

## Nebraska Money Follows the Person Advisory Panel Meeting April 14, 2008

### **Members Present:**

Paul Maginn  
Mary Angus  
Brendon Bishop  
Mike Hon  
Connie Cooper

Richard Brandow  
Sue Spitzer  
Jerry Campbell  
Marla Fischer-Lempke  
Pat Snyder

Cindy Fisher  
Mark Intermill  
Mark Schultz  
Lara Huskey

### **Members Not Present:**

Barry Long  
Mike Schafer

### **State Staff Present:**

Cindy Kadavy – DHHS  
Ginger Goomis – DHHS  
Kay Wenzl – DHHS  
Pat Compton – NDED  
Lee Tyson – DHHS  
Dan Taylor - DHHS

### **Call to Order**

Bil Roby, Grant Fund Manager of NMFP, called the meeting to order at 9:03 am, April 14, 2008 in the conference room of Staybridge Suites, 2701 Fletcher Avenue, Lincoln Nebraska.

### **Introduction / General Discussion**

Bil welcomed everyone in attendance, referenced the Open Meetings Act, and requested that members of the public sign the Public Comment Sheet if they wished to speak. He related publication of the meeting time, date, and location is posted on the Public Calendar of the State of Nebraska official government website. Bil also updated the Advisory Panel on construction of the NMFP website. Introductions of panel members and state staff followed, with an explanation that state staff was present for support and to answer questions. Comments regarding the minutes were solicited; the spelling of Marla Fischer-Lempke and Cindy Fisher's names was corrected.

## **NMFP Update**

The second submission of the protocol is nearing completion; CMS' critical assessment and the CMS 2/14 teleconference are referred to for guidance in completing the protocol. The deadline for a completed and approved protocol is June 1.

Bil will be speaking at the upcoming Nebraska Healthcare Association (NHCA) and the Nebraska Association of Home and Community Health Agencies (NAHSA) conferences. He is tentatively scheduled to speak before the Nebraska Medical Association (NMA) in June.

Transition Coordinator positions were advertised, all applications have been received and reviewed. A general discussion regarding the Transition Coordinators' overall qualities and experiences ensued. The Department of Health and Human Services will assist in the interview process.

Marla Fischer-Lempke will be attending the Rebuilding Lives conference and accepted a request to provide a summary of the conference at the next meeting.

General discussion regarding NMFP marketing items ensued. In regards to the brochure, Marla and Pat Snyder suggested references to the participant and guardian/family member relationship be clarified by adding language such as "if applicable" or "at your request". Mary Angus referred to a software program ("Bobby") which checks graphics for the sight impaired; Mark Schultz offered assistance for website/webpage development.

## **Current Topics**

### **Duties/Responsibilities**

Discussion of a draft document detailing panel members' duties and responsibilities followed. Bil explained the NMFP program calls for a consumer-directed approach and that rebalancing the long-term care system will require the efforts of all parties. The following comments on duties, responsibilities, and program development were expressed by various members:

- a federal program exists to help with transportation needs
- greater stress is needed on panel members' input and expertise
- daytime supervision and safety issues are important
- long distance monitoring of health is available and should be looked into
- housing issues should be viewed from both an urban and rural standpoint
- employment opportunities should be considered an issue
- quality assurance process/system must be in place within six months
  - discussion further centered on the Aged and Disabled Waiver QA, Quality Council, reporting data, IT Systems, and identification of NMFP participants
- progress towards goals, identification of barriers, and IT proposals were recognized as further duties and responsibilities

### **Assisted Living**

Discussion regarding Assisted Living and CMS's consideration of it as a qualified residence followed. Bil stated that CMS is still reviewing regulations/policy. The panel

members' comments further centered on issues and concerns related to AL's and qualified residences:

- AL's could be considered a "step-down" system
- number of residents is important
- privacy and independence are factors
- reservations expressed about level of care and eviction policies
- Texas, in a two-tiered approach, provides for AL's as qualified residences
- AL's may not provide enough independence (too much supervision), particularly for the developmentally disabled population
- AL's, as a preliminary step, may help to determine an individual's capability to handle independence
- Service Coordinators' responsibilities include monitoring the client to ensure safety and adaptability
- Participant's service plan should describe independent living setting
- Aged and Developed waiver requires private bath; CMS regulations require private bath and access to a kitchen; Federal Housing program requires either bath or kitchen

### Behavioral Health

Lee Tyson, Behavioral Health Program Manager, provided an overview of support services for the aged and disabled and for the developmentally disabled. Lee noted the Behavioral Health Department has not focused on services for AD or DD populations in the past, but is in the process of developing services which will address the issues of these groups. She highlighted the following:

