IDAHO TRIBES/STATE OF IDAHO QUARTERLY MEETING
Idaho Dept. of Health and Welfare Offices
111 Bever Grade Rd, Lapwai, ID 83540,
Nimiipuu Health Large Conf Room (on the Community Health side of the building)
November 8, 2017

Attendees: George Gutierrez (DHW), Pam Reisdorph, Gary Grogan, Joyce Broadsword (DHW), Molly Schnebly, Eva Davison, Angie Sanchez, Kristi Keufuss, Eva Hayes, Mildred Penney, Jonae Scabby Robe, Artrette Sampson, Kyle Penney, Leodora McDougle, Jamielou Delavan(DHW), Norma Wadsworth, Johanna Pokibro, Wanda Dixey, Jenifer Williams, Laura Platero, Tiffany Kinzler (DHW)
On Call:
Sheila Pugatch (DHW - for Ali Fernández), Sara Sullivan

Welcome and Introductions – George Gutierrez, Deputy Administrator, Division of Medicaid
George welcomed all in attendance
Minutes from the last meeting - correct Eva Davidson to Eva Davison - Minutes approved

Medicaid Updates–George Gutierrez, Division of Medicaid – handout
SPA's

- **Alternate Payment for FQHC's for Graduate Medical Education (GME)**
  - Related to the primary care resident physicians at FQHC's
  - Alternate payments are limited to FQHC's who are part of the GME program – provides moneys to help fund the resident in the facility
  - Tribal notice posted on April 28, 2017 and
  - SPA submitted to CMS September 29, 2017
  - 90 day clock ends in December
- **1915i YES services**
  - Services put in place in response to the Jeff D lawsuit
  - 1915i will provide Medicaid the authority to offer new benefits that are part of the service array we will be implementing in the coming years
    - Respite care is the first service we are offering
  - Tribal notice posted August 15, 2017
  - Submitted to CMS October 5, 2017
  - Questions from CMS November 6, 2017
  - 90 day clock in January '18
  - July is the earliest this will be in effect
- **Pharmacy II**
  - Submitted but CMS had us withdraw it to make some changes and had to be resubmitted
  - Clarifying language, regarding the use of pricing methodologies to determine reimbursement for clotting factor drugs and physician administered drugs
  - Clarifies that drugs acquired through the federal 340B drug pricing program and dispensed by 340B contract pharmacies are not covered
  - Tribal notice posted July 21, 2017
  - Submitted to CMS August 24, 2017
  - Submitted final pages November 6, 2017
- **HCBS Adult DD 1915(i) Renewal State plan option**
  - Current one expires June 30th
  - Include changes required by CMS in their review
  - Clarifications on the provision and limitation on services and changes required as part of the quality assurance review process

- Tribal notice was posted in September 27, 2017
- **What questions did CMS present back to the state? George Gutierrez will provide**

- **Outside the Four-Walls FQHC Issue**
  - Provide the authority for clinics to change their provider status with Medicaid to FQHC status and, with offsite contract non-tribal providers, to deliver services to tribal members and be reimbursed at the FQHC rate
  - The SPA is in DRAFT stage - in process (more discussion/clarification in the agenda for today)
  - Tribal notice posted on October 27, 2017

SPA's COMING SOON

- **ITP EPSDT SPA**
  - Change the requirements between Medicaid and Family and Children's services to address an access issue for service for children between 0-3 years old
  - Better support the services delivered in the home for these children
  - Allow for different billing mechanism
  - Services provided are different for 0-3 year old children
  - Ensuring the children are getting what is needed when it is needed
- **RCO (Regional Care Organizations) SPA**
  - Provide the structure to implement shared savings
    - Starting with Healthy connections – PCMH2 – Second Phase
  - Begin establishing Regional Care Organizations around the state to look at overall care for participants
  - Allows for shared savings when services exceed select quality standards

