MFP Steering Committee Meeting 4/22/15

TRANSCRIPT

Good morning, Julie.

[Hold music] >> Good morning, all.

I was having some technical difficulties where the phone was not ringing at all.

We can start momentarily.

Is Jessica able to call in yet?

Okay.

Thank you.

Oh, I'm sorry.

>> okay.

Pam, whenever you are ready.

Hello.

Can everyone hear me?

>> Yes.

Is on the line.

>> Thank you.

>> No audio.

>> Hello, pam.

Can everyone see my screen?

Hello.

Okay.

>> There's a WebEx link.

I can't hear you at all.

>> can you hear me now?

This is RL Grubbs.

>> I hear RL.

This is Tamonia.

>> We are going to i am in pam's office.

We are trying to get the conference call organized and working.

We didn't have the host code.

We are just a participant.

We will carry on like this.

>> I'm on the call, rl.

>> That's why i was asking if everyone could hear me sp i was calling for pam.

Pam couldn't hear me at the time.

She came over and told me that she could hear me.

Y'all should be able everyone should be able to see my screen right now.

That was the last thing i asked for.

Can everyone see my screen?

>> i can.

I think everybody can.

>> Good morning, everybody. Good morning, everybody.

This is Pam Johnson, project manager for money follows the person.

We have been very busy trying to get our sustainability plan in place.

So we are meeting together using WebEx for this meeting, we are together for this quarterly stake holder meeting.

We are not going to do the regular meeting and are have everyone involved.

We just want to hit some high level things for you and let you know where we are in the project at this this point.

As you all know the project was designed to be completed by 2016, the end of 2016 and with whenever funding that was left, we were to extend and work through 2020.

And so what we are having to do now, is to look at how we were going to do that.

Our presenters today are going to be folks you are familiar with.

We have one new person you are not met.

That's Ms. Sarah Ekart.

She has taken the place of Dawn, no, options counselor.

Tell me who that was.

>> Amy.

>> Amy, Amy.

She has taken her place.

So, when we get to that area, you will hear from Ms. Sarah Ekart.

What i want to do first is just to update you a little bit on what we are doing in this sustainability process.

We have a sustainability plan, we have a lot of background noise, i guess.

Is there anything anybody can do about that?

Please make sure you are on mute. Put your phone on mute if you are not speaking.

That might eliminate some of that.

When we have to do now is to submit to CMS a sustainability plan on April 30th.

That sustainability plan is to cover what with we plan to do between now and September 30th, 2020, not December but September 30th which is the end of the federal year in 2020.

During this time, we are to work on things that we feel the state of Georgia would be willing to sustain for us going forward.

So as we begin to look at this, we are looking at how we are going to incorporate a lot of things into our 1915c waivers and move forward with that.

We also want to look at how we can sustain some of the things that we had come up during our focus groups during the January stake holders meeting.

So we are going to look at how we are going to somewhat expand those services.

That's a lot of what we heard needed to be expanded, the role of transition ising was a little more tran transition was a little more case management boo at that that.

We have also looked at shortening days from the requirement days for institutionalization from 90 to maybe 30 and we are also looking at what we call acceptable housing where we are four beds or less and we are looking at opening that up to sick beds which would allow for more transitioning.

That's the part of the state.

So with that I want to assure you all that we have been working very closely with our partners and Georgia state university in order to tray to incorporate all rye to incorporate all of the things we is are learned over this time.

We will continue to work through the summer.

This is just a document that has to be submitted to CMS to show them what our plans are.

It is a high level document.

As we begin to work through the spring and summer ring we will work on the details of that.

We will set is up work groups for each of the areas and begin to work on what the providers will look like, what the services will look like, process will look like in a more detailed way as we transition from a demonstration into is a Medicaid service.

Does anybody have any questions about the overview that i just provided for the sufficient sustain ability plan, anything specific that you are just not sure of?

Yes.

Okay.

Yes, ma'am, that's correct.

[inaudible question] yes, exactly.

What we develop, what we on developing are take us past 2020.

It would be what the future of nursing home transitions will look like in the state of Georgia going forward.

>> excuse me, Ms. Pam, we can hear what you were saying but we couldn't hear what the other person was just starting.

>> service just reaffirming what i had had said about the plan going in April 30th, 202015 looking forward through 2010 is, that it is going to cover those dates, with the things that is we are submitting the processes that we are submitting will take us through 20.

What i said was then after 2020, look forward to the state of Georgia moving this on forward to transitioning from nursing facilities will look like going forward going into the future as part of Medicaid.

>> Thank you.

With that we are going to move on and begin our new business, a status updates.

We are a lot of things, a lot of information we want to get to you today.

So we are going to look at, area from Ms. Sarah Ekart, who is new and she can say her name correctly if i am saying it wrong, who is the new options counselor, guess coordinate or.

She can give you the correct title as well.

Sarah.

I'm not sure about anybody else but i cannot hear you, Sarah.

>> I'm having problems hearing her as well.

>> We can't hear her either. [inaudible]

>> okay.

If you want to go on to the next lied.

>> If JW is there he might help her determine how we can help her better.

>> did you call into the WebEx?

>> Not WebEx, the conference call.

>> can you hear us?

>> i can.

>> Pam, it is really breaking up right there at the beginning but it seems to have cleared up.

With we can hear you good now.

we can hear you good now.

Thanks, Dianne.

>> i am going the to ask that everyone else please place your phones on mute.

[inaudible]

>> Two areas have two and not [inaudible]

>> can everyone hear me?

