

## CHOICES FOR INDEPENDENCE FOCUS GROUP

This BEAS Focus Group is designed to support the goal of improved communication, collaboration and outcomes of those we serve.

Focus Group Meeting Minutes  
November 23, 2009

Present: Melinda Feola-Mahar (speaker phone), Donna Guillemette (speaker phone), Dan Hebert, Rebecca Hutchinson, Susan Lombard, Betsy Miller, Sandra Poleatewich, Sharon Stephens (speaker phone), and Susan Young

Proposed topic for discussion: How can utilization be controlled such that expenditures can be covered within the limitations of the budget?

### Discussion points:

- There was a request for a list of services available through the Medicaid State Plan and those available through the Choices for Independence (CFI) waiver. This list has been created and is attached.
- Trends in service:
  - Donna reported seeing an increase in the needs of people who attend Adult Medical Day programs. Her understanding is that services in the home are being reduced so the affected individuals now seek help at the programs, such as help with bathing. This service, although part of the Adult Day program's menu of services, has more often been provided at home until recently.
  - Melinda will look into the trends in PCS<sup>1</sup> services that her agency is seeing.
  - Dan reported that, traditionally, families were more involved. Now, however, there tends to be less care provided by families at no cost and more services in the formal care plans.
- Funding:
  - Betsy reported that the Counties pay 100% of the non-federal share of waiver services up to the "cap" on county obligation.
  - The group reviewed the attached table that shows the average annual cost per participant during fiscal year 2009, the amount that is budgeted for 2010, and the estimated cost per participant for fiscal year 2010, based on current trends. There was a question about which services were included in the calculation and the answer is: all waiver services, including in-home services and residential care services, and case management services.
  - The group also reviewed Observation 9 of the audit conducted by the Office of Legislative Budget Assistant earlier this year. Dan noted that the fact that MEAD-eligible individuals pay into the system was not reflected in the audit.
- Service Authorization and Utilization:
  - Melinda described the authorization process used by case managers. The case managers are responsible for knowing the full array of services that each participant receives, not only those authorized through CFI.
  - The group discussed the value of BEAS providing ongoing guidance and training on the topic of controlling the increase of plan costs. Clarification concerning when and for what reasons a care plan may be increased would be useful. Also, written guides for participants and service providers would help to underscore the fact that services are authorized to meet medical needs. The idea of a type of MOU (memorandum of understanding) was discussed insofar as ensuring a common understanding between participants and service providers.

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<sup>1</sup> Personal Care Services, a waiver service

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- A concern was expressed that when PCS became a waiver service, some LNA service units may have been reduced and replaced with PCS units, but that in some cases more units of PCS were authorized, resulting in an overall increase to the average cost.
- Susan L. agreed to look into getting a report that would show the history of service utilization as far back as 2002.<sup>2</sup>
- The group discussed their impression that, overall, the average annual cost of waiver services provided to adults under age 65 years with disabilities, is greater than the average annual cost of such services provided to people over the age of 65 years. Susan L. agreed to look into this and found that this is, indeed, the case when viewed as a whole.
- Dan pointed out that people who are employed have different needs than those who are not employed. When he was working in Kansas, he was able to completely direct his own services and, by managing them well, he benefited from a 0% turnover rate of his direct care staff.
- The group recognized the lack of public transportation as a major weakness in the community based care system. This service gap is a longstanding problem in most communities. Dan found that the NY transit service he used while living there worked well for him. There was an affordable fee for each ride. The group agreed that there is a strong need for a program that makes drivers available as needed.
- The group also discussed the value of a “stipend” sort of service payment that provides a steady amount of reimbursement for the provision of a defined set of services.
  - This concept in the context of a senior living with his/her family was discussed. Susan L. reported that BEAS is working with two Area Agencies to establish such a service within CFI. In this case, there would be a daily rate that covered the provision of all services for a senior who required at least 2.5 hours of personal care per day.
  - The group also discussed the idea of a stipend-style arrangement for people who do not live with their caregivers.
  - The ability to continue the stipend while the participant is in the hospital or otherwise not at home was considered an important feature to encourage workforce stability.

### Next Steps:

- We agreed to reconvene in December, on a Monday afternoon. December 21 is being proposed.
- Dan agreed to find out if the policy that PCAs<sup>3</sup> do not transport participants is GSIL’s original policy, or if was changed to this policy at some point.
- Dan would like the group to consider promoting an employment incentive.
- Susan L. will find out about establishing guidance concerning increasing service plan authorizations.
- The group also wants to discuss creating an MOU-type of document to help educate participants and PCSP direct care workers.
- Susan L. will obtain a better communication method for those who can not be at the meeting, as the speakerphone provided very poor sound and reception quality. Unfortunately, the speaker device that would normally be used was not working at the time.

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<sup>2</sup> The methods to create this report are being investigated, and if the information can be gathered, it will be shared.

<sup>3</sup> Personal Care Attendant, a State Plan service provided through Granite State Independent Living (GSIL).