

Mi Via Advisory Committee
Meeting Minutes for April 24, 2014
Approved 7-24-14

Location: 5301 Central NE, Albuquerque NM 87108

Attendees (in person): Tony Chavez, Pat Maguire (Syme), Doris Husted, Stevie Bass, Christine Wester, Sandra Woodward, Jacob Patterson, Guy Surdi, Heather Ingram, Patricia Lopez, Shari Roanhorse, Kim Shipman, Brittney Foss, Orlando Vasquez, Leslie Martinez, Chris Futey (for presentation only)

Via Telephone: Tana Hemingway, Althea McLuckie, Dolores Harden

1. Welcome and Introductions:

Mi Via Advisory Committee members present by phone and in person introduced themselves.

2. Review Agenda: Add Additional Items:

- Public Comment Sign up provided/Sign in sheet completed
- Blue Line on the Agenda noting the new call in number for the meeting was acknowledged as too dark. In the future, lighter highlights to be used in the future when needed.
- DHI acronym was clarified as the Department of Health's Division of Health Improvement. In the future, agendas will provide explanation for acronyms.
- The agenda was then approved as presented. No additional items were noted.

3. Approved Minutes-January 30, 2014:

- Minutes were approved after the following questions and comments were answered and addressed:
 - Action Items were discussed:
 - FAQ's: The provision of an updated link to the FAQ/HSD website. Orlando Vasquez with HSD is on the agenda for this meeting to provide this information-tabled for his presentation later on the agenda
 - Request for agenda to include issues related to Centennial Care. Orlando on the agenda for today's meeting.
 - Letters from ISD/HSD: Letters that were provided to participants for financial certification were "harsh and frightening and stressful to families". Shari indicated these letters cover a number of departments and she is still continuing to follow up. It was mentioned a person who is Native American received a letter in Spanish and had a difficult time getting the letter re-sent to her in English.
 - Training for consultants regarding Value added services and coordinating state plan and waiver benefits. Committee agreed to table this issue as Orlando would be presenting on Centennial Care next on the agenda. He indicated he would be discussing training and Consumer Advisory Boards.

- A question was raised asking how many individuals are receiving Mi Via Services. It was stated there are 605 actively receiving services and those newly allocated are selecting Mi Via and individuals are being added into system weekly.

4. Centennial Care Update: Provided by Orlando Vasquez, HSD

- Centennial Care transitions for D&E Waiver, Colts, BI and AIDS began January 1, 2014. There were about 1300 or so in Mi Via at the time of transition.
- There are 960 members in the Self Directed Care Benefit (SDCB).
- In Mi Via, recipients of services are referred to as “Participants”. In Centennial Care, recipients of services are referred to as “Members”.
- Requirements for those coming into Centennial Care will initially receive Agency Based Community Benefits (ABCB) and they must receive those services for 120 days before being able to transition to SDCB if they choose to transition.
- Those who began with the ABCB in January 2014 can begin to transition to SDCB May 1, 2014.
- ABCB and SDCB are considered “Community Benefits”.
- With ABCB, a person can receive transitional services to assist with obtaining dishes, towels, deposits to assist with their transition to SDCB if coming out of an institutional setting.
- If a member is transitioning from Mi Via, they can transition directly into SDCB.
- The term “Mi Via” will not be a term utilized within Centennial Care.
- The Transitional Living Benefit will have a \$3500 one time limit as long as a member is in ADCB. Once they are transitioned out of ADCB, the Benefit is not longer available.
- In terms of the link for Centennial Care/MCO. Orlando provided a document listing the contact information for the Centennial Managed Care Organizations (document to be sent to Committee Members with meeting minutes). This is also available on the HSD website.
- It was reiterated that all members should have received an orange envelope to select an MCO. Those who did not select by the required timeline were auto assigned. If a member was already with one of the MCO’s they were assigned to that MCO. If not, they were auto assigned to one.
- Centennial Care Advisory Board: Each MCO is responsible for conducting an Advisory Board meeting quarterly and informing members about the Board. MCO’s will have a general membership and may develop sub-committees to discuss Native American or Self-Directed issues. It depends on the MCO what they will have in place; however, they are supposed to meet quarterly.
- A document listing upcoming MCO Consumer Advisory Board Schedules was provided (document will be submitted to Committee Members with meeting minutes). Upcoming meetings for each MCO were read from the document.
- A question was asked about the option to attend by phone. It was stated that members should contact their specific MCO/MCO care coordinator to find out that information.

