

NORTHERN LAKES COMMUNITY MENTAL HEALTH

CONSUMER ADVOCACY COUNCIL MINUTES

DATE: August 10, 2011
TIME: 1:30 p.m.
PLACE: Northern Lakes CMH (105 Hall Street, Traverse City, Michigan)

PRESENT: DL, CP, GP, JN, KS, CR, PJ, MB.

GUESTS: Steve Talarico.

The meeting was called to order at 1:30 p.m.

I. WELCOME AND INTRODUCTIONS

KS welcomed those in attendance. PJ read the vision and mission of the CAC. Introductions were completed.

II. ACCEPT MEETING MINUTES OF JULY 13, 2011

CR made the motion, supported by JN to approve the minutes of July 13, 2011.

III. PRESENTATION BY DEPARTMENT OF HUMAN SERVICES (STEVE TALARICO)

KS introduced Steve and provided a biography and background information. Steve provided an overview of his current position as Adult Services Supervisor in Grand Traverse, Leelanau and Kalkaska Counties. Steve supervises all adult programs, adult protective services and adult foster care and independent living services. He noted that the adult protective services caseload is skyrocketing. About 45 to 50% are non-elderly ages 18 to 30. He noted that he developed the multi-agency team in Kalkaska. The more we understand about each others abilities and parameters the better we can serve our clients and each other.

Steve identified that the adult home health program historically was a program that the Department of Human Services (DHS) was able to offer a myriad of services for folks that had difficulty with an activity of daily living - bathing, dressing, grooming, housekeeping, shopping for a total of 12 primary areas. Then there were 8 non-primary outdoor activities – snow shoveling, major and minor house repair. There also was complex care such as wound care, dialysis, colostomy, specialized eating help. They lost the ability to make payment on all of the outdoor activities about 16 years ago and for specialized circumstances such as complex care you had to have a prescription from a doctor to authorize that. That program changed about 12 years ago when Medicaid Waiver took over. Steve noted he is happy that there is an agency that still has the ability and money to service our clients when DHS no longer can. The waiver can pay for home nursing and can pay for a lot of things DHS can't. Greg identified that there are two waiver providers in 10 counties in Northwest Lower Michigan – Area Agency on Aging and Northern Lakes CMH under the Northern Health Care Management Program. DHS over the last 8 to 10 years has done primarily activities of daily living – bathing, grooming, dressing, transferring, housework, limited transportation, etc.

DHS received a memo a few weeks ago that says that they will no longer service any client that they have that has not been graded out by them as having a need in a personal daily living activity. When someone comes to them and says they need home health and that they have a medical condition that causes them not to be able to do their home help, as long as they are Medicaid eligible they can service them and if they get a doctors report. DHS makes the assessment. The state says if the Adult Services Worker has not graded the person out in needing personal care they cannot service them. It will be an incredible shift from DHS and the ability to service those folks. If the worker says you are at a level 3 for shopping and errands they say you can do that activity but need a little help. If you are a level 4 says that you can do that but need a lot of help. Level 5 is no matter how much help given they could not do that activity. They also assess the person's ability to clean the house, make meals, do laundry, go shopping if they don't need personal care you have to close the case. The state is predicting that DHS will lose 9,500 to 12,500 clients. They are not sure how it will impact DHS. Will the Commission on Aging be beefed up and given more money or the waiver people be given more money to service people? They haven't received those answers. This takes full effect October 1. Steve noted that there is no money and it is amazing the cuts that are coming our way and we all have to work leaner.

The personal care – dressing, bathing, grooming, transferring, mobility those are the five areas. Steve noted he doesn't understand how the state doesn't believe that medication help is not a personal care activity. Steve noted that we don't do a good job with collaborating with each other. DHS program is a totally client driven a lot of ways the nuances of self-determination. He referenced history of hiring people and noted that current practice is if you sign up for their program and you need home help you have to sign paperwork identifying that the client is the employer. The client gets to pick their home help provider. DHS can assist with the interviews although the client has to hire the individual.

Steve reported that there are about 12,000 people statewide that are receiving home health assistance. In Grand Traverse/Leelanau there are about 420 that includes AFC and Adult Protection Services. There were 98 for Kalkaska.

