

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

June 16, 2016 - 9:30 am to 3:00 pm

Polk County River Place, Room 1

2309 Euclid Ave, Des Moines, Iowa

MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Jody Eaton
Marsha Edgington
Lynn Grobe
Kathryn Johnson
Betty King (phone)
Sharon Lambert (phone)

Brett McLain
John Parmeter
Rebecca Peterson
Patrick Schmitz
Rebecca Schmitz (phone)
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Representative David Heaton
Geoff Lauer

Senator Liz Mathis
Representative Scott Ourth
Michael Polich

OTHER ATTENDEES:

Sara Allen	Iowa Hospital Association
Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Bob Bacon	University of Iowa
Kris Bell	Iowa Senate Democrats Caucus Staff
Jess Benson	Legislative Services Agency
Teresa Bomhoff	NAMI Greater Des Moines
John Grush	Central Iowa Community Services MHDS Region
Rose Kim	MHDS, Community Services & Planning/CDD
Meghan Klier	Easter Seals of Iowa
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shults	Division Administrator, MHDS, Department of Human Services
Mikki Stier	Director, Iowa Medicaid Enterprise

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:35 am and led introductions. Quorum was established with eleven members present and three participating by phone. No conflicts of interest were identified.

Approval of Minutes

Tom Bouska made a motion to approve the May 18 and May 19 minutes as presented. Tom Broeker seconded. The motion passed unanimously.

Prevention of Disabilities Policy Council Transition Plan – Connie Fanselow

Connie Fanselow said that the Prevention of Disabilities Policy Council (PDPC) would end at the end of June, 2016. The PDPC has developed a plan that would provide for the transfer of duties to other stakeholders. Connie Fanselow presented the PDPC's priorities. Connie also presented a letter that describes what the Commission is, and functions that the MHDS Commission had said it could adopt into its own duties.

Tom Bouska asked who would develop the new state plan. Connie Fanselow answered that the Department of Public Health would.

Brett McLain moved that the MHDS Commission sign the letter as intended. Kathy Johnson seconded the motion. The motion passed unanimously.

MHDS Update – Rick Shults and Theresa Armstrong

Theresa spoke about Administrative Rules regarding Mental Health Advocates. She said Patrick Schmitz and John Parmeter had attended a meeting of the Administrative Rules Review Committee (ARRC). The rules went into effect on May 1, 2016 except for a section on data reporting. Theresa said the Department reported that they had met with stakeholders and had spoken with them on how to collect data in a way that was more agreeable to those stakeholder groups. ARRC decided to do a session delay on the rules.

Patrick Schmitz said it was an interesting experience, and that he felt they had to present a clear picture of what information they want to collect and why they want to collect it.

John Parmeter said he felt there had been considerable lobbying of the committee members by the Mental Health Advocates. John said it is not a factor of concerns not being heard or acknowledged, but that they were outvoted.

Theresa said the next steps are that the Department would draft changes and send them around to the stakeholders in this process. Theresa said she plans to have an amendment to the rules to be noticed by the Commission in July.

Theresa said the ARRC also saw the rules regarding subacute facilities that the Commission had noticed in a special meeting. The discussion around that did not pertain to the Department's rules, but more about the individuals who would be served by these facilities and the services they would provide.

Rick Shults said there was concern raised at the ARRC meeting that there would be a requirement that subacute facilities take very dangerous individuals. Rick said that there is nothing in the rules that would require a facility to accept an individual who is beyond their capability to treat. Rick said the Department of Inspections and Appeals (DIA) would not be able to license a facility unless it was authorized by the Department, and that the Department would check critical factors including the number of beds in the facility, geographic dispersal of beds, and the qualification of the providers. Rick explained that meeting those criteria are not the same as licensing of the facility. Rick also said that the DIA licensing rules do not require facilities to treat certain types of patients.

Sharon Lambert asked what would happen if an individual was not able to go to a subacute setting because they were in a psychotic state. Rick answered that most of the time, those individuals would be placed in inpatient care. Sharon asked if there were two inpatient

psychiatric facilities in Iowa. Rick answered that there were twenty-nine hospitals with inpatient psychiatric beds, and a total of seven hundred thirty-one inpatient psychiatric beds.

Sharon spoke about her experience trying to find appropriate care for her grandson. Rick said he would like to look into Sharon's experience and asked to speak with her after the meeting.

Patrick Schmitz said that he saw parallels between the DIA subacute licensing rules, and Chapter 24 accreditation rules. Patrick said it was up to the program or facility to determine how it would meet the requirements, and they are able to say they will not accept certain patients if they are not able to, and will refer individuals to more appropriate treatment settings.

