MAC 2.0 Stakeholder's Meeting Minutes

Meeting Date:	February 25, 2014	Meeting Leader:	Kristi Plotner
Meeting Time:	2:00-4:00pm	Meeting Scribe:	Shelia Funchess
Meeting Location:	MS Children's Home Services	Next Meeting:	Tuesday, May 20, 2014 2:00pm

Attendees:

Margaret Brim	Shirley Rainey	Melinda Bertucci	Nova York
Buddy Parham	Misty Jenkins	Darlena Ally	
Charlotte Derrick	Renee Dean	Robert Moore	
Chelsea B. Crittle	Janet Flint	Amy Bishop	
Thelman L. Anderson	Beth Fenech	Ting Zhang	
Mary Smith	Dr. Craig Escude	Trisha Hinson	
Stanley Devine	Hatem Ghafir	Wanda Kennedy	
Donna Dungan	Dorothy Walley	LaDonna Moss	
Wanda Seiler	Lori Walton	David Elkin	
Shirley Long	Cleveland Joseph	Wirt Peterson	
Sandra Walker	Ashley Turnipseed	Rosie J. Coleman	
Marissa Whitehouse	Ashley Lacoste	Lee Jenkins	

Division of Medicaid Staff:

Kristi Plotner	Sandra Bracey-Mack	Bill Moak
James Horton	John Randazzo	
Shelia Funchess	Nicole Litton	
Charles Terry	Patricia Holton	
Gail Townsend	Laureta Cameron	

Welcome by Kristi Plotner with each stakeholder introducing themselves and workgroup affiliation. A special thanks was extended to MCHS for hosting the meeting today.

Agenda Item: Reports from Learning Collaborative Team Leaders

1. **Trisha Hinson - Housing:** Trisha went over handouts on Mississippi's 2013 Olmstead Policy Academy's expanded community living options, housing goals and strategies. (See attached handouts).

2. **Nova York-Conflict - Free Case Management**: Nova stated that she did not have handouts and her report was informal. The group's last meeting was held last year when they put forth concrete recommendations to meet Conflict-Free Case Management standards that would be provided by to CMS. Since that time, there has been very little activity. They also had a conference call with Kristi and CMS representatives. This was not as an entire Conflict-Free Case Management group but specifically to focus on Planning and Development Districts and Case Management that was provided by the Elderly and Disabled Waiver. The group is a very small group. The group did provide Kristi with some information concerning the percentage of client match that received services for other than case management. Coming from that call they are looking for more discussion along those lines dealing with the Elderly and Disabled Program before they can go back to the bigger group to handle the other Conflict-Free Case Management issues that exist across the board. That seems to be what is on the table right now.

3. **Jan Larsen-Transportation:** Jan reported that a plan has been submitted on transportation for the customers of the MAC 2.0 project. The plan is a web based needs assessment assessable to the customers and for anyone applying for the need of their families in the community. The plan also includes a transportation provider inventory so that the organization of the public transportation providers of private companies will be able to identify where the people are and the areas they serve, what they charge, and what they think. The plan will also include a Call Center which will be in place for anyone involved in the MAC program to call when they are ready for transportation services. The mechanisms for actually providing the services once the need is identified and the service request is made and billing has paid for the service. The plan includes a lot of important components to actually start moving people around once they are placed. At this point, they are waiting on some funding decisions on how much of that will be put into place for this project. They are hoping to hear something soon.

4. **Ashley Lacoste -Assessment Instrument Design:** Ashley went over handouts. (See attached handouts). Ashley stated the LTSS workgroup had a conference call on December 20, 2013 regarding the questions for the services and support questionnaire, originally called the pre-screener. This document will be on the MAC website on-line or the person can administer the questions themselves or call one of the participating agencies to assist them with the questionnaire. It has 13 questions on it. The goal was to be person centered. The people in the community are not as person first as the group think they should be. They tried to incorporate the person first to the best of their abilities. LTSS workgroup met with FEI Systems, the contractor, to match the questions to the services needed. If you answer questions in a certain way it would send you to services of the different waiver programs that might be available based on your needs.

