

Going Home Plus (GHP) Stakeholder Meeting

Tuesday, January 22, 2008, 10:00 AM – 12:00 PM
Queen Lili'uokalani Blvd., Conference Rooms 1 & 2

MINUTES

Attendees: Patty Johnson, Waynette Cabral, Mike Flores, Karen Krahn, Patti Bazin, Anne Smith, Sharon Ogawa, Lou Erteschik

Staff: Madi Silverman, Jean Johnson, Christy Nishita

Summary of Discussion:

Tracking Outreach Strategies Grid (compilation of GHP meetings held to date)

- Madi indicated some difficulty creating workgroups
- Instead, GHP staff has been going to existing groups
- Purpose of most meetings were to provide intro to GHP project and get feedback
- Future mtgs will be more focused on getting input on the OP

Upcoming meetings:

- Will be forming additional workgroups: Transition Coordination, continuity of care, recruitment and enrollment, benefits and services
- RACC waiver program- looking at expanding provider capacity and developing specialty homes.
 - o Next step: meet w/ the 2 care home associations' membership

Comments on putting Outreach Strategies Grid on the website

- Patty Johnson- if on web, may be subject to debate and questions
- Alternative- put first few columns on the web

GHP website

- Patti Bazin- there can be a link from Med-Quest website to the GHP's website
- Madi stated that website will be used to post the Operational Protocol (OP)
- Sharon Ogawa- comment on purpose of the GHP project on the home page, brochure, and FAQ- be careful on the wording
 - o Gives impression that GHP is only for medically complex patients
 - o Concerned b/c will be getting housing services, but medical care and other needed comprehensive services not listed
 - o Uncomfortable about the "risk" of transitioning medically fragile persons
 - o FAQ- put specifically 6 mos to 2yrs instead of a long time.
- Madi- Agreed. Need to emphasize in materials that project has a very wide focus

Case Studies for Operational Protocol

- 3 case studies: person w/ developmental disability (DD), medical complex and obese person, quadriplegic w/ medical complexities
- Request for other recommendations?- esp issues w/ an elderly person, DD
- Sharon Ogawa recommended person at Queens- 400 day stay
- Will send case studies to Stakeholder Group by email for comment

Committee meeting on benchmarks

- GHP staff would like assistance in developing benchmarks
- Scheduled a meeting w/ stakeholders and other invited members on Fri Feb 8th, 12-1 pm- at LB Conference Rm
- Madi will send out email on proposed benchmarks

Participant Recruitment and Enrollment

- Use existing tools as much as possible- from HI and other states
- Identifying candidates:
 - o 1. 1147- Level of care tool for nursing home placement
 - Data elements available- Activities of Daily Living, Diseases, age, length of stay in community
 - Point system-Range 0 to 30 points
 - Score of 1-10- can ambulate and eat by self
 - Caution b/c 10 could be Alzheimer's, cancer, and hospice
 - Patti Bazin mentioned that when she was a NH administrator, her cut off was 15. Anyone w/ less than 15- felt should be in community
 - Look at score of 11-15 as a second tier
 - Sharon Ogawa suggested that at next Hawaii Long-term Care Association meeting, GHP staff should ask NHs to help identify persons
 - Want to make sure that GHP has the support of the nursing homes
 - o 2. Minimum Dataset (MDS) completed by nursing homes, submitted electronically
 - Look at question #Q1a on preference to leave the nursing home

Issues w/ Developmental Disabilities population

- Most in population have stayed in ICF-MR for more than 2 years
- Don't know if this pop will qualify for GHP
- Madi encouraged stakeholders and Dept. of Health to think about how to help this population
- MDS has question about mental retardation
 - o MDS identified 141 persons in NH who have a diagnosis of mental retardation
 - o Try to identify these persons and work with them
- Waynette Cabral- mentioned potential need to get a waiver from CMS to serve DD pop

Transition Coordination

- Sharon asked: how will transition coordinators work w/ managed care plans?
- Operational protocol to be written w/ 2 scenarios (current fee for service and managed care)
- GHP planning will require coordination and continuity of care w/ managed care plans
- Identified that moving transition coordination services to managed care plans could be a benchmark
- Sharon recommended that transition coordinator speak w/ family first and then see resident because going home may not be feasible for family

Informed Consent Form

- Jean Johnson mentioned difficulty in getting the form down to the 8th grade level
 - o Also- Hawaii is a multilingual state- adds to difficulty of writing consent form

- Lou- make sure potential participant knows risk of not receiving services in community b/c of problems w/ providers
- Patty Johnson- If add a clause, raises grade level. It is difficult to do, but really helps to make forms understandable.
- Karen Krahn- put positive spin in IC: emphasize move to a home-like setting rather than to get away from a facility.

