IDAHO DEPARTMENT OF HEALTH & WELFARE

Date / Time of Meeting	April 6, 2018 10:00 AM – 3:00 PM Dial in: 866-906-9888 Access code: 7258371 Conference Room: 3A
Meeting Purpose	Interagency Governance Team
Host	Treena Clark, Division of Behavioral Health

Voting Members	Att'd		Participant	Att'd
Ross Edmunds – DBH	X		Cindy Day – DBH	X
Candace Falsetti – DBH	X		David Welsh – Medicaid	X
Carol Dixon – Advocate	X		Holly Riker – DBH	X
Connie Sturdavant – Provider			Lynn Thull - Consultant	
Dave Sorensen – Provider	X		Venecia Anderson – Medicaid	X
Eric Walton – Youth			Rhonda House – DBH	X
George Gutierrez – Medicaid	X		Seth Schreiber - DBH	
Jason Stone – IDJC	X		Tiffany Kinzler – Medicaid	X
Jennifer Griffis – Parent	X		Treena Clark – DBH	X
Kim Hokanson – Parent	X		Valorie Leirmann – DBH	
Lael Hansen – County Juvenile Justice	X		Pat Martelle – St. Luke's	X
Lynn Thompson – DBH/CMH	X		Cameron Gilliland – DD	x
Maria McConnell – Advocate	X		Suzette Driscoll – Medicaid	x
Matt McCarter – State Dept. of Ed	X		Sara Stith	x
Matt Wimmer – Medicaid	X			
Michelle Weir - FACS				
Roxanne Printz – FACS				
Vanessa Morgan – Parent	x			

AGENDA

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	10:00 a.m.	5 min	Welcome and Roll Call Approve minutes from last meeting	Dave Sorensen	Approval of the minutes deferred until later review in order to provide a chance for full membership to review. After review, notes were approved. Welcome to Pat Martelle, who will step into the	Mindy will issue letters for Connie's departure and Pat's joining the IGT.

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					provider role on the IGT, replacing Connie Sturdavant.	
2	10:05 a.m.	15 min	Principles of Care and Practice Model	Rhonda House	The Principles of Care and Practice manual language will be included within contracts, and it will be desirable to have it included in the individual contracts (i.e. child being placed out of state), but may not always be practical. The goal will be to have the language included by reference in future contract language for all child-serving agencies. Ultimately, these documents will provide the operational definitions for PoC and PM concepts that are outlined and mandated by the settlement agreement. Additionally, this will allow the QA team to begin determining how the quality review process will work when determining if providers are in compliance with the PoC and PM. These documents will also be included in all future trainings for employees and providers in the System of Care. A subgroup that includes Medicaid, DBH, a parent representative and consultant has been working on documents to provide operational definitions for PoC and PM concepts that are outlined and mandated by the settlement agreement. Those documents will be distributed to the IGT once a draft has been finalized.	
3	10:20 a.m.	15 min	DD Collaboration	Kim Hokanson	The question is what the collaboration between DD and mental health will look like. Cameron shared that really it is being built currently, and his participation in the IGT is part of the effort to remedy the disconnect that may have previously been present. Currently there is a team that works across the state to address	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					those sorts of issues. There are a lot of ideas in the works, but that have not been fully formulated. Cameron stressed DD's commitment and their focus on improvement. Kim asked what crisis DD looked like, as it seems to be different from mental health crisis. Typically, crisis services in mental health are reactionary, while crisis services in DD are more meant to be preventative. In the past legislative session, approval was received to move two positions to work specifically with children's crisis services, allowing for four positions across the hubs. Cameron explained the difference between HI and ABI, and that there are differences in credentialing and experience. Cameron explained that DD should be working with the families during a crisis situation. Clarification was asked for in how to call in for services and when they would be expected. Cameron explained that they won't be the ambulance, so to speak, but that they should be called in in crisis in order to work alongside the family and the team. Specifically, to access, they would call the crisis team in their area and get connected with services that way. DD crisis services are generally there when the police are involved. There are teams in all the areas of the state. Part of the challenge facing DD crisis services is the size of the team, and possible solutions include working for better partnerships with other crisis services.	
4	10:35 a.m.	20 min	SDE Budgetary Request Update	Dr. Charlie Silva	Dr. Silva provided an overview of the special education budget. Special Education, as defined by the State	The request was made to have further discussion to brainstorm ideas on how to develop ideas and support