Waivers

- **A&D Wavier Amendment**
  - Being changed to reflect an updated reimbursement methodology
    - Attendant Care, Homemaker, Companion Service, Respite and Chore Services
  - A result of a cost survey of Personal Assistance Agencies that provide these services in 2016
    - In early 2017 identified a need to modify the reimbursement methodology – to provide a more accurate account of costs.
    - Would like to implement the reimbursement rates by January 1, 2018
    - Proposing an increase the reimbursement rates for this type of provider, to improve access for the A&D Waiver participants. Rate increase also applies to PCS rates.
  - Tribal notice posted November 2, 2017
  - Comment period ends COB December 8, 2017

Statutes

- **Nursing Facility Statute change – Sheila Pugatch**
  - Changing statutes related to assessment of nursing facilities and intermediate care facilities for intellectually disabled (ICFID) – it is referred as an assessment, but it's really a tax
    - Tax collected in order to pull down a federal upper payment limit payment (calculation based on the difference of what Medicare would have paid on the services that Medicaid paid).
    - When we pull it down from the federal government we are able to pay that gap payment to the nursing facilities and ICFID
  - Making changes to the Idaho code so we can provide a quality measure that the nursing facilities and the ICFIDs have to meet in order to be able to obtain all of the upper payment limit payment – they have to work for it
    - Currently all they have to do is provide services for Medicaid participants and they receive that payment
    - Hope is to improve quality outcomes for our participants in the future
    - Able to measure those outcomes and hold medical facilities accountable to quality
  - Nursing Homes participating in managed care insurance products
    - Have a Medicare/Medicaid Coordinated Plan (MMCP) – about 10 years

        - People have both Medicare and Medicaid can voluntarily sign up with Blue Cross and get their Medicare coverage as well as some Medicaid coverage, including nursing facility and personal assistant services in the community covered through Blue Cross of Idaho
    - The changes we are making to the Idaho Code are so the managed care insurance product will be able to measure the quality of the nursing homes, in order to pay them additional money
        - Similar to the upper limit payment
        - The nursing home will be able to provide quality outcomes for those participants that are in the Managed Care Insurance Product
    - Facility is measured on the quality measures obtained, set a standard and gradually increase the standard to improve overall quality care
- **Complex Medical Needs Statute – Tiffany Kinzler**
    - The statute change is a companion to the two waivers we have recently posted
        - The Department of Insurance and the Division of Medicaid have taken a very innovated look at how do we provide stabilization for our qualified health plans through the exchange because the rate of increase for the premium continues to go up every year
        - How do we provide some coverage, to the people in Idaho, who are the working poor under 100% of the federal poverty guidelines?
        - The companion waivers are:
            - On the Medicaid side is called the 1115 Demonstration Waiver –Have submitted an initial draft to CMS
                - It defines a new population group targeted through Medicaid – individuals, under 400% of the federal poverty guideline that who have a complex or serious medical need
            - 1332 Waiver on the Department of Insurance side
                - Idaho Medicaid will take the really sick complex people, who cost the insurance companies a lot of money, onto Medicaid
                - By moving them onto Medicaid it allows the marketplace to expand coverage, under ACA provisions, to US citizens who have earned income under 138% of the federal poverty guidelines
                - Allows US citizens to enroll on the exchange for insurance, a qualified health plan, as long as they have earned income
                - Public hearings and provider meetings are being scheduled
                - **Follow up on whether it is earned or taxable income**
        - http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/1115%20Waiver/IdahoHealthCarePlanSummary.pdf
        - Both Waivers posted on November 1st – With a mandatory 30-day comment period, which has been extended to 45-days due to complexity
        - Public hearings:
            - Coeur D'Alene – December 12th
                - A provider meeting the night before
            - Pocatello – December 7th
        - Tribal Engaement:
            - Meet with Nez Perce Tribes – December 12th 10-12 am
            - Meet with Coeur D'Alene Tribes – December 12th afternoon
            - Meet with Shoshone-Bannock Tribes – December 8th at 9 am

