Goals and Benchmarks Workgroup Meeting Minutes
Date: July 15, 2008
Location: AARP Office, Bismarck, ND

Committee Members Attending:
Bruce Murray of ND P & A, Linda Wurtz, AARP, Shelly Peterson, ND Long Term Care Association, Linda Wright, ND Dept of Human Services, Aging Services Division, Jake Reuter, DHS, Money Follows the Person Grant Program Manager, Gloria Glasgow, Ward County Social Services, Royce Schulz, Dakota Center for Independent Living, Bob Puyear-Bismarck

Committee Members Absent:
Doug Wegh, Hettinger County Social Services, Karen Tescher-Medical Services, Dianne Sheppard of The ARC of ND, Marcia Gums of the Ann Carlson Center, Carole Watrel of Bismarck, Robin Hendrickson-Developmental Disabilities, Dolly Hoelmer, Senior Services of Jamestown

Issues discussed:

1. Operational Protocol conditional approval was received on June 20, 2008. The draft terms and conditions requirements letter from CMS was reviewed with the committee. Concerns about the length of time it is taking to get the final approval letter from the CMS grants office was reviewed with options discussed to facilitate their response time. Contact with the ND congressional delegation was discussed but will not be pursued at this time.

2. Consumer representation on the Stakeholder Committee and workgroups needs to be increased as part of the terms and conditions of Operational Protocol approval. Committee members were asked to assist with identifying additional consumers/family members to participate on the committee. 5-10 additional consumer members on the committee is the recruitment goal.

3. The Stakeholder Committee Benchmark Requirements were reviewed with the committee. The requirements include:

   The committee will develop and implement a plan of action to educate consumers of rebalancing efforts, provide information to the ADRC on available resources, and identify activities and services lacking in communities. Additionally, the committee will develop a plan of action to enhance services in underserved areas of the state. These activities are in addition to the ongoing MFP Stakeholder Committee activity of grant protocol development and implementation oversight. The Committee will begin meeting in August of 2008 to address the education and service development plan activities. The Committee will meet quarterly and its efforts will be supported by the MFP Grant funds.

The Committee will meet quarterly for the purpose of identifying activities and services lacking in communities around the state, developing and implementing plans of action to enhance services in underserved areas of the state. The
Stakeholder Committee will develop an action plan to enhance services in the underserved areas of the state by August 2009. This plan will be reviewed quarterly and adjusted as needed to address changing community needs. Committee members will report quarterly on the activities they have engaged in over the previous quarter to enhance services.

Action Plan:
August 2009-Action Plan finalized outlining goals and objectives to enhance services in underserved areas of the state

Projected increase in the numbers of persons served by HCBS in the 10 most underserved counties in the state

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The Committee will also develop a community education plan by April 2009 outlining annual goals and objectives to educate consumers of rebalancing efforts, provide information to the ADRC on available resources, and educate consumers about available community resources. Committee members will report quarterly the actions that they have taken to implement the education plan.

Action Plan:
April 2009-Education Action Plan finalized outlining annual goals and objectives
July 2009-Education Action Plan implemented

Projected percentage increase in the number of individuals served in the community by Home and Community Based Services

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The workgroup noted that the committee will need to have most of its work completed prior to the legislative session starting in 2009 as most committee members will be involved with the session. Meetings were scheduled for September and months following to address this time consideration to avoid conflict with the session.

4. The status of contract development for the following services was reviewed:
   - Transition Coordination Contracts-CIL contracts are in the final stages with the legal department
   - Quality of Life Survey Contracts-This contract required a revision in bidding with an agency recently selected. Contract development has been initiated by the legal department
   - Emergency Nurse Helpline Contracts-An agency has been selected with contract development in its initial stages with the legal department
5. MFP participants MA Eligibility will be discussed by the Transition Coordinator and the Social Services offices in the county involved with transitions to address potential issues related to ongoing eligibility following transition. This will primarily address issues related to recipient eligibility.

6. Transportation Coordination within the state is continuing to be addressed with the Department of Transportation looking to expand its role in coordination and its role in assuring adequate transportation is available. The AARP office is working to facilitate the funding of pilot projects to develop transportation coordination services.

