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>> This is rl.

Who just joined the conference call?

We are having trouble with WebEx.

We will do a conference call.

Stay on the line and we will get started a little after when everybody has a chance to get online.

>> did you see the update invitation i sent out this morning?

>> yeah, yeah, we did.

>> okay.

Good.

I just wanted to check.

>> Welcome to everybody on the conference call.

We are having a little technical difficulty with WebEx.

We will get started as soon as everyone has a chance to get on the conference call.

Leslie will take over as the host in just a minute.

>> good morning.

Can everyone hear me?

>> yes.

>> okay.

>> we will be starting momentarily.

I know you are having technical difficulties. I will give it a few more minutes as hear people are joining the call.

We will probably start in a couple of minutes.

I have to type in a different number.

It is 10:01.

How long do you want me to wait?

Good morning everyone.



You should be dialed into the MFP stake holders meeting for July 22, 2015 sa.

We apologize for the inconvenience.

Everyone listen carefully.

I know you are not able to get into the meeting, however, i need you to is still click the meeting link join WebEx.

Again, click your calendar link this that says join WebEx.

You will see something that says meeting is canceled.

Once you are there, look to the left of your screen and you should see attend a meeting.

Again, look to the left of your screen and you should attend a meeting.

At this time, you should see a pop up box that has a number other enter.

I need you to type in a different number do not click anything.

Again you should have clicked on join with WebEx meeting, attend a meeting in your left hand corner the number is 738540470.

Again, you are typing in 738540470.

you are keying in 738540470.

I believe you should see the word join highlighted in green.

Once you click on join, you should see where you type in your name, you can use whatever name or alias, whatever you want to put in.

We want you to put in your name and your e mail address.

Then you will click join again.

For those of you joining the call you will need to go to webex meeting for the original invite, click join webex meeting.

When pops up, click attend a meeting in the left hand corner.

You will click attend a meeting you will type in 738540 whoever is in background i am hearing sop exceed back.

Turn down your volume or put it on mute.

I would greatly appreciate it.

Again, if you are just joining the meeting, if you are just joining the meeting, please click your original invitation, WebEx meeting, join WebEx meeting.

Then you will see something that says meeting is canceled.



You will need to click attend the meeting.

From there, you will see a box where you need to type in 738540470.

You will then click join.

You will put in your name, your e mail address and click join.

Is everyone able to see my screen?

>> yes.

>> okay.

Great.

>> pam, you can go ahead with the with welcome and introduction.

Thank you.

Can everyone hear me okay?

>> yes.

>> good.

I do a poll apologize for our difficulties but with the team that i have, we were able to scramble and get things going to the get to had quarterly stake holds meeting just so we can share with you our progress with mfp as we move forward sustainability in the next few years and just to let you know our stand asking what we are doing and we are continuing to do work as best as we can and partnership with of course DBHDD and all of you that are working with us through and CILs and other stake holders.

We do appreciate all that you do.

We look forward to our work together in the future.

As a matter of fact, in the old business that we have, i wanted to share with you again that we did submit the sustainability plan on April 30th.

We did receive feedback from that and have been working to better explain our intent to CMS on you sustainability.

With that in mind, we have about a year before the actual transition would occur, a little more than a year, around 2018, it should be fully into use with a partnership with or as part of a Medicaid waiver.

So during this next year, we will have work groups that will be facilitated by the MFP team and its partners to gain your input and to what we have indicated we want to do.

Now, later on in the meeting, rl will speak to you just a little bit more about what concept is going forward and what these work groups will involve as far as putting meat on the bones of what we want other to do in the transition want to do in the transition.

So with had that being said i want to move on ahead now to the new business, unless anyone has any questions about the work group?

>> okay, then, let's get ready to move forward.

I think our first presenter, Leslie, without be.

>> i just want to mind everyone that's joining to please put your phones on mute.

If you are a presenter, you can take it off mute, of course when we get to questions and answer, you can take your questions and answers you can take your phone off of but we can you please leave your phone on mute because there's a lot of feedback.

We won't be able to hear everything that the presenters saying.

Thank you.

>> now you can proceed.

>> good morning everyone.

I'm any is glove and i am a program specialist.

I will be presenting the transition for april1st of this year through June 30th, 2015 a.

Starting and begin being the dash transition das transition, we 31 participants who have transitioned:

Look by population type, older adult population had four transitions.

Physical disability had 25 transitions.

Those are traumatic brain injuries had two transitions.

There were no transitions for developmental disability.

If you would look the at the waivers, the break down by waiver type.

Those who were in fp, we had 13 transitions, for those who were participants in isdwp, had 11 transitions, and those in sour we had one.

Also, we had those who had no waivers, and there were two.

There were no deaths reported, no reinstitutionalization reported for the period.

And those who have completed, we have none as of yet.



Next slide, please.

Next we have our developmental disability transitions.

Those transitioned for the period of April 1st through June 30th you have of this.

We have none.

We have none by the cost waiver, no deaths reported in the reinstitutionalization.

Thank you.

Next slide, please.

Looking at transition, we are three transitions we are have three transition, our population type is mental illness, three.

No deaths were reported no reinstitutionalizations were reported.

No completion as of yet for the per.

Next slide, please.

My contact information is here.

Please feel free to contact me if your questions or in regard to this data.

It is relevant as of Monday, July 13th of this year.

Thank you.

>> are there any questions?

>> we will move on to Sarah.

Morning everybody, this is JW.

Sarah was unable to attend other I will be doing had her presentation on her behalf.

>> will you also be presenting anything else today, JW?

>> we didn't I didn't provide any slides, Leslie.

I am just going to talk about the total number of transitions.

We did for the last fiscal year since that's kind of how we report.

But that's it.

>> I just wanted to make sure.

Thank you.

>> thanks.

>> okay.



We can go to the we can go to the next slide.

Go a ahead.

We have questions from, you know, the steering committee group and other groups about what type outreach is done for counseling program as well as money follows the person, and you know, our options counselors are out there every day discussing nursing home transition, discussing options for individuals that say they would like to transition.

So is sarah prepared some kind of other give everyone some information on how do outreach, where we do outreach and to whom.

So actually can you go back one slide real quick.

Each adrc.

We have 12 in the state and each one has a minute approximate maximum of one full time equivalent mdsq options counselor that goes into nursing homes, discusses potential for transitions with folks and also does outreach in their community.

Each adrc is required to complete four outreach events per month.

We typically exceed that requirement but that's a minimum the majority of that is focused on nursing home staff, resident council meetings and other thing that is are focused on the nursing home itself because that's where we receive our referrals.

Okay.

Next slide.

Thank you.

>> so the types of outreach we will typically do, we do a lot of one in service for nursing home staff that's interested in hearing about the types of services that are available in the community.

We don't limit it necessarily to just social workers.

We will talk to anybody, if the activity director is interested.

Approximate if physical therapy, if they're interested we will talk to them.

We talk to their medical staff.

We have gone to health fairs in the community, care giver support groups, local groups and clubs like the rotary, as well as network events within the human services network in georgia.

Next slide.



>> so these are the quarters of the fiscal year, this past fiscal year that we just completed.

So, in the first quarter, you can see in each quarter we do a little over 200 outreach for a total 916 for the fiscal year.

Go ahead, Leslie.

Thank you.

