

<mailto:Vicki@uoi.org>      **MACDDS Minutes**  
**Wednesday August 27, 2008**  
**Resort at Port Arrowhead, Lake Ozark, MO**

**1:00 – 2:15 PM**

**Call to Order:** Max Lytle, President Elect  
Introductions/General Announcements/Celebrations of Success

1. Minutes from July 2008 meeting  
R Garlich made the motion, seconded by M Whitlock, to approve the July 08 minutes.
  
2. Finance/Treasurer Report – July 2008 Financials (P Breting)  
W Hays made the motion, seconded by J Jacobs, to approve the July 08 treasurers report.  
51 members  
Capitol plaza will be where the MACDDS meetings will be held while in Jefferson City in 2009.
  
3. **Executive Coordinator's Report:** Doris Boeckman  
A report was distributed working on conference and Annual Report  
23 Surveys have been submitted out of 51 members Doris will send out a List of those who have responded  
MHTF has funds that may be available. That Mac cord Apply for emergency housing.  
2008 Missouri Public transit Association report was handed out.

V McCarrell, made the motion, seconded by L wells for CAB to apply for funds being released by the Missouri Housing trust fund, motion Passed.

4. **Agency Liaison Reports:**

*MARF* (M Whitlock),  
No Report  
Marcus will not be the Lead for this report

*MO ANCOR* (Carol Baer),  
No Report

*Coalition* (R Kruse),  
Bernie wants more communication from the coalition on current issues that assert the Division

The coalition needs to work more closely and develop position statements on various issues

A New facility review form service monitoring tool was discussed\_ no consistency was and across the state\_ county Board TCM Programs are not required to use the new tool

*Supported Employment* (W Hays),  
NO Report

*MO Planning Council* (V McCarrell),  
Inclusion seminar Oct 15 and 16

*Sheltered Workshops* (R Garlich),

Workshop Per Diem will only be 15.00. Six workshops in the state are suing DESE to receive the full Per Diem of \$17.00 per day. The Workshop Association will reimburse the legal fees up to ½ of the Associations resources.

***Congress on Disability*** (C Snow),

C Snow made the motion, seconded by L Wells, to continue membership on the Congress on Disability and to submit the dues of 150.00. Motion Passed.

***PIC Council*** (R Garlich/W Hays)

NO Report

***Mental Health Commission*** (V. McCarrell)

September 11<sup>th</sup> meeting will be held on Fulton, Mo. And the FY 10 Budget will one discussed at length

5. **Committee Reports:**

***Executive Committee*** (C. Arrowsmith),

No Report

***Nominating Committee*** (V. McCarrell),

The committee recommends the following state of Officers:

Max Lytle President

Jennifer Wooldridge. President Elect

Deb Miller. Secretary

Take Jacobs-treasurer

Alecia Nissen \_ member at Large

Motion Passed.

***Public Awareness*** (J Wooldridge),

No Report

***Communication & Education*** (J Casey),

The conference is moving forward and the brochure is available online. Brochures will be mailed on the near future.

***MHTF*** (D Boeckman),

Nothing further

***Governmental Affairs Committee*** (P Capo)

- a. Support Legislative Priorities by Increasing Contact & Interaction with Legislature and Governor's Office
- b. Defend Against Negative Financing Impacts to Disability Funding
- c. Identify Mechanism for Tracking Federal Issues that Impact MACDDS Members
- d. Pursue Coalition Legislative Platform on Core Issues of Common Interest

This year's Legislative Priorities are on the MAC website

Deemed Status-there was no New legislation removing the deemed Status provision- Legislative history will be sent out regarding this issue

***Regulations/Standards/Policy*** (J Tillman)

- a. Update information in existing Technical Assistance Manual

- b. Create Policy Manual with officer changes, plans, finance/investment, agreements, etc.
- c. Produce publication of comparison of County funding mechanisms  
Sample documents have been added to the technical assistance manual.

The manual is coming along well. A number of chapters have been finished with final approval from the committee.  
Job Descriptions have been completed.

**Quality Assurance** (R Kruse),  
Still focused on deemed status.

**Resource Development** (J Casey)  
No Report

**College of Direct Support** (R Garlich),  
College is going well.  
This was a 3 year pilot. The Division has committed \$250,000.00 for FY 10, used to keep the program on going. There will be an 8 month lapse.

M Sullivan-Thomas made the motion, seconded by J Casey, to provide \$3,000.00 of funding for the College of Direct Support. Motion Passed.

