

Nebraska Money Follows the Person Advisory Panel Meeting February 25, 2008

Members Present:

Mary Angus
Sue Spitser
Jerry Campbell
Connie Cooper
Rich Brandow

Barry Long
Paul Maginn
Mike Hon
Mike Schafer
Cindy Fisher

Mark Schultz
Lara Huskey
Pat Snyder
Marla Fischer-Lempke

Members Not Present:

Mark Intermill
Brendan Bishop

State Staff Present:

Cindy Kadavy – DHHS
Patty Pierson – DHHS
Pam Hovis – DHHS
Ginger Goomis – DHHS
Kay Wenzl – DHHS
Jodie Gibson – DHHS

Call to Order

Bil Roby, Grant Fund Manager of NMFP, called the meeting to order at 10:00 am, February 25, 2008 in the Lincoln Room of the Country Inn & Suites, 5353 N 27 Street, Lincoln Nebraska.

Introductions

Bil welcomed everyone in attendance and asked that each person introduce themselves. Bil briefly outlined the agenda for the meeting, made reference to the Open Meetings Act, and asked panel members' permission to record the meeting. No one disagreed; a recording of the meeting was permitted. It was further noted that efforts to keep the meeting moving as scheduled would be made.

Overview and Update of NMFP Project Status

Bil outlined the protocol submission process, noting that the submitted protocol had been returned by the Centers for Medicare and Medicaid (CMS) with requests for clarification and more detail in some areas. It was noted that the protocols are being revised to comply with the requested information and that efforts will be made to re-submit the document by the end of March. The goal is to receive final approval from

Overview and Update of NMFP Project Status (cont.)

CMS; however, CMS may seek further clarification once again. Once final approval is received, MFP begins.

Bil discussed the status of the three Transition Coordinator positions and related that classified ads would soon be placed seeking applicants. He also noted that the Transition Coordinators would have offices located in Lincoln, Norfolk, and North Platte. In terms of marketing for the MFP project, Bil noted that the logo, brochure, and poster were close to being finalized. He further noted that all marketing material must be submitted to CMS for final approval. In addition, Bil noted that MFP brochures will tie-in or link with Developmental Disabilities and Aged and Disabled waivers brochures. Bil briefly described the logo. Mary Angus recommended high contrast and larger lettering for ease of viewing.

Funding of NMFP

Ginger Goomis discussed the financial aspect of funding for NMFP and provided some basic information to help clear up misunderstandings regarding the funding process:

- Medicaid costs are shared by the federal government and the state. Administratively, it is typically a 50/50 split; in terms of aid (the money that is paid to providers for the care of an individual); Nebraska's split approximates a 60% federal / 40% state division.
- With MFP, the federal government will enhance their share to approximately 80/20 for one year after the transition of an individual. After the one-year period, the funding reverts to the original 60/40.
- People sometimes view the total projected funding for MFP as an influx of new money. But, this is a transfer from facility-based to community-based spending.
- Over a four-year period of time, the state may realize an increase of 6 million dollars in federal funds, which is beneficial, but presumably not enough to develop and maintain new infrastructures. MFP must not create a spending obligation that will need to be maintained with state funds after MFP ends.
- The state share of MFP staff positions and related administrative costs were being managed by the state without a new appropriation. The MFP staff positions are tied to the project and will terminate when MFP ends.

Lara Huskey readdressed the funding issue as related to housing, its cost and its availability. Bil noted that housing was a concern: it was a complex issue requiring "thinking outside the box" – such as congregate housing / roommate situations – and that more solutions are necessary. Connie Cooper inquired if the NMFP positions were temporary as the project ends in 2011. Bil replied that the positions were temporary and applicants and staff were aware that the project had an end date.

