

**- SPONSOR GROUP -**  
**MANAGING CARE FOR PEOPLE WITH DISABILITIES**

**MEETING MINUTES October 20, 2005**  
**LOCATION: AMC**

**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. \*Dave Rooney, Anoka County Community Services Division (Sponsor)
- v. Kay Dickison, LPHA/Dakota County
- vi. Patricia Coldwell, AMC staff/Task Force Lead Staff
- vii. Kate Lerner, MACSSA staff

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**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
- iii. Pam Parker

\*Denotes Sponsors

**II. Introductions**

**III. Amendments to Agenda:**

- a. Advisory Committee updated added at the end of agenda.

**IV. Background Information:**

**a. Current Systems & Costs of Providing Health Care and Continuing Care Services to People with Disabilities:**

Presentation by Christine Bronson, DHS. (see *handout*) Summary of major points raised:

i. **Coordination:** One of the issues that could arise from the new Medicare Part D is coordination verses conflicting service approaches

I. **Example:** We currently focus on prescription drugs that prevent hospitalizations. Under Part D, another organization might reduce the availability of some drugs in order to reduce their costs, thus increasing hospitalizations for which they bear no financial responsibility.

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ii. **HIV/AIDS:** Planning for service delivery is critical.

iii. **Cost:** In some of the subgroups, they represent a smaller percentage of people served but a larger share of the cost. This ignores some state priorities, including serving people with developmental disabilities. One of the ways to look at this is to get better services for our dollars, instead of just creating a new service delivery model. Not just cost but quality and access.

iv. **FOLLOW UP:** We should develop a chart showing breakdown of cost by subgroup. (ie: people with physical disabilities vs. developmental disabilities)

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v. **Comparing Costs:** One of the things cost comparison might ignore is short term verses longer term care and service needs/types. We can talk about waivers but it is not inclusive of fee for service (FFS) populations. Maybe variations on a theme.

vi. **Page 11, Case Management:** Under developmental disabilities (DD), not county "contribution" but "county match." Also question about accuracy of 3 million.

Comment that maybe this section of slide could be labeled better. Outside of how we may or may not want to distribute it in Minnesota, there are a lot of changes in process that could affect how we do case management. We are also undergoing a federal audit on targeted case management.

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**FOLLOW-UP: Need information on case management that is more descriptive of the state vs. the county expenditures**

vii. **Page 14, Adult Mental Health Chart:** Some people said it might be nice to see a breakdown of state verses county dollars. It would also be nice to see a breakdown of who is dual eligible.

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viii. **Eligibility:** Time it takes to become certified disabled and time it takes to get into Medicaid. Another big issue we need to be thinking about and responding to is continuing care cost breakdown and program changes.

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**b. MSHO, MnDHO and Special Needs Plan:** Presentation by Pam Parker, DHS. Summary of major points raised:

i. **MSHO:** As MSHO loses its demonstration status, one of the questions is whether Senior Care and MSHO will become the same thing. What we need to do is figure out how to provide wrap around services with Medicare and how to best serve MA-only clients.

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ii. **Special Needs Plans (SNPS):** Right now we are operating under demonstration status which is why seniors and disabled individuals are served separately through MSHO and MNDHO. But under the new Medicare requirements, all arrangements must be offered to people with disabilities. In the future, it will not be as easy for plans to deny people with disabilities services as some of them currently do. Two pieces of significance to think about with regard to SNP's changes: we are losing management control of the provision of pharmacy services (significant for figuring out how to serve dual eligibles) and all of these newer or changing organizations are developing the capacity to serve dual eligibles so how are we (DHS/Counties) going to innovate to meet these new needs/emerging market.

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i. **The question we need to ask ourselves is where we would like to have things managed** - - develop our own programs or be comfortable with organizations that may not share our concerns providing all the services. There is a lot of money when you put Medicare and Medicaid on the table together.

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II. **MNDHO and South Country:** It would be very interesting to see what we could do with South Country because, among other things, they are interested in providing wrap around MA services. A second peripheral issue: how could we use the MnDHO legislative expansion on strategically?

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### III. **Integrated Model for Persons with Mental Illnesses.**

V. **Reminder of Ground Rules:** All of the individuals who attend meetings are welcome to contribute to the discussion however, only the sponsors have actual decision making authority.

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VI. **Approval of Minutes from September 28, 2005 Meeting:** Formal approval not required but if major comments, forward to Michelle Basham.

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### VII. **Discussion of Organizational Relationships & Matrix(s):**

a. **Matrix Pieces:** Comments about the second matrix (health care systems) should be forwarded to the task force lead staff for DHS. Acknowledgement that we will need to be flexible to amending the matrix pieces as we become aware of additional information.

**Additional Comments:** How do we capture MHAG? In addition, questions might be raised about decision making matrix and other groups peripheral/complimentary to Task Force.

**Addition To Matrix Depicting Task Force and Sponsor Group:** Addition under "sponsor group on managing care/services for people with disabilities, sponsor group includes": insert two in last sentence to read: *and two human services directors from the county.*

b. **Members List:** Request that we add non-sponsor regular LPHA representative to membership list.

### VIII. **Discussion and Approval of Work Plan and Timetable:**

a. **Outcomes:** We should add some things under the outcomes to better capture things the counties see that need to be added.

i. **FOLLOW UP:** County representative (Dave Rooney)) will send proposed changes.

b. **Purchasing Outcomes Section:** Comment that this speaks to the state's responsibilities. Comment about what the counties would bring. Additional comment that the point is not to note roles or structures. Discussion turned to whether clarity of roles should go

under principles. The focus should be on how we get better roles. Comment that maybe we should add a section on roles and responsibilities so we know when we reach our goals.

- i. **FOLLOW UP:** County representative (Dave Rooney) will send proposed language for roles/responsibilities section. Question about seniors but clarity that initially at least, seniors subgroup not identified as a priority.

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At some point we need to determine what competencies and needs we have.

## IX. Discussion of Agenda and Structure for Next Meeting:

### a. Agenda Items To Cover:

- i. Discussion of payment models and shifting from MnDHO to SNP's.
- ii. What would it take for our FFS model to expand to fill in gaps.
- iii. MH Payment Mode.

### b. Date and Structure for Next Meeting:

- i. Discussion about whether we could combine the next Sponsor Group meeting with the Task Force meeting. It was reported that because the agenda for the Task Force has not been developed yet, it would be difficult to estimate how much time we need for each meeting.
- ii. **FOLLOW UP AND CONSENSUS:** Lead staff will touch base and coordinate after phone conference with Task Force consultant on 10/21.
- iii. **NEXT MEETING:** NOVEMBER 28, 2005 AT 2:00PM (location TBA.)

- X. **Update About Advisory Committee:** DHS reported 15 names submitted to Commissioner for his review and approval. Looking at morning of 11/15 being convening meeting. The Commissioner appoints the members although there is some flexibility with alternates. Although the enabling legislation requires a managed care option for people with disabilities to be operating by January of 2007, that timeline is unrealistic given other changes occurring at the state and federal level. January 2008 is a more realistic timeline. As a result, advisory committee member have been appointed for a two year term.

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