>> the next couple of slides i am not going to i am thankfully not going to read all of the nursing homes in these areas, but people have asked which nursing homes have provided are referrals for options counseling and so because we know that dch is very, very good about posting these presentations online, we have provided this information other to anyone who wants to pull it down from the web site and last located in the a appointment today the.

Leslie, can you scroll quickly through the next

>> okay.

>> we wanted to make sure people had that information.

>> okay.

Great.

So we have this done by area, like i said we have 12 areas.

We are have a number of nursing facilities with no referrals.

That's, again, it is fiscal year data.

So, as you can see, we have Atlanta, coastal which is savannah, csra is Augusta et cetera.

You can read this table.

The number of referral, the number of nursing homes with no referrals is the top row and the total number in that geographic area is in bottom row.

You can see the answer.

>> jw, this is Andrew from Atlanta.

>> hey.

>> just for a quick point of clarification because i have talked with sarah about this.

10 of the 20 in arc are non medicaid nursing homes.

Clarify that with her we have been trying to make sure they were performing out reach to all of the potential nursing hope.



>> thank you for this piece of clarification.

I appreciate it.

>> that bring up a good point.

There are non-Medicaid nursing home who is have not necessarily required to cooperate with the MDSQ process.

They're typically a small number but Atlanta having almost half of the population of the state that's overly going to be with a larger number.

Obviously going be a larger number.

Greatly appreciate that.

You can pull down this presentation and kind of review it as you would like.

Next slide, leslie.

>> thank you.

Here we have broken down the quarterly totals for you guys over things.

We are MDSQ referrals and then a non-MDSQ referral is a referral from anyone but the nursing at that is silty.

So if it come mrs. Family, if it comes from a friend, an add are row ca city office, whatever, we still receive those repeals and we do not referrals and we do not treat them any differently but we do catalog them separately to keep track of what we are doing.

We also categorize things by if it is a short term rehab referral meaning that individual already has a discharge plan in process, and they just want the to know awe of the options that they have available to them, we also keep track of the amount of referrals had ago to mfp, but mdsq and nonmdsq.

>> you can go ahead, leslie.

>> if you are have any questionings about this presentation or options counsel not guilty general or, you know, what in general or what nursing homes are referring, sarah apologizes again for not being able to be here today.

She was double booked and is out of town on business.

So we greatly appreciate her for putting this information together by the request of a lot of the follow who typically a tend had meeting.

As for transition coordination there's a great job of account logging the day a at that and recording the data and giving it the dch.

I won't bore you with that.



I will say we track things and we are proud to say we had 225 transitions for fiscal year, state fiscal year 2015, and are looking to meet or exceed that number in this upcoming fiscal year.

We are very, very proud of the met work that we have.

We have three centers for independent living.

They're doing coordination as well as triple a and independent contractors.

We are a great team of folks.

We are getting ready can and working with dch and dbhdd on the long term sustainability plan and are very excited about that as we move far.

As for oc and transition coordination, that's what we have report.

If anyone has any questions i would be happy to do my best to answer them.

>> jw, i do have one question because i just noted.

When we were looking at the slide and i can go back if i need to february.

Nursing home with refresh.

Nursing home with no referral, when we look at the total nursing home number, what time period is that for specifically like the arc?

That's what i am thinking this represents.

>> okay.

So good questioning and point of clarification, so we have approximately between 3 to 400 nursing homes in the state of georgia.

That total nursing homes are simply the number of building that have, that operate in the state.

It is not over a period of time.

>> okay.

So for the number of no referrals with arc having 20, that total number represents what period?

>> the state fiscal year.

>> july 1 through june 30.

>> okay.

All right.

Thank you anyone else have any questioning.

>> this is dianne at legacy link.

>> hi.

>> could you speak to the freeze as far as transitions go this coming year in i know we have got some changes coming down the pipe for source as well.

>> sure, sure.

Well, i am happy the to say that our team across the state has been very dynamic if folks are not quite familiar, there has been a freeze and a dramatic slow down in the number of ccsp admits other dover last several months.

Are about four or months into it.

I may be a little bit wrong on that.

And so what we have are seen is a drastic reduction in ccsp reductions.

However, what we have done our transition coordinators are still committed to the transitioning individuals and so what we have done is we have started to focus effort on individuals who can utilize the cwp waiver.

In are reaching out and developing stronger we are seeing an increase in source transition.

And we are also going to see an increase over the next several months in individuals who we identify could potentially safely transition without the benefit of a waiver.

And so what we will see is our transition mix will change and there has been a slight drop in the number of transitions.

But, we are still meeting all of our requirements when it comes to number of transitions and population types.

Dianne, did you need anything more specific?

>> no, no.

I just i few that was happening and knew that was happening and i know it has affected mfp, but we are trying to do the same thing here with utilized icwp more and waiting on the changes that source is going to change hopefully had fall which should help a bunch and more types of medicaid into that program.

>> right.

So again it is a dynamic program.

We have a very, very strong group of transition coordinators.

They don't like taking no for an answer.



If they're not able to transition somebody with ccfp, they be find another way.

We have seen a slight slow down but we have not seen any indication that we are going to miss our benchmarks.

>> thank you.

>> thank you.

>> are there anymore questions?

>> okay.

As i proceed, heather can get ready.

>> hey.

>> good morning, everybody.

How are y'all doing?

>> okay.

Leslie, just go to skip to slide 3 for me, please.

And i think you and i need to get involved in this one.

I have got one we have one individual enrolled in mfp during the i could quarter cy 15 and several others are in process.

Is so you and i can just get together later and figure out where we are off base on our data.

>> okay.

No problem, heather.

>> it is not that big of a deal.

I am sure it is probably something i didn't do.

Okay.

So our on going commitment is other to transition individuals into state hospitals and nursing homes to more integrated settings and significant work by the department is still on going to address identified challenges and gaps within the service system for individuals with developmental disabilities.

Next slide, please.

>> the new developments we have done as far as for the whole past year but we have cringe cool consultation review clinical consultation review teams for people who have been transitioned from nursing home and/or the state hospitals.

They're multidisciplinary to provide medical or behavior or tech nick assistance for any consumer.

So you have nutritionist, nurses et cetera on those teams.

The other thing we have added is support coordination can now come in 60 days prior to a discharge versus just getting the client after discharge and that is remarkably the waiver now.

That helps provide continuity of care.

Instead of our people just handing them over support coordination a.

Coordination gets other to know the consumer before they even get them.

>> next slide.

>> heather, may i ask, this is kristi fuller.

May i ask a question about what you just presented.

>> yeah.

>> so, as everyone knows i think we do follow ups with individuals who have already transitioned and other so my question is just how one requested that clinical review team like what's the process, if someone is looking for that at a follow up.

>> teeth provider can contact either the provider can contact the region and ask for that from the region or usually they will deal with it through support coordination because support coordination typically came in after the consumer was discharged to ensure that the waiver services were being available and checking on the consumer and had that kind of stuff.

Now of course they're coming a early.

But that support contact the region also.

It is kind of like a contact person so to speak through the system that the provider always has them.

They go out like once a month or twice something like that.

It depends on consumer of course and some case roads are heavier than others, but they always, they always have are a point support coordinator they can reach out to also in addition to region.

>> okay.

A family member would be expected to reach out the other the support coordinator.

>> probably family if it is especially if it is family directed or participant directed, they would reach out and who those are.