Tribal Notices

- 1915(i) HCBS Adult DD and A&D Waiver Renewals – Posted Sept 27, 2017

- The Residential Habilitation (ResHab) service rate methodology change for A&D and Adult DD HCBS Services – Posted Oct 27, 2107
- 1915(i) HCBS Renewals Second Notice – Posted Oct 27, 2017
- Tribal FQHC – Outside the Four Walls issue – Posted Oct 27, 2017
- 1915(c) A&D Waiver to reflect changes to the Medicare/Medicaid coordinated plan – Posted Oct 31, 2017
- Complex Medical Needs, Demonstration 1115 Waiver – Posted Nov 1, 2017

Rules

- School Based Services – changing the time frame required for approval or signing of plan by the physician prior to payment – 30 days to get physician signature published in the December bulletin
- Mental Health Parity – Changing rules related to benefit services in the mental health side vs the medical surgical side – neither can be more restrictive than the other
- Infant Toddler Program – Propose a new model to provide early intervention services to 0-3 year old's – changing the billing process switching the billing to Medicaid to take advantage of federal match
- KW Lawsuit – changing the assessment tool that is used to determine eligibility and level of care – changing language to state "Department Approved Tool."
- Behavioral Care Units (BCU) – change the reimbursement methodology for BCU's to allow them to shorten the self-funded portion to deliver those services – shortens waiting period to 60 days
- KW Lawsuit – removes restriction on the exception review related to the budget for supported living services – will allow all eligible participants to take advantage of that exception review
- YES Services – (Jeff D Lawsuit) change the enhanced benefit plan to give the authority to deliver new services under the settlement agreement and to initiate the independent assessor
- KW lawsuit – remove the assessment tool language – SIB-R
- Governing contested case proceedings – change to allow for more options and consistency on how the hearings are handled across the state and have more clarity in the process so participants know the next steps
- YES Services – related to the cost sharing piece to implement a cost sharing mechanism for individuals from 185%-300% of the federal poverty level – based on family income

Tribal Managed Care - George Gutierrez

- Tribal managed care concept paper that was sent out September 29, 2017 – posted on the website
    - Gives options and descriptions of how Tribal managed care might work here in Idaho
    - The actual design is up to the Tribes
    - Have been in contact with Helo
    - Question asked about how the PMPM would work – there was a reference to doing an analysis at this point we are not anticipating putting in a risk agreement – still early in the stages
    - Next steps: to see if there is any interest and open to suggestions based on analysis of benefits

Regional Care Organization (RCO) Update - Jeff Crouch

- Very deep high level policies are occurring now - changing how we pay for health care - Fee for service – every service has a code and describes how much to be paid
    - Statewide – create 3 or 4 regions – incentives to join RCO
    - Implement a set of quality measures and cost metrics
    - Budget for regions – shared savings potential
- Just released a draft contract document and white paper
    - Program design to implementation – to get approval
- In January '18 will put out formal announcement to the market
- Sign the first contract in April to go live in January of the following year
- Primary care providers to be introduced to it in July
- Separate RCO for Tribal Health Centers – PCMH shared savings as a group
- **Send Jeff an email if you would like him to send you links to information**

- Jeff was given Laura's email address – cc'd Matt Wimmer and Lisa Hettinger – asked him to get you the white paper and convene a conference call where it could be discussed

I/T/U Pharmacy Encounter Rates – Tami Eide and Tiffany Kinzler (Medicaid) *(moved ahead in agenda)*

