MEETING: Disability Services Advisory Council

DATE: Friday, January 15, 2016

TIME: 10:45AM –11:45AM

LOCATION: Lane Council of Governments
5th Floor, Buford Meeting Room
859 Willamette Street
Eugene, OR 97401

CONTACT: Kate Scott, 541-682-4137; kscott2@lcog.org

AGENDA

10:45 a.m. 1. Call to Order Lana Junger
10:46 a.m. 2. Introductions Lana Junger
10:48 a.m. 3. Consideration of Meeting Agenda Lana Junger
10:50 a.m. 4. Consideration of last DSAC meeting minutes Lana Junger
10:55 a.m. 5. Guests, Announcements, Discussions
a. Adult Behavioral Health Work Kay McDonald
b. Opioid Initiative News Lucy Z.
c. Keyword search for the ADRC Christy W.
d. OHP Redetermination Letter Review All
e. Other items from the floor All

-OVER-
11:25 a.m.  LCOG, Councils and Committee Reports
   a. Planning & Budget            Ed and Andy
   b. Community Needs Assessment Update  Jody and Kate
   c. ADRC Council                Cmt Member
   d. SSAC                         Andy Fernandez

11:40 a.m.  7. Action Items
   a. Action items from the floor  All

11:42 a.m.  9. Call for Next Meeting Agenda Items and Reminder of Next Meeting
                Lana Junger

March 18th, 2016, 10:45AM – 11:45AM
859 Willamette Street, 5th Floor Buford Meeting Room
Eugene, OR 97401

11:45 a.m.  10. Adjourn for Lunch  Lana Junger
MINUTES
DISABILITY SERVICES ADVISORY COUNCIL

Friday, November 20, 2015
10:45 - 11:45 a.m.
Buford Room — Park Place Building
859 Willamette Street - Eugene, Oregon

MEMBERS PRESENT: Lana Junger, Chair; Ed Necker, Peggy Thomas, Sheila Thomas, Dennis Weirich, Lucy Zammarelli, MaryBeth Morrison

MEMBERS EXCUSED: Andy Fernandez, Susan Hekimoglu, Marianne Malott, Christopher Mason,

GUESTS: Tina Powell

STAFF: Jody Cline, Kate Scott

1. Call to Order
Ms. Junger called the meeting to order at 10:50 a.m.

2. Introductions
Those present introduced themselves.

3. Consideration of Meeting Agenda
Ms. Junger added item 5.c., a report on changes in physicians’ prescription of opiates.

4. Consideration of last DSAC meeting minutes
MOTION: Mr. Necker moved, seconded by Ms. Thomas, to approve the minutes of September 18 as presented. The motion carried unanimously.

5. Reports, Announcements, Discussions
   a. Trillium & PCP Shortage
Ms. Zammarelli reported Trillium’s membership had dropped to 92,000 but most of the 5,000 loss was due to redeterminations being put on hold by the State. Those patients were expected to be reinstated and Trillium anticipated adding another 10,000 members in 2016. Two new clinics had opened: the Delta Community Health Clinic’s grand opening was November 16 and would serve about 6,000 of the 9-10,000 unassigned members in Lane County; the new Springfield Family Physicians clinic would pick up remaining unassigned members so the problem with people not having primary care doctors was resolved but there still were lengthy waits for people to get appointments to see their physicians.

Ms. Zammarelli said Oregon Medical Group was no longer accepting Trillium Medicare patients and Trillium was working to get those members reassigned if they wanted to remain with Trillium. The other option was for those people to select another Advantage plan or regular Medicare coverage but while OMG was continuing to accept Trillium Medicaid clients it was not accepting those with only regular Medicare. She added that OMG was working with Trillium on transitioning people with dual eligibility to ensure good continuity of care. Ms. Zammarelli clarified that Trillium members on Medicaid and dual eligible for Medicare could choose any Advantage plan they wanted for Medicare but choosing Trillium for that improved care coordination and simplified the claim process. About 4,000 dual-eligible Trillium members used both Trillium Medicaid and Medicare.
Responding to Mr. Necker’s inquiry about whether the new clinics had space to add additional primary care physicians, Ms. Zammarelli said the clinics were recruiting new physicians from outside the area and Peace Health also added new physicians so she believed the worst of the shortage was over. However assigned patients continued to face challenges in getting appointments with their doctors and that may continue until spring. An effort funded by a state grant was underway to establish a local residency program so medical students would be more likely to stay in the area.

Ms. Cline asked if there was any news about Kaiser coming to the area and Ms. Zammarelli said she understood Kaiser planned to open a local integrated clinic with dental services included by the end of 2016. Others had heard of a different timeline and limitations on who would be served. Ms. Zammarelli responded that Kaiser was contracting with Trillium for Medicaid but there were many rumors circulating about what Kaiser would and would not offer locally. Ms. Scott suggested inviting a Kaiser representative to speak at a future meeting.

Ms. Thomas asked for more information about the redetermination letters that were coming from the state and causing confusion for many people. Ms. Cline agreed to contact Sara Bellini Ross from DHS for more information about these and to ask for a copy of the MAGI recertification letter. Ms. Zammarelli said Oregon was adopting a new system for applications based on “the One,” a functional model from Kentucky but the timeline for this was unclear. Sheila Thomas said LILA could help people with this process.

Ms. Zammarelli added that recertifications were based on means only and the maximum income level had been increased from 133 percent of the Federal poverty level to around 150 percent.

