

## Nebraska Money Follows the Person Advisory Panel Meeting February 28, 2011

### **Members Present:**

Pat Compton	Mike Schafer	Mike Hon
Mary Angus	Paul Maginn	
Patty Pierson	Jamie Summerfelt	

### **Members Represented**

Cindy Fisher (Kate Jarecki BIA – NE)  
Heath Boddy (Brendon Polt, Nebraska Health Care Association)

### **Members Not Present:**

Lori Harder	Connie Cooper	Kerry Michael
Mark Intermill	Jerry Campbell	Mark Schultz
Richard Brandow	Marla Fischer-Lempke	

### **State Staff Present:**

Chad Frank – DHHS	Courtney Miller – DHHS
Stacey Brunner – DHHS	Cindy Kadavy – DHHS
Jade Lutes – DHHS	Hope Whitaker-Blackmore – DHHS

### **Call to Order**

Chad Frank, Interim Grant Manager of NMFP, called the meeting to order at 10:10am, February 28, 2010, in the conference room of Staybridge Suites, 2701 Fletcher Avenue, Lincoln, Nebraska.

### **Introduction / Welcome**

Chad explained that we would have two speakers, Patty Pierson and Courtney Miller. As a quorum was not present; approval of the minutes from October 25, 2010 is tabled until the next meeting.

### **Updates:**

Transition Activity / Outreach Report – Jade reviewed the report data.

Chad explained that we had 19 transitions in the second half of 2008, 38 transitions in 2009, and 42 transitions in 2010. Patty Pierson asked if we are

seeing trends on re-institutionalization. The general consensus of our transition coordinators is that a decline in health is the main reason for re-institutionalization of our participants. Paul Maginn asked of the 19 transitions in the aged population, are people going back into their homes or family member homes. To which Chad stated that those 19 transitions represent people moving back into their homes, while those under the non-selected option move home with family members. Mike Schafer asked of those that return to institutions, is it long-term care or short-term rehab? Stacey Brunner and Hope Whitaker-Blackmore responded that it just depends, one of Stacey's participants will be re-evaluated next week and Hope thinks that less than 5 who re-institutionalized will return home. Chad noted that those listed on the re-institutionalized list are those that have gone back into the nursing facility and not come back out. If the participant is able to return home they are considered re-enrolled and aren't included in the re-institutionalized number in the report. Mike Hon asked if we have data on people who have been out of the facility for 2 years. Chad responded that we do meet with them again at the end of 2 years, but we don't have the data for 2 years. Stacey Brunner pointed out that some people drop off of waiver after the first year due to not having enough needs to continue to qualify for waiver. Chad reminded the Panel that it has changed to on Medicaid for 90 days at the beginning of 2010. Jamie Summerfelt asked if we have any way of knowing when those who transition out die. Stacey Brunner said that we are notified when that happens. Jamie Summerfelt then asked how many and if any of those deaths were due to medication related issues. Stacey Brunner has had two, and Chad Frank has had two. One of Stacey's died of asphyxiation and the other died of a severe bone disease. One of Chad's died of progressive cancer and the other had health concerns that overwhelmed them. Mike Schafer noted that anyone on waiver who dies is looked at by a team. Chad mentioned outside of the first year, we only know when people die at the end of the second year Quality of Life Survey. Mary Angus would like if we are putting together numbers on people who have died, could we include the reasons. Chad will research this option. Brendon Polt verified that our initial goal was to be done transitioning by 2010 and to have 900 persons transitioned in a two-year period. Mary Angus reminded everyone that originally we were hoping to transition a lot of developmentally disabled persons which we weren't able to do due to the decertification of BSDC and that our original goal was a very high number.

Update NMFP TC's areas – Chad explained that due to him accepting the duties of the Interim Grant Manager, Hope Whitaker-Blackmore has taken on a few of his more northern counties including Saunders, Dodge, Washington, Douglas, and Sarpy counties. He will still be doing the Southeastern portion of the state.

Statewide Media Campaign – Chad explained that we have a finalized Request for Proposal and have reviewed it internally. We're almost ready to have it posted by DAS. We're prioritizing for a television commercial two 30 second spots, one geared towards the individuals and one geared towards the families. We aren't discounting radio, but we will

need to have information from a potential vendor on that. In the first two weeks of March, we are publishing our “Prime Time” ad with the Associated Press’s Statewide papers. We have also submitted in the Lincoln 55+ Paper when they publish next.