- Reference handout in packet (ITU Pharmacy Encounter Reimbursement evaluation.docx)
- CMS made some significant changes to pharmacy reimbursement
- Pharmacy to get paid on actual acquisition costs
- Idaho is very proactive – started doing this in 2011 – led the rest of the nation
    - CMS also wanted to look at all types of pharmacy payments – so they included 340B and the Tribal pharmacies in their recommendations and put into the SPAs
    - Spa was approved pretty early
- Reimbursement was not changed for Tribes
    - If 340B submit 340B for costs
    - If not, then they would use the actual acquisition costs
    - Professional dispensing fees – 3 different levels
    - Depending on the amount of prescriptions a pharmacy does - determines dispensing fee
- Option to use the encounter rate – some states use outpatient pharmacy encounter rate – based on the OMB set rate – does not include those who have other commercial insurance or are dual eligible – some states dispense the regular rate then cost reconcile at a later date
- Looked at what we are reimbursing now, the 3 pharmacies that we do have enrolled as providers, the number of claims, and what the cost is of those claims (reference table on second page of document)
    - Current OMB rate is $391 – most of what we paid out now is well below that rate
    - Increases the total cost upfront by a fairly high percentage – increase about $3 million a year that we pay out but the federal match is 100%
    - CMS would allow a rebate even though we paid the encounter rate
    - <u>Issues:</u>
        - Requires enhancements and reprogramming to our MMIS system to do the payments
        - Requires changes to our State Rule and State Plan – not until 2019 session
        - Paying upfront large amount of money before the reimbursement is paid
        - OMB rate comes out several months after the first of the year but is retrospective so claims that have gone through on the last year's OMB rate have to be re-processed
        - Cost shifting occurred - patients getting very low priced prescriptions (i.e. antihistamines) then getting the full rate but then the higher rate medications (i.e. for hepatitis C) were being sent out
    - <u>Pros/Cons</u>
        - It would give additional funds to the tribes
        - Federal match is 100%
        - Federal rebates can still be collected by the state
        - Initial efforts with setting up the systems
        - Performing the State Plan and State Rule changes
    - Would this encounter rate be regardless of how they are enrolled as a 340B clinic? --Could not use their 340B provider number; it would be a different option for them
    - Other states reimburse up to 4 some actually are looking into unlimited refills at the encounter rate – Is Idaho open to considering more than one reimbursement at the encounter rate because other states are doing it? – We would have to cost it out but we would consider it
    - Good for the tribes here to see the benefit from other tribes that have been doing it for a while (like Oklahoma who have seen significant revenue increases) – provide a presentation (PowerPoint available - Laura) to the tribes so they can see the benefit
    - Need an analysis by our contractors to tell us what all is entailed in changing the system to allow this to happen and happen correctly – system impact analysis

- Neutral at this point – in the Information gathering stage right now – identifying advantages/benefits
- Get the information to and from the tribes regarding the advantages instead of Medicaid/pharmacy sources
- Might be able to do a webinar with one of the Oklahoma tribes – so we can show the benefit - send the invitation to others that are interested

NOTE: Sara Freeman-Sullivan (on the phone) – has been helping with some of the policy work sending out the federal regulations and legislation – have more time and can be more available now

Outside the Four Walls – George Gutierrez

- Tribal FQHC
  - All have had the chance to read the information published by CMS
- First thing they published in February of 2016, state health official letter (SHO) providing an update on the payment policy for federal funding of services provided by Medicaid to American Indians and Alaska Natives.
  - Discussion on what payment can be, Tribal facilities, coordinated care, contracts with non-tribal providers, etc…
  - Letter was fairly broad in the language that was used
- Issued a follow-up document on January 18, 2017, titled "Frequently Asked Questions", for federal funding received through an HIS/Tribal facility.
- After reviewing these documents there are a couple of issues that need discussed:
  - What services can and can not be provided to tribal members outside of the Tribal facilities and what rates they are reimbursed
  - What has to be done in order to provide those services with a non-Tribal provider outside the four walls of the facility and be reimbursed at a different rate that would be applicable to all the members that are served
- Four walls issue is related to the delivery of service outside the facility by a non-Tribal provider.
- Tribal clinics can enter contracts with non-Tribal providers and receive payment for those services but it would be limited to that payment that that facility would normally qualify for
  - There is an option available that allows facilities to change their designation with Medicaid to FQHC which changes reimbursement rate to the encounter rate
    - FQHC - Established contracts or coordinated care agreements with non-Tribal providers outside the four walls of the facility could be reimbursed at the encounter rate for those services typically provided within the walls.
  - There are a couple of differences on how it is billed – it affects reimbursement
    - Non-Tribal provider can deliver a service to a Tribal member and bill Medicaid directly – reimbursement is the State Plan amount they would get per their provider type – would qualify them under Care Coordination Agreement for treating a Tribal member – 100% FMAP – we pay up front then Fed reimburse states
    - Non-Tribal provider sends service information to the Tribal facility then the Tribal facility bills Medicaid – reimbursement would be set at the encounter rate. Tribal organization would then reimburse the contracted care provider at the rate established under their contract
    - Potential technical issues related to how the billing process is set up:
      - Non-Tribal provider sends all the claims for all patients they serve through a tribal facility – the tribal facility has to sort it out by Tribal vs. Non-Tribal and bill Medicaid. Non-Tribal members do not get the encounter rate, they are reimbursed at the standard rate for that provider and service.
      - Can only send those bills for Tribal members that fall under the encounter rate to the Tribal facility
      - Providers would have to maintain two separate billing records; one for Tribal members getting the encounter rate and another for non-Tribal members who are Medicaid

