

Clinical Advisory Group Charter

Date: Updated 5/24/2017

Overview

The Division of Medicaid is required to meet the rules and guidelines defined by The Centers for Medicare and Medicaid Services (CMS) in order to receive Federal funding for Developmental Disability (DD) services within the Idaho State Plan and or approved Waiver(s) to the State plan. The DD Children’s benefit program currently in place does not meet existing CMS guidance. The Children’s DD Services Enhancement project has been launched to identify and execute the needed changes to meet compliance as well as the needs of Idahoans for DD Services to children.

Advisory Group Purpose

The purpose of the Clinical Advisory Group (CAG) is to provide clinical expertise and advice in the area of Developmental Disability needs of Children, assisting the State of Idaho Division of Medicaid and Family and Community Services (FACS) in support of CMS requirements to move state plan coverable services to children with developmental disabilities into the Idaho State Plan.

Advisory Group Goals

The goals of the CAG are to participate as a subgroup of the Children’s DD Services Enhancement project. To work together with state Department staff to determine best practices and make recommendations to the state for benefit development and implementation while staying within the scope and limitations of the Children’s DD Services Enhancement project as defined in the project plan including: CMS federal rules and guidelines, the State’s budget limitations and authority. Recommendations developed will be specific to state identified services adding or moving to the State Plan and include:

- Building a system that works; long term
- Service Definitions
- Standards of Care
- Needs Criteria
- Provider Qualifications
- Service Settings
- Care Plans (Person Centered Planning)

Roles & Responsibilities

The CAG roles and responsibilities are defined for purpose of the listed goals and Child DD Enhancement project need. The CAG will have a chair and a co-chair who will work to lead the group in achieving the goals outlined. The following members and his/her role on the Group have been determined as follows:

Name	Role	Responsibility
Sarah Spaulding	Facilitator	Facilitate communications, group meetings, meeting minutes and documentation. Ensure alignment with project goals and stakeholder engagement model.
Susan Stumph	Backup facilitator	Meeting agenda, backup to facilitator, reality check.
Carolyn Burt Michael Case (back-up)	Medicaid Representative for DD Child Policy & rule, CMS rules and guidelines specific to DD Children	Represent Medicaid Child DD Policy and benefit change goals and outcomes. Provide knowledge and understanding of DD Child rules, requirements, limitations, history
Angie Williams	Medicaid Representative for School Based Services policy & rule, CMS rules and guidelines specific to SBS	Represent Medicaid School Bases Services policy and benefit needs
Susan Stumph Rebecca Fadness (back-up)	Family & Community Services (FACS) representative for FACS Operations	Represent Family & Community Services (FACS) and DD Child Operations. Provide insight, understanding, limitations of FACS operations as well as DD Child redesign learnings and improvement opportunities
Chad Cardwell, Christy Cronheim (back-up)	FACS Infant Toddler Program (ITP) representative for FACS ITP operations	Represent Family & Community Services (FACS) Infant Toddler Program (ITP) and ITP Child Operations. Provide insight, understanding, and limitations of FACS ITP operations. Provide insight, understanding, limitations of ITP operations as well as DD Child redesign learnings and improvement opportunities
Blake Brumfield, Amanda DeYoung (back-up)	Court and Crisis Services Representative, crisis expertise	Represent dual diagnosis kids, crisis needs and prevention services. Knowledge of clinical practice.
Julie Fodor, Robin Greenfield	U of I Centers on Disabilities and Human Development representative & clinical expertise	Provide expertise in the area of evidence-based policy and practice for people with disabilities, their families, and communities.
Jenna Hix, Heather Orchard (back-up)	Community Partnerships, Clinical Representative, Applied Behavioral Analysis	Clinical expertise on applied behavioral analysis
Dr. Leavell or assigned	St. Luke’s Hospital clinical representative, autism	Clinical expertise in continuum of neurodevelopmental disabilities
Chelsey Ferguson Amy Clark (back-up)	SBS Provider representative School Psychologist	School Based Services representative, delivery experience, service needs, budget needs, speak to impact, issues, other. Share and solicit information to SBS provider group.
Julie Mead	SBS Provider representative Direct of Special Education	School Based Services representative, delivery experience, service needs, budget needs, speak to impact, issues, other. Share and solicit information to SBS provider group.

Back up for each of the roles, someone who can fill in when main resource not available.

Length and Scope of Membership

Members of the group have been determined and invited by the Children’s DD Services Enhancement project team based on the perceived need for clinical knowledge, interest and or expertise related to DD Child preventive services. The members and officers are expected to serve for a period of 4/2016 to 7/1/2019 which is the time anticipated for planning, development, implementation and quality assurance of the changes to the DD Child benefits.

Accountability

The CAG comes under review by the Children’s DD Services Enhancement project and Governance to ensure members work according to the charter and do their part to meet the project and organizations' goals.

Authority and Decision Making

The CAG does not have decision making authority however, the work and recommendations of the CAG will inform the IDHW project and benefit decision making. It is expected that recommendations will be delivered to project and stakeholder groups as follows:

- CAG recommendations will first go to the project team who will provide feedback.
- Once feedback received will then go to the provider workgroup for their review and feedback. Once feedback addressed
- Recommendations will go forward to inform additional stakeholder group and obtain their feedback and address concerns
- All recommendations will ultimately need to be approved by project executive sponsorship.

Meeting Schedules

Frequency of meetings will be determined and agreed upon by the CAG members. Will look at meeting weekly to start, will meet in person and using video and web meeting tools to aid in attendance. Meeting frequency will be reduced over time as project deliverables completed.

Meeting Format

The general format for each meeting will be to review the status of action items from previous meetings, provide updated information that may impact the group, address agenda items prepared by or brought to the group.

- Agenda items will be solicited and a meeting agenda will be emailed out in advance of the meeting by the group Chair.
- The meeting minutes will be completed by the group Chair and distributed to meeting participants for feedback and finalization. Final copies will be distributed to all participants.

Supports

The Clinical Advisory Group is a valued subgroup of the Division of Medicaid’s Children’s DD Services Enhancement project and will be supported by the Project Manager and project team.