



Mental Health and Disability Services Redesign

Transition Committee Meeting Minutes

Tuesday, October 30, 2012
10:00 am – 3:00 pm
Iowa State Capitol
Des Moines, IA

MINUTES

Workgroup Members: Director Chuck Palmer, Bob Lincoln, Teresa Bomhoff, Robert Brownell, Holly Fokkena, Jack Guenther, Patrick Schmitz, John Severtson, Jack Willey, Jan Heikes

Legislative Representation: Representative Lisa Heddens, Representative Dave Heaton

Facilitator: Steve Day, TAC

DHS/IME Staff: Joanna Schroeder, Theresa Armstrong, Robyn Wilson, Rick Shults, Julie Jetter, Deb Johnson

Other Attendees:

John Pollak	Legislative Services Agency (LSA)
Linda Brundies	Ombudsman/Citizen's Aide
Jan Heidemann	Bremer County
Kim Scorza	Seasons Center
Tony Leys	<i>Des Moines Register</i>
Donna Harvey	Iowa Department of Aging (IDA)
Brice Oakley	Iowa Alliance of Community Mental Health Centers
Matt Steinfeldt	Iowa Farm Bureau Federation
Marty Schwager	Iowa Farm Bureau Federation
Deb Brodersen	Spencer Hospital
Edie Bogaczyk	Iowa Association of Community Providers
Aaron Todd	Legislative Services Agency (LSA)
Dan Strellman	ABBE Inc.
Carrie Kobrinetz	Caucus Staff
Joe Sample	Department of Aging
Kimberly Murphy	Department of Aging
Harriet Johnson-O'Mara	
Shanna Kellor	
Maria Welker	Polk County Health Services
Kristi Harshbarger	Iowa State Association of Counties (ISAC)

Kris Bell	Senate Democratic Staff
Josh Bronsink	Senate Republican Staff
Sandi Hurtado-Peters	Department of Management
Amy Campbell	Lobbyist
Deborah Schultz	Jones County
Paula Feltner	
Mike Heller	

Donna Harvey, Iowa Department of Aging Presentation: Aging and Disability Resource Centers (ADRCs)

- There is a federal mandate to reduce the number of Area Agencies on Aging. There are currently 13 Area Agencies on Aging in Iowa and are looking to reduce this number to six. A request for applications was sent out and seven applications to serve six areas were received.
- A team to review the applications has been identified and will make recommendations to the Commission on Aging. There will be six Aging & Disability Resource Centers (ADRCs) going forward beginning July 1, 2013.
- Currently designing a system of what an ADRC would look like and how it would operate. Created an Advisory Committee to help with the process.
- Looking at expanding ARDCs statewide and today there are currently a few pilot programs in place.
- In the process of developing administrative rules that will lay out what ARDCs will contain.
- Department of Aging has worked with the Department of Transportation on a “one click one call” program (one statewide toll free number) to assist veterans in accessing transportation and supportive services.
- Working with the E-Health network to see if all current systems can link together.
- Looking at how we can work with the regional system as well as modernizing the aging network/healthcare. A key part of this is to identify a local point of access for all consumers.
- Want to make sure state and federal funds becomes part of the entire system.
- At this point focusing on 18 and older but will look at adding children and youth later.

Report from Julie Jetter & Robin Wilson

- Anticipating about 30 transition fund applications due to the Department of Human Services on Thursday, November 1, 2012 by 4:30 pm.
- At this point, it looks like 95 counties are looking to form 15 regions and two counties are considering filing for a waiver to be exempted from joining a region.
- At this point it appears there are:
 - One (1) possible region with three (3) counties;
 - Two (2) possible regions with four (4) counties;
 - Six (6) possible regions with five (5) counties;
 - One (1) possible region with six (6) counties;
 - One (1) possible region with nine (9) counties; and
 - One (1) region with 18 counties.
- The population range of the possible regions ranges from 36,000 to 522,000.
- A two-county region would require the same exemption as a one-county region.

- Expectation continues that debt owed to state will be paid (Medicaid bills). Counties are just receiving levy money; anticipating counties will begin to pay their Medicaid bills to the state.

Workgroup Discussion

- Has there been any work on a definition of pooling money? Is this something that the legislation will need to define? Ideally you would have a fairly large region that provides economies of scale and shared administration functions. The region will work to build a level of trust to be in a position to pool. This could be one area that counties/region could make a request for technical assistance.
- A recommendation should be made to legislature that using CHIP monies are a concern because you can't pay Medicaid bills with federal funds and they need to allocate additional general funds.

