DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 00-00-00
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Division of Community Systems Transformation

June 4, 2015

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Deputy Secretary for Medicaid
NC Dept. of Health and Human Services
Division of Medical Assistance
1985 Umstead Drive, Kirby Building
Raleigh, NC 27603

Subject: Money Follows the Person (MFP) Sustainability Plan

Dear Dr. Cummings:

I am pleased to inform you that your Money Follows the Person (MFP) Sustainability Plan has been accepted. Please proceed with formulating the 2016 final supplemental budget request to include this plan. An accepted copy of the plan is included with this letter.

Please note that official approval of the plan and budget through September 30, 2020 will be issued by the CMS Office of Acquisition and Grants Management pending review of the final supplemental budget request to be submitted on October 1, 2015.

Thank you for your dedicated efforts in implementing this Demonstration Program. We remain steadfast in our commitment to provide you with the technical assistance and support to accomplish the goals and objectives of the grant. If you have any questions, please do not hesitate to contact your CMS project officer.

Sincerely,

Michael R. Smith,
Acting Director,
Division of Community Systems Transformation

Enclosure

cc: Trish Farnham, MFP Project Director
Nicole Nicholson, CMS Project Officer
Geoffrey Ntosi, CMS Grants Management Specialist
Ernest McKenney, Technical Assistance

North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Deputy Secretary for Medicaid

April 29, 2015

Nicole Nicholson, MFP Project Officer
Centers for Medicare and Medicaid Services
CMCS/DEHP/DCST
7500 Security Boulevard, S2-14-26
Baltimore, MD 21244

Dear Ms. Nicholson,

North Carolina has long supported its Money Follows the Person Demonstration Project ("NC MFP") and remains committed to the Project's goals. As the attached Sustainability Plan indicates, the Division of Medical Assistance has already taken steps to ensure the long-term sustainability of our transition efforts and to facilitating continued access to community-based options for long-term care beneficiaries.

In addition to being a key mechanism in North Carolina for assisting qualified individuals to transition, NC MFP has served as a catalyst and instrument in broader systems change efforts related to transition planning and strengthening community-based options. While North Carolina will continue to utilize NC MFP to actively facilitate transitions through 2018, the Division of Medical Assistance will also be more heavily relying on NC MFP to manage various activities and initiatives that will help strengthen our state's transition competencies and our capacity for quality home and community based services.

We remain committed, long-term partners in the Money Follows the Person Demonstration Project and are pleased to submit our Sustainability Plan.

Sincerely,

Robin Gary Cummings, M.D.

A public initiative and a community effort:

The *North Carolina Money Follows the Person Demonstration Project's*

Sustainability Plan

nc department
of health and
human services

SECTION 1: Executive Summary

Where We Are

Since beginning transitions in 2009, the North Carolina Money Follows the Person Demonstration Project ("NC MFP" or "the Project") has grown into a valued and respected initiative that is recognized within North Carolina ("NC") as a vehicle for supporting and shaping the State's direction related to long-term care. NC MFP has functioned as a catalyst bringing together stakeholders across disciplines and the life stand of human services.

A Commitment to Transitions

This sustainability plan outlines NC's intention to maintain the intent and the core functions of the MFP program for both the remainder of the grant period and after the grant ends in 2020. Primarily, this commitment encompasses four key decisions:

1. MFP will assist individuals to transition through 2018.
2. NC DHHS will integrate a number of MFP's current demonstration services into its home and community-based waiver programs.
3. NC DHHS recognizes the importance of both the transition coordination and Local Contact Agency function, however, have concluded the specific funding and operational structures related to these two functions may need to be revised in light of NC's pending direction under Medicaid Reform.

The functions of MFP staff have been recognized as important in the state's effort related to transition practices and managing "quick start" projects related to LTSS.

Strengthening Our Capacities

NC MFP has always viewed itself as a "public project and a community effort" with stakeholder engagement playing a critical role in determining its design and direction. NC MFP and its stakeholders have identified the following priorities which will guide the work and resources deployed for the next five years. These prioritize the needs of *all* transitioning individuals, not just MFP participants and will guide the direction of MFP Rebalancing Funds:

1. Elevate Transition Related Competencies;
2. Support and Facilitate Access to Quality Housing;
3. Support Family Caregivers;
4. Support Individual in Community Life;
5. Facilitate Collaboration Among Agencies;
6. Support Coordinated, Integrated Access to Behavioral and Medical Supports;
7. Growth of Provider Capacity to Provide Community-Based Options.

Expanding Our Initiatives:

Related to Transition Activities: NC MFP will continue transitioning individuals in 2018 and have updated NC's transition benchmarks to reflect this decision.

Related to Rebalancing Funds: NC MFP anticipates most of its expansion activities will center on launching a number of Rebalancing Fund activities.

Related to Other Systems Change Initiatives: With the onset of Medicaid Reform, the NC Medicaid program anticipates changes to its payment and service delivery models. To support the State's efforts to ensure adequate preparation for changes within the Long Term Services and Supports ("LTSS") community, NC MFP proposes using a portion of future MFP administrative dollars to fund technical assistance opportunities for Department staff; LTSS providers and other relevant stakeholders consistent with MFP's objectives and Olmstead principles. The funding specifics of this request will be refined prior to 2019 budget submission and will not exceed amounts summarized in this Sustainability Plan.

SECTION 2: Stakeholder Involvement

a. Process:

i. The MFP Roundtable has long served as the Project's stakeholder group and resource. Over 700 individuals representing a cross section of the disability and stakeholder community receive invitations to participate in every MFP event, including our year-end Roundtable meeting in November, 2014 and our February, 2015 Roundtable meeting that focused exclusively on sustainability planning. Despite the priorities being driven by the identified needs of MFP participants, ensuring in-person participation of former and current MFP participants at Roundtable events remains challenging. MFP has recently revised its transition coordination contracts to create more flexibility in its stakeholder reimbursement process to better meet the needs of these stakeholders.

ii. Stakeholders' Role(s):

a) The MFP Roundtable has always helped shape NC MFP's direction and priorities, both generating priorities directly and refining proposed priorities identified by other committees or by the DMA leadership team. Specifically,

i) NC MFP held two Roundtable meetings that highlighted or focused exclusively sustainability planning:

(1) November 14, 2014 (as part of our November Year End Meeting),

(2) February 13, 2015 (MFP Sustainability Planning was exclusive focus).

ii) February, 2015 Roundtable Attendees have had the opportunity to review and provide input on this Plan.

iii) NC MFP issued its second MFP Rebalancing Fund Survey in summer, 2015 to the entire MFP Roundtable network. This survey is used to prioritize Rebalancing Funds and asked two questions. The top five responses to each question are listed below. The full survey results are included in Appendix A.

(1) "What are the top five factors that keep people out of facilities and able to live in the community?"

(a) Safe, Affordable, Accessible Home;

(b) Support to Family Caregivers;

(c) Community Network of Friends and Family;

(d) Reliable, Accessible Community-Based Transportation;

(e) Strong Behavioral Health Supports.

(2) "What are the top five factors that help someone leave a facility and live in the community?"

(a) Safe, Affordable, Accessible home;

(b) Community Network of Friends of Family;

(c) Strong Behavioral Health Supports;

(d) Support to Family Caregivers;

(e) Access to Quality Health Care.