Discussion of Protocol Submission

Bil opened up discussion on the submission of Nebraska's protocols to CMS. The following topics and questions were raised. Pat Snyder, Lara Huskey, Cindy Kadavy, Kay Wenzl, Mark Schultz, Cindy Fisher, Pam Hovis, Mary Angus, and Connie Cooper contributed to the exchange:

- The 24-month maximum residence eligibility cap on clients residing in facilities is no longer in effect. CMS removed that as criteria for program eligibility. It was noted that Dick Nelson helped to locate language in the MFP governing statutes which led to the change in the CMS policy interpretation.
- CMS has stated that assisted living facilities are under review for consideration as a residence to which individuals could transition. The upcoming CMS / MFP conference in Baltimore may provide an answer as to whether Nebraska's ALFs will be considered qualified residences.
- Protocol Benchmarks were discussed in reference to decreases in expenditures for institutional care and increases for expenditures for HCBS. Questions were raised about the financial impact upon the acute care system and whether this impact is articulated within the protocol.
- The Developmentally Disabled budget was discussed as to whether a budget decrease was anticipated due to the projected transitioning of 200 DD/MR individuals. It was noted that funds are expected to be transferred among different categories, not increased or decreased. It was further noted that the Division of Medicaid and LTC will gain a greater understanding of the necessary budgetary shifts as the experience of transitioning individuals through MFP from LTC facilities to HCBS becomes a reality. A request will be submitted to the Legislature to shift funds from institutional budget programs to community-based budgetary programs. Additionally, it was noted that MFP is a demonstration project – its purpose is to look at the LTC system and utilize the project to rebalance the system.
- Further discussion ensued in regards to the issue that MFP does not represent new money and that funding may not always be reliable. A concern was aired about the movement by other state legislatures to cut HCBS budgets because of the perception there is less need. Colorado, Oregon, and one state in New England were cited as examples cutting or eliminating funding for HCBS. It was noted an informed and educated public was necessary, as well as convincing government officials of the viability of the program. It was stated there is a need for both HBCS and long-term care; it is not all or nothing.

The use of Traumatic Brain Injury waiver slots was discussed. It was explained the current TBI waiver would not be used because of an assisted living provision which MFP currently does not allow. It was further explained amending the TBI waiver would take time and that it was discussed and determined that the needs of the TBI population could be similarly met by the Aged and Disabled Waiver. It was also noted the objective was how best to serve the needs of the TBI population now. Meeting eligibility requirements for TBI survivors through the Aged & Disabled was raised as a concern; it was explained the fundamental

Discussion of Protocol Submission (cont.)

- criteria for determining eligibility in either the TBI waiver or Aged and Disabled waiver was based upon Nursing Facility Level of Care. It was expressed again that the needs of the TBI population – both Acquired and TBI – could be met through the Aged & Disabled waiver.
- A question arose concerning Team Behavioral Consultation and whether this service was provided to populations not on a DD waiver. The service is available to adults and children with DD who may or may not be receiving DD waiver services or DD state funded services.
- The complexity of guardianship issues, in relationship to the level of experience and knowledge of the Transition Coordinators, was addressed. It was stated that conflicts will arise and that the Transition Coordinators will be, and Waiver Staff currently are, well-versed about the different levels of guardianship.

Discussion of Transition Coordinators:

The role and focus of the Transition Coordinators was questioned. Bil provided the following description of Transition Coordinator responsibilities: Experience within the physically disabled, TBI, DD, A&D populations and LTC community is required; applicants must have degrees.

- Coordinators would be “front folks”; not duplicating efforts, but working in communities to provide information about transition possibilities and HCBS. Transition coordinators would make connections and pass referrals along to waiver services staff.
- Transition Coordinators would be responsible for contacting hospitals and physicians to provide education and information about choosing HCBS, as well as working with community leaders, local associations, senior centers, and governmental bodies to get the word out that there are options to allow individuals to live independently in the community.
- Transition Coordinators would also work on barriers by assessing what communities are doing, by working with NHCA and NAHSA to look at diversifying so that both the community and the facility benefit.
- Coordinators would work with associations and advocacy groups to address issues of guardianship and individual rights, essentially acting as a multi-faceted group.