beneficiaries who are reimbursed at the provider rate – 100% FMAP would not count for Non-Tribal patients
        - Tribe can provide services to non-Tribal members - have to maintain the Care Coordination Agreement - have to have a referring provider at the Tribal facility, that refers and monitors the care, incorporates results into the treatment plan, and follows-up – managing the care
    - Included in packet, list of all of the Tribal facilities in Idaho and their current designation
        - Two with dual designations
    - Deadline (January 18, 2018) that is referenced in FAQ document – potential unclarity with that direction – may apply only to Tribal organizations who have previously been billing outside the four walls using the incorrect facility designation – those providers would need to switch to FQHC to continue, by Jan 18, 2018.
        - Designation change clarification – George sent an email
        - Use January 18, 2018 as our date, until we get clarification from CMS.
    - Started working on a potential SPA to allow this to happen in Idaho
        - Even though it is available to Tribes, they do not have to do it
        - Moving forward with preparedness that this may happen – putting system in place for Tribes changing over – available as an option for Tribes
        - Letter of intent – for those tribes interested in making the change to FQHC status due January 18, 2018 unless we get clarification on due date from CMS – **research targets for non-Tribal – prepare for the billing**
        - Collecting information on what it would take for it to be ready in our system
            - Reached out to Molina to provide an analysis on what changes would have to take place, what they would require, and how long would it take – cost
            - Working on a manual system, to make the change over in the interim – monitoring for correct payments going out and following guidelines
    - **Set follow-up conference call ~30 days out – Discuss in February's meeting**
    - **Send George information about Oregon's system to review – Laura Platero, have not received anything**
    - Is there a set time/date that this needs to be done? – found no evidence of requirement for timing to make the shift – Letter of intent (LOI) was the only item with a timeline – use LOI as a placeholder – Medicaid can not force Tribes to do this
    - Educate care provider facilities about finding out who is Tribal (self-declared) – specifically nursing homes and newborns – forms do not ask nationality – each Tribe is different – possibly put in bulletins
    - Tribal affairs group – presentation about this - another FAQ letter to be coming out for FMAP and Four Walls – currently under review, awaiting approval
    - Home visit support services – Community Health Nurses (RN/LPN) with orders from a physician – included in outside the four walls would be covered – follow-up care
        - **Resources available for us to read and research – send to George – none have been received at this time.**

NPAIHB Policy Updates – Laura Platero

- Quarterly Board Meeting is the week of January 15th in Portland
- IHS budget status – Congress passed the budget to be funded through December 8th, the President's budget proposed a 5.2% decrease below FY 2017 for HIS budget
    - House budget proposed 4.2% increase
    - Senate has not yet marked the budget
    - Supposed to have happened at the end of October but has not happened yet
    - Determine what the increase should be based on population growth and medical inflation rates