This is Leslie.

Sorry, Sarah.

I immediate to interrupt.

>> I need to interrupt.

>> I cannot hear Sarah but i need everyone else to put their phones on mute if you are not speaking.

I am having a difficult time hearing to know when i need to transition to the next slide.

>> This is Tamonia, can anyone hear me.

>> Leslie, this is pam and RL, we hear you just fine but we don't hear Sarah.

I am going to mute now.

>> Sarah, is there any way you can get closer to the phone?

I don't know if you are in a room.

>> they may not are have called in on the conference call line.

They may have called in on the WebEx and not the conference call.

>> For everyone that can hear me, don't respond, if you are not on the 888 6307 number, please drop the call and call back in to that number.

Again that's 888 636 3807.

And then you are going to put in the access code 880000 o 6 8800006 and follow the instructions from there to log in as a participant.

Thank you.

>> is Sarah back on or anyone from das if you are in one room?

Okay.

Is that das logging back in.?

>> can you hear us?

>> That's much better.

Is that Sarah.

>> Yes.

>> thank you so much.

>> Yes.

Okay.

So i don't know what you guys heard, if anything.

O so jw is and i are going to do this presentation together because it covers some, all of the nursing home referral stuff as so like i said each adr has at minimum one full time option os counselor.

Two area versus two arc and northeast is working on getting two as well.

Each ADRC is required to complete four outreach events per month, most often they will do more than that with a focus on nursing home staff and residents council meetings within those.

Next slide.

Types of outreach, a lot of them, they are doing just one on one and in service for nursing home staff and nursing home staff and other medical staff.

There has been a lieutenant of local groups and clubs, networking type of event, lots of follow up with specific staff members introducing themselves to new staff members, they're really focusing on that which is really awesome.

There's a couple of barriers to identifying different people to contact and make aware of MDSQ and JW are speak about some of the unique ways we are trying to get more contacts.

>> Thank you, Sarah.

We've had great conversations with our proactive regions woo have asked us, you know, who have is asked us for brainstorming sessions on how to increase referrals because they're looking there's a beeping.

I don't know where it is coming from.

Leslie.

>> I am not sure where that is coming from.

It just started when the last person logged in.

>> okay.

Should i [inaudible]

>> All right.

I will try to keep going.

There we go.

Awesome.

Sorry, guys.

So, some is of the proactive, you know, triple a you saw the numbers flat lining or decreasing, you came to us and we brainstormed some very, very interesting ways to really increase or potentially increase our outreach and go beyond.

So to recap…some is of those we think are the most productive is many house, you know our gateway and our ADRCs staff make hundreds of referrals of people a day, thousands of people a quarter.

And so what we are trying to do is have them be for proactive in assessing if their looking for resource if they're looking for resources, finding out is the person looking for resources for in a measuring or add nursing facility or about to be admitted into a nursing facility.

We will try to increase the number of self-referrals of people in nursing facilities rather than waiting for the planning sessions they have with their social services director but actually, you know, if somebody approaches them many the hall, you know, really getting an immediate referral down and making an appointment to go see that individual.

And increasing sort of what we refer to as the normal referral.

We are also going to reach out the doctor's offices and other areas where we identify the individual somewhere the nursing home from hospital discharge plan as well.

And even within the nursing home, we have identified that you know, there are other entry points for referrals rather hand just the social workers.

The activities direct ors and physical therapists woo are work wing individuals who are working with individuals who are have ebbing pressed an interest to expressed an interest or talk about going back home.

We will try the generate referrals from those individuals as well.

We had a lot of great ideas for increasing referrals.

As we report on those we will let i don't you know where it is coming from.

We will about internal referrals within services, a division of aging manages referrals.

If we do our six month contact with somebody who's on a wait list and we identify with that individual returning to the nursing facility, we will engage them and have are the conversation and say would you like to talk to somebody about, you know, usually returning o to the community.

And as we continue to enhance our data system is which is a brand new is system, we will go live sometime late this year, we are going to find ways to to automate those referrals and build them into the system.

We are lobbing at ways to looking at ways to ensure at that our nursing home referrals stay active as we can.

Has a huge, for the sustainability factor.

As long as there's a need for individuals, for assistance in transition and independent living, we want to make sure that we are capturing those individual's needs, transitioning and community living, we want to make sure we are capturing those individual's needs, the mfp grant or the final transition waiver models this Pam spoke about earlier, we are going to make sure that we have plenty of individuals in the pipeline so with we can continue to transition those folks and help them lead a better life.

I had turn it back to Sarah for the rest of her presentation.

>> as you can see those are just broken down.

To date we've had 263 outreach provided. Those are you events:

We've had a light increase which is awesome.

In next several slighted slides are the nursing homes making referrals from each of the 12 areas.

I am not going to go through and read those but i am sure the power point will get passed out. Can everyone see it?

One note i want to make is there are 369 licensed nursing homes within a state, and we have received referrals from 297 of them fiscal year which is 80%.

Figures to be about 82% when we take out the private ones.

A lot of areas we are starting to focus on where are the nursing homes we had referrals from.

And if you keep going, this one shows thank you number of, the number of nursing homes we've not had referrals from in a certain area.

Arc has the most.

They have the most nursing homes.

At that makes the most sense.

It is just a hand full for the rest of them, and northeast, we have received a referral from every single nursing home which is quite awesome and several of them we just need one or two more and with we can stay we have hit them all.

So with this last quarter we will, if we can get to all of the nursing home get referrals from hem in the state.

