

<b>Date/Time of Meeting</b>	Wednesday, March 12, 2024, 10:00am – 1:00pm MT Dial: 415-527-5035 Access code: 2821 621 6645 Meeting password: RwpDKnQ2p78 (79735672 when dialing from a phone or video system) Webex: <a href="https://idhw.webex.com/idhw/j.php?MTID=me7372983b5bd9de0f4ee541fb14846aa">https://idhw.webex.com/idhw/j.php?MTID=me7372983b5bd9de0f4ee541fb14846aa</a> In-person Location: PTC, 450 W State Street, Boise, ID 83702, 3 <sup>rd</sup> Floor, Conference Room 3A
<b>Meeting Purpose</b>	Interagency Governance Team (IGT)
<b>Host</b>	Brittany Shipley: Chair, Ross Edmunds: Co-Chair, Vice-Chair: Patrick Gardner, & Co-Vice-Chair: Juliet Charron

Voting Members	Att'd	Voting Members	Att'd	Voting Members	Att'd
Ross Edmunds – DBH	x	Cody Ward – Ada County Juvenile Justice	x	Ivy Smith - Youth Leader	x
Brittany Shipley – Parent Leader	x	Val Johnson - DBH CMH Representative	x	Laura Scuri – Provider	x
Juliet Charron – Medicaid & DBH	x	Marquette Hendrickx - Tribal Representative	x	Sara Bennett – Parent Leader	
Patrick Gardner – Child Advocate	x	Brenda Willson – Family Advocacy Agency (FYIdaho)	x	Jane Hart – Parent Leader	
Howard Belodoff – Child Advocate	x	Allison Highley – Family Advocacy Agency (IPUL)	x	Kim Hokanson – Parent Leader	x
Adam Panitch – IBHP Bureau	x	Jean Fisher – Child, Youth, & Family Services	x	James Phillips – IDJC	Excused
Shannon Dunstan – IDE	x				

**MEETING NOTES:**

#	Length	Topic	Topic Owner/Topic Requestor	Discussion	Decisions
1	<b>10 mins</b> (All times are aspirational & subject to change.)	Welcome, Roll Call, & Approve Minutes	IGT Voting Members	<b>VOTE:</b> Approve IGT Meeting Notes from December 11, 2024, which were sent to the IGT voting membership prior to this meeting.	Motion to approve: Ross Edmunds Motion seconded: Laura Scuri Motion was carried.
2	<b>10 mins</b>	Vote on New IGT Voting Member	IGT Voting Members	<b>VOTE:</b> Nominated Ada County Juvenile Services, Director Cody Ward. <i>Cody introduced himself and shared his background.</i>	Motion to approve: Ross Edmunds Motion seconded: Juliet Charron Motion was carried.
3	<b>30 mins</b>	IBHP Update (Standing agenda item)	Magellan	<i>Murali Manchineela and Erik Helgesen from Magellan shared a presentation on the Magellan Member Portal so that the members could see what it looks like. Magellan shared that the member site will walk you through starting an account as you share the member's needs. It will ask questions as you move through. Like other healthcare sites, it allows you</i>	<b>Action Item:</b> The WebEx Chat for this meeting was extensive and captured on a

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				<p><i>to look at the claims and benefits. There is a provider search to help you find a provider without needing to login. They set up a prototype site for the registration and they are seeking feedback on this prototype. You would fill in the name of the person and date of birth. It will ask if you are creating the account for yourself or someone else and more information will be required to set up the account. It will then walk you through other questions to personalize the account settings. Once the account has been created you will be able to sign in and have access to a Quick Start Guide, claims, and assessments.</i></p> <p><i>Adam Panitch asked how to see a CANS assessment in the portal. Erik Helgesen shared that the CANS assessments can be found under the "assessment" choice. Brittany Shipley shared that this site does not allow you to prove that you have a legal right to look at the record, as a guardian but not a parent. Aislinn Hettermann explained that if you are struggling to access a record you can call the Magellan Helpdesk for access to a record that might not typically been accessed. There is a box that a person checks to attest that they have rights to access the record.</i></p> <p><i>Sam Moore expressed concern that anyone could check that box without permission to access the record. She asked what verification method Magellan is using to prove that a person has the right to access the records found in the Magellan Member Portal. Aislinn Hettermann explained that they also require the name, date of birth, and Medicaid number to access the record. Sam Moore shared that she is worried that people who have access to the needed information but are no longer allowed, by law, to have contact with a child could access the child's record. Aislinn Hettermann noted the concern and will follow up via email. Murali Manchineela mentioned that they will do some research. Ross Edmunds explained that Magellan can either turn the access on or off, but they would not be the one to determine if the person should have access. Howard Belodoff mentioned that with the custodial issue, the determination of who can or cannot access a record is determined by the courts. This is a very complicated issue and is very individual.</i></p>	<p>separate Question-and-Answer document, which will be shared with the IGT members. There will be a cutoff date determined for emailed questions to be responded to in the next update. If you would like that document, please contact Megan Schuelke at <a href="mailto:megan.schuelke@dhw.idaho.gov">megan.schuelke@dhw.idaho.gov</a>.</p>

