MFP Stakeholders Committee Meeting Minutes
November 17, 2009
Time: 1pm-4pm CST
Location: Pioneer Room, State Capitol
Bismarck, North Dakota

1. The meeting was called to order with a welcome and committee member introductions.
2. A review of the agenda was competed
3. A presentation by Tom Reddy and Gilbert Cruz of the Connections 365 Company about in home monitoring was provided for the Committee. This included a review of the telehealth options that their company offers including a call center available 24 hours per day, the Bosh Health Buddy monitoring equipment that monitors blood pressure, weight, blood sugars, and a data monitoring process that is reviewed by program staff and nurses as health changes indicate.

   The company representatives indicated that they focus five primary health areas at this time including wellness monitoring, COPD, Hypertension, Diabetes Mellitus, and Chronic Health Failure at this time with their services. Each consumer has specific areas of need identified that will be monitored by their company through the use of equipment in their home and transmitted to a central reporting center. The copy employees monitor for changes and need for follow-up contact with the consumer. This monitoring is not done in real time but one time daily. This data is also available for physician visits to assist with treatment decisions. The nursing staff also makes “wellness calls” to review ongoing progress.

   The company reps noted that their medical records are all HIPAA compliant and that they use encrypted communication for exchange of information. They reported outcomes of increased quality of life, increased compliance, and decreased hospitalizations of participants. They noted that their equipment can ask questions like “did you take your medication?” but does not have a voice prompt system at this time. The system uses English or Spanish languages. They noted that the service is not yet approved for payment by Medicare or Medicaid at this time.

   ND would need to have about 100 individuals using the system to make it economical. The cost is about $108 per month if the numbers are high enough otherwise it would cost about double.

   They system does not replace nursing visits but is a way to enhance services provided by the nursing staff/agency that serves the consumer. Many Home Health agencies and insurance companies are using the services to manage direct nursing visits at this time.

The discussion of the committee related to this in-home monitoring service was that it would need to be considered as an option for back-up services to all MFP recipients. It was noted that the current back-up service is primarily a 1-800 number for nursing triage and follow-up contact as the recipient initiates. Back-up service vendor change of this significance would require and RFP. It was agreed that the MFP Grant Project Director would develop a proposal for the committee to review in December.

4. Chuck Stebbins of the NDCPD joined the MFP Stake Holders Committee today and noted that he has been hired to assist with the development of the QSP Association. The goal is to bring the QSPs together to address several areas of concern including reimbursement, lack of payment for mileage, lack of payment for travel time, and lack of guaranteed work. The intent is for the association to address all areas of concern related to the increase of QSPs and their ability to provide good quality care.
5. The Committee was informed that CMS voiced the expectations that States "Push the Envelope" with the MFP Grant process to create opportunities for Long Term Change for waiver services.
6. CMS plans to develop more focused technical assistance plans to assist with implementation of grant services was reviewed including that CMS would like input on the assistance that we will need to meet goals
7. The Committee was made aware that CMS plans a Site Visit to ND in the summer of 2010. The CMS Team for the visit will include the CMS/MFP Project Officer for ND, a Regional CMS Representative, Technical Assistance Providers, Mathematica Research Staff. Site Visit Activities will include meeting with Stakeholders/Committee, meet with Wavier Program Administrators, Housing Representatives, and MFP Participants/Family Members

8. Stakeholder Meetings will be scheduled in each of the four CIL quadrants of the State in the first quarter of 2010. The focus will be to bring consumer and those interested in rebalancing to the table to discuss needed changes to the ND care delivery system

   The concept of Stockholders vs. Stakeholders-(Professional Advocates vs. Consumer Advocates) was reviewed with the committee with the need for additional consumer participation essential for good long term decision making related to Grant implementation. Involvement of consumers could include activities related to Transition Candidate Identification, Peer Support to Those Being Transitioned, Mentorship of Transition Candidates, and MFP Program Staff Training

9. Sue Ogurek of the Independence Center for Independent Living in Minot provided information to the Committee about her experience at the Fall MFP conference in Annapolis, MD. Sue noted that CMS is very much behind the MFP Grant objectives. Sue related the emphasized need to balance safety and

choice as part of the risk management process. The need to create safety nets to address needs was something she related as important to the success of all transitions. In addition Sue noted that the MFP director from Kansas emphasized the need to ask the hard questions of consumers as it relates to risk assessment and mitigation around issues like substance abuse. Education of consumer was another area that she related as important to transition planning including addressing issues prior to transition.

Sue noted that other states are having difficulty with developing direct service workers. She noted that improving training such as requiring all workers to meet a set of core competencies was important. Providing assess to nursing services during the transition planning process was also found to be helpful for the consumer and the transition coordinators.