        - Should be $246.5 million above FY 2017 – less than half or 1/3 of what the House proposed – continue to advocate for more funding
    - Asked for $140 million for program increases – oral health, mental health, substance abuse – increases based on analysis
    - FY 2019 and 2020 IHS Budgets
        - Recommendations are available on NIHD's website
        - Proposed and we support HIS to be funded at $32 billion – graph showing what would get the budget up to that amount over a 12 year period
        - FY 2020 Budget Formulation meeting is going to be in Portland on November 30th
- Current and pending policy issues
    - Submitted comments on the HHS draft strategic plan basically asking for Tribal consultation for all aspects of the plan
        - It came out and Tribes were not included – asked them to honor the government relationship
        - Did not write in IHS for most of the items
        - Supposed to be a comprehensive plan – IHS left out on various objectives
        - IHS should be held accountable to the same standards as everyone else
    - CMS policies
        - Medicare Diabetes Prevention proposal - rule came out that allows for a Medicare reimbursement of the CDC National Diabetes Prevention Program
        - Initially asked that the STPI be reimbursable and all STPI programs be grandfathered in – they have not supported that - Tribes across the country have requested this – Tribes will have the opportunity to participate in this program – do not like that is requires a 5% weight loss to continue in the program – should be other health factors considered to keep someone in the program
        - Medicaid - policy is supposedly coming out with some kind of guidance where they are open to reimbursing certain STPI activities – more flexible than Medicare
        - New Medicare card project – new cards with no SSN – instead new identifiers –public service announcement early next year – start issuing new cards early next year – issued April 2018 to 2019 – not alphabetical but by state – make sure participants Medicare/SSN address is up to date – after 18 months not able to bill under SSN
        - Four Walls (just talked about that extensively)
        - CMS New Direction for Innovation Center – related to what Idaho is doing with the SIM process (2:55:38) SIM Initiatives – CMS is asking for comments on the innovation center – coming up with a template for everyone to submit comments – specifically ask for Tribal consultation – be sure Tribes are on governing boards
        - IHS Policies – contract support policy has been in effect for a while now workgroup continues to meet to workout the details of the worksheets – listening session asking for comments VA is moving to VISTA – ask that IHS have a consultation with our area to give specific recommendation on what needs to get done – are they going to still do patches for RPMS? Or, have all of the Tribes switch to a new system? – Tribal consultation before any decision is made
        - Updating the strategic plan – first step of a 2 month process – workgroup convening with two individuals plus technical advisors – but allow others to sit in audience wherever the meetings are going to take place – 30 day comment period going into January – agency will review it and then publish it some time before the end of February
    - Legislation –
        - List of bills currently pending – tons more (share a new tool)
        - Appropriations for FY 2018 –
            - IHS has not been marked up by the Senate – tax reform higher priority
        - Secretary's Minority Aides Initiative Fund – funding for HCV and HIV prevention and treatment – board gets about $1 million to provide services and support to the Northwest Tribes and

