

**Medical Care Advisory Committee Meeting Minutes**

**Date:** January 17, 2018 **Time:** 1:30 – 4:30 PM

**Location:** IDHW Medicaid Central Office  
3232 Elder St. Boise, ID 83705 D-East Conference

**Chair:** April Dunham  
**Vice-Chair:** Courtney Holthus

**Call-in:** 1-877-820-7831; Participant Code 301388

**Goal:** Update MCAC Members on IDHW Issues

**Committee Members Present:** Kris Ellis (Idaho Health Care Association); Bill Benkula (Mental Health Provider’s Association); April Dunham (Idaho Quality of Life Coalition)-Chair; Courtney Holthus (Disability Rights Idaho) Vice-Chair; Teresa Cirelli (Idaho Medical Association); Yvette Ashton (Medicaid Recipient); Kevin Bitner (Idaho Commission on Aging) – Call In; Yvonne Ketchum (Idaho Primary Care Association) – Call In; Mitzy Lewis (LINC) – Call In

**Committee Members Absent:** Toni Lawson (Idaho Hospital Assoc); Pam Eaton (Idaho State Pharmacy Association); Representative Fred Wood (Idaho House of Representatives); Senator Lee Heider (Idaho State Senate); Representative (Dr.) John Rusche (Board Certified Physician); Cathy McDougal (AARP); Elke Shaw-Tulloch (Administrator, IDHW Division of Health); Tina Bullock (Nimipuu Health – Nez Perce Tribe); Elizabeth Caval-Williams (Community Partnership of Idaho); Eva Davison (Benewah Tribes Representative)

**DHW Staff Present:** Tiffany Kinzler (Bureau Chief of Medical Care, Division of Medicaid); Robin Butrick (Committee Secretary, Division of Medicaid); Beth Kriete (Acting Deputy Administrator for Operations, Division of Medicaid); Alexandra Fernández (Acting Bureau Chief of Long Term Care, Division of Medicaid); Donny Jardine (Division of Medicaid); Ross Edmunds (Division of Behavioral Health); Sara Stith (Division of Medicaid) – Call In; Charles Beal (Human Services Program)

**DHW Staff Absent:** Matt Wimmer (Administrator, Division of Medicaid); Lisa Hettinger (Deputy Director of Medicaid); George Gutierrez (Deputy Administrator for Policy, Division of Medicaid); Sheila Pugatch (Bureau Chief of Financial Operations, Division of Medicaid); Art Evans (Bureau Chief of DD services, Division of Medicaid)

**Guests/Nominees/Proxy:** Teronda Robinson (Community Partnership of Idaho); Kim Burgen (Idaho Medical Association)

| Agenda Item                                 | Outcome/Action  |
|---|---|
| <b>Introductions and Committee Business</b> | <p><b>Introduction and Committee Business:</b></p> <p>Introductions of Committee</p> <ul style="list-style-type: none"> <li>o October 18, 2017 MCAC minutes approved</li> <li>o Teresa Cirelli brought Kim Burgen to introduce to the committee. Kim is a potential replacement for Teresa, who is stepping down.</li> <li>o Yvette Ashton’s term is up, will follow-up whether Yvette can continue to serve more than two terms, or whether a new Medicaid Recipient is needed on the committee</li> <li>o List of nominees to be sent out beginning of April with voting to take place at next meeting</li> <li>o Pharmacy will be a vacant seat, can be a rotating seat of any community provider</li> <li>o Kris Ellis mentioned and there was agreement that it may be useful to have a Medical Director appointed to the board</li> <li>o House and Senate representative needed, look for local possibilities to serve on the committee to enable more regular attendance</li> <li>o Courtney Holthus is willing to serve a second term starting in July</li> <li>o Still have two vacant rotating seats for Provider Representatives.</li> <li>o Yvette Ashton commented that stamped envelope provided by the department is too small. Size needs to be addressed regarding recipients’ annual submissions of their expenses information, business-sized envelope is way too small for documentation (20-30 pages); Beth will follow up with Julie Hammon (Division of Welfare Administrator)</li> </ul>   |
| <b>HCBS Update</b>                          | <p><b>Donny Jardine, Medicaid</b></p> <ul style="list-style-type: none"> <li>o As of January 5, 2017, there was completion of 801 provider self-assessments (Adult Day Health Providers, Developmental Disability Agencies, Certified Family Homes, Residential Assisted Living Facilities – does not include family homes that are taking care of family members) <ul style="list-style-type: none"> <li>• In the future CMS will require 3200-3300 family homes that are taking care of family members to be included in provider assessment process</li> <li>• 88% of providers were compliant, provided quality technical assistance to help remaining providers with compliance</li> <li>• Of the 12% out of compliance, 85% of those providers have reached final approval, three providers (Certified Family Homes) are still outstanding for compliance</li> <li>• Some non-compliance reasons and challenges in CMS rules are: lockable doors, roommate selection process, community integration, engagement and ability to prove involvement in person-centered planning team process, employment and volunteering actions, purchasing access for individuals, choice of schedules and activities</li> </ul> </li> <li>o Next steps are on-going monitoring, recommending update to waiver for CMS to consider for inclusion of performance measure and two different data sources (Licensing &amp; Certification surveys and Provider Agency reviews)</li> <li>o Request for HCBS Sub-committee to schedule meeting on a quarterly basis, members to include Kris Ellis, Donny Jardine, Courtney Holthus, Bill Benkula; would be an intermediary between Medicaid, Providers, and Participants to ensure enough information to make an effective transition for new rules</li> <li>o Want to develop a video as an effective tool for participants to gain information regarding their rights</li> </ul> |