They all have are case expediter or the planning.

There's usually enough people around that they don't have a problem reaching out or finding somebody.

>> okay.

Thank you.

>> enhanced actions are focused on recruitment of pack digestion et cetera for medical services and behavior services and that the comment that says new behavior service available, what really means y'all may not even be interest interested.

The i behavior part is being written into the waivers.

So similar to when the medical person is in the waiver you can direct bill that medical person, we are doing the aim thing with behavior services, we till have to get behavior is services providers but instead of us provide not guilty or trying to give exceptional rates or those kinds of things through that we are trying to build vision where the provider can direct bill for those kinds of things.

And then, we are doing enhanced training, consultation and technical assistance to provider agencies.

Again those are reached out, again they will need to call the region or support coordination if they need us.

>> okay.

Gap analysis under way, that's identifying the areas of provider need throughout the state.

And the rate study is underway for the comp and waiver renewal.

And i think they're going to go back to the proposed rates reflect i of individuals need and risk level and the new service model and rate for shared living services.

That's just looking at the entire home budget versus one person and making it more cost effective to get more use less money on one individual and hopefully have more money for more transitions.

>> okay.

Next slide.

>> the recent focus on transferring people eligible, the forensic population because they don't get any Medicaid while institutionalized and this transitions to residential are difficult to match asking delays in modification and build out.

>> and i have tipped that off.

Take the thing off for yaw's information, but new if you need if you questions or contact, you can call me or e mail me or Beth Shaw who is now is my supervisor.

Joe is no longer director of transition ss:

beth is now.

>> do you have someone who is this is leslie, who is doing transition coordination or are you hiring for that right now?

>> i don't know that they i have hired anybody per se but beth is right thousand just the director of it.

I don't know if they're going to replace that or if it is part of the whole new reorganization they have done up here.

I am not exact hi sure if heir going to the even have that position.

But Beth can answer any of those questions or whatever or you can shoot them to me and i will forward them to her or whatever.

But beth is the director now and i am not sure, they are going to be hiring people but i couldn't tell you when, leslie or what the exact title would be.

>> i wanted to make sure in case there were questions if things came in.

So more than likely the best thing would be to contact you right now.

>> yeah.

Just give me and i will find out what needs to be done the it will either be will tonya or beth.

So i will try to figure it out.

>> had is pam.

How are you this is paSCm.

How are you.

>> i am good.

>> have you all had any discussions on whether or not you think your number of transitions are going to pick up other or are you all still just kind of on a motor i didn't mean with waiting to hear from the fed about are you full force again.

>> i don't know if full force would be the right word to use, but we are going forward with transitions.

We are currently doing for the of what i referred to earlier about the clinical teams and all, part of that is we were call not guilty pie mere process and it is a new thing about insuring, about discharge from start to go.

That's why support coordination was involved earlier.

That's why we allow for them to be involved and tried to coordinate with them.

They're doing this in region two.

That's the main region they're working on this pioneer process and they're discharging people through that process.

It is not quick though and i am also currently at the same time, they developed or we have dbhdd has developed the discharge protocol for community transitions from the state hospitals and i am working on defining that for our renal mall staff before the nursing home part to start moving on nursing

transitions too, but as far as the speed i wouldn't want to guess on that.

We haven't actually been told anything but i know they're moving forward but i don't know when it will get full force again to be honest with you.

>> thanks.

I have one more question a piggy back on what pam was asking.

As part of the semiannual report, we have to ask our state whether or not we are going to change our numbers.

I haven't gotten to your report yet unfortunately but did you include that as a possibility of changing your number.

>> the nursing home transitions.

>> i want to say i did, but i would have to go back and look at it to be honest with you, leslie.

I want to say that yeah we looked at nursing homes or we were doing nursing homes.

I am trying to change the badge where we include them a little bit more and for whatever reason there's confusion within dbhdd that we can't nursing home transitions and we told them all along we can.

There's some confusion.

That's why i am writing that whole new process just to get it out there:



but i want to the say i did.

If i didn't you can include it.

>> i will check with you.

>> thanks.

>> all right.

Any more questions for heather?

>> okay.

Are you on the phone for cbay?

>> okay other.

I am going to be presenting on the mfp approximate updated chart, and i apologize for the title of my presentation.

We are now looking at the home and community based services and as you can see, you can see the standard things.

I am not sure if we presented this the last time.

So i want to cover our active, again as of 3/31/2015.

You will see it broken down by ccfp source, independent waiver, new options, comprehensive support, our community based alternatives for the cbay population and the georgia pediatric program.

georgia pediatric program.

It looks like we did have an increase in our georgia pediatric program which is good because we want to make sure that we are serving those youth eastbound though they do not encompass for the of the population group.

As of now, we are just which is 6/30/2015 we had a slight decrease in community care support service which is the ccsp as well as source.

We increased in our icwp program and as you can see that's attributed the part of jw's presentation when we were including i believe it was someone else from one of the agencies mentioned they will include even icwp so include in their getting people to transition.

We have 4645 active and new options.

The comp waiver, slight increase of 7207.

In our cbay we have 84 total youth, 59 mfp, 25 and again we are have 63 active in the georgia pediatric program.



We have weight lift for source at 0 community care support services.

We 2313.

Icwp is 121.

New options waiver, the short term planning list, we have 2960.

Ltpl, long term planning, there's 5110 for a total of 8070.

We have month wait list for cbay nor for the georgia pediatric program.

Our mfp data through calendar year 2015, year to date.

I am going to skip over, you will see i have a blank for ourmfp expenditures, it says excludes the waiver dollars, this had this is our mfp services for those who are new on the call.

This number is blank because i was running the report and it did not finish and i am having some issues one of my tools.

However i can report formally for.

Ewe ration the that there was 533699. 2\$1 that i can effectively report on that has been paid out which represents january 1, 2015 to march 31st, 2015.

Again, these slides will be updated as soon as i can get this program to run properly for lack of a better terminology.

We have 23 older adults that have transitioned in total for this calendar year.

We have 62 physical disability tbi overabi and again that title is still there because at the beginning in 2008, we were doing physical disability abi and then we added tbi and then i think it was just different things but we definitely are doing all three of those population which is are grouped together can has a total of 62.

And again, this is as of 6/30/2015.

And as heather mentioned earlier, i have two individuals we probably need to discuss that.

For mental health we have 25.

If you want to know what mental health is, that's actually the population that says youth with mental illness, when we did our operational protocol and we sent this in to our cms, we were using the title of mental health mh and transferred other into our annual report.

For con us is tent is city purposes i used the title for the target et cetera population msch instead of ymi or anything else that should be used for youth with mental illness which is mental health by the way we place spite the operational protocol.



Again that transferred over into semiannual report and that is the way that we are processing it going forward until a change is made is updated.

We started tracking our di at that for benchmark no. 3.

As you will see in our completed itp isp, 74, and had this again is calendar year 2015.

We transitioned discharged 112, completed mfp period of participation is 123.

So we completed, you the notes for number one it show that is we are up by 5 a2, in our itp and isp from last quarter, for our transitions discharged, we are up we have increased or we are up by 63.

And completed 365 days we are up by 54 from last quarter.

Other so, if you are looking at the presentation, or if you took notes, i will be getting with nay to see where our numbers are different because we do have showing that we did have those who did complete, 365 days.

>> sorry about that.

