

**DHS/AMC TASK FORCE ON  
MANAGING CHANGE IN HUMAN SERVICES  
NOVEMBER 29, 2005**

These minutes identify by topic the nature of the discussion and the decisions the task force made and assignments or next steps, as appropriate. They are based on extensive raw notes that can be made available by email.

In attendance: Margaret Langfeld, John Baerg, Amy Wilde, Dennis McCoy, Dave Rooney, Tom Henderson, Dan Papin, Susan Beck, Kathy Johnson, Jim Mulder, Kate Lerner, Patricia Coldwell, Kevin Goodno, Lynne Singelmann, Dennis Erickson, Chuck Johnson, Brian Osberg, Wes Kooistra, Loren Colman, Christine Bronson, Michelle Basham

Ground Rules The group reviewed several ground rules where there was a request for clarification and/or changes.

- **Composition:** The group reconsidered whether it would allow substitutions or alternates, whether an additional county representative could be added and whether a representative from public health should be added.

The group affirmed that no new members would be added to the task force at this point, but reiterated that non-members can attend at the request of the task force to provide input and/or serve as a subject matter experts. Further, the group agreed that Hennepin County could replace their current representative if that person cannot regularly attend, but that they could not send an alternate.

- **Meeting Protocols:** The group clarified the language in the minutes of August 29, 2005.
- **Communication:** The group reaffirmed that discussions about the work of the Task Force should focus on the issues discussed and decisions made without attribution to specific members or to “the state” or “the counties.”
- **Accountability:** The term “localities” will be changed to read “counties.”
- **Decision Making:** The group clarified the decision making roles of the sponsor group and the Task Force relative to DHS and the counties. The sponsor group is expected to recommend strategies for improving effectiveness and efficiency of the program. The group may, but is not expected or required, to reach consensus on every recommendation. Rather the group needs to provide data and its best thinking so the Task Force understands the logic and rationale for various strategies coming before it for consideration. Likewise, the Task Force serves in an advisory role.

The goal is to inform each others' actions on the issues addressed. Ideally, the group will achieve consensus on major issues in a way that best reflects the broadest representation of DHS and counties. However, it is understood that DHS has the final decision making authority on major policy directions and that counties may also pursue other strategies outside the group.

### **Sponsor Group Report**

The sponsor group has met three times and has invited co-chairs of the MACSSA ad-hoc disability group (Paul Fleissner, Clark Gustafson, and Jerry Soma and a representative from LPHA (Kay Dickison) to attend. The group has not included providers, consumers or advocates as members, but noted that input and review are essential from these stakeholders. The group is aware that other entities, charged under separate mandates, are also addressing similar issues; e.g. MACSSA ad hoc working group. The sponsor group will find ways to coordinate with efforts already underway.

The sponsor group has discussed and/or agreed on the following.

- **Broader Focus:** The group will consider issues affecting the ability of the state and counties to manage services for people with disabilities, with a primary focus on medical assistance clients. This broadens the inquiry beyond a more narrow focus on managed care as a service delivery modality.
- **Principles Articulated:** The group identified un-weighted principles (see attachment A) or criteria that they will use to assess current models/systems and, as needed, strategies for improving services (e.g. quality and access), client outcomes, and financing. The group underscored that any system has to be responsive to three sub-populations and provide a continuum of care that addresses the particular needs of people with mental, physical or developmental disabilities.
- **Dual Eligibles:** The group recognizes the complexity in serving dual eligible (Medicare and Medicaid) and special needs plan clients (SNPs) and will ensure that the sponsor group specifically addresses this population.
- **Work Plan and Timeline:** The timeline is aggressive, but doable.

### **Taskforce Guidance**

The Task Force provided guidance on both process and content. The questions or suggestions listed below are not weighted or prioritized and the Task Force did not strive for consensus. The sponsor group will need to determine whether and to what extent a particular question or issue is relevant as it moves through its deliberations.

- **Baseline:** To the extent possible, the sponsor group needs to establish a baseline of how the system is or is not currently performing (e.g. who is served, how, at what cost and to what effect) as the starting point for determining what “more effectively managed” means. In particular, it is important to understand with what ease or difficulty people with disabilities access health care and to what extent services are equitable across the state and specifically within communities of color.

