

## **Medicaid Citizens' Advisory Committee**

### **Meeting Notes**

9/19/17

#### Attendees

- Nicole Stockert
- Susan McGeehan
- Beth Nelson
- Kim Pettman
- Dawn Petroskas
- Sara Schlegelmilch
- Linda Lee Soderstrom
- Ruth E. Ulvog
- Jonathan Watson
- Hli Lo Xiong
- Todd Bergstrom
- Pat Butler
- Jake Hauschild
- Miriam Kopka
- Robert Marcum
- Joel Hoppe
- Karen Gaides – facilitator
- Matt Pizza – note taker
- Ken Vandermeer
- Marie Zimmerman – DHS
- Claire Wilson – DHS
- Jan Kooistra – DHS
- Elizabeth Cooper – DHS

#### **Introduce “re-set” of committee**

- Introductions of attendees and facilitators
- Marie Zimmerman
  - Opened the meeting by stating that DHS wants this to be a valuable process and apologized if members felt it hadn't been in the past.
  - Questions on why we hired a facilitator.
  - Why did we hire Karen?
    - There was a desire for DHS not to run the meeting.
- Question about recording the meeting. (Conference started recording on telecom system.)
- Marie Zimmerman
  - DHS can be more of a participant, rather than a directing or facilitating of meetings.
  - DHS can hire MAD without doing a procurement.
  - MAD was hired to help guide discussions, note-taking/minutes.

- A short-term solution, but can be a long-term solution.
- Claire Wilson
  - Hired new behavioral health director – Maisha Giles
  - Another opportunity to strengthen programs
- Karen Gaides
  - Introduction
  - With Management Analysis and Development (MAD), a division of MMB
  - Facilitated many groups in the disability community over the years
  - MAD consultants work on many controversial/emotionally charged topics
  - Understand and respect the gravity of the topic at hand
  - Want to hear from everybody; a variety of techniques can accomplish that
  - Meetings will be an “open dialogue”
- Question: How will phone participants see materials on white board or flip charts?
  - Wish to discuss how the committee will discuss the topics
- Question: Can we do a final round robin debrief at the end?
- Values of the committee: making decisions as a group, but maintaining individual connections
- Agenda is just a guideline; may not discuss every item
- Two recommendations: creating a group/project charter, and developing ground rules
  - Project charter: decision-making processes
- Some members expressed serious doubts about this process based on past experience and felt that previous processes felt like it was being forced on them and treated like children
- Different expectations from committee members.
- An opportunity to learn more about what the department is doing.
- This group is to advise, not to advocate.
- Disagreement on the committee’s purpose. It’s our job to advise. Our entire purpose is to advise and DHS to listen. We have a purpose that we haven’t been fulfilling.
- Committee needs to make a decision on its process.
- Would the committee accept a temporary chair for this meeting?
- Discussion about benefits of temporary chair, round robin, and leaving information out of the meeting. Discussion about voting on these proposals.
- Proposal to adopt the agenda on hand, general consensus to proceed with the agenda
- Acknowledgement from DHS that we don’t have an agreed upon process for dealing with proposals, voting. No formal process.

### **Overview of August 8 Planning Committee Meeting**

- Jonathan Watson
  - Look at two document handouts
    - Code of Federal Regulations as to purpose of advisory committee
    - Medicaid Citizens’ Advisory Committee
      - Discussed facilitator
      - Meeting structure: public comment
- Recommendation took three years with quarterly meetings
- Easy to drift at the meetings: lose mission statement without a structured format

- Not our place to force or make a decision for Medicaid or DHS, but just to recommend
- Need for get over this rough spot
- Discussion about restrictions of open meeting law and how it applies
- Concern about how decision was made to hire facilitator.
- Historical difference between how stakeholders and citizens are treated at meetings.
  - Citizens not valued as much as stakeholders
  - Example: participants in the room not using microphone when others are phoning into meeting
- Haven't observed "person-centered" thinking at these meetings
- Facilitator should have "person-centered" training
- Running into civil rights issues if citizens not treating equally with stakeholders
- Need for sensitivity training; facilitator must stop other members from talking out of turn
- Need to have a definition of consensus; otherwise, need majority and minority report
  - That's the only way that all voices will be heard and given the same credence
- Quarterly meetings aren't enough
- Voting on quarterly meetings
- Discussion about what can be improved at meetings. Prioritizing the most important items to discuss at meetings to avoid them getting pushed off due to lack of time.
- Committee needs a process for determining topics for discussion

#### **Potential Areas for Committee Improvement**

- Major topics:
  1. Governance/leadership
  2. Communication processes: voting and member input
  3. Figuring out topics to discuss over next 12-18 months
  4. Membership
  5. Meeting structure
  6. Baseline/ground rules: diversity, sensitivity training, person-centered
- Basic prioritization for next meeting agenda
- A team or committee charter and ground rules
- Any areas that the committee really wants to work on? Round robin feedback from group members:
  - Governance and outside facilitator
  - Outside facilitator
  - Ground rules/charter and sensitivity training
  - Governance, team charter, and ground rules; also find consensus on what we can realistically accomplish
  - Governance and ground rules; survey to provide additional feedback to inform direction
  - Governance, team charter, ground rules – need structure to move forward
  - Facilitator and governance – looking forward to change and improvement, and appreciate DHS' effort

- Team charter and ground rules, and figuring out what to discuss – team charters are very effective
- Communication protocol for outside the group: what’s allowed and not allowed; meeting frequency at least until everything is straightened out
- Times on agenda aren’t realistic
- Strong leadership role from DHS; meeting frequency (web-based for those in Greater Minnesota) – too frequent of meetings may disadvantage those in Greater Minnesota
- Governance and baseline training
- Expectations for advising, ground rules and governance – training about advocacy; encourage DHS to continue working with MMB
- Extremely frustrated with too much discussion on process versus Medicaid services; going to have to look for other avenues to advocate due to difficulties in traveling to meeting (takes five hours), although appreciate the committee members’ time – need to focus on those with unmet needs
- Communications protocol; purpose of the committee is to do something; figure out why the committee exists
- Preparing for the meetings online to give more time for meetings

**MCAC web site update – Elizabeth Cooper**

Link to web site below - Please be aware that it may take some time to load as it isn’t fully published

<https://stage.wcm.mnit.mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/medicaid-advisory-committee/index.jsp>

- Website update
  - Web team just finished polishing the website
  - Link will be sent out immediately
  - Site to keep everyone in touch and provide avenue to get community involved
  - Meeting agenda and minutes going back two years
  - Member resources included

**Next Steps**

- DHS to look into scheduling a meeting in November, in-between the quarterly meeting schedule
- At next Medicaid Citizens Advisory Committee meeting, agenda may include:
  - Draft some initial committee ground rules
  - Initiate work on a committee charter to document key aspects of how the committee operates
- DHS to look into options for training such as person-centered training that may be available through another division at DHS