Next slide.

And on this slide is just our quarterly total so far, broken down by quarter as you can see.

We've had had 2389 total referrals.

Of those, 1925 were at the MDS-Q and all of those we've had 177 MFP referrals from the MDS-Q and from Monday MDS-Q, there were 51.

That's a good chunk at that are getting refers to MFP.

This is my contact information.

If you have any further questions if you want to talk to me specifically about something i am more than happy to chat.

Does anybody have my questions for jw or myself right now?

>> okay.

Thank you all very much.

That's good.

I like that one slide that shows specifically which regions and which nursing homes have not had referrals and like you said to focus on those areas.

>> Yeah.

There's definitely a couple of areas.

I have pulled that data and they have asked for it and will reach out to those nursing homes to get referrals from there.

That's the kind of data we need going forward through 2020 and even as we progress so we know where poll folks are transitioning from and can ensure what's immediate the house asking those kinds of efforts are there for them.

Thank you all for much.

>> you are more than welcome.

>> okay.

We will go to you, Leslie.

Thank you.

>> Good morning, everyone.

Again, remember to please keep your phones on mute.

I am getting some comment that is people cannot hear.

Please make sure that if you are just make sure that if you are just joining the call that that you have used the 800 1 888 636 3807 phone number as well as the corresponding access code.

This is the number we are using.

We are only using WebEx to actually see the presentation.

I will be asking about the MFP updated charts as well as other additional information that we saw fit to add to this quarters meeting.

For das we have transitioned to MFP.

You will notice this will cover woo quarters.

It is covering two quarters because the last time we met it was a stakeholder's forum as Pam mentioned in the beginning.

So the majority of my information is going to cover the two last quarters.

So transition to MFP, from 10/12014 to 3/3is/2015 we have a total of 80 transition.

Those are older cults 27, physical disability a, 51, traumatic brain injury, one and developmentally disabilities 1.

Waiver type, CCSP is 40.

ICWP is 22.

SOURCE is 5.

You will see i have a note here for na.

We had had 13 n/a submitted on the transition form.

And if Nay can hear me she can probably correct me.

I wanted to make sure that was checked on the discharge they checked with.

That correct?

>> I don't know if she can hear me.

But we will verify.

I believe that was from the discharge checklist.

Nay is not an appropriate response for a waiver type.

If this means that they have transitioned without a waiver i'm fine with that but we immediate to know they refused the waiver versus a n/a.

Deaths were ten for this time period.

Reinstitutionalized 0 and for the same time period we have completed 365 days of MFP, they were not reinstitutionalized and did not return back to their home but they completed 365 days as we have listed is 110.

For DD, the transition to MFP during had time period is two, developmental disability is a population type is two.

For that waiver time it is comp and it is two.

There were no deaths, no reinstitutionalizations and they had 37 to complete 365 days.

We had 23 to transition to MFP with a mental health population type.

There were no deaths, no reinstitutionalization.

They had 25 o to complete 365 days of MFP.

>> Here we have our home and community based services.

As of 12/31/2014 is 10,731.

For ours, 15,5318.

ICWP, 4,043.

For new options, waiver 4,0 o 748.

Comp is going to be 6,930.

The CBAY is the 81 and our Georgia pediatric program we have active 55.

You will see out as of 3/31/2015 that these numbers have gone up some, gone down some.

But we have for our wait list, for our wait list we have 1900 that is waiting for CCSP.

We have 0 waiting on our SOURCE.

We have 125 waiting for ICWP.

In our sort term planning lest, we have 2890.

Long term planning list, we have 5014 with a total of 7904.

We have no wait list for c bay nor for the Georgia pediatric program.

I apologize, this is for the waiver type on the discharge day check list.

>> Thank you for your attention.

>> moving on to the next screen, this is the MFP data through car lengthen dare year 2015 year to date.

This is our MFP expenditures.

I have started with calendar year 2008 when we did our first transitions.

With we have gone year to date 2015.

We do not have any current expenditures that we can report for 2015.

We will have to make modifications to our 2014.

We were having some difficulties with our, with approximate i can say had.

For those of you who don't know, for CBAY we are going with our demonstration services and we are having an issue with the calculations of those expenditures and verification of expenditures. We've not had any duplicates. We are doing some research on this end.

You can look forward the future we will have an updated amount for the MFP expenditures for 2014.

However, for DAS, this does encompass through 12/31/ 2014.

For CBAY this is through 9/30/2014 based on invoices at this point for c bay specifically.

I are have updated information for claims paid from 10/1/2014 to 12/31/2014 as with we move through process of this action item that we created and updated.

We will receive information shortly.

Look for this number to increase.

>> can you hear me?

The last column that says mental health, this where we are doing for the people i am confused, this is the youth with mental illness or behavioral.

>> Yes, this is CBAY.

It is not just mental health in broadly.

Right now it is just the youth with mental illness.

>> Correct.

>> And that is why if the state by the developmental disability to no e that's truly dbh and dd.

When we did our operations protocol and wellness and get ago provable to add cbay, it was added mental health, and that's how it is listed in the semiannual report.

So i report on the target population or CBAY.

>> i can hear you many background.

If you are having a conversation i need you on mute unless you are asking a question of me.

The additional note, we have that the target populations, the expenditures are for mental health or mh target.

Again, that mh target population distinguishes the CBAY?

This includes five participants without a target for calendar year 2014.

So these numbers are not basically correct.

We can add five to their total number for 2014.

