

Date / Time of Meeting	September 6 th , 2019 9:30 AM - 3:30 PM Dial in: 415-655-0003 Access code: 806 909 858 Meeting password: 67843243 Conference Room: 3A, 3 rd floor of 450 W State St, Boise ID 83702
Meeting Purpose	Interagency Governance Team
Host	Jennifer Griffis, Chair

Voting Members	Att'd	Voting Members	Att'd	Participant	Att'd
Cameron Gilliland - FACS	O	Matt Wimmer - Medicaid	O	Treena Clark - DBH	X
Carol Dixon - Advocate (resigned)	O	Ross Edmunds - DBH	X	Venecia Andersen - Medicaid	O
Jason Stone - IDJC	O	Sabrina Griffis - Youth	X	Doug Loertscher - Provider	X
Jennifer Griffis - Parent	X	Vanessa Morgan - Parent	X	Brooke Bennett - Optum	X
Kim Hokanson - Parent	X			Craig Laurie - PSU	X
Lael Hansen - County Juvenile Justice	X	Proxy Voting Members	Att'd	Mallory Kotze - Medicaid	O
Lynn Thompson - CMH	X	Candace Falsetti - DBH	X	Megan Schuelke - DBH	X
		Michelle Weir - FACS	O	Eric Studebaker - SDE	X
		James Phillips - IDJC	X	Ashley Fretwell - Medicaid	X
				Liz Perkins - DBH	X
				David Welsh - Medicaid	X
				Craig Ward - Tribal member	X
				Joyce Broadsword - Tribal member	X
				Diane Miller - Provider	X

Final MEETING NOTES

#	Time	Length	Topic	Topic Owner	Discussion	Decisions
1	9:30am	5 min	Welcome and Roll Call Approve minutes from last meeting	Jennifer Griffis		<i>Decision:</i> The August IGT Meeting minutes were approved as written.
2	9:35am	5 min	Review Follow-Up Items	Jennifer Griffis	The follow-up items were reviewed and updated.	
3	9:40am	10 min	IGT Leadership and Membership Discussion	Jennifer Griffis	One of the follow-up items is related to tribal representation. There is not a specific membership spot for tribal representation however, this could be created in the by-laws. This conversation will continue offline with the tribal members and Jen Griffis to determine what tribal membership representation looks like.	

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					<p>Both Carol Dixon and Tiffany Kinzler have resigned and to have full representation, these voting members need to be filled. The voting membership list also needs to be updated as members need to become voting members.</p> <p>Jen Griffis also stated that her year at the IGT chair will come to an end in October 2019. She will be unable to attend this meeting due to a conflict. It is important that the IGT members begin to think about who would want to fill that role. Medicaid will continue as the state agency co-chair member. This position was previously filled by Tiffany Kinzler. Medicaid is currently working to determine who will fill this role going forward.</p> <p>One member must be a state agency member and one must be a non-state agency member. This means that the new IGT chair will need to be a non-state agency member such as a provider or a parent advocate.</p>	ACTION: Megan Schuelke will work with Jen Griffis to update and appoint new voting members to the IGT membership.
4	9:50am	10 min	Practice Manual Update (Standing Agenda Item)	Cindy Day Elizabeth Perkins	The Practice Manual version 2 has been published on the YES website in both English and Spanish. DBH has received requests for printed copies, which will be mailed out next week. Liz Perkins is now looking at what to include in the next version of the Practice Manual and considering if any substantial changes are needed.	
5	10:00am	30 min	QMIA Update (Standing Agenda Item): Review QMIA Plan and QMIA Quarterly Report #10	Candace Falsetti	This report can be found online on the YES website, https://youthempowermentservices.idaho.gov/Portals/105/Documents/QMIAQRpt10_July2019.pdf . It is used to show the data requested in the Jeff D. Settlement agreement. The QMIA Quarterly Report #10 was reviewed.	
6	10:30am	15 min	Break			
7	10:45am	30 min	Discuss Focus Questions for Regional SOC Presentation	Candace Falsetti	<p>It is a requirement of the IGT to look at the collaboration of the CMH system statewide. To support the IGT in this role it was recommended that the IGT members consider planning a presentation from each region on how their system of care is operating and how collaboration is working.</p> <p>If the IGT chooses to follow this recommendation clarification is needed on what these presentations would focus on. Based on the IGT's interest it would be important to recruit the correct participants for these presentations.</p>	

