

<b>Date / Time of Meeting</b>	July 13, 2018 10:00 AM - 12:30 PM Dial in: <a href="tel:866-1006-10888">866-1006-10888</a> Access code: 7258371 Conference Room: 3A, 450 W State St, Boise
<b>Meeting Purpose</b>	Interagency Governance Team
<b>Host</b>	Treena Clark, Division of Behavioral Health

Voting Members	Att'd	Voting Members	Att'd	Participant	Att'd
Ross Edmunds - DBH		Lael Hansen - County Juvenile Justice	X	Cindy Day - DBH	
Candace Falsetti - DBH	X	Lynn Thompson - DBH/CMH		David Welsh - Medicaid	
Carol Dixon - Advocate		Maria McConnell - Advocate		Holly Riker - DBH	X
Connie Sturdavant - Provider		Matt McCarter - State Dept. of Ed		Lynn Thull - Consultant	
Dave Sorensen - Provider	X	Matt Wimmer - Medicaid		Venecia Anderson - Medicaid	X
Eric Walton - Youth		Michelle Weir - FACS		Rhonda House - DBH	X
George Gutierrez - Medicaid	X	Roxanne Printz - FACS		Tiffany Kinzler - Medicaid	
Jason Stone - IDJC	X	Vanessa Morgan - Parent		Treena Clark - DBH	X
Jennifer Griffis - Parent	X	Pat Martelle - St. Luke's		Valorie Leirmann - DBH	
Kim Hokanson - Parent	X	Rebecca Fadness -FACS	X	Suzette Driscoll - Medicaid	
Ruth York - Idaho Federation of Families	x	Sara Stith - Medicaid	X	Cameron Gilliland - DD	
Suzette Driscoll - Medicaid	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		Notes from the last meeting were approved and will be posted to the website.
2	10:05	5 min	Review Follow Up Items	Treena Clark	Dave asked if MTN still had an avenue for concerns and complaints. Venecia stated that any concerns and complaints can go to MTN as they are required to track and monitor those. These complaints can also go to Medicaid and they will follow up. Feedback from parents has been that people are not being transported, and that there is a lack of	Dave will send Venecia and George specific feedback for follow up.

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					transportation providers. Lyft is currently being used, and is problematic.	
3	10:10	20 min	Implementation Progress Report	Candace Falsetti	<p>The Implementation Progress Report has been finished and Candace encouraged everyone on the IGT to go and make sure they've read it and are comfortable with the structure.</p> <p>This is the 2<sup>nd</sup> annual Implementation Progress Report. This also includes a current YES Project Timeline, and this reflects a more current timeline, with final implementation being set now in 2019 rather than 2020 as previously printed.</p> <p>The report includes achievements including sharing of data and a great volume of work done in collaboration.</p> <p>The report also reflects the work done regarding training and shows those that are available.</p> <p>Legislative changes in 2017 were very important, including changes to the use of the CAFAS, providing Medicaid up to 300% of poverty level, and how DBH money was disbursed.</p> <p>Noted areas of significant work include developing the collaborative system of care, ensuring services are available.</p> <p>The plan is to get the first version of the Practice Manual out in October.</p> <p>One of the goals in the agreement is to have Due Process operational by October 1, so the report reflects the focus that this will have moving forward to ensure this deadline is met. Additionally, the centralized complaints process is in the works.</p>	<p>Candace requested that the BSU report results regarding workforce development be included in the agenda for the next extended meeting in August.</p> <p>Dave asked for clarification on the YES site saying that the Practice Manual was to be implemented in July but wouldn't be published until October.</p>

