

MFP Roundtable: The Raleigh Edition

November 12, 2010

10:00am – 4:00pm

AARP Office, Raleigh

Participants:

Alma Atkinson	Susan Reed
Stephanie Alexander	Jill Rushing
Terry Ames	Kathy Smith
Mary Bethel	David Taylor
Tracy Colvard	Judy Walton
Kelly Crosbie	Janice White
Annaliese Dolph	Kelly Woodall
Sandy Ellsworth	Marian Hartman
Abby Emanuelson	Athena Brown
Trish Farnham	Elizabeth Johnson
Michelle Harvey	Maria Spaulding
Kim Johnson	Gay Joyner
Linda Kendall Fields	Carol Donin
Sabrena Lea	Reese Jackson(?)
Bailey Liipfert	Mark Marquez
Pamela Lloyd	Betsy MacMichael
Ronnie Marshall	Denise Rogers
Marlonna Mobley	Lea Anne McTavish
Jeanie Moran	Beth Melcher
Karen Murphy	Natarsa Patillo
Jeff Payne	

Welcome and Introductions

Trish Farnham, MFP Director, welcomed everyone to the fourth MFP Roundtable – the final meeting of this group in 2010. She stated that the Roundtable had moved back to Raleigh this time because the group wanted updates from several DHHS officials engaged in work that is relevant and critical to the MFP project.

Linda Kendall Fields, Meeting Facilitator reviewed the purpose of this meeting: 1) To bring everyone to the table; and, 2) To get feedback on priorities. She also reviewed the four key objectives of the MFP project, which frame the form and discussion of each Roundtable. Previous

MFP Roundtables were held in Raleigh in February, 2010; Wilmington in May, 2010 and Statesville in August, 2010.

Participants introduced themselves and described their connection to the MFP project.

Where We Are: MFP and Community Living in 2010

Reflections from the group (successes and comments captured on flipchart):

- 59 people transitioned to the community
- Word of MFP spreading beyond the “frontline”
- MFP part of Olmstead conversations
- All 20 CAP- DD slots allocated
- All Local Management Entities(LMEs) involved in MFP – Statewide!
- National attention ex. NPR highlighting MFP
- Working with other agencies/services – similar passions – see that communication is vital – resources need to be developed
- Increasing providers’ awareness of resources
- Need to use churches more
- Remember to be pragmatic, but don’t compromise on vision

Reflections from DHHS Leadership about Long-Term Supports and MFP

- Comments from Assistant Secretary Beth Melcher –
 - Happy about the State commitment to the Project. Thinks this is a remarkable time for all. Glad to know that people with developmental disabilities are now finally being recognized. They have the right to choose their services and where they want to live. Now folks have a choice. We have tried for over 25 years but hope that we have now gotten on the right track. Was at a national meeting and NC is actually recognized as a state that is trying to get this done. We have gotten out front and are far ahead of many states as far as pushing forward. Challenges the MFP Project to continue to think through and address Mental Health. An opportunity to figure out what does it take. We are in a time that the budget is very tight so we have to think

outside the box. This initiative can get the job done; we just have to work together. Are there barriers that can now be removed? When we move things and shape things up – we have the opportunity to make things different. WE are here to help people who deserve to live on their own and move out to the community.

Brief State Legislative Update

- Comments from Mary Bethel , AARP – How Does MFP Fit into the Legislative Process?
 - The state really depends on MFP. We now have to get our message out no matter what. The new election is going to make a difference for the program and all home and community-based initiatives. Now those of us that are used to working with the old group of legislators will need to make ourselves known to the new party coming in. The new majority party has shared the Republican agenda for the 1st 90 days which includes no new tax increases. If there are now tax increases this means that the budget will be balanced with a cuts only approach.

Reflections from DHHS Leadership about Long-Term Supports and MFP (continued)

- Comments from Deputy Secretary Maria Spaulding –
 - Has been a caretaker for 16 years of her husband. Took off some weeks to take care of her husband. Against the advice of the facility, she brought him home. Anything that we can do to keep people home who want to be home is very important. We have to be very vocal in letting all know how much better people do when they are home instead of being in places they don't want to be. We have to voice that money is saved when a person is home. The department really wants to provide as much of an opportunity as possible but money sometimes stands in the way.
 - Questions (Q) from MFP Roundtable Participants and Answers (A) from Ms. Spaulding:
 - Q - When will the 15% reduction be made public?

- A - Will not announce until absolutely mandatory that they have to.
- Q - Is the progress on DHHS Excel initiative posted on the website?
- A - Yes it is.
- Q - When will the Governor release the budget cuts?
- A - Her best guess is that the Governor will wait until it is necessary and is close to legislative confirmation. Not sure.

Linda commented that even in the times of uncertainty, there is comfort in knowing that we have the support of the state leaders that are present in this room.

Olmstead Update

- Comments from Annaliese Dolph, Disability Rights NC – Olmstead enforces the integration mandate under the Americans with Disabilities Act. There have been a number of cases involving the Supreme Court. Questions being asked include: Does the state have a plan? Are they working from the plan? On average, it costs a lot less to serve people in the community than it does in a facility. Advocates have seen much more activity since the Obama administration has come in. The new administration feels that they are under time restraints. Reverse Olmstead claims are being filed to help people who have moved out to the community to remain in the community. A very promising Georgia settlement has recently been reached (see mailing sent out to Roundtable members from Natarsa Patillo on October 21, 2010). The settlement turned out to be very good for people with developmental disabilities and others as well. Not about closing the facility, it's about keeping folks with disabilities happy and where they want to be. A misconception is that the families can take care of them, but this is not the case in most situations.

MFP Update

- A retrospective look at the past year and a look forward to the coming year was provided by MFP Director, Trish Farnham. The Power Point outlining Trish's presentation is available on the Project's website.

