

MFP Steering Committee/Stakeholder Meeting

Date: April 25, 2012, 10:00 AM – Noon

Location: DCH, 3rd Floor, Room 3-240 EOC Briefing Room, 2 Peachtree Street, NW, Atlanta, GA 30303

SC Meeting Minutes

1. Welcome, Introductions and Opening remarks – RL Grubbs (DCH/MFP)
All members were welcomed to the quarterly SC meeting and the new Project Director, Ms. Pam Johnson, was introduced. Pam provided a brief overview of her background.

2a. Update on GA MFP Transitions – Leslie Vaughns and RL Grubbs (DCH/MFP)

Cumulative MFP Transitions by Population from 9/1/2008 through 3/31/2012

<i>Target MFP Population</i>	<i>Count</i>
Developmental Disability	435
Older Adults	196
Physical Disability	232
Acquired Brain Injury	8
Other	19
Total	890

Notes:

1. Reported from 9/1/2008 – 3/31/2012
2. Target Population “Other” includes PD/TBI, Unknown, Other and Blank.
3. Counts include – Active, Completed and Reinstitutionalized.

Status Breakdown by Population as of 3/31/2012

<i>Status</i>	<i>DD</i>	<i>OA</i>	<i>PD</i>	<i>Other</i>	<i>Total</i>
*Screenings	0	126	129	121	376
Active Participants	182	59	70	17	328
Successful Completions (365 days of MFP)	252	123	154	10	539
Reinstitutionalized	1	14	5	0	20

Notes:

1. Reported from 9/1/20089 – 03/31/2012
2. Target Population “Other” includes PD/TBI, Unknown, Other and Blank.
3. *Screenings of DD participants are done through a different process in the ICF and are not currently being counted by MFP.

MFP 2nd Period CY2011 Semiannual Report to CMS is attached.

2b. Update on Proposed Revised Benchmarks – Leslie Vaughns and RL Grubbs

- **Benchmark #1, Transitions by Population** was discussed. The proposed revised transition benchmark #1 was developed through discussion with internal and external stakeholders, based on trends and internal capacity. The proposed revised transition benchmark #1 has been presented to CMS for review and comment. Once CMS comments have been received, the Transition Benchmark #1 will be revised and forwarded to MFP Steering Committee Members for comment. There are positive consequences for exceeding the stated benchmark and negative consequences for not meeting the approved benchmark. Deputy Catherine Ivy led a discussion on transitions of developmentally disabled (DD) participants from nursing facilities and the Dept of Justice Settlement Agreement.
- **Benchmark #2, Increase in HCBS Expenditures** was not discussed. Leslie is preparing reports of historical data on HCBS expenditures and forecasting expenditures through CY2016. The proposed revised benchmark #2 will be presented to CMS for review and comment. Once CMS comments have been received, Benchmark #2 will be revised and forwarded to MFP Steering Committee Members for comment.
- **Benchmark #3, Increase rate of completed transitions by 5% each year** was discussed by RL. Data analysis indicated that the project had exceeded Benchmark #3. The proposed revised benchmark #3 will be presented to CMS for review and comment. Once CMS comments have been received, Benchmark #3 will be revised and forwarded to MFP Steering Committee Members for comment.

Transition System Performance Indicators (2008 – 2011)	Actual CY2008	Actual CY2009	% Increase	Actual CY2010	% Increase	Actual CY2011	% Increase
Completed MFP screenings	4	126	97%	367	66%	327	-12%
Completed ITP or Person Centered Description	22	204	89%	298	32%	299	0%
Transitioned w/Discharge to Waiver	22	198	89%	249	20%	286	13%
Completed 365 days of MFP	0	22	100%	184	88%	237	22%
Transition System Performance Indicators (2012 – 2016)	Projected CY 2012	Projected CY2013	Projected CY2014	Projected CY2015	Projected CY2016	% Increase	
Completed MFP Screenings	327	392	471	565	678	20%	
Completed ITPs Or Person Centered Description	278	320	368	423	486	15%	
Transitioned w/Discharge to Waiver	275	303	333	366	403	10%	
Completed 365 days of MFP	275	301	316	332	349	5%	

- **Benchmark #4, Rebalancing** was not discussed. Leslie is preparing reports of historical data on rebalancing and forecasting rebalancing expenditures through CY2016. The proposed revised benchmark #4 will be presented to CMS for review and

comment. Once CMS comments have been received, Benchmark #4 will be revised and forwarded to MFP Steering Committee Members for comment.

- **Benchmark #5, Increase opportunities for self-direction in all HCBS waivers by 5% each year** was discussed by RL. Data analysis indicated that the project had exceeded Benchmark #5. The proposed revised benchmark #5 will be presented to CMS for review and comment. Once CMS comments have been received, Benchmark #5 will be revised and forwarded to MFP Steering Committee Members for comment.