Patty Pierson noted that we might look into advertising on statewide billboards. She noted that the Ombudsman are paying \$1750 for a Lincoln billboards with Lamar Outdoor Advertising for a year. Chad mentioned that we have done free 30 second radio spots with local radio stations but we aren’t sure how much those aired. Chad did state that due to the Request for Proposal process, it could be some time before these could air. Cindy Kadavy noted that it could happen fairly fast because the Department of Health and Human Services has worked with media buyers before. Patty Pierson also noted that we might consider buses and taxicabs. Pat Compton talked about how we might be able to hook up with ATP who is working on a YouTube video about accessibility.

Overview of MFP Project – Chad explained that after our last meeting one of the Panel Members asked if we could go over briefly the criteria for the MFP Project. Chad noted that the 90 days on Medicaid is the biggest change, and the brochures reflect that. Chad did let the committee know that our program is scheduled to end in 2011 and that we have a no-cost option to continue into 2012.

Cindy Kadavy said that the no-cost option to continue is likely to happen because we can extend for an additional year without any additional funding. All MFP states can request an additional four more years due to additional Federal funding being made available. No decision has been made on that portion for the State of Nebraska, and that decision has to be made this summer. Chad noted that after 2016, if there is funding left states could request to continue after 2016. Mary Angus asked if the Affordable Care Act portion of the Community First option as a State Plan Amendment would benefit Nebraska. Cindy Kadavy let us know that the Department of Health and Human Services has hired someone to work directly with the portions of the Affordable Care Act that apply to Nebraska and that the personal care portion of that is more restrictive than Nebraska’s current services so we have decided not to go in that direction. Mike Schafer clarified that we were not talking about the State Block Grant but the State Plan Amendment. Pat Compton noted that the services are already in place, and that as more people are aware of them they might bypass a nursing facility altogether. She stated that our ultimate goal is to get people educated and take care of them in place. Chad stated that our numbers will possibly reflect that at some point, but that we may still have persons who need to transition. Chad also pointed out that one of the functions of NMFP is to ask for and use money to demonstrate new services in the state. Cindy Kadavy stated that truly the overall goal is to rebalance the long term care system.

Housing – HUD/CMS Housing Choice Vouchers – Chad explained that Kearney was the Nebraska Housing Authority that received Category 1 vouchers. Chad will be researching if we need housing in that area, and if so we may be contacting the Kearney Housing

Authority about it. Nebraska did not receive any of the Category 2 vouchers that it applied for.

Assisted Living Update – Chad explained that we are developing a one-page checklist of the CMS AL requirements to the States and basing that checklist on a similar version to what Kansas is doing. As long as the Assisted Living facility is willing to sign the checklist, we could then transition people to that facility under NMFP.

Mary Angus noted that since CMS made these requirements available she would remove any objection to using Assisted Living facilities for NFMP. Chad noted that Kansas is using this but Iowa is not due to the population they are working with. Cindy Kadavy noted that part of our plan is to meet with the Health Care Associations to point out that these are the CMS requirements and we are not asking anything additional that isn't already being done for licensure requirements and get the feedback. Then we intend to approach individual facilities as well. Brendon Polt asked how soon we might be intending to set up this meeting. Cindy Kadavy said we might be ready in the next couple of weeks. Chad stated in our last reporting period of June or July of 2010 that there had been 20 or 30 people that qualified for NMFP that have moved to an Assisted Living Facility.

Transportation Broker – Courtney Miller, Transportation Specialist from DHHS, gave a brief description of the Transportation Broker system. We posted an RFP and just recently awarded the contract to AMR Access to Care and we are set for implementation May 1, 2011. We will be including several of the long-term care programs as well as Medicaid Transportation, Social Services for Aged and Disabled, AD Waiver, and Medically Handicapped Children programs. She noted that there needs to be additional clarification in the regulations on what might be covered for transportation that could be covered by the brokerage and that she will be looking into how MFP might be able to utilize transportation to look for housing covered under the Social Services for Aged and Disabled program. The way it works is that a person will call into the call center for a ride; the Customer Service Representative will verify that the person is Program Eligible and then assess the appropriateness of the ride. The brokerage assigns the ride using the most cost-effective method and then when the ride occurs, AMR sends a prior authorization for payment electronically to the state systems. This generates an electronic claim and then payment to the provider. The State will be paying the providers directly. AMR is focused on individual providers (friends, family, etc.) as well as developing a network across the state working with public transportation providers. We are confident that the payment to the brokerage will pay for itself with time efficiencies and cost-effectiveness to the ride. Transportation as a whole might increase slightly due to increased access. Looking to get the right client, the right ride, for the right service that is program covered. AMR is paid for every ride that actually takes place.

