



## MFP Steering Committee/Stakeholder Meeting

**Date:** July 20, 2011, from 10:00 AM - 12 noon

**Location:** Middle Georgia Center for Independent Living, Inc., the Rosewood Building, 2<sup>nd</sup> Floor Ballroom, 170 College Street, Macon, GA 30201

### **SC Meeting Minutes**

#### **1. Welcome, Introductions and Opening remarks**

Bill Daniels (PD) welcomed SC members and thanked them for their participation. He introduced new MFP state staffer, Leslie Vaughns. Leslie is the MFP Data Reporting Supervisor. Bill reported that the new MFP Housing Manager will begin work on the project on August 1<sup>st</sup>. Bill reported that implementation of the interagency agreement with Department of Human Services, Division of Aging Services (DHS/DAS) is underway and he asked DAS members of the transition team to introduce themselves, including Jay Bulot, Cheryl Harris and J.W. Wright. Bill reminded SC members that they would be receiving minutes from the SC meeting and would also receive a copy of the Semi-annual report on the project once it was complete and had been submitted to CMS.

#### **2. Update on GA MFP Transition Benchmark**

Current benchmark is **618** by the end of CY2011 (December 31, 2011). As of 6/30/11, total cumulative transitions are **683**. Generally transitions are going well with few complaints.

#### **Cumulative MFP Transitions by Population through 6/30/11 -**

- Older Adult (OA) transitions = 158
- Physical Disability (PD) transitions = 191
- Acquired Brain Injury (ABI) transitions = 9
- Developmental Disability (DD) transitions = 325

#### **Cumulative MFP Transitions by Waiver as of 6/30/11**

- COMP = 316
- NOW = 1
- DD State Funded = 8 (all enter COMP once community medicaid is established)
- CCSP = 161
- SOURCE = 67
- ICWP = 110
- No waiver = 11

#### **DD Cumulative by Status as of 6/30/11**

- Active = 159
- Completed 365 Days of MFP (MFP year) = 158



- Reinstitutionalized = 2
- Deceased = 5
- Closing beds in ICFs as a result of transitions
- Crisis Mobile Units and Crisis Homes are operational

### **PD/ABI and OA Cumulative by Status as of 6/30/11**

- Active = 163
- Completed 365 Days of MFP (MFP year) = 127
- Reinstitutionalized = 36
- Deceased = 32
- ITP completed = 55
- Screened = 336

### **Annual MFP Transition Goals by Population Served**

- DD Goal (based on 2010 DOJ Settlement) = 150
- OA and PD/ABI Goal (based on DHS/DAS interagency Agreement) = 195

### **3. Update on Participants Use of MFP Transition Services**

- Cumulative MFP Services Costs (through March 2011) = \$1,219,645.50

### **4. Project Initiative Reports -**

#### **– Interagency Agreement with DAS/ADRCs - Progress Report**

The agreement was implemented on July 1, 2011. With the Interagency Agreement, DCH/MFP and the Division of Aging Services (DAS) now offer a single point of contact and referral for nursing home residents expressing a desire to return to the community. This single point of referral provides an opportunity for nursing home assessors to easily comply with new federal guidelines that require nursing homes to facilitate referrals for community resources for all residents who express a desire to return home at the time of assessment and/or reassessment.

The agreement includes funding for MDSQ Options Counselors and MFP Transition Coordinators at each of the 12 ADRCs, with two OCs and two TCs working in the Atlanta Metro Region. The agreement includes funding for a Technical Assistance (Specialist) position at DAS, J.W. Wright (404-657-8756, [jwwright@dhr.state.ga.us](mailto:jwwright@dhr.state.ga.us)). J.W. is the DAS Point-of-Contact.

MDSQ Options Counselors work MDS Section Q referrals from nursing facilities and provide information to seekers about long-term services and support options, including information and referrals to MFP. Options Counselors may conduct face-to-face screenings of potential MFP candidates and assist them to remove barriers to transitioning from nursing facilities. The work of Options Counselors should improve the quality of MFP referrals.



MFP transition processes will not change, but may be improved under the Agreement. MFP TCs will continue to conduct face-to-face screening, facilitate the ITP planning process, waiver applications, MFP service coordination, day of discharge activities and they will conduct baseline Quality of Life surveys.

Options Counselors and Transition Coordinators have received initial training on the MFP transition process. A one-day training for all OCs and TCs is scheduled for July 27, 2010. The training will be held in Macon at Disability Connections.

The interagency agreement presents new opportunities to track (collect data), analyze and understand the information and referral needs for long-term services and supports and home and community-based services (HCBS). 1118 requests for information have been processed by the ADRCs in the last year. ADRCs will now have the capacity to assist in transitioning eligible older adults and people with disabilities from nursing facilities to HCBS waiver services (CCSP, SOURCE, and ICWP) and assist them with MFP transition services to enhance the success of the move. In addition to assisting with MFP participants, MFP TCs will now have a better opportunity to train nursing facility staff about long-term services and supports in the community.

