

Joint SSAC-DSAC Meeting

MEETING MINUTES

Tuesday, June 7, 2016

SSAC Members Present: Suzette Boydston, Chair; Catherine Skiens, Vice Chair; Janet Shinner, Bob Daley, Dani Marlow and Suzanne Lazaro.

DSAC Members Present: Mike Volpe, Chair; Suzanne Brean, Vice Chair; Jan Molnar-Fitzgerald Lee Lazaro, Edythe James and Jann Glenn.

ADRC Members Present: Tanya Thompson, Carolyn Mendez-Luck, Suanne Jackson and Jasper Smith.

Guests: Mitzi Naucler, Ruby Moon, Saleem Noorani and Cathy Savage.

Members Absent:

Bill Hall, Commissioner; Kimberly Kimball, Doris Lamb, Chris Barnes, Anne Brett, Lee Strandberg, Fawn Metcalf, Margaret Wells, Mark McNabb, Bill Turner, Curtis Miller, Rusty Burton, Pete Rickey and Tim Malone.

Staff: Dave Toler, Lisa Bennett, Ann Johnson, Mary Kay Fitzmorris, Sarah Ballini-Ross and Terri Sharpe.

1. Welcome and Introductions:

Mike Volpe called the meeting to order at 12:05 pm. Introductions were made including guests.

2. Approval of Joint SSAC-DSAC May Minutes:

ACTION: Motion to approve the May 3, 2016 SSAC/DSAC Joint minutes as written made by Suzanne Brean, seconded by Suzanne Lazaro. Motion passed unanimously.

3. Coordinating Across Systems: Coordinated Care Organizations and Long Term Services and Supports (Sarah Ballini-Ross, Health Systems Transformation Liaison):

Sarah Ballini-Ross gave an overview to the Councils on: requirements and shared goals in coordinating between the Coordinated Care Organizations (CCOs) and Long Term Services and Supports; the history and mechanisms of collaboration; and the 2016-2017 Memorandum of Understanding (MOU).

Sarah defined Long Term Services and Supports as the consumers who are receiving services either from their home, a residential care facility, adult foster home or a

nursing facility. Between IHN and SDS this consists of about 2,200 consumers in the tri-county region. The shared consumers between SDS and IHN is a small percentage of IHN's overall members. A Coordinated Care Organization (CCO) is a delivery system for the Oregon Health Plan with the concept to provide a one stop shop for all of a consumers health needs. Intercommunity Health Network (IHN), has the contract with the State of Oregon to deliver Medicaid services, excluding Long Term Services and Supports, in the three county area covering most Medicaid eligible individuals with medical, dental and mental health coverage. Half of the shared consumers between SDS and IHN receive their medical services through IHN-CCO and the other half, on Medicare, receive their services on what is called an open card or fee-for-service. .

With Medicaid dollars being used through both SDS and IHN-CCO, their goal is making sure their systems work well together. The Centers for Medicare and Medicaid Services wanted Long Term Services and Supports included in the CCOs originally but through strong advocating and Oregon's past high performance in Long Care Services and Supports, the State was able to maintain the carve out that separates Medicaid Long Term Services and Supports funding. However, in order for SDS to keep providing Long Care Services and Support in the way they have been, they were required to work together with CCO's on the medical side of Oregon Health Authority for the other Medicaid dollars to avoid cost shifting between the systems.

Dave Toler, SDS Director, pointed out that besides the 2,200 shared consumers SDS also provides OHP and food stamps to 6,000 plus consumers that aren't getting Long Term Care Services, therefore getting less attention and support and are excluded in the shared goal.

Mike said for over 30 years SDS was providing quality long term services and support and if the CCO's were to take that over they would have to tear down the system and rebuild their own. Sarah said that in order to retain Medicaid funding it is important to demonstrate that SDS is able to keep delivering these services effectively and efficiently and the CCO's are able to collaborate.

