

Nebraska Money Follows the Person Advisory Panel Meeting June 16, 2008

Members Present:

Paul Maginn
Mary Angus
Mike Hon
Richard Brandow

Jerry Campbell
Marla Fischer-Lempke
Pat Snyder
Cindy Fisher

Mark Intermill
Mark Schultz
Lara Huskey
Mike Schafer

Members Not Present:

Barry Long
Connie Cooper
Sue Spitzer
Brendon Bishop

State Staff Present:

Cindy Kadavy – DHHS
Kay Wenzl – DHHS
Pat Hovis – DHHS
Chad Frank – DHHS
Hope Whitaker – DHHS

Stacey Brunner – DHHS
Deanna Jesse – NCBVI
Tami Barrett – DHHS
Jodie Gibson – DHHS
Eve Lewis – DHHS

Sharon Johnson – DHHS
Kathleen Samuelson – DHHS
Bil Roby – DHHS
Debbie Lewis – DHHS

Call to Order

Bil Roby, Grant Manager of NMFP, called the meeting to order at 9:00 am, June 16, 2008 in the conference room of Staybridge Suites, 2701 Fletcher Avenue, Lincoln Nebraska.

Introduction / Welcome

All were welcomed, the Open Meetings Act was referenced; members of the public were requested to sign the Public Comment Sheet if they wished to speak. Publication of the meeting time, date, and location was duly noted on the Public Calendar of the State of Nebraska official government website.

Panel members and state staff attendance was noted; newly hired NMFP Transition Coordinators were introduced and a brief description of their qualifications was noted:

Chad Frank – Lincoln Office
Stacey Brunner – North Platte Office
Hope Whitaker – Norfolk Office

Corrections to the minutes were accepted; the spelling of Marla Fischer-Lempke's name was corrected.

Introduction / Welcome (cont.)

Discussion of the agenda continued. The agenda and minutes were accepted, with further discussion centered on the following updates:

Advisory Panel Duties and Responsibilities – finalized and adopted

Transition Coordinators – primary training to be conducted initially with quarterly follow-ups

NMFP Protocol – responded to CMS’s single question regarding quality assurance and State Plan Services; approval expected by the end-of-the-week; new State Plan Quality Assurance language to be inserted in protocol; final copy to be made available to the Panel; Stakeholders to receive protocol on CD format or via webpage

Assisted Living – Discussion centered upon CMS position regarding the use of Assisted Living facilities as a qualified residence for NMFP. Issues and concerns discussed:

- “Aging-in-place” in an Assisted Living – permitted or not
- NMFP will support participant’s choice to move to an AL regardless of CMS final position
- Approximately 80% of AL’s meet CMS definition of qualified residence
- AL’s have a wider latitude in determining whom they will accept and under what conditions an individual can remain: nursing facilities are fairly standard; careful consideration is necessary for placement
- Individuals are more likely to need help with personal assistance rather than complex nursing care – Medicaid will not pay for personal assistance in an AL but will in a private residence
- Regulation definition of ADL’s – problematic, variety of interpretations
- Assisted Living regulations allow “aging-in-place”; however, Medicaid does not provide/pay for higher level of care services in AL’s
- AL’s with attached nursing facilities receive a higher rate of pay for residents utilizing such services - problematic
- In-home options – as opposed to AL’s – provide greater flexibility; as an individual’s needs increase, services can be provided to meet those needs
- MFP directives point to more “independence” and less “structured” settings; Al’s are less independent
- Regulatory and systemic changes, State involvement, innovative thinking, education and outreach, economies of scale (to promote cost effectiveness) all essential in helping long-term care to evolve

Website Overview – brief discussion about content and compatibility of webpage and suggestions to improve searches, add links, and increase access for the visually impaired

Overview – Rebuilding Lives Conference

Mark Schultz provided an overview of the Rebuilding Lives in Nebraska Conference held in Grand Island on April 24th and 25th. He noted that over 200 individuals attended the conference which is designed to increase awareness of brain injuries. Mark noted significant developments such as increased advocacy on behalf of those with brain injuries and the creation of a task force to assess veterans returning from the Afghanistan and Iraq wars for possible brain injuries.

