

<b>Health and Human Services</b>	<i>Include for each advisory group the following: mission, compensation received by members, annual budget for council, three most recent meeting dates, list any reports/recommendations issued, link to council's web site</i>
American Indian Advisory Council on Chemical Dependency	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The mission of the American Indian Advisory Council is to (assist) <i>collaborate with</i> the state authority on alcohol and drug abuse in proposal review and formulating policies and procedures relating to chemical dependency and the abuse of alcohol and other drugs by American Indians.</li> <li>• <b>Compensation:</b> \$55 per member per meeting plus mileage</li> <li>• <b>Annual budget:</b> no budget</li> <li>• <b>Most recent meeting dates:</b> July 31, 2013 at Fond du Lac College, April 17<sup>th</sup>, 18<sup>th</sup> 2013 at Walker, Minnesota and January 10<sup>th</sup>, 11<sup>th</sup> 2013 at DHS Lafayette Building</li> <li>• <b>Reports/recommendations:</b> They assisted in the Federal Block Grant application process., Acted as a voice for the Model of Care changes by one of its members being on the Model of Care Work group. No other reports or recommendations.</li> <li>• Currently no website.</li> </ul>
Alcohol and Other Drug Abuse Advisory Council	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The mission of the Citizens Advisory Council (CAC) is to advise DHS concerning the problems of alcohol, tobacco and other drug (ATOD) dependency and abuse and the prevention of ATOD related problems.</li> <li>• <b>Compensation:</b> \$55 per member per meeting plus mileage</li> <li>• <b>Annual budget:</b> No budget</li> <li>• <b>Most recent meeting dates:</b> May 17, 2013 at Anderson Building, February 15, 2013 at Anderson Building, November 16, 2013 at Anderson Building</li> <li>• <b>Reports/recommendations:</b> They did participate in providing input into the Federal Substance Abuse prevention and Treatment Block Grant application that was just submitted, where they identified gaps and suggested improvements. No other reports or recommendations.</li> <li>• Currently no website.</li> </ul>
American Indian Child Welfare Advisory Council	<ul style="list-style-type: none"> <li>• <b>Mission:</b> To help formulate policies and procedures relating to Indian child welfare services and to make recommendations regarding approval of grants provided under Minn. Stat. section 260.785, subdivisions 1, 2, and 3.</li> <li>• <b>Compensation:</b> \$55 per member per meeting spent on council or committee activities, when authorized by the council or committee, plus expenses in the same manner and amount as authorized by the commissioner's plan adopted under Minn. Stat. section <a href="#">43A.18, subdivision 2</a>.</li> <li>• <b>Annual budget:</b> between \$2,000 - \$10,000 depending on member availability and participation</li> <li>• <b>Most recent meeting dates:</b> meets quarterly; October 11-12, 2012; January 10-11, 2013; April 2013 (cancellation due to snow storm); July 11-12, 2013; Upcoming meetings: October 10-11, 2013; January 9-10, 2014; April 10-11, 2014; July 10-11, 2014; October 9-10, 2014</li> <li>• <b>Reports/recommendations:</b> The Council routinely advises on the Department's legislative proposals to ensure ICWA compliance and to monitor for policies that contribute to disparities. The Council advises on services to ensure ICWA compliance and reduce disparities.</li> <li>• Currently no website.</li> </ul>

