

*Jennifer Wooldridge, President  
Jefferson County Developmental  
Disabilities Resource Board  
P.O. Box 97  
Mapaville, MO 65065  
636-282-4400; fax 636-282-4410  
jgwooldridge@dsjc.org*



*Jake Jacobs, President Elect  
Jackson County, [jjacobs@eitas.com](mailto:jjacobs@eitas.com)  
Debra Miller, Secretary  
Howard County, [dmiller@endlessoptions.org](mailto:dmiller@endlessoptions.org)  
Ann Graff, Treasurer  
Pettis & Saline Counties, [agraff@chs-mo.org](mailto:agraff@chs-mo.org)  
Alecia Archer, Member-at-Large  
Jasper County, [jcsfb@jcsfb.com](mailto:jcsfb@jcsfb.com)  
Max Lytle, Past President  
Taney County, [maxlytle@centurytel.net](mailto:maxlytle@centurytel.net)*

*Missouri Association of County  
Developmental Disabilities Services*

Meeting Minutes  
February 25, 2010

Introductions and Announcements

DMH-DD Monthly Update

Bernie Simons

- Dashboard Information Pilot in Missouri, document will highlight practices in evaluation and assessment and will be available (10,000 copies) in April. Funded by Missouri Foundation for Health.
- TEC Chapman has been in New England working with CMS and others developing a one hour PBS documentary on best practices in Autism.

DMH- Vision for the Future

Dr. Keith Schafer

- Dr Schafer addressed the recent bidding in SW and now NE and NW Missouri. He felt that if the tables were turned, CMHC's would also express similar frustration as our group.
- Announced the consolidation to one Director for Alcohol and Drug Abuse and Comprehensive Psychiatric Services.
- Because of co-occurring conditions in our population he would like to see more collaboration between the divisions.
- Community Mental Health Centers (CMHC) do not have the capacity fund as do County Board's, but they are considered Administrative Agents to the state.
- The Department is not in favor of CMHC's becoming the only case management provider, any proposals submitted will be considered. Dr. Schafer does not see this as a growing trend, if there is a SB40/MACDDS provider in the county they should be there first choice for case management.
- Incentives are not available.
- Dr. Schafer expressed the awareness that he can expect greater collaboration within the state departments knowing that what happens in the field is not always the same. Still, the expectation is that entities will be able to talk to one another about disagreements and move on.
- Greater collaboration will be necessary for funding in the future. Several bad budget years are ahead of us. People who do not qualify for Medicaid may not be fundable. DMH will be very short in FY12, especially if FMAP does not get extended. There are additional cuts coming for both FY11 and in FY12.
- Autism Services progress may be slowed or go backwards because of lack of funding.
- Dr. Schafer stated, "There are things I can do and things I can't do" concerning funding and the legislature.
- When asked if the legislature would consider services with POS matched dollars a "safe" group, the response was that the legislature only sees GR dollars in any budget area.
- There was some discussion about whether legislators understand how much further state dollars go toward services when matched with county dollars. Dr. Schafer encouraged members to take that message to their legislators.
- The house has made their cuts, and now it is in the Senate.

In regards to the recent letter and subsequent conference call, Dr. Schafer had the following response to the primary requests outlined in the letter.

1. In regards to ceasing award of contracts to entities whose primary mission is not serving people with developmental disabilities, Dr Schafer replied that he would not do that. He will look at the history of the organization and how dollars can be leveraged. He also said that he wants to move the Department in a different direction.
2. In regards to allowing time for MACDDS to develop private TCM providers and relationships now that full funding is available the response was that while initially excited about the possibility of MACDDS as a provider of TCM he did have a problem with the Division putting a hold on the timeline and the delay it caused. He also stated that it was our idea that came in late in the game; the actual RFI had gone out awhile ago. MACDDS is hindered by the inability to move as quickly as a private entity might.
3. In regards to the request to develop a plan no later than July 1st that would bring adequate funding to existing county boards TCM funding agreements the response was to look at the historical perspective of provider inequity for the long standing providers who are paid at a lesser rate than new start up providers. Dr. Schafer considers the letter consideration for historical rebasing of rates. This is a huge issue (110 million dollar problem) and includes lifetime clients vs. episodic clients. In addition, The Department does contract differently with county TCM providers since they cannot by law ask private providers to pay any match, they must be fully funded by the state. There was considerable discussion concerning the philosophy of the state getting out of case management, the cost to the state for private providers of TCM in counties where no SB40 is present, and how the Division of Developmental Disabilities is maximizing what funding they still have available for staff. That brought out the question, "Does it cost more for a private provider than a SB40?" Jeff Grosvenor said yes and Dr. Schafer said no. That raised the question from the membership, is this the right time to be spending more for the same service? Dr. Schafer replied that this is a specific county issue and not a statewide issue. The membership felt that the issue was that the Division may have "jumped the track" and given away dollars that might have been used for services when not maximizing county participation. This has expanded the inequity.
4. In regards to the request to collaborate with MACDDS and its members to develop a model and funding mechanisms' to preserve and expand opportunities to fund services for people with developmental disabilities and wherever possible preserve public match opportunities Dr. Schafer responded that he considers SB40 Boards something special and as partners has great respect for what we do with local funds. The membership pointed to the Department of Mental Health and the Division of Developmental Disabilities disregard for our Memorandum of Understanding in that changes occur without notice or conversation. In the spirit of collaboration it is important that the Prevention Waiver is not compromised. If the Prevention Waiver, intended to serve people with their needs before they become a priority 11 or 12 on the UR score list, is compromised, then county boards will have to decide if they should continue to pay match for case management or purchase needed services for people in their county. Given this possibility, what would be the perspective of the legislators? A message to the appropriation committee from the Division could be to move the \$860,000 in FTE to the Prevention Waiver. There was additional discussion about this which culminated in Dr. Schafer stating that he feels that if the full funding issue defines our relationship with the Department then we have a problem.

#### DMH-DD monthly update, continued

Bernie Simons and Jeff Grosvenor

- The focus for autism services is different, based on increased functioning within society
- Keep idea of rate inequity away from what we discuss
- How can we address the Senate Select Committee with recommendations?
- Office of Autism Services Director change effective February 24, 2010, TEC Chapman is now the Director. Julia Kaufmann is no longer there.

**Alecia Archer** moved that the membership go into closed session to discuss contractual issues. **Jake Jacobs** seconded the motion. Roll call was taken and closed session **was approved**.

**Lynn Wells** moved that as we proceed to develop an option of MACDDS as a TCM provider the president should contact by letter counties with SB40 but not MACDDS members to let them know of recent developments and that a letter be drafted by the president reiterating what we believe we heard from Dr. Schafer today in regards to our initial letter's requests. The letter should specifically say that we feel the Division is off track and in violation of where we thought we were based on our MOU and other documents. The Department should not let this be the defining moment in our relationship. **Jake Jacobs** seconded the motion and the **motion carried**.

What specific action will we be asking the Mental Health Commission to take?

**Jim Casey** moved to go out of closed session. **Alecia Archer** seconded the motion and roll call was taken to go out of closed session.

Other Business

A first reading of proposed changes to the bylaws was introduced.

**Betsy Barnes** moved that the recommended Board resolution to allow electronic banking with Central Bank be approved. **Charlie Washburn** seconded the motion and the **motion carried**.