(3) NC MFP has integrated these priority responses into its Rebalancing Fund allocation.

iv) The Roundtable and Individual stakeholder committees help shape many of the specific activities outlined in this Plan. Appendix B identifies which workgroup either directly identified or assisted in the shaping of current and future proposed Rebalancing Fund priorities. Additionally, the February, 2015 Roundtable provided observations about many of the specific tasks the Project should prioritize over the next several years (See Appendix C for these recommendations).

v) There is no known dissent to the identified priorities, however stakeholders often have various perspectives about *how* to best accomplish and address priorities. NC MFP appreciates the different perspectives and works to integrate ideas to achieve better outcomes for each initiative. However, because the ultimate responsibility for the Project management rests with DMA, DMA staff synthesize differing approaches and make the final decision, informed by these differing perspectives.

b. Summary of Recent Stakeholder Contribution Opportunities

a. Rebalancing Fund Survey Responses: 103

b. Summary of MFP Roundtable Attendance for November, 2014 and February, 2015 Meetings

Stakeholder Group	Year End Roundtable November, 2014 (Raleigh)	Roundtable February, 2015 (Greenville)	Unduplicated Counts	Additional Notes
People with Disabilities	While several attendees represented in other categories also identify as having a disability, no MFP participants were present.			MFP has recently revised transition coordination contracts to better address the reimbursement challenges that chronically limit MFP participant's ability to attend Roundtable meetings.
Family Members	4	2	5	
Transition Partners	21	15	29	This group includes Transition Coordinators; Care Coordinators; Local Contact Agencies Counselors; Area Agencies on Aging and Centers for Independent Living. Transition Coordinators within transitioning populations also meet monthly to identify and address issues and opportunities.
Medical Community	1	0	1	
Facility Community	1	1	2	
HCBS Provider Community	3	0	3	
State Partner Staff and Department Executive Team	16	2	17	Sustainability Planning is a standing agenda item during monthly contract maintenance discussions MFP holds with both its DAAS and DVR-IL partners. Further, MFP convenes quarterly meetings with both its aging and disability Medicaid waiver colleagues and its colleagues who manage the Medicaid waiver for people with Intellectual and Developmental Disabilities ("I/DD").
Rebalancing Fund Grantees	5	0	5	
MFP admin staff	6	5	6	
Other	3	2	4	
TOTALS	60	27	72	

SECTION 3:
State's Plan for Continuing to Support People Transitioning Out of Institutions

a. The State **will** continue to actively support persons moving out of institutions after MFP concludes.

b. **Overview of continued activities:** NC has already taken steps to sustain transition activities and priorities within its HCBS waivers and is also examining how to best operationalize critical functions of transition coordination and options counseling. In addition to NC's ongoing commitments related to transitioning non MFP participants related to the Transitions to Community Living Initiative and under the DVR-IL transition priority, NC DMA commits to pursuing the following waiver/Medicaid program revisions.

CURRENT MFP POPULATION	TARGETED INSTITUTIONS	ONGOING SERVICE SUPPORT
Older Adults	Nursing Facilities	CAP DA waiver transition priority
People with Physical Disabilities	Nursing Facilities	CAP DA waiver; DVR IL supplemental support transition priority
People with Intellectual/Developmental Disabilities (I/DD)	State Developmental Centers; Intermediate Care Facilities for I/DD; Psychiatric Residential Treatment Facilities (dual diagnosis); State Psychiatric Hospitals (age appropriate and dual diagnosis)	The Innovations waiver (NC's waiver for people with I/DD) has reserved de-institutionalization ("D/I") slots.

c. *Section not applicable for NC.*

d. **Sustaining MFP Activity,** Please see Sections 4, 5, and 6

e. **Estimate of funding needed.** The full estimated budget for our Program is outlined in Section 8. Below are the anticipated costs specific to managing the financial and data reporting elements of our program.

	(1) CY 2016	(2) CY 2017	(3) CY 2018	(4) CY 2019	(5) CY 2020	(6) Total
Total MFP Staff	$326,463	$331,588	$336,725	$341,873	$347,032	$1,403,614
CSC/Data IT maintenance	139,057.76	139,057.76	139,057.76	139,057.76	139,057.76	$695,289
QOL	$40,700	$40,700	$40,700	$40,700	$40,700	$203,500
Total	$506,220	$511,346	$516,483	$521,631	$526,790	$2,302,402

Section 4:

Demonstration Services and Service Funded by MFP Administrative Fund

Demonstration Service	Description	Applicable Population/Waiver	Will Retain?	Approach for Retaining	Anticipated Timelines
Transition Year Stability Resources	Startup funds for rent deposits and household items	Aging and Disability waiver (CAP DA); Innovations waiver	Yes	-CAP DA budget limit for Transition Services will be increased to $3,000.00. -Innovations: no change.	To be integrated with CAP DA waiver renewal, slated to be in effect in 2020.
Pre-Transition Staffing and Clinical Capacity Building (SCCB)	Funds pre-transition community staff training and clinical evaluations not otherwise funded prior to waiver enrollment.	Individuals with Intellectual/Developmental Disabilities Innovations Waiver	Yes	The state intends on incorporating this demonstration service either into its Community Transitions service definition under its 1915c Innovations waiver or will develop an (b) (3) option to enable MCOs to develop and fund this service as needed.	Timelines to be finalized with confirmation of direction from CMS. Anticipated timeline for 1915 (c) waiver: by January, 2016; 1915 (b) (3) option by Spring, 2016.
Transition Coordination	Coordinates transition activities including housing access, service access, etc.	Aging and Disability populations	Yes, but likely with modifications based on Evaluation	Transition Coordination functions have been recognized as important and in many ways distinct from case management. However, to more fully assess how transition coordination function should be sustained, NC will contract for an evaluation of both the transition coordination and LCA functions before concluding sustainability.	

Demonstration Service	Description	Applicable Population/Waiver	Will Retain?	Approach for Retaining	Anticipated Timelines
Pre-Transition Case Management	Provides additional case management hours to accommodate additional time required to perform assessment of institutionalized individual.	Older Adult/Physical Disability	Yes	Aging and Disability waiver allowable assessment hours will be increased in future waiver to accommodate additional time needed.	August, 2015
Over and Above" Home Modification/Adaptive Equipment funds.	DVR/MFP Funded funding pool to support exceptional home modification needs.	Physical Disability	To be determined based on level of utilization during duration of Project. Decision to be finalized by 2017.	"Over and Above" demonstration service anticipated to be sustained but will be would be contingent on funding availability by DVR.	Final decision to be made by 2017.

SECTION 5: Administrative Staff Positions

To effectuate its mission, MFP formally partners with two sister agencies: 1) The Division of Vocational Rehabilitation's Independent Living Program ("DVR-IL") and 2) The Division of Aging and Adult Services ("DAAS").

	MFP Project Director
Job Description	MFP Project Director's Responsibilities: ▪ Developing and managing transition support structures and practices for MFP participants; ▪ MFP budget management and grant oversight; ▪ Contract management between MFP and affiliated agencies and/or community partners; ▪ Strategic thinking related to Rebalancing Fund initiatives and state partnerships; ▪ Oversight and management of MFP informational systems design in NC's MMIS and eligibility systems; ▪ Outreach and training related to MFP and transition practices; ▪ Ad Hoc: supporting/coordinating identified DHHS initiatives related to Olmstead activities including: temporary project management of DOJ Settlement trainings; LTSS coordinator for Medicaid Reform initiative, DMA staff point of contact for federal 811 Housing Grant and No Wrong Door Planning Grant; temporary project management related to PACE program.
Number of FTE	1
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure these functions are sustained after the Project ends. Additional funding is contingent on availability of resources.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

	MFP Assistant Director
Job Description	The primary functions of the MFP Assistant Director include: 1. Coordinating the transitions of MFP participants out of qualified facilities and into their homes and communities, with an emphasis on supporting waiver agencies to develop and expand their transition capacities and competencies; 2. In collaboration with the Project Director, applicable state and community partners, help design transition coordination efforts in a way that can be sustained beyond the grant period; 3. Serve as a "bridge" between case management entities and transition coordinators; This would include a special focus on facilitating the transition of facility and institution residents with the potential and desire to community independent living. This position develops and implements protocols for transition as well as identifies and collaborates with appropriate statewide community partners and programs. This position involves high-visibility activities, including presentations to various professional groups and frequent interactions with health care industry officials.
Number of FTE	1
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure these functions are sustained after the Project ends. Additional funding is contingent on availability of resources.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

MFP Budget and Contracts Coordinator	
Job Description	Primary Functions include: 1. Serve as the Project's liaison to the financial and contracting units within DMA and DHHS. 2. Coordinate with relevant financial staff and contractors to complete and submit accurate quarterly financial reports, the Project's annual budget and other Project expenditure data as needed. 3. In conjunction with the MFP Project Director and other relevant partners, coordinate the Project's grant and contract development efforts. 4. Implement tracking mechanisms and manage contract deliverable compliance of MFP contractors and grantees. 5. Coordinate and facilitate the MFP Rebalancing Fund Steering Committee and work to implement the Committee's recommendations. 6. Assist the Project Director in development/revision of MFP administrative and financial policies that govern its resources allocation and administrative structure, including the MFP Operational Protocols.
Number of FTE	1
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure these functions are sustained after the Project ends. Additional funding is contingent on availability of resources.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