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Deaf and Hard-of-Hearing MN Commission	<ul style="list-style-type: none"> <li>• <b>Mission:</b> Principal agency of the state to advocate on behalf of Minnesotans who are deaf, deafblind, and hard of hearing by working to ensure those persons have equal access to the services, programs, and opportunities available to others (Minn. Stat. §256C.28)</li> <li>• <b>Compensation:</b> \$55 per diem plus mileage and expenses (per §15.0575); in FY13, per diem expenses totaled \$2,970 and mileage/expenses were \$6,874</li> <li>• <b>Annual budget:</b> FY14 \$576,350; FY15 \$876,350</li> <li>• <b>Most recent meeting dates:</b> Nov. 16, 2012; Jan. 18, 2013; May 17, 2013; upcoming meetings Sept. 20, 2013, Nov. 15, 2013, Jan. 17, 2014</li> <li>• <b>Reports/recommendations:</b> no formal reports to state agencies, Legislature or Governor; numerous informal reports and recommendations posted on website</li> <li>• Link to council's web site: <a href="http://www.mncdhh.org">www.mncdhh.org</a></li> </ul>
Development and Implementation Council for community first services and support	<ul style="list-style-type: none"> <li>• <b>Mission:</b> To consult with the commissioner when developing and implementing CFSS for at least the first five years of operation. Also, to provide recommendations on how to improve the quality and integrity of CFSS, reduce the paper documentation requirements, make use of electronic means of documentation and online reporting in order to reduce administrative costs, and improve training.</li> <li>• <b>Compensation:</b> None</li> <li>• <b>Annual budget:</b> None</li> <li>• <b>Most recent meeting dates:</b> 4/4/13, 6/6/13, 7/30/13</li> <li>• <b>Reports/recommendations:</b> There are no current reports, however one is expected in November</li> <li>• Currently no website.</li> </ul>
Diagnostic Codes List Advisory Committees	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The advisory workgroup will assist the Alcohol and Drug Abuse, Adult Mental Health and Children's Mental Health Divisions with the mapping of the current International Classification of Diseases, Ninth Revision (ICD-9) codes to the Tenth revision (ICD-10).</li> <li>• <b>Compensation:</b> None</li> <li>• <b>Annual budget:</b> None</li> <li>• <b>Most recent meeting dates:</b> June 11, 2013; January 26, 2013; January 19, 2013</li> <li>• <b>Reports/recommendations:</b> January 2012: Workgroup recommended general equivalency mapping (GEM). June 11, 2013: Mental health advisory subgroup recommended DHS continue to use the same ICD-9 code range that was in definition of emotional disturbance and mental illness in mental health acts (prior to removal in preparation for ICD-10 implementation) until September 30, 2014. The group also recommended DHS seek information from the providers about their readiness for ICD-10 implementation. The mental health subgroup will advise DHS on ICD-10 code range for use in definitions of emotional disturbance and mental illness.</li> <li>• Currently no website.</li> </ul>

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<p>Drug Utilization Review Board</p>	<ul style="list-style-type: none"> <li>• <b>Mission:</b> Section 1927 of the Social Security Act requires each State to establish a DUR board at least partially comprised of actively practicing physicians and pharmacists. The DUR Board is required to perform retrospective DUR, apply the standards to assess drug use, and perform educational interventions for physicians and pharmacists with the goal of reducing drug therapy problems.</li> <li>• <b>Compensation:</b> \$100 per member per meeting plus mileage.</li> <li>• <b>Annual budget:</b> Part of pharmacy program admin budget.</li> <li>• <b>Most recent meeting dates:</b> 5/08/2013; 03/13/2013; 11/14/2012</li> <li>• <b>Reports/recommendations:</b> Annual DUR report submitted to CMS is posted online at cms.gov. Other recommendations recorded in meeting minutes.</li> <li>• <b>Link to councils web site:</b> <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16_137710#">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16_137710#</a></li> </ul>
<p>Human Services Performance Council</p>	<ul style="list-style-type: none"> <li>• <b>Mission:</b> This council shall review and advise the commissioner on department procedures in the implementation of the performance management system, and advise on technical assistance needs of the counties, among other duties.</li> <li>• <b>Compensation:</b> currently being determined through a solicitation process initiated by DHS.</li> <li>• <b>Annual budget:</b> None</li> <li>• <b>Most recent meeting dates:</b> The first meeting is scheduled for September 20, 2013. The Council is required to meeting at least quarterly, but monthly meetings are anticipated through 2014.</li> <li>• <b>Reports/recommendations:</b> None to date as the Council has not yet convened. Statute requires annual reports to the Legislature and commissioner containing the performance, outcomes, measures, and improvements of individual counties.</li> <li>• Currently no website, under development.</li> </ul>
<p>Medical Assistance Drug Formulary Committee</p>	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The DFC is comprised of physicians, pharmacists, other health care professionals, and a consumer representative. The DFC advises the commissioner on which drugs should require prior authorization as well as the approval criteria for selected medications. The DFC meets in a public forum and manufacturer representatives, prescribers, and patients have the opportunity to present information on new drugs and their place in therapy compared to existing drugs.</li> <li>• <b>Compensation:</b> \$100 per member per meeting date plus mileage.</li> <li>• <b>Annual budget:</b> Part of pharmacy program admin budget</li> <li>• <b>Most recent meeting dates:</b> 05/21/2013; 12/05/2012; 09/05/2012</li> <li>• <b>Reports/recommendations issued:</b> All contained in the meeting minutes. Provide recommendations on whether or not drugs should be subject to prior authorization. 10-15 drugs and/or drug therapy classes are reviewed each meeting.</li> <li>• <b>Link to councils web site:</b> <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16_137710#">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16_137710#</a></li> </ul>

