MFP Steering Committee/Stakeholder Meeting

Date: January 26, 2011, 10:00 AM to Noon,

Location: 3-240 EOC Briefing Room, DCH, Atlanta, GA 30303

SC Meeting Minutes

1. Welcome and Introduction of New Project Director
RL Grubbs (rlgrubbs@dch.ga.gov), opened the meeting. RL briefly covered the meeting agenda and introduced the new Project Director, Bill Daniels (bdaniels@dch.ga.gov).

2. Introductions of New MFP State Staff and MFP Steering Committee Members
Bill asked new state staff members Sandy Taylor (staylor@dch.ga.gov), Data Specialist, and Cedric Starks (cstarks@dch.ga.gov), Housing Specialist, to introduce themselves. MFP Steering Committee Members briefly introduced themselves. Forty-six (46) SC members were in attendance, including new state staff members.

3. Welcome and opening remarks (Bill Daniels)
Bill offered some opening remarks, welcomed SC members and thanked them for their participation. Bill reminded participants that they would be receiving minutes from the SC meeting and would also receive a copy of the Semi-annual report on the project.

4. Update on GA MFP Transition Benchmarks (Bill Daniels)

Current benchmark is **618** by the end of CY2011. Generally, transitions are going well with few complaints.

442 Total MFP Transitions through December 31, 2010

- 225 total DD transitions
  - All going into COMP
    - 61 have completed MFP year

- 217 total PD and OA transitions
  - 106 into CCSP
  - 26 into SOURCE
  - 81 into ICWP
  - 2 into COMP
  - 2 into no waiver
    - 61 complete MFP year
    - 12 have been re-institutionalized for > 30 days
    - 27 participants have passed away

Awaiting Transition

- 125 are active OA and PD/ABI participants with B&B
- 90 are active DD participants with DBHDD
- 338 screenings have been completed,
- 200 OA and PD/ABI are eligible for MFP are waiting to come out, most have been approved by waiver, most are engaged in housing searches, several have criminal backgrounds, several await waiver approval.
- 20 have refused services
- 40% (or 2 in 5) that have been screened by B&B have transitioned
- 90 days from screening to day of discharge is the goal, but it is currently taking from 120+ days to complete a transition

Transition Issues

Discussion: time frame for transitions and factors that are causing delays. Bill Daniels, Project Director, Lynnette Bragg of B&B Care Services discussed these factors; included waiting 60 days for the waiver assessment process to be completed. Identifying housing continues to be a significant barrier. Housing Choice Vouchers are not available in metro areas of the state and most MFP participants want to live in metro areas. Locating a 4 bed personal care homes is very difficult. Most PCHs are 6+ beds. Fire codes require that residents (of PCHs) be able to exit the home independently within three minutes. This poses problems for MFP participants who use mobility devices when the PCH lacks even basic accessibility. This issue will be addressed with assistance from DCH Office of Regulatory Services.
Action Item: B&B Care Services is working to reduce these barriers, the Evaluation Team is working to identify barriers and resolve them. Waiver assessment is beyond the purview of MFP.

Discussion: Can MFP funds for Environmental Modifications be used to install home sprinkler systems in 4 bed PCH used by MFP participants. According to Lynnette Bragg, If sprinkler systems could be installed in 4 bed PCHs, then fire code regulations would allow more time for residents to exit the home. The installation of sprinkler systems in 4 bed PCH would be an incentive for owners to recruit and house more MFP participants.
Action Item: Cedric Starks, MFP Housing Specialist will research this issue.

Discussion: increasing rates paid to PCH owners to serve MFP participants.
Action Item: None. Catherine Ivy, DCH Deputy Director, indicated that rates were set by the state legislature and that no legislative activity was expected that would increase these rates in the near term.

Discussion: need for additional peer supporters to work with MFP participants, 95 referrals had been made to peer supporters.
Action Item: continue to push for referrals earlier in the transition process

Discussion: 250 Participant Transition Guides have been given out to MFP participants. According to Lynnette Bragg, the Transition Guide has been well received and is in demand.

Action Item: Another 250 will be ordered after revisions can be made to the Guide.

Discussion: what happened to folks in nursing homes who are screened by MFP but didn't qualify to be served by MFP. RL Grubbs, MFP Planning Specialist, responded that folks who refused services or were not qualified for MFP were not tracked by the project. Status was unknown on these individuals.
Action Item: none.