Discussion about Proposed Waiver Process

The waiver outline can be found here:

http://www.dhs.state.ia.us/uploads/DiscussionDraftOutlineCountyExemptionFromRegionRules_103012.pdf

- This outline recognizes the work of the committee.
- SF 2315 requires strengths based case management.
- The definition of conflict free will be further defined through Iowa's work on the Balancing Incentive Program (BIP).
- Performance measures will be emerging from the Outcomes Workgroup.
- Next step is to work with the Mental Health and Disability Services (MHDS) Commission as the rules are developed.

Workgroup Discussion

- What happens if application for exemption is denied? SF 2315 infers some fairly broad power to the Director. It may be an area we ask Legislators for further clarification. Initial reading gives the Director the ability to assign or at least bring about a discussion between a county and surrounding counties.
- The committee needs to consider making a recommendation about an appeals process for a county that applies for a waiver from joining a region and is denied.
- The MHDS Commission has talked about an appeal process and how that would work. One thing Commission has talked about is when a county applies for a waiver, how would that affect the surrounding counties? Considered having some type of letter from surrounding counties required as part of the application.
- There are overall requirements for managing the entire system but there is currently no way for counties to access data on clients who have Medicaid. Will there be some type of business agreement between DHS and a region for accessing this data? The Data and Statistical Workgroup is talking through this and will make a recommendation to better define the roles so regions have better access to data to help manage system.
- Who will come up with a definition of a viable plan? What someone might think is viable the Department might not at all.
- When do a group of counties understand that they're really doing something different? Response from Bob Lincoln: in our experience, about six months after a

county being in the region, counties become a bit more relaxed. It takes a while to get acquainted but it doesn't take long for ideas to surface and start the process of doing things differently. Our region is really trying to preserve local initiatives that have been working for that community and also looking at ways to how to get these programs out to a larger audience.

- Can you give an update on the request of Des Moines County to change its management plan? Asked the county if they would be open to working with a third-party assessment team and they accepted. Currently a third-party CPA is working with them and after seeing the report, the Department will meet with the county again.

Job Description Discussion

http://www.dhs.state.ia.us/uploads/ExampleJobDescriptionRegionalDirector_102512.pdf

- This is only an example of what could be involved in the job role of a Regional CEO and is not an exhaustive list; recommend regional boards think through these types of functions and decide how they will be implemented.
- The Regional CEO is the single place where you can look to see if the region is functioning as it should be; that the board is seeing the region managed as it wants; single point where this comes together. Don't want to underestimate the decision the board makes in hiring this position.
- SF 2315 is not the same as what is in this example because this is such a crucial role that the more you can get people with broader experience and higher level education the better.
- Does the County Social Services region have a second in command? Not yet, but with our partners there are several people capable of doing it. Haven't identified yet who would want to do have this position. Within a year or two, hope to have a reasonable succession plan.
- Some of the things listed may be under the discretion of the board rather than the Regional CEO.
- How should we handle a region that wants to rotate the admin role?
- Important that boards know they can hire someone accountable for the function of the region. Board needs to know there is a single point of accountability for the operations. The board has a fiduciary responsibility to make sure funds are properly spent, in line with state requirements, etc. The problem is if the board gets involved in making secondary hiring. That doesn't mean they don't identify that there is a place for people in certain positions, but these positions would report back up to the CEO.
- Are there expectations for limits on administrative costs? The Department is working with the Legislative Services Agency (LSA) to come up with a formula for administrative costs. The first step will be to define what are considered admin costs.

Discussion of Regional Staffing Model

http://www.dhs.state.ia.us/uploads/ExampleRegionalStaffingModel_102512.pdf

- Tried to think through various categories that regions will have to do. This does not necessarily mean that there is only one person per category. Not every agency will have to hire direct staff to do these things.

- There is a gray area around service coordination; for the County Social Service region, this is our primary service and that's where we connect with clients.
- In the County Social Services region, budget and finance is two different roles; funding and paying. This process is what really brings us together as a region. Have a person in position of the communication piece; website, minutes, communication between providers, etc.
- Where do services that a county may operate fall into this? And how do you ensure there is conflict free service agency? For the County Social Service region, most county services have been moved out from under our umbrella, so they are in the provider network.
- Is there a conflict of interest if a Regional Director is also a board member of a provider? Have concerns around this. One possible solution is if you have a board member with a conflict in one area, they recuse themselves from the conversation.
- Raises question of having Boards of Supervisors on the regional governing board. This is something that needs to be discussed.

Discussion of Business Components

http://www.dhs.state.ia.us/uploads/ExampleBusinessPlanComponents_102512.pdf

- This outline should give the sense of what the regional board and DHS will have in terms of managing funds. This is more than a management plan; it is also a business plan. Need to keep in mind cash flow of organization; people's service utilization, etc. The challenge is to manage as close to the line as possible without going over. Need the tools to be able to do that; this is a real example of how to do that.
- Is there going to be a document to assist counties/regions in putting together a business plan that includes all the pieces? The overall regional strategic plan will lay out what services there are or will be there, will contain an estimate of the number of clients that will access services, lays out local point of access, etc. That's all part of the regional strategic plan. In this context, the business plan is a product of this.
- Don't see the financial forms you are wanting. How might this work for a county moving to a region? Some counties will still need to know what the end date for what is the state responsibility and county responsibility is. This may need to be a policy decision.