**– Medicaid Infrastructure Grant (MIG) - Re-employment Initiative with University of Georgia, Institute on Human Development & Disability - Progress Report**

Doug Crandell (706-583-0082, [dcrandell@ihdd.uga.edu](mailto:dcrandell@ihdd.uga.edu)) reported on progress with the MIG. The Olmstead Settlement Agreement with DOJ mandates that employment services be provided to those individuals returning to the community from nursing homes and institutions. Under the MIG, MFP and other partners will work to increase the availability of quality employment options for MFP participants. Activities under the initiative include training and assistance on Person Centered Career Planning; coordination of employment systems and services that will provide customized employment supports, benefits planning, job search and job development services to MFP participants; and documenting the path to employment of MFP participant(s).

**5. Update on MFP Project Evaluation (Glenn Landers, GSU, GHPC)**

The Georgia Health Policy Center (GHPC) is leading evaluation efforts for the MFP project. GHPC has provided evaluation services to the MFP project since January 2010. GHPC is conducting three types of analyses –

- participants' per member per month (PMPM) Medicaid costs six months prior to and six months after leaving an institution
- first and second year follow-up Quality of Life (QoL) interviews with participants
- aggregated MFP transition services costs.

**Update on Medicaid Cost Analysis** – GHPC performed a pre-post analysis of Medicaid costs for participants who were enrolled and incurred costs in the MFP project. Medicaid Per-Member Per-Month (PMPM) costs include HCBS waiver claims, State plan services for doctor visits, therapy and pharmacy charges in the community. Currently, the Medicaid Cost Analysis doesn't include the MFP transition services costs,



but this will begin to be done as data becomes available across different systems and as the QoL data is matched to each participant. Eventually GHPC be able to generate a complete look at all costs associated with each transitioned participant and match these with the results of the QoL survey.

On the PMPM costs analysis, there's a six-month run out period where we have to allow the data to become complete, because those who are billing Medicaid have six months to submit their claims. Analysis considers both a six-month run out period for the data, and a six-month post transition period so the data are behind, but this is the best way to gain a complete picture.

### *Results*

The current cohort contains MFP Medicaid claims from September 2008 to March 2010. The difference in average total monthly Medicaid costs pre and post transition was \$2,695 or 40%. Annualizing the results, projected Medicaid savings per member per month (PMPM) would be \$32,341, on average. The results are based on the first 21 months of the MFP project and the analysis of Medicaid costs for 272 project participants (n=272). Costs are expected to continue to fluctuate as more participants' claims are captured in the Medicaid data, reflecting the variety of needs and services provided to MFP participants.

**Update on Quality of Life Survey Analysis** - The Quality of Life instrument was developed by the Mathematica Policy Research (MPR) for CMS. The same survey instrument is being used with all MFP participants across all states involved with MFP. The survey instrument can't be changed. Baseline QoL interviews are being done by the Transition Coordinators. GHPC is interviewing MFP participants after they have been living in the community for one and two years. Each interview takes about 30 minutes to an hour depending on the person. The QoL has seven sections. Participants are asked questions about living situation, choice and control, access to personal care, respect and dignity, community integration and inclusion, satisfaction, and health status.

This analysis represents the 167 follow-up interviews that were completed through June 15, 2011. This is the first time results from baseline interviews (conducted by other project contractors) have been compared with the follow-up data. The analysis includes the entire population of MFP participants; therefore, all results are significant.

*Results* - Living Situation - the questions regarding living situation showed overall positive results since baseline, especially on happiness with the living situation and choice of living situation. MFP participants in the follow-up interviews felt slightly less safe in their new living situation, perhaps reflecting the reality of living outside the protective environment of the institution/nursing facility.

Choice and Control - a larger percentage of participants could be by themselves, eat when they wanted to, and choose their own foods in the follow-up interviews than in the baseline interviews.



Access to Personal Care – the greatest difference in the access to personal care was in choice of people who provided help. Ninety-one percent (91%) of people at follow-up chose their helpers compared with four percent (4%) at baseline.

Respect and Dignity – the differences from baseline to follow-up were not a great as in other modules. One highlight was that only one percent (1%) of MFP participants at follow-up said that they had been physically abused as compared with five percent (5%) at baseline.

Community Integration and Inclusion – a smaller percentage of participants said that they could see friends and family members in the follow-up interviews, possibly indicating social isolation associated with independent living. On the other hand, a greater percentage of participants stated in the follow-up interviews that they could get to the places they needed to go and that they did fun things in the community.

Satisfaction and Health Status – a higher percentage of MFP participants were happy with how they lived their lives in the follow-up interviews than in the baseline interviews. The answers to the questions addressing sadness and irritability were somewhat similar; whereas, a higher percentage of participants in the follow-up interviews said they experienced aches and pains in the past week.

**Aggregated MFP Service Costs Study** – before and after transition from a nursing facility or institution, MFP participants have access to MFP grant funds to help pay for things not typically covered by Medicaid. The intent of the MFP transition services is to aid participants in specific ways according to individual needs. The types of MFP transition services and supplies (see chart below) were compiled monthly by Acumen and provided to DCH/MFP and then transmitted to GHPC on a periodic basis.