Question – This service has been in the pike quite a while that it could go? Response – Greg identified that it was in the budget bill that was passed – boilerplate language for FY 12 had a line item that likely caused the change. Steve noted it has been discussed for numerous years.

Question – The rationale was that there are other entities that could be providing this. Response – Steve noted that is what you will be told. You look at Commission on Aging he feels they should have the program. They are in the home more than DHS is and are doing more than the Adult Services Worker. They provide Meals on Wheels, have relationships with people, have a myriad of volunteers. They have gutted the Adult program so significantly over the last 15 to 18 years and have rendered the adult worker almost inept. He noted that the numbers on caseloads are now about 300 to 1. There is no way one adult worker can service 300 clients. It is about 100 to 1 for home health and expect you to have 15 to 20 active adult protective service investigations.

Question – Was there talk about the loss of work for the people that have been providing these services to people? It was noted that 6,000 people would lose their jobs. Response – Steve noted they only have about 800 adult workers in the entire state. Clarification that they were referencing others who provided the service not DHS workers. He noted he suspects that this will be morped into Commission on Aging or one of the private agency programs. His understanding that the waiver is becoming more and more amenable to hiring some of the home health providers that the client had if they are very persistent. Greg identified that would be possible through a self-determination arrangement. JN identified that she receives those services and identified that her worker said she would have to reassess everyone and see if they fall within this category. Steve said that the policy takes effect on October 1, 2011 and have been mandated to do for any of the reason that the worker has a need to see their client face to face they are mandated to do the assessment early. The worker is required to do the assessment every six months. They have to document that at this point in time the individual no longer needs personal care. Lansing will scrutinize and will watch over the determinations.

Question – If a person has house care and not personal care who will pick up the slack from that? Response – Steve noted he just received the memo two and a half weeks ago. He was not sure. JN noted that they have even testified about her case in Lansing. The whole reason for getting services was that you were unable to care for your apartment. That is their concern that there will be a lot of mentally ill people that would be in that mode. Greg noted if there is a person that is a recipient of mental health services and in JN situation community mental health has always been able if a person has gotten home health services but the model home services wasn't enough when there was an appeal to rule out that home help wouldn't do any more community mental health has been able to use its Medicaid dollars Community Living Services dollars to supplement what DHS has provided through home help. He believes if a person has Medicaid and they have needs for home help but they are no long qualified and they fit within the category of CLS there is a possibility that for those persons mental health may be able to use its Medicaid dollars for CLS. There are a whole lot of people that are out there of those 12,000 people statewide that have nothing to do with mental health. He was not sure whether some folks will go unserved completely. For persons within the public mental health system who have an active plan of service he believes it is possible that we could use Medicaid to provide CLS services. He has forwarded that request to the Department. That answer is still up in the air. He believes because we could use our Medicaid to do CLS over and beyond that it makes sense that could be done. Maybe there is some solutions.

Question – JN noted that her brother gets paid to drive her, are those services going to be lost too? Response – Steve noted that comes out of a different pot of Medicaid money. There are a couple of ways

to fund that so that people on Medicaid can go to their ES Worker and access funding for transportation via a voucher system where you actually take a voucher to your medical provider, they signed that you actually went there on that day and you do your mileage and you get so much money per mile.

Question – You had mentioned the Commission on Aging most people are not old enough and don't get any help from them. Response – Steve identified you have to be 60 years or older. MB shared her current situation and noted that there is no help out there for people who are or had a stroke. Steve noted in any society we have cracks and suggested she contact Michigan Rehabilitation Services. They have significant money for job supporting and a lot of rehabilitation expertise. Their income threshold is different.

Steve noted that the good news is that if you have even one need in those personal care they can keep the case open. There are numerous appropriate ways to assess people that the average worker doesn't have a clue about. The average worker will look at a spot in time for mobility, there needs are totally different in the winter. He suspects that they will do much better than the doom and gloom is showing. They can work hard and be creative and really assess the whole activity of daily living.

