

Money Follows the Person Roundtable
Meeting Notes – Wilmington, NC
Friday, May 14, 2010

Participants:

Ronnie Marshall, Consumer/Advocate	Linda Kendall Fields, Facilitator
Kathy Smith, ICF-MR	Larry Nason, DMA
Natarsa Patillo, DMA	Michael Howard, DMA
Trish Farnham, DMA	Kim Johnson, Ombudsman Office
Ellen Perry, Consumer	Jeanie Moran, CIL
Audrey Brown, CIV Medical Center	Mike Mayer, CRA
Lorie Winn, Southeastern Center	Jill Rushing, DD Council
Janet Breeding, ICF-MR	Karen Murphy, DRNC
Karen Carlton, FIFNC	Gloria Garton, CIL
Kay Zwan, CIL	Catrechia Bowman, SECMH
Kelly Woodall, Consumer/Advocate	Lula Brunson, Cumberland CAP/DA

Welcome, Introductions and Overview of the Day

Started with introductions and reviewed the agenda. Today's agenda incorporates the metaphor of a road map.

Noted that next meeting will be in Statesville at the end of August

Part One: X marks the Spot: We are Here

Project Update from MFP Director:

- Wanted to thank the ladies from Cumberland County who transitioned 5 people already
- Thanked various people for their specific commitment to MFP
- Stories of those transitioned shared...
- Worked on the RFP contract for transition support. Will move forward with a partnership with DVR to provide transition coordination
- The project has been awarded extra monies for new positions
- Several presentations have been made this year to different groups and that is going well!

- The healthcare reform has made it so that people only have to be in a facility three months. This is a huge plus for MFP
- Pulling folks together has been the easiest part of the project. Folks are great!
- Peer Support workgroup has a new member - David Miller. He is willing to host the group in Statesville in August. They need peer support in the grant. There is no option under the waiver at this time. Still working on how to solve this issue.
- Talked about the article from USA Today regarding MFP projects across the country – group discussion held.

Part Two: Where We Are Going

A Quick Recap of Project Objectives and Vision – will form the foundation for group work in the afternoon.

Mission: MFP is a program that allows people in nursing facilities or other institutions who are elderly or have disabilities to receive assistance in their own homes and own communities

Objective 1: “Increase the use of home and community-based, rather than institutional, long-term care services.”

Objective 2: “Eliminate barriers or mechanisms, whether in the State law, the State Medicaid plan, the State budget, or otherwise, which prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice.”

Objective 3: “Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting.”

Objective 4: “Ensure strategies and procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.”

Part Three: Moving Forward: Analyzing What's Working

A compilation of participant comments:

1. Balance between BIG systems change & personal process
2. Enthusiastic leadership – Trish & others
3. Personal Connections – between community players
4. Courage from individuals & families to make change – taking risk, family & community involved.
5. Makes a difference. Matters.
6. The roundtable itself – we're friends – Quote: "A vision without a task is a dream; a task without a vision is drudgery; a vision and a task is the hope of the world."
 - a. The hope that it can work.
 - b. Willingness to advocate for it and to push and keep it going to try to force the systems to change. Systems resist change. Systems can't care, only people can care.
 - c. The audacity to believe that if you work hard, good stuff will happen.
7. Already broken down barriers – evidence that we're all in the room, but not screaming MINE.
8. The courage to go forward when everyone is telling you don't go forward. You often have to fight the caregiver, the social worker, the facility, etc.
9. Some of biggest successes have been when facility staff and people who love their staff find a way to continue working together. (One staff person became an AFL provider for the person she was supporting.)
10. Closed beds at DD Centers & personnel go to community settings with consumer.
11. Gaining mutual respect – something to celebrate and something we need to go forward. Ground rules/values from the beginning fostering good will & trust.
12. Availability of funds for home modifications.



Part Four: Roadblocks in Our Way

Assessments of North Carolina's Systems:

Nursing Facility Transitions Grant: (Larry Nason – Chief for Home & Community Care offered his perspective on the NFT Grant ~2003-06)

- Lots of reservations about whether or not we should apply for the MFP Demonstration. (Not a pot of money; not a grant.)
- Early concern – no preliminary work or planning for flexible spending for long-term care. This is still a challenge – we need to go through department leadership, Aging Commission, MH Services Commission, Legislature and start talking to them about flexible spending, MFP, what they mean.

What is flexible funding? The person who qualifies for the services gets the money no matter what services they choose to use. You can go in and out of rehab facilities, in and out of CAP-DA, etc. State budget should be set up for a total for long-term care, instead of “officially” splitting it between nursing care, CAP-DA, etc.