- A question was asked about changing an MCO. A member should contact XEROX Member Hotline and make the request for the change. New applicants can only change MCO's within the first 90 days of coming into Centennial Care. Those transitioning from Mi Via had their open enrollment period (90 days) from 1/1/14 3/1/14 to change their MCO if they wished to. They cannot change now until their next open enrollment January 2015.
- It was stated there was a period of high volume calls to Xerox at the beginning of 2014 which affected response time, however, it was noted once the call was received, it took approximately 4 minutes for action.
- Individuals receiving Mi Via services currently can attend the MCO Advisory Boards and all members are encouraged to be involved/attend.
 - It was stated that contacting the MCO's to obtain information about Advisory Boards has been a difficult process. MCO's did not seem to understand there were these Boards and it took months to get any feedback.
 - Blue Cross/Blue Shield: They are indicating they are not having quarterly meetings, just annual meetings and that the annual meeting would be an hour and only in Albuquerque.
 - Care Coordinators do not seem to have education regarding the Advisory Boards to share with members.
 - It was clarified it may have been Presbyterian or Molina that indicated that members could only attend Advisory Boards by invitation only.
 - United is appearing to be closed off to its members and indicating they are not actually having Advisory Board meetings, they have just stated they were going to satisfy State satisfaction to host a public forum.
 - There was indication to MVAC members that MCO's were not interested in collaborating with MVAC.
- Members are encouraged to get involved with the Advisory Boards specific to the MCO they are working with to share their experiences with the MCO's and all members can attend these Boards. Orlando indicated HSD will be holding MCO's to the requirements of their contract.
- BC/BS has expressed an interest in having support from the MVAC to understand what members might be struggling with in terms of Self-Directed Benefits and to assist their members to advise them as to how to hold productive meetings.
- Molina's first Advisory Meeting is being held on 4/25/14. Kim Shipman, Molina, is attending to provide information about the MVAC structure.
- It was mentioned the MCO's need better PR and processes in terms of sharing information about the Advisory Boards. MCO care coordinators do not seem to be prepared to answer questions about their Boards.
- MCO's have been uncooperative in sharing information and providing follow through on a number of issues.
- A question was raised about the interface between MCO's and Mi Via participants. MCO's cover the acute/ancillary services a person may require and Mi Via provides the long term supports for a participant. The Mi Via consultant should provide

information to a participant about what Mi Via provides and what the MCO provides. The Care Coordinator should also be informing a member of what is available.

- MCO's are requesting training on DD and Mi Via Waiver Services.
- It was stated MCO Care Coordinators do not seem to know what Mi Via is or how to get medical services through the MCO. It was also stated Committee members have experience with Care Coordinators not returning calls.
- HSD is responsible for monitoring the contracts for each of the MCO's. The HSD contact for the BC/BS contract is Charles Canada (505-827-3163).
- It was recommended a member go through their MCO first and there is a grievance process a member can follow. It was stated a member had tried to file a grievance but no one from the MCO would return the call or take the grievance. HSD is to assure policies on MCO grievances is followed.
- Information on appeals/grievances is listed in the member handbook and member services can also be contacted to file a complaint.
- Orlando indicated he will take the concerns mentioned at this meeting back to the Bureau Chiefs at HSD.
- It was stated that MCO Advisory Boards can serve as a forum for these issues. These Boards have to maintain meeting minutes, create Action Items to follow up on in order to meet their contract requirements.
- The Centennial Care FAQ document was provided and reviewed (document to be sent to Committee members with meeting minutes). The website link is in this document and the document is to be added to the website on 4/25/14.
- Services available under ABCB and SDCB:
 - ABCB Services: a provider has to be a true Medicaid provider.
 - SDCB Services
 - Direct Support Navigation and Customized In Home Living Supports are no longer available, however, Homemaker services are.
 - Personal Plan facilitation is done by the Support Broker so is no longer available.
- Those transitioned over to Centennial Care from Mi Via will have their Plan or LOC renewed based on which one expires first.
- With Mi Via, participants are supported by Consultants, with Centennial Care, members are supported by Support Brokers. MCO's can contract with Mi Via Consultant Agencies. All members should have been provided contact phone numbers for their MCO Care Coordinators.
- Range of Rates for services remains the same.
- It is up to members to find out the information about their MCO's Advisory Boards and going forward they should access their MCO's website for information.
- Value Added Benefits: These benefits can be accessed by Mi Via participants but these benefits will vary from MCO to MCO. This may be a reason for a member to consider switching MCO's however, members should consider the other services they are receiving (i.e. physician services) to consider continuity of care.