7. Long term funding for community support services- The need to communicate the need to expand funding for these services was emphasized as a priority of the MFP grant process. The advocacy groups within the stakeholder committee will take the action that they can to address these issues during the upcoming legislative session. It was additionally noted that the Goals and Benchmarks Committee will refocus its action on review the gaps, barriers, services needs and address these issues more specifically in preparation for the next legislative session as well as for long term planning. Some of the areas that will be addressed include: presumptive MA eligibility, lack of QSPs, provider salary equity, development of direct service work force, linkage between care systems, public education of services, ADRC/single point of entry development with single assessment, pay/benefit related concerns, recruitment of QSP/Adult family foster homes, grant to LTC facilities to support alternative service development, address untapped work force/guest worker issues etc.

8. Grant Development and cooperation with nursing facilities in rural areas to support alternative service development as discussed at length. The LTC Association will identify facilities that could benefit from this use of rebalancing funds/DHS support of alternative service provision. Kidder county/Steele was specifically identified as an area to be explored for this support and will be address at the next meeting.

Issues related to allocation, client base, state rules, county case management, and availability of service providers (QSPs, meal providers, transportation, senior center services, public health) all will need to be addressed as part of the planning process.

9. The CMS required removal of the ADRC benchmark was communicated to the workgroup. DHS will submit another grant application to support the development of an ADRC as well as to address the education of hospital discharge planners about HCBS/alternative services.

10. The ADRC benchmark was replaced with the development of the Crisis Intervention Services for the developmental disabilities service system. The new benchmark includes the following goals:
    Implementation Plan:
    2008-Develop Bismarck Crisis Intervention Site
Persons to be served by Crisis Intervention Sites

**Developmental Center Crisis Intervention Site Admissions**

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**Developmental Center Crisis Intervention Care Consultations**

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**Bismarck Crisis Intervention Site Admissions**

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11. Optional Adjust Requests (OAR) Medically Needy Limits and Personal Care Units are areas that have been brought to the attention of the Department of Human Services based on concerns identified by the MFP Stakeholder Committee.

12. The goals and actions of the ND Housing Trust Fund Alliance were reviewed with the committee. ND MFP has joined the alliance and is working to support the development of legislation to be considered during the 2009 session to support the development of this trust fund to support the development of housing in ND.

13. Prioritization of Transitions-It was related to the committee that the Transition Coordinators will be visiting with all nursing facilities in their regions before working on transitions for the purpose of establishing a specific consumer baseline in need of services. All nursing facility social services staff will be getting a referral letter by the end of July informing them of the persons eligible for the grant that have a preference for moving. The Transition Coordinators will visit all nursing facilities in their service region and after those visits are completed transition work will begin.

14. Contingency Funding has not yet been officially approved but action has been taken to set aside funds to support the work of all transition intervention provided by the CILs for persons that do not transition.

15. Nursing Facility Social Work training was provided in all six ND Long Term Care regions in June 2008. The training went very well with all most all LTC facilities sending representatives to participate.

16. DD Provider Training started in June and will continue through the last week of July. This is going well with good participation from all providers. The NDACF
has been supportive of this training and has assisted with scheduling and registration processes.

17. It was suggested that the next Stakeholder Committee meet on September 10th and follow-up with additional meetings this fall/winter prior to the legislative session so that members will have time to attend. These will be scheduled by the MFP Program Administrator.

18. The next Goals and Benchmarks workgroup meeting is set for August 12, 2008. The meeting will be at the AARP Office in Bismarck.

The following approved interventions for rebalancing fund money was provided to the workgroup:

Develop recruitment processes to attract new providers for all population groups. This will be accomplished through activities such as:

- Provide informational sessions around the state that would outline the process for becoming a Qualified Service Provider (QSP), define the role of a QSP, and, describe the opportunities available in the state. This process will involve Medical Services Program Administrators establishing a series of informational sessions around the state each year. The sessions will be advertised using public service announcements. The process and informational modules will be developed for long term use in the state’s QSP recruitment efforts.