	MFP Project Assistant
Job Description	The MFP Program Assistant provides programmatic and administrative support to MFP Project Staff, with specific emphasis on assisting the Assistant Director and Project Director in supporting the Project's statewide network of transition coordinators and other activities related to the transition process. In addition to providing support to the Project's transition activities, this position is also responsible for providing administrative support to the Project related to meeting preparation, outreach and other administrative functions.
Number of FTE	1
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure these functions are sustained after the Project ends. Specific funding is contingent on availability.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

	MFP Applications Coordinator
Job Description	This position is responsible for the intake, review and processing of every MFP application that the Project receives. The Applications Coordinator must be proficient in MFP eligibility requirements and in effectively navigating the NC Medicaid Eligibility Information Systems (NC FAST). Applications are processed on timelines that ensure the Project remains responsive to applicants.
Number of FTE	1
State's Decision to Retain	This position is staffed by an individual with "temporary staff" designation and is a position specific to MFP. Decision to retain specific staff a future role will be separated from decision to retain position.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project.

	DVR-IL MFP Transitions Coordinator (Funded at EFMAP through Admin Funding)
Job Description	The Transition Coordinator's purpose is to lead a participant and the transition planning team (consisting of IL staff, local CAP/DA agencies, nursing facility staff, the client and their family) through the transition planning process and ensure the participant has the supports in place to live successfully in his or he community once s/he has transitioned. The Transition Coordinator's tasks varies from transition to transition. The Transition Coordinator is not expected to perform all required elements of the transition but rather assign elements to the appropriate member of the transition planning team and ensure all functions are performed in an efficient, person-centered manner. While a number of entities are directly involved in the transition process, the Transition Coordinator is ultimately responsible for the quality of the transition and for the specific tasks related to the MFP Transition Process.
Number of FTE	4
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure the core functions of this position are incorporated into the existing organizational infrastructure after the Project ends. Additional funding is contingent on resource availability.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

	DVR-IL Housing & Transitions Specialist
Job Description	Position is housed in sister agency, Division of Vocational Rehabilitation's Independent Living Program. This position supervises MFP's transition coordinator staff and contractors who facilitate the transitions of MFP participants who have physical disabilities. This position also serves as a "bridge" between the Transition Coordinators and the Department's housing staff. Position also identifies opportunities for streamlining and improving DVR-IL policies and practices that impede transition work.
Number of FTE	1
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure the core functions of this position are incorporated into the existing organizational infrastructure after the Project ends. Additional funding is contingent on availability.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

	DVR-IL Program Assistant
Job Description	Assist the Housing and Transition Specialist with the day-to-day operations of the Money Follows the Person project and Priority 1 IL Clients such as: 1. Receive applications from DMA and begin a file for each new client; assist the Housing and Transition Specialist in the transition coordination process by requesting medical, disability and financial information from the facility in order for an IL Counselor to determine eligibility. Upon receipt of information, Assistant will fax the referral and supporting documentation to the assigned IL Counselor, MFP transition coordinator, and others as needed. 2. Track each case and its progress in a shared database or white board and ensure that all documentation is on file and federal and state project compliance has been met. Examples include approved applications, purchase authorizations, client transition planning document (2 versions), quality of life surveys, withdrawal from program, MFP funds accessed, etc. 3. Submit the Transition Year Start-Up Funds Request forms (for each purchase for each client) for Program Specialist approval and then submit to the MFP office for final approval. Ensure that all requests for approvals are accompanied by appropriate documentation such as valid receipts, vendor quotes and bill. Follow-up maintenance will be required to make sure all purchase documentation is in place and that the budget is reconciled. 4. Develop a database of all referrals in order to monitor each case as well as for the preparation of reports as requested. Examples include number of referrals per region, active transitions per region/per coordinator, clients by disability, etc. 5. Assist the Program Specialist with the editing, formatting, and development of spreadsheets, forms, and other documents as requested. 6. Record minutes on behalf of the Program Specialist at the monthly Disability Housing Collaborative meetings. Prepare minutes and disseminate to members of the group. Monitor collaborative activity. 7. Provide logistical support to the Program Specialist in the coordination of meetings and events.
Number of FTE	1
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure the core functions of this position are incorporated into the existing organizational infrastructure after the project ends. Additional funding is contingent on availability.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

1 FTE in NC's Housing Coordinator Network	
Job Description	**Purpose of Regional Housing Coordinators:** 1. To serve as the "expert in affordable, accessible housing resources" in his/her catchment area and serve as both a resource and a "bridge builder" between the private landlord community and the network of service provider organizations that provide supports to individuals requiring housing. 2. To serve as a resource to local service providers, including transition coordinators, in accessing the housing-related tools and resources needed to successfully support a person to access appropriate housing. This includes providing information about how housing subsidies work; how to access information about housing resources available and how to support individuals in applying for and securing appropriate housing. 3. To streamline access to housing for individuals, with attention to those issues specific to transitioning individuals. DAAS Housing Coordinators shall by manage and synchronize all relevant housing waiting lists and assist transition coordinators in identifying possible housing options for an individual when units become available. 4. To expand the participation of local community landlords in the various housing subsidy programs, so as to increase the overall availability of affordable, accessible housing in an area. 5. To strengthen the knowledge base and sensitivity of local landlords about reasonable accommodations and other disability-related tenancy topics.
Number of FTE	1 (out of 9)
State's Decision to Retain	The functions of this position have demonstrated to be important components of NC's transition practices. The State's intent is to ensure the core functions of this position are incorporated into the existing organizational infrastructure after the project ends. Additional funding is contingent on availability of resources.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

	State LCA Coordinator
Job Description	Primary Functions Include: • Provide day-to-day planning, coordination, and management of the federal Local Contact Agency initiative. • Support the development and expansion of the Options Counseling required function. • Represent the Division's interests in the Departments long-term services and support reform strategies.
Number of FTE	1
State's Decision to Retain	The State shall be evaluating this function before reaching a conclusion on future design. Additional funding is contingent on availability.
Timeline for Converting	Position will remain funded by MFP administrative costs for the duration of the Project unless funding is allocated before Project's end date.

SECTION 6: State's Plan for Utilizing Rebalancing Funds

a. **Use of Rebalancing Funds Prior to December, 2014:** NC MFP has used its funds to date to support its Family Peer Support Pilot in partnership with the NC Division of Aging and Adult Services' Lifespan Respite Program.

b. **Planned Future Use of Rebalancing Funds:**

i. **Existing Projects:**

a. SUPPORTING FAMILY CAREGIVERS: MFP is currently in the process of developing its second initiative in partnership with the Department's Family Lifespan Respite initiative: Through its collaboration with NC Lifespan Respite Grant staff and stakeholders, MFP will use Rebalancing Funds to initiate a project that will identify and address the needs of family caregivers during and after individual transitions. *"Families in Transition Support Project"* staff will use person-centered planning tools to assess what is "important for" and "important to" family caregivers; offer ongoing certified options counseling; and, assist the family in accessing both formal and informal services, such as support groups, education and respite care. An evaluation will be designed and administered throughout the life of the project so that MFP and its collaborating partners will better understand effective approaches to supporting families in transition with the goal of reducing recidivism that is related to caregiver stress.

i. Timeline: Launched October, 2015; Assessment/Surveying Begins January, 2016; Activities End March 30, 2017.

b. ELEVATING TRANSITION CAPACITY: NC Community Transitions Institute

i. Pilot initiative to test and evaluate a summer-long Institute for professionals engaged in the transition process. Events include:

1. 2 Day Transitions Symposium;
2. 3 Day Person Centered Approaches and Applications Session;
3. Opportunity to evaluate the Department's Learning Management System Modules Related to Transition Activities;
4. Participation with other Institute members in Virtual Learning Community.

ii. Timeline: Pilot is slated to begin May 21, 2015; evaluation completed by April, 2016. Rebalancing Funds Project a second Institute will occur and has reduced Fund contribution to 50% to ensure sustained funding structure.

