

Nebraska Money Follows the Person Advisory Panel Meeting February 22, 2010

Members Present:

Marla Fischer-Lempke
Pat Compton
Connie Cooper
Mark Schultz
Mark Intermill
Rich Brandow

Mike Hon
Jamie Summerfelt
Mary Angus
Lori Harder
Abbie Widger – interim member

Members Not Present:

Cindy Fisher
Kerry Michael

Paul Maginn
Jerry Campbell

Mike Schaefer

State Staff Present:

Chad Frank – DHHS
Stacey Brunner – DHHS
Bil Roby – DHHS
Debbie Lewis – DHHS
Kay Wenzl – DHHS
Cindy Kadavy – DHHS

Hope Whitaker-Blackmore – DHHS
Richard Mettler – DHHS
Teresa Jackson – DHHS
Vicki Rasmussen – Department of Education /
Client Assistance Program

Call to Order

Bil Roby, Grant Manager of NMFP, called the meeting to order at 10:12am, February 22, 2010 in the conference room of Staybridge Suites, 2701 Fletcher Avenue, Lincoln, Nebraska.

Introduction / Welcome

An outline of the meeting's brain-storming session to discuss strategies to find and assist individuals residing in nursing facilities who wish to return to the community was provided by Bil Roby. Bil introduced Richard Mettler, a Human Resources system consultant for the State of Nebraska, who was present to facilitate and guide the discussion. Bil stated the discussion was to be open and was designed to explore more approaches to find and assist those who want to transition to the community. He invited everyone present to feel free to provide ideas and suggestions and noted strategies discussed and presented would be considered for further analysis and action.

Bil referenced the Open Meetings Act and requested members of the public to sign the Public Comment Sheet if they wished to speak and for panel members

Introduction / Welcome (cont.)

and State Staff to sign the Advisory Panel meeting sheet. Bil also noted the meeting agenda is distributed to Stakeholders, Advisory Panel members, and State Staff and meeting information is posted on the Public Calendar of the State of Nebraska official government website.

Bil requested a motion to adopt the agenda; Mark Intermill moved and Mike Hon seconded the motion. Bil also requested a motion for approval of the minutes of the November 2, 2009 meeting and December 14, 2009 meeting; Mike Hon moved and Mark Intermill seconded.

Agenda Updates:

Transition Activity / Outreach Report – A new report detailing figures for year-to-date transition and outreach activity was presented. The newly designed report was created in response to panel member requests to show total transition and outreach figures more effectively and with greater clarity. Panel members were thanked for their ideas in helping to create the new report. Transition figures below represent a current, unduplicated count of all individuals transitioned under NMFP. Transitions to Assisted Living facilities are not included. Total presentations represent a combined total of facilities, hospitals, groups, associations, etc. in which outreach was conducted. Total one-to-one outreach visits represent individual contact with residents to discuss home-and-community based services.

<u>Total Transitions:</u>	64
<u>Total Outreach Presentations:</u>	476
<u>Total One-to-One Outreach Visits:</u>	206

Figures represent transitions and outreach efforts from the start of the program through February 15, 2010.

Mark Intermill inquired about the number of individuals transitioning to unqualified residences confirming the number represented a transition but not through the MFP project.

New Panel Members – Bil introduced Jamie Summerfelt, representing the Nebraska Association of Home and Community Health Agencies (replacing Kathi Schildt), and Lori Harder, representing the Division of Developmental Disabilities (replacing Joyce Werner). Bil also introduced Abbie Widger, representing the Nebraska Health Care Association (NHCA) as an interim member, pending the appointment of Heath Boddy as Executive Director of NHCA effective March 8, 2010.

Outreach Brainstorming Session

Richard Mettler introduced himself and his approach to drawing out ideas and thoughts about strategies for finding and assisting individuals residing in nursing homes who wish to transition to community services. He began with paired conversations between panel members to establish views and to encourage discussion, then posed the “Paradox Principle” – if the given is to find and transition individuals, what stops or impedes accomplishment of this action. The ensuing discussion of ideas, suggestions, and proposals was put in writing on large note paper for the entire panel to see and further consider. Richard’s notes of the brainstorming dialogue are provided as follows:

Outreach Brainstorming Session (cont.)

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Today's Task

- **Given**: There are people who have been living in a nursing home for at least six months who have been on Medicaid for one month or more, and who wish to move out into a community setting.
- **Question**: How do we identify these people?
- **Desired Outcome**: A list of strategies for identifying these people

Strategies

- Educate facility Medical directors on transition opportunities. Educate physicians in general. Educate Social service worker staff, especially to keep up with turnover in this group.
- Follow up on the 1,080 people identified in the MDS—see if there are common traits among this group.
- Concentrate efforts on the youngest of the 1,080 MDS group identified.
- Guardianship training: Add transition & community integration to court reporting.
- Look at people who are dual eligible—Medicaid & Medicare.
- Reach people via the Internet, Blog, Chat Rooms, etc. (presumably younger residents).
- Network with advocacy groups (e.g., use their website).
- Explore the DD population.
- Drill down on (analyze more fully) the MDS data collected.