MaryBeth Morrison arrived at the meeting at 11:12 a.m.

Ms. Scott asked Ms. Zammarelli to address issues related to Trillium members changing their providers. Ms. Zammarelli said such changes were difficult at this point and often there were extenuating factors involved that resulted in doctors not accepting patients who wanted to switch. Changing within a practice was easier than moving to a different practice and she tried to work with people to develop successful relationships with their physicians instead of dropping them. Ms. Thomas noted that LILA also could work as advocates for patients before situations got to the point of people changing doctors.

Ms. Zammarelli brought up the transition of Trillium to Centene Health Insurance and said Medicare would be the first part of Trillium integrated into the new system, with Medicare member care calls automatically going to the national Centene office in San Antonio as of mid-December. She said the transition would be gradual and that Centene offered better technology and software. She expected at some point in the future fewer employees would be based in Eugene. She would keep the group informed as the changes unfolded.

Answering questions from Peggy Thomas, Ms. Zammarelli said someone for whom payment for oxygen was being denied after ten years of using it should contact his care coordinator at Trillium to discuss it.

Mr. Necker asked that examples of the recertification letters be obtained for the council to review and that additional discussion be a future agenda item.

b. OPI Pilot Marketing discussion
Ms. Scott explained that the OPI pilot program providing in-home care assistance for people with disabilities aged 19-59 who were not eligible for Medicaid was funded from a different source than was the regular OPI program for older adults. While the regular program had exhausted its funding and was closed, the pilot had capacity to serve more eligible people and she asked for ideas for how to market that program without giving false hope to those older than 60.

Suggestions from the group included contacting Volunteers in Medicine and the Springfield Family Physicians care coordinator, sending flyers to LILA, surveying physicians, placing information on bulletin boards in exam rooms at Peace Health or elsewhere, and continuing to place flyers at HACSA where about 30 were being taken each week.

Answering questions Ms. Scott said 48 clients were in the program at the last count and capacity was around 70 so more people could be served this year. Feedback from people receiving the service was very positive and they said it was making a real difference in their lives. Ms. Scott added that the language describing the program that was prescribed by the state was not user friendly and she would work on revisions.

Answering Ms. Morrison’s question, Ms. Scott said being on Medicare did not preclude participation in the program but Medicaid recipients were ineligible.

c. Changes Related to Prescribing Pain Medications
Ms. Junger reported she had talked with pain specialist Dr. Scott Dunn about speaking to the group and he would be available after the beginning of the year. She suggested inviting other practitioners as well since rules for primary care physicians differed. The group agreed this would be a good panel presentation to have at a Joint Council lunch meeting.

Referring to the state’s “Strategic Plan Guide for CCOs for Reducing Dependence on Opiates,” Ms. Zammarelli said the issue crossed all populations and all ages and was not limited to Medicaid recipients. The state had dropped its mandate to cut down on prescribing opiates. She reported a good training with physicians and the Oregon Pain Society was held in October with about 120 attendees and more than 80 of them were physicians. Oregon Health Sciences University was helping launch a new chronic pain initiative in Lane County and she suggested the council consider sending someone to the stakeholder group involved in that effort. A countywide summit in April would be open to anyone with an interest, including law enforcement, prescribers, and family members. Ms. Zammarelli attributed part of the problem to falsified research that had encouraged drug companies to recommend narcotics when they were unnecessary. The Oregon Health Authority wanted to develop guidelines and a monitoring system to address overdose and overuse of prescription narcotics. One idea involved including a nasal application of Narcan with every opiate prescription to bring people out of an overdose-caused crisis situation. She agreed to check into questions about possible drug interactions or allergic reactions with Narcan and said implementation of this idea would need to be accompanied by an education campaign to change the way people thought about narcotics. She also mentioned an alternative to methadone treatment and said Trillium’s pharmacy committee was looking at different options.

Ms. Zammarelli agreed to connect with a Trillium physician and Ms. Junger also would continue working on a speaker panel on these topics for the March meeting of the Joint Council.

6. LCOG, Councils and Committee Reports
   a. Planning & Budget
Ms. Scott reported the committee had met the previous month and approved the survey included in the meeting packet.

b. Community Needs Assessment
Ms. Scott encouraged members to help distribute the surveys and get them returned by the end of December. The goal was to have at least 1,030 completed surveys. They would be compiled along with results from ten community focus groups intended to gather information from underserved populations to determine how discretionary funding would be used and what primarily Older Americans Act services needed to be changed, discontinued, or introduced.

Ms. Junger offered to distribute surveys to everyone in her building and Mr. Weirich had taken about 100 surveys earlier in the week. Ms. Scott said surveys could be mailed back, dropped off at an S&DS location, or collected for pick-up by an S&DS staff member. She said staff would work with some MSW interns to tabulate results and Ms. Thomas volunteered to help with that if needed.

c. ADRC Council
Ms. Cline reported the council met the previous day and focused on goal setting with Diane Rogers guiding a discussion of 20 goals set by the Multnomah council that resulted in deleting those that did not apply locally and adding some that were missing.

d. SSAC
Ms. Scott reported Lane County Behavioral Health specialist Kay McDonald had spoken to the group about her behavioral and mental health work with adults over 60 and people with disabilities. She suggested inviting her to speak to the DSAC in January.

7. Action Items—No additional items were raised.

8. Call for Next Council Meeting Agenda Items & Reminder of Next Meeting
The next meeting would include a

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9. Adjourn for Lunch
The meeting adjourned at 11:50 a.m.