Are there any additional questions about the slide before i move forward?

>> okay.

Tracking the data from our bench note mark no.3 which is in our policy manual as well as what we do for our semiannual reporting.

The performance indicators even though i have it lived from 2012 to 2016 i immediate to update that because i need to focus on calendar year 2014 because we just completed that.

Look at the projected for 2015 and towel year to date 2015 and projected for calendar year 2016.

We have our completed ITP/ISP, actual 314 transition discharge, 317 is.

Completed MFP period of participation which is 365 at as is a total of 382.

So you can see based on the percentage, that with we fell slightly from what our projected was and unfortunately i don't have that on screen right now.

But i can provide that for you at a later date but just to know that we missed the mark by 13% but we did have a lot going on this could be for various reasons and i will get with pam and we will discuss what these reasons could have been.

This is for your information.

We have projected 381 to complete 381 ITPs, ISPs and the ITPs are basically for our aging of special our aging and physical disabilities TBI.

ISPs will come from our DD population and i am not sure if c bay.

I believe they also do the ITPs as well.

For transitioned discharge, we project 369.

For our completed MFP period of party operation, we projected period of participation we projected 457.

Year to date actual o is so far is22.

When i say year to date i mean through 3/31/2015.

This is January 1 is, 2015 through ebbing cause me, march 31st, 205 sa.

Excuse me, march 333, 2015.

We have transitioned or discharged 49 individuals and 69 have completed 365 days of MFP participation.

With we are projecting 400 ITPs for calendar year 2016. we are projecting to transition 387 individuals from the nursing facilities, DBHDD and/or for our cbay and we are projecting that 508 will complete 365 days of mfp for participation in mfp.

These numbers may change as we move forward with various things that are happen aing presently with our target populations and our, with our waivers.

So, look for that to be coming out in you our next meeting as well as we will probably have make some changes based on the sustainability plan that pam has mentioned earlier.

Are there any questions on this benchmark no. 3?

>> Thank you, Leslie.

>> i am not finished.

>> We are going to

>> I am sorry.

Can you hear me?

>> i just wanted the make sure there were no questions on the bench park.

>> We didn't want people o to be condition fused.

Pack sure that you confused.

Make sure that you check the web page for prior reports because some is of this has been reported by calendar year, by state phis car length year and by federal.

Make sure you get back to Leslie with any questions if you are comparing and you kind of get confused o on the numbers and totals because some things he's only able to give us by federal year and some things by state year.

If you get confused get back to Leslie, she can let you know.

If you have questions about numbers.

>> Sorry.

Someone else was saying something.

>>It would seem to me you ought to just add that to the bottom of the chart somewhere is so there's no confusion.

If it is fiscal year or calendar year or what the period is referring to.

>> Like i said earlier, you see the cy, for those who see the cy, it will represent calendar year.

I will distinguish if it is calendar year federal physical year or state physical year.

These bench marks are by calendar year.

If it changes based on what we are doing for sustainability i will make that notation as well for any changes but this is how it has been list in our operation is since the beginning before i even came in as well as others.

So this has not changed as of yet.

It may many the future but right now it has not changed.

I have distinguished this is actually calendar year actual or projected calendar year.

>> Any other questions or comments on this slide?

Again you can send those to me.

You have my contact information and you will see it at the end of the presentation a.

Due to the essence of time i want to show this slide.

It has not changed.

Now is just as far as the data has changed as far as the data points but as to what we are reporting has not changed.

You will see that we have completed housing as of 2013.

We are showing a total of 2094 who have transitioned woo are in their own, family home, apartment home, assisted living, group home which is DD population and personal care home which is for our das population.

>> The next thing i want to show, just mind your eyes, sorry.

Is our housing by a target population?

You will see i just noticed this change when i was pulling it up.

That we have been receiving some unknown accounting showing up z as unknown because the county was not filled in.

It is imperative at that we have the correct information so that when we are pulling reports as such is, that it will not seem as if this is an unknown county but yet this is information of we do not have the county for these nine individuals.

I am not sure if it is from das or if it is from c bay or if it is from dd.

So when i say that, its because i combined all reports, that i received to provide this information.

So i cannot tell you for sure but it looks as if i take that back.

It looks like it could be for das which would be older adult and di abilities.

We need to make sure i take at that back. I apologize.

It is from across the board.

We have an unusually high number of 32 unknown counties.

Other so when we, again when we are sub b mitting our information submitting our information we are to be clear had awe do have all fields filled in, all fields accounted for.

And we will probably have to start sending back these discharge checklists because we need all information.

With we don't want to hold up anyone from transitioning or being placed in gam but this is a very important data point for us.

Now we are going to go to what Dave has requested some information on the MDS-Q.

We have some just o the give you a quick background, we had some information where we did not receive what we thought we were receiving from our group and when i say we did not receive what we thought we were receiving, we can we were under the impression we were receiving all data points from the MDS-Q day or from the questionnaire that is asked.

Number two, excuse me, we did not realize at that the questionnaire had changed.

Therefore, at one point, we thought the question that we should have been asking to receiving data from was question q 0500 aa.

Question 0500a is actually asking what i thought was the information for did you want to return to the community.

Question 500a does ask and i am sorry.

I don't even have it anymore.

They sent me some updated information.

But, just know that was not the correct question that was not the correct question that we thought was correct question.

It should have been question q 0500b which is return to the community, ask the resident or family or significant other or guardian or a legally authorized representative if resident is unable to understand or respond.