iii. See attached overview of the *Institute* in Appendix D.

c. SUPPORTING ACCESS TO COMMUNITY LIFE: Housing Crosswalk

i. Evaluate current Medicaid policies and examine how to effectively align Medicaid service definitions to better support housing outcomes.

ii. To be re-initiated July, 2015. Evaluation to be completed by July, 2016.

ii. **New Projects:**

a. EVALUATING TRANSITION CAPACITY: Evaluation of Transition Coordination and Local Contact Agency Functions[1]

[1] While NC will be sponsoring an evaluation of the LCA function, it does impact NC's federal obligation to provide this service in some form.

i. Fund an evaluation of transition coordination and LCA functions to ensure appropriate rate methodology and function assignment.
ii. Timeline: Evaluation completed by December 31, 2015.

b. ELEVATING TRANSITION CAPACITY: Piloting Regional Transition Coordination/Case Management Function
   i. The Need: Currently, MFP funds full time transition coordinators (via contract) and provides only a supplemental payment to waiver case managers who may choose to provide transition services. Efforts to date have revealed the following dynamics:
      1. Case managers are currently unable to perform comprehensive transition activities (i.e. securing housing, etc.) for high need MFP participants.
      2. "De-linking" the transition coordination function and the case management function produces avoidable "coordination lag" which both complicates and prolongs the transition process.
      3. Neither function currently is established in a way to truly meet the needs of hospital-based transitions.
      4. Other MFP activities with the Behavioral Health MCO staffers have indicated that having the case management function and the transition coordination function housed within the same entity better ensures coordinated, responsive transition planning.
   ii. The Activity: NC DMA will be establishing at least two pilot sites with existing CAP DA case management entities who have *also* demonstrated leadership and initiative in MFP transition coordination activities to operationalize the following concepts:
      1. Develop joint case management and transition coordination capacity within the same entity;
      2. Eliminate "assessment lag." Waiver assessments can take up to 90 days to complete, which results in a person's housing and discharge options being compromised;
      3. Assume a regional scope. Currently CAP DA lead agencies are county-based, which creates "boundary lag" when multiple case management agencies must coordinate to accommodate a person's living needs, preferences and county housing availability;
      4. Increase responsiveness for hospital discharge planning process. To evaluate how to best design both the transition coordination and case management functions to better meet the needs of the hospital discharge planning process, we are anticipating housing one test region in a hospital-sponsored waiver team and a second in a community-based waiver team.
   iii. Timeline: Initiated by July, 2015, Pilot launched by July, 2016; pilot ends June 30, 2019.

c. IMPROVING ACCESS TO MEDICAL CARE: Pre-Transitions Pilot Initiative with NC's Health Home Network:
   i. The Need: Currently, NC's Health Home network is not contractually funded nor expected to participate in pre-transition activities. Additionally, NC's eligibility protocols do not enable a participant to be formally enrolled with the appropriate health home until after discharge.

The involvement of the health home care manager during the pre-transition planning phase would better ensure continuity and linkage to community-based medical care.

ii. The Activity: To fund pre-transition engagement of CCNC care manager in pre-transition planning and to better link MFP participants with community-based medical home.

iii. Timeline: Initiative to begin by July, 2015; Activities launched by September 30, 2015; Pilot ends September 30, 2017.

d. SUPPORTING EXPANDED ACCESS TO COMMUNITY LIVING OPTIONS: Supporting the State's Roll Out of the Supported Living Definition under the Innovations Waiver.

i. The Need: MFP's I/DD participants currently do not have access to the one of the most person-centered options available: receiving the supports needed in one's own home. For the past 3 years, MFP has been partnering within DMA and with our sister agencies who manage I/DD services to examine the viability of adding a supported living waiver service definition into the NC Innovations Waiver. With support from MFP technical assistance, the Department has researched and developed a suitable definition that is anticipated to "go live" in January, 2016. The supported living concept is deeply rooted in person-centered philosophy. To fully honor the integrity of the concept, providers, families and regulators must have a clear understanding of how supported living differs from provider-managed "residential service" options like group homes

ii. The Activity: In partnership with our DMA colleagues and our sister agencies[i2]MFP will sponsor a learning initiative around the supported living concepts. While this is not fully conceptualized yet, we anticipate it will include opportunities to learn from other organizations who facilitate supported living and receive guidance from those who first conceptualized the concept, John and Connie O'Brien, Jack Pearpoint and others.

iii. The Timeline: Initiative launched by July, 2015, tentative end date: December 31, 2016.

e. SUPPORTING ACCESS TO BEHAVIORAL HEALTH: Developing a High Engagement Interdisciplinary Team

i. The Need: The need for coordinated, interdisciplinary support at the time of transition is greatest for individuals with behavioral or medical complexities. Through its experience in supporting behaviorally complex adults and children with IDD to transition out of our state developmental centers, MFP has witnessed firsthand the challenges in ensuring *true* continuity and linkage to community-based options, specially related to behavioral health, staff training, educational access and true community engagement. Transition planning also requires a more intensive "hands on" period for clinical and staffing consultation and assistance as the transitioned individual gets settled into his community life.

ii. The Proposed Activity: Learning from similar models in other states, MFP seeks to use Rebalancing Funds to pilot a "transition IDT" initiative that will provide intensive, time-limited oversight and technical assistance to community-based support networks. While the pilot is still being conceptualized, we anticipate the team will include clinical/subject matter expertise in the following areas

[2] Division of Mental Health, Developmental Disabilities and Substance Abuse Services; Division of State Operated Healthcare Facilities.

1. Physical health: providing technical assistance ("TA") to community-based medical practice
2. Behavioral health: providing TA to staff and community-based clinicians.
3. Education (as needed): providing TA to public school the transitioned child is attending
4. Community Engagement: providing TA to direct support staff and "community guides" to help build community opportunities for individuals with significant behavioral or medical complexities

iii. The timeline: Initiative in July, 2015; pilot to begin no later than January, 2016; Pilot ends by December 31, 2018.

f. SUPPORTING IMPROVED ACCESS TO COMMUNITY LIFE: Transportation Pilot
   i. The Need: Lack of affordable, accessible, reliable transportation remains a chronic challenge to supporting transitioned individuals, particularly in rural areas, to fully engage in their communities.
   ii. The Proposed Activity: Launch a national evaluation of transportation options and innovative practices that could be utilized in NC to better meet this need.
   iii. Timeline: Started and completed in 2018.

g. SUPPORTING IMPROVED ACCESS TO COMMUNITY LIFE: Catalyst Conference for Supporting Facility-Based Providers to Explore Conversion to Home and Community-Based Options
   i. DMA leadership recently suggested that we support efforts related to the voluntary, collaborative business model conversion of facility-based providers. This had been an original priority of the Project in 2011 for I/DD providers but had been dropped because of work volume related to NC's conversion to managed care in behavioral health. MFP is renewing this effort and will be amending this sustainability plan to reflect anticipated scope and costs. We anticipate utilizing currently unallocated Rebalancing Funds to support this initiative.

c. Plans for Continuing Rebalancing Projects

a. Since the Fund's inception, DMA leadership has required MFP Rebalancing Funds to be prioritized to pilot and test initiatives that improve the State's capacity to support transitioning individuals. Rebalancing Fund-sponsored activities are never long-term in nature by themselves, though they are intended to test concepts that the State may choose to sustain.
b. Each initiative includes an evaluative component. Assuming a favorable evaluation, NC may seek funding necessary to scale pilots or implement report findings as appropriate.
c. Because many of our initiatives have not been completed, we cannot conclusively identify which pilot initiatives will be considered for expansion.

d. Rebalancing Fund and Waiver Slots: NA. NC does not utilize Rebalancing Funds to fund waiver slots.

