

Health and Long Term Care Integration Project
COMMUNITY ADVISORY COMMITTEE

February 8, 2006

10:00 a.m. – 2:00 p.m.

Skylight Conference Room, Waterbury

MINUTES

Present: Susan Bandfield Abdo, Janice Clements, Peter Coutu, Janet Cramer, Peter Cobb, Larry Goetschius, Jeanne Hutchins, Jackie Majoros, Maureen Mayo, Martha Miller, Harold Nadeau, Lorrie Raymond, Lila Richardson, Mary Shriver, Alicia Weiss, Lynn Whalen, Rebecca Worth, Michael Bailit (facilitator), Joan Haslett and Cecile Sherburn (staff).

Participating by telephone: Sarah Littlefeather and Jason Whitney.

Handouts:

- ✓ Agenda
- ✓ Committee membership list with affiliations (2/3/06 revision)
- ✓ Core Planning Team membership list (with brief bios; dated 2/2/06)
- ✓ Health and Long Term Care Integration Project Workplan for Year One
- ✓ Proposed Mission Statement (DRAFT) developed by Core Planning Team, 2/7/06
- ✓ Proposed Vision Statement (DRAFT) developed by Core Planning Team, 2/7/06
- ✓ Description of “Core Planning Team Role and Responsibilities”
- ✓ “Requirements for Core Planning Team Members and the Consumer on the Core Planning Team”
- ✓ “Overview of Health Care Eligibility” (provided by Marybeth McCaffrey)
- ✓ “Choices for Care Eligibility ‘At a Glance’ October 2005” (provided by Lorraine Wargo)
- ✓ Acronyms list
- ✓ “TIPS for Effective Techniques for Consumer Input at task force meetings” (from Michael Bailit)

Note: Members present were provided with 3-ring binders to maintain their committee materials. Members not present may pick up their binder at the next meeting they attend.

Facilitator’s Role: As this was the first official meeting of the Community Advisory Committee (CAC) with the contractual facilitator Michael Bailit, Michael opened the meeting by explaining his role: He will bring information to the CAC and take recommendations from the CAC and present them to the Core Planning Team (CPT) on the CAC’s behalf. He will be the CAC’s voice and inform the discussions that occur in the CPT and will share between the two groups all the information necessary for the design process.

Commissioner’s Welcome: Patrick Flood, Commissioner of the Department of Disabilities, Aging and Independent Living, was on hand to welcome the Advisory Committee and thank them for participating in this project. Calling it a “revolutionary project,” he stressed the importance of this project, saying “The list of opportunities is as long as my arm” and that it gives the state and the community of stakeholders an opportunity to design a new a person-centered system, rather than a payment-centered system, from the ground up.

Role of the Community Advisory Committee: Questions have arisen regarding the role of the CAC. Michael read the description of the role of the CAC as specified in the federal grant application:

“The Community Advisory task force [Committee] will focus on several major objectives:

- Identifying and educating potential service providers,
- advising the core planning team in the development of the system reform to ensure that the reform meets the unique needs of the community and consumers, and
- creating community allies.“ (p. 13)

There was considerable discussion regarding the role of the CAC and its relationship to the Core Planning Team. Michael reiterated that the CAC’s role, as specified in the grant, is advisory to the CPT, and the CPT’s responsibility is to listen to the CAC as well as to the other stakeholders (involved through the feedback loop process) and to incorporate their concerns, suggestions and recommendations into the documents being developed before final submission to the state. Joan clarified that while the CPT will be doing the “legwork” of writing all the policies, procedures and other documents and revising them based on stakeholder feedback, including from the CAC, whatever the CPT develops will be fully “vetted” (conceptually) with all parties.

Some committee members felt that an advisory role was less than what they had understood the CAC’s role to be, and sought a final say for the CAC on whatever recommendations were developed through the design process. Michael and Joan explained that the design process would be a shared endeavor between the Core Planning Team and the Community Advisory Committee, with the final recommendations to DAIL to represent the consensus that will emerge from the coordinated development process involving the Core Planning Team, the CAC, and other community stakeholders.

Commissioner Flood pointed out that the final decision-making actually rests with the Secretary of Human Services and the Governor before the state submits any rules and regulations to CMS (the federal Center for Medicare and Medicaid Services) for authorization.

Future CAC Meetings: Concern was raised that since the CPT is meeting biweekly to accomplish all its work, if the CAC only meets quarterly as specified in the grant, there will not be adequate opportunity for the CAC to provide timely feedback and be fully involved in the process. Some CAC members voiced concern that when advisory groups meet too infrequently people may end up feeling excluded from the process and railroaded into accepting decisions that have already been made. Commissioner Flood thanked the group for their commitment to the importance of this project, and suggested they might want to remain flexible as to frequency of meetings. The majority of the group expressed willingness to devote more time to the project by meeting more often, at least initially, and for longer meetings. Mondays were determined to be the best day to meet.

