

Rebalancing Workgroup MFP and BIP
June 2, 2015 Notes
12-2 PM
DHMH, Room L-3

Introductions
In- Person & Phone

In Memoriam- We lost a special member of our staff, Michelle Haile, to a long battle with cancer. She passed at her mother's home on April 20, 2015. She joined the MFP team as a housing specialist in December of 2010 and she was a warm, friendly person to all she worked with. We are grateful for the time we got to spend with her and we will miss her. We'd like to take a moment of silence to recognize her.

BIP Updates

1. MAP Website (www.marylandaccesspoint.info)
 - a. The Maryland Department of Aging (MDoA) is forming a work group to review language, terms, format to make the website more user-friendly. MDoA will also hold consumer focus groups and welcome comments from professionals.
 - b. Next step: Look at the website as a whole, language as a whole. Work group will review website and give feedback about language to make it more consumer friendly. There is a sheet going around to sign up. Those on the phone can email Eram at: eram.abbasi@maryland.gov to participate

2. MAP Sustainability Plan
 - a. The cost allocation plan (CAP) amendment was approved 2 weeks ago for the Medicaid-related work that is performed by the Maryland Access Point (MAP) staff
 - b. Next steps-Upcoming Federal Financial Participation (FFP) Trainings
 - i. Webinar on 6/11
 - ii. 5 In-person trainings
 1. Western-6/15
 2. Southern-6/16
 3. Central-6/17
 4. Eastern Shore-6/18 (two sessions)
 - c. Current plan is to hold at least one quarter of a "dry run" to make sure we have the policies and procedures in place to implement the on-going time study and meet the time frames for compiling and submitting the claim. We will issue time limited grant funding to support staffing costs until the time we switch over to FFP. When we flip the switch, all sites must convert to FFP, we cannot run two different reimbursement methodologies. We cannot have FFP and grant funding at the same time.
 - d. State FY16 will be supported with grant funding while we practice and prepare. Center for Independent Living (CIL) funding will be flat, while MAP grants will

be 2/3 the previous year's level because MAPs will be encouraged to move to FFP.

- e. There will still be agreements between Area Agencies on Aging (AAAs) and CILs. Aging Planning Directives (APDs) and Grant applications will be for the full state fiscal year. MDoA will send out the grant applications shortly
- f. We are the first state to receive approval for community-based options counseling as part of a CAP amendment for FFP.

Q. Will non-Medicaid eligible people still be served by MAP?

A. Yes, not everything that MAPs do will be reimbursed. Administration on Community Living (ACL) funds other activities. All people will still be served regardless of Medicaid eligibility.

- g. DHMH staff in the Office of Health Services (MFP) and the Office of Finance are working closely with MDoA during this process.

3. Level One Screens

- a. See report for current numbers
- b. We are working with Hilltop to determine if there are additional questions that could/should be added to the screen that would better predict the risk of institutionalization.
 - i. Q. Stefani would like to know how many people are positive for BH and BI referral questions.

4. Assessment Update

- a. Stefani O'Dea, Chief of Long Term Care for BHA, convened a work group to review tools to be used with individuals that are applying for the Brain Injury (BI) Waiver
- b. The goal of the work group is to assist with identifying and implementing a core standardized assessment (CSA) tool that will be used by the BI waiver. The assessment will identify service needs for plan of service development, as well as meet BIP requirements.
- c. Additional uses for the tool: track and measure outcomes at pre-enrollment, annually and disenrollment; guide service/treatment plan; focus on behavior, socialization & community integration; meet HCBS requirements related to assessing risk; screen for substance abuse and psychiatric issues
- d. Other considerations-time to implement the tool; qualifications and training of assessors; adding the tool to the tracking system.
- e. The group reviewed several tools the Mayo-Portland Adaptability Inventory looks to be the best fit with program needs
- f. MPAI-4 has been reviewed by work group. Review: free to use with available manual; takes 30 minutes to administer; created by well-respected experts in BI; needs more medical and diagnostic information; may not capture all risks associated with this population; very broad questions related to ADL & IADL

needs that will be included in the plan of service; will need to add supplemental questions that assist in plan development.