Discussion: MFP participants who transitioned out of a nursing facility, but didn't go into a waiver for various reasons are losing their Medicaid. These (very few) MFP participants meet nursing home level of care but not waiver level of care. The problem is that after they've been out of the nursing facility for 30 days, they are losing their Medicaid because of higher income levels.
Action Item: Bill Daniels, Project Director, responded that this issue was under review by DCH and by CMS. Catherine Ivy, Deputy Director, responded that when MFP participants received notice of termination of Medicaid benefits, they were also always given information needed to fully appeal the decision and the opportunity to seek advocacy or legal advice.

Discussion: what do nursing homes do with individuals who arrive and then get better and maybe don't meet a nursing home level of care so aren't waiver eligible. Catherine Ivy, DCH Deputy Director responded that there are a range of other services that can be mixed and matched to serve the individual after she/he leaves the nursing facility. Some of them consist of state planned funded services where there's no Medicaid money involved, Older Americans Act services, coupled with state money that's 100% state allocated for home and community-based services outside the scope of Medicaid. Other people transition nicely by the use of home health that helps them in that transition process, particularly if they're doing really well, because home health agencies can get folks a little physical therapy or some occupational therapy. So there is a range of options that traditionally nursing homes have used through the years. There's a gap with the younger population in state funded, non-Medicaid services. There is no Federal fund source that's met with a match with state money for individuals under 60 years of age who fall into this category.
Action Item: when MFP Transition Coordinators meet individuals with these needs, they can and do assist these individuals with information about community resources. Aging and Disability Resource Connections provides a vast array of services that are not state funded that various agencies can provide or hook people up with.

Discussion: new version of MDS (minimum data set) with new Section Q questions required by CMS that nursing facilities have to use. Section Q includes a series of questions that are asked at the time of assessment to the nursing home resident, including questions about plans to leave the nursing home and interest in returning to the community, and resources available. The nursing homes then are mandated to follow-up in some way if there's a positive response to those questions.
Action Item: see #6 below, new project initiative with ADRCs.

5. Update on Participants use of MFP and Waiver Services in CY2010 (from MFP Budget Worksheet)

$11,411,385 Total (Federal + State Share) for Direct Services for MFP participants:

- $10,548,646 in HCBS waiver claims for participants (Federal + State Share)
- $ 703,338 in MFP Demonstration Services (Federal + State Share)
- $ 159,401 in MFP Supplemental Services (Federal + State Share)

Discussion of Waiver Service Utilization by MFP Participants

Catherine Ivy, DCH Deputy Director, responded to questions about waiver utilization. She indicated that waiver utilization data would be valuable to determine the number of MFP participants that are using personal support, alternative living services and personal care services, and how many folks might be using emergency response, etc., but waiver service utilization should not be limited to one type of waiver service. Working with GHPC (Glenn Landers), MFP state staff will begin to get this claims information on MFP participants, analyze it and prepare a report for future steering committee meetings.

Discussion of MFP Reserved Waiver Capacity

Catherine Ivy, DCH Deputy Director, fielded questions about reserved waiver capacity for MFP participants. Catherine indicated that MFP has plenty of unused slots at this time in all the waivers (CCSP, ICWP and COMP). According to Ivy, there is no need to focus on reserved capacity. The more important issue is to focus on transitions to use available capacity.

6. New Project Initiative – MFP/ADRC Partnership - Progress Report (Cheryl Harris, DAS-ADRC)

Background: Based on the need for nursing facilities to be able to respond to requests from residents to resettle to the community in a uniform way, the Department of Community Health and the Division of Aging Services have been working together to formalize the relationship between nursing facilities and the Aging and Disability Resource Centers. Under the agreement, nursing facilities will automatically refer a nursing home resident to the Aging and Disability Resource Centers (ADRCs) in the community where they live for assistance that's available to them to transition from the nursing facility. ADRCs will be the single place for the linkage between the nursing facility and the community.

The process has been working better in those areas where an ADRC staff member has been able to actually go into the facility and do that screening or interact with the resident. The resident receives Options Counseling - asking the individual what is important to them and what they want and need. Options counseling includes doing an assessment and then using the database to identify resources available in the

community. Options counseling includes referrals to MFP or potentially to another organization out there who may be able to help the person. Options counseling may also include referrals to Peer Support Groups.