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| <b>WICHE Project Update<br/>(Western Intermountain Commission on Higher Education)</b> | <b>Ross Edmunds, Behavioral Health</b> <ul style="list-style-type: none"> <li>○ Mental Health Program to assess challenges, make, and implement recommendations</li> <li>○ Move to a managed care network based system for outpatient (ambulatory) care for behavioral health and behavioral crisis centers</li> <li>○ Better opportunities for housing options rather than RALFs for long-term mental health needs <ul style="list-style-type: none"> <li>● Policies for RALFs don't blend well for offering services to this population needing serious and persistent mental health services</li> <li>● HART (Homes with Adult Residential Treatment) model could provide funding for necessary staffing and training</li> </ul> </li> <li>○ Want to create a roadmap and array of services that Idaho should ideally be working toward <ul style="list-style-type: none"> <li>● Many different groups are meeting, WICHE is trying to connect their efforts to affect results for change and improvements</li> <li>● Working with the various stakeholders to expand and coordinate resources that providers are able to offer</li> </ul> </li> <li>○ Next steps are to recommend service array for behavioral health services in Idaho</li> </ul> |
| <b>Report on Transportation Contract</b>   | <b>Sara Stith and Tiffany Kinzler, Medicaid – NEMT Changes</b> <ul style="list-style-type: none"> <li>○ MTM (Medical Transportation Management) will be the new non-emergency transportation broker as of March 6, 2018 <ul style="list-style-type: none"> <li>● MTM has a community outreach division to notify providers and members, will utilize some independent drivers</li> <li>● Besides call center (starting February 20, 2018), MTM has an on-line facility portal and a member portal</li> <li>● Choice of VEYO or MTM from February 20 – March 5, 2018</li> </ul> </li> <li>○ Social Workers can attend town hall meetings to learn about training resources <ul style="list-style-type: none"> <li>● MTM has a website for training: <a href="http://www.mtm-inc.net">www.mtm-inc.net</a></li> </ul> </li> <li>○ Tiffany clarified why change-over caused difficulty with communication, legal reasons <ul style="list-style-type: none"> <li>● Transportation advisory committee is still on-going, Sara will share information regarding transition communications</li> <li>● DWH website will be updated with new transportation information</li> </ul> </li> </ul>   |
| <b>CHIP Update</b>   | <b>Tiffany Kinzler, Medicaid</b> <ul style="list-style-type: none"> <li>○ Federal funding has been extended through the end of March</li> <li>○ Waiting to see which contingency plan will be exercised, either move participants onto Title XIX (less federal funding) or to APTC where they go into the marketplace</li> <li>○ Federal match is currently 100%, but could drop to Medicaid match (71%)</li> </ul>  |
| <b>1115 Effort Update</b>  | <b>Tiffany Kinzler, Medicaid</b> <ul style="list-style-type: none"> <li>○ Presented Monday at Legislature by Director Barron, recommendation was made to schedule hearing on March 24, 2018 at 9 – 11 a.m.</li> <li>○ The 1115 Waiver is part of a two-waiver proposal focused on providing Medicaid coverage to approximately 5,000 Idahoans living with complex, life-threatening medical conditions</li> <li>○ The second component is a 1332 waiver developed by the Department of Insurance. These waivers are part of the Idaho solution to help stabilize the individual insurance market, insurance rates, and to allow Idahoans under 100% of the FPL to access coverage on the health insurance exchange</li> </ul>  |
| <b>Personal Assistance Oversight Committee (PAOC) Update</b>                           | <b>Ali Fernández - Overview of the PAOC was given (Handouts)</b> <ul style="list-style-type: none"> <li>○ Participant vacancies on the committee is now up to six, a new flyer is being circulated</li> <li>○ At December meeting there was an informative presentation about emergency preparedness for individuals with disabilities</li> <li>○ Provide overview of data collection, will post information for e-mail link</li> <li>○ Idaho Home Choice Project grant update, transitions participants from institutional settings to community settings <ul style="list-style-type: none"> <li>● In 2017, there were 75 transitions, 493 to date, would like sustain benefits in regular waivers once grant period ends</li> </ul> </li> <li>○ MMCP – Molina will have coverage beginning on January 1, 2017, enrolled 141 people so far <ul style="list-style-type: none"> <li>● Molina Health Plan will have call center, using Idaho-based representatives</li> </ul> </li> </ul>  |
| <b>2-1-1 Program Update</b>  | <b>Charles Beal (PowerPoint Handouts)</b> <ul style="list-style-type: none"> <li>○ Call Idaho Careline 2-1-1 to get local resource information, will speak to a live person within 60 seconds</li> <li>○ More user-friendly website has a guided search feature for information referral topics</li> <li>○ Referral data was provided for primary referral categories</li> <li>○ Should be free access, some phone carriers charge but should not be</li> <li>○ Spanish speakers can easily be served, and a translation service line is available for other languages as needed</li> </ul>  |

