



Mental Health and Disability Services Redesign 2011

Regional Workgroup Agenda

Meeting #5

Tuesday, October 25, 2011

9:30 am – 3:15 pm

Iowa State House/Capitol, Room 103

Des Moines, Iowa

AGENDA

- I. Review of Meeting Four: Review and comments on Minutes
- II. Further discussion of the Formation of Regions:
 - Definition of and criteria for “formation” and “full Implementation”
 - Revisit the timeline for development and implementation of regions
- III. Possible additional functions of Regions:
 - Service coordination
 - Role of advocates who work hard to connect people with services (in outpatient commitments).
 - i. Possibly have regions employ the advocates
 - Review people for minimum criteria for waiver eligibility (rather than sitting on waiting lists for services that they will not be found eligible to receive).
 - Provide (as well as contract for) initial assessments, triage – access to crisis stabilization.
 - Jail diversion
 - Guardianship and substitute decision making - opportunity for region to interface with county attorneys’ offices.
 - Role in outpatient civil commitment
- IV. Discussion of the roles of regions in the management of Medicaid Home and Community Based Services
 - TCM/supports coordination
 - Use/oversight of SIS assessment and resource allotment process

- Role in consumer self-direction
- Person centered planning – participation and approval
- Quality assurance/quality management in compliance with CMS quality standards and process
- Interaction with DHS/IME related to HCBS waiver accountability and performance

V. Residency – definition and application in a regional system

- Avoidance of “Legal Settlement” issues

VI. Wrap up: Final recommendations for the Interim Committee.

VII. Public Comment Session 11:45 am – Noon and 3:00 to 3:15 pm

VIII. Adjourn

KEY QUESTIONS FOR WORKGROUP TO CONSIDER IN PREPARATION FOR THE SESSION:

1. When is a region officially “formed”?
2. At what point does DHS need to step in to assure timely formation of regions?
3. What is the maximum amount of regionally-managed resources that may be used for administration as opposed to direct services (as measured by payments to providers)?
4. What responsibility should a region have for a consumer that moves to another region?
5. Under what circumstances will or must the state (DHS/IME) exercise second level approval of service eligibility and authorization decisions (e.g., certain HCBS waiver plans)

Handouts for the meeting:

- TAC Draft interim report recommendations (revised 10/19/11)
- TAC discussion paper on roles of Regions vis-a-vis Medicaid services