Jen Sheehan said she participated in a webinar on finding appropriate placements for individuals based on their needs and behaviors.

Tom Bouska spoke about the continuum of care, and that jails are becoming a part of that as individuals move through the system and finding treatment where they can.

Rick said he had an opportunity to talk to the Council on Human Services about an inpatient psychiatric hospital. He said inpatient psychiatric care is a part of an array of services necessary to treat individuals with mental illness. Rick said NAMI has a resource showing the full array of services necessary in a mental health treatment system, and how to fill in and strengthen that array of services. Rick said it is also necessary to increase capacity to ensure treatment options for people with the most serious needs. As part of this effort, there has been an increase of ten inpatient psychiatric beds across the state.

Rebecca Peterson said it was nice to hear that the Department was concerned with filling in a full array of services, but expressed concern that current IA Health Link Managed Care Organizations (MCO) are not funding services that had been funded before. Rick said he would like to hear specific information on those services and MCOs, and that he believes that providing the full array of services is important.

Rick said the Department has been directed by the Legislature to submit a report on the MHDS Regions due November 15 that would include information on funding and sustainability.

Kathy Johnson asked if the increase of inpatient beds occurred in one area or across the state. Rick answered that there were multiple locations in Iowa that increased their inpatient psychiatric capacity and that they added up to an additional ten beds.

Tom Broeker asked what the limit on subacute beds was statewide. Rick answered that there was a limit of seventy-five publicly-funded subacute beds. Tom asked why there would be a limit if the Department was interested in increasing capacity. Rick answered that originally the limit was fifty beds. Rick said he felt the Legislature would be very interested in hearing what the statewide need would be. Jess Benson said the Legislature wanted to get the program off the ground, and would be interested in seeing how it develops. Patrick said that as the beds would be publicly funded, there was a hesitation to implement a program without limits.

Theresa Armstrong said there will be changes to Administrative Rules regarding the Autism Support Program. The Legislature raised the eligible age from nine to fourteen years-old, increased income eligibility from 400% of the Federal Poverty Limit (FPL) to 500% FPL, and directed the Department to increase the maximum cost-sharing percentage from 10% to 15%. The increase in cost-share will only apply to families between 401% FPL and 500% FPL.

Theresa asked if the Commission would like to form a committee to review the changes to the rules. Marsha Edgington and John Parmeter volunteered to serve on the committee.

Theresa presented an information sheet on the Certified Community Behavioral Health Clinics (CCBHC) program. She said the Department has started on training on the evidence-based practices, and continue to roll out in July and August.

Rick Shults said the Children's Mental Health and Well-Being Workgroups are going to begin meeting again on July 7. They will begin the procurement processes for the Children's Mental Health Crisis Services and Children's Well-Being Learning Labs. Rick said he welcomes any input from the public, and if anyone would like to receive updates on the workgroup, they should contact Peter Schumacher, who can add them to the public distribution list and ensure any questions are answered.

Theresa said that Systems of Care programs were funded in several areas of the state, there was an appropriation of \$2 million to reduce the Home and Community-Based Services (HCBS) waiver waiting lists, as well as a 1% raise in reimbursement rates for HCBS service providers. The Legislature also appropriated state dollars to Polk County to maintain its current level of services, and to the Eastern Iowa MHDS Region on the condition that they agree to stay together as a Region for the next year.

Patrick Schmitz asked if the Children's Workgroup would be working on the RFP process and if they had a timeline. Theresa said that the Workgroup would provide input and the Department would release that RFP soon. Rick Shults said the Department will be looking to get broad public input from all stakeholders, and will do that in such a way to avoid any conflicts of interest.

Quality Service Development and Assessment – John Grush

John Grush introduced himself and presented a document on the Quality Service Development and Assessment (QSDA) system. John said the group wanted to ensure individuals were getting the best care possible, and they are doing that through outcomes and evidence-based practices.

John said the group formed last September and was originally made up of Regional representatives, but added providers, and are looking to add individuals who are using the system.

Patrick asked what types of providers are members of QSDA. John answered that mostly they focus on providers of services for mental health and developmental disabilities populations. They have not reached Intermediate Care Facilities (ICF) or Community Mental Health Centers (CMHC) yet.

John Parmeter asked if QSDA covers children as well as adults. John Grush answered that as of today, QSDA is mostly focused on adults.

Jen Sheehan asked who is responsible for entering data into the system now. John Grush answered that QSDA is in phase one of collecting data on six outcomes right now. In the County Social Services MHDS Region, case managers are entering in data, but there are other arrangements in other areas.

John Parmeter asked if the Department had access to information gathered by QSDA. John Grush answered that the Department is not able to look up information, but they do report to the Department annually.