Chad noted that this might help MFP because we have been struggling with transportation since our program began. Mike Schafer asked if Home Again provided funding as the sponsors are supposed to provide transportation as well. Paul Maginn asked how long this might run. Courtney Miller noted that it is two years with 3 one-year renewal options. Stacey Brunner asked if they will be doing recruitment to providers due to some services not being covered by Medicaid. Courtney Miller noted that the broker goes into effect May 1, 2011. The regulations

are supposed to be planned for public hearing sometime in April, but they are mainly clarifications. They should be in effect in early May. Brendon Polt asked if because the Medicaid program is so far paid under cost, how a provider can actually cover their costs. Courtney Miller noted that across the country, Nebraska has a fairly generous budget. Nebraska will be using slightly reduced rates and a different methodology. What has been seen across the state is that there has been one person in a vehicle. They intend to do a multi-load to pick up several people. Cindy Kadavy asked if a nursing home wanted to provide transportation to other people than just their residents would they need to have a PFC license. Courtney Miller states yes, that they would need to do that but there was an option to get a PFC contract carrier license to serve a limited population. Brendon Polt asked how difficult that process was. Courtney Miller noted that as long as you have information it isn't a difficult process but that AMR will probably help facilitate the process. Paul Maginn stated that 3 of his Adult Day Services have gone through the process to use for their Day Service Population.

Aged and Disability Resource Center (ADRC) – Ombudsman Patty Pierson anticipated an increase in Ombudsman Services when the MDS 3.0 began, and so they prepared a presentation for several groups on how Ombudsman can help with the option to return to the community. This presentation will be delivered to Facility Staff, resident councils, family councils, and the Ombudsman volunteers.

Chad asked how many Ombudsmen will do a presentation. Patty Pierson said approximately 4 or 5. Mary Angus noted that the question has to be asked if the resident wants to return to the facility. Brendon Polt noted that they have done quite a bit of training on this. Mike Hon wanted to know how the volunteers will be trained to make sure that people are given a choice. Patty Pierson said that they will be trained to make referrals on questions outside their scope, since they aren't providers. Chad explained the referral process to the ADRC and how that referral comes to MFP through the filling out of the MDS 3.0. He also explained that the agency is the primary responsible party and that MFP will then follow-up afterwards to find out why the agencies will or will not meet with people.

Pre-Transition Services (PTS) – Chad explained that through MFP, we are allowed to provide additional services as a demonstration service until the end of MFP or we cease providing the service. We have proposed Pre-Transition services to CMS and are in the process of developing this. We're asking CMS if MFP can pay \$1,000 per person for the PTS if they qualify for MFP. If that person then transitions into an MFP qualified residence, they will receive an additional \$1,000. If they don't move into the MFP qualified residence, they will still get paid for the PTS. Chad met with the AAA directors across Nebraska, and spoke with Mike Schafer regarding the League of Human Dignity interest. Any provider in the state would be able to do this.

Mike Schafer noted that they would do all of these things, but the transportation piece would be a deal breaker. Chad noted that perhaps the transportation brokerage could help with the transportation piece. Cindy Kadavy noted that in Kansas, the home health providers do the transportation. Chad noted that we are predicting that we would transition 106 people, and that we may have 100 people who do not transition through

MFP. Pat Compton asked that how we could have another year without funding and still pay for the service. Chad noted that the figure on the sheet was the one-year funding just for 2011. Cindy Kadavy noted that we have not pulled down anywhere near what we were awarded and even if we extended the no-cost option to 2012 we have plenty of money available without any newly awarded funds. Mike Hon asked if we have a timeline on when we'll hear back from CMS. Chad said that we will be getting started as soon as it's approved. Cindy Kadavy noted that since it was CMS's recommendation they are willing to provide us with technical support. Mike Hon asked what type of appropriate documentation to support billing means, what type of supporting documentation would be needed. Chad noted that we would still need to identify that. Cindy Kadavy noted that the first step was getting approval from CMS. Kate Jarecki asked what other states are doing this. Chad noted that Texas contracts their services and part of their service is similar to this. Cindy Kadavy noted that Kansas doesn't do this as part of MFP; they've added it as part of their Waiver Services. They work with individuals in facilities to overcome barriers so that they are ready to transition. She also noted that CMS likes the added incentive payment. Chad added that CMS told them other states do that. Mary Angus noted that CMS has been working to get this going for a long time, and they have been very supportive of MFP and the demonstration projects that can come out of it. Chad noted that CMS is currently paying 100% of costs for demonstration projects as opposed to the FMAP. Paul Maginn asked where providers would get referrals. Chad noted that we will forward any referrals we get and that the transition coordinators would still need to pre-approve PTS, do follow-up, continuing outreach, and a provider recruitment enrollment campaign. Jamie Summerfelt asked where the payment would come from, MFP, CMS, or the State. Chad said that it would come from MFP. Cindy Kadavy noted that it would be funded through MFP but we have a question with CMS regarding 100% match for this service. Chad noted that our position is that our transition coordinators currently do everything that we want the PTS to do, so there shouldn't be a question about the 100% match. Mary Angus asked if the provider would get a fee for service or a flat \$1,000. Chad noted that we intend to pay a flat fee. Cindy Kadavy noted that the benefit would be that even if the person transitions to a non-qualified MFP residence, we are still helping to balance the long-term care system. Mike Schafer noted that we should think about the transportation piece very carefully due to the wheelchair accessible transportation costs. Stacey Brunner noted that there is one wheelchair accessible van from Kearney to the rest of the state west.