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					Department of Education, is specially designed instruction or speech/language therapy at no cost to the parent to meet the unique needs of a student with a disability including instruction in the classroom, the home, hospitals, institutions, and other settings; instruction in physical education; speech therapy and language therapy; transition services; travel training; assistive technology services; and vocation education. Dr. Silva provided a handout explaining the definition of emotional disturbance, a child count explaining the numbers of children served. Numbers for 2017-2018 have dropped, and there is not necessarily one specific answer for why. Factors include aversion to the label of emotional disturbance, and an under identification of emotional disturbance in girls. Diagnosis included formal and informal testing, and requires a comprehensive evaluation that must be geared towards education. The school team also has the ability to tailor elements toward the individual child. Additionally, outside reports can be utilized. The question arose as to whether an education specific CANS could be utilized, and there is already a specific education focused element of the CANS. The SDE does not mandate what a team is required to do, as it is up to the specific child; there are specific requirements from IDEA that must be met, but that can be done through various methods. While SDE will not mandate, it will communicate options such as CANS. The focus will always be on the educational aspect, and that does not always align with the clinical aspect. The concern is also not wanting to overwhelm the parties involved with too many assessments. The CANS will be what is used by DBH, as it offers the most consistent method of	for driving additional funding to special education. Dr. Silva offered to have an additional meeting with Vanessa and Maria.

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					evaluation. As a result, there may be circumstances where a CANS will still be required after all evaluations already done at the school level. Dr. Silva stated that they are continuing to work on the best ways in which to bring these together. It is also important to remember that not every class member will require special education services. Dr. Silva stressed the importance of the work, and Maria echoed the sentiment of wanting to be able to provide as much support as possible. Dr. Silva explained that when it comes to funding, there are three pots of money that are utilized: state and local funding, school based Medicaid funding, and federal funding. The state and local funding formula is antiquated and is calculated on a flat percent and creates a challenge. Because it is based on state and local funding, it can vary greatly between districts. No more than 20% of funding has ever come from federal (IDEA) funding. 90% of the federal funding is given directly to the district level. The smallest sliver of the funding comes from Special Education Support and Technical Assistance (SESTA). This money does not follow the student, but goes to the special education funding in general for the school. SESTA funding includes a broader spectrum of needs. The sheer number of potential students coming in that may need these additional services is quite overwhelming, and support will be essential. There was a slight increase in federal funding, but just how much that will be is yet to be determined. On a positive note, there is a lot of very good information available through the various partners SDE works with.	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
5	10:55 a.m.	30 min	Medicaid Service Implementation Timeline	Medicaid	There have been no changes made to the Medicaid Service Implementation Timeline at this time. The Timeline was shared with the Clinical and Training Subcommittee and can continue to be shared with providers, etc. More detail is desired, and work continues.	
6	11:25 a.m.	20 min	Plan for the Population Over 300%	Jennifer Griffis Ross Edmunds Matt Wimmer	Decisions haven't been made yet, but what is in discussion is a type of buy-in program for the participants over the 300% mark. People would then have ability to participate and receive needed SED services. The concern was expressed that members already over the 300% are already paying extremely high insurance rates, and that paying additional fees could potentially create barriers to accessing services. DBH currently has a fee determination process for families over 300%, and families over 290% of poverty pay 100%. This has been in statute for a number of years. Families need to be able to look at it as an add on to insurance, and not an additional insurance cost, as those are already high. The goal would be that the families over 300% would be able to bill their primary insurance first. It is important to remember that the approval by the legislature for the coverage up to 300% came with the requirement that there would be premiums charged for those over that percentage. Medicaid's goal is to make sure it is reasonable and affordable for everyone. Jennifer stressed that it would be very helpful to have a conversation about what is covered and what is not.	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					There are concerns about maintaining a balance of affordability and insurance billing ability so as to not create a situation wherein insurance stops paying because it feels the state has the responsibility to pay. The focus has been predominately on making sure the process for serving the under 300% population, and a lot of energy has not yet gone in to how to handle the over 300% population, and it will be very helpful to hear the feedback and input from those families that are over that 300% poverty mark.	
7	11:45 a.m.	15 min	YES Leadership Team Discussion	Jennifer Griffis	The concept of the YES Leadership Team had been disbanded, but the conversation was had that the focus of that was resource management, and the intent was to follow up with that element specifically. There may be a need to have ad hoc meetings of the YES Leadership, specifically regarding resource management and decision. The Leadership Team is closely tied to the Implementation Workgroup and the IGT, and ultimately, the Implementation Workgroup will not be active, and the IGT will remain the governing body.	
8	*12:00 p.m.*	*30 min*	*Working Lunch*			
9	12:30 p.m.	30 min	Potential Case Management Approach Discussion	Tiffany Kinzler	Tiffany shared the proposal for the 3-tiered case management or care coordination. Vanessa asked about the child and family team and how it fits within the level of service. Ross provided a breakdown of how levels of care are considered regarding payment. Tiffany explained that the child and family team is interwoven throughout the levels of care even if it is not necessarily specifically mentioned in a	If you have any input or feedback to share with Tiffany, please email her. Additional details about the case management services, specifically where other services and coordination can occur, will be a further