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					<p>The report goes through each individual objective and contains a great deal of information.</p> <p>Candace stressed the importance of the IGT taking note of the next steps being notated in the report. The next implementation report is not due for another year. It is being considered when it will be published - actual date originally set, or date of first publication (January vs May).</p>	
4	10:30	20 min	RASCI Chart Review	Cindy Day	<p>Cindy shared the RASCI chart and the request for feedback on the responsibilities. There are a few tasks that have a dual role, as that explains the role best. This chart has been modified to work best for YES.</p> <p>The RASCI chart is aligned with the objectives.</p> <p>Feedback is requested from the IGT on their specific role on the RASCI chart.</p>	Please have feedback for Cindy for the August meeting.
5	10:50	20 min	Moving through the YES system - Overview from Medicaid/DBH/Optum	Dave Sorensen	<p>Suzette Driscoll presented a visual document that shows access to the Medicaid mental health services that Dave Welsh put together.</p> <p>Currently, some of the delays being experienced by families are a result of the paperwork required. Otherwise, eligibility should be determined within 5 days.</p> <p>The flowchart does not show those who have Medicaid but are not SED confirmed.</p> <p>Candace stressed the importance of explaining obtaining services to the next level. Dave suggested approaching it from the reverse - a kid is receiving this service, explain how they got there, and this may help explain some of the gaps occurring.</p> <p>Jen explained how coverage is obtained when Medicaid and private insurance are both present.</p>	

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					<p>The provider is responsible for running both, the parent having provided both to the provider. The primary amount is billed to the private insurance and then the remainder is sent to Medicaid for coverage. Suzette explained that if the provider is not a Medicaid provider, then there wouldn't be coverage.</p> <p>Lael asked if DBH would be on any of the incoming arrows on this flowchart, and Venecia and Suzette explained that anyone would be included in those arrows.</p> <p>Cindy explained that these transitions between agencies are still in need of being documented. Lael asked how the 2511A pilot would be linked into this flowchart, and Candace explained it would likely be a separate flowchart, and it has yet to be created.</p> <p>Cindy stated that a chart could be put together outlining the process so far so that we don't get too far down the path before issues are discovered.</p> <p>Jason added that the more information can be updated and pushed out, even in process, the better.</p> <p>Cindy added that it is important to focus on various populations and how they get access to services, leaving eligibility off the table, as that is already figured out.</p> <p>Treena asked if it would be beneficial to bring Lael into some of the conversations being had about the 2511A pilot. Lael stated that better understanding of the pilot overall is needed. Lael added that from a probation standpoint, she wouldn't be included, but rather, would gather the information at the IGT.</p>	

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					<p>Regarding the flowchart, Candace asked if there was supposed to be a box that talks about other services and if Medicaid was a no. Venecia and Suzette added that there need to be some updates to the flowchart to clarify a couple of the paths.</p> <p>Suzette expressed that the transitions can be as varied as the access model.</p> <p>Venecia will share the access flyer with Lael.</p>	
6	11:10	15 min	Follow up - Medicaid feedback on ideas proposed regarding Person Centered Plan and Care Coordination ROI and delivery system.	Dave Sorensen	<p>There was a request at the last meeting for feedback on proposed ideas. A small group was formed, and an additional idea was put forth. This idea was shared with Medicaid.</p> <p>Medicaid formed a workgroup to review the options presented, including the new fourth option. Medicaid looked into the requirements, and found them to be very broad. Medicaid is doing further research to identify ways to work through this and come up with the best solution.</p> <p>Medicaid's approach to this is to create a process that offers the least resistance to getting into the system. They have run into obstacles with some federal requirements. Medicaid is also looking at ways to identify efficiencies where there are potential service overlaps and similarities. There may be some other states that have found ways to work through some of the federal requirements.</p> <p>The question was asked if the other services to be implemented would need this level of attention and it was explained that no, the PCP and Care Coordination is the exception because there are so many levels to it and it is an entirely new service.</p>	