Outreach and Education

- Poster would go in the facility, brochure would go to each resident
- Madi's comments on brochure
 - o Rephrase statement on "medically complex"
 - o Need to edit so less words on a page
 - o Bullets rather than paragraphs
 - o Look at person: I/ you
 - o Use term "community living"
 - o Balance- don't want to promise too much
 - o Change contact info to another DHS number
 - o Write DRAFT on the brochure
- Patti Bazin recommended that we go to resident council meetings at NHs and hand out pamphlets
- Patty Johnson recommended
 - o Going to RACC and NHWW CMs and ask for an elderly woman who recently transitioned. Then take picture of resident and CM for the brochure.
 - o An article in Hawaii Medical Journal from 1 year ago- article by Leolinda Parlin on what the consumers want to see (re: marketing and outreach)
- Patty Johnson mentioned- If DHS logo is on the brochure- need to go thru several drafts and get approval from department.
- Madi mentioned that GHP must get approval from CMS before distributing brochure

Review of Benefits and Services/Waiver Services Grid

- Moving assistance and home maintenance- important for our target pop
 - o Two services may not be in DD/MR waiver package- would need to add
 - o Do we need these two services in RACC program?
- Patti Bazin recommended that since moving to QExA, don't try to modify the waiver
 - o Make moving and home maintenance a demo/one-time transitional cost
 - o These two services will be in QExA
- RACC and Medically Fragile waiver program- issues w/ transition coordinator position
 - o Transition to RACC will be quick- need a TC?
 - o Medically Fragile waiver- already have a TC
- Patti Bazin recommended that since this is a demo- should use TC across the waiver programs to facilitate tracking, streamline process
- Madi mentioned that TC will only get paid if person transitions
 - o Lou had a question on whether there would be a motivation to push person out of facility
 - o Patty Johnson said that it will backfire b/c the care manager will have to be available 24/7 once person is in the community
- Madi identified other potential services
 - o Electric payment for O2 clients

- Financial management to help clients pay bills (in indiv home)
- Patty- question about how far we are willing to go to modify the RACCP home?
 - E.g. NHs are responsible to make sure facility is ADA compliant
- May need to pay an extra month's rent in case the person spent all their money to make the placement successful.
- Temporary medications issues
 - Patti volunteered that the medication is charged to the patient on a monthly basis and the client should be able to take the medication with them.
 - Madi mentioned that there are some medications available in the facility but not in the community (Madi will check on.) Lou mentioned there had been a court case on the issue and the court ruled that it violated Olmstead.
 - Mike mentioned that the security deposit is the largest issue with moving into public housing. Mike said that the housing agency will make the facilities accessible, unless it is unusual or presents an unusual financial burden.
- Patty mentioned that within the first month there should be some built-in crisis mechanism for something unusual to help stabilize services to make them successful.

Virtual Care Team:

- Need criteria to identify the clients?
- Used for basic home care, monitoring bloods and sugars, possibly psych consults.
- Value of in-home visualization capability.

Transition Coordinator job description

- Developing a comprehensive, exhaustive list of responsibilities
 - Questions for the group:
 - Do the TC responsibilities stop once the person enters the community? We want to ensure continuity of care.
 - Do we want a transition team instead of a single individual

Quality and Self-Direction

- Plan to use existing waiver sections on this- Drafts will be distributed to committee

Training questionnaire

- Request for suggestions to improve and revise

Housing

- Mike F. mentioned need a profile of clients- how many need housing w/ rental assistance
 - Will influence our action and next steps
- Big challenge- availability of housing w/ rental assistance
 - Section 8 and public housing
 - Problem- that there are priorities and currently homelessness is on the top
- Mentioned a meeting w/ Senate Appropriations Committee
 - Fair share formula- does not favor HI because of small population
 - Funding for 25 new units for elderly, 10 units for disability per year
 - Developers look at this funding and there are no economies of scale to build housing for these pops

- Mentioned a recent mtg w/ Jelani Madaraka from Fair Housing
 - o Discussion on how to be more proactive with private property owners
 - Overly cautious to rent to persons w/ disabilities
 - Concern over liability
 - Potential discrimination?
 - o Need to make owners aware of this project
 - o Madi may participate in future meetings

- Challenge will be to get housing close to services
 - o More Section 8 availability in more rural parts of the island
 - o But- difficult to deliver services

- Madi- Consider creating a housing coordinator position as a benchmark?
 - o Other states are developing this housing coordinator positions as part of their project

Follow-up Plans:

- Mail packets to Stakeholder members not present
- Set up next Stakeholder Group meeting for March
- Benchmark meeting
- Revise language in brochure, website intro
- Revise language on Informed Consent Form (tone and grade level)
- Send out drafts for comment: training questionnaire, quality and self-direction sections, benchmarks, and case studies, transition coordinator job duties
- Madi to check on whether some medications are available in the facility but not in the community