- g. Informal pilot completed by WMHC and BI waiver staff. Comments: tool is easy to use; info gathered from multiple sources; good for measuring progress over time; difficult to assess certain areas with individuals with severe cognitive impairment; needs supplemental questions added to determine service needs; recommended that certain questions trigger additional questions that are more detailed for service planning.
- h. Crosswalk completed of MPAI-4: does not meet all BIP requirements. Supplemental questions would need to be added to capture diagnosis, toileting, positioning, transferring, telephone use, injurious behaviors.
- i. Supplemental questions proposed to group, as well as supplemental tools like the Agitated Behavior Scale.
- j. Next steps: review nursing facility Level of Care requirements and crosswalk with MPAI-4

MFP Updates

5. MFP Sustainability Plan and CMS Updates

- a. The plan was submitted on April 30, 2015. So far we have not received any feedback from CMS.
 - i. CMS Plan review will be complete by August 1, 2015
 - ii. States must submit final supplemental budget request by October 1, 2015
- b. Our Project Officer, Nicole Nicholson has taken a new position at CMS and will no longer be working with MFP. She was a great partner we'll miss her. CMS is working to assign us to a new Project Officer.

6. Staff Updates

- a. Rebecca Raggio is our new Housing Director and Quality and Compliance Supervisor, she started on April 15. She had to miss today's meeting to attend another housing-related meeting. Her contact info is rebecca.raggio@maryland.gov and her phone number is 410-767-4948. She will be reaching out to SPAs to come out and meet you and talk about housing related concerns.
- b. We offered the MAP Specialist position to one of the candidates we interviewed and we anticipate that June 10th will be his start date.
- c. The Quality and Compliance Specialists continue to follow up with the SPAs on delays related to nursing facility applicants and they are reviewing REs for MFP participants.
- d. Partner agency staff updates
 - i. MDOD hired a new Program Director that oversees the Voluntary CFC Self-Direction Training, as well as the MFP Nursing Facility Peer Outreach and Supports work, his name is Nathan Bradley, goes by Brad.

- ii. MDOD also hired a new Housing Policy Director, Pat Sylvester. She will report directly to Chief of Staff John Brennan. Pat was the Director of Multifamily Housing at the Department of Housing and Community Development for a number of years and she worked on the various projects the MFP is supporting, such as the HUD Section 811 PRA funding and the Weinberg Partnership.

7. Housing Updates

a. Housing and Urban Development (HUD) Award of Section 811 PRA Demonstration:

- i. In February 2013, Maryland was awarded the Section 811 Project Rental Assistance (PRA) Demonstration Funds. The funds will be used to operate the Section 811 PRA program that will serve 150 individuals with disabilities. The target population for Maryland's Section 811 PRA Demonstration is non-elderly adults with disabilities (between the ages of 18 and under 62) with income at or below 30% area median income who are Medicaid recipients.
- ii. The 150 units will be funded for an initial 5 years and evenly distributed between the Washington, D.C. and Baltimore Metropolitan Statistical Areas. The Washington, DC area consists of Calvert, Charles, Frederick, Montgomery, and Prince George's County. The Baltimore area consists of Baltimore City, Baltimore County, Anne Arundel, Carroll, Harford, Howard, and Queen Anne's Counties. 70% of the units will be 1 bedroom and 30% will be 2 bedrooms.
- iii. 87 of the units have been identified in the following locations:
 - 1. Anne Arundel County (Berger Square- 8 units)-Went to closing May 28, 2015
 - 2. Baltimore County (-11 units)- have some issues to resolve before finalizing
 - 3. Baltimore County (Red Run Station- 11 units)
 - 4. Frederick City (Sinclair Way – 11 units)
 - 5. Harford County (Riverwoods at Tollgate- 13 units)- Closed on Jan. 29, 2015
 - 6. Montgomery County (Woodfield Commons-13 units)
 - 7. Prince George's County (Bladensburg Commons- 15 units)
 - 8. Prince George's County (Brinkley Hill Pointe- 5 units)
- iv. The priority populations are (in the following order): 1. Institutionalized Medicaid Recipients 2. Households at Risk of Institutionalization Due to Current Housing Situation 3. Developmental Disabilities Administration Community Pathways Waiver Participants Moving from Group Homes/Alternative Living Units to independent renting and Mental Hygiene Administration Residential Rehabilitation Program participants moving to independent renting, and 4. Homeless persons who are Medicaid recipients, prioritized in HEARTH ACT definition order (HEARTH ACT of 2009)