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					level of care because of cost elements/payment. The child and family team should be included in the language and writing about the services and supports. The goal is to meet the parent where they are and then build the skills needed to move forward. Jennifer described that there is a difference between coaching and consulting. In coaching it is teaching the parent how to do what is needed and consulting is telling them what to do. The case management will be in the state plan service and not included in the waiver. Dave explained a concern from the provider perspective that there is a challenge whenever you add another level, an intermediary, and it would be a smoother process if there was not a duplication of provider or service. For providers, it is really difficult to deal with so many layers or levels of intermediary, and it would be much easier if the existing provider network could be utilized. The risk of self-referral is understood. Vanessa brought up the idea of having a consistent person go through the levels with a class member. Ross explained that there is a requirement for an outside assessor, and that there are several federal requirements that create a challenge when it comes to eliminating some of the levels and having something like a consistent case manager. The requirement for a master level at the wraparound level is still up for debate, and some states do not require it, but rather require certification in wraparound instead. Candace explained that the master's level has been included at this point as a way to get the program started, and that then, as the program proceeds, there will be coaches readily available. The suggestion was to have state staff provide	agenda topic.

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					wraparound services, but unfortunately, there is not the bandwidth or ability to expand staffing that far, whereas the possibility to build a private network to do it is very probable and already underway. Clarification was requested as to the difference between basic and targeted, as there didn't seem to be much of a difference in those two levels. The question was asked that if the parent is fully capable and understands how to navigate the system, would they still be eligible for case management services, and yes, they would be. Tiffany stressed that the ultimate goal would be to meet the parent/family where they are and when they need help.	
10	1:00 p.m.	15 min	Liberty Contract	Maria McConnell	The Liberty contract is a 62-page document, much of which is boiler plate, common information. The scope of work was roughly twenty pages. One of the questions was does the contract state that Liberty establishes class membership, and yes, it does. Within 24 hours of the assessment, Liberty will determine whether class membership has been met. Before denial, a supervisor must review the assessment, and after a denial, they can reapply after 90 days. Those providing the diagnostic assessment are highly educated. The contract does state that communications can be done via telephone, but it was clarified that what is being done over the phone is whether the child has qualified. Liberty is very clear when they call that based upon the assessment this is what has been determined, but that the parent/family should be aware that this could	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					change when they go further into services. The diagnosis would be delivered face to face during the assessment. There is also specific protocol if a member is in crisis. The second question centered on outreach, flexibility, follow up, and transitions. There is nothing in the contract that addresses outreach or flexibility, but there is mention of having a list of providers for handling transitions/warm handoffs. There is a timeline matrix included in the contract that may address the follow up question, but there is really no transition plan. There is a protocol for if the client is in crisis. A denial letter would be mailed, including information on appeal. There will be informal attempts to resolve the appeal, but if that cannot be done and the denial is upheld, Medicaid will help the family walk through the appeal and the rest of the process. The contract does not include an extra high level of detail regarding the transition or appeal, as that would be more something that would be included in the operations manual or policy and procedures manual. The 8,000 assessments mentioned in the contract is the outside estimate provided to allow for staffing planning, etc. by Liberty. QA for Liberty will be done by the supervisor/program manager for any denial made.	
11	**1:15 p.m.**	**15 min**	Review of Budgetary Requests	Jennifer Griffis	Jason will do a presentation of the IDJC budget next month. DBH is aiming to have a presentation next month.	If you have additional questions, please email Dave Welsh.