   The InterRai-HC version is being reviewed to determine if it will replace the PAS for Elderly and Disabled, Independent Living, SCI/TBI, and Assisted Living Waiver. It may also incorporate questions for PASRR for consistency across programs. LTSS Workgroup met with FEI to determine which answer to which questions will trigger the need for a Level II assessment (InterRai). (See attached handouts)

   Kristi stated that presently, there is not a pre-screener. There is a PAS and that's ultimately what assist people into the facility or on to the waiver. The Services and Support Questionnaire will consist of three parts.

A. Self-assessment - The person can view it on-line. The person or family member representing them will complete the information without identifying themselves. The person can go and look for information before you make the call for the services. It gives the person time to think about it before they move forward with the next step.

B. Level I Screening – A section of questions that give people the idea about where they should go. It keeps the person from being sent to different places. The ultimate goal is to have the person tell their story one time. Level I will help the person to get there.

C. Level II - This section will help determine the level of care. At some point, the Level II will help determine intensity and the level of support needed. You will be able to look at severity (for example to look at Trisha and determine that she may have more severity than Nova.) The goal is to be able to look at these types of things to determine the severity of need of the people on the list. Do not plan on doing anything at this point but we believe the data will play a role in dealing with the waiting list and who falls where on the list. There are plans to do some training with the Planning and Development Districts. Everyone will begin to receive communication on this very soon. There is also a User Acceptance Testing before everything goes live. Everyone can try out the tool to see how they like it. The last PAS was done in 2006 and it's been a while since the algorithm has been revisited. We are excited and feel that the system will be more useful. It will address any issues about the PAS. It includes the Level I that is needed for the Balancing Incentive Program and also what is required for nursing home admission screening. Our language will be more consistent as well. The language will become more balanced between the community and institutional side. The goal is for the system to provide what people need.

5. **Quality Assurance Data- Juliette Reese:** Kristi reported this workgroup has been placed on hold for now. Presently working with the new contractor FEI Systems and more work will be forthcoming to this group.

6. **Kris Jones- Guardianship:** Group has not met and is working off-line.

7. **Lisa Burck- Available Services:** Team has not met and there is no information to report.

8. **Information & Referral Workgroup:** Marissa Whitehouse stated there was not much to report at this time. They are presently recruiting people that would like to join their team. Contact Marissa Whitehouse or the Division of Medicaid if you would like to be added.

9. **Dr. Craig Escude-Community Medical Support Team Presentation:** Dr. Craig Escude gave a presentation on details and progress of project named DETECTS- Developmental Evaluation, Training and Educational Consultative Team of Mississippi. (Please see attached PowerPoint) The program involves encouraging and providing medical consultations in the community. Many people that have developmental disabilities have a lot of very significant medical issues. A lot of those people currently live in congruent residential programs such as Hudspeth Regional Center. The medical care is provided by physicians, nurse practitioners, and nurses who are very used to taking care of patients and understand that realm. The goal is to pull people from congruent settings to the community settings. The concern is who will be providing the medical care? What kind of experience and training they have in taking care of those patients? He was speaking from personal experience. When he was in practice before working at Hudspeth Regional Center, if some of the

patients that he takes care of now would have come into his office, he would not have known where to start, what to do, or what to look for. In medical school he received essentially no training in taking care of patients with disabilities. As of this point, this is still the case. As we move toward the future the patients will move out into the community and their care will be provided in the community, which means primary care physicians, nurse practitioners. All of their services, dental services and therapy services will now be provided by the same physician that they go to currently.

The DETECT program offers education to healthcare providers in the form of CME programs. A website is presently being set up and should be ready very soon. The website will assist with education at DETECTms.com. They will also offer office web page discussions for educating clinical providers. Training opportunities might occur through in-office consultations through travel and consultation teams. For example, a physician in Greenville that specializes in caring for patients that have disabilities will schedule all of his patients on a Monday morning. A group of physicians that need training in this area will travel up to Greenville for onsite experience in this area.