**First Steps Workgroup** (R Kruse)  
a. Nurture development of relationship with DESE/First Steps  
b. Collaborate with Medicaid Work Group on Children's services objectives  
c. Monitor development & release of First Steps RFP for SPOE  
No Report

**Medicaid Waiver Workgroup** (R Garlich)  
a. Participate in Medicaid Waiver redesign  
b. Discussion with MRDD regarding funding of non-Medicaid eligible persons  
c. Contact and educate legislators about Medicaid Waivered services  
d. Advocate of Children's waiver for First Steps  
e. Educate MACDDS membership in Medicaid Waiver options  
f. Prepare MACDDS Position Paper

Presentations continue on Thursday August 28<sup>th</sup>, 2008.  
After the presentations are complete the committee will begin the white paper report to the grantor.

**2:15 – 3:45 PM**      **Jim Boeckman & Daniel Stark, Department of Labor and Industrial Relations; Occupational Health & Safety, Prevailing Wage Requirements and Bidding Requirements for Construction and Capital Improvements.**

Information was distributed and discussed.  
OSHA does not apply to the public sector.

[www.Osha.gov](http://www.Osha.gov)

[www.dolir.mo.gov\ls\safetyconsultation](http://www.dolir.mo.gov\ls\safetyconsultation)

**3:45 – 4:00 PM**      **BREAK**

**4:00 – 5:00 PM**      Open Discussion

R Kruse made the motion, seconded by L Wells for J Kruse to send a letter to the Division of MR/DD outlining the MACDDS position on the Divisions RFP regarding Targeted Case Management. Motion Passed.

A Nissen made the motion, seconded by L Wells for CAB to take minutes at the MACDDS meetings. Motion Passed. 4 Opposed.

**MACDDS AGENDA**  
**Thursday, August 28, 2008**  
**Resort at Port Arrowhead, Lake Ozark, MO**

**8:30 – 9:00 AM     Bernie Simons, Division Director; MRDD, Monthly Update**

**DMH.** Due to limited time on the agenda, MACDDS presented specific questions to DMH.

1) One question dealt with the Joplin RFP for service coordination. For any new decision items, DMH will request funding for case management. DMH does not want to penalize counties that have been doing case management for years. Everyone doesn't realize how much money from county boards is match. DMH will work on this issue.

There is inequity in the currently released proposal – private providers cannot provide match. A question was raised about the ratio of 1:40 caseload, while DMH is currently at a caseload of 1:60. DMH would not respond as the RFP is open.

2) Another issue was no availability of slots – ties to equity of funding. Should the state pay for all the match money for TCM, including what county boards are currently providing?

Counties doing case management are paying their own match; started at \$35,000, now at \$22,000. The Division is looking at this issue. DMH put about \$5 million in the budget for TCM. If this is acquired, DMH will take care of the entire match.

3) Counties waiting for \$22,000 slots – DMH asked who those counties were. Macon County is one of the counties. They need two people; Taney County needs 2 people; and Monroe County needs one.

Issue is that some regional offices have to have a vacancy in their region, not that any vacancy within the state would be made available.

4) Why doesn't DMH approach county boards to make things equitable? DMH indicated that the choice is between a level playing field or getting caseloads decreased. DMH is not ignoring requests, but can't do both with the present funding – can only do one or the other. If this needs to happen, then a plan needs to be created to address the issue.

DMH understands the dilemma, which is why the state should pick up the match to eliminate this problem. The barrier is coming up with the \$5 million to address the issue.

5) UR - will take MACDDS questions under advisement. One conference call has been held. Another meeting is scheduled with attorneys to advise on the language around CMS to assist counties with UR scores of 7 or other so that they can participate in the waiver. If DMH can do this and change the language, then it will help everyone.

Kay Green was in KC at a CMS meeting to discuss 1915a and 1915c waivers. Exploring options with Baltimore. Believes a more comprehensive package is needed, not addressing a UR score; how to change the way DMH is doing business statewide. There is a meeting at 1:30 today with the Coalition about comprehensive quality improvement and other items. If MACDDS has issues, contact the chairs to get them added to the agenda to build a better collaborative effort.

Open slot for someone with score of 12 - DMH indicated that it then becomes the length of time on the waiting list. Not just an issue for the state – everyone needs to come up with a solution together. DMH discussed communication – may not like positions of DMH, but there is communication – need to move forward with issues that have been raised.

How can there be an even playing field for those counties that stepped forward years ago? Need to craft solutions on paper together rather than DMH authoring and sharing for reaction.

Clarification - for counties currently doing UR, they are being told they cannot do UR because it is against the Code of Federal Regulations. DMH did not have a response and would have to follow-up.

A suggestion was made to divide up case management money using a per capita allocation. Some counties choose to increase their county tax to provide more services. Want to maintain a 1:40 caseload.