Presentation – Ticket to Work

Sharon Johnson presented information and discussed how Ticket to Work supports employment opportunities for the Developmentally Disabled through the Medicaid Infrastructure Grant. Ticket to Work seeks competitive employment for individuals; a website is available for further information on opportunities for employment for the DD population. Ticket to Work is further exploring options for individuals suffering from chronic pain. She noted that new regulations will provide Ticket to Work services to a broader audience, discussed the economic impact to individuals returning to work, briefly defined the Quality Assurance program, and observed that Ticket to Work partners with a variety of agencies and organizations to deliver employment services to those special populations who are seeking it.

Discussion – Kay Wenzl / Pam Hovis

Kay Wenzl and Pam Hovis provided a synopsis of quality assurance measures, waiver cap policies, use of the Aged and Disabled waiver and the Developmentally Disabled waiver for NMFP participants, sustainability of waiver after NMFP, and mental health issues as it relates to waiver programs and NMFP. It was noted all NMFP participants will be tracked using a special indicator code within the database and that a database specifically designed for NMFP will be operational within six months. Each waiver program has a quality assurance council or board which ensures that the six quality assurance measures mandated by CMS are met and are adhered to strictly. Each council is represented by a variety of individuals, agencies, and state staff to ensure client complaints and incidents regarding health or safety issues are acted upon and resolved immediately. The discussion touched briefly on the five-year waiver cycle, capturing costs, and protocol benchmarks.

Discussion turned to several questions Pat Snyder posed in a previous letter:

Quality assurance issues, identified goals (benchmarks), and status of assisted living facilities as qualified residences were discussed earlier in the meeting. In the event a package of services for a resident exceeds the standard monthly payment to the assisted living provider, special rates will not be applied; DHHS will utilize the existing Aged and Disabled waiver as the primary instrument to deliver services under NMFP; there is no differentiation among populations; some DD will utilize the A&D waiver (as does the TBI population); DHHS will use the Inter-RAI assessment tool to assist in the determination of HCBS placement; mental health concerns do not preclude participation in NMFP; and delivery of waiver services continues after the NMFP project concludes.

NMFP Outreach and Marketing Plan

Bil presented an overview of the NMFP plan to provide marketing and outreach. Strategies involve facility visits / presentations with staff and residents; hospital and medical association visits / presentations; town council, community organizations, business councils, etc. visits / presentations; AAA and CIL visits / presentations as well as working with individuals who are interested in transitioning to HCBS. Television and radio advertisements are planned but are still outstanding.

Next Meeting

Determination of sub-committees and discussion of behavioral health were agenda topics not discussed due to the time devoted to previous agenda topics. It was agreed both topics would be addressed at the next meeting. It was also agreed that the continued attendance of the Transition Coordinators at Advisory Panel meetings was important.

It was further agreed that the next meeting will be held on Monday, August 25, 9:00am – 12:00pm.

Public Comment

Bil invited members of the public to speak:

Steve Hess of Immanuel Health spoke in regards to looking at the long-term continuum in its totality. He remarked that MFP is not the only solution and that it represents a shift in thinking. He stated that re-balancing requires a determination of next steps. He also stated that Assisted Living facilities could accept NMFP participants by signing an agreement which would allow “aging-in-place”. Steve also mentioned that the NMFP webpage should be accessible for the visually impaired and suggested using reverse black and white and larger font. In conjunction with this, it was suggested that the NMFP website be linked with the Advisory Panel members’ associations and organizations to provide further outreach, information, and contact.

There was no further comment. Bil thanked everyone for attending and adjourned the meeting at 11:47am.

Respectfully Submitted,
Debbie Lewis
NMFP Staff Assistant