SECTION 7: Timeline for Planned Activities

Please see timeline in Appendix E

SECTION 8: Estimated Budget Summary

Object Class Categories	(1) CY 2016	(2) CY 2017	(3) CY 2018	(4) CY 2019	(5) CY 2020	(6) Total
a. Personnel	$191,923	$195,923	$199,923	$203,923	$155,267	$946,959
b. Fringe Benefits	$66,039	$67,399	$68,073	$68,754	$52,081	$322,348
c. Travel	$36,537	$36,537	$36,537	$36,537	$27,403	$173,551
d. Equipment	$10,000	$10,000	$10,000	$10,000	$3,750	$43,750
e. Supplies	$9,500	$9,500	$9,500	$9,500	$5,250	$43,250
f. Contractual	$1,457,100	$1,479,101	$1,483,101	$1,487,101	$658,690	$6,583,093
g. Construction						$0
h. Services	$13,933,929	$13,933,929	$13,933,929	$259,935		$42,061,722
i. Total Direct Charges (sum of 6a-6h)	$15,723,028	$15,732,389	$15,741,063	$2,075,750	$902,441	$50,174,673
j. Indirect Charges	$100,000	$100,000	$100,000	$100,000	$75,000	$475,000
k. Total Federal Budget (sum of 6i-6j)	$15,823,028	$15,832,389	$15,841,063	$2,175,750	$977,441	$50,649,673

Budget Notes:

- 2016-2019 Services line reflects all demonstration services. Demonstration services may end prior to 2019. As a safeguard, we are requesting resources to cover all MFP transitions, but as each Demonstration Service becomes sustained through NC waiver programs, MFP will not require these funds.
- 2016-2019 Salaries and Fringe Benefit increases to accommodate potential cost of living adjustments. This also accounts for part of increase in Contracts, as several partnering agencies are also state staffers.
- 2019 Service costs reflect transition work being completed with follow along after transitions occurred in 2018.
- 2019 Contract costs reflect termination of LCA function on June 30, 2019 but also one half of total $360,000 expenditure being requested for Medicaid Reform LTSS technical assistance.

The NC MFP 2020 budget decreases because services will conclude. However, 2020 budget also includes second half of $360,000 for time-limited technical assistance support related to the NC Medicaid Reform initiative.

SECTION 9: Optional Elements

Affordable Housing Strategies:

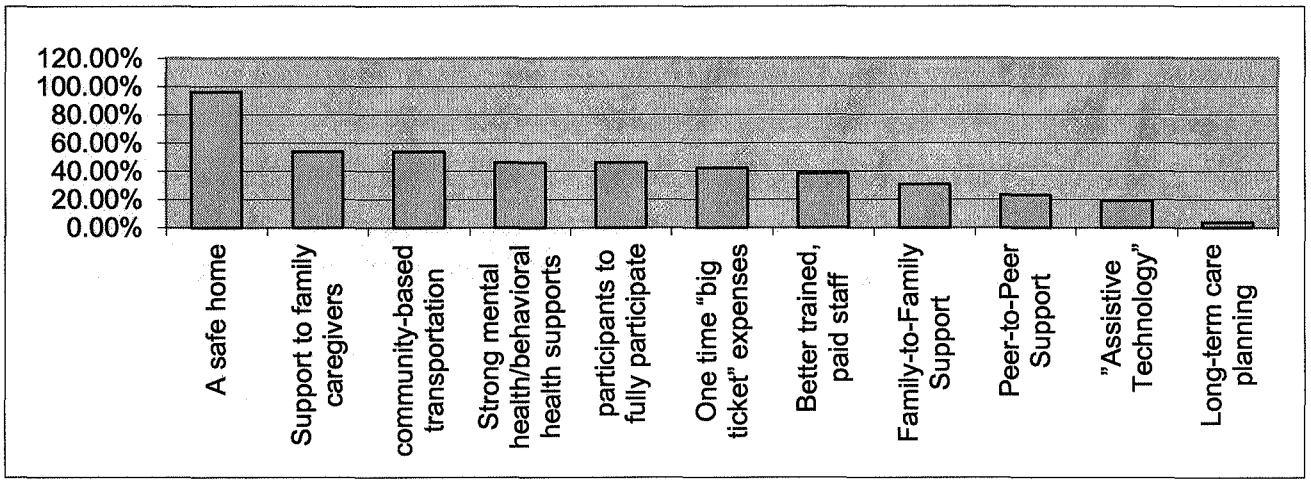
a. NC MFP continues to partner with housing stakeholders, state housing staff and the NC Housing Finance Agency ("NCHFA") to identify and address barriers to affordable, accessible housing. NC MFP recently secured priority status for state-funded housing subsidies. Additionally, based on the "real world experience" of transition coordinators, NC MFP is currently partnering with NCHFA and sister transition initiatives (DOJ Settlement's *Transitions to Community Living* Initiative) to conduct a "line by line" analysis of barriers to securing and maintaining state subsidized housing units. This group re-launched in 2014 and has already revised existing protocols to begin addressing these barriers. NC MFP anticipates its continued involvement with this effort through the Project's conclusion.

Quality Improvement

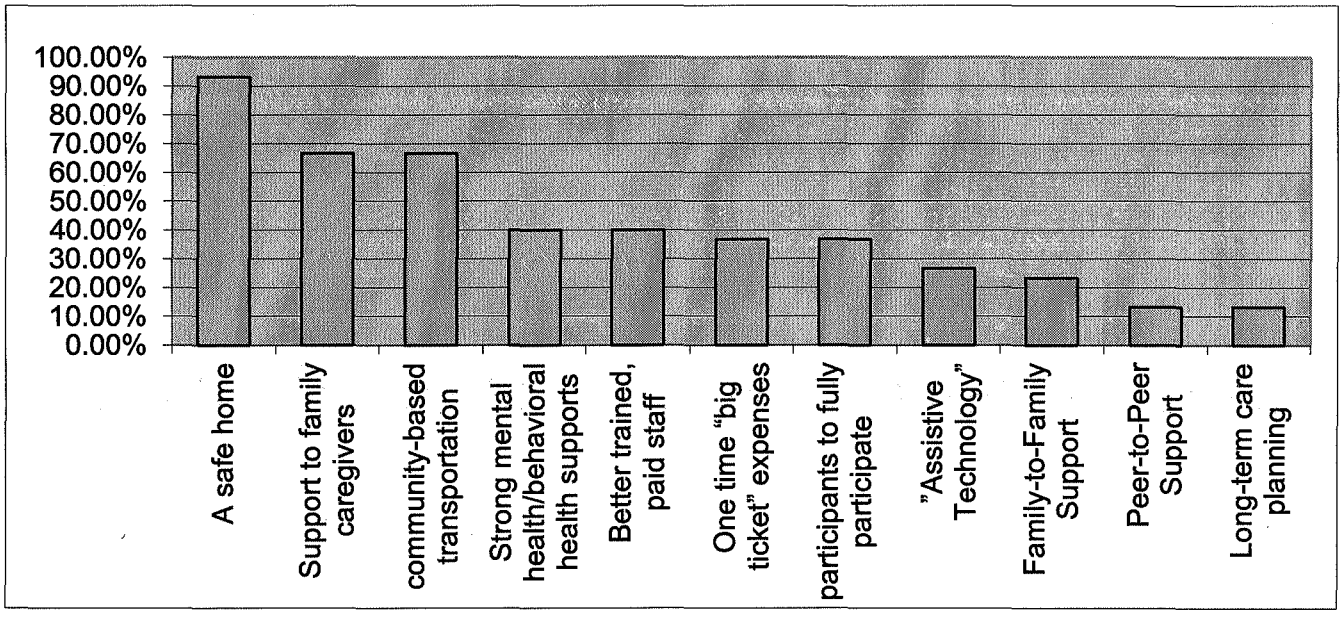
a. NC MFP's contribution to NC's overarching Quality Assurance and Improvement efforts for home and community-based services have centered around 1) analysis and strengthening of transition-specific practices and expectations and 2) supporting learning opportunities to improve statewide capacity related to supporting transitioning individuals. Funding evaluation and capacity building options through Rebalancing Funds.

Appendix A: NC MFP 2014 Rebalancing Fund Survey Results

Stakeholder Survey Feedback on Factors that are Essential for Supporting People to Transition to their Communities



Stakeholder Survey Feedback on Factors that *Keep* People in their Communities.