Laying the Groundwork for 2011 and Beyond

Updates and Reflections from MFP's State Collaborators

Division of Health Service Regulation - Comments from Stephanie Alexander

- DHSR is working on changing regulations that unnecessarily place licensure mandates on supervised living arrangements (such as the case of two women with disabilities who wish to be roommates).

Division of State Operated Healthcare Facilities – Comments from Carol Donin

- Developmental centers continue to conduct visits and consultation after the person transitions.
- Success builds on success. Families talk to one another. They share stories and then more opportunities are created.
- Five 6-bed ICF-MR group homes will open specifically for individuals from the developmental centers with complex behavioral and/or medical challenges whose guardians are in favor of community living. Will be operated by private providers. The 1st such home will open in December. Provider and center staff are now identifying folks who will room well together.
- In an effort to focus on collaboration, partnerships and return to the community, a MOA has been created for all new admissions to the general population at the centers that authorizes admissions for a one year period. LME can request extension prior to the designated discharge date.
- Advises that MFP stay out there talking to the families... The families have fears and reservations and we have to be able to calm the fears.

Division of Vocational Rehabilitation, Independent Living Rehabilitation Program –Comments from Pamela Lloyd-Ogoke , Chief of Community Services

- ILRP is for people who do not have an employment goal. Although the DVR does provide IL services for people who have

employment goals, today's discussion is exclusive to population who either cannot or chooses not to work but who still need IL services. ILRP helps people who need home modifications, vehicle modifications, medical equipment and personal assistant services. Comparative benefits must always be used so this program is not a duplicate of other services. Transition is not a new concept for the independent living program - have been engaged in this for a number of years. Pam came into the position two years ago and the program was clarified to comply with the Olmstead Act and place priority on de institutionalization and prevention of institutionalization There was not a lot of teamwork between DVRS and DMA until we met Trish, the current MFP director and "we got married (joke)". There are 16 ILRP offices staffed with personnel such as IL counselors, Engineers, recreational therapist, Managers, and support staff; ILRPs also have some relationship with the CILS, (Centers for Independent Living) which have been doing transitions for years and we hope to strengthen that relationship. We are very excited about MFP. Erin Russell, formally of the Division of Aging and Adult Services is now serving as the Housing and Transition Coordinator. Alma Atkinson is the program Assistant. We will be hiring three transition coordinators to be assigned to cover the three regions (east, west, central) and housed within the DVR offices. The position is posted and is hopefully on the way. We have to have the positions where the momentum exists. Our mission is the same as MFP. Making sure folks stay in the community and come out of the facilities. Like other DHHS divisions, ILRP is anticipating some bad news about budget cuts to come. It is imperative that everyone educate decision makers who may not have clear understanding on the Olmstead Act and the daily needs of the people we serve.

Division of Aging and Adult Services, Comments from Denise Rogers

- Represents Longterm Care Ombudsman program – advocates for residents in licensed adult care homes and nursing facilities across the state- 17 area programs. Holding a meeting to talk about what every one's roles will be within MFP. Still a lot of barriers but efforts are being made to create clearer guidelines.

Division of Mental Health, Development Disabilities and Substance Abuse Services, Comments from Sandy Ellsworth

- Has been involved with the Project since inception. It's people like Terry and Jeff who are out there doing the recruiting and the work. The people are served by slots. MFP and Sandy's numbers are always different (Waiver year is Nov 1st – Oct 31st and MFP is on the calendar year). Rewriting CAP-DD waiver and exploring including MFP in self-direction project. Hoping to serve anyone in the state who meet criteria with no exclusions. Have added a community transition service. Working on shared living options. Ex: A family will bring a person into their home and they become a part of the family. Really glad that we have broken ground - everyone needs to be included.

Division of Medical Assistance, Comments from Judy Walton

- DMA is working on the 1915i application now, which allows states to provide home and community based services under the Medicaid State Plan rather than under a waiver. (A Power Point outlining Judy's comments was included in the Roundtable packet).
- This Power Point also outlines the Piedmont Behavioral Health Project, which uses Medicaid savings to help people move from facilities to the community. Has turned out to be an excellent project. The savings are re-occurring each year and savings can be reinvested in additional services to Medicaid recipients. The client's per-member-per-month cost cannot be greater than that of others in the state.

Office of Long-Term Services and Supports, Comments from Sabrena Lea

- The Office of Long-Term Services and Supports (OLTS) is here to collaborate with everyone in the room through its programs, particularly Community Resource Connections (CRC). The two programs (CRC and MFP) are very parallel and need to be working together. It is our goal to be sure that MFP is not the best kept secret any longer. Transitional support is another part of the role of CRCs. In addition to nursing home settings, OLTS is also working with hospitals through the Person-Centered Hospital Discharge Planning Grant. Very excited about the future of MFP and its relationship to CRCs and the Office of Long-Term Services and Supports.

Discussion of MFP's Priorities for 2011 (& Beyond)

Proposed Transition Benchmarks

With limited time left in the Roundtable meeting, participants discussed proposed changes to the benchmarks for each target population (i.e. older adults; people with physical disabilities; people with developmental disabilities). There was debate about setting numbers according to the past year's activity vs. the next year's opportunities to see more transitioned from the "older adult" and "physical disabilities" populations. The final suggestion made to Trish was to set a benchmark "range" from conservative estimates to original benchmark goals. The Roundtable also suggested blending the two populations for meeting the projections.

The discussion about the Project's priorities for CY2011 had to be tabled due to lack of time.

The Roundtable meeting was adjourned.

Proposed Calendar for Meetings in CY2011

- February 11, 2011 (Southern)
- May 13, 2011 (Eastern)
- August 12, 2011 (Western)
- November 18, 2011 (Raleigh)