Medicaid Citizens’ Advisory Committee

Meeting Notes

9/19/17

Attendees

- Nicole Stockert
- Susan McGeehan
- Beth Nelson
- Kim Pettman
- Dawn Petroskas
- Sara Schlegelmilch
- Linda Lee Soderstrom
- Ruth E. Ulvog
- Jonathan Watson
- Hli Lo Xiong
- Todd Bergstrom
- Pat Butler
- Jake Hauschild
- Miriam Kopka
- Robert Marcum
- Joel Hoppe
- Karen Gaides – facilitator
- Matt Pizza – note taker
- Ken Vandermeer
- Marie Zimmerman – DHS
- Claire Wilson – DHS
- Jan Kooistra – DHS
- Elizabeth Cooper – DHS

Introduce “re-set” of committee

- Introductions of attendees and facilitators
- Marie Zimmerman
  - Opened the meeting by stating that DHS wants this to be a valuable process and apologized if members felt it hadn’t been in the past.
  - Questions on why we hired a facilitator.
  - Why did we hire Karen?
    - There was a desire for DHS not to run the meeting.
- Question about recording the meeting. (Conference started recording on telecom system.)
- Marie Zimmerman
  - DHS can be more of a participant, rather than a directing or facilitating of meetings.
  - DHS can hire MAD without doing a procurement.
  - MAD was hired to help guide discussions, note-taking/minutes.
A short-term solution, but can be a long-term solution.

- Claire Wilson
  - Hired new behavioral health director – Maisha Giles
  - Another opportunity to strengthen programs

- Karen Gaides
  - Introduction
  - With Management Analysis and Development (MAD), a division of MMB
  - Facilitated many groups in the disability community over the years
  - MAD consultants work on many controversial/emotionally charged topics
  - Understand and respect the gravity of the topic at hand
  - Want to hear from everybody; a variety of techniques can accomplish that
  - Meetings will be an “open dialogue”

- Question: How will phone participants see materials on white board or flip charts?
  - Wish to discuss how the committee will discuss the topics

- Question: Can we do a final round robin debrief at the end?

- Values of the committee: making decisions as a group, but maintaining individual connections

- Agenda is just a guideline; may not discuss every item

- Two recommendations: creating a group/project charter, and developing ground rules
  - Project charter: decision-making processes

- Some members expressed serious doubts about this process based on past experience and felt that previous processes felt like it was being forced on them and treated like children

- Different expectations from committee members.

- An opportunity to learn more about what the department is doing.

- This group is to advise, not to advocate.

- Disagreement on the committee’s purpose. It’s our job to advise. Our entire purpose is to advise and DHS to listen. We have a purpose that we haven’t been fulfilling.

- Committee needs to make a decision on its process.

- Would the committee accept a temporary chair for this meeting?

- Discussion about benefits of temporary chair, round robin, and leaving information out of the meeting. Discussion about voting on these proposals.

- Proposal to adopt the agenda on hand, general consensus to proceed with the agenda

- Acknowledgement from DHS that we don’t have an agreed upon process for dealing with proposals, voting. No formal process.

**Overview of August 8 Planning Committee Meeting**

- Jonathan Watson
  - Look at two document handouts
    - Code of Federal Regulations as to purpose of advisory committee
    - Medicaid Citizens’ Advisory Committee
      - Discussed facilitator
      - Meeting structure: public comment

- Recommendation took three years with quarterly meetings

- Easy to drift at the meetings: lose mission statement without a structured format
• Not our place to force or make a decision for Medicaid or DHS, but just to recommend
• Need for get over this rough spot
• Discussion about restrictions of open meeting law and how it applies
• Concern about how decision was made to hire facilitator.
• Historical difference between how stakeholders and citizens are treated at meetings.
  o Citizens not valued as much as stakeholders
  o Example: participants in the room not using microphone when others are phoning into meeting
• Haven’t observed “person-centered” thinking at these meetings
• Facilitator should have “person-centered” training
• Running into civil rights issues if citizens not treating equally with stakeholders
• Need for sensitivity training; facilitator must stop other members from talking out of turn
• Need to have a definition of consensus; otherwise, need majority and minority report
  o That’s the only way that all voices will be heard and given the same credence
• Quarterly meetings aren’t enough
• Voting on quarterly meetings
• Discussion about what can be improved at meetings. Prioritizing the most important items to discuss at meetings to avoid them getting pushed off due to lack of time.
• Committee needs a process for determining topics for discussion

Potential Areas for Committee Improvement

• Major topics:
  1. Governance/leadership
  2. Communication processes: voting and member input
  3. Figuring out topics to discuss over next 12-18 months
  4. Membership
  5. Meeting structure
  6. Baseline/ground rules: diversity, sensitivity training, person-centered
• Basic prioritization for next meeting agenda
• A team or committee charter and ground rules

• Any areas that the committee really wants to work on? Round robin feedback from group members:
  o Governance and outside facilitator
  o Outside facilitator
  o Ground rules/charter and sensitivity training
  o Governance, team charter, and ground rules; also find consensus on what we can realistically accomplish
  o Governance and ground rules; survey to provide additional feedback to inform direction
  o Governance, team charter, ground rules – need structure to move forward
  o Facilitator and governance – looking forward to change and improvement, and appreciate DHS’ effort
o Team charter and ground rules, and figuring out what to discuss – team charters are very effective
o Communication protocol for outside the group: what’s allowed and not allowed; meeting frequency at least until everything is straightened out
o Times on agenda aren’t realistic
o Strong leadership role from DHS; meeting frequency (web-based for those in Greater Minnesota) – too frequent of meetings may disadvantage those in Greater Minnesota
o Governance and baseline training
o Expectations for advising, ground rules and governance – training about advocacy; encourage DHS to continue working with MMB
o Extremely frustrated with too much discussion on process versus Medicaid services; going to have to look for other avenues to advocate due to difficulties in traveling to meeting (takes five hours), although appreciate the committee members’ time – need to focus on those with unmet needs
o Communications protocol; purpose of the committee is to do something; figure out why the committee exists
  • Preparing for the meetings online to give more time for meetings

**MCAC web site update – Elizabeth Cooper**

Link to web site below - Please be aware that it may take some time to load as it isn’t fully published


  • Website update
    o Web team just finished polishing the website
    o Link will be sent out immediately
    o Site to keep everyone in touch and provide avenue to get community involved
    o Meeting agenda and minutes going back two years
    o Member resources included

**Next Steps**

• DHS to look into scheduling a meeting in November, in-between the quarterly meeting schedule
• At next Medicaid Citizens Advisory Committee meeting, agenda may include:
  o Draft some initial committee ground rules
  o Initiate work on a committee charter to document key aspects of how the committee operates
• DHS to look into options for training such as person-centered training that may be available through another division at DHS