Mechanisms for shared accountability between IHN-CCOs and SDS will help consumers have the best experience possible while maintaining the person-centered value. For example; if a person does not want to enter a nursing home the two systems will work together to the best of their abilities to honor the value and wishes of the consumer. The person-centered realm should result in better care and services and

better health and functional outcomes while avoiding unnecessary costs and/or duplication of services.

The Oregon Health Authority requires IHN-CCO, through the Transformation Plan, to address disparities on race, ethnicity and formative language proficiency in order to reach all of the population. With the current doctor shortage, care and services cannot be administered as they had been in the past. However, through the pursuit of innovative and transformative approaches to care and how we use our limited resources, they hope to deliver a higher level of care to a higher number of consumers.

CCOs were developed through House Bill 3650 and Senate Bill 1580 in 2011 – 2012 which laid the initial foundation and perspective on how Long Term Services and Supports would fit in. Long Term Care and the CCOs formed a study group to develop a document that, unfortunately, was not implemented. The State of Oregon received a large State Innovation Model Grant which funded the LTSS Innovator Agent based in State APD offices, of which Sarah is not one. This funding is ending September 30, thus ending all of the State hired Innovator Agents positions. Sarah's funding is current through the rest of the biennium but is anticipated to end 6/30/2017.

There are contractual requirements that require CCOs to collaborate with SDS which include notification to the Area Agency on Aging when a consumer is discharged from the hospital to a nursing home. Both the CCOs and SDS must also create a Memorandum of Understanding (MOU) stating how they plan to work together for the consumers by aligning the activities of the CCO with SDS to achieve the triple aim of better care, better health and lower costs.

The MOU between Oregon Cascades West Council of Governments and Intercommunity Health Network Coordinated Care Organization has three required areas for this year that include Individualized Care Teams, Transitional Care Practices and Member Engagement.

Through the Interdisciplinary Care Coordination it was identified that behavioral health would be a primary focus for 2016-2017. The next MOU, starting in July, will try to figure out how to provide the best care for their consumers with mental health needs that aren't being met. Out of the shared consumers about one in four of them have a mental health diagnosis and an additional 180 have been identified by case managers. The MOU will have to address which disciplines are involved, bringing

everyone's plans together to create one plan driven by the consumer to be carried out by the community.

Transitional Care Practices is more fact finding and will have to be mapped which hasn't been done before. This is a big new area they hope will bring better systems clarification.

Member Engagement focuses on how consumers are being involved with their care practices and the voice they give.

There are multiple ways a person may become involved with IHN-CCO that include: attending an IHN Community Conversation that happens once a year in each county; attending or joining a Community Advisory Council or a Regional Advisory Council. There are currently vacancies in all of them with Benton County looking for a Regional Representative. Mike is involved with the Community Council and the Benton County Council. Meetings are open to the public.

Sarah stressed the importance of SDS's consumers and advocates having a voice on the Community Advisory Councils to ensure the chance of getting attention for their issues. If anyone is interested or if they want more information they should contact Sarah, Catherine or, Mike. Dave said that they are focused on the younger population and he hopes, as Councils for seniors and people with disabilities, they will advocate and get more focus on the aging and disabled.

4. ADRC Report (Dave Toler, Director, Senior and Disability Services):

Dave gave an overview of the March, April and May Call Summary Reports to the Councils. There are a little over 800 calls with about one third coming from seniors and people with disabilities and two thirds coming from agencies or neighbors and family members of seniors and people with disabilities. Dave feels it is important that the community knows that the ADRC consumer is not only seniors and people with disabilities but also people that care about them.

Dave said they are in the process of presenting the ADRC as their umbrella while reducing the number of phone numbers out in the community. They are also getting ready to start the process of training staff on making more internal referrals.

The Veteran's Service Officers and staff have received Options Counseling training to enable them to provide Options Counseling to the Veterans in Benton County. The goal is to track not only the referrals that come from Options Counselors but also track wrap around services that are provided by the whole ADRC umbrella. This will then be presented to the Benton County Commissioners as a model of what SDS is doing with the county's funds in wrapping around a lot more comprehensive services for Veterans. Suzette said discussion at the O4AD meeting last month focused on the unused dollars Oregon leaves on the table for people that are eligible for VA services. Her concern is with Veterans who qualify for VA dollars provided by the state but are using SDS services, tying up funds that could be used for others.