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					Dave W. provided a walk-through of the Medicaid budget line items. Total dollars spent on children under 18 years of age in 2018 is just under 55 million. There is a very large effort underway right now to improve the process for inpatient transportation services. Medicaid is working on adding specific items to Optum's contract to help remedy this issue. Work has been underway for roughly the past twelve months, and will continue to be done, with implementation of new ideas happening along the way. Vanessa asked about crisis intervention services and billing, and Dave S. explained that often the services are billed as regular services rather than crisis services, as is encouraged by Optum. There are multiple levels of prescriber codes is dependent upon provider/patient. Transportation services are now being billed as a new service where the provider is being paid to travel to the family.	
12	1:30 p.m.	15 min	Review of IGT Requests to date: Liberty Contract Agency Budgets Residential Transition Request	Jennifer Griffis	IGT has taken on tracking of their own requests. Jennifer, as vice-chair, volunteered to take on the tracking of the requests. Candace provided an update on the Residential Transition request; the QMIA Council would like to take the issue on as a QMIA request, noting that the factors that prompt the issue could be widely varied. Residential transitions through DBH and Medicaid, IDJC, and other agencies should be considered.	The QMIA Council needs some additional information/ stories to help identify the issues surrounding residential transition. Candace will send Jennifer a basic survey that can be shared with the Parent Network.
13	1:45 p.m.	10 min	Implementation Progress Report	Candace Falsetti	The report has been worked on for the last couple of months. The plaintiffs have reviewed it and asked for a large rewrite to have it tie more readily to the strategies and sub-strategies	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					contained in the settlement agreement. The final report will now not be ready for submission until the end of May. There are timelines that were of concern that the plaintiffs would like to have focused on more specifically.	
14	1:55 p.m.	10 min	QMIA Quarterly Report	Candace Falsetti	Candace shared the QMIA report demonstrating that the QMIA Council will be taking on residential transitions as an issue to consider further. Additionally, the QMIA Council will begin routinely reviewing a decision points in care document created by the Praed Foundation and completed by YES Parents. Candace shared the QMIA Quarterly Report which shows data being collected that helps demonstrate unmet and anticipated needs. This report is available online.	Candace requested that IGT Data requests be discussed at the next meeting in May.
15	2:05 p.m.	10 min	Parent Consultant Role Overview	Mindy OldenKamp Ross Edmunds	This role originated as a result of multiple experts coming together for all of the various meetings. Most of these experts are paid to attend, with the exception of the parent, so it only seemed right to recognize their expertise and implement a system of payment. Parent consultants have been working under a letter of notation and provide an estimate of anticipated hours that will be worked for the month. At the end of the month, the estimate is reconciled and a reimbursement for time is made. The letters of notation specifically outline what consultation services are paid, and activities outside of the notation remain volunteer hours. Parent consultants were selected as a result of demonstrated expertise, high levels of involvement and dedication to the process. A master's level is not required for Medicaid reimbursement. At this point, DBH has the parent consultants	

