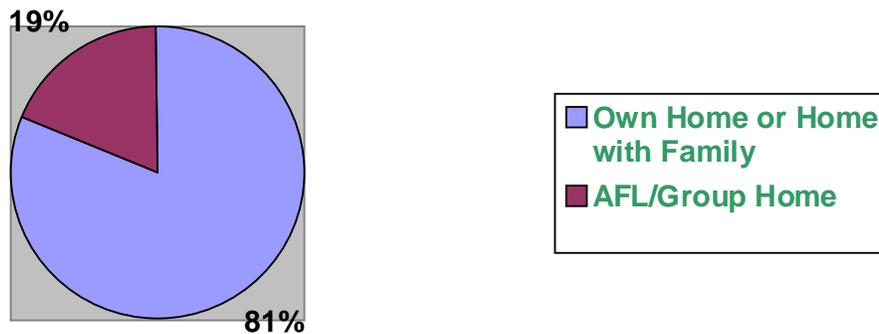
- 126 participants have used TYSR Funds.
- \$ 219,390 has been accessed.
- \$1741 average used per person.

Transition Trends through August 3, 2012



*The totals above reflect the number of participants that transitioned home per year broken down by disability category.

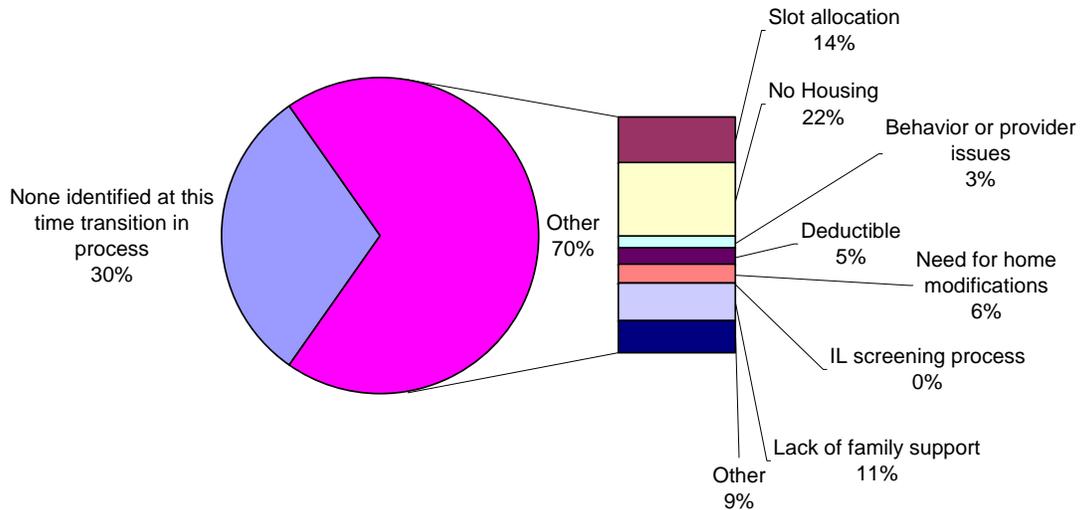
Where Have NC MFP Participants Moved To?



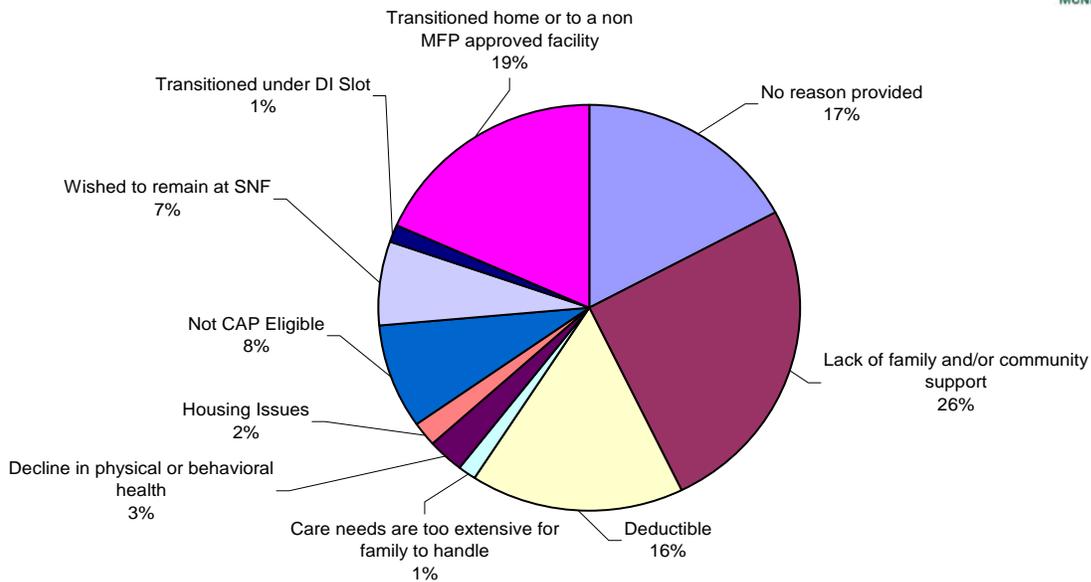
* To date 205 people have moved home/community.
166 to their own home alone or with a relative and 39 to an AFL or Group Home setting.