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7	11:25	10 min	Liberty Healthcare - Meeting the Needs of the YES system	Dave Sorensen	<p>This was more of a request that Liberty Healthcare provide a report periodically on how assessments from Liberty are going. As an example, Dave shared that providers in Region 7 are stating that they are not getting CANS reports in a timely manner. Dave shared that feedback was that in the ICANS training there seemed to have been a piece missing about how ICANS was to be accessed.</p> <p>Sara explained that Liberty does the assessment, puts the assessment into the portal, and DBH pushes that out to the families. Cindy explained that there was a bit of backlog on providers getting signed up on ICANS.</p> <p>Candace explained that the CANS won't be gone over outside of the Person Centered Plan, and that this isn't happening in a super timely manner in Region 7 specifically.</p> <p>Complaints coming into Dave could be referred to the complaints line or to Liberty, and if they are a Medicaid provider, they can call Optum.</p> <p>Sara shared that Liberty has done 698 assessments to date, with the majority coming out of Region 7 and scores coming out at a level 3.</p> <p>Cindy added that there may be an opportunity to push out some additional CANS webinars notifications to help bridge the gap in information.</p>	<p>Candace will follow up with Seth regarding the potential gap that may be there in regard to access and the ICANS.</p> <p>Seth provided an update that additional information was sent out multiple times in May and later.</p>
8	11:35	15 min	Update: Cost Sharing for those 185 - 300% and over	Jennifer Griffis	<p>The current plan is to stay in line with the Medicaid timeline so that when the families in the 185% - 300% range begin paying, those over the 300% mark will have their program rolled out as well. This is an interim solution with long term plans still in the works.</p>	<p>This agenda item will become a standing agenda item - George Gutierrez.</p>

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					There is no date for cost sharing implementation now, but notices will be sent out 30/45 days ahead of implementation.	
9	11:50	5 min	Update on Request for Agency and Family/Youth Involvement	Jennifer Griffis	Jen has received some of the requested information, but not all of it yet. Jen will share a complete update at the August meeting, and she will be following up with those from whom she has not yet heard.	This agenda item will be included at the August IGT.
10	11:55	15 min	Clinical and Training Subcommittee Update	Dave Sorenson Kim Hokanson	The subcommittee met this morning and met several of the action items mentioned below.	
11	12:10	15 min	Family Engagement Subcommittee Update	Carol Dixon	The Family Engagement subcommittee met this morning, but attendance was minimal and the topics will carry over to the August meeting.	
12	12:25	5 min	Other Items for Discussion Review New Action Items	Dave Sorenson	The August meeting is slated for the normal two hour block with the potential of September being a longer meeting if needed.	
13	12:30	--	Dismissal	Dave Sorenson		

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

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Medicaid will get feedback on Clinical/Training Subcommittee to Rhonda and Kim	5/4/18	Matt/Dave	5/18/18		Closed
Clinical/Training Subcommittee will revise Statement of Purpose based on feedback received	5/4/18	Rhonda/Kim	6/1/18	ICAT voted on this this morning, and a clean copy will be distributed to the IGT.	Closed
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	7/13/18 - QMIA did not meet this month. 5/4/18--Survey sent to a member of the QMIA Council and Council is waiting for input back	Closed
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	Venecia	May IGT meeting	7/13/18 - Discussed at ICAT today. 5/4/18--Discussed at IGT. Venecia will work with Georganne from Optum to get an Optum representative to attend the Clinical/Training subcommittee.	Closed
Report on Medicaid's communication plan regarding the new Medicaid eligibility and potential premium costs	2/2/18	George	3/2/18	7/13/18 - Still in discussion now, sufficient notice will be sent to the families once an agreement is reached.	Ongoing

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				5/4/18—No update	
Candace will discuss the Provider Subcommittee moving to the IGT with the QMIA Council.	1/5/18	Candace	Next QMIA Council Mtg	7/13/18 - QMIA did not meet last month 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	7/13/18 - this can be closed - a workgroup was formed to specifically address this. There is a new transportation (MTM - Medical Transportation Management) broker going live on Tuesday, March 6 <sup>th</sup> . 5/4/18—No update	Closed