

SPONSOR GROUP FOR MANAGING DISABILITIES SERVICES

MEETING MINUTES for SEPTEMBER 28, 2005

LOCATION: Minnesota Department of Human Services (conference call)

I. IN ATTENDANCE

a. Participating Members From Counties:

- i. Margaret Langfeld, Anoka County Commissioner (Sponsor)
- ii. Amy Wilde, Meeker County Commissioner (Sponsor)
- iii. Tom Henderson, Brown County HS Director (Sponsor)
- iv. Dan Papin, Washington County HS Director
- v. Jerry Soma, Anoka County HS Director
- vi. Patricia Coldwell, AMC staff
- vii. Kate Lerner, MACSSA staff

b. Participating Members From DHS:

- i. Brian Osberg, DHS Assistant Commissioner (Sponsor)
- ii. Wes Kooistra, DHS Assistant Commissioner (Sponsor)
- iii. Loren Colman, DHS Assistant Commissioner (Sponsor)
- iv. Christine Bronson, DHS Medicaid Director (Sponsor)

c. Staff Members From DHS:

- i. Char Sadlak
- ii. Michelle Basham

II. INTRODUCTIONS

III. DISCUSSION OF WORKPLAN

- a. **Preliminary Issues:** Suggestion that we add to the agenda a discussion about who will be responsible for what. *(See end of minutes about date and focus of next meeting.)* Announcement that at sponsors meeting in October, we will talk in more detail about what we want to accomplish.

- b. **Discussion About Attachment A in Background Materials Packet, (preliminary work-plan & timelines):** DHS has been avoiding talking just about managed care but “managing services.”

Discussion followed with some individuals expressing support for framing discussion in a broader context of managed services: *"we need to figure out what services we are going to provide before we figure out who's going to do it."*

- c. **Objective Statement Agreed To:** "Developing strategies that more effectively manage services provided to people with disabilities."

- d. **Outcomes:** Comment that wording was pretty good, broad and general. Additional thought that the wording implies that people with disabilities are all the same as opposed to different people with different needs at different times. It may be problematic for this group to approach needs as one group as opposed to subgroups. Perhaps we need to acknowledge that different groups have different needs. (Three groups- mentally ill, developmentally disabled, and physically handicapped.) Therefore, the solutions and outcomes probably cannot be the same for all of the groups. We should also think about people's needs as changing as they go through different points in their lives.

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Proposal to have wording that states: "recognizing three distinct subgroups of people with disabilities...."

Comment that it is about quality of life and maybe proposed outcomes do not capture quality of life either.

Comment that maybe the outcomes are similar but the process of getting to those outcomes might be different across the different subgroups.

We need to be able to talk about people individually but not fall into the habit of classifying people and being inflexible in how we help them.

Clarification that the solutions might be varied depending upon the disability and so the idea of coming up with a universal solution would probably not work.

Group discussion and general agreement that we want to balance the concern of limiting individuals by a tendency to “over-classify” with the recognition that different groups will need different things. For example: persons with mental health needs might need short term housing to help until they stabilize as opposed to people with physical disabilities who might need supportive housing for a longer period of time.

***GROUP CONSENSUS: The statement that should be captured under principles, *not* outcomes: “Allow for appropriate and variable levels of care and services appropriate to the needs of the population.” (one size does not fit all.)

- e. **State Purchasing Outcomes Discussion:** Opening statement that the goal is to capture “appropriate, efficient ” and “effective” service delivery in the work-plan. We should not wordsmith during meeting today but maybe some work can be done on that between meetings.

The proposal was made that the right service/ right time language should stand alone because it is so important.

Comment that the health concern side is not expressed as much as the social service perspective side in the eighth bullet under “state purchasing outcomes.” One participant suggested adding language about “improving health status” in the client outcome section.”

Discussion arose about the need to identify prevention and early intervention in the outcomes section. If we want to look back to see if we did what we wanted to with this group, that should be there.

***GROUP CONSENSUS: Add under principles, some statement about prevention and early intervention.

Discussion turned to whether we should split out client from purchasing outcomes or whether they are interdependent.

One participant stressed the importance of more clearly capturing cost containment as a critical strategy.