Attachment 2

Delays in Transitions Among Current MFP Participants August 10, 2012 Update



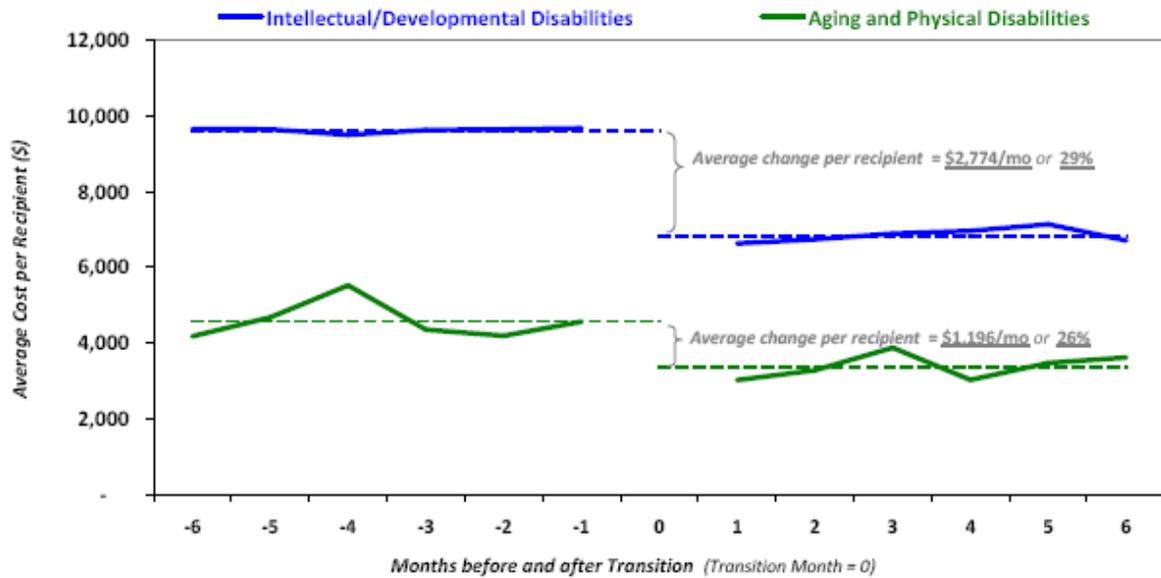
MFP Pre-Transition Withdrawals: Reasons Identified August 10, 2012 Update



*Percentages reflect specific barrier divided by total barriers reported.

Attachment 3

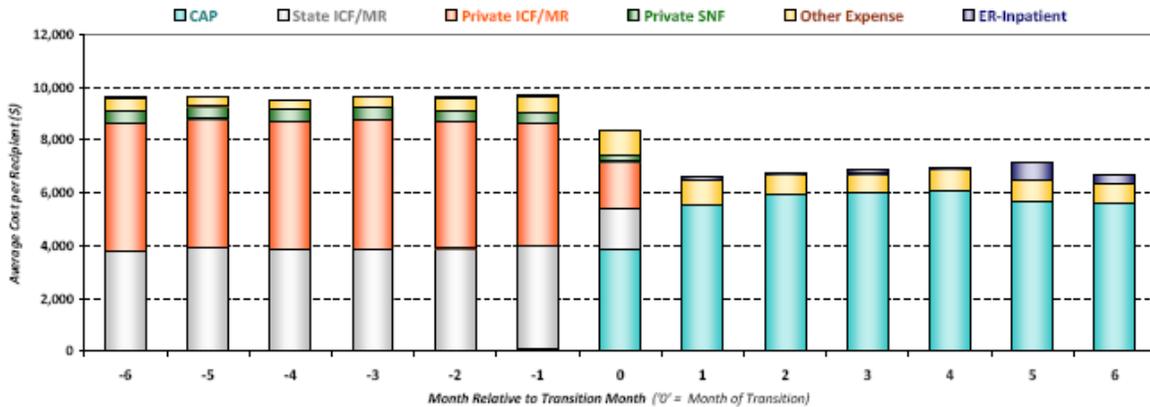
Average monthly Medicaid cost per recipient, before and after MFP transition