5. Fiscal Management Agency Update: Provided by Heather Ingram, XEROX

- XEROX is operating at a steady state of business with activities up to date and current.
- Enrollment has been steady and they have noted an increase in Mi Via in terms of participants and increase in their employees.
- XEROX employment has remained steady. One new staff is receptionist Charlotte Smith .
- The Medicaid Client Call Center experienced a high volume of calls during open enrollment. There was a high wait of time on the Medicaid Management side of XEROX, not Mi Via, due to the extended enrollment period. A group of 12 were hired for the Medicaid Hotline and Call Center. XEROX is utilizing a new XEROX product that allows them to get staff trained within 2 weeks of hire.
- XEROX consistently responds well and thoroughly.
- There continues to be some challenges with the issuance of checks for cell phone bills and the turnaround time of billing, check issuance and mailing. Debit Cards are still being researched in hopes of this addressing these types of issues.
- There are no projected deadlines set yet to roll out Debit Cards due to a need for further investigation and research. The transition to Centennial Care caused some delays with this. Research continues with regards to how Goods and Services are used and how that interfaces with the Waiver renewal.
- A question was raised with regards to if individuals with disabilities are part of the Debit Card development process. Collaboration with the State continues. XEROX is working with the State to assure instructions for the use of the Cards are developed properly and there is consideration for a pilot project for a few participants to be a part of.

6. Third Party Assessor Update: Provided by Kim Shipman, Molina

- Molina also operating at a steady state. Mi Via transitions went well.
- LOC packets should be received 90 days prior to LOC expiration. If a participant does not receive their packet they need to contact Brittney at Molina. There should be a call to Molina at least 30 days prior to the LOC expiration date if packet is not received.

7. HSD/DOH Update: Provided by Shari Roanhorse, HSD and Pat Syme, DDSD

- HSD: Wrapping up procurement process for TPA. The new contract will begin 1/1/15. Molina has current contract which goes through 12/31/14.
 - HSD will be hiring an HSD Mi Via Program Manager within the next month who will be working closely with the DOH Program Manager.
- Waiver Renewal: DOH/HSD has been collaborating on the Waiver renewal to begin 10/1/14 for 5 years. The goal is to submit the Waiver 7/1/14.
- There were a series of public comment at three locations. DOH/HSD is proposing very few changes to service standards and regulations.
- Shari is currently working on the Service Standards for the Waiver Renewal

- Christine is working on updates to the Consultant Guide.
- It was clarified that the Waiver Renewal will have no impact on the budget years for Mi Via participants.
- A question was raised about the process for approving/denying budget items.
- It was stated that the State has to provide a description of services under the administration of the Waiver that are contracted or subcontracted out which includes the work of the TPA and FMA. Commentary was made that there may need to be additional guidance with interpreting definitions as to what are the appropriate processes for approving or not approving budgets. If that type of training is required, it is the State that would provide that, however, the description of this in terms of the Waiver renewal is broad.
- A question was raised about expired LOC's that were occurring during the transition period and if they had been addressed as some individuals had been put at the head of the list to be processed first. HSD/DOH did not have information about that; however, all LOC's for Mi Via participants are on schedule as the TPA is doing their part.

8. Break

9. Division of Health Improvement (DHI)/Incident Management in Mi Via: Provided by Chris Futey, DOH, Incident Management Bureau (IMB)

- Incident Management is charged with investigating instances of abuse, neglect and exploitation of those receiving DD Waiver services.
- A draft of NMAC the NM Administrative Code Regulations 7.1.14.1 governing reporting and requirements were provided to Committee members (a copy of the document will be provided with meeting minutes)
- DOH would like for these regulations to be effective 7/2/14.
- Public Hearing for Public Comment is scheduled for 6/2/14 at the Runnels Building in Santa Fe.
- Notice for Public Comment has also been placed 4/30/14 Albuquerque Journal, 4/25/14 and 4/29/14 in the New Mexican and the Reporter.
- Definitions in the NMAC have been changed to match the definitions Adult Protective Services adheres to.
- Definitions for Consultant and Environmental Hazard were changed.
- The Hotline number is new to the Regulation and has been phased in with 5 providers in the Metro Region. 1-800-445-6242 is the Hotline number which is a 24 hour service.
- This Regulation will cover those receiving DD Waiver services which includes Mi Via. State General fund reporting/investigations will remain with Adult Protective Services.

- Reports of abuse, neglect, exploitation can come in from anyone in the community, responsible providers, and other providers.
- The process for reporting per the Regulation was discussed
 - A call of report is received
 - IMB on call staff takes it, uses the IMB tip sheet (copy to be provided with meeting minutes)
 - IMB on call staff completes the Immediate Action Plan (copy to be provided with meeting minutes) with the responsible provider to make sure the individual is safe and how they will continue to receive care at that time.
- For Mi Via participants, IMB staff will coordinate efforts with the Consultants, EOR, Guardian in determining the Immediate Action Plan utilizing the SSP and Emergency Backup Plan.
- It was stated that if a crime has been committed (ie.assault) police are to be called and IMB staff may take that step if necessary. Those experiencing police brutality can also file a complaint with the police department
- Adult Protective Services can also continue to be contacted to file reports of abuse, neglect and exploitation
- Until the rule changes, the expectation is that Adult Protective Services will be contacted for those receiving DD Waiver services which includes Mi Via and after the rule is approved DHI is to be contacted
- One public comment made at this meeting was that the Regulation is not clear as to what occurs if an employee of a Mi Via participant does not have a provider agreement with DOH and their requirement to report or be investigated.
- The Tip Sheet and Immediate Action Plan will be completed and forwarded on through intake and onto an investigator. If a report comes in Monday-Thursday or Sunday it will be assigned to an investigator. If a report comes in Friday or Saturday it will be assigned to on-call.
- If a report received is categorized as an emergency, there will be DHI/IMB contact within 3 hours. If a report received is categorized as a Priority 1, contact will be made within 24 hours. If a report received is categorized as a Priority 2, contact will be made in 5 days.
- DHI/IMB is willing to train Mi Via Consultants on the process.