To cumulative house asking again this is as of 6/30/2015, not 3/31/2015.

We have a grand total of 2115 individuals that we have transitioned and moved into appropriate housing as far as mfp.

Again we are still seeing a lot of unknown and that unknown population for not known population but unknown first of all in the category for the home.

I have noticed and we are going the be seeing some things coming back to you.

If the housing checklist once they move out is not completed.

We have seen in 06 for other 06 for other ** is not appropriate for a housing at discharge.

They have to move into qualified housing or you cannot consider them a transition and we cannot enter them as a transition.

We awe saw a lot of the 06 other in the, on the screening forms and because that is on the screening form, we probably need to look at that.

But there should never be a housing other, it has to be one of the categories that is listed.

>> then we have other some unknown target populations.

We need to clean that up.



Than likely this is older data from previous times before we a training a' couple of years ago the that we sew said we have are to have this clean up by target population.

And before i get to that, my contact information that you see here, just wanted to also show that we do have i apologize.

When we look at our, there's another benchmark.

It covers we have transitioned by target population and by the county.

And if you need this in excel, i can send this to you.

I know on our web site it will approximate be seen in the pdf and that's just the parameters by which we are to put it in, excuse me into for our web site and for the web master.

However i believe the excel will give you a better presentation.

You can scroll down and still keep what the columns represent and who are in those specific columns.

Any questions?

>> okay.

Great.

Jerome?

>> yes.

I am here.

>> do you have a presentation for us today?

>> yes.

>> i guess i will just start.

I send it in.

I don't know if it got to you or not.

Anyway, so i will start with just an update for december 20 in which expired and so we are currently working with the department of community affairs to transition at least seven people over to a more permanent housing voucher.

Typically, they would have been on a temporary voucher for up to 20 i think it was 24 months and then they would have to have moved to a more permanent housing situation.

So we only have seven left.



We had 75 vouchers available but we only have seven who need to transition over.

And that, that is consistently being done.

Of the housing resources that we have available, we have a new road rental assistance department through the department of community affair, 25 vouchers are available, decatur housing authority.

We have 35 vouchers available.

>> jerome, sorry.

Whoever is in the background we can hear you.

Hello.

I need you to be on mute.

>> i apologize, jerome.

>> that's okay.

>> with the rad, we have 25 vouchers available.

Decatur housing author there are 35 vouchers available.

With the new program there's two rounds of funding and i have probably mentioned these two fundings before, 134 units will be available with the first round of funding, hopefully we will have our first person in the roll out, after the roll out operation is complete, we will be our first person in housing in september of this year.

For the second round, hopefully all the bugs are be out and we will be able to implement the second round of finding which is 3350 units around the state early 2016.

Some of the barriers we continue to experience are transportation to get vital records and the up front costs for those say vital records.

So we have partnership ed with dhs to see if we can use transportation funds, human service answer foration funds to get those individuals to access to their vital records and to get them to the communities where they want to live, to actually see the properties where he they want to live.

where they want to live.

We aring in we are working in conjunction with chs.

I don't know if you know how in people have actually accessed that resource, but i want everybody to know that resource is available.



know that resource is available, whether they're mfp or not because they're disabled or low income they have that resource available to be transported.

>> hey, jerome.

I am going to touch base with dhs transportation tomorrow because we are under the assumption the this you have just for mfp folks.

>> like i said the human service transportation in general or for people with disabilities and for people who are low income.

To qualify.

>> that's true.

Thank you.

>> thank you.

>> so other barriers would be hands on housing search.

I know some of the tcss are have participants that need a little more hands on than others.

Other so that seems to be a barrier, where others you can give them a lift of housig other they can call around and maneuver on their own.

call around and maneuver on their own, locating affordable and accessible housing has been an issue always.

I a work with the department of community affairs to sharpen the georgia housing search.

I have recently taken a course with social services to become certified so to speak.

So there's a greater access to georgia housing search for myself.

If anybody is having issues with locating housing, either myself, you can contact, you can also contact the department of community affairs, i think ron is the person who is responsible for social service and ensuring accuracy of the data base.

>> another successes i think we've had is educating participants that they can appeal the application when they are denied.

Educating them about fair housing rights is another way to help people maneuver through the housing we continue to try to develop partner them with people, partnerships with any agency is going to be a plus because all resource, we realize all our resources are not endless and the are resources that mfp have are limited but we want to educate people from the community.

That's that i have for housing and



>> jerome, this is karen lucas.

I have a question for you.

>> hold on one second.

S0q.

>> go ahead.

>> on the transportation, is that a pie not certain areas or does that cover the entire state of georgia?

I was under the impression it wasn't for the atlanta region.

>> well we are meet being dhs, i think they

>> jerome, this is pam.

The pilot is set for the area we are working with 811 area in.

The first area is it columbus macon.

>> columbus.

>> that's the actual pilot but anybody that qualifies to use dhs or is et dhs transportation.

>> human service transportation can use it.

I mean if you're if you are a tc in atlanta?

Somebody wants to get somewhere and you can't get them somewhere, tell them about it.

But we are just keeping documentation outside of columbus so we can have documented records of needs.

But all of the people, all of the citizens of georgia are eligible.

>> so what is it?

I mean i don't know anything about what you are talking about.

What is

>> okay.

That should come through that won't be on this meeting, on this call.

That will come through your meeting with jw because he knows all about it.

We will talk later about how we can better inform the tc, but the pilot that we are trying to document and show legislatures and waiver folks the need is going to be

taken from our partnership with the 811 project in the five areas, but every citizen of georgia is entitled to use the other transportation.

We will talk aabout that at another meeting and make sure that tcs are aware that this all of their folks are eligible to

>> okay so you are not talk about marta mobility, it is some other transportation system that jw can fill in on.

>> yeah, jw early should be able to fill you in on it because it is part of your agency.

>> part of the aging network.

>> yes, that will be maybe not aging but dhs.

>> yes.

>> we will talk about that at another time.

>> i am sorry.

>> every georgia citizen is eligible for that.

>> will you say what that was called.

>> dhs.

>> here is what we will do.

>> human service transportation.

>> it is the type of transportation that your triple a already utilize to get your folks to and from senior centers and your eligible individual to get to and from doctor's appointments if they can't use medicaid transportation.

Small amount of funds only allocated and fully utilized every fiscal ca year.

Pot a new pot of money, the new pot of just as pam said is in columbus.

It is special.

It is outside of our existing human services transportation, but when you guys book transportation to and from, in your centers and these other things through your trip system and through your senior center, that's the transportation that pam is talking about.

>> i wanted to car identify where that is.

They're using the official title but we know it within the network as argue senior center transformation because that's where the vast majority of the funds go is to get our folks to and from the other even your center to get their meals and so they can get their, get their, you know, activities et cetera.

>> other it is for seniors though.

It is not for every citizen is.

>> an individual with a disability

>> disabled is and senior.

>> all right.

Thanks.

>> the they're very limited funds and the triple a's for decades have know how to utilize them fully.

It is not like it is a new pot of money or a new thing that you have never heard about.

>> right.

Our hope was that just for those that may need so get some of the vital statistical information or something that they might need.

It is not a bunch of people, i don't think.

But that's what we are trying to see, is it?

Is whole lot of people hamid had ride other the get a birth certificate and id, social security office.

>> that's why we have the pilot we are trying to document how big is this need.

