

**Individual Care Grant  
Collaboration and Transformation Project  
Finance and Legislation Workgroup  
Meeting Minutes**

**December 13th, 2013**

- Present:** Stephanie Barisch, Terry Carmichael, Brock Dunlap, Kathy Henke, Dennis Hopkins, Kimberly Jenkins, Carlendia Newton, Heather O'Donnell, Chris Schrantz, Tim Sheehan, Jesus Tapia
- Absent:** Cindy Butler, Shawn Cole, Ray Connor, Sondra Frazier, Jamie Germain, Gaylord Gieseke, Kristine Herman, Patrick Knepler, Colette Lueck, Renee Mehlinger, Mike Pelletier, Patrick Phelan, Barbara Shaw, Mike Snider
- Co-Chairs:** Tim Sheehan, Dennis Hopkins & Chris Schrantz
- Record Keeper:** Chris Schrantz

Tim Sheehan opened the meeting at 1:00 p.m. and roll call was taken.

Tim reported that at the conference call among the five workgroup co-chairs held on December 4, it was communicated that the goal for the workgroups is to develop "a plan for a plan". Because of the limited time and broad goals of this initiative, the workgroups should frame the issues and not resolve everything. Tim recommended that the group develop suggestions during this call and then have a final call to wrap up this workgroup's task. The members agreed with this recommendation.

The following suggestions were set forth by the committee members:

1. Implement a systems generalist for families. Should be an independent ombudsman-type role.
2. Allow payments for psychological evaluations.
3. Explore opportunities through the 1115 Waiver for expanded Medicaid reimbursement. We need to make sure that overall we are maximizing Medicaid match funding opportunities.
4. Bridging DMH and DCFS through an interagency agreement to help families obtain an ICG rather than go through custody relinquishment.
5. Make available emergency mental health treatment.
6. Develop a centralized claims rejection reporting and correction system to address situations where providers have to make numerous calls to resolve rejected billings.
7. Enhance care coordination. There needs to be a coherent Managed Care Entity relationship with the Collaborative.
8. Unbundle the residential rates so that the Medicaid component is separate from room and board.
9. Conduct an assessment as to whether DHS should replace the Value Options Collaborative with ROCS or an alternative system for client registration and billing purposes. We need the right system to support the right financing mechanism, and a cost-benefit analysis should be conducted to determine whether continuing with the Collaborative is best for the system.
10. Allow payments for Mental Health Assessments. All covered services should be listed.

The workgroup will meet again after the holidays to review these suggestions and finalize our specific recommendations.

The meeting adjourned at 2:00 p.m.