

Medicaid Citizens' Advisory Committee

Meeting Notes

December 18, 2017

1:00 – 4:00 PM

DHS Andersen Building

540 Cedar Street

St. Paul, Minnesota 55101

Room 2380

Attendees: Lori Dusan (phone attendee), Bob Marcum (phone attendee), Susan McGeehan, Kim Pettman, Dawn Petroskas (phone attendee), Linda Lee Soderstrom, Ruth Ulvog (phone attendee), Ann Berg, Karen Gaides, Jan Kooistra, Nathan Moracco, Marie Zimmerman, Jake Granholm, Guests: Joel Hoppe (phone attendee), Judy Berry from Dementia Specialist Consulting

Guest presenter: Brian Zirbes (DHS)

Agenda

- Welcome
- Committee members and key staff introductions
- Meeting kick-off
- Discuss draft MCAC ground rules
- Review areas for committee improvement
- Break
- DHS updates and discussion
- Wrap-up and next steps

Welcome; Committee members and key staff introductions

Karen Gaides welcomed the group and had attendees state their name and the stakeholder groups and/or organization they represent. The DHS staff in attendance included Ann Berg, Jan Kooistra, Nathan Moracco, and Marie Zimmerman. Marie Zimmerman described the DHS updates on the agenda. She said that a goal for DHS staff is to make sure they use feedback from members to ensure they are presenting relevant updates.

Meeting kick-off

Karen started the meeting by describing the topics discussed at the committee meeting in November. She also asked the committee to look at the meeting minutes from the Nov. 29, 2017 MCAC meeting. On page 5, there are several next steps/follow-up items listed.

She then went through the agenda for the current meeting and gave an overview of the discussion items. Karen also introduced a hand-out called Areas for Improvement for Medicaid Citizens Advisory Committee (MCAC),

which can be a log to keep track of the issues committee members raise so that items can be prioritized and addressed.

Discuss draft MCAC ground rules

Karen explained that a next step from the Nov. 29 MCAC meeting is to review the ground rules that committee members developed at the last meeting (handout: MCAC draft ground rules). The group started from lists of sample ground rules and then modified them to fit the needs of the committee.

Karen asked the members if there were any ground rules that resonated with them. She added that some groups post ground rules at meetings and also attach to meeting agenda. A member suggested that group's ground rules be sent out with the meeting agendas so that members who attend by phone can see them. Could the ground rules also be read at the start each meeting? Another member appreciated DHS efforts to ask for member feedback. A member also suggested that a training on equity issues as well as and person-centered training would help improve the ground rules. Karen suggested that the group can use the existing ground rules as a starting point and then come back to address them as needed to improve the ground rules and integrate ideas from trainings that may be available for MCAC members.

Review areas for committee improvement

Karen directed attention to the document that lists the areas for committee improvement. The areas for improvement were generated from discussion at the last two meetings and also from the MCAC Planning Committee small group notes from August 2017. There are seven major areas that members have mentioned for improvement. However, there is a need for prioritization. After the September MCAC meeting, many members stated that ground rules and a group charter are priorities. Another priority item is to determine meeting topics for future meetings. Karen facilitated a discussion to develop a draft list of policy topics for future MCAC meetings.

Future policy meeting topics suggested by members

- Policy suggestions for improvements to Medicare and Medicaid (specific examples: Informed consent and choice for treatment and treatment protocols)
- Working with DHS to come up with topics in partnership (timely topics where they will need committee input)
- End of life issues as they relate to Medicare and Medicaid (example: long term care)
- DHS's perspective on FQHC community health clinics
- 1115 waiver updates
- System problems with duplicate PMI's
- Information DHS is collecting on gaps analysis, waiver reports, or anything that it's required for accountability
 - Committee could have opportunity to review and provide input before they are submitted
 - Could DHS provide a list of items they are looking for input on?
- Direct support workforce shortage

- How insurance reimbursements across environments and titles are impacted (restructuring how the reimbursements are calculated or defined)
- Looking at reimbursements for more holistic lifestyle treatments
- Elder abuse situation
 - Would like to get members from the Dept. of Health to attend for better coordination
- Coordination with other advisory groups
 - Invite individuals from those groups to present on topics that intersect with Medicaid policy, some groups mentioned include: MCOTA on transit coordination, Board of Aging, MDH Health Equity Advisory Council
 - Would be helpful with subject matter expertise. Can we invite people to be here?
- Two-way communication with the different agencies and boards
 - Can representatives from CMS be invited to present? Can legislators (state and federal) be invited to describe their process? Need to understand how processes work
- Eligibility renewal challenges for people enrolled in Medicaid programs (example: Minnesota Care renewals - Keeping addresses and information updated)
- Foster and adoption issues – have experts talk to the committee about these issues (examples: more supports for the individuals for providing foster and adoption care; reimbursements from counties for the supports; rights of the foster and adoption care providers)

DHS updates and discussion

Person-centered training follow up

Jan asked if there was any feedback on Jason Flint’s presentation on person-centered training at the previous committee meeting. Members discussed further ideas for trainings.