**Assignment:** Michelle Basham will be responsible for working with the sponsor group to ensure it have information/data from communities of color and disparities and cultural competency issues.

- **Outcomes:** The sponsor group is asked to consider possible outcomes and measures for the three populations served, understanding that there may be overlap in desired outcomes for the three groups.
- **Service Delivery Design:** The sponsor group is asked to examine whether and to what extent case management/care coordination, elimination of geographic boundaries, and other service integration mechanisms should be implemented as ways to improve client outcomes and increase efficiencies; e.g. timeliness, responsiveness.
- **System Administration:** The sponsor group is asked to consider how key processes like data analysis, planning, monitoring and technical assistance should be conducted. That is, who is responsible and accountable for what, to whom, and under what standards?
- **System(s) of Care:** The sponsor group is asked to consider whether and to what extent there should be a fixed or flexible service “floor and ceiling;” who is responsible and accountable to develop service models and set clinical protocols and standards; and to identify “order of service” should needs exceed available resources.
- **Financing:** The sponsor group is asked to consider the extent to which requirements of various funding sources present challenges or opportunities; whether and how to use financing to encourage/require particular provider behaviors; and whether and to what extent various funding mechanisms (e.g. county purchasing) maximize outcomes and return on investment.

**Additional Priority Programs:** The task force discussed whether it should create additional sponsor groups to tackle any other priorities under Tiers 1,2,3 as identified at their August 29-30, 2005 meeting.

- **County Purchasing and Fee-for Service:** As the charge for the current sponsor group is framed, County Based Purchasing and Fee-for-Service review now fall logically under the sponsor group as it examines financing.
- **Mental Health Services:** The Task Force will not create another sponsor group to examine MH since the Minnesota Mental Health Action Group is currently charged with examining the provision of mental health services to all populations. To the extent that some people with disabilities also have mental health needs, the sponsor group needs to understand what and how mental health services are provided and coordinated for this population.

**Assignment** Wes Kooistra, on behalf of the MMHAG, will make a presentation to the sponsor group so they are aware of and can, as appropriate, take into account the work of the MMHAG.

- **Elderly Care:** The Task Force will not charter a group to look specifically at alternative care for the elderly, but did raise several issues for the sponsor group to examine for elderly people with disabilities. The first is how to maintain transitions between the two systems; e.g. not have clients fall through the cracks as clients move very rapidly to being served by health plans under statewide MSHO “passive enrollment. The second is how to set system incentives and disincentives so that health plans do not abandon the most difficult client; e.g. frail elderly.

**Purpose of the Task Force:** The discussion about chartering additional sponsor groups led to a request for clarification from DHS about their reason for convening the group. The Task Force grew out of presentations from the AMC Futures Group and DHS’ exploration of Six Sigma, both of which spoke to improving effectiveness and efficiency.

This process, too, was conceived to focus on what was best for customers and determine whether the current processes, service delivery, structure, roles, etc were the most effective and efficient in achieving those outcomes. The state and the counties need to learn whether the process works well before deciding whether it can be used to examine other large program areas.

The Task Force agreed that there is not enough capacity or experience at this point to add other programs.

### **Task Force Work Plan**

Given the previous discussion, the current work plan will need to be modified.

**Assignment:** Sue Christie, Patricia Coldwell and Michelle Basham will collect the necessary information, including working with Brian Osberg, to flesh out the work plan including generating data.

### **Key Messages**

The Task Force agreed on the following points.

- The group will focus its work on one program area, “managing services for people with disabilities,” for two reasons. The group has such unique and complex needs and there are real opportunities to make improvements at this time.
- The group is focusing on one program area only so it does not try to do so much it becomes ineffective.
- The state and counties are committed to staying customer and outcome focused as they examine where to make changes.

### **Meeting Debrief**

The group was more focused this meeting, but must continue to put the interests of the customer ahead of the interests of the state and counties.

### **Next Meeting**

It was agreed that

- The sponsor group will meet two times before the next Task Force meeting which will be scheduled for March or April
- The meeting will be one day instead of two since the group is concentrating on one program area.
- Agenda items will include sponsor group report, updated work plan and timeline, and beginning discussions around baseline data and threshold questions.