Appendix B: Stakeholder Contribution to NC MFP Rebalancing Fund Priorities

The Priority Initiative	•**Stakeholder and Workgroups that Advised on Need and Design** •ALL initives also vetted by MFP Roundtable, MFP Rebalancing Fund Advisory Group and DMA Executive Team.
Families in Transition Project	•NC LifeSpan Respite Advisory Group
NC Community Transitions Institute	•NC Community Transitions Institute Steering Committee •NC MFP MCO (I/DD) Transition Coordination Group •NC MFP Aging and Physical Disability Transition Coordinator Group •NC CAP DA and I/DD Manaagement Teams •Transitions to Community Living (DOJ Settlement) Management Team
Housing Crosswalk	• Housing and Disability Advisory Group •Transition to Community Living (DOJ Settlement) Management Team
Evaluation of Transition Coordination and LCA	•Driven by DMA Executive Team in partnership with lead sister agencies
Regional Waiver-BasedTransition Coordination Pilot	•NC CAP DA Management Team •NC MFP Transition Coordinator Group
Pre-Transitions Pilot with Health Home Network (NC3N)	•NC CAP DA and I/DD Management Teams •DMA Executive Team
Supporting Supported Living Defintion Roll Out	•NC I/DD Innovations Management Team •NC MFP MCO (I/DD) Transition Coordination Group
High Engagement IDT Team for I/DD	• NC I/DD Innovations Management Team •NC MFP MCO (I/DD) Transition Coordination Group
Transportation Evaluation (to be more fully developed)	•Initiated by DMA Executive Team and also supported in NC Roundtable Rebalancing Fund Survey
Conversion Catalyst Iniative (to be more fully developed)	•* Initiated by DMA Executive Team and will be developed in collaboration with stakeholders.

MFP Sustainability Action Planning Summary – February 13, 2015

What key steps need to be taken to sustain:

1. Transition Competencies?
2. Housing Access?
3. Family Caregivers?
4. Community Life?
5. Collaboration?
6. Behavioral/Medical Supports?

What is already known and underway (provided by Trish before group work)

1. <u>Transition-Related Competencies</u>
    a. Keep in mind for Medicaid Reform
    b. Launching Community Transitions Institute – Summer 2015 (2-day conference kick-off in May)
        i. Setting up Curriculum with NC State/UNC Chapel Hill (e.g., dignity of risk, medical supports, employment supports);
        ii. Sharpening/honing skills;
        iii. Forming Learning Communities;
        iv. 3-day person-centered practices;
        v. Pilot – if it works, will sustain.
2. <u>Housing Access</u>
    a. Section 8 housing slots, 811 housing grant – hard to use/access;
    b. Sometimes it's not that housing is unavailable – sometimes barriers are related to awareness, rules, and logistical issues;
    c. MFP has priority access to Targeting/Key housing slots;
    d. Housing taskforce working with NCHFA on these issues.
3. <u>Family Caregivers Supported</u>

a. Initiatives developed through MFP Rebalancing Funds in collaboration with the Lifespan Respite Grant State Advisory Team and staff. Three pilots currently underway (i.e., Family Caregiver-to-Caregiver Peer Support mini-grants) and new project proposal under development.

4. People Participate in Community Life
   a. Need to think through employment;
   b. Need team of folks that work with Transitions Coordinator & Care Coordinator to make sure participant is integrated in community;
   c. Helping person build community with particular support needs...
5. Agencies Collaborate to Support Individuals
   a. Few formal structures for inter-organizational collaboration during and after transition
6. Access to Behavioral/Medical Supports
   a. CCNC potential to be part of transitions process
   b. Encouraging Transition Coordinators to link with MCOs/LMEs for support (e.g., substance abuse)

Sustainability Action Table Created through Group Process on February 13, 2015:

Topic:	2015	2016	2017	2018	2019	2020
Transition-Related Competencies	**Establish list of resources currently present for support in each county.** **Support & utilize CILs. CILs have a federal mandate to do transitions work.**	**Focus on Transition Coordinator retention – reduce turnover and provide training.** **Training for staff on disabilities so that aging and disability populations have equal access.**	**Get Transitions Institute off the ground and have reliable data about its impact**	**Educate SNF, resident about options, opportunities, encourage, build POSITIVE environment to enable/motivate resident through ongoing PC training.** **Social worker/ Discharge Planner education –**	**Continuation of efforts**	**Competency to Transition exists throughout community**

Topic:	2015	2016	2017	2018	2019	2020
		Continuing Education Module Development		mandatory training		
Housing Access	Do whatever is necessary to hit that housing benchmark – Period. Identify & recruit subject matter experts	Improve databases Priority for Section 8/NED, etc.	Address lack of appropriate housing, especially in rural areas Education for housing arena	Continue efforts	Continue efforts	Housing available for 100% of transitions
Family Caregivers Supported	Mode of Communication	Expand/Extending Information	Training	Support Groups	Respite	Individual Caregiver Plan
People Participate in Community Life	Educate each community & collect information from each community	Bridge the gap of resources available in the communities Build a financial base	Develop our brand to raise visibility and awareness Build & share a user friendly database	Continue efforts	Continue efforts	Personalized, self-directed access to services
Agencies Collaborate to Support Individuals	Identify team with tools – assess. org. chart	Cross training - in-person Technology (email, database,	Measurements (# transitioned, length of time, environment of	Participatory re-evaluation	Continue efforts	Consumer – Optimal independence & self-determination

Topic:	2015	2016	2017	2018	2019	2020
		contacts up-to-date)	choice & less restrictive)			Agencies - Efficiency
Access to Behavioral & Medical Supports	**Research unmet needs**	**Assessment for services & results** **Identify quality providers**	**Training for TCs & providers** **Ongoing evaluation**	**Continue efforts**	**Continue efforts**	**Expanded quality provider network**

Individual ideas for each priority area, generated by those attending the February 13th MFP Roundtable:

Transition-Related Competencies – all ideas represented on the Sustainability Action Table

Housing Access

- Examine what grants (funds) support infrastructure and the community's voice in regards to development and growth in different areas;
- If a person is on a public housing wait list, they should not be discharged from SNF to another facility. (thinking about Olmstead Decision);
- Legislative buy-in to have housing as part of discharge planning.
- Need to incorporate residential providers; info/database on vacancies matched to individuals; who is willing to work with & throughout MFP/transition process;
- Reaching out to more/all housing options to offer Target housing or incentives to renting to participants;
- Policy change to enable housing application process to accommodate a person who is in a facility;
- Support efforts that facilitate home ownership;
- Strengthen database of accessible housing;
- Develop more housing specialists who can assist the transition team in identifying and overcoming barriers to housing (not just lack of housing);
- Expand housing options for ex-offenders;
- Maintain housing lists by county/city;
- Landlords with Targeted or Key units to learn about SNF residents - talk or have regional Ombudsman/TCs/CILs train on SNF to Community Living (i.e., "How Tos");
- Combine rent and utility costs (like HUD) for Section 8/NED housing.

Family Caregivers Supported

- Career Coaching to allow for employment that allows more flexibility in schedule;
- Educate families about different resources through PSA, meetings, education. Also, conduct assessments to examine the needs of families and individual, whether they are accessible online or a facility;
- Encourage use of Family Caregiving Learning Modules (Lifespan Respite?);
- Bring guardians/family ideas – community connection;
- Respite – relieve caregivers;
- Support Groups;

- Having a Family Advocate to support and educate and link families;
- Hands-on training for caregivers that want to take participant home;
- Professional Personal Care training for non-professionals (ex: moving from bed to chair without personal injury);
- For full-time caregiver, have "Caregiver Day Out" with volunteers staying with client/participant;
- Marketing of Family Caregiver Specialist provider in county;
- Build relationships with AAA Family Caregivers who can provide consults about services;
- Continue work on No Wrong Doors grant to support stronger options counseling and information availability;
- Link resident & their family to caregiver specialists who can link to education, support groups, etc.
- Access to adult day, respite care, PACE;
- Provide specific information on Social Security benefits – SS/SSI/SSDI.

