

**MFP Stakeholders Committee Meeting Minutes  
November 30, 2012**

Time: 1pm-4pm CST

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

Information Provided: Meeting PowerPoint Presentation, State of Connecticut MFP Quarterly Report, and PowerPoint on Developing a Motivational Vision.

Committee members were welcomed to the meeting. Each member introduced themselves and their interest in the MFP Grant project.

The committee was made aware that 44 individuals have been assisted with transition as of 11/30/2012. This includes 1 child, 12 persons with a developmental disability, 20 individuals with a physical disability, and 11 older adults. In addition the committee was made aware that additional transitions are in the planning process.

The committee was made aware the ND MFP Grant Project has meet the annual transition benchmark for the first time and were congratulated for the continued support and effort to reach this goal. The continued work of all involved as resulted in more success than any of the previous four years of the grant. The overall transition total for the years 2008-2012 is 122.

Transition Totals for 2012

Grant Year	Older Adult	PD	Individuals with ID/DD	Children	TOTAL
2012	11	20	12	1	44

Yearly Transition Totals for ND by Populations

Grant Year	Older Adult	PD	Individuals with ID/DD	Children	TOTAL
2007	0	0	0	0	0
2008	1	1	3	0	5
2009	4	7	4	0	15
2010	4	6	16	0	26
2011	5	8	19	0	32
2012	11	20	12	1	44
Totals	25	42	54	1	122

The transition benchmarks for all populations were reviewed at length by the committee as was planned during the September meeting.

The nursing facility transition benchmark discussion included the recommendation that the benchmark remain at 30 transitions made by the MFP Transition Coordinators from the four Centers for Independent Living and the CMS Project Officer for ND approving the discontinuation of the provisional level of care screening. The committee considered the capacity of each of the centers to provide transition coordination and the consequences of not meeting the goal. The committee voted to increase the benchmark for nursing facility transitions from 30 to 34.

The intermediate care facility transition benchmark for persons with an intellectual disability discussion included a review of the recommendation from the Developmental Center Transition Committee that the goal be get at 12 transitions. The committee again discussed system capacity and long term goals of the Developmental Center. The committee approved the benchmark change from 8 to 12 per year. No change was recommended for the children goal.

### **New Transition Benchmarks**

<b>Grant Year</b>	<b>Older Adult</b>	<b>PD</b>	<b>Individuals with ID/DD</b>	<b>Children</b>	<b>TOTAL</b>
<b>2013</b>	<b>15</b>	<b>19</b>	<b>12</b>	<b>1</b>	<b>47</b>

The option of adding one additional full-time MFP staff member to the Bismarck and Fargo offices was also discussed by the committee. This would require both internal Department approval and CMS approval. This will be reviewed to determine if the grant has the administrative capacity to expand staffing at this time.

The MFP Direct Service Workforce Development Coordinator reviewed the Qualified Service Provider training that she is doing around the state that is addressing billing, authorization, training, and methods to contact the Department for assistance. The training has been provided in Burleigh, Morton Pembina, Richland, Sargent, and Ransom counties. This will continue across the state.

The plan to develop marketing efforts including a welcome packet was shared with the committee. A recommendation to involve job services in QSP/DSP recruitment was made by the committee. The cross training with the CNA, QSP, DSP staff effort to date was discussed with a committee set for January of 2013. The Workforce Coordinator will be participating in job fairs and contacting colleges and schools to make students aware of work choice in the direct service area.

The plan to be in contact with new and renewing QSPs and to complete a survey with QSPs that are not billing for services is in the planning stages. The issue of a registry was discussed and it was suggested that the efforts initiated by Center for Persons with Disabilities be reviewed to determine the status of their effort in this area. The attempt to organize a professional QSP organization by the Center was also reviewed. The issues

of marketing their availability to consumers was an issue that also needs to be addressed.