That's what we are trying to do.

>> okay.

>> so we can know that going forward if we immediate to appeal to the legislature or anybody else for more money we can do that but we have to have documentation that it is a need and that's why we are trying to are the pilot to verify the need.

Justify the need for more transportation funding.

>> okay.

Well, okay, i hear you.

So, in our area, i am sure that we are a huge waiting list.

To it really wouldn't be something our folks could access but you would at least like to know who wants to the access it?

>> exactly.



Yes.

>> okay.

>> and they can still go on the waiting list.

>> well, however you're operating, you know what i am saying?

We are just trying to meet folks knead and get them transitioned out.

Last what our goal is.

>> even if they're on a waiting list they still could go out to utilize and to get their id, to get their birth certificate, one of the agencies that when i mentioned partnership, they're now opening up for anyone, not just hopeless but any at risk population that's working through an agent is city.

They're working with people who are coming outs of prisons, reentering into the community, to get their ids.

They're willing to partnership with us to help individuals get their ids but this is in the metro area.

I haven't worked anyone petro area.

I haven't worked with anyone else.

I know for hair this agent i is for sure had this agent is i is working with us in the metro area to get ids and birth certificates.

>> but that's all that i have for housing.

My number is not listed on the presentation, on the webinar, but it is 404 651 6993.

Thank you. RI.

>> yes.

This is RI grubbs with planning and policy update.

Go to the next slide.

Okay.

So there are i am charged with four areas for the checks planning and policy project communications, credit and employment and project manager.

under planning and policy, right now, the status for the operational protocol that hold on just a minute.

I lost my hang on other just a minute.

I just lost my feed, guys.

>> okay.

I'm back.

So the operational protocol is the with cms again.

I have a little more information on the next slide about the process there.

But, we will look we have also released the forms and letters for you have the most current forms and letters that were released in june, june 1st for your use.

So those are in place and if you have any questions about that you can see me or jw.

But there are, there are there were several forms that were and i will go through those in more detail so if you have questions you can raise them.

Finally, we also are have a sustainability plan that pam illuded to that is also on the web site.

You can take a look at that.

If you would like to, that's on that was submitted to cms on 4/30 of 2015.

So under project communications i want to point out that we are looking to do sustainability planning work groups like we have are done in past.

You guys remember when we started the project back in 07, that we formed these work groups and we will do the same.

We use the same process in forming work groups and charging work groups of a certain activity and then using the results of those work groups to form our designs for sustainability.

So, and then under train asking development, we are train asking development we are working on a strategic employment initiative in collaboration with the state work force boards and also with the local area, there are about 12 area work force boards that i will try to coordinate with and write down the local service center.

So we will be for siding more information, more technical assistance with regards to those and how we can refer to those, your participants to those and of course encourage employment with the folks that you are you are working with.

So next slide.

>> other so in terms of the operational protocol you can see the number of you can is missions we have done. We started this in september of last year, and we are have done then we have taken changes that were requested and made those and submitted it for a second review on december 15th, think review on march 16th.

The fourth review on may 5 and we just resubmitted july 13 with a fifth review.

We have a now approximately 70 substantive texture changes we made to the protocol and cms is now reviewing again.

I wish i could give you a clear date as to when the op would finally being accepted.

I don't know if we will have to go through another round of reviews or no. I think our cms jeffrey has said we are very close to having a finalized operational protocol.

That's the best i can do at this point.

Then, of course we went a head and released the revised forms and letters from u.s.:

they were needed by field personnel so they're out in the field and being used as we understand it.

Next slide.

>> so in terms of the changes to forms, you will notice that on the appendix b which is the is service rate table that the caps were reinstated for individual services and there's a predischarge maximum cap of 10,244 and a return to the post discharge maximum cap of 26,420.

So, you know, actually you went back, we went back to this prechange that we have made and actually you have you probably more flexibility now than you did if we would have gone because we had recommended a total cap of \$25,000 per individual but now you actually have a larger cap than that and having gone back to the previous rate table.

So that, that i think is kind of the silver lining on the clouds there.

So, on the itp, we did ask that we, that you show budget calculation, on each area of the itp, when you complete the goals, you know, with the plan and the goals, that you indicate which service that the individual is interested in has agreed other or is interested in receiving and then calculate and use those to calculate and use those the determine the budget.

On the itp, we make special note of 6, 7, 10, 11 which all refer back to the screening and question 36 from the r in this screening.

The reason that we were dinged because we did not we have two different sets of folks doing the, the option, the options counselors generally speaking, do the needs assessment with that question and then we come back and do the itp where we look at goals and references and the goals and barriers hamid to be removed to help people into independent living.

But we have two different forms in which we do that.

You need to pay some special attention to question 6, 7, 11 on the itp and refer back to the information that you have from the screening so that there is a

coordination between the needs assessment that's done by the, by the usual nhc and then you are planning for the goals and the preferences of the individual through person that is are planning involvement other the screen establishes the need and the itp approximate establishes the goals based on the plan.

Next slide.

>> slide 2 we also added a statement to the authorization agreement, the transition services that the service gaps on individual sr. Visions cannot be exceeded and with one caveat that is that if you, if you need to if you have used up exhausted a service area, you can contact jw and he can discuss that to see if there's another area that can be used just like we did in past when there was a need for additional funding in one area because it had been exhausted.

That still is in place.

Contact jw and he will discuss with pam to see if we can facilitate something like that.

>> we also had to had quote that you see to the transition services, this quote form.

We removed the specialized medical service or supplies because that budget was, did not exceed a thousand dollars anyway.

You don't need do that for sms and then we added these footnotes and i will let you read them.

But they basically give, giving permission for, you know, for the to do environmental and making the owner aware that the individual has the right too live in the at that is silty.

You can read had that and it is also on the bottom of the form and for vehicle adaptation, the participant we have to give them the right to use the vehicle, obviously in on cases the person is not driving the vehicle as a rider, as a passenger in the vehicle.

Next slide.

>> so on the request for additional mfp, we are have are a that looked at the current budget and then ad to the budget if there was sufficient funds underneath the cap.

So most of you are familiar with that.

That's what was done in the past.

Of course i will let you read this.

These are also on the form itself.

So, i will just point out that we have kind of gone back to a previous way that we work, you know, a year ago.

Next slide, then on the single event report form, there were several new events that need today be tracked for cms, hospitalization needs to be added.

Those were added to the form.

Death date, death date due to or a death due to a bias, neglected and exploitation has to be is separated from death for other causes and death due to break down and 24/7 back up had to be separated from just, you know, naturally to curing death.

Those are occurring death.

Those are photoed on the form and also requires sufficient of the mfp, the one that is are netted there, all of these that i have noted on this slide, also need to be accompanied by the form, i mean by the participant that has changed.

These also need to you also need to note these on the status change.

Next slide.

>> timely the enroll stat us change form, we removed the word enrollment.

It is now actually formally pcs or participant has changed form and we added the original date of transition and discharge and then under the reinstitutionalization, we added an admit date and a discharge date and then we separated the footnotes from the bottom.

I will let you read those, you probably want to read those.

Next slide.

>> on the sustainability plan that pam illuded to in her comments, we have proposed 7 working groups and one working group would focus on transition case management that would be the new transition coordination for type of role as it rolls into regular waiver operations.