Month	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
Intellectual/Developmental Disabilities													
n	68	68	68	68	68	68	68	68	68	68	68	68	68
Avg Cost (\$)	9,646	9,634	9,495	9,617	9,636	9,665		6,628	6,734	6,887	6,957	7,134	6,709
Aging and Physical Disabilities													
n	45	47	47	47	47	47	47	47	47	47	47	47	47
Avg Cost (\$)	4,162	4,679	5,525	4,357	4,193	4,563		3,026	3,285	3,879	3,032	3,478	3,624

Notes:
 * Includes 113 recipients who transitioned by 10/15/2011. (Subsequent submission of claims for period extracted could affect final results).
 * Excludes recipients not enrolled for full interval or who returned to facility within 6 months after transition.
 * Includes both duals and non-duals, but excludes recipients whose dual status changed during the interval under analysis.
 * Dashed lines are pre- and post-transition averages.

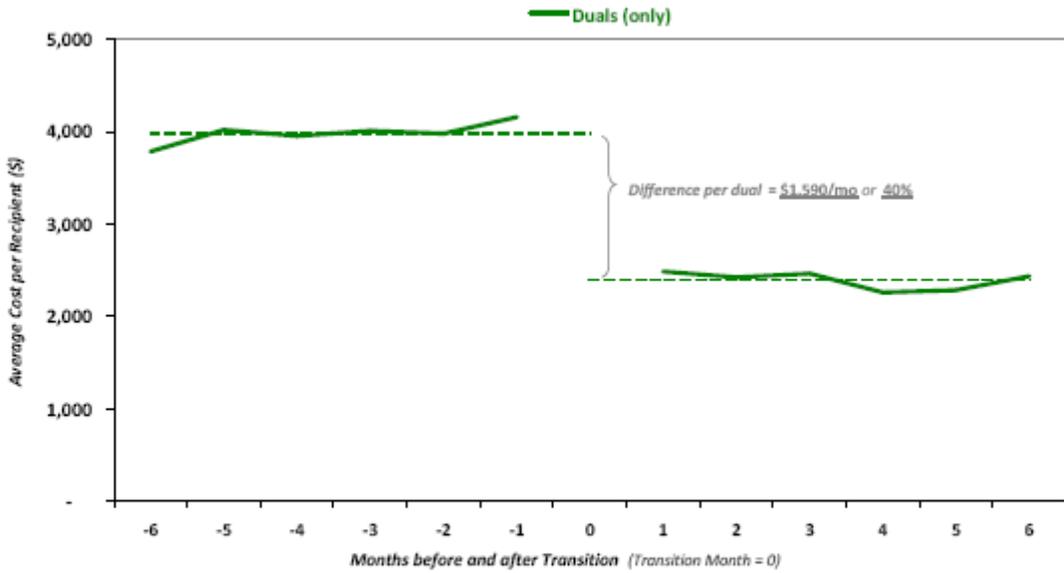
MFP: Intellectual/Developmental Disabilities: Breakout of Average Monthly Medicaid Cost per Recipient - All Medicaid (only) Costs



Intellectual/Developmental Disabilities - Average Cost per Recipient for each Month:

	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
ER-Inpatient	112.42	0.00	1.40	0.00	55.31	34.25	1.04	160.69	20.85	173.30	52.52	680.00	351.73
Other Expense	420.84	370.57	339.92	367.32	469.83	616.72	965.60	928.20	763.69	740.38	839.15	800.69	788.87
Private SNF	484.82	474.95	488.42	471.37	438.31	396.38	230.95	0.00	0.00	0.00	0.00	0.00	0.00
Private ICF/MR	4,845.70	4,838.71	4,808.79	4,898.20	4,790.17	4,653.79	1,816.16	0.00	0.00	0.00	0.00	0.00	0.00
State ICF/MR	3,782.08	3,948.74	3,856.04	3,879.59	3,882.27	3,854.57	1,525.25	0.00	0.00	0.00	0.00	0.00	0.00
CAP	0.00	0.00	0.00	0.00	0.00	109.51	3,840.45	5,538.80	5,949.61	5,973.17	6,065.41	5,653.14	5,568.76
Total	9,645.86	9,634.36	9,494.55	9,616.58	9,635.89	9,665.17	8,379.45	6,627.70	6,734.14	6,886.85	6,957.08	7,133.83	6,709.37