There was discussion about Commission on Aging should pick up the slack although identified that they would need to get more funding. It was noted that Crawford County passed their renewal. Steve identified that he has already had a meeting with his workers to strategize and do the best they can for their clients. They need to make sure they are not missing any assessment and reviewing all the cases.

Question – What did they anticipate the cost savings would be to the Department by making the change?
Response - Steve noted he has sent out an inquiry and no one has responded. His Director does not know. We do have a two year budget now and that does help.

KS noted she has been in Lansing that if you can't get a decision out of a 20 minute meeting and if you can't get an answer it is not an effective meeting. No one talks about the outcomes and what gets produced. Possibly even though the Commission on Aging is stretched to the max sometimes when things get tough things get done a whole lot more effectively. Steve noted DHS is more than earning their money and the caseloads are astronomical. The feds drive a lot of things and the state has to parallel all of these changes with the federal mandates, pockets of special interest groups, etc. There are a lot of unfunded mandates that come from Washington.

Question – JN shared her concerns about a nephew and are concerned about safety and can't get any help from DHS. Response – Steve noted they should continue to make protective service referrals and then ask for the letter that explains why the investigation was not investigated. That letter will give you the name of the supervisor and you can appeal that. Don't give up. He noted that Dawn has a lot of general wisdom in protective service matters and she really does care about any child not being investigated. He noted Sherry Bailey is knowledgeable about child protective service matters. He would encourage her to make another referral and not to give up. Steve suggested trying a different avenue like mental health or law enforcement.

KS noted that CMH has a DHS worker housed in the building to do Medicaid eligibility. She expressed concern about the individual's competency to be able to create effective outcomes. Noted experience with holding a hearing and identified ways for assistance.

Steve offered to come back or to have an adult worker attend. He encouraged everyone to call Dawn.

JN asked what the next step would be. Greg noted that if you have an appointment they are to assess you right way and you could facilitate that with DHS. Greg was not sure whether she would be impacted and suggested to force the assessment. He noted if DHS cannot help then you need to go back to your CMH worker and talk about CLS services.

IV. NETWORK PROVIDERS

List distributed last month. Suggested categorizing providers by population and what services are provided. Readdress at September meeting.

V. MINI-GRANT APPLICATION

Distributed mini-grant application packets. Cindy reviewed the requirements. Deadline would be November 1, 2011. Grants will be awarded December 1. Provided examples of current mini-grants. Contact person is Joanie Blamer.

Upcoming conferences – Mini-Conference to be held on August 23 in Traverse City; with dates in Cadillac and Houghton Lake in October and November.

VI. CAC ASSESSMENT

Not discussed.

VII. OLD BUSINESS

Update on Budget – not discussed.

Freedom to Work Amendment – KS identified that bill 564 has been introduced. She encouraged all to write a letter of support both members from this group and from the agency.

CR made the motion, supported by PJ that a letter supporting bill 564 be sent to our legislators. Requested the CMH directors names for Caswell's district.

RCF Meeting – meeting coming up August 19 from 10 to 12. Greg suggested making contact with Rosemary regarding attendance and if not have someone else attend in her place.

Membership – Identified that Carolyn and Merry's terms expire that was for the additional year on September 30. Cindy could announce the vacancies for membership at the Action Group and Mini-Conferences.

Referenced flyer for surveyors for the REE survey (August 29-September 2).

VIII. CURRENT LITERATURE, ARTICLES AND MOVIES

None.

IX. NEW BUSINESS

Dual Eligible handout – Greg referenced the document and asked everyone to review. Handout is a summary of concerns that an advocacy group for persons with developmental disabilities raised. He encouraged the group to consider having a discussion.

X. AGENDA PLANNING

The next meeting is scheduled for September 14, 2011 at the Traverse City Office: next meeting is presentation by the dietician; revisit membership; network providers; dual eligibles; Mini Grant.

XI. PUBLIC COMMENT/ADVOCACY

JN identified that the Attorney General's Office has been contacted regarding the issue of home health.

XII. MEETING EVALUATION/ADJOURN

None.

The meeting adjourned at 3:24 p.m.

Respectfully Submitted,

Debra Lavender, Recording Secretary

dsl (9/8/11)