The question: do you want to talk to someone about the possibility of leaving facility and returning to live and receive services in the community?

If they said no, the answer response have a 0. If he answered yes the led be a 1. 9 is unknown or uncertain. We got further clarification because i received some hyphens or dashes and then blanks.

We found out those would be skipped answers and if it was blank was just not answered.

So we have a high population or high count of had being skipped.

The question is what can we do or what need today be done to make sure this question is need today be done to make sure this is not skipped.

For period October 21st 2013 to December 31st, 20 subpoena, e had 2366 individuals that said yes i want to move or discuss leaving the facility.

I started with this review of October is 1st, 20313 to December 31st, 2013 because i wanted the go back to the very beginning of when i first received data to see, go back and start doing some come par ops based on what we are receiving from at that time Amy and now what we receive from Sarah.

And see where are we, are we, you know, referring individuals and as with we see, when we down to question no. Q 0600, referral has been made to the local contact agency, that no. 2 response says yes referral was made, 5987.

Leslie, why is it that we have 59 a87 referrals made but only 2366 individuals who said they wanted to leave or talk about leaving?

This is, even though i have more current data, i want to make an understanding or are have an understanding of why it almost doubled in referrals that have been made.

There's some other things i do want to look at because could it have been that some is of that number came for unknown or uncertain if they wanted to leave or exactly where is it coming from or were there other referrals that were made from a previous quarter?

This questionnaire does not get to that depth to say these people were referred based on a previous quarter, and i would not have ac is sec to that access to that previous quarter information.

But these are the things that we can look at and had is the base information that i want today provide today.

So are there any questions about this specific slide before i move to the next analysis that was done based on this quarter of MDS-Q?

>> Leslie, this is Dave.

I want to thank you very much.

I know this has been a very difficult process and this is great information.

I hi this is going to lead to better information.

The question i have is within you look at grand total of 64,000.

There's only 32,000 people in nursing homes i am wondering if i am wondering how that is coming about whether these people are being surveyed twice a year?

It just the good news it brings more questionings and i just want to thank you very much.

>> no problem.

You are quite welcome.

And before i move to the next slide of information and it is not really a slide.

It will be a spread sheet.

We have, from Myers and Staffer who has the contract to pull the data analyzed and do all of he has nice things for you, the thing the we have happening also is that i would just finally receive access so that where i can actually go to the web site, pull down what i need.

At the will send me an e mail they will send me an e mail that says with we have a new file ready for you.

I am going to be receiving this information i believe on a monthly basis just so you can see what we receive.

I do have data points through December 31st, 2014.

I should have the January to March by Thursday of next week.

I am getting as current of information as i can receive, probably quarterly information is sent on the 30th.

I don't know how we are going to work it out but the fact we have it and i can pull it down, you will be receiving more updated information.

I just want today provide this to start with so you can e what we do, what we are working on and how we can be more efficient because there are other analysis i want to go going forward.

The next slide that thought you might be interested in is what nursing homes are actually doing referrals.

Again, if you remember 2 response is for yes the referral was made.

If it is blank, no repeat, if made from this specific facility during this specific quarter.

I don't mean to confuse, just hold your eyes.

Sorry about that.

I am going to open this up some.

We had will see had number does we are will see this number does correspond back to the 5987 referrals that were made.

Again, we will get into the depth and for specific.

What the next plan is, to do from this information or this quarter is i am going look specifically at union county nursing home and see who those 40 individuals were.

Then i am going to compare and see did they actually come in to MFP, did we actually receive the referral.

It will be different things i want to break down to where these referrals actually went and who they were really for.

If it was for many fact during that time period, just to see some other hinges at that you might want to see with that data at that.

O so, Dave would at that be something that you are also interested if seeing?

>> Absolutely.

It would be wonderful if Sarah would get a copy of this and we match up Sarah's report with this report.

>> what i can do is and she should have access to this, the previous committee reports where the data was reported as well as we sleeve here at dch, they have to send us a 30ly report.

I go back and i have data points i have put in that i have been keeping track of as well where we can see specifically on the other one where we had the counts but then to go pack and we can sit down back and we can sit down and discuss this type of comparison as we.

That is the next step as well as looking at the other quarters of information that we have received through 12/31 is/b 2014.

>> 12/31 is/2014.

>> i's a happy guy.

Whoop, whoop.

>> So happy to make Dave happy, finally to know he understands me.

O so if there aren't any other questions, you will see any contact information here and just call me or e mail me with your questions or concerns and comments.

Just know that the information had that is included in this part of the presentation will not be posted until i get official information saying yea, nay from Marcy because she's the final sign off of this.

We discussed this as let's just start to show you what this information to show you and one approval is made, it will be in a better format that will be posted to our web site.

>> If there's not any other questions, i think pam you are speaking for Jerome today.

>> Yes.

I am going to move quickly through a report a report that Jerome had given me just to update you on some exciting things that we are doing.

There's kind good news and bad news with it.

The good news of course i think we had shared before, we had had some tenant based vouchers in Decatur Housing Authority and we had had not been able to use all of those, but the good thing is that our partner, the department of community affairs has agreed to transfer all of those opportunities into their RAD program which is one that rental assistant department.

They're still helping us to place individuals through that program and JW, jump in if you if you hear me say something that doesn't sound right.

We les have 25 vouchers that led be outside of that would be outside is of petro county that we could use.

Decatur housing, we have 24, you can see out of 35.

And the three will be helped through the RAD program.

They continuously contact us and are excited about MFP participants.

