

**Personal Assistance Oversight Committee Minutes**  
**Wednesday, March 16, 2016 1:00 – 3:00 (MDT) 12:00 -2:00 (PDT)**

<b>AGENDA ITEMS</b>	<b>LEAD</b>	<b>DECISION / ACTION ITEMS</b>
Welcome, and Roll Call	Beth Kriete BLTC Bureau Chief	<b>Action:</b> <ul style="list-style-type: none"> <li>Attendance for this meeting: Eight members and two Medicaid staff participated on the conference call line. Two people joined via video (one member and one Medicaid staff). Two members, six Medicaid staff, one invited speaker and three guests were present at Elder Street. Eleven voting members were present. Two members called in excused. One member no call</li> </ul>
<b>OLD BUSINESS</b>		
Read, Review and Approve DRAFT Minutes from December 16, 2015	Beth Kriete	<b>Action:</b> <ul style="list-style-type: none"> <li>Hope made motion to approve DRAFT minutes from December 16, 2015 as written</li> <li>Dana seconded the motion</li> <li>Minutes from December 16, 2015 are posted at <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/PersonalAssistanceOversightCommittee/tabid/1354/Default.aspx</a></li> </ul>
<b>PLANNING</b>		
PAO Committee Composition	Beth Kriete	<b>Action:</b> <ul style="list-style-type: none"> <li>We have three member positions that are expiring in March 2016</li> <li>Kevin Thorson – Participant Member Northern HUB 1 term expires on 3/31/2016. Dana motioned to accept Kevin’s continued membership and Hope seconded the motion</li> <li>Sharon Anitok – Provider Member Central HUB 2 term expired on 3/13/2016. Dana motioned to accept Sharon’s continued membership and Jim seconded the motion</li> <li>Cathy McDougall – Advocate 2 AARP Idaho term expired on 3/13/2016. Sharon motioned to accept Cathy’s continued membership and Rei seconded the motion</li> <li>Each member was contacted and indicated that they wish to serve another three year term – Thank you! We appreciate your involvement and participation on the PAO Committee</li> <li>Since summer of 2015, the PAO Committee has welcomed several new members and it is time again to share links to important membership documents. These documents outline our bylaws, purpose and stress the importance of each member and their involvement in this committee. Please review the linked documents and if you have any questions, please contact Marcie at <a href="mailto:youngm3@dhw.idaho.gov">youngm3@dhw.idaho.gov</a></li> <li><u>Code of Ethics</u></li> <li><u>Committee Bylaws</u> - As stated under Article III – Purpose: The purpose of the PAO Committee is planning, monitoring and recommending changes to the Medicaid waiver and personal assistance programs to the MCAC.</li> <li><u>Title 39 – Personal Assistance Oversight Committee</u></li> <li>We have three vacancies – Participant Central HUB 3, Participant Eastern HUB 3 and Personal Assistant Statewide</li> </ul>
<b>MONITORING</b>		
Home and Community	Ali Fernandez	<b>Action:</b> <ul style="list-style-type: none"> <li>History: On January 16, 2014, CMS published regulations in the Federal Register which became effective on March</li> </ul>