People Participate in Community Life

- Telephone reassurance to call daily for needs;
- Local churches have outreach/senior ministries. Encourage individuals to link with these groups;
- Access to county 1st contacts;
- Develop informal "care teams" to facilitate involvement in community life;
- Hold or create a support group that should meet at least once a month to discuss and familiarize people in the community of the different conditions and much needed supports to provide and lay the groundwork for understanding what is needed;
- Identification of groups around interests/talents of the client for engagement (e.g., LGBT community tapped for volunteerism to a transgender hospice patient abandoned by family);
- Call system (call center) for someone with disabilities – referral specialist will send email to agency regarding information on call;
- Employment;
- Involve faith community with transition work (e.g., transportation);
- Link our 60+ individuals with senior services, transportation to Senior Center to take part in services and programs that are FREE at senior center;
- Connect people with Centers for Independent Living.
- Contact the employment office or relative agency to get data regarding employment available. Also, ask public what jobs would be feasible or of interest;

- Define the role of the entity the Transition Coordinator will hand over the resident to. (e.g., Life Coach, Community Specialist) who will help resident engage in community;
- Pull in police, medical, churches, commissioners – community leaders as part of process of integration into community;
- LCAs, transition coordinators, link with local Ombudsman to have VR representatives go to speak at Resident Council meetings.

Agencies Collaborate to Support Individuals

- Training on physical and mental disabilities;
- Outreach;
- Formal organization structure shared between MCO and aging agencies – meeting with MCO & aging agencies;
- Agency cross training to expand partnerships;
- Encourage widespread access to internet for residents of SNFs (encourages self-motivation & resourcefulness);
- Staff trainings to foster professional development to work towards rapport with other agencies – professionalism – conduct;
- Support for/connection between Transition Coordinators;
- When training Transition Coordinators, connect them with different players (so many different pieces);
- Linkage to college (interns/depts.); linkage to senior centers; have church/organization sponsor a participant; adult daycare; funding for peer support through LME/MCO;
- Websites focused on agency services to support at-home caregivers & participants;
- Develop professional networks like CRC;
- Encourage SNFs to use email. Phone tag is a huge waste of time.

Access to Behavioral/Medical Supports

- Organize data about MFP participants related to behavioral and medical needs;
- Uniform assessment for services;
- List of knowledgeable agencies that can and are willing to support medical and behavioral needs;
- Training in communities;
- Increase availability of technology to support access to physician/nursing information and guidance;
- Collaborate with all of the MCOs and with all Mediation (?)/Psych amenities/facilities to get ideas on how to better support those in need;
- PSAs on TV for accessing support for med/behavioral services;
- More providers that provide specialized consultative services for behavior support plan development;
- Can directly refer to MCO and receive care coordination;
- Facilitate communication between transition coordinator and MCOs;
- Training for agencies on how to support individuals with medical & behavioral (issues) by agencies that currently are (providing these services).

Next Steps (following Roundtable):

1. Written notes – Group table (transcribed from post-it notes on wall) & individual remarks
2. May need MCO and other organizations to test out (i.e., behavioral/med topic)
3. Some things relevant to Medicaid Reform - *group encouraged to follow this
    a. Educate members of the General Assembly.
    b. Need to have unified agenda --"NC Community Living" agenda.

N.C. Department of Health and Human Services

NC Community Transitions Institute: Ensuring Quality Transitions to Community Life

Inviting Applications for Participation

In collaboration with its community partners, the NC Department of Health and Human Services will soon launch a pilot initiative that provides a collective learning opportunity for professionals who assist individuals with long-term care needs to transition from facility settings to their homes and communities.

Summary of Key Application Information

Application Deadline: April 6, 2015

Application: Please see page 3

Questions about Institute or Application Process:
DHHS.NCTransitionsInstitute@dhhs.nc.gov

The NC Community Transitions Institute ("The Institute") will create a learning community among participating transition coordinators, care managers, care coordinators, discharge planners, options counselors and others in order to collectively deepen the skills and approaches necessary to best ensure a quality transition.

If the Institute pilot proves to be an effective, scalable method for supporting the learning of professionals involved in transition work, the Department will develop a strategy for the Institute's long-term sustainability.

The goals of the Institute include:

- Piloting a learning opportunity that:
  - Includes quality content immediately relevant to the practice of supporting a transitioning individual;
  - Strengthens Institute members' knowledge of and utilization of person-centered practices and motivational interviewing techniques;
  - Determines which training methods/approaches are most effective in conveying practical application of information and fostering collaboration among Institute members.
- Collect clear data on the efficacy of the Institute and clear recommendations for improvements, including both content and approach

For additional information about why the Department is piloting the *Institute* concept, please see the "Background on Institute Concept" section within this announcement.

What the Institute Participation Includes

- The Institute will hold various events throughout the summer of 2015, in which Institute members are expected to participate:
  - A virtual, on-going learning community with other Institute members to share insight and information about transition practices and the Institute's content and format.
  - *The NC Transitions Symposium*
    - May 21-22, 2015
    - See preliminary Symposium program at end of this announcement.
  - A two day training on person-centered approaches, with a third day dedicated to Institute member recommendations for systems changes.
    - August 4 and 5, 2015 and September 9, 2015
    - Training provided by the University of North Carolina
    - While this person-centered approaches training builds off existing person-centered planning trainings provided through UNC, there will be increased emphasis on application and implementation of person-centered theories into planning and support processes.
    - Practices discussed will comport with those person-centered practices outlined in CMS' Home and Community-Based Services *Final Rule*. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html

Individuals Eligible to Participate in the Institute

- Money Follows the Person Transition Coordinators within CAP DA Lead Agencies, Behavioral Health Managed Care Organizations or Contracted Entities
- Transitions to Community Living Transition Coordinators
- Transitions to Community Living In-Reach Specialists
- Certified options counselors
- CAP DA Case Managers
- PACE Case Managers
- DVR-IL regional staff
- Centers for Independent Living
- Nursing Facility Discharge Planners
- Hospital Discharge Planners
- ICF/IDD Facility Discharge Planners
- Peer Support Specialists
- CCNC Care Managers
- DSS Staffers working with Long Term Care Community
- Long-term Care Ombudsmen
- Other individuals as space allows

The Institute is intended to be as inclusive as possible but space is limited to 75 attendees.

Each applying organization may submit no more than two applications.

Applications will be considered on a *first come, first served* basis, and will be selected to ensure organizational, population and geographic diversity.

The Application Content and Submission Process:

- Please submit an application at: http://ncsu.qualtrics.com//SE/?SID=SV_e5PvUIxvCy8hQ33
- Applicants are encouraged to provide thoughtful but succinct responses to the questions included in the on-line application.
- Applicants will also upload a scanned letter of commitment from a manager or organizational director indicating organizational commitment to the applicant's participation in the Institute and to the Institute's goals. Letters should be signed and written on agency letterhead.
- Applications are due by midnight on April 6, 2015. Members selected to participate in the Institute will be notified by April 20, 2015.

Important Considerations for Participation

- All Institute attendees will receive certificates of completion. *Contact hours* will also be provided.
- The Institute's two-day symposium and person-centered approaches training will occur in Raleigh. All other activities will occur through conference calls and webinars.
- Lunch will be provided for every in-person event.
- **There is no charge for Institute attendees to participate in any of the sessions. Institute attendees/sponsoring organizations will be responsible for all travel and lodging costs.**
- To assess the efficacy of the Institute's components in achieving its desired goals, the Department has partnered with NC State University's Department of Leadership, Policy and Adult and Higher Education. Members are expected to participate in the feedback gathering process.
- Because this Institute is a pilot, continuing education units (CEUs) are not provided.