So if you have someone that needs some kind of housing, do not hesitate to call JW or Jerome and Jerome can come out and speak to someone, if you need him to speak to a property owner or anyone.

We need to give folks because what we are saying for the future is that nursing home transition is going to be possible because we have partners that will help us get folks placed outside of the nursing home and into a community residence.

So we have some exciting news with the HUD moneys that have been coming to Georgia through an award.

We were approved for two of those and that opened up a locality of housing for our folks.

We have sharing this house wing MFP, DD, and who else, JW?

Who else?

We don't get guaranteed slots.

We get slots but if we don't have enough people, dd will get the slots at that we don't utilize.

>> You are right, Pam.

Some is of the slots are going to go on b the behavioral side as well.

>> As well.

Okay.

So we want as many as we can push forward we can probably get house oing for.

So we are looking for this readiness out there.

If you have any questionings don't hesitate to call Jerome or JW and we will get somebody there to help you figure that out.

Fib you have wanting o moo anybody you have wanting move up to metro county, we want to get at that done.

We are looking of course at the barriers.

We heard you on what they are, and so we have worked with now Jerome has a nonprofit agency that's willing to help people get their ids.

We are look at trying to partner with them to help people get whatever vital records they need.

If you run into any barriers, don't stop, let us know what they are so we can help you with that.

We are looking at a transportation pilot at that we are going to be doing around Columbus area.

We are going to be trying to see how those individuals in the nursing home that have the ability o to call and set up a transportation, we can partner with would already exists.

They can get a ride because they’re disabled.

They can get a ride has a nonmedical ride.

We are not talking about the nonemergency transportation to medical.

This would be for anything.

At the can go and look at a property even if it is not in the metro area, we just have to work out costs.

That's why we are working out this partnership.

He can look at areas they may be trying to move to.

Had had is a wonderful and exciting new partnership is.

We are putting it together.

As you know, as i said is, any questions you have, you can contact Jerome.

He's successful sending out emails and talking to people on the phone, letting them know if a person is denied at the can find out why they're denied.

At the need to file something to say a peel.

Don't just give up and don't let them just give up, let them know that he have a right to fair housing, okay.

That's when we are trying to support them with.

Okay.

Any questions?

>> You will be hearing more about approximate pilot is and who to contact if you have someone that's ready and wants to move expat look at a place.

We will had be talking to you more about that.

We you will hear more about that. thank you so much.

I think that now we are going to hear from Mr. Grubbs.

>> okay.

This is RL Grubbs.

Well, my presentation today is looking at that one of the four major tasks that i do:

The planning and policy task is what i will be covering today, and we will talk about the update of the operational protocol and also, the update of the project forms and letters in some ways.

The other things we won't discuss today.

So next slide.

Under the operational protocol you can we first submitted the changes if the operational protocol in September 2014.

CMS came back to us and said no we are not going to allow you to remove the caps on services.

So at the asked us to make the changes and to return it to them and so we did make those changes and we returned it to them on December 15th, this was round 2.

They asked for additional changes.

We made those and returned on March 2015.

Now we have are additional changes at that they have requested and we are working on those changes now.

So I will tell you about a little bit of those change.

Next slide.

So the major change that at that we have talked about is that we went back and added the maximum cost per service, the caps in the rate sheet so the rate sheet most of you are familiar with.

If you are not i can send you one, after it has been accepted by CMS finally.

We did have to restore the caps so each individual service now has a cap again and pre-transition services also have a cap of 10,244 and the post-transition of those service is, we are flexible on this but those that are typically offered after discharge there's a cap of 26,420 on those.

The change on the rate sheet.

The descriptions and rate sheets stayed pretty much the same.

Mostly they have stayed the same as term but with the addition of the caps.

So now, the next change was to the individualized transition plan and you can see we were asked to add these four lines roughly to each one of the questions that dealt with a plan area of goals and those questions are to identify the ITP plan and complete so you provide the name of the mfp service that was identified there are and you are also calculating the budget for that service staying within the cap.

There are two things that are required in addition to just listing out the goal and barrier and the plan and that is to show the service relate ted to those plans the mfp and to calculate a budget.

You can’t put the total amount of the service in authorization anymore.

You have to show your calculations and generally that means that you must talk about what you expect in terms of for instance peer support is.

You talk about the time a person such as a peer will get together, multiply at that by the amount of time spent.

That gives you a total amount and that total amount must be calculated the work you are calculation must be shown and you have to stay under the maximum cost for that peer support which is $2,000.

That has to be done for each one of the areas in the ITP.

That translates into a little more burden but not more than what most have been doing from the beginning.

So the important part is that you do not exceed the cap maximum for the cost for the service in the authorization. We will get to that in just a minute.

Now the other statement that we highlighted is to refer to the screening. You can see that statement there is a reason for needing to refer to the screening in that is that we wanted to be…, Leslie.

That's right.

In the most of the ITP, i think that transition coordinators are bringing forward the screening data, the information from the screening that's done, but if you are not, you must now do so.

If you are a transition coordinator, you must to bring forward, you must refer to the screening data that as you work on the plan. We need to see the evidence you have looked at or are aware of or know what it suggested from the screening.

That's another thing CMS dinged us on.

We did not show evidence of need based on the screening/DON-R

So we are to do that on these specific questions as we move forward.

Approximate for the eligibility, for mfp service versus the goal of the persons planning, we which you are being as most are will know, the need, the needs assessment piece comes for the screening and the information about the participant's goals are all captured in the ITP.