- Addictive disorders are in nursing facilities; numbers will certainly increase
- Training, capital improvements, and the recently established task force committee is needed to address concerns
- The combination of disability, age, and mental illness creates complexity
  - Nursing facilities not staffed or trained to handle behavioral health issues
  - Behavioral Health would like to provide, or train individuals to provide, evaluations and plans of care
- Establish interface between home-and-community-based services and behavioral health services
- What does NMFP need - let Behavioral Health know
  - Funding is present to accommodate requests; ask now
  - Six Behavioral Health regions contracted to provide services; work with each region
  - Regional Directors are receptive; Case Managers meet with individuals about practical matters such as transportation, food stamps, etc.; intensive community support exists as well as local crisis response teams

Behavioral Health general discussion ensued in regards to:

- Traumatic Brain Injuries / Behavioral Health support at local level
  - Diagnosis of Serious Mental Illness (SMI) needed to qualify for services
- Behavioral Health support system would compliment AD waiver services

- Simplify access to Behavioral Health support system for Service Coordinators, Providers, and Care Management staff
  - Create Behavioral Health training presentation with accompanying manual / materials
  - Provide Behavioral Health training to area supervisors who in turn can train and provide materials to new and current staff
  - Behavioral Health and waiver programs should be knowledgeable about each other's systems and overcome misconceptions about the populations served

Lee provided her contact information and welcomed calls and questions.

#### Increasing Consumer Input / Developing Consumer-Family Support Mentor Group

Bil asked if the panel had ideas or suggestions in regards to increasing awareness of the transition process by video-taping individuals who could share successful as well as realistic experiences of transitioning. Panel members offered suggestions and described past efforts to provide communication and reassurance to individuals/family members who may be contemplating transitioning to a community-based setting:

- Pilot Parent Program – pairs family members together
- Beatrice State Development Center – “The Sower” – provides stories of success stories
- Interviewing Service Coordinators
- Forming sub-committee of individuals who have transitioned
  - Re-imbursement of expenses possible concern for individuals who travel to meetings
- Make success stories recent and relevant

#### NMFP Meetings

Bil asked if the frequency and duration of the Advisory Panel meetings (every-other-month, three hours) was acceptable. The question was met with general approval. The following issues were addressed:

- Communication with Stakeholders continues; the NMFP Advisory Panel agenda is sent to each Stakeholder; documents to be discussed are available at meetings and upon request
- Sub-committees are to be formed; responsibilities sheet will provide guidance in this area; panel asked to think about sub-committee development/scheduling for next meeting

#### CMS Protocol Approval

Questions about CMS approval of the NMFP protocol and how the program would be implemented by the June 1<sup>st</sup> deadline were raised. Bil explained CMS provided a list of questions (an assessment) seeking clarification on a variety of issues. CMS also conducted a teleconference to address questions that Nebraska had in response to the CMS assessment. Clarification and answers were provided in the second submission of the protocol. Bil further explained that the overall emphasis of the NMFP protocol was outreach and education, addressing barriers, and focusing on how long-term care re-balancing affects communities.

### Developmentally Disabled Waiting List

Jerry Campbell raised the issue of the DD waiting list. He referred to a recent court settlement on behalf of the developmentally disabled. He questioned whether the ruling would affect DD staffing requirements and funding and whether it would have any affect upon NMFP. Bil replied the waiting list was a complicated issue and he was not sure of the overall impact of the ruling; Ginger Goomis stated that the NMFP project was directed by federal guidelines; but that coordination or acknowledgement of the complexities surrounding the court ruling and the DD waiting list would be necessary.

### Fact Sheet

Bil explained that the Fact Sheet was developed to share information about NMFP with panel members' constituencies. It was suggested it would be helpful to define acronyms for those readers unfamiliar with them. Bil stated the Fact Sheet would be corrected to include references to acronyms.

Bil summarized the topics discussed at the meeting and thanked Dick Nelson for providing assistance as the NMFP project has developed. The date for the next Advisory Panel meeting was discussed; Monday, June 16th, from 9am – 12noon, at Staybridge Suites was agreed upon.

### Public Comment

Bil invited members of the public to speak:

- Richard Ellis advocated for the inclusion of the mental health population and related this population is often overlooked. He stated mental health needs should be addressed and he encourages inclusion as the NMFP project unfolds. Bil replied the mental health population would not be walked away from and, regardless of NMFP eligibility, efforts to connect individuals to support systems would be made on their behalf.
- Bob Deaton spoke briefly in regards to confirming Stakeholder status.

There was no further comment. Bil thanked everyone for attending and adjourned the meeting at 11:35am.

Respectfully Submitted,  
Debbie Lewis  
NMFP Staff Assistant