Workplan: The Year One workplan was reviewed (see handout). The primary tasks between now and summer include defining the target population, including clinical and financial eligibility, defining the services to be provided, and defining composition of the Interdisciplinary

Team. Michael explained that the CPT is proceeding sequentially through these multiple topics, and will then revisit them all after the topics have been initially considered. As a result, the CPT cannot make any recommendations until it has looked at everything. Once the CPT has determined some options, it will send the information to the CAC for input. Given the timelines in the workplan, Michael suggested that the CAC should meet again in April and in June in order to discuss the content produced by the CPT in the first six months. In addition, the Advisory Committee will be provided with copies of all CPT minutes as well as the Feedback Loop information send to the Long Term Care Coalitions.

The following meetings were scheduled for the rest of the year:

April 24th (note: moved from April 10th); May 8th (if necessary); June 5th, September 11th, and December 11th. All meetings will be held from 9:30 to 3:30 in the Skylight Conference room, with lunch provided. Notices will be sent prior to each meeting, requesting members RSVP so that the correct amount of food may be ordered.

Draft Mission and Vision Statements: The mission and vision statements drafted by the Core Planning Team at its meeting the previous day were reviewed. A number of suggested improvements were offered, with Michael to communicate them to the CPT during its next meeting, scheduled for February 14th (see CPT 2/14/06 meeting notes for subsequently revised draft vision and mission statements). Michael reminded the Committee that there is a defined scope for the grant, and that redefining the entire health care system in Vermont, while perhaps desirable, is too grandiose relative to what the grant is expected to do. The grant cannot address every shortcoming that exists in the health care system in Vermont.

Lunch Meeting with Core Planning Team members: Core Planning Team members Scott Wittman, Dody Fisher, Julie Trottier, Heather Shlosser and Deborah Lisi-Baker along with evaluation consultant Peter Youngbaer joined the Advisory Committee for lunch. As part of introducing themselves to each other, the Advisory Committee members each shared their concerns about problems they hoped the grant could solve. Some of the concerns raised included:

- lack of coordination:
 - each provider is doing a different piece;
 - information is not shared adequately;
 - includes coordination with mental health, and
 - includes coordination of financing, and not only care;
- accommodation and support of non-medical caregivers;
- attention to the quality of care, including the quality of caregivers and the training available to them;
- Lack of awareness and use of transportation options
- need for a system is “person-centered”, including in its eligibility rules;
- quite young adults with disabilities are just “aging out” of children’s services, including those with “high tech” needs;

- there is a need to use recent innovation in information technology more effectively and creatively, both to share information among providers and also to support people living at home;
- a clear distinction between “needs” and “wants” is required;
- a new model should enhance list of covered services so that individuals will become eligible faster through spend-down;
- a new model should work in rural areas;
- there is a need to balance the need for privacy with the need to share medical information for care coordination purposes, and
- any new model must be evaluated by its outcomes to show it works better than fee-for-service.

The CPT members at their February 7th meeting had made a list of “what consumers want” culled from reviewing a variety of consumer feedback surveys and other studies conducted in the past several years (list of documents available upon request). The CPT members agreed to incorporate the above list from the CAC and to try to prioritize the current problems which the grant will attempt to solve.

Consumer on the Core Planning Team: Michael reported that no eligible consumers applied for the consumer position on the CPT by the deadline specified. One person applied who is not on the CAC, but the DAIL business office requires the candidate to be on the CAC or else DAIL would have to go out to bid using the state’s lengthy procurement process. Some, but not all, of the CAC members still wanted there to be a consumer position on the CPT, so the position was left open for recruitment. [A CAC member subsequently applied after the meeting and was selected.]

Financial and Clinical Medicaid Eligibility Requirements: Marybeth McCaffrey, a Medicaid attorney for the state, gave a brief presentation on financial eligibility (see handout). Lorraine Wargo, from DAIL, gave a presentation on clinical eligibility and discussed the differences between Highest, High, and Moderate Needs groups (see handout).

Wrap-up:

The next meeting will take place on April 24th. It will begin at 9:30 a.m. with a continental breakfast at 9:00 a.m., and will continue until 3:30 p.m., in the Skylight Conference Room. It was agreed that CAC members would be sent the following documents after the meeting:

- CAC meeting minutes (notes);
- handouts to people not in attendance at this meeting;
- prior CPT meeting notes;
- background information used by CPT whenever it shares draft policy recommendations in the future;
- “whiteboard notes” of “what consumers want” from the 2/7/06 CPT meeting, and
- a schedule of future meeting dates and locations.