<p><i>Based Service Update (Attachment)</i></p>	<p><i>BLTC Alternative Care Coordinator</i></p>	<p><i>17, 2014, implementing new requirements for Medicaid's 1915(c), 1915(i), and 1915(k) Home and Community-Based Services (HCBS) waivers. The purpose of the regulation is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community and that the individual's role in service planning is optimized. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as individuals who do not receive HCBS</i></p> <ul style="list-style-type: none"> <li>• <i>In January 2016, the Medicaid HCBS rules (16-0310-1501 and 16-0313-1501) passed unanimously in the Idaho Legislature. The final Medicaid HCBS rules will be published on and become effective on July 1, 2016. These rules are necessary for the state of Idaho to move into full compliance with the Federal law passed by the Centers for Medicare and Medicaid Services (CMS)</i></li> <li>• <i>During the first several months of 2016, we will be working on developing the provider toolkit to help providers prepare for a transition into compliance with the new rules</i></li> <li>• <i>Please watch your email for ongoing information about this project and/or if you have comments or questions, please contact Ali Fernandez at <a href="mailto:FernandA@dhw.idaho.gov">FernandA@dhw.idaho.gov</a></i></li> <li>• <i>For additional information regarding this project: <a href="http://HCBS.dhw.idaho.gov">http://HCBS.dhw.idaho.gov</a></i></li> <li>• <b><i>Committee and guests recommended establishment of a person-centered planning workgroup. BLTC would support our partners in moving forward with a workgroup, by providing expertise necessary for stakeholders to develop a sound proposal</i></b></li> </ul>
<p><i>Idaho Home Choice Update (Attachment)</i></p>	<p><i>Tammy Ray IHC Project Manager</i></p>	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <i>IHC is currently at 377 Transitions, with 56 so far in 2016</i></li> <li>• <i>Benchmark for this year is 97, averages out to 8.3 transitions per month</i></li> <li>• <i>IHC will be transitioning participants out of facilities until 12/31/2018 and 2019 will be spent closing the program and moving the program to the A&amp;D and DD Waivers</i></li> <li>• <i>Transition Management and Transition Services will be the two services that will be available under the waivers</i></li> <li>• <i>IHC staff is working on long range planning documents and training materials</i></li> <li>• <i>Representatives from CMS, Baltimore, MD, will be in Boise, ID from May 3-5 to review Idaho's Money Follows the Person - IHC Program. Tammy Ray, IHC Project Manager will reach out to stakeholders to furnish program information during their visit</i></li> </ul>
<p><i>Medicare Medicaid Coordinated Plan (MMCP) Update</i></p>	<p><i>Chris Barrott MMCP Contract Manager / Medicaid Project Lead</i></p>	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <i>MMCP is reporting 2206 Enrollees, which is averaging about 100 new enrollees per month</i></li> <li>• <i>BCI is in the process of changing the MMCP Care Coordination Model</i></li> <li>• <i>MMCP/BCI is reporting great acceptance and response to the pilot program with Heritage Health FQHC in Coeur'd Alene. In this pilot program BCI embedded a care coordinator to serve individuals in a single location coordinating all related services via the patient centered medical home model of care.</i></li> <li>• <i>The BCI Home Stay Program monitors a member's daily living. This program enables their care team of family, caregivers and professionals to work from a baseline and to be aware of any issues that might arise and require immediate intervention.</i></li> <li>• <i>For additional MMCP information or if you or someone you know are interested in enrolling in the True Blue Special Needs Plan contact BCI at (888) 495-2583.</i></li> <li>• <a href="https://www.visual.is/visualizations/Ls73DDdB2oivNy4teQ6c2dEk/embed">https://www.visual.is/visualizations/Ls73DDdB2oivNy4teQ6c2dEk/embed</a></li> <li>• <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidParticipants/MedicareMedicaidCoordinatedPlan/tabid/2538/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidParticipants/MedicareMedicaidCoordinatedPlan/tabid/2538/Default.aspx</a></li> </ul>