<b>MFP Transition Service Code</b>	<b>Service</b>
HGS	Household Goods Supplies
HHF	Household Furnishings
MVE	Moving Expenses
PES	Peer Community Support
PSS	Trial Visits
SCD	Security Deposits
TRN	Transportation
TSS	Transition Supports
UTD	Utility Deposits
CGT	Caregiver Training
EMD	Environmental Modifications
EQS	Equipment Supplies
OBM	Ombudsman Visits
SOR	Skilled Out of Home Respite
VAD	Vehicle Adaptations



Through March 2011, a total of \$1,219,645.50 MFP funds had been spent. More than 42% of those funds were spent on environmental modifications, which also had the highest average costs of \$2,767.88 per unit of service. The greatest number of services was provided through LTC Ombudsman visits, followed by household goods and supplies and equipment. The following table details how the MFP transition funds were spend in 2009, 2010 and the first three months of 2011.

Service Code	Year						By Service			
	2009		2010		2011		N	Cost Expended	Average Cost	Percentage of Total
	N	Cost	N	Cost	N	Cost				
EVD	15	\$81,065.55	130	\$353,126.01	42	\$83,401.98	187	\$517,593.54	\$2,767.88	42.44%
HHF	84	\$43,709.23	139	\$87,762.27	51	\$33,894.50	274	\$165,366.00	\$603.53	13.56%
EQS	65	\$26,494.18	221	\$101,293.05	70	\$30,328.12	356	\$158,115.35	\$444.14	12.96%
HGS	100	\$17,538.19	260	\$62,712.53	37	\$20,087.36	397	\$100,338.08	\$252.74	8.23%
OBM	152	\$21,900.00	365	\$54,450.00	73	\$10,950.00	590	\$87,300.00	\$147.97	7.16%
MVE	41	\$8,860.68	172	\$36,429.92	61	\$10,782.89	274	\$56,073.49	\$204.65	4.60%
SCD	29	\$13,444.00	72	\$36,651.43	12	\$4,645.00	113	\$54,740.43	\$484.43	4.49%
PES	52	\$4,246.50	253	\$13,052.50	26	\$1,462.50	331	\$18,761.50	\$56.68	1.54%
UTD	34	\$4,574.26	80	\$10,674.66	21	\$2,953.70	135	\$18,202.62	\$134.83	1.49%
PSS	0	\$0.00	50	\$15,064.19	12	\$2,453.88	62	\$17,518.07	\$282.55	1.44%
TSS	3	\$797.84	38	\$5,741.26	11	\$3,310.06	52	\$9,849.16	\$189.41	0.81%
TRN	7	\$182.50	45	\$7,161.13	9	\$1,660.50	61	\$9,004.13	\$147.61	0.74%
SOR	1	\$1,379.13	0	\$0.00	4	\$2,643.00	5	\$4,022.13	\$804.43	0.33%
CGT	1	\$1,200.00	0	\$0.00	1	\$200.00	2	\$1,400.00	\$700.00	0.11%
VAD	1	\$12.50	0	\$0.00	3	\$1,348.50	4	\$1,361.00	\$340.25	0.11%
Yearly Totals	585	\$225,404.56	1,825	\$784,118.95	433	\$210,121.99				
<b>Grand Total</b>							<b>\$1,219,645.50</b>			

## 6. Housing

Good news! The Dekalb Co/City of Decatur Housing Authority was awarded 35 Category 2 Housing Choice Vouchers. We have developed a process for working with them had eight MFP participants have completed applications for a HCV and are waiting to obtain a voucher.

## 7. Challenges and Opportunities

- Communication - use Banner Message to communicate changes in MFP to nursing facilities regarding new process with ADRCs as single point-of-contact that allows them to be in compliance
- Communication - C. Ivy to present on MFP/ADRC changes at mid-year convention
- Communication - Develop letter from DCH/Medicaid/MFP that can be used by OCs and TCs when communicating with institutional and nursing facility staff
- Eval Team - Will add several questions to the QoL survey to improve and clarify results, will include new members, including representatives from MFP graduates and LTCO, ALAS



- Training for OC and TC– add 5 training slots for CIL transition coordinators
- Training for providers – develop WebEx training focused on needs of providers
- Complaints – consider development of a Hot Line for reporting project problems
- Peer Supporters – need better mechanism for resolving issues related to use of peer supporters, need letter that peers can take to show nursing facility staff regarding the work of the peer supporter, how to officially recognize peers, how to introduce peers.
- DD Q&A – Host homes are not licensed, not covered by HCF regs, but service coordinators are in host homes monthly and they and LTC Ombudsman will respond to complaints

### **8. Wrap up**

Meeting was adjourned at 12 Noon. State staff responded to questions and continued discussions until approximately 1 PM. For edits or corrections to meeting minutes, contact: RL Grubbs, Specialist, MFP, [rlgrubbs@dch.ga.gov](mailto:rlgrubbs@dch.ga.gov), 404-657-9323