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<p>Medical Assistance Health Services Policy Committee</p>	<ul style="list-style-type: none"> <li>• <b>Mission:</b> HSAC's mission is to advise the Department regarding evidence-based decision-making and provide leadership in designing health care benefit and coverage policies for Minnesota's publicly funded health care programs. HSAC comprises 13 members, most of whom are licensed physicians. Twelve voting members represent a range of disciplines, practice sites and health plans and include two non-physician health care professionals and a consumer member. The Medicaid Medical Director serves as a non-voting member. <a href="#">HSAC's charter, along with its policies pertaining to transparency and public testimony, are posted on its public website.</a></li> <li>• <b>Compensation:</b> \$200 honorarium per meeting, plus reimbursement for mileage and parking (per <a href="#">Minnesota Statutes, section 256B.0625, subd.3e</a>).</li> <li>• <b>Annual budget:</b> \$114,200</li> <li>• <b>Most recent meeting dates:</b> July 11, May 16 and March 14, 2013</li> <li>• <b>Reports/recommendations:</b> HSAC is the Department's lead, external clinical advisory body concerning medical policy. HSAC has issued approximately 30 reports, including six that were at the Legislature's specific request. All of HSAC's reports and meeting minutes are available on its <a href="#">website</a>. HSAC's most recent report is <a href="#">Autism Spectrum Disorders: Report to the Minnesota Commissioner of Human Services</a>. In 2013 the Legislature enacted an early, intensive intervention benefit that was patterned on HSAC's recommendations (<a href="#">2013 Laws of Minnesota, Chapter 108, Article 7, Section 14</a>). HSAC's early work focused on individual medical technologies and interventions, informing the Department's coverage policies on topics such as imaging for low back pain and bariatric surgery. In recent years, HSAC has evolved to address complex topics that examine a range of treatments for particular conditions, such as autism, and foster evidence-based quality improvement processes, such as lowering rates of caesarian sections and elective preterm inductions of labor. HSAC is in the midst of reviewing the evidence for treatment of chronic pain, with a particular focus on opioid analgesics (i.e., opiate medications for pain). HSAC has also charged an ad hoc working group to develop recommendations for improving emergency department utilization.</li> <li>• Link to council's web site <a href="http://www.dhs.state.mn.us/hsac">www.dhs.state.mn.us/hsac</a>.</li> </ul>
<p>Medical Assistance Peer Advisory Task Force</p>	<ul style="list-style-type: none"> <li>• DHS Recommends Sun setting</li> </ul> <p>The determination of services not medically necessary may be made by the commissioner. <del>in consultation with a peer advisory task force appointed by the commissioner on the recommendation of appropriate professional organizations. The task force expires as provided in section <a href="#">15.059, subdivision 5</a></del></p>
<p>Medical Assistance Vendor Advisory Task Force</p>	<ul style="list-style-type: none"> <li>• Currently this task force is at the Commissioner discretion and the Department recommends that we leave it at the Commissioner's discretion. The task force is not operating at this time.</li> <li>• We don't have any records indicating this task force has met in the past.</li> <li>• DHS would like to retain the authority to convene this group if needed.</li> </ul>

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Mental Health Advisory Council	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The State Advisory Council: (1) advise the governor and heads of state departments and agencies about policy, programs, and services affecting people with mental illness; (2) advise the DHS on all phases of the development of mental health aspects of the biennial budget; (3) advise the governor about the development of innovative mechanisms for providing and financing services to people with mental illness; (4) encourage state departments and other agencies to conduct needed research in the field of mental health; (5) review recommendations of the subcommittee on children's mental health; (6) educate the public about mental illness and the needs and potential of people with mental illness; (7) review and comment on all grants dealing with mental health and on the development and implementation of state and local mental health plans; and (8) coordinate the work of local children's and adult mental health advisory councils and subcommittees. Note: advisory council fulfills a requirement for federal grant.</li> <li>• <b>Compensation:</b></li> <li>• <b>Annual budget:</b></li> <li>• <b>Most recent meeting dates:</b> June 6, May 2, and April 4, 2013</li> <li>• <b>Link to council's web site:</b>  <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=AdvisoryMH">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=AdvisoryMH</a> </li> </ul>
MN Insurance Marketplace advisory committee	<p>This advisory committee is under the jurisdiction of the MNSure board of directors established under MN Statutes 62V.04 subd. 13.</p>
Nonemergency Medical Transportation Advisory Committee	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The advisory committee is legislatively mandated to develop and update a policy manual, develop a policy for no-load miles, develop policies to prevent waste, fraud and abuse, develop a single administrative structure and develop standardized measures.</li> <li>• <b>Compensation:</b> None.</li> <li>• <b>Annual budget:</b> None. The department provides some staff support and a facilitator.</li> <li>• <b>Most recent meeting dates:</b> August 14, 2013, July 31, 2013 and July 24, 2013.</li> <li>• <b>Reports/recommendations issued:</b> Last year the advisory committee recommended the following changes which were passed during the 2013 session. Additional recommendations will be made by the committee for the 2014 legislative session. <ul style="list-style-type: none"> <li>• Modified requirements stating special transportation must take the recipient to a provider within 30 miles for primary care and 60 miles for a specialty provider.</li> <li>• Delayed the implementation of the single administrative structure by one year per the committee's recommendation.</li> <li>• Required that the non-emergency medical transportation administrator use the assessment process developed by the non-emergency medical transportation committee.</li> </ul> </li> <li>• Currently no website.</li> </ul>