<p><i>BLTC Quality Improvement Strategy Summary Quarter 4, 2015 (Attachment)</i></p>	<p><i>Pam Mason BLTC QA Manager</i></p>	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Pam reviewed summary report and explained the data is compiled from several internal QA/QI reports</i></li> <li>• <b><i>Committee and guests expressed concern regarding the data reported under the ‘Number &amp; Percent of A&amp;D Participants Who Received a Timely Redetermination’, as both providers and participants thought the percent seemed high as they have experienced an increase in late redeterminations. Providers noted the Nurse Reviewers and Department are extending participant service authorizations to ensure no gaps in service delivery. Pam clarified the data reported is representative of a random sample.</i></b></li> <li>• <i>Access issues are tracked through the QA Process and through Complaint/Critical Incident reporting. Attached is an access report that was provided to legislators this past session. <u>PCS Agencies Access Report 12 18 2015.docx</u></i></li> <li>• <i>If you have questions about specific data reporting, please contact Pam at <u>MasonP@dhw.idaho.gov</u></i></li> </ul>
<p><i>HB 701, 1/1/2011 - Discussion and Stakeholder Input (Attachment)</i></p>	<p><i>Beth Kriete</i></p>	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Upon legislative direction, A&amp;D waiver participants were required to access skilled nursing services via the waiver in lieu of home health skilled nursing. Currently, there are approximately 200 PAA statewide with less than 40 of these providers offering limited direct skilled nursing services and typically only on a case-by-case basis (i.e. blood draws, limited wound care, catheters, injections). System changes are underway to permit home health agencies to furnish skilled nursing services to A&amp;D waiver participants who have complex needs or are unable to identify a PAA to provide the service. How do you foresee that change impacting PAAs?</i></li> <li>• <b><i>The Department received unanimous support from the Personal Assistance Oversight Committee to move forward with the recommendation to permit A&amp;D Waiver participants that require direct skilled nursing services in their home or community to access skilled nursing under the home health benefit. Specifically, personal assistance service providers voiced that this change will bridge a gap for participants requiring complex skilled nursing services, as these providers either are not staffed or offer limited, if any, direct skilled nursing services. Providers stated clients have experienced access issues since participants were required to access A&amp;D waiver skilled nursing benefits in lieu of home health benefits as of January 2011. Skilled nursing services delivered by a home health agency require 24/7 licensed staffing and participant access, whereas, skilled nursing services delivered by a Personal Care Agency are limited in nature and typically only offered Monday through Friday during business hours.</i></b></li> </ul>
<p><i>Bureau of Financial Operations</i></p>	<p><i>Sheila Pugatch Bureau Chief</i></p>	<ul style="list-style-type: none"> <li>• <b><i>Committee and guests comments included the following:</i></b> <ul style="list-style-type: none"> <li>○ <i>that the minutes reflect development of a workgroup to address access and payment issues, to include both providers and participants</i></li> <li>○ <i>costs and competition for qualified caregivers is increasing, shortages are being reported</i></li> <li>○ <i>committee interest in reviewing the outcome of the 2016 residential habilitation cost survey</i></li> </ul> </li> <li>• <b><i>The Department has an existing committee setup to address provider reimbursement issues involving HCBS care. The LTSS Reimbursement Committee (Long Term Services &amp; Supports) was established on March 14, 2012, and continues to engage in meetings. This committee is comprised of CFH, RALF and PCS agency providers, lobbyists and Department staff</i></b></li> <li>• <b><i>Personal Care Service providers were surveyed on September 28, 2015 to see if they would be interested or if they believed there was a need to participate in a cost survey. The below grid is reflective of the responses the Department received related to this request. The Department received a response rate of approximately 9% to move forward with a cost survey</i></b></li> </ul>

		Provider Type	Total	Yes	Neutral	No	Missing	Outcomes					
		ALF	357	62	13	4	278	17%	Yes	5%	No/Neutral	78%	Missing
		PCS	214	28	15	15	156	13%	Yes	14%	No/Neutral	73%	Missing
		CFH	2583	185	148	101	2149	7%	Yes	10%	No/Neutral	83%	Missing
		<b>Totals</b>	<b>3154</b>	<b>275</b>	<b>176</b>	<b>120</b>	<b>2583</b>	<b>9%</b>	<b>Yes</b>	<b>9%</b>	<b>No/Neutral</b>	<b>82%</b>	<b>Missing</b>

**ADJOURN**

- *Next Meeting will be on Wednesday, June 15, 2016*

*2016 Meeting Dates: March 16, 2016 (Video), June 15, 2016 (Video), September 21, 2016 (Video) and December 14, 2016 (Video)  
All meetings will be held on Wednesday from 1-3 PM (MT) and 12-2PM (PT)*

**Video Locations for 2016**

3232 Elder Boise D-East Conference Room  
Region I CDA 1120 Ironwood Large Conference Room VCE  
Region II Lewiston 16<sup>th</sup> Ave. NW Conference Room  
Region V Twin Falls 601 Poleline Rd. Conference Room B  
Region VII Idaho Falls 150 Shoup BH VCE Room 240