national Tribes or national organizations – "We Are Native" is one of the projects covered along with other amazing projects
    - Special Diabetes Program for Indians – extended to the end of the year – a bill is pending now that extends STPI into 2019 - $150 million for 2018 and 2019 – currently pending but did pass the House
    - Children's Health Insurance Program (CHIP) – supporting a 5 year funding extension that passed the House – there is a Senate bill that is still pending
    - Native Health and Wellness Act of 2017 – presented in September – creates a Tribal block grant that can be used for preventative health that addresses various health disparities in the Indian countries –is also a grant for Natives to get education to enter into Health professions
    - Native American Act for Suicide Prevention – amends the Public Service Act for states receiving grants for statewide suicide prevention initiatives to collaborate with Tribes – mandates that states work with Tribes on suicide issues
    - Drug Free Indian Health Service Act of 2017 – no movement on this; not sure when or if there will be
    - Restoring and Accountability in Indian Health Service Act of 2017 – received quite a bit of support in Indian country – 2 bills; 1 in the Senate, 1 in the House – addresses quality of care issues – applies to direct service programs – provides incentives for recruitment and retention of health care professionals – also can establish housing and vouching provisions – with some revision could improve overall Indian Health System in Tribal Clinics
    - Trauma and Foreign Care for Children and Families Act of 2017 – 2 bills; 1 in the Senate, 1 in the House – no movement in a while – establishes a Native American technical assistance resource center for children and families who have been victims of trauma
    - Special Diabetes Program for Indians Re-Authorization of 2017 – proposing a 7 year re-authorization of STPI – for 2018, $150 million then after that apply medical inflation for every following year – has not seen an increase for a very long time
    - Independent Outside Audit of Indian Health Service Act – requires an independent outside audit of Indian Health Services – comes out of the Great Plains area due to quality of care issues in that area – our position is that not all areas should be subject to this – could be limited to direct service tribes - asking for more clarity
    - VA Bills - VA is looking to permanently establish a choice program called the Care Act – national network of providers reimbursed at a standardized rate – right now the Tribes have these MOU's and VA wants to move away from that to essentially reimburse at a lower rate – would rather formalize MOU's that exist and continue to reimburse at the encounter rate (no less than that)
- HHS Secretary's Tribal Advisory Committee Meeting – took place in September in Cherokee Nation – last meeting with Secretary Price attending – future of the STAC is uncertain - meeting planned for January - **who was chosen for the alternative or open positions on the STAC? Laura to check on this**
- Upcoming dates for the next meetings
- A lot of states are moving to having work requirements for their 1115 Waiver Demonstration – opposed to that
    - Indiana and Utah both have an exemption from the work requirement – work program in place at their tribe - look into this
- Tax Reform Bill – benefit in the House tax bill is it would make loan repair – worried about Obama Care Individual mandate amendment and the possibility of large Medicaid/Medicare cuts
- Demonstration of the Tracker – 1115 Waiver and 1915 (c) tracking – **Laura/Sara to provide the link to the tool** – updated every 2 weeks or so – includes links to the documents and comments
    - Laura/Sara - Schedule a call to go over the deadlines and details and how to use the tool

Division of Public Health Updates – Jamie Delavan (Handout in packet)

- Adolescent Pregnancy Prevention - WISE GUYS SUBGRANT SOLICITATION - to provide adolescents with evidence-based curricula and resources to improve their sexual health - Wise Guys: Male Responsibility Curriculum© is an evidence-informed curriculum designed to engage males in the prevention of adolescent pregnancies (link in handout)
- March of Dimes – Community Grants – Idaho - fund for 2018 is approximately $20,000 for one year – exclude Shoshone Paiute Tribes – work around Group prenatal care, Birth Spacing, and Tobacco Cessation
- Local Highway Technical Assistance Council (LHTACT) Grants - RFP's for Child Pedestrian Safety Funding (state funds) and Transportation Alternatives Program (TAP) funding to support connectivity, mobility, access, safety, and maintenance projects on roadways
- Resources:
    - Hypertension and Diabetes Prevention and Management Resource List
    - Idaho Wellness Guide - http://wellness.idaho.gov/ - different than 211
    - Tobacco Cessation - Project Filter – Commercial Tobacco Prevention and Control – American Indian trained counselors

Medicare-Medicaid Coordinated Plan Changes – Alexandra Fernández - Medicaid

- Sheila provided most of the information regarding Statutes for Nursing Facilities. Ali is out sick today.
- Due to illness, unable to cover MMCP at this time – if there are any questions/concerns related to MMCP, email them to George
    - If Ali has more information to convey it will get sent to everybody

Optum Update – David Welsh – Medicaid

- Tiffany – YES Project with Children's Mental Health Services is the main focus with Optum – expanding their Intensive Outpatient Program (IOP) – a few clinics throughout the state that are up – for adults and children
    - First YES service that will be implemented is respite – up to this point respite has been covered by the Division of Behavioral Health so this is a change for families and providers –
    - Currently recruiting providers who are already enrolled in the Div of Behavioral Health – ready to go January 1st
    - Nothing changes for the providers from Jan 1st to Jul 1st
        - Except expectation to have better training – i.e., specific course for treating children with SED
    - Jul 1st take on a different model for children respite care – providers will be agency based
    - Skill Building outside of what we are doing for YES

