

MFP Stakeholders Committee Meeting Minutes

July 19, 2011

Time: 1pm-4pm CST

Location: Pioneer Room: Judicial Wing-State Capitol
Bismarck, North Dakota

Information Provided: Meeting PowerPoint Handout, Re-enrollment Policy Guidance from CMS, and copies of proposed benchmarks 3-5

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

- B.** Sue Foerster provided the committee with an update on the census of the ND Developmental Center and ND State Hospital as well as about the work of DC Transition Teams Project Committee

It was noted that the current census of the NDDC is 94. The NDSH has between 12-16 persons with a developmental disability in residence at this time. Persons not scheduled to return to the community in the near future and no longer in need of acute psychiatric care will begin transferring to the NDDC as their census allows.

The Centralized Project Committee was created to address requests by DD providers to implement new or innovative community settings to serve those persons that remain at the NDDC. It was noted that 3-4 projects are under consideration and some have already been developed. These projects may provide an opportunity for up to an additional 15 people with a move to a smaller community setting. Some of these settings will be ICF and some will be waiver programs.

- C.** Transitions for 2011 were reviewed and included that 9 persons with a developmental disability have been assisted with transition to the community and 5 older adults or persons with a physical disability have been assisted with transition to community.

It was noted that ND has met its goal to move 9 persons with a developmental disability for 2011. Transitions from nursing facility settings however are not progressing with the same success. Reasons for this lack of success were discussed at length. Issues identified were that the services available to support persons with a developmental disability are more comprehensive including 24 hour per day supports, it is more difficult to find QSPs to provide support in the smaller communities and rural areas of the state, housing challenges, concerns about safety and social isolation from family members and the older persons considering transitions, and a difference in approach by the ICF facility staff related to about community placement.

It was noted that discharges continue from nursing facilities for persons wishing to return home but do not qualify for MFP on a regular basis. Shelly Peterson, Long Term Care Association President, noted that 1/3 of all admission are discharged either back home or to a lower level of care each year.

It was also discussed that very few referrals for transition are being generated by MDS Section Q. The need for additional outreach to nursing facility consumers was also discussed at length especially with the addition of the full time transition coordination staff at the Centers for Independent Living. CMS is expecting new and creative ways to provide information about MFP Grant Services to nursing facility consumers from these new staff. It was agreed that a meeting of the NF Transition workgroup is to be scheduled to address the development of new approaches. The meeting will be arranged by the MFP Program Administrator. Regional meeting with the LTC facilities was also suggested once this new approach had been addressed by the committee.

Discussion was held about the ability of QSP being crossed trained as Direct Support Professionals. It was noted that if a QSP was willing to complete the training necessary to become a DSP that they could work in both environments.

- D.** The new CMS Policy Guidance on Re-Enrollment was reviewed with the committee. The issue of allowing re-enrollment for persons in need of a new 365 days of eligibility was found to be a positive development and one that they support. The plan is to address this in the next operational protocol after internal review within the department.
- E.** Benchmarks 3-5 changes were discussed with the committee. The committee was provided a copy of each of the newly proposed benchmarks for review prior to the meeting.

It was agreed that the Benchmark #3 crisis intervention is already being addressed by the DC Transition Team and would continue if the benchmark is changed. Based on this important issue continuing to be addressed in this manner it was agreed to replace this with the new MFP Housing Program Initiative as provided to the committee as written.

Benchmark #4 related to public education was reviewed including that the 10 county effort has been completed to the extent possible and the public education effort has been replaced by the new marketing plan. The committee recommended the adoption of the new benchmark.

Benchmark #5 related to the development of a crisis response process for county case management has been completed. The committee recommended the

adoption of the new benchmark related to the implementation of the nurse quality assurance program.

- F.** The committee was made aware that the ND Center for Persons with Disabilities- Minot State University has hired 3 of the 4 Regional Housing Resource Specialists. Due to flooding in the Minot area the work on the project has been delayed and complicated by the same issues. The Housing Facilitator is in place and is working on project objectives and has been actively working on general orientation with staff.
- G.** The Nurse Quality Program is in the process of being finalized with one consumer assessment already being completed and one scheduled for the 21st of July. Referral process will be finalized by the early next week. The MFP Program Administrator will work with the vendor to complete this process. Tammy Theuer of the St Alexius Home Health and Hospice agency that is providing this service provided the committee with an overview of the assessment and two follow-up visits to be made after discharge.
- H.** The new Transition Coordination staff from Fargo, Minot, and Bismarck introduced themselves to the committee. The plan to begin more regular outreach activities to the nursing facilities in their respect quadrants was communicated as was the need to expand communication with potential MFP consumers. Training of the new staff will continue over the summer.
- I.** The Home and Community Based Services marketing efforts and plans to divert institutional placements was reviewed with the committee. The documents developed to date were viewed during the meeting. Hard copies of the documents will be made available at the next meeting when they are available.

The role of the Grant LCA staff with marketing was outlined including that they will target agencies that are most likely to make a referral for support services including hospital discharge planners, home health agencies, public health agencies, and OT/PT staff. In addition the need to connect with other health care providers and “gatekeeper” roles in the community will be essential for early intervention. The need to contact senior centers, parish nurses, churches, housing managers, and other similar community groups will be very important.

The LCA staff from eastern and western ND noted that some of NF social workers have communicated some role confusion between MFP and the LCA. The new TC staff will take over the primary contact with NF staff as it relates to MFP outreach and the LCA staff will focus on community contacts.

- J.** The Rental Gap Assistance Program was again briefly reviewed with the committee including that \$2,100 per month has been budgeted to provide rental assistance for up to six MFP participants per month. The number of persons

served will vary dependent on the amount of assistance needed by each participant. The program will Mirror the local PHA/HUD rules for maximum rent (30% of monthly Income. The program will only be available to MFP participants.

K.

- L.** Future Committee meetings are set for September 20th and November 15th from 1pm to 4pm in the Pioneer Room of the Judicial Wing of the State Capitol.