

MFP STAKEHOLDER GROUP – NOTES

Meeting on October 2, 2006

(NOTE: These are simply notes – not detailed minutes)

INTRODUCTIONS by Lynne Perrin, DMA

Lynne was pleased to announce that Mike Mayer is under contract with DMA to produce the grant application package and have it ready for review to meet the DHHS and the federal timelines.

Both Mike Moseley, Division of Mental Health, DD/SAS and Tara Larson, DMA expressed the support and commitment by the DHHS to proceed with the MFP process.

Val Bradley summarized the hopes for the grant. One of the hallmarks of the grant will be the learning community for us to learn from each other.

- Reliable source of information for getting access to services
- Flexible Financing
- Supports for people transitioning out of institutions
- Re-training a workforce & an adequate supply of DSP
- How to maximize self-direction
- Transition Coordinators – a cadre of people who understand the transition process
- Quality Management – Performance Benchmarks
- Technology to track/understand information regarding individuals coming out of institutions
- Cultural competence
- Inter-agency collaboration
- How do we keep stakeholders involved in the process?

Core element – people –

Question – What parties have been identified?

Misunderstanding regarding populations

Val clarified – there has been no one “left out”

What is the spread?

Val – let’s talk about the population groups

Larry Nason spoke about the target of 300 to transition from nursing facilities over the course of the demonstration period regardless of disability.

Ann Eller talked about ICF-MR/DD – Public/Private and target of 225 individuals with a build up every year.

IL Centers have precedence in this arena –

Statement – be careful about the use of identifying those with capacity and desire – We need to work carefully and know what the screening criteria tool will be? Must be careful to screen people in not out.

Issue of targeting 10% veterans and 2% of spouses. NC has a high percentage of veterans.

Emphasis should be on the process – not numbers! Numbers are our threshold.

Infrastructure is extremely important – varies for different individuals.

Sustainability is the key.

Self-directed services

System must be assessed for quality

Providers properly educated/trained

Sustainable in state statute

Red tape must be stopped – must be able to purchase items and write a check quickly.

Community workforce – excessive screening – sometimes keeps good people out.

Informed consent – true informed consent.

Nursing homes – choice –

Many other resources that Council and other Divisions have to bring forth

Many other activities other than this grant that may be focused on.

This grant is one piece...

Bring in the medical community – they are sometimes the ones who say you “can’t do it”

Innovative people pushing the process – people who care about the individual.

Waiver – will a waiver be re-written?

Mental health –

Only 120 geriatric in psychiatric beds

Working on different grants, different resources, not a lot of Medicaid resources coming in, so we can work on other options

Private ICF-MR/DD – no real way/no legal authority to assess if they want to move...

More success with an ICF when there is a continuum of care – and when there are incentives.