5. Elder Abuse Education Strategies (Dave Toler, Director, Senior and Disability Services):

Dave gave an overview of the meeting held at the Siletz Tribal Center with the Siletz Tribal staff Elders, and other members, which revealed the need for a forum to address elder abuse. Many people voiced concerns, noting that they feel abuse is a major issue in the community. SDS has funds to promote elder abuse education and prevention, which Dave feels can be used to put toward this forum.

Ruby Moon, Siletz staff, said she would like SDS to speak on the definition on what elder abuse is and when and how to report it. Dave offered to get an Adult Protective Service (APS) investigator to attend the forum. Ruby will contact Mary Kay Fitzmorris when they're ready to set a date.

Mike asked if abuse to younger people with disabilities is also being considered. Ruby agreed but the focus and hot topic is with abuse of elders in the community. Lisa said the funding SDS has is for both seniors and people with disabilities. Dave said when SDS staff is involved and someone from APS is involved it is SDS's mandate to always incorporate both seniors and people with disabilities. Suzette suggested they change the topic of the forum from Elder Abuse to Adult Protective Services since the money is for both groups. Everyone agreed.

6. Issues and Advocacy Committee Report (Suzanne Lazaro, Committee Member):

Suzanne Lazaro gave an overview of the Issues and Advocacy meeting, held on May 24th with focus on mental and behavioral health. Positive notes from the meeting included: an additional 25 new positions were added statewide for behavioral health; there are several Oregon counties with viable mental health models they could imitate; Governor Brown is supportive of gerontology mental health; and there are programs like the

PEARLS Program, which provides some non-clinical mental health services, along with the Senior Peer Counseling Program and the Senior Companion Program.

Problems that were brought to the group's attention were: a shortage of trained care providers and Gerontologists in the community; Medicare is not reimbursing for a lot of charges; an increase in the senior population and; a lot of loneliness, depression and decrease in ability to problem solve.

The goals are to increase funding from Medicare and Medicaid through advocating with our Representatives; provide clinical home-based services; diagnostic coding, and educating the community.

7. Announcements:

Dave shared he has been elected Chair Elect of the Oregon Association of Area Agencies on Aging and Disabilities (O4AD). They meet three times a year.

Suzette shared the New Horizons book, put together by the COG and found in the COG lobby, is great for resources and phone numbers in Linn and Benton Counties.

Jann Glenn announced Inter-Christian Outreach (ICO), located in Lincoln County and who serves the homeless, has disbanded for the summer. They have been struggling with location and their Director of the Board stepped down as well as the Director of ICO. They are planning on coming back together in October but the Dental Van will still be working through the summer. They are focusing on a new location and hope to be fully functioning by October.

Carolyn Mendez-Luck would like, for a future meeting topic, to hear how the Linn-Benton Senior Resource Network works in conjunction to the ADRC and suggested looking at them as possible Council members.

Catherine Skiens announced the COG's Albany Area Metropolitan Planning Organization (AAMPO) meets on Thursday. They will be going over the transportation issues they are working on and updating their Transportation Systems Plan.

Catherine shared she was concerned over Oregon DHS Aging and People with Disabilities Director Ashley Carson-Cottingham's statement about winding down the Live-In Program and how they want to shut the door on this Program beginning July 1st. Dave explained this program is for people who had a 24 hour live in companion (often a

family member) who were getting a sub-wage for 24 hours. The Department of Labor ruled they had to be paid regular wages for any overtime worked and they are now moving forward with shutting it down because it will be too expensive to maintain. Any given worker will be allowed up to 50 hours of service per week. Sarah said consumers can still receive 24 hour care but they would have to have multiple providers that are paid on an hourly basis instead of the live-in plan.

8. Adjournment:

- The Joint Meeting was adjourned at 1:40 pm.
- The Meeting Minutes were recorded by Terri Sharpe.
- The next meeting will be on Tuesday, August 2, 2016.