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					<p>This could include families and their experiences compared to the state agencies perspective.</p> <p>It was noted by Kim Hokanson, Chair of the Planning Council, that another method to learn more about the regions could be the Gaps & Needs Reports which are submitted to the Idaho Behavioral Health Planning Council from each region and would help the IGT to understand the resources, coordination and collaboration in each region. The CMH Subcommittee also reviews the information related to children's mental health and determines trends.</p> <p>One question IGT members asked was "what is the definition of a collaborative system of care (SOC)?" As a next step it was suggested that each YES agency partner bring information to IGT on collaboration both within their agency and across other systems. The IGT would also request information from parents and providers about what collaboration looks like.</p> <p>IGT members discussed what they would do with this information. It was noted that as collaboration is a focus of IGT, once the IGT has a shared vision of a system of care, there could be performance measures established and an assessment of how collaboration is working can be completed.</p> <p>Once these steps are completed then, the IGT would follow-up with each region, and representatives from stakeholder groups, such as parents and providers on how this collaboration is working.</p>	
8	11:15am	20 min	Power Analysis Project	Jennifer Griffis Craig Laurie	<p>The Simplified Power Analysis document was reviewed and shared with the members. The table included shows what Craig Laurie has heard and where DBH is with implementation. It is important to demonstrate power and authority at the level of the IGT.</p> <p>YES, partners are working hard to make changes however, families and youth are still voicing that they don't have the appropriate services. With the regional collaboration presentations, there is a connection between the</p>	

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					presentations and level of power and having the right people at the table in order to move forward. In the future, time will be set aside to discuss this document as well as more detailed explanations.	
9	11:35am	10 min	General Update to Lay People	Medicaid	A presentation by Medicaid took place at the Communications Workgroup Meeting last week.	<i>Next Steps:</i> Venecia Andersen will report on this item at the October IGT Meeting.
10	11:45am	30 min	BSU Survey Results	Candace Falsetti	<p>The 2019 YES Family Survey Results was reviewed by Candace Falsetti. The work completed by BSU included an external body record review and the family survey. The results of the family survey have been posted on the YES website.</p> <p>Dr. Nate Williams will attend the October IGT Meeting to discuss the details of the BSU Family Survey results. The response rate for the survey was about 15%, which is a substantially higher rate than DBH has received in the past. Overall, there were about 140 responses. Those families in the Medicaid network were not surveyed.</p>	
11	12:15pm	30 min	Working Lunch: DBH Crisis Project Update	Candace Falsetti	<p>There is a plan to develop a comprehensive crisis system services offered statewide. The plan is that the new crisis system services will be offered to everyone, including those with no insurance or Medicaid insurance.</p> <p>Candace Falsetti has researched crisis systems and how they are developed throughout the United States. The crisis system being developed in Arizona has multiple components including mobile crisis, crisis stabilization, data sharing and more. DBH needed some assistance and implemented a consulting contract with Beacon Health. Beacon Health has visited and met with all seven regions. The regional crisis systems that will be developed will be regionally appropriate. These systems are different in rural and frontier areas. Beacon Health is working to create a report and roadmap. The regional DBH offices are also working on proposals for how to implement crisis systems statewide. Once finalized, the roadmap will be published.</p>	

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12	12:45pm	30 min	Working Lunch: Implementation Progress Report	Candace Falsetti	<p>The Third Annual Implementation Progress Report draft was reviewed. The Implementation Progress Report is a report provided to the court on how the stakeholders are meeting the requirements of the Jeff D. settlement agreement or YES. This report is due to the court by the end of September 2019.</p> <p>When providing feedback, please look at what was written and whether or not it does a good job of describing where the stakeholders are at in the implementation phase. Once the editing phase is complete, the report will be sent to the Public Information Office for review.</p>	
13	1:15pm	30 min	Update on Centralized Complaint Process	Candace Falsetti	<p>The QMIA Council has taken the lead for developing a plan to meet the requirement for a centralized complaint process.</p> <p>It is hoped that there may be one navigation phone number that is created for people to call at some point in the future. However, it was noted that each agency has state and federal requirements that vary considerably and therefore each agency must maintain their own internal processes. While researching states throughout the United States, Candace noted that she did not find any examples published that describes a completely centralized complaint process across all agencies serving children/youth and families.</p> <p>Currently in Idaho, families who have an issue tend to call the phone number that they can find easily. DBH is working on warm hand-offs and is continuing to work with other stakeholders on ways to collaborate.</p> <p>As part of the establishment of a centralized process DBH met with Self-Reliance (SR) who receives about 400 complaints per day. It was suggested that DBH consider adding a method to track the families who get denied through SR and those who get denied through the 1915i waiver. Candace noted that SR does not track calls in a manner that would allow them to provide data specifically about YES.</p> <p>It was also suggested that a provider, possibly from Optum, speak in detail about the provider complaint process at the</p>	<p>ACTION: Kim Hokanson, Jen Griffis and Venessa Morgan will take the clarification about the centralized complaint system to the Stakeholder Call</p>