Suggestions for training opportunities, partners, and speakers included:

- Minnesota Department of Health’s Health Equity group
- Health Equity Advisory and Leadership Council (HEAL)
- Julia Dinsmore: Does more motivational speaking and could be helpful to have this type of speaker once per year.
- Live person-centered training that is also available through the online meeting software
- Core Value Consulting as a training provider
- Health equity training from the Minnesota Council on Disability (offer free training)

Members discussed some ideas on how to implement the training. Suggestions included:

- Keep the regular meetings time and then move trainings and other topics to times in between
- Spreading out a training topic over the course of a year
- Hold trainings after the official meetings for those who want to participate

Marie asked the committee members for the best way for DHS to confirm that the right trainings/topics are scheduled. She added that if a training costs more than \$5,000 that it would have to be competitively procured, and therefore would not be available before the next quarterly meeting due to the long procurement timeline.

The survey of MCAC members will cover member interest and priorities on different training topics.

Substance Use Disorder (SUD) reform update

Brian Zirbes (Deputy Director of Alcohol and Drug Abuse at DHS) joined the meeting to discuss recent updates to Substance Use Disorder (SUD) reform. Reforms were passed during the 2017 legislative session. New policies on care coordination, direct access, peer recovery support, and comprehensive assessments will be implemented on July, 2018 or until approved by the federal government. The anticipated implementation date of withdrawal management is July 1, 2019. One of the focuses of the legislative changes is on making the system more person-centered.

Questions asked by committee members included: insurance reimbursements for peer support specialists, the inclusion of specialized transportation services (STS) in the waiver request, Medicaid reimbursements for STS to get people to peer support specialists, the possibility of employees of an organization enrolling as a provider entity and billing Medicare.

Questions/Input from Members

MCAC Member Specific Questions

- A member had a suggestion to develop a committee work plan.
- A member asked if it is possible to send out meeting information and documents in paper form when requested.
- A member asked that DHS follow up to see how to obtain audio recordings of MCAC meetings.
- A members asked if it is possible to provide a stipend for the cost of travel to committee meetings.
- There was a suggestion to make information about other public meetings available (example: where and when they are occurring): Could that information be listed on the MCAC website? Or could the DHS community engagement people that are sending updates to the listserv directly post information to the website?
- A member brought up the process for scheduling meeting dates and times. When meetings end at 4 PM, it is more difficult for members living in Greater Minnesota to attend. Another member reminded the group that meetings have historically been held on the third Tuesday of the quarter. However, during the Minnesota legislative session, Tuesdays, Wednesdays, and Thursdays can get very busy for DHS leadership. Could DHS poll members about meeting options in 2018?
- A member asked about the audio recording of previous committee meetings. Who has access to the audio recordings, and can they be made available on the committee's web page?
- A member discussed the possibility of having more options and resources for equity-based training and person-centered training. The committee members represent many populations so there should be a basic understanding of equity issues. The question of having the trainings being a prerequisite versus

having them available as additional opportunities was raised. A member also asked to have the trainings in person rather than being recorded videos.

MCAC Member Broader Comments

Member comment – Revisit MCAC expectations and membership

A member suggested that committee review the original expectations and functions of the MCAC because it seemed like the discussion was not moving forward. What has happened to the other members who have not participated on committee for a long time? Is there is need to revisit membership?

For clarification, Marie described the different processes that DHS has used for forming advisory committees. The membership application process can be very formal and follow the Secretary of State’s process. The MCAC was originally formed with that process, but over the years it has become more informal. There are other ways to do it too – no requirement to use the Secretary of State’s process. Federal regulations allow the states to determine the advisory committee structure.

A member discussed the challenge of getting enough input due to many members not regularly participating. Is the process becoming too complex and keeping members away? It is not desirable to keep putting off group decisions because there are not enough people present. Ideally the committee would be looking for consensus. A member offered the idea that all decisions have majority and minority report so multiple viewpoints are reflected.

Member comment – DHS staff support

A question about the kind of support DHS can provide to the committee was asked. Are there or will there be any staff committed to the group? Marie described how the committee is still in a prioritization phase and that the priorities/roadmap for the committee would determine the type of support needed. The committee members need to first prioritize what they want to work on. Then DHS can then try to match the resources it needs. DHS also tries to bring in internal experts from many parts of the agency to talk to the group. The more DHS knows about what the committee wants to focus on the better preparation staff can do.

Wrap up and next steps

Karen stated that the next scheduled quarterly meeting will be in March.

Member comments on meeting frequency

Members discussed the possibility of meeting every two months rather than every three. Meeting frequency was suggested as an item to be voted on by members through a survey.

Discussion on gathering feedback from members via e-mail

There are two different feedback efforts possibilities: meeting scheduling and future process/policy topics. An e-mailed survey is a good way to get votes from the committee members. She also suggested that members think about how much time they want to spend on process and policy topics – that will help DHS in making staffing plans. Jan and Karen will meet to talk about the approach and get back to committee as soon as possible. It could be a phased approach gathering feedback on meeting scheduling and meeting topics.

Next Steps/Follow-up Items

1. Send out an email/survey asking members for meeting times and dates that would work best. Also gather member feedback on policy and process topics.
2. Obtain list of upcoming trainings/approaches available before the next meeting and gather member input as part of the survey.
3. E-mail the electronic version of SUD presentation
4. Follow up to see if STS can be reimbursed by Medicaid when used for substance abuse services.