That's why that statement is there to indicate, to CMS that we are doing both of those things and they're captured in the ITP.

So, next slide.

>> on the authorization for transition services now, services now we have to in other words, you have to draw for the ITP now and on the amount authorized it has to match the amount in the ITP.

You are not supposed to just take the max cap and put it in the authorized amount.

We have is a mechanism for going back and adding funds if there's funds available in that authorization, you cannot just put the cap in there from.

You must show from the budget, from the ITP what the amount is that goes in there.

The other change that we were asking to make is to add these two statements that you see there and i will let you read those for your benefit.

I won't read them out loud to you, but we also removed the specialized medical supply from the quote form.

The max cap on specialized medical supplies is and i am referring so i don't get it wrong.

It didn't need a quote form because we are asking for forms to be used for things that are a thousand dollars or more.

So at that quote form is really needed for equipment, vision and dental, environmental modifications and vehicle adaptations.

Those are the only things that will hit that requirement.

I was going to say on the statement that you will have to expand your letter from the owner/landlord.

Leslie, back up one slide, please.

Statement no. 1 and 2 you will have to expand your letter, your notarized document that you are getting from the owner or landlord for doing environmental modifications to incorporate the extended period of time and the ability to live in the unit before and after the inspections are completed.

This statement must include giving the use of the vehicle, obviously you have o to put some caveats around that if the person doesn't drive the vehicle.

That's it on that.

Next slide.

>> we have revised the services and as you look at this, the revised form will ask you for the form you authorized plus the additional amount but it must stay within the cap, within the overall cap.

As in the past, we always have an exception to the rule and in some cases, Pam can approve the use of funds from another capped area if the need arises.

If you run into a problem and you are running out of funds and there are specific reasons this individual needs you have the ability to use a category of funds if they exist to leverage those funds for a specific reason, Pam has to approve this on a case by case basis.

So there is still flexibility in the delivery of our services but it is on a case by case basis.

When you move outside the cap on those individual services.

Next slide.

So on the Sentinel Event Report form, we had to add a couple of items on the event form and the first one you will notice is that we had to add the admission date to the hospital.

That's a if you request approximate for information.

We had death on the form, but now we have also added, death due to abuse, neglect and exploitation and death due to the breakdown of the 24/7 emergency backup system.

So this will require a little bit more effort on the transition coordinator to identify if there was a death or the death was due to abuse and neglect or exploitation or death due to the breakdown of the 24/7 backup system.

So the ones that are asterisked there, hospitalizations, death and the four there on the slide, they require that the TC also file a Participant Status Change Form.

It is very easy to see when you do, within you do check one of those boxes on the Sentinel events that triggers the TC to complete this because it requires the MFP participant status change form in addition to just the Sentinel event report.

Next slide.

>> So the last form that has any significant changes is the participant status change form and we drop the word “Enrollment” because it is no longer just about enrollment.

Now it is called Participant Status Change Form.

We added the original date of transition discharge to the top and we also under reinstitutionalization in the first set of boxes we added the admission and the discharge date.

So, again, we are asking for a little bit more information to be able to cross check and be able to make sure at that we are able to supply CMS with the required information they're asking from us.

And we separated the foot note, the ones you are familiar with already, but they're outlined the bottom of the form as a way of refer you to which one of the boxes should be checked and why.

So that concludes my presentation.

Leslie, are there any questions?

>> okay.

Thank you.

>> We will make these changes official once we have the approval from CMS.

We are working o on returning the operational protocol and these changes within the next two weeks and should hear something back from them in about the same period of time.

>> one thing i just want the add, this will take us through yeah probably 2016 where we are working on things are going to look differently once we get the sufficient ability period, 16 through 2020.

With we may not be using all of these forms and services will just look different.

One thing i just weren't to say is we are going to have some work groups to look at the kinds of things that we want in place going forward.

We are certainly going on to put the word out and we really encourage you to be a part of one work group or another az we go forward and see how this process will work.

We encourage our stake holders to be a part of that.

Okay.

Is Georgia health policy center on the line?

>> hi.

It is Kristi.

Can y'all hear me?

>> Yes, Kristi.

>> okay.

Great.

Good morning, everyone.

I wanted to take this opportunity to spend my time speaking a little bit with everybody this morning about a new part of the evaluation that we are starting which is a photo [inaudible].

So the photo voice is a process where people can identify, represent and enhance their community through a specific photographic technique president it has been around for roughly ten years now, a little more than that.

What we are going to be doing, is giving people who participate with you the follow up surveys we do.

Everyone we speak to at either the first or sec follow up are be asked if they're interested if participating if they meet a couple of criteria.

And why are we use thing approach?

We have it some time with folk at the department of community health, from the department of behavior health and developmental disability as well as aging services about an a approach that would really provide information from the participant's perspective and so we searched out for different way miss which we could do that.

This the approach we landed on.

It is very participatory.

It allows participants to talk with each other and really lead the process participatory.

We have quite a bit of quantitative data that you have heard us report about over time.

This will give us additional depth at that we don't have with that information.

We also, hope to reach different stake holders as well as decision makers as we share information that these participants collect.

One thing that wasn't listed there was just also allowing communicate hair experience in a different way.

Some their experience.

Some cannot answer over the phone or in person necessarily.

This may give them a different way to respond and provide feedback to the MFP team.

I wanted to show a couple of examples.