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<p>Services to Persons with Developmental or Physical Disabilities Task Force</p>	<p>The task force has not met recently, but will be re-established in the future. DHS would like to keep the Council authority in place.</p>
<p>State-County Results, Accountability, and Service Delivery Redesign Council</p>	<ul style="list-style-type: none"> <li>• <b>Mission:</b> Statute specifies that the Redesign Council is responsible for (1) reviewing the redesign process; (2) certifying the formation of service delivery authorities; (3) ensuring consistency of the Memoranda of Understanding entered into by the Commissioner of Human Services and counties participating in service delivery authorities; (4) establishing a process to take public input on the service delivery framework being proposed by each service delivery authority; (5) forming workgroups as necessary to carry out the duties of the Redesign Council; (6) serving as a forum for resolving conflicts among those participating in the Redesign; (7) engaging in the program outcome improvement process for those counties not meeting required outcomes; (8) identifying and recommending incentives for counties to participate in the redesign.</li> <li>• <b>Compensation:</b> None.</li> <li>• <b>Annual budget:</b> None.</li> <li>• <b>Most recent meeting dates:</b> The Council met four times in 2010 (February, July, August, November) and completed its organizing work. A motion was made to adjourn until a county came forward to pursue a Service Delivery Authority certification. No county has done so as yet so no Council meetings are currently scheduled.</li> <li>• <b>Reports/recommendations:</b> None.</li> <li>• Currently no website.</li> </ul>
<p>Steering Committee on Performance and Outcome Reforms</p>	<ul style="list-style-type: none"> <li>• <b>Mission:</b> The Steering Committee on Performance and Outcome Reforms was mandated in Minnesota Statute 402A.15 to “develop a uniform process to establish and review performance and outcome standards for all essential human services based on the current level of resources available, and to develop appropriate reporting measures and a uniform accountability process for responding to a county’s or service delivery authority’s failure to make adequate progress on achieving performance measures.”</li> <li>• <b>Compensation:</b> None.</li> <li>• <b>Annual budget:</b> None.</li> <li>• <b>Most recent meeting dates:</b> The Steering Committee met regularly from 2009 – 2012. Final meeting was in December 2012 at which time the Steering Committee’s final report was completed and subsequently submitted.</li> <li>• <b>Reports/recommendations:</b> “Steering Committee on Performance and Outcome Reforms: A Report to the Governor and the Health and Human Services Legislative Committees” –submitted December 17, 2012</li> <li>• Link to council’s web site  <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16_147237">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16_147237</a> </li> </ul>

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Traumatic  
Brain  
Injury  
Advisory  
Committee

- **Mission:** MN statute 256B.093, Subdivision 1, (4) lists the purpose of this group as: “maintain an advisory committee to provide recommendations in reports to the commissioner regarding program and service needs of persons with traumatic brain injuries The group wrote their own bi-laws many years ago. These include the following Purpose statement: “The primary purpose of the Traumatic Brain Injury Advisory Committee is to provide recommendations to the Department of Human Services on program development and concerns regarding the health and human service needs to persons with brain injury. The secondary purpose is to provide recommendations to any DHS unit or state department regarding traumatic brain injury.
- **Compensation:** The committee is made up of 30 voting members from around the state. Members may elect to be reimbursed for mileage to and from meetings. Meals and overnight stays are not reimbursed. No stipend or other type of compensation is available to members. In past years mileage costs were paid by DSD. Our federal TBI grant has budgeted \$7,000.00 to cover mileage costs through the current grant year (April 1, 2013-March 31, 2014).
- **Annual budget:** The only funding currently in place for this group is the \$7,000.00’s mentioned above.
- **Most recent meeting dates:** Last 3 Full committee meeting dates in 2013: August 8, June 12, April 10. In this same time period subcommittee meetings occurred on August 8, June 12, May 15, April 10. At least one additional Steering Committee meeting occurred on August 7. There may have been other additional Steering Com. meetings between April and August.
- **Reports/recommendations:** Recommendations to DHS for 2012-2013 will be presented to DHS Leadership on 8/22/2013. The 2011-2012 recommendations are posted on the DHS public website.
- Link to council’s web site – [http://www.dhs.state.mn.us/id\\_003820](http://www.dhs.state.mn.us/id_003820)