Further discussion on the role of Transition Coordinators in terms of marketing, networking, and housing followed. Connie Cooper, Mary Angus, Lara Huskey, Mark Schultz, Pat Synder, and Cindy Kadavy participated in the discussion:

- It was stated that person-to-person marketing of a program was a more effective technique than radio/print. However, Bil acknowledged that the NMFP program would rely not only on Transition Coordinators to get the word out, but upon print/radio advertisement as well.
- Bil maintained the NMFP program would respect the role facilities play in the community. Individuals or communities should not be fearful of the objectives of

Discussion of Transition Coordinators (cont.)

the program. The goal is about choice: to allow the individual the choice to stay or to transition.

- In terms of networking, decisions to transition could be more positive and less stressful for clients and family members if they could turn to a network of successfully transitioned individuals and their families for advice.
- Regarding housing, the role of the Transition Coordinator in helping individuals with their housing decisions was discussed.
 - It was explained that the role of the Transition Coordinator will be to connect the individual with a Service Coordinator. Service Coordinators will provide information related to housing, but the individual/support person(s) are responsible for locating housing.
 - The following website address was provided as an additional aid to use in the search for housing: www.housing.ne.gov. The website also provides a means for property owners to post listings; currently nine to ten thousand listings are registered on the site.
 - The role nursing facilities could play and how smaller communities rely on social networking to inform others of housing availability was briefly discussed.
 - It was suggested that Transition Coordinators and Waiver Staff spend time with clients discussing housing needs.
 - It was added that city clerks, housing authorities, people working at assisted living facilities, Service Coordinators, and others generally have ideas or information related to housing availability.
- Clarification on the role of the Transition Coordinator after a client has transitioned was sought. It was explained that Service Coordinators were responsible, under waiver, to manage the transition and make monthly contact (in person or by phone) with clients to ensure needs were being met. However, depending upon the participant's needs, contact can be quarterly, but this contact must be conducted in person. Transition Coordinators were responsible for periodically evaluating the transition, identifying any potential problems, and for conducting three Quality of Life surveys. The surveys are to be conducted at the point of transition, the end of the first year and the end of the second year. Service Coordinators would continue to perform their responsibilities as required; Transition Coordinators would connect individuals who wish to transition with Service Coordinators.

Discussion of Developmental Disabilities Waiting List

Marla Fischer-Lemke asked whether there was a connection in regards to MFP, DD services, and the DD waiting list. It was stated this is a concern and discussions have been on-going with DHHS Staff in regards to the issue of the waiting list. Currently, Bill stated, there is no answer to this issue; that we do not want to appear to be "jumping over" those on a waiting list, and that this is an issue under review and discussion. Confusion was expressed over those eligible to receive waiver services and the number on the DD waiting list. Pam Hovis stated that as of June 30th, 1436 individuals were currently on the DD waiting list.

Follow-up Questions on the Protocol

Mary Angus inquired about the Home Again Initiative and whether an individual can act as their own sponsor. Bil replied that individuals could not act as a sponsor. Kay Wenzl said that it is a service approved by the Centers for Medicare and Medicaid and it is currently undergoing promulgation within state regulations. The service would require a provider, which could be a family friend or relatives. Kay also mentioned that community organizations sometimes provide material help in “re-settling” thus promoting good will.

Discussion Regarding Coordination of HCBS & State Plan Services

Pat Snyder observed that the protocol made no mention of coordination between HCBS and State Plan Services. Cindy Kadavy provided a brief explanation of State Plan Services and indicated that the State Plan Service’s Home Health option would be utilized for NMFP. A discussion followed regarding behavioral health issues and what services, if any, would be available to individuals with mental health issues. Clarification was sought in regards to these concerns. Bil remarked that the subject was important and suggested inviting a Behavioral Health representative to discuss the issue or answer questions at the next Advisory Panel meeting.

