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**Medicaid Advisory Board**  
**Meeting Minutes**  
November 18, 2010

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**PRESENT**

**Board:** Christina Colombe (Member), Trinkia Kerr (HCO), Michelle Scanlon (Bi-State PCA), Lisa Maynes (Member), Kay Van Woert (VFN), Peter Taylor (VSDS), Paul Harrington (VMS), Nathaniel Waite (VDH), Hilde Hyde (Alternate Member), Sheila Reed (VVC), Laura Pelosi (VCHA), Larry Goetschius (VAHHA), Jackie Majoros (SLTC Ombudsman), Dale Hackett (Member) and Kristi Kistler (DHMC).

**Other Interested Parties:** Jen Fredette (MAXIMUS), Sonia Tagliento (MAXIMUS), Cherie Bergeron (HP), Barbara Beaty (HP), and Donna Sutton Fay (Campaign Health Care Security).

**Staff:** Susan Besio (DVHA), Stacey Baker (DVHA), Peter McNichol (DVHA) and Clark Eaton (DVHA).

**HANDOUTS**

- Agenda
- October 28, 2010 Meeting Minutes
- Affordable Care Act (ACA) Funding Opportunities (as of 11/12/10)

**CONVENE**

Kay Van Woert chaired the meeting.

**Approval of Meeting Minutes**

The October 28, 2010 meeting minutes were submitted for approval and were approved unanimously by the board.

**Old Business**

Clark Eaton, DVHA, reported on the ADA compliance process within the Agency of Human Services (AHS). Currently, Patrick Flood, Deputy Agency Secretary, is the ADA Compliance Officer and any compliance issues can be directed to him. Patrick has indicated that the agency is in the process of formalizing ADA compliance in an AHS policy; the policy committee is scheduled to meet in late November. More information will be provided when it is available.

**Commissioner's Update – Susan Besio**

The Commissioner of the Department of Vermont Health Access (DVHA), Susan Besio, first noted that there is nothing significantly new to report on SFY '12 budget development. DVHA has now started to meet bi-monthly with Susan Bartlett, Special Assistant to Governor-elect Peter Shumlin and Jim Reardon, the Commissioner of Finance and Management. The incoming administration is in the process of gaining a full understanding of the dynamics of DVHA's budget and what it would take to hit the initial 6% General Fund target (reduction) requested by the Douglas Administration. In the last two years, DVHA has already scrubbed for available budget reductions; future savings would have to come from provider rates, optional services or from a relatively small collection of clinical operation considerations.

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Susan indicated that there should be a very collaborative transition between administrations. However, the DVHA doesn't normally share next-year budget information until after the Governor's budget proposal goes public. In this case, that might not be until after the Governor's formal budget address. Dale Hackett asked if the MAB should weigh in with Governor-elect Shumlin now, rather than waiting until after he takes office. Peter Taylor suggested that the MAB look at/review letters that the MAB has sent to the administration/legislature in prior years and develop a new communiqué for the Governor that expresses the MAB's current concerns as the budget is being developed. DVHA will provide previous MAB letters and a new letter will be discussed at the December MAB meeting.

The DVHA's new Clinical Utilization Review Board (CURB) recently held its second meeting. Members are coming up with great suggestions, primarily focused on taking advantage of new technologies. CURB membership and meeting minutes are available on the DVHA website. Larry Goetschius requested that the MAB receive a CURB update sometime next spring.

Trinka Kerr discussed the increasing significance of enrollment/disenrollment churn and the problem of people falling off the program who shouldn't be coming off. The MAB requested to receive monthly disenrollment figures from DVHA. The MAB also requested another eligibility/modernization update from DCF at their December meeting.

Susan went on to discuss recent highlights from the updated handout that is provided monthly to the MAB that tracks Affordable Care Act (ACA) funding opportunities that have been released from CMS, HHS and HRSA. New program areas included: 1) a BISHCA initiative/grant (\$1mil) for Premium Reviews, 2) VDH funding for the development of a Behavioral Risk Factor Surveillance System and 3) a grant to explore the development of infrastructure to expand access to care. Susan also introduced the possibilities of other opportunities and demonstration projects that would enhance the medical home process and further develop the Health Benefit Exchange concept.

**Integrated Family Services (Challenges for Change) – Melissa Bailey**

Melissa Bailey, Director of Integrated Family Services (IFS) at AHS, provided an overview of her new position and how IFS plays a role in the state's Challenges for Change (CFC) Initiative. Actually, the process of integrating service provided to families across AHS began prior to CFC. Melissa has a lead role in bringing together/better coordinating all the family service activities that are spread across all the different departments within AHS.