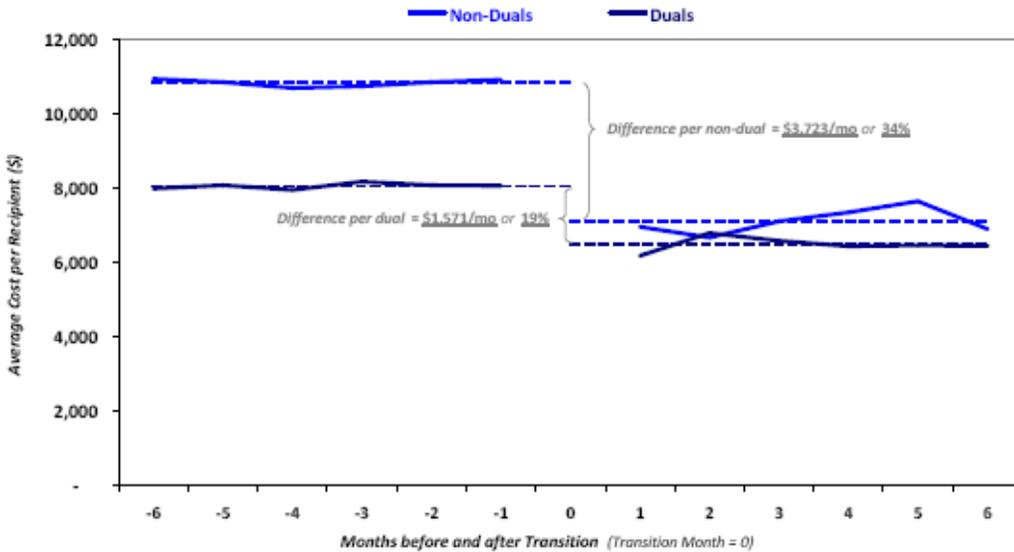
Aging and physical disability recipients only:
Average monthly Medicaid cost per recipient, before and after MFP transition - Dually-enrolled only



Month	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
Aging and Physical Disabilities - Dual Enrollees													
n	35	36	36	36	36	36	36	36	36	36	36	36	36
Avg Cost (\$)	3,785	4,017	3,952	4,007	3,977	4,155		2,485	2,424	2,464	2,259	2,285	2,437

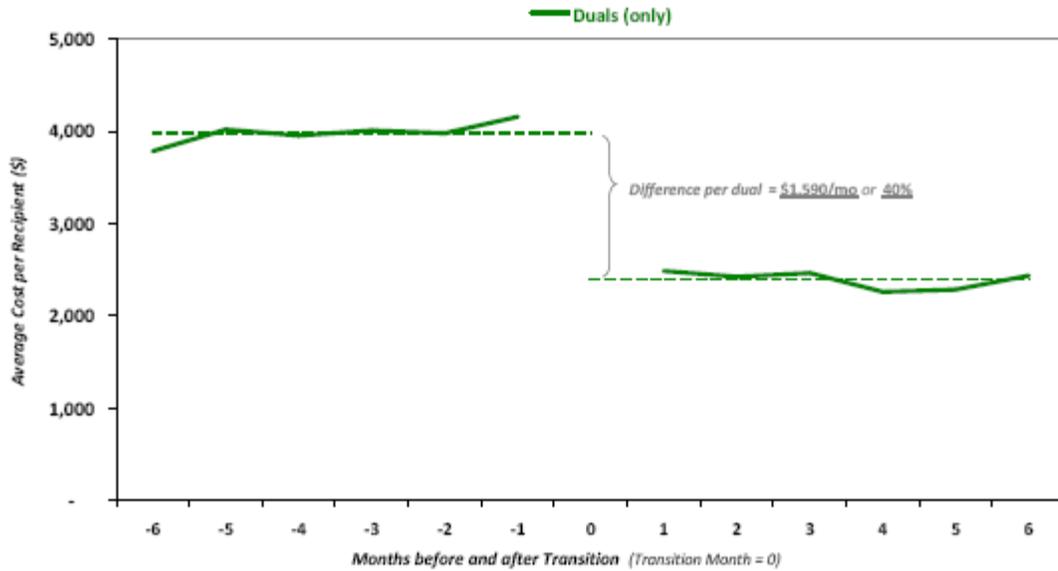
*Note: non-duals not shown due to small number (10).