10. Review of Bylaws: Presented by Stevie Bass

- Bylaws were approved after the following discussion was had and a few noted revisions made to the document:
 - A number of members have been part of the transition to Centennial Care and may no longer serve on the Committee so there is a need for new members.

- Applications will be publicized in the Mi Via Newsletter and on the Mi Via website 2 months prior to due date and possibly through the Governor’s Commission on Disability resources.
- Input has been received from members on the bylaws and the draft document submitted to all Committee members prior to the meeting today was reviewed.
- Article VII Officers: “appropriate year” was clarified as necessary to get Committee dates back on track. Terms were addressed to assure a new person to the Committee is not elected to office until being in the MVAC for at least one year.
- Discussion was held regarding terms for those officers whose terms came due prior to them serving their full elected terms. A number of options were discussed including but not limited to adding a year to the officers appointment to the Committee, not electing an officer with less than two years in their term, an officer re-applying and then having to be re-elected. The Committee agreed to the following: If an officer’s appointment to the Committee is due to expire prior to their elected term of office expiring, they will have to re-apply for the Committee. Their application will be given extra weight through the application process and upon appointment back to the Committee they would continue their term of office.
- Article XII 2- Subcommittees: Discussion was held regarding who forms a subcommittee or workgroup; the chairperson, DOH/HSD, Advisory Committee. One suggestion was the chairperson designates a sub-chair person for the sub-committee and members get together to then carry out the work. The Committee agreed to the following: subcommittees and workgroups are formed at the discretion of the chair person after discussion by members, DOH or HSD as to whether they are needed to carry out the work of the Advisory Committee.
- Article X Quorum: The Committee agreed to the following:
 - 1. A quorum shall consist of a simple majority of the appointed members of the Advisory Committee.
 - 2. A quorum is required for election and other specific decisions necessitating a vote by the Mi Via Advisory Committee.
 - 3. Members present by conference call shall be counted in constituting the quorum.
- Article V Membership: The Membership Committee shall consist of Althea McLuckie, Doris Husted, Kim Shipman, Guy Surdi and Stevie Bass. Althea McLuckie will serve as chair. In the past, the Mi Via Waiver Program Manager collected the applications, redacted the names and submitted hardcopy to each of the Membership Committee who reviewed the applications and applied a grading system of points to the applications. During a Membership Committee meeting, the Program Manager asked each member separately for the points associated with each application and membership was determined based on the points.

11. Action Items:

- Kim will follow up with Molina to determine if there is an invitation only policy with regards to attendance at their Advisory Board meetings.
- A suggestion was made for HSD to provide feedback to the MCO's about necessary steps to take to get members involved with the Advisory Boards and hold them to their contract.
- Kim will provide the contact name/number for the Molina Advisory Board
- Orlando will provide DDS with the contact names/numbers for each MCO Advisory Board.
- There was a request for the State to put together information/training/materials regarding the process to coordinate acute care services with Mi Via services in coordinating the participants Service and Support Plan.
- There was a suggestion for the TPA to receive training with regards to the definitions for approving/denying budgets.
- Christine will email Althea to begin engagement of the Membership Committee.

12. Public Comment:

- Provided by Sandra Woodward, Consumer Direct Personal Care: Stated this is a great forum, very informative. This was her first time attending. Appreciated the various agencies and participants attending. Stated she learned some new things and the meeting was insightful.
- Sandra indicated she would be interested in being nominated to the Committee, although wanted a Consultant from the field nominated since she represents management. It was clarified management usually serves as the Committee member but others from her agency could attend.
- Leslie Martinez indicated she would also be interested in being nominated to the Committee.

13. Next Scheduled Meeting:

Next meeting scheduled for Thursday July 24, 2014 1:00pm-4pm in Santa Fe-Location to be determined. A request was made to have the meeting at a location with better conference call capabilities as the location for today's meeting was not good which made it difficult for those on the phone to hear all discussion clearly.