Concerns about QSP agencies being reluctant to serve individuals with higher need were identified by committee members. This was attributed to multiple issues including difficulty recruiting and retaining staff. It was noted that individual QSP are more likely to agree to provide services to persons with more significant disabilities.

The committee suggested that QSP rates be addressed to allow billing based on the acuity of care provided instead of paying for all types of support at one rate. The Executive Director of the NDACP noted that in one of their facilities attempted a \$2 per hour increase for staff working in a group home supporting people with more significant need did not experience a positive outcome.

The NDACP is advocating for increased funding for benefits, a 4% and 4% wage increase, and a \$1 pass through increase during the 2013 legislative session.

Susan Wagner provided the committee with a summary of the effort between the Mental Health and Substance Abuse Division and Medical Services to develop a 1915(i) State Plan Amendment to provide services for children with a serious emotional disturbance. It was explained that the goal would be to eventually add transitions from Psychiatric Residential Treatment Facilities (PRTF) to the community using 1915(i) services to the ND MFP Grant Program. This effort would also work to reduce out of state PRTF placements. The committee recommended that additional work on the potential services be discussed with families and advocacy organizations before any application is formally addressed.

A consumer stakeholder suggested that efforts be made to recognize the valuable work of un-paid caregivers. It was specifically suggested that efforts be made to have the Governor declare a special day recognizing the dedication and contribution of these caregivers. The effort of the Family Care Giver program was identified as a means to support families and to publicly recognize and support families.

The AARP representative reported working with the Ad Counsel on a public campaign to recognize these caregivers and has an online community to support families providing support. The issues of loneliness and need for socialization were highlighted as issues that lead to moves to basic care, assisted living, and nursing facilities in nursing facilities.

The senior companion program and churches were highlighted as a means to address the issues of isolation. It was also suggested that efforts could be made to do a foster grandchild program to connect youth with lonely older adults.

The committee was made aware that a decision on the ND Housing Finance Agency HUD 811 PRA Grant Application has not yet been made as of this meeting. This application includes a request for \$2 million dollars to develop and fund 60-70 project based rental assistance units.

The MFP Housing Coordinator discussed her experience at the annual MFP Project Directors conference earlier this month. She noted that the other states are experiencing very similar issues with limited funding for housing development, concerns about accessibility, and rural area housing and staff shortages. In addition she provided postcards with the housing data base web address and noted that there are 550 entries at this time.

The housing program is providing information packets to city planners to educate them about accessibility, ADA, fair housing, and aging in place.

The committee was provided with the state of Connecticut's quarterly data report for review and discussion on options for ND. The committee reported that a data report would be very helpful and preparing the report two times a year would seem reasonable. It was suggested that the MFP Grant Program Administrator pursue the preparation of this report.

An information data system for the ND MFP project was discussed in relation to the preparation of the report to be completed. It was determined that this will be evaluated by the program administrator and a determination on options and action.

The committee was made aware of the efforts with the Olmsted Commission to develop a more specific rebalancing goals and data collection needed to determine progress towards these goals. The committee indicated that they are very much in favor of developing outcome measures for each of the population groups that the ND DHS services to address the goal of rebalancing. Discussion about more formal efforts with the legislature by individual members of the committee was also discussed and planned.

The local contact agents provided an update on their continued public education efforts at institutional diversion. The work of the LCA-Options counselors funded by MFP related to this action was reviewed in depth including their work with both the public and professionals. Their continued focus on this activity will be funded with MFP administrative. The work of the ARDC Options Counseling offices will expand in January 1, 2013. The LCA staff will work individually with each of the regional office to assure that coordinate their efforts.

ND State Hospital Transition Assistance Fund was reviewed including that an additional \$25,000 has been requested from the MFP rebalancing fund as 17 individuals have been assisted as this meeting. The representative from the NDSH indicated that the service is greatly appreciated and important to assist with community transition.

The next meeting will be scheduled in Bismarck at a location away from the Capitol prior to the legislative bill crossover date or early March 2013. The MFP Program Administrator will identify a location and send out the date and time.