And then we with would also have work groups that work on each one of the services peer support, transition set up and move in which is a collection of those thing that is we have rolled into one service called transition set up and move in.

And then, the transition care giver out leech and education would be the next group, the next work group transition adaptive technology and supplies and transition environmental mod others and inspections where you would be a work group.

Finally, supported employment evaluation or it may just be transition employment.

We are still we are still understanding that there may be a change in the words supported may need the to have to come out of that because of the changes in the cms regulation that relate to these or the site service sites.

We may remove supported it would be transition employment or transition employment evaluations that will be a service we will had work out.

Next slide.

So the tasks for the proposed task for the work groups, we would expect each work group to discuss and make recommendations back other to the team to, on the scope of the services that are being provided by or sunday this service other or by the individual in this case, the the case management.

Also, we would ask them to work out the provider qualifications and responsibilities.

The submission requirements for providers seeking enrollment and finally, the provider training and professional development requirements.

Is so those would be the tasks, generally the proposed tasks that we have at this point for each work group.

>> next slide.

>> and is there any questions that i can answer?

>> again, these work groups are going to be set up over, you though, beginning in the fall and over the next year because we have time before these services, these demonstration services will actually become a part of the waivers and that's still going to have to be a request to the legislature that they be a part of the waiver and so we do have a period of time to have these work groups put this together and so we will get information out at how you can become a part of any particular work group and you know, a calendar of when those meeting will occur and where, you know, other so if you are still in that planning phase.

So it is not completed yet.

We are waiting on other cms to accept our concept.

They accept our con is september, and then we move forward and just put a little meat on the bones for what we plan to do, we plan to present to the state.

Any questions?

>> thanks.

>> rebecca.

>> good morning.



Thank you for the opportunity to bring to you some of the balance incentive program to date.

We will first begin with an understanding of where we were in 2012, we were awarded \$64.4 million.

In January of 2014, we were then given an increase which gave us the total award amount as other to 68.8.

We were thinking that at the time that would carry us to the end of the program which historically is set at September of 2015 of this year, however, CMS did send out or request the state that if they are desiring to continue some of the efficient that is they're currently doing in program and they also needed additional funding as well as time that we should submit that application.

We did do that and we received our back from CMS, and they have given an additional \$10 million which brings our total award to \$79.4 million so we will continue to spend those funds on the slots that we have already spent and that number is 27005 slots that are in the various programs CBY, now COMP and NWP.

What I will do is prepare something for you.

I apologize so you will have this before you in your presentation material.

>> thank you.

So with that we will be looking at the other way in which we can utilize additional funding.

We are working with the budget folks here on the DCH side as well as DBHDD to just determine how long we will have the now have us through September of 2017 to spend all of the funding that we have received.

But we want to make sure that we are good stewards with the money and we want to see if we can actually extend the it that long.

We may actually expense all of the money in 2016.

We are not sure but we are working with budget to see how far those dollars also be able to go and report that back out to you.

Also I wanted to report to you all that we have been ramping up our training, for those not aware of that, that is one of the eligibility tools that allows individuals access to not only applications and information to human services.

That may be SNAP and of course our Medicaid application.

We have been working with the Triple A, the fields to get the training started.

We have, to date, scheduled 7 of the 12 ADRC and we also try to include the CILS when we travel to them.



We have gone to coastal.

We have gone to river al lee, north georgia, three rivers and we will be traveling to harlem, georgia and is are in august a.

So if you are not a part of that training and you are interested in that training then i believe gloria was spear heading this information.

You may want the speak with gloria on the that particular issue.

State of mind, even though we i have been granted an extension of time to exist, the fund asking other so forth, we still have to have all of our truck churl changes tom completed by is september 230th of this year.

Those were the areas of work, our conference free case management as well as the core standardized assessment tool.

We are 98% complete with those particular structural changes.

Our last bit of work is really around a lot of the new which is we are working with dbhdd to memorialize the process between the triple a and the cils.

And looking at launching our web site which should go live right around in september where we have already developed a scan and once we load up some content, we want the send that out the stake had holders so we can get opinion to make sure this is friend, that that it is easy to use, so on and so forth one thing with that is that a lot of the mfp information will be moved over to this particular web site.

So, they will have their own little tab and their own dash board that they will be able to do that and so of that is being funded through can and finally our bit of business that we have to do is to case management.

We are have identified just some areas of possible conflict and we want to make sure that those areas have been identified in terms of policy and procedure and what with very to do.

So we are going back to provider, going back to with are respect to the waiver programs to make sure that conflict free case management has been addressed within our particular document.

We don't really is have any here in the state but we also don't have any where we can finger point and say this is how we deal with it or mitigate conflict case manage.

We want to make sure those things are in had the policies, procedures and protocols and things like that so when we are called upon by cms we can point to it in our serious documents.

Any questions to our activities.

>> rebecca, this is pam.

Just kind of make sure people know that you do have what quarterly meetings as with well that they can listen in or participate in do have quarterly meetings.

We have not had one this particular quarter because we were wrapped up in some of our transition work but we will be scheduling one if before the summer is out, yes.

>> anybody else?

>> thank you.

>> thank you, rebecca.

Christy.

>> good morning, everyone.

The this is kristy fuller with georgia health policy center. I have a couple of slides to cover the cumulative quality of life data so that everyone can kind of see where we are with that information.

I want to just tell you, overall, i have been as has been the case for some is time, quality of live improves after transition between baseline and follow up.

We see the greatest improvement at year two, generally speaking across the questions and so at year one you see kind of a change but then typically it is even were at year two.

So, we will show you a couple you have these questions.

Just so you know, who has responded to the survey and it is included in the areas that i see, at one you can see about 50% of the responders are people with developmental disabilities.

35% of are people with a tbi and about 15% are older adults.

When we reach out to them after he have been in the community for two years, you can see the proportion of respondents that have developmental disabilities where their privacy is greater, almost 60%, okay.

>> next slide.

So the first question i will show you is just looking at importances to question, do you like where you live.

In green or light yellow you will see the baseline and then you will see the follow up in the blue.

This is year one and to the right is year two.

And this the question is where we see the greatest, most significant change.

So, as cross all target population as, there's a very large significant increase in those that report liking where they live at follow up upwards of 80% for each of those target population that is follow up both time points.

It is a very pose city response to the that question.

>> the second question is that we are showing, do the people who help you listen carefully to what you ask them to do.

The responses, again, are pretty high at follow up everyone is right around 80% reporting yes for that.

The greatest number of individuals reporting yes are those with developmental disabilities and i will just say and this is something we are been looking at over time.

Will there are a fair number of responsibility presidents who cannot answer for themselves.

We interviewed proxies for that.

I am sure most of you are aware of if you are working with individuals themselves.

But we do see they're more likely to report positive answers.

So just an a side, that's something that the evaluation team has requested us to look at even further.

We had are continue to see how other responders of proxies for those who have developmental disabilities may differ for the rest of the population.

But, good news.

People report that the people who help listen carefully and it is improved from baseline.

>> this is one we have been studying over time and i like to continue to show everyone because i think it is really an important lesson for us as we have worked through the implementation of money follows the person.

This question is do you go out and do fun things in the community?

This is one in which we see a decline in the yes responses at follow up at year one.

Participants report less frequently they're able to go out to do pun thing miss community after they have transitioned.

However, that does shift in year two for those target populations.