Behavioral Health - Crystal Campbell (Handout in packet)

- Due to budget issues, moratoriums have been placed on new referrals for the Adult, IVDU and Adolescent populations – no new referrals at this time
- Link to quarterly newsletter provided in handout
- Recovery Month in September was amazing – have several links – received Idaho Champion of Recovery Award – want to represent what happened across the state – please provide photos to Crystal
- Idaho's Response to the Opioid Crisis (IROC)
    - Prescription drop box program – using IROC funding available now
    - Mini-grant announcement - provide Naloxone for first responders
    - ODP released First Responders Guide to Naloxone
    - Medication Assisted Treatment (MAT) services are available for individuals with Opiate Use Disorder (OUD)
        - 70 to 80 individuals in the IROC program getting this treatment right now
    - Sub-grant – with Recovery Idaho - signed and services can start – through local recovery centers – detox companions and recovery coaches to help people who are in crisis in the hospital or discharging from jail
    - IROC website is up www.iroc.dhw.idaho.gov
- YES Update – reimbursement to respite care – meeting with health boards - provided in handout

- IDAPA and Legislative Rules Proposals for this year - provided in handout
- Alternative assessment project – exempting Tribes from the GAIN assessment – try to find someone who can represent the Tribes – should make sure that Donna Honena is contacted by Alacia or Emily to follow-up – Alacia Handy's email address was provided – student interns were involved in the initial workgroup – request someone from each Tribe to help – need to set a deadline

Medicaid Managed Care Update – Tiffany Kinzler – Medicaid

- MCNA dental contractor started on February 1st of this year seem to be going strong and continue to add dentists to their network – not closed network like previous contract – proactive with making sure the provider list on the website is accurate – if it says dentist is accepting patients it truly is – MCNA is following up on dentists taking new patients – concern about an instance where 6 dentists were given but none were available (for various reasons) – email detailed information to Tiffany – Call MCNA if there are issues with getting appointment – they will get one set – David Taylor is the contract monitor for MCNA –email address for David (David.Taylor2@dhw.idaho.gov)
- NEMT – non-emergency medical transportation – VEYO requested an early release from the contractual agreement – last day is March 5th
    - Currently working with the department of purchasing for re-procuring a contractor – under 120 days and do not have a contractor yet
    - Working quickly due to the complexity of the contract expectations – not able to report anything new but are very committed to making a smooth transition to a new contractor – can go to the #2 contractor if the option is available – not going out to RFP
    - Want the new contract to read in a way that is better suited to our needs
    - No break in service until March 5th
    - VEYO plan (Uber-like) did not fit our state. Preference is for fleet with employees
    - Some providers are willing to provide transportation – Tribes were getting reimbursed for the transport services – but there was some conflict with previous contract
    - Need to look at regulations regarding if there has to be affiliation to an agency
    - Go term by term in the contract to be sure there is clear understanding and agreement

Topics for next meeting:

- **Update on the Outside the Four Walls issue –** more research to do – Laura to look into the Oregon and Washington folks and let us know what they do – Kitty Marx (CMS)
- **Follow-up on the ITU Pharmacy issue**
- **Update on the Complex Medical Needs issue** – should be emailed to everyone along with details of the impact
- **Update on the NEMT for the Tribal members**
- **Optometry** (Medicaid provider that has the hardware) **–** have a single contractor – contract changes over in March – supplies should be provided to Tribal members – hard for Tribal members to leave the reservation to get the hardware
- **GAIN assessment update and follow-up/committee –** department approved comparable tool – what is the name of the assessment tool – **Ross Edmunds**

Meetings in 2018:

- February 22, 2018 – Boise