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| <p><b>Division of Medicaid Updates</b></p> <p><b>Rules &amp; SPA activity</b></p> | <p><b>Beth Kriete – (Handout)</b></p> <p><b>Rules</b></p> <ul style="list-style-type: none"> <li>○ School-Base Services Rules have been approved by Medicaid and the Director and is ready for publication in the Dec Bulletin <ul style="list-style-type: none"> <li>● Changing ways schools seek reimbursement for Medicaid services</li> <li>● Provides up to 30-days for schools to get physician approval for service plans and allows schools to be reimbursed for services up to 30-days prior with physician’s signature</li> </ul> </li> <li>○ Mental Health Parity had a public hearing earlier in October and will publishing the Jan Bulletin <ul style="list-style-type: none"> <li>● Mental health services requirements are not equitable for medical services, such as inpatient psychiatric prior authorization, will be changed to mirror medical services</li> <li>● Participants will be able to receive services as long as they are medically necessary</li> </ul> </li> <li>○ Infant Toddler had a hearing Oct 17th and will be publish in the Jan Bulletin <ul style="list-style-type: none"> <li>● Delete reference to ITP throughout the chapter and changes billing process to allow services to be billed to Medicaid</li> </ul> </li> <li>○ KW SIB-R – Will publish in the Jan Bulletin <ul style="list-style-type: none"> <li>● Remove references to the SIB-R assessment tool, will adopt the use of a department approved assessment tool; and expand exception review criteria to all DD participants</li> </ul> </li> <li>○ Behavioral Care Unit – Will publish in the Dec Bulletin <ul style="list-style-type: none"> <li>● Will change the reimbursement methodology for Nursing facilities with BCU designation, reducing requirement for self-funding to 30-days</li> </ul> </li> <li>○ Jeff D – Will publish in the Jan Bulletin <ul style="list-style-type: none"> <li>● Will add new sections of rules to administer services and supports to be delivered under 1915i authority as a Medicaid state plan option, will add respite and person-centered planning</li> </ul> </li> <li>○ Rules Governing Contested Case Proceedings – Will publish in the Jan Bulletin <ul style="list-style-type: none"> <li>● Streamline the appeals/hearings process to promote consistency in how Medicaid manages them and comply with federal regulations</li> </ul> </li> <li>○ Fee Rule for YES – Will publish in the Jan Bulletin <ul style="list-style-type: none"> <li>● Changing the premium to comply with the cost-sharing provision in Section 56-257 for YES participants whose family income is between 185 to 300%, FPL will be charged a premium to access YES services</li> </ul> </li> </ul> <p><b>State Plan Amendments:</b></p> <ul style="list-style-type: none"> <li>○ All ABP Benchmark SPA’s have been approved by CMS</li> <li>○ The Graduate Medical Education (GMS) SPA was submitted to CMS 9/29/17</li> <li>○ The Behavioral Care Unit (BCU) SPA was submitted to CMS. We have received informal questions that were answered. Now waiting on CMS</li> <li>○ The YES 1915(i) SPA was submitted to CMS 10/5/17</li> <li>○ The Pharmacy II SPA was submitted to CMS 8/24/17</li> <li>○ The HCBS 1915(i) Adult DD SPA</li> <li>○ Tribal Notice sent out 9/27/17</li> </ul> <p><b>SPAs upcoming:</b><br/> The ITP EPSDT SPA should see noticing by October and submittal by November<br/> The RCO SPA is still in draft format</p> <p><b>State Plan Amendments Title XXI</b><br/> CHIP SPA – CMS is holding</p> <p><b>Waivers:</b><br/> The HCBS Adult DD and A&amp;D Waiver Renewals were both approved</p> |
| <p><b>Medicaid Participant Impact Story</b></p>                                   | <p><b>Beth Kriete shared</b><br/> <b>Mitzy Lewis will share in April</b></p>  |
| <p><b>Exchange of ideas, recommendations and next meeting agenda items</b></p>    | <p><b>Committee Business:</b> Did not meet</p> <p><b>AGENDA Items for next meeting</b></p> <ul style="list-style-type: none"> <li>○ WICHE Project update from Ross Edmunds</li> <li>○ 1115 Effort Update – Matt Wimmer</li> <li>○ Skill building services update, Optum – David Welsh</li> <li>○ HCBS Project Update from – Donny Jardine</li> <li>○ NEMT Veyo Update – Tiffany Kinzler</li> </ul>  |

Meetings for 2018: [4/18/2018](#), [7/18/2018](#) and [10/17/2018](#) (all meetings are located at 3232 Elder, Boise Idaho)

The MCAC website can be found at: <http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx>