

COORDINATING COUNCIL FOR PERSONS WITH DISABILITIES

Minutes from the February 25, 2014 Meeting

Council Members

Helen Post, Utah Parent Center
 Paul Smith, DSPD
 Doug Thomas, DSAMH
 Michael Hales, DOH
 Glenna Gallo, USOE (rep)
 Russell Thelin, USOR
 Gina Pola-Money, CSHCN
 Joel Coleman, USDB

Present:

Excused:

Stakeholders Present:

Jan Ferre, Legislative Coalition for People with Disabilities
 Joyce Dolcourt, Legislative Coalition for People with Disabilities
 Kris Fawson, Independent Living Council
 Carol Ruddell, USOR

Guests:

Dale Ownby, DWS
 Lyle Ward, DWS
 Jenny Johnson, DOH

NEXT MEETING: March 25th, 11am – 1pm, Multi Agency State Office Building 195 N 1950 W, Salt Lake City Room 2026

AGENDA ITEMS	DISCUSSION	RECOMMENDATIONS/ACTION
Welcome & Introductions	Paul opens the meeting at 11:10AM and welcomes the group. All attendees of the meeting give introductions. Paul reminds the Council of upcoming elections.	The Council will consider elections in a coming meeting.
Approval of the September and November 2013 Meeting Minutes	Council members reviewed the minutes. Helen provided Ryan with corrections. Russell moves to approve the meeting minutes. Joel seconds the motion and the Council unanimously approved the minutes.	Council approved the September 24 and November 26 Meeting Minutes.
Dale Ownby and Lyle Ward from DWS presented on eligibility	Dale: There seems to be some general concerns over the forms and process of eligibility. Four teams handle disabilities and blind across the state. Lyle is responsible for this position. Multiple teams assist in these efforts including support for school, refugee, Spanish, and American Indian populations. The bulk of cases within DWS come from food assistance programs. DOH contracts with DWS and holds the policies regarding these areas. They are a single deliverable model: work is portable where staff can work from anywhere in the State of Utah. Paul: Any changes in the past or coming future? Dale: We have consolidated from regional areas due to disparate caseloads. The change allowed for equalizing the type of information and serves. E-Rep was implemented in 2010. The latest changes have been implementing mandatory Medicaid changes under the Affordability Care Act. DWS has had to rewrite policies to accommodate rapid changes. We do not foresee major changes in the near future. Lyle: Other impacts have included the open enrollment period due to the Affordable Care Act. Staff has	*The response to receiving different answers includes asking for a supervisor. *DWS will forward information on the Constituent Services and Advocates' meetings. *The Council motion to extend an invitation to DWS to serve on CCPD.

dealt with increases from open enrollment.

Dale: The only program in place in Utah under 100% of poverty was PCN, which did not support open enrollment. DWS did not get the applications and manually registered these enrollments. It has been very frustrating and a nationwide. Our customers are caught in the middle, as the process is a bit bureaucratic. We do not have a program for people under 100% of poverty and have to wait for a denial from us.

Doug: When doing a determination for services before income...

Dale: The questions are such that when they come over from the flat file, there is no identifying information. There is such limited information that we have to use a data matching system. We can get some information.

Joyce: Do you do presumptive eligibility?

Dale: We have never done presumptive eligibility. Hospitals have to start that process.

Doug: They can't legally set it up .

Lyle: If the customer has been determined eligible, they will also continue with the normal application.

Dale: That would be a hand off to DWS from the hospital.

Helen: If an individual has been on Medicaid previously, do individuals have to go out to the private marketplace?

Dale: We would need to know specifics. If someone comes through our door to apply for Medicaid and they have income ineligibility, we do send a letter that mentions the marketplace.

Gina: We have spent a lot of time on hold addressing Medicaid issues for individuals with disabilities. Is there one caseworker to go to for dually eligible people?

Dale: It is very complicated and difficult. We would be comfortable to share contact names with this group, but there just is not one person for the community partners due to our business model.

Helen: What is the change of command if there is different answer being given? Each time we call, it is a new staff.

Dale: They should ask for a supervisor. We do not have eligibility specialist in our centers.

Doug: We understand the turnover constraints and sometimes it takes a few people to get to the most knowledgeable staff.

Helen: Perhaps a suggestion would be that there is a central contact or case management for people who have disabilities and difficulty navigating the system.

Doug: When someone is categorically eligible, we should be doing everything to make sure the person remains eligible. We realize you do not set the policy, but the information needs to remain.

Gina: A question has come up with a family they know is wrong and they know an eligibility worker that can fix it. It seems some workers are reluctant to step on others' toes. Is there something about policy in who

takes the call.

Dale: All of our cases are assigned to a worker. There are about 500 cases per person. The issue with the phone center is that, at one point we had direct dial to a specific worker, but if the worker was out, help could not be provided until they returned. If it something like processing an application, they probably will ask the worker assigned to take action.

Helen: Perhaps since this group represents some many agencies, yet one consumer can get correspondences from four different places without knowing they are four different places...this might be something we can work on to let people know. Something to tell people what is going on.

Doug: Or when two or more form letters are generated, there is an automatic review because these people will just give up.

Gina: The online MyCase, the system is great for allowing access to correspondence and actions, but there are still challenges. Once they are eligible, correspondence from Health does not say which family member the letter is about. It only lists the "head of household." The systems do not talk to each other about the same person.