- Housing issue has always been at the top of the list in terms of barriers to transition.
- Claims for services are paid by fiscal agent contract in Medicaid. Changes are hugely complicated.
- Limited Capacity of CAP-DA. 13,500 slots for CAP-DA a year or two before this started, but GA only funded 11,800 for whole state. Would have gotten to 13.5 in 3 years with plan, but now down to 11,200 due to budget crisis (July 1, 2008 level). No hope for next year and probably for several years beyond for any increases or enhancements to any home- and community-based services. Lopped off \$100 mil from PCS in one fell swoop. PDN (private duty nursing) on chopping block. Want to eliminate PCS completely and come back with two very limited replacements.
- Complexity of demonstration – qualified recipient, qualified institution, transited to qualified program and qualified residence in the community.
- Good things are happening since Trish came on board.
- BC waiver (managed care waiver). Controls network.
- Option under State Plan (INJ), looks like a waiver, but isn't. Feds trying to get states to adopt a more flexible internal adoption.
- CAP-DA was almost half of CAP-MR/DD until recent budget cuts.

Mike Mayer offered his perspective from a developmental disability viewpoint (Information available through distributed handout)

- Coleman institute for cognitive disabilities -University of Minnesota
- ICF providers are not always receptive of MFP because they feel that we can put them out of business
- NC waits until people are sick and in poverty by the time they reach out to help. People have to spend every dime they have when they move out.
- Some of the policies are frankly illegal and are being researched. What the feds have approved is often not what we are practicing.
- “Our history sucks but our future is bright”

Part Five: “The Lay of the Land:” Opportunities to Address Roadblocks

Participants were invited to work in separate small groups during the afternoon to talk about the objective they had the most interest in/passion for and make a preliminary list of strategies that may be employed to achieve the objective of the MPF project. Three small groups emerged under the 1st, 2nd and 4th MPF objectives

Objective 1: Home and Community Services...Compilation of small group comments/proposed strategies

- Overarching Premises
 - Use MFP to try things out for “just these people”
 - Careful attention to data – what and how to collect
 - Flexibility
 - Cross – Disability (Aging too)
 - Collaboration
 - Self – directed life
- Strategies
 1. Education Outreach has to be about Options. Doctors, community, families, individuals with disabilities
 2. Engage broader community more
 3. Opportunities to link – formal/informal individual transitioning
 4. Use Mentors – Peer Supports
 5. Need to be creative about housing options (besides section 8)

6. Just keep going
7. Outreach to greater community to help
8. People coming out should have Plan A, Plan B, and Plan C
9. Flexible Funding

Objective 2: Eliminate Barriers...Compilation of small group comments/proposed strategies

- Overarching Premises
 - Capture disparity between CAP – DA and CAP MR/DD regarding use of “slots” for MFP
 - Spend down – eliminate it
 - Eliminate age disparity – re: personal needs allowance
- Strategies
 1. AFL – flexibility in waivers definitions matching - shared living – matching natural supports/show success
 2. 5600 rules will be revisited/redesigned (they have influence on this)
 3. Collaborate to expand services offered > develop opportunity bring different agencies/provider – disability inter agency meeting (CRCS)
 4. 1915 I & J – explore and pursue flexible funding
 5. Use MFP as a vehicle for trying things out – just “these people”

Objective 3: Continuity of Services...No group was formed to brainstorm about this objective specifically.

Objective 4: Quality Assurance and Improvement...Compilation of small group comments/proposed strategies

- Strategies
 1. Use the NC TOPPS Survey – outcomes measurement tool

2. Local level – CRCs/CFAC – bring AAAs/Adv. Committee together around quality
3. Survey satisfaction of service providers
4. Opportunity for people to hire their own staff
5. Develop provider report cards
6. Examine state’s Olmstead plan > look for quality provisions

The following Roadblocks were identified when the small groups came back together

- Not everyone knows how to get the help they need
- People need community supports not just medical needs
- Medicaid deductibles are a major roadblock
- Cross collaborating is so necessary

Part Six: Mapping the Course: Prioritizing Strategies

The day ended with the full group identifying priorities between now and August when we will hold our next Stakeholder’s/Roundtable meeting in Statesville, NC

1. Outreach
 - Outreach to Ombudsman, ICFs, family members, providers (HCBS) – CRCs
 - Brochure – Where to disseminate - “copy-able”
 - Make power point available > create a tool kit
2. Transitions:
 - Use Independent Living resources from CILs
 - Pull people together re: transitions
3. Housing:
 - Categories 1 and 2 NoFA vouchers
 - June 7th > 5600 rules meeting representation
4. Create Community:
 - Create a Facebook page
 - Announce successes as they come (maybe send email updates of celebrations)

The meeting was adjourned – next MFP Roundtable will be in Statesville on Thursday, August 26, 2010.