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					needed and does not anticipate adding more.	
16	2:15 p.m.	10 min	Family Engagement Subcommittee Update	Carol Dixon	The Family Engagement Subcommittee focused on where parents are currently involved in the YES project and identifying who is involved and how things are going as well as any obstacles that are being encountered. It was identified that it would also be beneficial to identify where parents are involved in other agencies, and where the opportunities for additional involvement and representation may be.	The Family Engagement Subcommittee asked for someone from each agency to identify where parents are involved and what the opportunities may be. Carol will submit the official IGT request.
17	2:25 p.m.	10 min	Clinical and Training Subcommittee Update	Dave Sorensen Kim Hokanson	The Clinical and Training Subcommittee met this morning and identified leadership. Kim Hokanson was voted to chair the committee and Amy Korb will serve as vice chair. The committee currently has 18 members and is seeking membership representation from regions 2 and 5, as well as from the State Department of Education. The committee will focus on the clinical elements of the services and reviewing the trainings before they are launched into the community. It is anticipated that these two committees will likely not be combined for that long. Kim has created statements of purpose for both sides of the subcommittee and will email those out to the IGT. The subcommittee is requesting membership from Medicaid and Optum. The subcommittee also needs to know who the parent surveys were sent to. There was a request as to whether information could be posted to the IGT. The question arose as to whether the notes from the subcommittees should be posted to the website or if the report	Reviewing the statements of purpose for the training and clinical subcommittee(s) will be an agenda item at the next meeting. Medicaid will visit with Optum and determine who may be able to serve from Medicaid and Optum on the subcommittee. Rhonda will connect Kim with Stephanie Hoffman regarding the parent survey. Mindy will work to ensure the notes from the subcommittees are posted online as well.

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
					outs from each included in the IGT notes would suffice. Input was that it would be too much to ask to have someone wade through all the information in the IGT notes and that the notes should be separate. The subcommittee is working to identify where issues/concerns should be funneled. Ultimately, if there is a concern or something that has happened and needs to be fixed, it needs to be sent to the party that can fix it (Medicaid, DBH, Optum). Dave W. stressed the importance of the idea of no wrong door, and that if something comes in, it will get to the right place.	
18	2:35 p.m.	5 min	Planning for May Meeting – Mental Health Awareness Event	Dave Sorensen	Dave S. made the suggestion to allow the IGT members to participate in the mental health awareness event, potentially starting the IGT meeting at 9:00 a.m. Family Engagement would look to do a conference call meeting next month, if needed.	The May IGT meeting will be held from 9:00 a.m. – 11:00 a.m. Family Engagement would look to do a conference call meeting next month, if needed.
19	2:40 p.m.	10 min	Other Items	Dave Sorensen	Confidential items in notes – Treena Clark Matt McCarter shared the Keep Idaho Schools Safe Initiative – this can be found on the www.sde.idaho.gov/kiss site.	Treena will follow up regarding confidentiality. Feedback on the initiative is open, please provide comments to Matt McCarter.
20	2:50 p.m.	5 min	Topic Confidentiality Review	Dave Sorensen		The Case Management document is still in draft form and not yet ready to be published.
21	2:55 p.m.	5 min	Action Item Review	Treena Clark		
22	3:00 p.m.	--	Dismissal			

The IGT will track action items and their status from the meetings here:

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Issue letters for Connie's departure and Pat's joining the IGT	3/6/2018	Mindy	Prior to May IGT meeting		
Candace will send Jennifer a basic survey that can be shared with the Parent Network on issues surrounding residential transition for QMIA council	3/6/2018	Candace	Not set		
Submit IGT request to have agencies identify where parents are involved and what the opportunities may be for parent involvement	3/6/2018	Carol	Not set		
Email statements of purpose created for Clinical and Training subcommittee to Mindy for distribution to IGT	3/6/2018	Kim	Prior to May IGT meeting		
Medicaid will visit with Optum and determine who may be able to serve from Medicaid and Optum on the Clinical/Training subcommittee.	3/6/2018	Not identified	May IGT meeting		
Rhonda will connect Kim with Stephanie Hoffman regarding parent survey	3/6/2018	Rhonda	asap		
Clarification needed on reconciling including items declared as confidential with open meeting requirements and mandate to publicly post IGT minutes and	3/6/2018	Treena	May IGT meeting		
Report on Medicaid's communication plan regarding the new Medicaid eligibility and potential premium costs	2/2/18	George	3/2/18		**Ongoing**
Candace will discuss the Provider Subcommittee moving to the IGT with the QMIA Council.	1/5/18	Candace	Next QMIA Council Mtg	Discussion has occurred and the QMIA would like to see the subcommittee's charter prior to making a decision.	**Ongoing**
George (Medicaid) will provide an update on Medicaid paid travel for treatment.	10/6	George	November Meeting	There is a new transportation (MTM – Medical Transportation Management) broker going live on Tuesday, March 6th.	**Ongoing**