With a previous project, the team here at the Georgia health policy, they were working with the base realignment closure act and at fort McPhersons over in the East Point area and they some exeunt members cameras and asked them to document some areas in their community that needed improvement as well as some strengths in their community.

What you see here is an emergency that was taken by one of those participants and what the participants do in addition to take photos, they write when it peens to them, why they took that image.

So, in case someone is on the phone and not logged on to WebEx i will describe this photo for you.

It is of a young child in front of a home that is boarded up with the grass growing really tall and what he wrote was that even though buildings are decaying and falling down, the children are till growing up.

In this picture, the boy is focused on what he's doing and not his surroundings.

He represents hope for the future but he has a healthy supportive environment for him to learn exam grow.

>> it is just a very powerful way to share information from the participants about their case about fort mac and the closing of the base and what that represents.

The second picture that i wanted to share with you is again, by the same person, and it shows a child many front of a church.

And the mote that he wrote with this this image was that if you want o to have is a thriving healthy community, you need to have a place where people can gather.

The church is that haven.

For many these are the rock of the community that connects people.

These just really powerful images of the community and narratives this even though you may not live there you can place yourself there are and think about what the exeunt is.

And what we are hoping to do through this photo voice study is a really different. I ment we are not specifically different. We are not specifically looking at a geographic area. But we will guide the participant with a few questions.

There may be some word changes to the questions, but the questions are pretty much where we will land is what made you want to move out of the nursing home.

What in your life is going really well and what if your life could be even better?

Those are the kinds of questions we would ask participants to think about as at the document with their cameras different parts of their lives that you know real inspire them to want to move from this facility into the community, what once at the have transitioned and it is going really well and areas in the new setting or surrounding tacked be better, ways their quality of life could be improved and we can think about those things as the program changes a little bit about what's involved.

All of the participants will be present for a training in which we will introduce them to the camera, talk about photography and things like that.

And then there will be a period of time where they will go out and take photos, either you know in think homes or communities and write their far tiffs that goes a narratives at that goes along with what they have taken.

We are call as the research team and check in with them during that per subpoena make sure e at the don't have any and make hour they don't have any question, ten we will bring testimony back together to share in the group and look at the pick cur talk about their experience.

After that has concluded, we want to hold a stake holder exhibit where we would invite the participants who are interested to come and share and hopefully some people who are involved with.

And those who will be talking about the sustainability of the program. Those who will be talking about the sustainability program.

We are providing the incentive for participants for their time.

Obviously it involves quite a bit of time if you add all of that together.

So, that would be a part of the participation as well as the ability to provide transportation support if that would help a participant be able to attend the training and the sharing sessions we are able to do that.

So right now we are reaching out to folks as we contact them for the follow up surveys and inviting them to participate.

We are also asking that if you know of someone who you think would want to participate that you ask them to reach out to me and i can tell them more about it or anyone on the research team.

We can tell them more about ait and share about it.

One of those important components is where the sharing sessions and meeting also be held.

That, we will determine after we get some folks who say yes.

It may be that we need to have two separate groups based on where people are geographically located.

A lot times photo voice has been used if i very small community setting making had the time easier the coordinate.

We have a large state to cover with MFP participants spread out.

We will work on as we speak with individuals who are interested and we are willing to explore technology in a way to bring additional participants into those sessions at that they might not otherwise be able to participate in.

I am happy to answer any questions and please share this information, we hope to have a good number of people who are interested in this an approach.

>> thank you so much, Kristi.

Is it possible that people like doing this can use their cell phones to take pictures or what will they use in.?

>> We will distribute cameras that they will use.

>> This is rl.

In the interest of exploring technology, could we maybe consider the idea since everybody is carrying a cell phone, since everybody is carrying their cell phone at that we could include cell phone use?

>> We can think about that.

We for the purposes of transmission of information, our internal review board has asked for it to be this way for now but certainly something we could explore.

>> i think the it would be a good use because i think we might get a better result and might have more participation in we allow people to use their cell phone especially folks with high levels of injuries like, you know, spinal cord injuries, you know, high involvement in CP, that kind of thing.

They might be able to use their cell phone easier than a camera.

>> okay one other thing I can say about that too, we know that in some cases a person may not be able to take a photo on their own.

And they may need assistance of someone to help the picture taking and that's okay.

As long as the person can direct the photo they want and the narratives they would like written, you know, that's what we are willing to work with those situations as they rise too.

>> thank you.

That's excellent, Kristi because many the other the next couple of years, 16 and 17, as we are putting together our portfolio so to speak for the state legislature, in order to the get them to buy in to what we are asking them to fund in the future, we are going immediate to present probably to several committees this type of thing along with the data that DAS and Leslie and everybody puts together and your photo voice, all that we can capture to let them foe that we believe in what we are doing and that it does save money and that it does work and it is a desire of folks to want to live in the community.

>> we want to open it up now to any of your stake holders this might have any comments or stake holders that might have any comments or questions or fig we covered or anything you might want us to cover next time can which would in like July.

O so o at this time, we want to open it so, at this time we want to open it up for anyone to speak.

Do we have any participants on the line that might want o to say something, former or present participants this might want to say anything?

>> Good to hear.

>> Good to hear.

>> Anybody at all?

>> okay.

>> Thank you for your time.

>> we thank you all for joining and understand that we know that we are still trying to perfect this thing but i believe this is going to be the best way for us to communicate across 159 counties of participants and stake holders.

We thank you all so much and we will be getting with you as we begin to form our work groups for sustainability and thank you all so much.

Have a good day.

>> Thank you.

>> Bye bye.