Intellectual/developmental disability recipients only:
Average monthly Medicaid cost per recipient, before and after MFP transition - Dually-enrolled vs. Non-Duals



Month	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
Intellectual/Developmental Disabilities - Dual Enrollees													
n	30	30	30	30	30	30	30	30	30	30	30	30	30
Avg Cost (\$)	7,996	8,088	7,963	8,182	8,088	8,073		6,192	6,801	6,593	6,450	6,470	6,454
Intellectual/Developmental Disabilities - Non-Dual Enrollees													
n	38	38	38	38	38	38	38	38	38	38	38	38	38
Avg Cost (\$)	10,949	10,855	10,704	10,749	10,858	10,922		6,972	6,681	7,119	7,357	7,658	6,911

Aging and physical disability recipients only:
 Average monthly Medical cost per recipient, before and after MFP transition - Dually-enrolled only



Month	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6
Aging and Physical Disabilities - Dual Enrollees													
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Attachment 4

NC MFP Update on Managed Care Organization Expansion and MFP

MFP Slots under Innovations Waiver:

1. Anticipated This Waiver Year
2. Distribution not yet known.
3. Training will be required to access slots

MFP Start Up (“TYSR”) Funds:

1. TYSR Funds will be available for Innovations Waiver participants for:
 - a. Pre-Transition clinical consultations
 - b. Pre-Transition staff training
 - c. Other needs not covered by waiver or Medicaid

Transition Coordination

1. Will provide capacity support building
 - a. See capacity checklist
2. Additional updates likely

Advising on Future Contract Development

- Transition Practices and Performance
- Support for innovative transition and rebalancing practices

INCOMPLETE DRAFT

NORTH CAROLINA TRANSITION SUPPORT CAPACITY MCO Organizational Competencies		
Domain	Key Elements	Notes
Organizational Planning Regarding Transition Priorities and Olmstead Adherence		
Clear organizational understanding of ADA and US Supreme Court’s <i>Olmstead Decision</i>		Have Department legal staff conduct with MCO management via webinar
Establishment of transition target populations and benchmarks.		
Strategic Planning to develop community capacity for deinstitutionalized populations.		
Partnership agreements reflect transition priorities and responsibilities of each entity.		
In-Reach into Facilities, Outreach to Families		
How will individuals and		

their families learn about community-based support options?		
What are community-based outreach expectations?		
Elements of message.	<ul style="list-style-type: none"> • Criteria [for HCBS] • Talking points 	
Transition Coordinator Skillset Training		
Recommended Training	<ul style="list-style-type: none"> • Person-centered supports • Waiver services • Options Counseling Training on other support resources available through DMA, DAAS, DVR-IL and others. • Olmstead Training • Orientation to housing options/models • Orientation to Assistive Technology resources • Behavioral Health Resources • CCNC • Understanding Guardianship and Surrogate Decision Making • Conflict Resolution • Group facilitation • Positive partnerships with facilities 	
Continuing Education Requirements		
Enrollment in MFP or Other Transition Initiatives		
Enrollment Practices		
Project- specific requirements		
Transition Planning Structure		
Locus of Responsibility and Clear designation of roles	<ul style="list-style-type: none"> • Transition coordinator (if separate from case manager) 	See Transition Protocols for DD Center transitions

	<ul style="list-style-type: none"> • case manager/care coordinator • discharge planner • CCNC Care Coordinator 	
Distinction between discharge planning and transition coordinator function.		
Distinction between case management and transition coordination function		
Administrative and financial functions for ensuring effective clinical/staffing overlap for assessment and training purposes and for advancing resources as needed.		
Workflow		
Timelines		
Transition Planning Tool/Assessment		
Assessment Process		
Key Elements of Transition Planning Tool		
Protocol for determining “transitionability”, including possible appeals process.		
Risk Mitigation Strategies		
Using the transition plan to inform the “PCP”		
“Moving Day” Requirements		
Final check		
Expectations for Transition Coordinator		
Follow Along Requirements		
Expectations for visits, follow up meetings		
Duration		
Transition CQI interview		
Incident reporting		
Recidivism Analysis		
Debriefing of individual’s return to the facility.	What happened? Why did it go wrong?	

	Dates/Timelines Analysis of transition-related activities (pre-transition staff training, behavioral support, efficient linking with medical support, etc).	
Aggregated Recidivism Data Analysis		
Re-enrollment practices		