### **Agenda Discussion:**

Outcome of Survey Monkey – This will be presented at the next Advisory Panel Meeting.

Upcoming Meeting Schedule - Chad explained that we will keep the Advisory Panel Meeting schedule the same until we know if we will be extending MFP in Nebraska.

MFP Panel Members Home Again Sponsors – Chad explained that we are having a very difficult time finding Sponsors for Home Again funds. For the Home Again funding, a person has to be approved as a provider, pay for items for the participant, and then submit receipts to the state to be reimbursed. We are finding many participants cannot find anyone to sponsor them. We have spoken to some agencies and some churches, but it is difficult to find someone. We believe that an agency would be the best option for the Home Again Sponsors due to the initial money needed up front.

Mike Schafer believes that their board would like to be Home Again Sponsors but the transportation piece is the difficulty for them. Cindy noted that she didn't believe providing every service would be provided. Mike Schafer noted that from his understanding of the application process every piece would be required, including transportation to look at housing and other things. Cindy Kadavy noted that we will get a meeting set up with Kay Wenzl and the League of Human Dignity to discuss this further. Patty Pierson inquired what decides how much money a person gets. Chad responded that it is up to \$1500, and that a provider can claim up to \$300 in costs. But that there is a negotiation with the Resource Developer on services provided. Patty Pierson asked if we have contacted The Arcs at all. Mary Angus noted that most of The Arcs aren't in a situation where they can provide that up front. Patty Pierson noted that The Arc of Lincoln Lancaster County has a Trips Program where they have accessible vans and do contract work. Chad noted that we need these services throughout Nebraska. Mike Schafer thought that they would be a natural due to their statewide offices. Hope Whitaker-Blackmore noted that frequently it can be a tight timing issue and that having pre-approved providers would facilitate the process particularly where waiting lists are involved. Mike Hon asked what kind of timeline on reimbursement for expenditures we were looking at. Chad noted that our accounting system that they can with receipts and proper forms they can make the payment in approximately 10 days. Mike Schafer noted that collecting all of the receipts before you submit for payment can mean that there is a lot of expense before you can get reimbursed. Jamie Summerfelt asked if there is anywhere that we don't need sponsors. Chad noted that we need sponsors all over the state. Mike Hon asked if there might be a conflict of interest if a nursing home would provide this. Cindy Kadavy noted that as long as it's not something that the nursing home expected to provide for the per diems that we're paying them and that's where the transportation gets a little bit iffy. Stacey Brunner stated that Home Health Agencies could be ideal for this.

MFP Transition Targets – Chad explained that as of January 31, when our budget is due we are able to go back and look at our transition target numbers and change them to more correctly reflect what we are able to transition. By comparing our numbers with other states, we changed our 2011 goal to 106 transitions. If we extend the program, we will be able to change our numbers each year. We no longer refer to the 900 number; CMS looks at the annual numbers. In order to ask for supplemental money each year we have to meet 75% of our target number, if we don't meet 75% of our target number we have to write an action plan and get approved before we can ask for supplemental number. 80 transitions this year would meet our 75% and with the PTS and if we can get

some Assisted Living facilities onboard we should be able to meet that. Every MFP state around us changed their numbers.

Mary Angus noted that Texas is the one state that is able to get the numbers they anticipated. Chad noted that Texas has been doing transitions like this for a long time. Most of the 30 states involved haven't come close to the numbers they anticipated. 13 additional states have joined the 30 states in 2010 working with the MFP Grant.

**Public Comment**

There was no public comment.

The meeting concluded at 12:25pm.

Respectfully Submitted,  
Jade Lutes  
NMFP Staff Assistant