<i>MFP Benchmark #5 - Self Direction By Waiver</i>	<i>Elderly & Disabled Waiver</i>	<i>NOW</i>	<i>COMP</i>	<i>ICWP</i>	<i>Totals</i>
Total CY2008	186	176	0	125	487
Total CY2009	320	403	248	139	1110
% increase 08 – 09	42%	56%	100%	10%	56%
Total CY2010	344	506	425	139	1414
% increase 09 – 10	7%	20%	42%	0%	21%
Total CY2011	357	563	553	142	1615
% increase 10 – 11	4%	10%	23%	2%	12%
Projected CY2012	375	591	581	149	1696
Projected CY2013	394	621	610	157	1781
Projected CY2014	413	652	640	164	1870
Projected CY2015	434	684	672	173	1963
Projected CY2016	456	719	706	181	2061

3. Update from ADRCs - Progress Report – Amy Riedesel and JW Wright (Dept. of Human Services, Division of Aging Services – DHS/DAS)

Amy Riedesel presented data on the work of Options Counselors. Options Counselors (OCs) are obtaining and working referrals from a variety of sources, including Minimum Data Set, Section Q (MDSQ) referrals from nursing facilities, non-MDSQ referrals from nursing facilities, referrals from AAA/ADRCs, Ombudsmen, etc. Some NFs have not made any MDSQ referrals as of this report. OCs encourage NF staff to update the MDS with residents. If a referral doesn't meet MFP eligibility criteria, OCs are attempting to follow-up on the referrals at 30, 60 and 90 days to convert more referrals to MFP. More data on MDS referrals will be forthcoming. Deputy Catherine Ivy discussed raw data on MDSQ referrals. Training has been provided to nursing facilities regarding MDSQ reporting requirements.

JW Wright presented on the work of TCs. As of the SC meeting, 83% of transition goal has been achieved. Transitions are increasing every month. Transitions are occurring in every area of the state. Efforts are continuing to address data regarding 'Other' category as it relates to ABI/TBI transitions.

DHS/DAS is providing on-going training to OCs and TCs. Management, evaluation and better-practice tools are being developed to facilitate Continuous Quality Improvement efforts.

4. Update from DBHDD-DD - Kim Ayertey, Jennifer Wiseman, and Tiffany Butler (DBHDD-DD)

Tiffany Butler, Jennifer Wiseman and Kim Ayertey presented data on the work of MFP in DBHDD-DD, including benchmark data and challenges and barriers to transitions. DD is increasing Transition Benchmark from 110 annual transitions to 170 annual transitions in years CY2012 – 2016. Baselines QoL are being conducted on an average of 16 per month. Many interviews are conducted with a proxy, as per direction from Mathematica Policy Research (MPR).

Medicaid eligibility determination continues to present challenges and this impacts transition timelines. MFP reimbursement is working well for most services, but additional input is needed to determine how to reimburse for Peer Support services and Trial Visits to the Community. DD participants are utilizing these services, but no fee-for-service invoice is available. Process is improving for DD transitions from NF.

5. Update on Project Evaluation Results - Kristi Walton-Fuller (GHPC)

The Georgia Health Policy Center (GHPC) is co-leading project evaluation efforts with the DCH/MFP Evaluation Advisory Team work group. For this reporting period, GHPC conducted analyses of baseline and first year follow-up interviews with MFP participants and analyses of MFP demonstration grant funds using Fiscal Intermediary data provided by DCH.

2nd Quarter 2012 Project Evaluation Report is attached.

6. Update on MFP Housing Strategic Plan - Ron Pounds (DCA) and RL Grubbs

Ron Pounds of Dept. of Community Affairs (DCA) presented briefly regarding several new DCA strategic initiatives that impact MFP, including 'preference' language that will include MFP participants in all housing opportunities developed by DCA. DCA and MFP will develop a Non-Elderly Disabled Housing Choice Voucher proposal and referral process for Project-Based Rental Assistance for MFP participants for new 811 Melville funds that are made available to Georgia from HUD.

MFP will hire a Housing Specialist. DCA Housing and Finance Division, Office of Affordable Housing will work with MFP to identify accessible units and determine a referral process for MFP participants as these units become available. DCA and MFP will work together to develop standardized protocols for environmental modifications for MFP participants.

7. Challenges and Opportunities

- Inconsistent/incomplete data points for tracking participant status in MFP Transition System
- Attrition in status not analyzed or understood (problems with presentation data)
- Refinement and tracking of population identification categories
- NF MDS non-compliance issues related to MDSQ referrals and DCH Health Facilities Regulation role in reviewing NFs
- Timing and scheduling of QoL baseline interviews prior to discharge from ICFs
- Medicaid eligibility determinations (related to late discovery of assets) for DD folks in ICFs – Brian Dowd to assist
- Reimbursement to DD for MFP services – Peer Support and Trial Visits
- DD transitions from nursing facilities
- Affordable, accessible, supportive and integrated housing

Wrap up

Meeting was adjourned at 12:15 PM State staff responded to questions and continued discussions until approximately 1 PM. For edits or corrections to Agenda items and/or notes, contact: RL Grubbs, Specialist, MFP, rlgrubbs@dch.ga.gov, 404-657-9323