- Fund the Direct Service Professional (DSP) recruitment efforts of state DD service providers. This will involve contracting with a consultant or other services to develop sustainable recruitment strategies. This may include such activities as TV advertising and provision of informational sessions at high schools and colleges, and other locations. The ND Association of Community Facilities will work with the Governor and Lt Governor about the importance of professionalizing DSP’s. NDACF is exploring the possibility of ND Job Services collecting statewide data on DSP’s rather than combining DSP data in a more generic class. NDACF is conducting a wage comparison study, and a staff turnover study, which we will use in developing our platform to bring to the 2009 legislative session, to improve wages and benefits. A second wage comparisons study will be likely after the minimum wage increases in July. Increased wages and benefits will come in the form of a request for alternative funding during the 2009 legislative session. The process will continue in the 2011 legislative session as well to address the ongoing issue of wages and benefits.

- Fund Adult Family Foster Home recruitment efforts by the Department and county social services boards. These efforts will include public service announcements, brochure development, and advertising. This process will be targeted around the state in both metropolitan and rural areas.
• Implement public education strategies to communicate / market the HCBS services available to support continued community residence. This will involve the development and implementation of a marketing plan and/or process that can be utilized around the state.

• Provide/fund a small demonstration grant to a nursing facility to provide personal care in the community. In many of the small ND cities the local nursing facility is the only resource for services of any kind. Current reimbursement rules for nursing facilities create disincentives for nursing facilities to provide community based services such as personal care or other Home and Community Based Services. In addition to the limited population in these communities most qualified care givers are employed by the local nursing facility. To address the reimbursement structure issues that these facilities face a grant would be offered that would allow a nursing facility to offer community based services without compromising their financial situation. This would also provide them with the opportunity to expand their scope of practice and support efforts of the policy changes necessary to make the provision of personal care or other related service a viable means to support persons in the community.

Grants would be structured to address the administrative and care requirements of expanding services while at the same time utilizing the current rules and regulations, and funding related to the provision of QSP services.

• Fund recruitment and training efforts for guardians or potential guardians. The intent is long term development of the professionals needed to support persons transitioning during and after the demonstration period.

ND has developed a corporate guardianship service to provide guardianship support to persons with a developmental disability that do not have the capacity to make their own decisions. This is an effective alternative when family and/or friends are not available or willing to serve in this capacity. It would be the preference of the ND courts to appoint a family member or concerned friend if that was possible. Many times family and/or friends are uncomfortable or lack the needed information or training to provide this assistance. The intent would be to develop a recruitment and training process to identify and educate persons that could provide the needed support of guardianship for persons transitioning from the Developmental Center or a community ICF/MR facility as well as for persons that are transitioning from a nursing facility.

This process would be developed and offered in support of persons transitioning from an institution. The intent would be to develop a training/education process that could be used by institutional providers and
community service provides be more successful in guardian recruitment. Once developed it would be useable on an ongoing basis.

- Develop training processes for service providers of all population groups. This will be accomplished by: a) provide training opportunities to service providers in relation to positive behavior interventions to meet the needs of higher need individuals transitioning to the community. To support the efforts of service providers to develop the skills necessary to serve persons with the most significant disabilities specialized training opportunities will be developed and provided. This training will be in addition to the current training curriculum offered to DD provider staff at this time.

- Provide training for individuals to become or to continue as a qualified service provider as defined by N.D.C.C. 50-06.2-02(6) and to provide training to nurses who will provide the training to individuals to become or continue to as a qualified service provider. The QSP recruitment efforts planned are designed to increase the number of providers. This increase in providers will necessitate the demand for training resources and opportunities.

- Develop Behavior Crisis Intervention and Coordination teams and services in ND to provide training, onsite support, and crisis intervention placement services to persons with a developmental disability. This initiative will be implemented in 2008 by the Department of Human Services in cooperation with the Developmental Center Transition to the Community Task Force. The crisis intervention services will be funded with money authorized by the ND legislature to support transitions from the Developmental Center to the community during the 2007 legislative session. Implementation at this time will provide real time information about service delivery costs and benefits of this service model.

The information will to be used to promote long term funding approval from the ND legislature for the Crisis intervention teams and services during the 2009 legislative session. Rebalancing funds will be offered to the legislature as an incentive to offset some of the initial state funding requirements with the goal that the legislature will fully fund the crisis intervention teams for long term.