The people with advertise ability and developmental disability as although older adults are still less likely to report going out to do fun things.

So it is just something that kind of keep our eye on and as people work with individuals they prepare the to transition, it is something to know, that we immediate to continue to build in opportunities for people to get out in the community and for them other have set to, you know, social activities or things that they enjoy.

>> okay.

And during the past week have you felt happy or unhappy with the way you live your life.

We want people to be happy with how they are living.

And a cross all target populations at both time points, you see that there is improvement.

Folks they're happier since they transitioned.

Even greater improvements at year two.

The exception with being those who are older adults.

So the six areas of significant in the response which is also important to consider.

So, general had people are happier after they have transitioned.

>> something that was discussed in earlier presentations, we are talked about it in the evaluation team as well.

Manage we have been paying attention to is the fact that when people transition, that some of them do want to work or do volunteer activities but they're not frequently if you ask them they are not doing those activities.

We were trying to get a better understanding of what keeps them from being able to do those things, what are the barriers.

I just wanted other to show you what i have collected so far.

This is an additional question we added as we follow up with individuals so not everyone who is completed the survey have answered the questions.

What you see as the biggest barrier identified by those who said they want the to work or volunteer but they are not is their health condition action they feel something about their health limits them for being able to do those activities.

>> excuse me.

I will give you a call on that.

>> great.

>> sure.

>> love to.

In addition, some individuals state they're not sure where to start.

At the don't know where the opportunities might exist for them there's transportation issues, identified.

Some people said yes and then is said the preference that at the not work.

The other issue that's one we expected to see a little more of probably than we have seen so far are around barriers to losing their benefits.

That's something we know information could be provided on in order to provide, you know, so a person knows what he can earn in order keep their benefits.

There's a lot of work around this at the federal level to ensure people who want the to work are able to and still maintain their benefits.

So, just wanted to share that.

It is something we won't the to look at and i know program staff are interested in insuring people get these opportunities where they're interested and also we believe with help to address some is of that getting out in the community and building connections and maybe at one it is not quite someone may not be quite ready but maybe by year two they're more likely to be ready for those opportunities.

>> hi.

This is pam.

It is hard for me to tell by looking at this the coloring, transportation is popping up too.

It is popping up everywhere but yet, we are not getting kind of requests that we should be get asking we don't really know why.

It could be that individuals the that you see at the one year follow up which is at the end of the mfp year, however, they're still eligible for the human is service, the human services transportation i can't see that, is at that that 11% and 14% at year two.

Is that significant in your data world?

>> we didn't run significant testing on this, but i mean it is certainly notable because it is pretty small for those who are answers this question that fall into this group, and so i mean i would say that they may not be and by increase in year i

don't two they my not be aware that answer foration is available to them outside of medicaid transportation.

>> well, and the issue would probably be around the regularity of which the transportation would be needed in order to work or do volunteer activities.

It is you know, probably not available to them in the kind of way that they would need it even if the it was, you know, in the kind of transportation that was in the center, that wouldn't be enough, you know.

>> if a person were going to add slow for transportation, we without need to know what that cycle would be or what people would desire; right, in order to advocate for more transportation to meet whatever need is if it would maintain them in community and make them happy.

There was another question that looks at transportation that would probably speak more to the need that you are referring to.

I don't have this here but i am certainly happy to pull that up to kind of highlight where that, what those numbers look like.

>> it is an additional follow question that we added.

>> okay.

Great.

>> okay.

Next slide.

So we have two slides that i included this show the participants open ended comment that is we collected over the quarter so these would have been from january through march of 2015 and just as reference we provide had information to the department of community health as well buzz we think it helps to kind of understand the situations and couch the information from the quality of life survey in more detail.

And besides the suffer ray doesn't give us the opportunity to hear where things are just generally positive about their experience other or negative.

And so that is why we begin collecting the information.

So, there are both positive and negative comments over the quarter, just to the highlight one that was sort is of positive, it is a report that or the sister reported that the participant is 4,000 types better than he was in the institution.

He was back to his old self like he was 115 years ago before going to the institution.

He's walk asking talking.



We were a little nervous about putting him back into the community but this is the best decision very we are have ever made.

So clearly that's a very powerful statement and you i am sure really, describes the situation that a lot of individuals who are working as a pcp, as i at the work with families think about transitioning back into the community.

There's is several other positive comments reflecting that the person is doing much better now that they have transitioned.

There's an instant where someone has had an issue feeling that the information about the sir various and the dollar, the budget that's to the individual was not pasadena clear to them and they didn't receive these services or modifications that they were expecting.

And some of that happened with mfp time running out unfortunately.

As you know we speak with these people at the end of their mfp time.

So we are available, you know, we kind of loop them back into the program to make sure they get anything that he did not receive.

And if you will are go to the next slide, you know, a case manager and a care giver provided some feedback about the program and discussed this they were very happy to have the people transition to the home but just described some barriers in having to fight for additional or maintain certain number of hour that the individuals had available to them.

They felt that the hours were going be cut if they didn't consistently have to fight for that.

So, there's several comments here, you are welcome to greater detail but some real i helpful detailed information that we have heard from individuals.

That might be my last slide.

But i also just wanted to tell everyone there are a couple of additional analysis that we are either doing or getting ready to do.

One of them is a photo voice and you i think i described this in a previous meeting where we brought some individuals who participated in money follows the person together to begin documenting their quality of life from the transition, utilizing photography and stories.

We have four folks who are currently participating in that.

We are hoping to add additional folks in another group probably in a different part of the state later in the year. We also are looking at some cost analysis so we are rerunning some day at that other the look at the costs that medicaid covers for individuals who are mfp participants, six months prior to transitioning and then

comparing that cost to what their medicaid expenses were six months posttransition, and we are looking at that over at least one year, probably two years.

So as long as the data available.

So that is that will be ready pretty soon and then finally we have dch is interested if mapping some of the data so looking at where participants live across the state and mapping kind of their pretransition and posttransition residents to or the of see how folks move around the state and so we are be putting that together in the next quarter or other so.

And then i just wanted to make an offer.

We are we have quite a bit of data we collect here.

We do an analysis by annually biannually to provide detailed information on the quality of life survey on the comments we receive and also on the services utilized.

Nonmedicaid kind of other the demonstration service that information we are working on now.

The it will be available probably august.

Other so what i want to offer is that of work group come together if will questions about visions or things that we might be able to help provide and feed into those work groups to help them as had they make decisions and i know we don't have all of thens as for sure, but if there's manage that we can offer i would be happen approximate i other to do that.

>> thank you so much.

I am sure we will be calling on you and spreading your data out in front of us the to guide us.

Thank you of.

>> sure:

.

>> that's all i have.

>> please contact me if you have are any questions.

>> if you have any questions.

>> we have the last item not really a slide board or anything.

But i was asked several meetings ago the to start looking at an alternative for our webinars or for our future meetings because you know we do like other the try go across the state, however sometimes with time constraints, thing hads going on,



maybe costs involved it might be easier for us to use avenues such as webinar and webex.

Currently, the way webex was set up or webinars here specifically for the medicaid department, or division here, outrun it or area for some reason are given the capability of 25 lines other to be used other or able to call in and actually see the presentation like we are doing today.

When I first started doing webinar probably years ago it was unlimited.

Then I guess by your group it was decided you know, when you needed to use, unfortunately I did not attend that meeting.