The IFS initiative was built as a response to a growing awareness of frustration from families that were finding it difficult to access services, especially if one or more of their children had multiple needs. Families shouldn't have to go through several separate doors to coordinate multiple services for their children. The strategy is to get families and

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their children connected under an umbrella of appropriate, consistent services prior to being in crisis. IFS hopes to simplify intake, assess and support the child AND family, streamline case management, and provide respite to families to help them keep their kids at home.

Melissa outlined and expanded on the three component work areas for IFS: 1) Enhanced Family Support Services, 2) Children's Health & Support Services and 3) Children's Integrated Services – Pre-natal to Six Years.

Kay Van Woert stressed that good work is being done by IFS and they have focused on involving families from the beginning as part of a comprehensive attempt to rebuild integrated family services from the ground up. But, she expressed concern that recent budget cuts, including cuts to Developmental Services that serve some of these same children, will undermine family stability right now as well as the ability for IFS to be developed in a fully integrated way. Melissa said AHS is aware of this and actively discussing that barrier to holistic planning and service.

**Medicaid Transportation Update – Bill Clark**

Bill Clark, Director of Provider/Member Relations at DVHA, discussed a new draft manual for Medicaid Non-Emergency Medical Transportation (NEMT). The manual has been revised to reflect suggestions received from CMS to bring Vermont's program into full compliance. The MAB received this document for review prior to the meeting.

Bill stressed that almost all of the document remains unchanged and that DVHA principally wants to take an education and outreach approach to clarify and communicate proper use of the Medicaid NEMT benefit. Vermont needs to continue to work collaboratively with CMS in meeting Medicaid transportation compliance and avoid any punitive actions or fines in the future such as the \$7 million fine imposed recently on Rhode Island.

Changes in the draft manual include: 1) moving to a ten-ride bus pass system (Chittenden County only) where rides to medical appointments or the pharmacy are verified, 2) having transportation brokers verify a percentage of rides by matching them to medical appointments, 3) generally eliminating personal choice drivers, except on a case-by-case, special situation basis, and 4) identifying and electing to use free transportation whenever it is available (brokers will conduct regular, local inventories to identify free transportation opportunities).

MAB members strongly recommended that Vermont avoid creating Medicaid Transportation policies that are complex, invasive and burdensome for the individual. The MAB recommended that longer term, AHS should use the opportunity provided by Global Commitment to blend funding streams so that holistic transportation needs can be

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met and the programs be less costly to administer. In the interim, some MAB members were concerned about the impact of these changes on individuals. The DVHA will resend the draft transportation manual to the MAB. Bill Clark was very interested in receiving detailed input; suggestions can be forwarded directly to him at [Bill.Clark@ahs.state.vt.us](mailto:Bill.Clark@ahs.state.vt.us) or (802) 879-5900. The draft transportation manual will be an agenda item again at the December 16<sup>th</sup> MAB meeting and final comments are due by December 18, 2010.

**Board Discussion Items – MAB Membership**

Sheila Reed discussed the possibility of DVHA/Vermont waiving the five-year waiting period for coverage for legal immigrant children and pregnant women. States have the option to provide this coverage. There was also discussion on providing 12-month continuous Medicaid or CHIP eligibility for children, even if families experience a change in income or family status.

Susan Besio noted that in the past few years the DVHA has not gone forward with policy changes that would increase costs. She said a fiscal analysis has been done on providing coverage during the five-year waiting period for legal immigrant children and pregnant women, but an analysis has not been done on providing 12-month continuous eligibility for children. The board requested that this analysis be done as soon as possible, understanding that it may not be done prior to the December meeting because of other data priorities. This topic, including a possible letter to the new administration, will be considered further at the next meeting.

**MAB Request Topics/Data**

- Update on Dual Eligible Study
- Update on Bridges Program
- Evaluation of Chronic Care Initiatives
- MMIS Update
- Information on PMPM net of premiums; Dr. Dynasaur and Pharmacy programs
- Blueprint Program & Data Update/Evaluation – Fall
- ADA Compliance Process for AHS
- Modernization/Eligibility
- Policy Review – Limitations on OT/PT for Chronic Conditions (seek legislative changes)
- Recruiting New Consumer Members for MAB
- Vermont's CHIP Participation

**Next Meeting**

**December 16, 2010**

**Time: 10:00AM – 12:00PM**

**Location: Department of Vermont Health Access, Williston, VT**