Discussion on Regional Administrative Costs

- The Department has had one meeting with LSA to begin this process. Much of what we talked about has been raised during past discussions.
- Will need to clearly define what is or isn't an administrative cost as well as what expenses should be or not be included (chart of costs). Not sure where we will land but we might get some guidance from CMS.
- There seemed to be an agreement on the calculation for administrative load. With the process, there would be a known denominator. It would make sense to make this the amount of money the region is managing.
- As part of the process, counties (regions) will be asked to participate in field testing. This will provide some idea of where we're at. Perhaps results will be shared so that as regions are forming it will give them an idea of what the target will be.

- With regards to the chart of accounts, is there a way to force counties and CPCs to accept and use the chart of accounts? Don't know about that this, but the Legislators were very clear that if more money is needed in the system they need to have good data; they don't have accurate data now.

Discussion Regarding Legislative Recommendations

- Consider allowing regions to fund detox programs (or any substance abuse program) or other services such as jail diversion, as part of its management plan. Currently the payer for detox services is not consistent throughout the state.
- Two issues regarding Medicaid – old bills outstanding and upcoming bills. Is there a final end date that regardless of where Medicaid is with settling them counties will no longer be responsible for the Medicaid bills? Recommend there be one, such as July 1.
- Recommend moving jail diversion from a core plus service to a core service.
- Some of the recommendations may be a bit premature without knowing what workgroups will be recommending. Recommended starting a list and then prioritizing them.
- The pooling of funds should be discussed. If regions are not going to pool resources, the counties won't be much better than they were before. Recommend making pooling of funds mandatory.
- Recommend there be a defined appeals process for counties who apply for a waiver to join a region and it is denied.
- Recommend that the Legislature consider using general funds to help pay for Medicaid bills in addition to CHIP funds since CHIP funds can't be used to pay Medicaid bills.
- Recommend that the group that reviews residency for the state payment program continue in this role as the state moves from legal settlement to residency.
- Recommend defining "viable," aka the definition of a viable plan. There are criteria that could be applied to achieve the goals set out in the management plan. This can be built into the operationalization of the region.
- How should risk be managed in the regional system? Should this be through general liability insurance?
- There is an ongoing issue of eligibility of individuals under DOC's community settings. This should be discussed in more detail.

Update on Workgroups

Outcomes and Performance Measures Committee

- The workgroup's last meeting was November 5, 2012 and the group has nearly completed its work. They are recommending a representative sample, i.e. to go to consumers and families directly to collect outcome measures.
- Resources will be needed grow the sample size.
- Workgroup is recommending that the Department bring in experts to review the outcome and performance measure domains and put them into defined measurable terms.

Service System Data & Statistical Information Integration Workgroup

- The workgroup's last meeting was October 24, 2012. The workgroup is recommending the system modernize the way data is gathered.
- The workgroup will work to compile data on what kind of information can be accessed from the large database. This speaks to how regions will be able to pull Medicaid data.
- There is an opportunity with this improved data system to exchange information consistent with Iowa code among individuals.

Mental Health & Disability Services Workforce Development Workgroup

- The workgroup met for the first time on October 29, 2012.
- The workgroup reviewed its charter, discussed the state of the redesign and began the discussion on the workforce needs for licensed individuals.

Jail Diversion Study Committee

- This committee is meeting and discussing what a jail diversion program would look like and how it could be administered through the regional system.
- The committee is following national standards as it develops its recommendations.

Judicial-DHS Workgroup

- The workgroup received public testimony from mental health advocates and their role in system as part of the workgroup's discussion on whether or not to expand the mental health advocate system to substance abuse.
- The workgroup is looking at streamlining the commitment process.
- The workgroup is also talking about combining the mental health and substance related disorder petitions into one.

Children's Disability Services Workgroup

- The workgroup is recommending a system of care as an integrated statewide approach and the role of health homes as a part of this system.

Public Comment

Comment:

One thing I didn't hear today is the problem of putting mentally ill persons into jails because there not enough places for them to go. My autistic son has lived in and out of facilities his whole life and many weren't appropriate. I have been dealing the county system since my son was 3 years old when he went on the MR Waiver. Last December, he was placed in an RCF and the police were called and he spent three months in lock-down at the Black Hawk County Jail because there was nowhere else for him to go. .

For more information:

Handouts and meeting information for each workgroup will be made available at:

<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there.