- v. The signed Cooperative Agreement between HUD and DHCD was received on October 31, 2014.
- b. 2014 Notice of Funding Availability (NOFA) for Section 811 PRA
 - i. Maryland's application submitted by DHCD, DHMH, and MDOD was awarded \$9.8 million in additional funds to provide 150 more housing units for individuals with disabilities between the ages of 18-62.
 - ii. 75% of the units will be distributed between the Baltimore and Washington, DC metropolitan metro statistical area and 25% will be distributed to Allegany, Caroline, Cecil, Dorchester, Garrett, Kent, St. Mary's, Talbot, Washington, and Worcester Talbot Counties
 - iii. 50% of the units will be 1 bedrooms and 50% will be 2 bedrooms
 - iv. No Cooperative Agreement yet and the HUD Convening has not been rescheduled
- c. MPAH Updates
 - i. Please make sure all supports planners within your agency have a user name and log in for the Social Serve System. If there are supports planner/case manager does not have an account the Social Serve System, they will not be able to place individuals on the Section 811 PRA or Weinberg Registry. Social Serve will also house the MFP Bridge Subsidy in the future. In order to receive a log on and password for Social Serve, please go to <https://www.socialserve.com/Enter/MD>.
 - ii. Tenant Training was held on May 26, 2015 at the Department of Transportation. Additional trainings will be held on:
 - 1. June 16 (English Hall – Cambridge, MD)
 - 2. June 29 (Largo Govt. Building)
 - 3. June 30 (Mental Health Center- Hagerstown, MD).
 - iii. If you need registration information, please contact Christina Bolyard 410.767.3647 at MDOD.
- d. Weinberg Units (income 15 -30% of AMI)
 - i. Participants are occupying 2 units in Dorchester County (Foxtail Crossing II)
 - ii. Participants are occupying 5 units in Montgomery County (Takoma Park)
 - iii. Participants are occupying 3 units in Wicomico County (Rivers Edge)
 - iv. Somerset County (The Reserves at Somerset Commons) will have 2 units available 2016
 - v. Harford County (Winston's Choice) will have 2 units available 2016

8. Transitions

- a. Review comparison graph-We currently have more confirmed transitions at this point than we had total last year over this time period, once the lag enrollment was updated. The average increase over the last three years was 43% so hopefully we will see a similar increase over this time period once all the enrollments are updated.

Comment: AAAs and CILs are receiving many duplicate options counseling referrals

Response: We are aware of the issue and the programming has been updated to fix it. Please report back to us if you continue to receive duplicate options counseling referrals.

9. Peer Mentoring

- a. We met with the Centers for Independent Living to discuss concerns with the service and the lack of referrals. We will present an overview on the service to the Supports Planners in order to highlight the service, answer questions, and show them how to make a referral. We can set up a more in-depth webinar for SPAs to answer policy and tracking system questions.
- b. We hope to gather additional information about the service based on utilization so that we will have enough information to make a decision about whether or not to continue the service once the demo ends.

10. Operational Protocol

- a. I would like your help in guiding the survey ideas, we must keep in mind the program goals
- b. Money Follows the Person Rebalancing Demonstration Goals
 - i. Increase the use of home and community-based, rather than institutional, long-term care services, referred to as rebalancing the system
 - ii. Eliminate barriers or mechanisms, whether in the state law, the State Medicaid plan, the State budget, or other requirements that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice.
 - iii. Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institutional to a community setting.
 - iv. Ensure that procedures are in place to assure the quality of home and community-based services provided to MFP participants and continuously improve the quality of such services.
- c. Program Elements to Consider
 - i. Participant Recruitment and Enrollment
 - ii. Informed Consent and Guardianship
 - iii. Outreach / Marketing / Education
 - iv. Stakeholder Involvement
 - v. Benefits and Services
 - vi. Consumer Supports
 - vii. Self-Direction
 - viii. Quality
 - ix. Housing
- d. Examples of the Potential Projects Listed in the Sustainability Plan:
 - i. Pilot an expedited Community First Choice enrollment process for Medicaid-eligible individuals discharging from hospitals to prevent unnecessary nursing facility stays

- ii. Support and training for direct support staff that provide personal assistance services through Community First Choice and the Medical Assistance Personal Care Program
- iii. Expand quality infrastructure, monitoring, and intervention (enhance risk assessment and mitigation protocol)
- iv. Develop cash and counseling model for Community First Choice and Medical Assistance Personal Care programs
- v. Develop and implement a housing assistance and housing search curriculum for supports planners
- vi. Develop behavioral health supports related to institutional transitions
- e. Comments from group:
 - Sarah- #3, #5 and direct help most important
 - Stefani- #6 most important
 - Training is important
 - Housing support for institutional transition and after- Carole
 - Tina from Carroll County- BH support, suicide threats
 - Assistance with community settings issues- community settings requirement is a federal requirement that cannot be changed
 - #1- Gap for people accessing CFC when 1st in hospital
 - A pharmacy consultation service would be useful
 - Jennifer from MDOD- Ongoing support for self direction is needed
- f. We will send out a survey before the next meeting in order to get additional feedback.

The next meeting is scheduled for August 11, 2015 from 12-2 in room L-3 (2nd Tuesday of the Month)