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***GROUP CONSENSUS: A statement will be added about cost containment and financial accountability. (as a new outcome)

Suggestion that we should try not to edit documents during meetings, but maybe we should have additional documents on fiscal and client outcomes, in addition to the work-plan, to capture the importance of these issues?

***FOLLOW UP: Brian will work on making these modifications to bring back to group.

- f. **Statement Under Objective - To Accomplish This...":** Statement in proposed work plan appropriately captures spirit of what DHS is trying to do, including working with other groups. Three groups to think about/coordinate: AMC/DHS sponsor group, MACSSA work group and mental health advisory/payment group.
- g. **Discussion regarding principle # 4.** Consensus that it should be reworded to say: "Allow for variable services or care that are appropriate to the needs of the population."
- h. **Discussion around cost containment and financial accountability issues (#6 on work plan):** Financial accountability should be part of principles because it is so important and it is critical to have buy-in on every level for the importance: state, county, provider and consumer (client.) Question as to how we can balance cost containment while still maintaining a high quality of services. Example: smaller group homes generally provide a higher quality of care but are more expensive.
- i. **Summary:** Goal would be to finalize work-plan/timeline at our next meeting.

IV. ADVISORY COMMITTEE/COUNTY REPRESENTATION

Announcement that letter will be going out from DHS to AMC and other key stakeholder groups looking for appointments to the advisory committee. The advisory committee will not be in a decision making role but advising the department in developing a managed care option for basic health services.

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V. DATE AND FOCUS OF NEXT SPONSOR'S MEETING: At our next meeting, we should have discussion about the different groups, how they interact and what the goals of each will be. Information regarding who we are serving and how much we are currently spending will be provided.

Comment made that the MACSSA/ disabilities work group met this morning and talked about a lot of the same issues. This group is under the understanding that they have about a two year window to get some things done, in part based on when the waivers expire.

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DHS commented that we hope to have some proposal or ideas to present during the 2006 legislative session.

Comment that it might be difficult given the complexity of this area to propose something by session time. Additional comment that as it relates to persons with mental health needs, we have an obligation to propose a model by the 2006 legislative session.

In terms of groups overlapping, it probably does not matter if we are on slightly different timelines or overlap but we should continue to communicate between the groups.

***CONSENSUS: Each of the different groups (sponsor groups, Futures group etc.) will continue to keep each other in the loop.

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Announcement was made that the MACSSA's disabilities work group will be mailing DHS some questions about this issue.

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Discussion continued about all of the different groups and how they all interrelate and who has decision making power. Concern was stated that we cannot continue to overlap. DHS stated that it was their understanding that AMC and DHS each have internal working groups looking at managing disabilities and then there is also the larger task force on "managing change in the human services system."

Deleted: Discussion about whether sponsor groups and task force are working groups of AMC. DHS stated that this was not their view on how the groups should be viewed. In their understanding, it was agreed that there would be the larger overall task force with leadership from DHS and AMC with county representatives. In addition, both DHS and AMC would have working sponsor groups charged with looking at managing disability services. ¶
The sponsor groups meet separately sometimes and together sometimes. Regardless, the larger task force and the sponsor groups are not under the structure of the AMC as an organization but a collaborative effort between DHS and AMC. ¶

Discussion turned back to the MACSSA disabilities work group and their desire to be part of the sponsors working group in some way. Statement was made that maybe there needs to be a stronger connection between the MACSSA work group and the sponsor group.

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Additional statement was made that it is a good idea to find a way to loop the MACSSA group into the sponsors group but we need to be careful not to duplicate efforts.

Maybe they would not be sponsors but would be welcome to participate in the process, perhaps as ex-officio members. We both have similar needs for staff participation but it does not necessarily require that they have to be a part of the sponsor group. Clarification that the AMC/DHS "Managing Change" task force is the group that will be looking at the larger picture and then the sponsor group is looking at managing services for people with disabilities and then MACSSA will find a way to loop in.

*****NEXT MEETING:** Thursday, October 20, 2005, 2:00 to 4:00pm at AMC.

VI. Duties and Roles of Larger Group and Sponsor Group and Interaction

See discussion above and noted as suggested item for next meeting.

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