Tom Bouska asked if there are unique identifiers for the individual-level data that would move with the individual as they move from one Region to another. John Grush answered that he had been part of a discussion on that. Rick Shults said that at this point, there is not a unique identifier. Jen Sheehan said that individuals have unique identifiers in the Community Services Network (CSN) to prevent duplication.

Kathy Johnson said she was happy to see MCOs being included, and that Medicare was also a big player in this system. Kathy asked if they had identified any services that do not work well with this system. John Grush answered that this could be part of their action plan.

MHDS Regional Dashboard – Rose Kim and Rick Shults

Rick emphasized that this was a dashboard. It would be possible to gather a lot of information, but dashboards are meant to be a quick reference for important information to guide the conversation about the MHDS system.

Rose Kim presented a PowerPoint Presentation on the MHDS Dashboard's history and another which showed the Dashboard in its current form.

Kathy Johnson asked if there is as goal for the Dashboard. Rose said they are looking for a standardized way to report who Regions serve and get an accurate baseline of data for services and populations. Rick Shults said they are collecting the data, in some places they are validating the data, and after the Department has completed that, they will set goals and standards for the future.

Public Comment

Teresa Bomhoff said she was very encouraged by the Dashboard. She said she wanted to remind everyone that there are still other problems to address. There are hurdles with mental health workforce, suicide, and criminalization of mental illness. Teresa said a bill on mental health reform, HR 2646 that will address several parts of the mental health system in the United States.

The Commission took a break for lunch at 12:04 pm

The Commission resumed at 1:06 pm

Medical Assistance Advisory Council – Mikki Stier

Mikki Stier introduced herself and thanked Rick Shults and Teresa Armstrong for their work with the transition to IA Health Link. The Medical Assistance Advisory Council (MAAC) is a federally mandated body under the Social Security Act. The MAAC is also established in Iowa Code Section 249A.4B. Membership of the MAAC consists of professional organizations, and public members that consist of individuals or parents, but those members cannot be a member of any professional organization related to Medicaid. There are also non-voting members from other state agencies, medical institutions, and four members of the General Assembly. There used to be a chair and vice-chair, but soon they will transition to co-chairs.

The MAAC meets quarterly and report annually to professional groups and business entities and make recommendations and evaluations on the program and budget.

Rebecca Peterson asked if members of the MAAC are listed online. Mikki answered that they are listed on the Department's website.

Patrick Schmitz asked how a typical MAAC meeting goes. Mikki said there is standard business such as reviewing minutes from previous meetings, they hear about the status of the program, there has been a lot of discussion about transition issues over the last year.

John Parmeter asked if they have any input on the services covered by the MCOs. Mikki answered that the MCOs have to mirror Medicaid. MCOs must cover all Medicaid services. John said that one of the things he is seeing is a cutting back of days in Psychiatric Medical Institutions for Children (PMIC) by almost 50%, and there is nothing currently in place that is less restrictive than PMIC that would help children transition into the community. Mikki said she would take that feedback to the MCOs and address those concerns. John asked if it would be appropriate to voice those concerns at a meeting of the MAAC. Mikki said he could do that.

Rebecca Peterson echoed John's concerns, and said she is seeing denials for substance abuse services. The MCOs are only paying for ninety days of treatment, and the services are designed to be more long term than that. She said she is also seeing services that require prior authorization that did not need authorization before. Mikki thanked her for that feedback and said she would take that back to address with the MAAC.

Kathy Johnson asked if the IA Health Link MCOs are required to report outcomes data to the MAAC. Mikki said that the MAAC reviews the MCOs' quarterly reports, and will take the feedback about outcomes data back to the Director and the MAAC for consideration.

Kathy asked if a provider runs into a systemic issue and cannot resolve it with the MCO, what would be the next step. Mikki answered that IME would like providers to work directly with MCOs, but if they are not able to resolve the issue directly, they could call IME Provider Services. If there is a systemic issue, they bring all the MCOs together to deal with that issue.

Teresa Bomhoff asked about delayed or partial payments to providers from the MCOs. Mikki said if they have the name of the provider and which MCO or MCOs are involved, IME can address those cases.

The Commission broke into committees at 1:22 pm

The Commission reconvened at 2:15 pm

Planning for the July Meeting

There was a request for a presentation on Autism services and how they are unique.

Theresa Armstrong said that in order to meet deadlines with the Administrative Rule process, she would like to ask the Commission if they would be willing to hold a special meeting to consider Adoption of rules regarding subacute facilities. The Commission agreed to hold a special meeting at 8:00 am on July 6 by phone.

Public Comment

There was no public comment.

The meeting was adjourned at 2:33 pm.

Minutes respectfully submitted by Peter Schumacher.