

## **MFP Stakeholders Committee Meeting Minutes**

**November 02, 2010**

Time: 1pm-4pm CST

Location: Pioneer Room, State Capitol  
Bismarck, North Dakota

Information Provided:

1. Meeting Agenda
2. PowerPoint Handout
3. Proposed Benchmark One Changes

**A. Committee Members were welcomed to the meeting and committee members and guests made their own introductions**

**B.** The committee was made aware that the ND DHS Budget has not been finalized for public review at the time of the meeting and would need to be addressed during a future meeting.

**C.** MFP Transitions to date were reviewed with the committee to include:

- Persons with a developmental disability in 2010: 13  
(Goal of 8)
- Older adults or persons with a physical disability in 2010: 10  
(Goal of 12)
- The MFP Site Visit that took place August 17-19, 2010 was reviewed with the committee. It was noted that John Sorenson, MFP Project Officer and Di Friedli, Regional CMS Representative, Denver Office were on site to review the implementation progress of the ND MFP Project. It was noted that CMS has strongly recommended that ND Increase its transition benchmark numbers. CMS staff questioned ND's Commitment to MFP/Rebalancing efforts and expressed concern about ND's dependence on institutional services (Costs/Numbers).

CMS suggested that ND address its limited transition coordination capacity, limited training, and recordkeeping process as well as the disincentives in place for CILs to do MFP outreach activities. CMS suggested that the MFP project more clearly define desired transition outcomes and that ND evaluate HCBS services that would support transitions. CMS recommended that ND evaluate the need for MFP Administrative Funding to support the implementation of ND's MFP Grant Project. CMS additionally recommended that ND evaluate increasing services including supervision under the wavier and to adjust payment for geographic and difficulty of care issues. The need

to address workforce/QSP recruitment was also noted to be a need area identified by CMS

**D.** The Committee discussed the need to identify and address HCBS service gaps and to communicate to the legislature and the Governor's office the issues of rebalancing the ND Long Term Care System. The services gaps or issues identified by the committee included:

- Payment of travel time
- Higher payment for holiday time, nights, and heavy care situations
- Lack of personal care units
- Lack of insurance for QSPs
- Provide payment for supervision in the home
- Simplify QSP process i.e. billing, documentation etc.
- Need for two persons to provide assistance
- Use of adaptive equipment to reduce QSP time needed
- Education about available service and choices
- Increased collaboration with NF during discharge process
- Community Services Ombudsmen/vulnerable adult program

Concerns about QSP recruitment and retention were discussed as was the lack of direct oversight, support, and direction to independent QSPs. Concerns about QSPs recruiting new consumers, receiving payment for services, and the challenge of navigating the QSP system were also mentioned as issues. The desire to use service animals for support when a QSP is not available was noted to be one option and with assistive technology to address QSP shortage.

The question of the MFP Stakeholder Committee's role in communicating to the legislature and the Governor's office was discussed at length by the group. It was decided that a subcommittee would be formed to develop a list of items that need to be communicated to by either the MFP Committee or its members as separate organizations. The committee also requested that a written list of the findings of the MFP site visit be requested for the ND CMS MFP Project Officer.

The MFP PA will be addressing the issue of how best to communicate the information with the Medicaid Director and the DHS Legal Department. The

subcommittee will review their recommendations at the next Stakeholder Committee meeting to be scheduled in December

Committee members asked about how the MFP information is being communicated to the legislature at this time. The Committee was made aware that testimony has been provided by the Medical Services Director and the Assistant Director of LTC that has included the successes and challenges to the success of the MFP Grant. Service barriers and service gaps have been included in this testimony.

- E.** Discussion of the changes to the MFP eligibly including a reduction of institutional stay from 6 to 3 months and a reduction of Medicaid eligibility from 30 days to 1 day were reviewed with the committee.
- F.** The MDS Section Q changes and development of the Local Contact Agency infrastructure to provide information about community services were reviewed with the committee
- G.** The enhanced Transition Coordination MFP Administrative funding for outreach and full time MFP work was reviewed with the committee.
- H.** CMS's request that ND increase its transition benchmark was discussed with it being communicated that a new benchmark has been negotiated. This new transition totals have included from 12 nursing facility transitions to 30 nursing facility transitions. The enhanced outreach and MFP capacity along with the implementation of section Q and MFP eligibility changes were noted to great enhance the state's ability to transition more individuals to the community.
- I.** The CMS approved Nursing Quality Assurance Services using 100% MFP Administrative funding was reviewed including that an RFP will be developed to provide three nursing visits to each MFP consumer transitioning from a nursing facility. One visit will be prior to discharge to identify transition support needs, and two visits will be completed post discharge to assess successful community transition.
- J.** The CMS approved MFP Housing Program using 100% MFP Administrative funding was reviewed with the committee. An RFP will be developed to provide a MFP Housing Facilitator and four regional housing resource specialist. The goal is to develop the housing resources that will allow individuals to remain in their own community or discharge from institutional care.

- K.** The need to update the MFP Operational Protocol with the new benchmark and new administrative funding programs was reviewed. After a great deal of discussion it was decided to submit the amendment request with the benchmark as negotiated with CMS and make changes in the future if it becomes clear that we cannot accomplish the new goals.
- L.** The committee was made aware the Mental Health Division has been working with Medical Services to address potential service needs of children and adults with serious mental illness. This effort is in the planning stages and not formal action has been taken by the department at this time.
- M.** Prairie St John's Hospital staff was present for the meeting and Dr. Kanney, COO, provided an overview of the psychiatric services provided by their hospital to children, adolescents, and adults. In addition information about the challenges of securing funding for both inpatient and community services was reviewed. The need for additional support services to address the needs of this population was noted to be critical to the success of community living.
- N.** The Committee decided to meet in December to address any DHS budget issues, review work of the subcommittee, and complete any other business needed prior to the legislative session.
- O.** The State Ombudsman discussed with the committee that CMS has recommended that State Ombudsman program staff become actively involved with supporting the implementation of the MDS Section Q process and the MFP Grant Transition Program. This would include visiting with NF residents about section Q to assure they are being asked about the possibility of talking to someone about returning to the community and are aware of their options in the community.