Discussion of Upcoming Meetings

Bil brought up schedules and timeframes for meetings and asked for ideas or suggestions about an NMFP agenda. Pat Snyder, Mike Schaefer, Lara Huskey, Mary Angus, Paul Maginn, Cindy Fisher, and Sue Spitsler offered the following ideas:

- Meet monthly for two hours, without teleconference options.
- Meet as often as necessary; however, the meeting schedule should be determined or driven by the work to be done. Keep the panel up-to-date.
- Schedule meetings in advance so that they can be cancelled if necessary.
- Have meetings which last more than two hours.
- Send email communications before meetings.
- Create a list-serve for panel member email addresses.
- Provide or outline a definition of the duties of panel members.
- Create a list of issues facing the program.
- Provide panel members with advance notice about the topics or issues which will be addressed which would give members time to study issues and be prepared.

More general discussion followed:

In regards to when Transition Coordinators were to be hired, Bil said possibly the end of March or the beginning of April. Bil also said that the protocol should be resubmitted at that time as well. He stated that the middle of April may provide a better sense of the progress/status of the program. At that time the panel can look at assuming different areas of responsibility, such as housing, services, mental health issues, etc. Bil asked for everyone to consider the middle of April as the next meeting date. Monday, April 14th, was chosen. Both Pat Snyder and Mike Schaefer offered their premises for

Discussion of Upcoming Meetings (cont.)

meeting purposes if desired. Lara Huskey asked if panel members could send a representative. Bil replied he saw no reason why not. In regards to panel member duties, Bil asked that members email him with their views. Lastly, quality assurance concerns, NMFP's marketing plan, and DD and Behavioral Health issues were suggested as important topics for the next meeting's agenda.

Bil concluded this portion of the meeting and opened the meeting to public comment.

11:45am Public Comment:

Kathy Hoell, representing the Nebraska Statewide Independent Living Council, spoke in regards to two concerns: first, the Advisory Panel does not have any consumers – TBI, DD – those who actually have went from institutional care to HCBS – as members. She pointed out these individuals can provide valuable insight. Secondly, in regards to the protocol, Kathy stated references to obtaining “family permission” appear throughout the document. She feels too much stress is placed upon the family; they are not the ultimate decision-maker. Bil replied he understood and agreed. It is the individual who makes the decision, not the family. However, it is helpful to have families participate in the decision-making process. In regards to panel membership, Bil said the panel consists of a variety of individuals who represent various constituencies. Through this representation, panel members provide information and education to individuals within their associations, organizations, or advocacy groups. In return, panel members bring back comments, suggestions, and concerns from peers and constituents about the program. Bil also discussed the importance of including all stakeholders in the process of building the program and planned to meet with advocacy groups, etc. to promote inclusiveness.

Deb Weston, representing the Arc of Nebraska, stated that it would be better to include more people who have left institutional care because they would be a great source of information. She said it should be a primary goal to include or meet with such individuals. Bil replied it his hope to meet with such individuals because they could provide information to transitioning individuals and their families. He further explained that they could provide peer-level, one-to-one contact with people who are transitioning. Bil said this issue could be further examined by sending emails to panel members asking for their input. Mary Angus suggested establishing a mentoring program for support among individuals who have and who are transitioning.

Steve Hess, representing Immanuel Health Services, inquired about the public side of the stakeholders' group. He asked if stakeholders would continue to receive emails updating them on the progress of the program, specifically referring to the valuable input

11:45am Public Comment (cont.)

the public can add if they are informed in advance about issues to be addressed by the panel. Bil replied the stakeholders list was growing and that providing information to them would continue. However, emails would be constructive and informative and would not consist of unnecessary information. It was suggested by Pat Synder that the NMFP program have a website to keep people apprised of developments. Mike Schaefer suggested a bulletin board for the website. Bil replied that the program is in the process of developing a website, but would still continue to use the stakeholder email list. Kathy Hoell reminded everyone that a website should be accessible to those who are visually impaired. Kathy Hoell also mentioned that meeting rooms should be accessible to the hearing impaired as it is sometimes difficult to hear soft-spoken individuals.

Adjournment:

There was no further comment. Bil thanked everyone for attending and adjourned the meeting at 12:00 pm.

Respectfully Submitted,
Debbie Lewis
NMFP Staff Assistant