Outreach Brainstorming Session (cont.)

- Increased communication within areas of the DHHS.
- Improved safety planning (e.g., mobilize community support).
- Senior Options staff support.
- Collaborate with other groups:
 - Medical equipment people
 - APS
 - Nursing homes wishing to discharge specific patients
 - Guardians who have come on board with MFP
 - Physical therapy community
- Seek other/additional funding.
- Explore best practices from other states.
- Use MFP as a nursing home marketing tool: “Here’s a whole new market for you.” & “A higher percentage of our patients go home.”
- Track discharges on the MFP website.
- Set people up with the latest home care technology (e.g., home monitors).
- Explore telehealth.
- Media advertising:
 - Print media is expensive, except perhaps smaller, home town newspapers
 - Nursing home newsletters
 - Local cable television & channel 10/11
- Distribute information at fairs for guardians and family members
- Use the Ombudsman Program.
- Advertise via mass mailings—get the message out on an ongoing basis.

Outreach Brainstorming Session (cont.)

- Clarify patients' anticipated problems with moving out.
- Get real life success stories out to residents, guardians, and family members.
- Assistance from the League of Human Dignity.
- Study commonalities among people who have transitioned.
- Concentrate on areas with high populations of candidate MFP patients.
- Use local publicity (e.g., church newsletters).
- Use word-of-mouth regarding people who have moved out.
- Go to nursing homes which are more amenable to Medicaid.
- Go to university social work departments/programs.
- Target the people in a position to say 'yes' or 'no'.
- Guardianship training. There are levels of guardianship training—at initial guardianship appointment.
- Use DHHS *Connections* newsletter.
- Use AARP state newsletter and Bulletin.
- Find a clearer tag line to elaborate on MFP and what it means.
- Advocate, "Freedom to choose."
- Produce a video for U Tube.
- Work with the faith community.
- Work with the Salvation Army.
- Work with United Way Centers

Outreach Brainstorming Session (cont.)

- Use 211.
- “Answers for Families” website.
- Marketing:
 - The 1,080 persons identified in the MDS
 - The general population
- ICF/MRs other than BSDC.
- Publications to reach the target audience of the 1,080 persons identified in the MDS
- Governor proclamation—“MFP Month.”
- Solicit primary care physicians to champion MFP.

First Pass at Identifying Most Promising Strategies

(1)—Targeted marketing at the 1,080 persons identified in the MDS, concentrating on geographical areas with high Medicaid populations.

(2)—Mass mailings.

(3)—Getting messages out on an ongoing basis.

(4)—Profile successes.

(5)—Separate guardian and non-guardian situations.

(6)—Solicit primary care physicians to champion MFP.

Outreach Brainstorming Session (cont.)

The discussion also included dialogue on the following issues related to transitioning individuals:

- Appropriateness or suitability of move (safety plan, etc.)
- Identification of options before moving to a facility
- Private pay
- Minimum Data Set accuracy
- Rural nature of the state
- Cost effectiveness of waiver
- Guardianship / family uncertainty

Further analysis of the ideas and suggestions by panel members and state staff will take place, with the greatest consideration given to those ideas that can be put into practice quickly and effectively to 1) specifically identify nursing facility residents who wish to transition and to, 2) generally target and provide outreach to those individuals and organizations associated with long-term care issues as well as the general public statewide.

Other Topics

Home Again Funds – Kay Wenzl provided a brief description of regulations which permit individuals residing in a nursing facility for six months or longer and receiving Medicaid benefits for the same period are eligible to receive up to \$1500 in assistance to transition to the community.

Aged and Disabled Waiver – Kay Wenzl stated the proposal for a new contract to provide waiver services statewide to disabled individuals 18 through 64 years of age has been awarded to the League of Human Dignity. The new contract will be effective April 1, 2010.

Public Comment

Teresa Jackson, a consulting dietician representing DHHS and the Eastern Nebraska Office on Aging (ENOA), offered the following as additional strategies to identify nursing facility residents who wish to transition: rely upon ombudsman staff, dieticians, and other affiliated organizations to get the word out; contact ENOA to request regular publication of MFP information and transition stories, and visit Senior Centers. She noted that repetition of the message is important. There was no further public comment.

Bil asked for a motion to adjourn the meeting. Jamie Summerfelt moved to adjourn the meeting and Mary Angus seconded the motion. The meeting concluded at 1:12pm.

Respectfully Submitted,
Debbie Lewis
NMFP Staff Assistant