**9:00 – 9:05 AM Opening/Introductions/Announcements: Max Lytle**

Max Lytle made an announcement that Robin Rust, DMH, would be presenting at the September 24 MACDDS meeting at 2:15 p.m.

**9:05 – 10:30 AM Jon Fortune, Ed.D, Policy Associate, Human Services Research Institute, Portland, Oregon, Level Building Models for MRDD Waivers and SIS Assessment Based Reimbursement.**

Jane Kruse introduced Jon Fortune, the Medicaid Waiver Work Group presenter. Handouts and the pre-test were distributed.

Jon went through his presentation, which will be posted on the MACDDS website. The following questions were asked at the end of the presentation.

**Questions –**

Question related to group home rates.

Individual rate possibilities and individual budget possibilities

Rate setting is most complicated – more complicated than assessment. At least 100 variables.

Merge assessment levels, looking at rate setting systems and blend to get the best answer.

Rate setting is where policy and practical things get resolved.

Assessment involves the parents.

Prospective vs. Retrospective

Prospective = set amount

Retrospective = after you work on the plan for the individual

Which works better with SIS system?

Response: Prospective helps more in terms of fairness & equitability.

Not working with any states using retrospective budgeting.

Do most States follow the following concept – take what we have and provide to those with most need, or is it more political in nature.

Response: All states subscribe to the concept. There is always an undercurrent.

Across states, who does scoring?

States are in different places, sometimes case managers, sometimes state personnel, varies by state.

What research has been done about putting money into prevention?  
Forecast needs of adults and intervene sooner.

**10:30 – 11:30 AM Mark Smith, Medicaid Health Systems Administrator, Ohio Department of MRDD, Waivers & Waiting List Management**

Jane Kruse introduced Mark Smith, Ohio. Questions that followed his presentation are listed below.

Level 1 – must meet ICF/MR Level of Care; did not go through assessment before eligible for services?

Response: That is correct. The assessment used is not a true assessment tool. Make a point of not giving those individuals an assessment. If they were given an ODDP assessment they would come out above the \$5,000 Level I waiver.

Re: CMS concerns with Ohio program. Problem had more to do with counties negotiating rates with providers – variance in the rates across counties.

Response: That is correct; which is why Ohio is not making state wide an issue.

How long has wait list been managed?

Layered question – counties have always managed wait list. Only last 2-3 years required to input information into a statewide database for review. Pointed conversations with CMS about waiting lists. CMS has been okay with all 88 counties having waiting lists, since have ability to monitor.

Allocation of waiver slots – not done in blocks, but individual name or priority groups.

X county gets X number of waivers. Not always had adequate levels of capacity. Some counties would hang on to waivers, while others had a dire need. Why chose to go with request percent of waiver capacity – need specific within that county. Expectation they would manage status in such a way that the first people are given waiver, they are following rules/guidelines about who those people should be.

County isn't having to reserve capacity for emergencies?

No, Ohio has a bucket for these. Some counties may have an emergency, they will wait until the next waiver allocation comes out (quarterly). In some cases, there may be a number of emergencies – they may only choose to ask for additional waivers for some of them. State holds the pool, rather than letting the counties hold them.

Does this pressure counties to increase their tax levies?

Yes, not in relation to what other counties are doing, but as they choose to bring additional individuals on the waivers.

How is it handled when one individual moves from one county to another – specific to match?

When individual moves, the 2<sup>nd</sup> county takes on the liability (the receiving county). This impacts state subsidy. In the first county, subsidy decreases, and vice versa. With Ohio's budget situation, the subsidy is one of the things on the table for cuts.

Responsibility of state in monitoring counties?

County boards required to get accreditation on ongoing basis. Make certain people in priority categories are placed adequately; and allocated waiver capacity are the people getting the services, versus the people that are being left behind.

So, all counties are accredited?

Yes. There is an accreditation process from the Department of MRDD that all the counties must complete.

It's not a national accreditation system, but a state system?

Counties with CARF accreditation stands in for the state system.

Rural county question – under current model and managing wait list – it is one thing to be eligible, have the money and then do we have the services to meet the needs of the individuals. In your model, has there been an increase in providers to increase service?

Jury is still out on this. There is more predictability of what reimbursement is going to be. Difficulty in getting adequate level of providers for specialty services like OT/PT. Ohio continually struggles with providers.

How do you provide case management services?

Done through the counties. They are coordinated by case worker (support and service administrator). Adult Day Services, counties have non-profit organizations provide the service. There may be some competing interests. Ohio has put together some assurances, where does your role as service coordinator begin and end and how to keep the two separate. A “firewall” document. Mark will send a copy.

Rely upon CARF where present, is it adequate in health and safety aspect.

Not an expert on CARF. More stringent standard than Ohio's.

The Meeting stood adjourned at Noon.