Dale: We are still in discussion with Health. One request is to link with MyCase with the Department of Health. I am happy to come back and give updates. We will start implementing permanent eligibility cards in July.

Doug: This will cause some real confusion in July.

Paul: When your team works at initiatives, would you consider an advisory stakeholder group to hear ideas that are ongoing on giving the customer experience?

Dale: The Health Department did a survey last year. Typically, we get feedback from an advocates meeting each month. That is where we get this.

Doug: Ryan, can you get that information about the advocates meetings out to CCPD members?

Ryan: I will.

Doug: I make a motion that we add a permanent member from DWS be a member of CCPD.

Russ: I second the motion.

Dale: Speaking for Eligibility within DWS, we would be happy to come.

Russ: It does not have to be limited to Eligibility. My thought is that Council members in CCPD are executives. So someone who has connections to all divisions of DWS may be desirable.

Paul: I think there is huge opportunity in this group. I am wondering if we can say if they would be a member, honoree member...

Russ: The substituted motion would be a formal invitation to DWS to have an ad hoc member.

Doug seconds the amended motion and the Council unanimously agreed by the Council.

Paul: We will officially extend an invitation to DWS for representation.

Gina: Do you have a DWS-wide advisory council?

	<p>Dale: We do not have a formalized group.</p> <p>Gina: I would recommend an advisory group too review your forms. Some are very difficult and open-ended.</p> <p>Dale: We do have some folks from the Utah Health and Policy Project, but we don't have a formal group. We do have constituents' services. (SEND TO RYAN)</p> <p>Kris: Are they for the pay-per-performance?</p> <p>Dale: We have discontinued pay per performance.</p> <p>Doug: Are there any changes to spend down due to the ACA for dual eligible?</p> <p>Dale: No.</p> <p>Paul: Thank you two for coming. I will extend an invitation for representation.</p>	
<p>Jenny Johnson from the Department of Health presented on the Traumatic Brain Injury Grant</p>	<p>The Department of Health is the lead agency for the traumatic brain injury grant. We are about to submit a new grant. The new grant will be different as the populations we are working this year are different. We are focusing on areas we feel have not been served well in the past. For example, children 0-4, youth 5-19 involved in sports organizations (the population with the highest concussion rate comes from this group), domestic violence, and adults over 65 population. This will be brand new ground for adult injuries (falls). This area will be challenging since we cannot do fall prevention with this grant.</p> <p>The Department of Health is requesting CCPD to agree with these efforts and asks CCPD to give guidance through this next grant cycle.</p> <p>Paul: <u>How are we linked again to these efforts?</u></p> <p>Jenny: UBIC needed a home and CCPD became its unofficial oversight organization.</p> <p>Doug: Can I give contact information on 65 and older? Robert Snarr at Mental Health can help.</p> <p>Russell: <u>If by default we are the oversight group, we probably need to hear from this group 4-5 times a year. Once a year meetings does not seem adequate for proper oversight to this group.</u></p> <p>Jenny: UBIC does not have statutory authority. It is like a taskforce made up of people with interest in brain injury. It provides a voice for these people. The grant has to show that there is partnership with a body. CCPD designates its authority.</p> <p>Doug: Could you please bring us a master plan on how to address TBI that will point out the gaps in the system along with solutions the group would recommend? Could you present it to this group? If we were informed on these options, we could consider a building block to submit, etc. We could try to fill the gaps.</p> <p>Jenny: We can do that.</p> <p>Paul: It appears we have a motion to have UBIC present more regularly and to have the Chair sign a recommendation letter.</p>	<p>*The Council Chair will sign a recommendation.</p> <p>*UBIC will present more regularly to the Council; quarterly the first year and every six months thereafter.</p>

	<p>Doug: I move we support the proposed motion. Helen: I second the motion. Council: Unanimously agrees.</p> <p>Russell: Motion is for UBIC to present quarterly for the first year and then every six months after. Helen: Second the motion. Council: Unanimously agrees.</p>	
Russell leads an early MOU matrix session	<p>Russell: As I thought about what we would do with the MOUs, I considered the Disability Safety Net matrix prepared by Steve Jardine several years ago. We would only include those entities that make up CCPD. What I am asking is to move forward, using a subset within the matrix and expand per the purpose of CCPD. The content is very different, but the model could be used (just the left had side).</p> <p>Paul: I would like to get a better idea of what this Council’s purpose and organization. After local things have failed, how do we know they have failed? I am worried we will exclude groups.</p> <p>Doug: We are the group that figures out how to address the gaps and how to work together well. I like the matrix, and would need to name each agency individually. I think that would be a good launching pad to figure out what is not on here.</p> <p>Russell: Perhaps this would be Phase One to populate the matrix. Phase Two might be the structure of MOUs. Next meeting we will start working on the grid.</p>	The Council will continue to work on populating the matrix and work on the grid in future meetings.
Public Comment	<p>Jan Ferre: I would just like to make everyone aware of the education modernization bill to get computers in the hands of all students. There is the potential it could wipe out large funding areas.</p>	
Future Agenda Items & Announcements	<p>The Council will present a legislative recap.</p> <p>Russell will continue the matrix mapping of MOUs.</p> <p>Doug suggests further discussion on the form for addressing autism the Council worked on last year.</p>	
Meeting Closure	<p>Paul: Makes the motion to close the meeting with Russell seconding the motion. The meeting was closed at 1:10PM</p>	