There was a new training for you to learn how to use it.

I didn't go because I already know how to use webinar, but it not take into account what we did here at mfp.

Other so we thought at one time that we would get our own license or capabilities for mfp to have web that are and then we looked at other possibilities and I was on another call where we were using lynx.

I want to give some more information.

I want your IT department here, and it took them a while but they said they would get back to me and I found out during that time that I wanted to know about the meetings however link meeting was brought it out by skype for business.

I know some individual, a lot of people have access to skype.

If you don't it is a free application you can load to your phone, your computer, your laptop, your tablet, I know it is a free function and it is not necessarily skype for business as long as you have access to skype.

We will send out a meeting request.

The individual that sets up the meeting will send out that request, provide you a phone number that you will call into and then on our end it would still work very similar to where we just pop up the information and really we could have it where you are actually a presenter.

It is not necessarily this that I have the other be the presenter or RI has to be presenter or Michael those be presenter or anyone over here, that we could just be presenting as we go along for your presentation.

It does if they have a maximum capability.

As in people who need to be on it can use it at one time.

The down side, just as with using webex, when we send out multiple in have take, it will change just like what happened today.

We a meeting that really ended up being canceled because it was sent out and looked like it was a canceled meeting but it wasn't.

I had we had an issue with had this and we were able to correct it before we got to the meeting, of i don't know what happened on this particular day today.

We will run into this situation approximate we keep overlaying the meeting by sending out multiple requests but i believe it is time that we are looking at this is a function that is better, a better option.

I mentioned this at our evaluation team meeting and the individual that is were there were very like yeah we want to use that.

Chris said is yeah we use that here.

I know it won't be an had you issue for our state employees or individuals who work for the state.

However, if you are in a triple a you can add skype.

I know it can be added to your tablets for access.

This is something that we exceed to look into.

I know pam would probably be open to what we had to do to make sure you did get access to that for future meetings.

We wanted to put that out there, the information from both sides, and then pam would be making contact to see what is your, you know, thought on al term did i haves or what option alternatives or what option other we wow hike to use.

I would prefer skype or for business, it is for feasible.

If we wanted to have 3,000 people on the call, we could.

You wouldn't have to go to a meeting room, if you were traveling and you wanted to participate you could is still participate and wouldn't feel like you were limited because of like right now where only 25 people can call in at one time.

We weren't all of the stake holders to be involved.

So i just wanted to present that information and from you is question, feel free to call me at 404430731.

Myemail is .

Any questions right now?

>(inaudible)

It is called gotowebinar.

>> would you end us an e mail with that information.

>> sure.

>> so that we can try to

>> appreciate that.

Anybody who has any ideas.

I think rl you had some ideas .

>> yeah, pam, this is rl.

The one thing we want to be sure to be able other incorporate is cart.

We've had several requests for remote captioning for the web for you members who need that our members who need at that accommodation.

We want to make sure at that that whatever we can use we can make it flexalable enough to provide remote cart and the presentation materials will continue to be on the web site.

You may need to down load those prior to the meeting but we will continue to get those other on the web site.

We needed your cooperation other the are have you send those to us by the deadline so we can make them available to members who are coming to the meeting.

>> i would just also add because when we talked about this before with cart or any other function that we provide capability and make sure that we are linked together, i would be doing a test of that and other so if anyone would be interested in having being a part of that test, call, please feel free to send me your information and i will be glad to include you on that test call because as in people as we have tending that test meeting, we will see how it will flow and function the better because the this is, you know, we are trying to move into the now which you are of technology here.

So, we welcome again, all of information this you have and pam i think that's it for me.

>> okay.

Does anybody have if any questions about anything or discussion about anything they would like to bring up at this time?

>> any questions or comments?

>> i have a question.

>> go ahead.

>> this is a reference in reference to the new budget allocation if we have already done an update, do we stay with the original form for 25,000 or do we move to the new budget category for budget allocation form?

>> pam, if you are going to use the update, you want to use the new form.

If you have the, you know, the goals and that kind of thing, if you are going to add to those, you want to use the new form and just note that the participant has chosen to use those goals.

For instance, if the person has chosen peer support, then do a little bit of a calculation that shows how in times the persons plan to put together types the rate and then that the beginning budget.

If you are coming back and adding to that budget, in other words, if you come back and you find out that you have been in the community six months now and you have run out of you need more you need to budget more peer support, then just, just note that on the itp but do the change using the additional authorization agreement of the funds form to capture, you know, the a additional funds that were budgeted for the budgeted for the service.

Does at that make any?

Am i making sense are there.

>> you are answering my question.

So, and let me take it one step further because you called out t people who have already transitioned, will they now have access to that extra thousand, a little over a thousand dollars in the new budget, they have already moved out but are still within the 365, if they have means had that are [inaudible]

>> could they now assess the little bit of extra funds.

>> i will defer that to pam.

What do you think on that?

Can we open that ouch approximate if they have already.

>> what little bit of extra funds?

What are we talking about that's difference, rl.

>> the difference well, you are describing people who transitioned, you know, kim out into the community under the \$25,000 cap is that we initially had.

>> it is when we go back to individual cap.

>> it is like we never left the old way of doing hinges to me it is okay if you want to do that.

>> yeah, they with work with the individual cap.

>> you have to come back.

>> yeah.

So, the answer is yes.

>> okay.

Effective now or does that start like at the first of august or something or is that

>> no, no we are under that now.

>> okay.

As of this meeting.

>> yeah.

You know, jw, you are aware of that; right?

You can go back and allow add additional funding under those people who came out under that 25 cap.

>> i think it is already gone.

>> all right.

>> i am here, rl.

I had to unmute the phone so you don't get background noise.

My only concern is this we continue have don't have the updated policy and procedure guide, you know, the current policy and procedure guide describes the \$25,000 cap ca president that's my only concern can.

We hear you verbally and please go forward as directed by ech but we would appreciate, you know, for clarity sake because we have looking at it while they're requesting transition service.

That's kind of where we are at.

>> we can't move until we get the op approved and cmsa it was their strong recommendation that would go the caps.

That's why we feel good about going with the caps because they want us to go back other to the caps.

>> so that is why we visually are saying use the caps.

We don't are have any written from them so we can't get written to you.

We are saying so with the caps.



>> so, this may be to jw as a procedural thing because of the specific individual we are transition right at the moment, is requesting and has seen verifying we can utilize that and i can update it with there

>> yes, ma'am, yes.

>> with their per mission to have that add additional funding.

>> yes, yes.

>> i will just add, i will just refresh you to get clarification in writing so i am sure i am within the on that.

>> okay.

We will have you covered:

no worry.

>> what was the service that he wanted more money or did what was the service.

>> rl, it is it is one a we have been working on.

It is okay.

>> okay.

Got it.

>> thanks.

>> thank you very much for that and formally, ms. Johnson i want to thank you for your participation yesterday and dave for his participation yesterday.

>> we appreciate you and thank you for the work you are doing.

Any final questions?

>> once again, thank you guys for attending this quarterly meeting and keeping us abreast of what's going on and keeping us on your toes because we all have the same goal and same desire for those that want to transition to the community.

Thank you again and any additional follow up questions or comments you have please feel free to e mail them to me or give me a call and just thank you all very much.

We will talk to you next time.

>> thank you.

>> bye bye.