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					October IGT Meeting. It would be helpful to know more about the Optum and Medicaid processes for complaints. Candace noted that this work is part of both the Due Process Workgroup and the QMIA Council and so IGT members will focus on this process from a governance level.	
14	1:45pm	15 min	Cost Sharing Update: 1915i (Standing Agenda Item)	Medicaid	<p>Premiums are going quite well. All premium documentation (notices, internal policies, FAQs, etc.) have been routed through a parent consultant for input. The cost-sharing flyer and FAQs have been routed to the Communications workgroup for comment/recommendations. All 30/60-day notices, hardship waiver information, invoice, appeal language, and hardship waiver decision notices have been routed to the Due Process workgroup for comment/recommendations.</p> <p>We have received the initial report and distributed it to Revenue Operations. RevOps is initiating a few system changes to accommodate our method of capturing children on the invoice, as well as adding a second page with members rights and information. They are expected to send the first premium invoices in mid-October.</p> <p>Premium welcome packets are in the process of being reviewed by Medicaid's Deputy Director, and upon approval will be sent to members that are between 150%-300% FPL. All verifications have been completed to ensure those with secondary insurance are not being billed a premium. As of September, there are approximately 269 individuals that will receive a monthly invoice.</p>	ACTION: David Welsh will ask for more information on whether families will have time to file the hardship waiver.
15	2:00pm	15 min	Cost Sharing Update: Over 300%	Treena Clark	<p>DBH is trying to get a process in place for the over 300% population. DBH is currently working with Optum on a sole source authorization so that the over 300% population can have access to the same program as those with SED. However, issues arise with data files and eligibility over to Optum. DBH will continue to meet with Optum and will hopefully put a contract in place. This would require Optum to build over 300% FPL into their systems which could take 2-3 months.</p> <p>If a contract is not put into place with Optum, DBH will have to regroup and determine any other options. DBH would work</p>	

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					with SR to decide on how to collect and store eligible and non-eligible people. The youth who were enrolled and not enrolled would have to be communicated to Optum. Families and youth over 300% FPL will be able to keep their same providers whether or not they go through Medicaid.	
16	2:15pm	5 min	Family Engagement Subcommittee Update (Standing Agenda Item)	Jennifer Griffis	The Family Engagement (FE) Subcommittee did not meet this month. They are still working on a survey as well as the FE membership due to the loss of a few members. The FE Subcommittee may meet a little earlier in October to avoid conflicting with the ICAT meeting. FE will likely meet from 8am-9am with ICAT meeting from 9am-10am and IGT meeting from 10am-12pm in October.	
17	2:20pm	10 min	Break			
18	2:30pm	15 min	Clinical and Training Subcommittee Update (Standing Agenda Item)	Kim Hokanson	The Clinical and Training (ICAT) Subcommittee met and reviewed the audit tool process, TCC, issues with the ICANS and discussed the purpose of the subcommittee. There has been some membership turnover due to an unclear purpose. Current members will go to the Provider Association group to see if ICAT can gain more representation statewide.	
19	2:45pm	15 min	Budget Request/Legislative Update	Jennifer Griffis	David Welsh from Medicaid is working on the Support Act as well as the IMD waiver to provide access to mental health in an IMD setting. State planning includes these items for adolescents and adults.	
20	3:00pm	10 min	Braided/Blended Funding Discussion (Standing Agenda Item)	Jennifer Griffis	<p>In order to have a productive conversation about funding, IGT needs the right people at the table. It is important that we figure out who would be the most appropriate for discussions around braided and blended funding.</p> <p>It would be helpful for IGT to receive an update about the types of cases that we received including when and here we pull in another payer for a child. We need to have more processes that follow a child and their family.</p> <p>This item will become a standing agenda item so that IGT can hear what Medicaid has accomplished or any additional opportunities that come about.</p>	
21	3:10pm	15 min	Update on Residential Review Team (Standing Agenda Item)	Jennifer Griffis	DBH has established and implemented a process for residential placements that are funded by DBH. These placements will go through the Residential Review Team (RRT) process. DBH is working with the regions on this	

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					<p>process. There are currently approximately an average of 8 children in residential treatment through DBH. It was noted that more than 100 kids are in care through the Medicaid EPSDT process. There is an average of 25-35 applications that are received by Medicaid per month.</p> <p>Data regarding placement in residential programs has been shared in the QMIA Quarterly. The IGT members asked that this information be provided regularly in the QMIA-Q including EPSDT applications and denials.</p> <p>It was suggested that a list of residential treatment facilities be created including what type of program they provide to assist in getting the right kids at the right residential treatment facility at the right time.</p>	
22	3:25pm	5 min	Review Future Agenda Topics and Action Items	Jennifer Griffis	<ul style="list-style-type: none"> - IGT Leadership and Membership Discussion - Finalize Focus Questions for Regional SOC Presentations - Power Analysis Project - 20 minutes (Craig will be the Topic Owner for this one) - General Update to Lay People - BSU Survey Results- Dr. Nate Williams - Optum's Complaint Process - Budget Requests/Legislative Updates - Braided/Blended Funding Updates (standing item) - Residential Treatment Update (standing item) 	
	3:30pm	--	Dismissal	Jennifer Griffis		

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

Follow Up Items	Date Opened	Owner	Due Date	Complete/Comments	Status
Tiffany Kinzler will seek out a tribal representative to participate in the IGT.	11/2/18	Venecia Andersen	12/7/18	12/7/18 - George put out an invitation and will follow up with the tribal representatives.	9/6, Complete.
Venecia will send notices and processes to the Federation, MMIS Call Center, Healthy Connections, DBH staff and Lael.	8/2/19	Venecia Andersen	8/30/19		9/6, Open.
Craig will take Venecia's compiled notes and think about levels of care and service and organize those by policy, provision, and funding. IGT will start with provision.	8/2/19	Craig Laurie	8/30/19		9/6, Open.