NC Community Transitions Institute: Ensuring Quality Transitions to Community Life Two-Day Symposium May 21-May 22, 2015		
	Day 1: Supporting Success: Key Concepts in Quality Transition Planning	Day 2: Supporting the Skills: Tools and Resources for Quality Transition Planning
9:00 am-10:00 am	Key Note: Supporting Dignity of Experience	Supporting the Whole Person: Building community-partnership between long-term services and supports; behavioral health and physical health care
	Closing/Debriefing/Evaluation	*Closing/Debriefing/Evaluation*
10:15 – 11:15 am	Understanding Guardianship and Powers of Attorney	Supporting Independent Living Skills & Innovative and Assistive Technology
	Closing/Debriefing/Evaluation	*Closing/Debriefing/Evaluation*
11:30 – 12:30 pm	Supporting Community Life: Supporting Employment Opportunities and how Employment Impacts Social Security	Understanding NC Housing Resources
	Closing/Debriefing/Evaluation	*Closing/Debriefing/Evaluation*
12:30 – 1:30 pm Lunch		
1:30- 2:30	Supporting Partnerships: Collaborating with hospitals and facilities through the transition planning process.	Supporting Physical Health & Wellness: NC Resources for Assisting Individuals in Accessing Primary Care
	Closing/Debriefing/Evaluation	*Closing/Debriefing/Evaluation*
2:45 – 3:45	Supporting Family Dynamic: supporting and preparing caregivers for transition	Why This Matters Closing Keynote Address
	Closing/Debriefing/Evaluation	

NC Transitions Institute Announcement

March, 2015

Page 5 of 6

Background on the Institute Concept

Across the country and within our state, an increasing number of long-term care facility residents are choosing to transition into their homes and communities, with the supports they need to do so. Effectively supporting an individual's transition requires strong coordination between the resident, the resident's family, and the professional network that will support him through the transition and once he returns to his community. In addition, as an increasing number of individuals transition— many of whom experience significant clinical and social complexities—the need for strong transition supports becomes increasingly apparent.

Quality transition practices ensure the effective integration of physical, behavioral, and long-term services for transitioning individuals. Strong, coordinated transitions are also more likely to facilitate improved health outcomes and quality of life once a person has transitioned.

To strengthen the state's "transition capacity," three key functions related to the transition experience must be enhanced:

1. Ensuring individuals have the information necessary to make informed decisions about where they receive services ("options counseling").
2. Ensuring a transitioning individual has comprehensive, coordinated transition planning to identify support and resource needs and to facilitate securing community-based resources to meet these needs (i.e. clinical and rehabilitative services, housing, benefits transfers, and crisis services). This transition function is often known as "transition coordination."
3. Ensuring individuals *continue* to receive the services and supports necessary to maximize positive quality of life outcomes and to minimize the risk for recidivism. This concept is often referred to as "follow along" and is typically coordinated between transition coordination (for the short-term) and a care coordinator/case manager (ongoing).

Despite the Department's increased activity related to all three functions, there is currently no consistent, department-wide, competency-based standard or curriculum used to ensure consistency on core transition concepts across the long-term care communities and to train on resources specific to North Carolina. As the need for transition capacity becomes increasingly recognized, we wish to establish a Departmental pilot project, the *NC Community Transitions Institute: Ensuring Quality Transitions to Community Life*. This effort furthers the workforce capacity development priorities outlined as part of the *Partnership for Healthy NC, Medicaid Reform* initiative.

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2015			2016			
	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Current Activities							
Transitions-IDD	Ongoing according to identified benchmarks						
Transition-AD	Ongoing according to identified benchmarks						
Transition Coordinator	Ongoing until specified end date						
Other Demonstration Services	Ongoing until specified end date	Anticipated end date of Pre-Transition Case Management		Anticipated end date of SCCB			
LCA	Ongoing until specified end date						
Admin Functions	Ongoing until specified end date						
Activities Related to Long Range Sustainment of Transition Activities in Waiver							
CAP DA							

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2015			2016			
	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Innovations				Demonstration Service integrated into Waiver			
Activates Related to Transition Coordination Demonstration Service and LCA Function							
Evaluation of LCA and Transition Coordination			Preliminary evaluation of MFP current practices completed			Budget Submission option one: If information is sufficient to support funding, request incorporated into SFYs 2017/2018 Budget Proposal	
CAP DA Transition Pilot	Pilot planning initiated				Pilot launched integrating evaluation recommendations		
Decisions re: LCA and Transition Sustainability.							
Activities Related to Sustaining Current Admin Staff							
Sustaining					DMA reaches decision related to sustaining functions and funding source	If support funding, request incorporated into SFYs 2017/2018 Budget Proposal	
Activities Related to Rebalancing Fund Initiatives not Otherwise Listed							
Families in Transition Project			Initiative launched, design finalized	Project activity begins			
NC Community Transitions Institute	Pilot Institute active	Pilot Institute completed		Evaluation of Pilot Institute completed	DMA reaches decision related to	If support funding, request incorporated	Anticipated phase two of Institute planning begins.

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2015			2016			
	By 6/30	**By 9/30**	**By 12/31**	**By 3/31**	**By 6/30**	**By 9/30**	**By 12/31**
Housing Crosswalk	Evaluation proposal re-initiated				sustaining functions and funding source	into SFYs 2017/2018 Budget Proposal	
Pre-Transitions Health Home Pilot	Procedures finalized	Activities begin					
Supported Living Learning	Training planning begins	Training plan launched					Training initiative ends
High Engagement IDT			Initiative launched, proposal designed	Pilot launched			
Transportation Evaluation							
Voluntary Conversion Catalyst Effort	TBD	Plan revised					
Additional Activities Related to Systems Design							
Technical Assistance Resources to Support LTSS Medicaid Reform initiatives including provider capacity; rebalancing strategies in rate setting methodologies, etc.							

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2017				2018			
	By 3/31	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Current Activities								
Transitions-IDD					Last application approved	Transitions end by 7/31/2018		
Transition-AD					Last application approved	Transitions end by 6/30/2018		
Transition Coordinator							TC Services end one year pos	
Other Demonstration Services				Decision whether to sustain Over & Above made			Other Demo Services end one year post transitions, unless incorporated into waiver earlier	
LCA								
Admin Functions								
Activities Related to Long Range								
CAP DA								

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2017				2018			
	By 3/31	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Innovations								
Activates Related to Transition C								
Evaluation of LCA and Transition Coordination			If option one approved by NC General Assembly, funding goes into effect, positions become permanent.				Budget Submission option two If Department supports funding and not authorized/ submitted through 2017-2018 Biennium, (re)	
CAP DA Transition Pilot								
Decisions re: LCA and Transition Sustainability.								
Activities Related to Sustaining C								
Sustaining			If approved, funding goes into effect, positions become permanent.					
Activities Related to Rebalancing								
Families in Transition Project	Project activity ends							
NC Community Transitions Institute								

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2017				2018			
	By 3/31	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Housing Crosswalk							submitted here.	
Pre-Transitions Health Home Pilot			Pilot ends					
Supported Living Learning								
High Engagement IDT						Pilot evaluation completed		Pilot finalized
Transportation Evaluation					Evaluation initiative launched			
Voluntary Conversion Catalyst Effort								
Additional Activities Related to S								
Technical Assistance Resources to Support LTSS Medicaid Reform initiatives including provider capacity; rebalancing strategies in rate setting methodologies, etc.								

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2019				2020			
	By 3/31	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Current Activities								
Transitions-IDD								
Transition-AD								
Transition Coordinator	t transitions							
Other Demonstration Services								
LCA		LCA function ends						
Admin Functions				MFP funding of LCA Coordinator function ends			MFP funding of MFP staff and Housing positions ends	
Activities Related to Long Range								
CAP DA	Waiver revisions drafted to integrate demonstration services and reinforce transition priority					New Waiver in effect		

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2019				2020			
	By 3/31	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Innovations								
Activates Related to Transition C								
Evaluation of LCA and Transition Coordination								
CAP DA Transition Pilot		Pilot ends with final MFP transitions						
Decisions re: LCA and Transition Sustainability.			Budget Submission option two: if approved, funding goes into effect and positions become permanent					
Activities Related to Sustaining C								
Sustaining								
Activities Related to Rebalancing								
Families in Transition Project								
NC Community Transitions Institute								

NC MFP Sustainability Plan

Appendix E: Timeline for Planned Activities

	2019				2020			
	By 3/31	By 6/30	By 9/30	By 12/31	By 3/31	By 6/30	By 9/30	By 12/31
Housing Crosswalk	If appropriate, Housing Crosswalk Evaluations integrated into CAP DA waiver revision							
Pre-Transitions Health Home Pilot			If approved, funding goes into effect and positions become permanent					
Supported Living Learning								
High Engagement IDT								
Transportation Evaluation								
Voluntary Conversion Catalyst Effort								
Additional Activities Related to S								
Technical Assistance Resources to Support LTSS Medicaid Reform initiatives including provider capacity; rebalancing strategies in rate setting methodologies, etc.			Technical assistance resources available to assist with LTSS Medicaid Reform Implementation					