10. The Committee was made aware of the following Possible policy or legislative Action being discussed at this time by CMS :
    A. Reduce MFP eligibility from 6 to 3 months
    B. Increase and extended funding for MFP
    C. Increases in Federal $$ to build community capacity(Services)
    D. Build on “No Wrong Door” Concept with through the development of a universal assessment tool
    E. Address population inequity issues (No disability focused waivers)
    F. CMS is considering funding a Housing Position at 100% Federal Match for MFP States
    G. CMS is considering Funding a Housing Specialist at a 100% Federal Match
    H. Will review need for assistance with Behavioral Health issues including substance abuse
    I. NOFA will be offered by the end of 2009
    J. More clearly define Transition Coordination as a service-build capacity of providers
    K. Consider Staff for Quality Assurance

11. CMS communicated that each transition needs a formal review and approval by the State MFP Project Officer. ND review process needs to be more formal. The purpose of the case review process is to review transition planning process and address any areas that may need additional supports to assure a sound transition.
12. Risk Mitigation was reviewed at the MFP Project Directors Conference and is was noted that transitions are involving more complex issues. One way to address this increased complexity of the transitions is to provide additional Education/Mentoring for Transition Coordinators related to the issues of Medical, Cognitive, Psychological, and to provide Nursing/Medical Case Consultation for Transition Coordinators and to assist in the development of

more Extensive Risk Assessment and Mitigation Strategies and a formal Case review prior to transition.

13. The MFP Project Officer proposed the following changes to Elder and Persons with a physical disability target transitions in Benchmark Two though 2012 to capture the total MFP transition goal of 110 before the end of 2013.

Elderly/PD	Goal	Achieved
2007	0	0
2008	(14)	2
2009	(24)	10
	Elders	Persons with a PD
2010	7	13
2011	7	13
2012	6	7

It was noted that the proposal did not address the changes to the DD benchmark target numbers that also could be adjusted. Committee members voiced strong feelings about that fact that ND is not meeting the transition goals that were set. It was also noted that the target numbers were set at the time of the grant application using the information available at the time. Now that we have more experience new benchmark targets need to be set. The intention is to transition the number of persons originally planned but the year that the transitions will take place needs to be adjusted due to the delay in transitions in the first year. It was agreed that the MFP Project Officer (Jake Reuter) would provide an amended proposal for the committee to review that capture all the planned transitions through the end of the grant period.

Issues that have delayed transitions have included finding QSPs, finding housing, identifying persons that wish to participate, lack of services in the DD systems to serve/meet the needs of those persons still at the Developmental Center, family and consumer fear of returning to the community, and family opposition to a return to the community.

It is noted that one behavior modification analyst has been hired by the Developmental Center and is working in Jamestown. Three other positions have been posted but not filled. A subcommittee of the DC Transition Task Force has also been meeting to develop a means to identify new models of providing care to the remaining residents of the DC.

14. Transitions to date were reviewed with the Committee

Elderly/PD	Goal	Achieved
2007	0	0
2008	14	2
2009	24	10 (1 return to NF)

MR/DD	Goal	Achieved

2007	0	0
2008	5	3
2009	8	2 with two transitions pending)

Children	Goal	Achieved
2007	0	0
2008	1	0
2009	1	0

15. The Committee was notified that a new MDS Referral Letter is to go out in November. A new follow-up document to track results was developed and will provide better data on the success of the letters.

16. Integration and Inclusion issues emphasized as key to transition success for MFP participants. The information provided at the recent MFP conference related to this included that integration is not just new place to live, that we need to assure involvement with community i.e. job, friends, church, volunteer activities, groups with similar interests (A Real Life) Social Connections Link with neighbors (Asset Based Connections) using such m**ethods as** Peer Facilitation Support Services (Demonstration Service), Four Person Homes in Oregon (Staffed Foster Care), and Social Networking

17. Workforce Development related to QSPs and DSPs was identified by the MFP Project Director as the primary barrier to accomplishing transition and institutional diversion goals and activities. The committee was made aware that a workforce development Webinar was held on 11/10/09 with a second Webinar scheduled for 11/24/09. The committee was made aware that they could participate in the Webinar if interested. These webinars are being presented as part of the CMS technical assistance being provided to ND through the MFP Grant.

18. The committee was made aware that the implementation of MDS version 3.0 is scheduled for 10/1/2010 with changes noted Section Q with CMS asking states to prepare for the requirement that nursing facilities arrange for someone from outside the facility to talk about the available HCBS in the community if it is the wish of their resident. There will be a MDS Stakeholder Conference April 12-16, 2010 in Baltimore, MD. CMS will fund travel and hotel costs for MFP Grantees, 1 ADRC Representative, and 1 CIL Representative to attend the Section Q Implementation training on April 16, 2010. This issue will need to be addressed by the Department in cooperation with all concerned parties.

19. The data prepared by DLN Consulting related to the Quality of Life Surveys completed to date was discussed with the Committee with a copy made available for review during the meeting. An electronic copy will be sent out to all

Stakeholders for additional review. The data is very limited so no real broad based conclusions are possible at this time but the information is very helpful in its current state.

20. The Small Urban and Rural Transit Center at North Dakota State University, with the support of the North Dakota Disabilities Advocacy Consortium, is conducting a research project on the transportation needs of people with disabilities in North Dakota. The Survey process was discussed with the committee by Jim Moench of the ND Disabilities Advocates Consortium.

21. Meeting dates scheduled for 2010 included 1-14-10, 5-13-10, 8-12-10, and 10-14-10. It was additionally noted that the Committee would meet during the CMS site visit planned for the summer of 2010.