Proposal to work with MFP – request funding from CMS through MFP to provide a staff position in each of the ADRCs to be the Options Counselor/Transition Specialist (OC/TS). The OC/TS will make routine regular visits to nursing homes in the ADRC region to identify residents based on MDS Section Q referrals. The OC/TS will provide face-to-face options counseling and assessment and provide some community education as needed to family members. Options Counselors/Transition Specialist will work very closely with MFP in this, and other organizations in the community.

7. Update on Project Evaluation Initial Results (Glenn Landers/Natalie Towns)

The Georgia Health Policy Center (GHPC) is leading two main evaluation efforts for the MFP project. We have convened an evaluation team to guide out work. Several SC members are also part of the Evaluation Team. We are conducting the one-year post transition and two-year post transition Quality of Life (QoL) surveys. The second effort is looking at the Medicaid cost of individuals who are in MFP – conducting a Per Member Per Month (PMPM) Cost Analysis based on six months prior to their transition and six months after their transition and comparing those two.

Update on PMPM Cost Analysis - there's a six-month run out period where we have to allow the data to become complete because those who are billing Medicaid have six months to submit those claims. So we are dealing with both a six-month run out period for the data, and a six-month post transition period so the data are behind, but it's the best way to look at it so we have a complete picture. Also, we know that some folks made transitions in year 2008, in the fall of 2008, but for whatever reason, and we don't know what the reasons are, the MFP lock-in did not appear in the data until January of 2009. So we began measurements in January of 2009. To date we have 90 participants in the analysis and we have data for folks who transitioned from January of 2009 through November of 2009, and the average per member per month cost prior to transition for the first 11 months experience of the program is $4,646. For the six-month post transition the average per member per month cost post-transition, and this is total Medicaid, is $3,138. So doing the math, it's 32% less, six months post transition.

These results are looking at 11 months of experience. 450 folks have transitioned. We're looking at the first 90. As we go forward, we'll be collecting more data and we'll be updating the numbers. As we do that, we expect these numbers to change.

Update on Quality of Life Survey Analysis - The Quality of Life instrument was developed by the Mathematica for CMS. The survey instrument can't be changed. We have to ask them exactly how it's asked by Mathematica so the results can be compared from state to state. The baseline QoL interviews were done by the Transition Coordinators. I'm doing the interviews after one year, and I'm just starting to do the second year now. Each interview takes about 30 minutes to an hour depending on the

person. The QoL has seven sections. Participants are asked questions about living situation, choice and control, access to personal care, respect and dignity, community integration and inclusion, satisfaction, and health status.

We've interviewed and analyzed survey responses from 62 participants or their proxy. The majority were not living in group home settings. They reported helping to pick their own place of residence. All report receiving some type of help or some type of financial help. Most of them reported needing more help. Most report satisfactory treatment and attention. Most interviewees said they have to plan ahead to go somewhere and sometimes changing their plans because of lack of transportation. I've found no difficulties in them getting to their medical appointments, but as far as the community integration, being able to do things outside the community, finding transportation in the community outside of Metro Atlanta is a real difficulty for them.

We are completing the actual analysis through calendar year 2010 and at that point we will be comparing the baseline interview data with 12 months and 24 months post-discharge. We'll have a comparison ready in a few months.

8. Housing (Cedric Starks)

Good news! The Dekalb Co/City of Decatur Housing Authority was awarded 35 Category 2 Housing Choice Vouchers. We are developing a process to work with them to identify MFP folks who are eligible to lease up these vouchers.

9. Challenges and Opportunities

Access to the home and community based services by people in state funded psychiatric hospitals who have mental health needs and physical disability needs. Policy changes are needed facilitate the coordination of discharge planning and the services needed while folks are in the state hospital. MFP can't come in, or isn't funded to do that and CCSP, SOURCE and ICWP waiver assessment systems don't easily fit into the state hospital to assess people, because these people are not Medicaid recipients.

MFP will experience challenges going forward, because early transitions were people who were ready and waiting. Now MFP is transitioning people with more difficult situations and more complex challenges. So what you know about MFP today will change.

10. Wrap up

Meeting was adjourned by Bill Daniels at 12 Noon. State staff responded to questions and continued discussions until approximately 1 PM. For edits or corrections to Agenda items and/or notes, contact: RL Grubbs, Specialist, MFP, rlgrubbs@dch.ga.gov, 404-657-9323