They will have an evaluation in the clinic and MAC 2.0 funds played a role in getting this started. The sustainability piece will survive by billing for services. A lot of the funding and equipment will be one time funding. Marketing material is in process with brochures. This will play a huge role in getting the word out to providers. (See attached handout)

Stanley Devine reported they are trying to provide medication for clients while they are in the home. Telehealth's ability to connect the patient with their provider and pharmacists' ability to connect the patient with their medications, a better network of communications between the patient and all their providers can be accomplished. Collaboration efforts have been made with Mary, Stanley, and Craig. They all met with Kristi Henderson, director of UMMC's Telehealth's program, to discuss collaboration efforts utilizing new technology to monitor adherence in the home. (See attached handout)

Collaborative recently received notice that CMS would fund the project. (See attached handout)

Agenda Item: B2I Update

Bridge to Independence has had a successful start. It has been almost two years since their first transition in March, 2012. To date, we have had a total of 589 referrals and 152 transitions. There are currently 82 active participants. Referrals have come from Nursing Facilities (367), ICF/DDs (216) and other (6).

Outreach activities have included Nursing Home Visitations, with 67 nursing homes visited to date. 131 additional visits are planned. The goal is to reach all 200 nursing homes before the end of June. We are also doing in-service activities for providers and partners, speeches to community groups, and are planning media activities as well. The goal is to increase the quantity and quality of referrals to the program by letting more people know about B2I, and by getting information into the hands of social workers and others who can potentially make referrals.

Agenda Item: Use of Funds

- Kristi reported on the use of funds for the quarter. The main goal for the Balancing Incentive Program funds is to pay for Medicaid match to increase the capacity of the HCBS waivers. They are committed to this goal. The program has spent about 12 million dollars on Medicaid match to increase the capacity of the waivers. The agencies that are providing these waivers can continue to add additional people and look at amendments in order to increase the number of people that can be served. They plan to continue to provide support for this line item. Presently watching the growth at this time to keep an eye on the money and not spend more than we receive.

- Training for the direct care staff for various areas has been provided. The contract with FEI Systems who was present at the meeting today to work on LTSS on our IT piece to help manage all of these changes. It includes the No-Wrong Door , Conflict-Free Case Management, Screening and Assessment, and Electronic Visit Verification. A large portion of the expenditures went toward the contract with FEI Systems. The approval for 1915(i) which is the Home Community Based Services state plan option was approved. The 1915(i) was approved specifically for the population with intellectual disabilities. The Division of Medicaid and the Department of Mental Health is working hard to set up the structures in place to allow this to happen. The commitment is there to get state match to implement this program.

- The consultation for Dr. Escude has also been approved. There is also an agreement with the Department of Mental Health to do several things. One is to look at the rates for the IDD Waiver, and Person Centered Thinking Training.

- Implemented a pilot project with Bridge to Recovery to help people that are in the Mississippi State Hospital and therefore, do not qualify for Bridge to Independence also have similar services which allows the person to transfer back into the community

- There is also an autism pilot project with MS Children Home Services to provide services and data for the Division of Medicaid on the 1915c for that specific population.

- Long Term Care received 4 positions for social workers and nurses to allow for the expansion of the waivers. Needed more staff to process applications on the back end. All of these positions have been filled.

- Agreement with Department of Human Services to operate the MAC Centers for the Division of Medicaid. The funds have been allocated for this.

- The Children's Collaborative has also been approved for funding by CMS.

- At this time there is about five requests pending for approval for those who would like to receive funding through the Balancing Incentive Program. There is funding to do some additional projects but, at this time the concern is funding for the waivers and making sure there is enough funding. The funding is presently being watched to make sure the project stays within the budget. The main reason for holding request is to make sure the Medicaid match stabilizes and not over commit.

- Kristi reported CMS has given a verbal extension from September 30, 2015 to February 2016 to spend funds collected. That is roughly two years from today's date. The goal is to continue to request additional time to spend funds.

- The percentage for Long Term Support Services for non-institutional services and supports was calculated to be 27.44% for the quarter ending December 30, 2013.

Agenda Item: Date of Next Meeting

Meeting is scheduled for Tuesday, May 20, 2014 at 2:00pm at **MS Children's Home Services.** Feel free to contact Kristi Plotner individually for questions at 601-359-6698 or at Kristi.plotner@medicaid.ms.gov.