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				<p><i>Brittany Shipley verified that if a person does not have a Medicaid number they can use a Magellan number, particularly for over 300% clients. Murali Manchineela mentioned that March 27<sup>th</sup> is the date that Magellan will start sending out letters that give clients a Magellan ID number. Kim Hokanson asked if there would be a Magellan card or just a letter with the Magellan ID number on it. Her concern is that parents might not keep the letter with the Magellan ID number on it. Murali Manchineela mentioned that currently it is a letter, not a card, that will be mailed to the clients. Ashley Porter asked if there is a way that Magellan could address the concern that parents/clients may not keep the letter with the Magellan ID number on it. Adam Panitch mentioned that the format of the letter will be reviewed. Additional guidance was noted that clients can always call Magellan to get their Magellan ID number as well.</i></p> <p><i>Sam Moore mentioned that she would like to have further updates on the security of access to these records. Brittany mentioned that this is a great question, and it will be followed up on in the Question-and-Answer document. Howard Belodoff mentioned that there are a lot of medical facilities that have things in place to make information secure, so it is possible. Many times, they use a two-step verification method to limit who can access records using a cell phone number.</i></p> <p><i>Murali Manchineela shared that the "go-live" date is being worked out with the Idaho Behavioral Health Plan (IBHP) Governance Bureau.</i></p>	
4	50 mins	Implementation Update (Standing agenda item)	Plaintiffs' Counsel & Defendants	<ul style="list-style-type: none"> <li><a href="#"><u>Implementation Assurance Plan (IAP) Update Presentation</u></a> – Defendants</li> </ul> <p><i>Juliet Charron discussed the <b>Medicaid funding</b> – There have been questions on if there is money in the budget to cover services for class members. Budgets are going through the review and approval process currently. We are requesting an additional \$108M for Medicaid to fund the IBHP contract as a supplemental request. This is not only for youth, but also includes adult services. This population has a high acuity level of care. The utilization of these services is higher across the board. Magellan also did some targeted rate increases. Ross Edmunds mentioned that the supplemental budget is vital when it comes to services that can be provided. Juliet Charron shared that the Medicaid budget has increased by</i></p>	<p><b>Action Item:</b> DHW will share an ad-hoc report related to the QR Report and the Family Survey Report, which can be discussed further at the next IGT Meeting.</p>

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				<p>11.7% for the state fiscal year (2026). Most of that funding will go towards services.</p> <p>Ross Edmunds discussed <b>DBH funding</b> – Most services for non-Medicaid had to be eliminated at the beginning of this state fiscal year because of the money that was spent the previous state fiscal year for children in residential care. We did not want the children that were currently in residential care to not be able to finish the care they needed. The available funds were reserved for families that were already in residential care. Many of the direct services that would have been provided by Magellan were, instead, provided by DHW clinical employees who had been providing the services prior to Magellan. Services still available included Wraparound, PLL, and voucher respite. The Division of Behavioral Health (DBH) budget has almost been approved through the Idaho Legislature. Once it is approved, DBH anticipates \$316,000 additional in transfer, which will allow non-Medicaid services to be reopened.</p> <p>Ross Edmunds discussed the <b>CoE and Wraparound</b> – The Center of Excellence (CoE) has been working to build the Wraparound provider network through ongoing training and coaching. There are currently 37 Wraparound Coordinators and 5 – 10 Wraparound families. There are more planned for this year. Wraparound is proprietary and an evidence-based program that you have to have a particular license for to deliver it.</p> <p>Ross Edmunds discussed <b>Parenting with Love and Limits (PLL)</b> – DBH staff are certified trainers. This training requires a lot of support including continuous coaching. There are six providers in DBH Regions 2 – 7 so far. There have been 30 families receiving these services this year so far with 5 new group cohorts beginning in March. The goal is to have 25 new families starting. The two-year goal is to serve 200 Idaho families.</p> <p>Ross Edmunds discussed <b>Transformational Collaborative Outcomes Management (TCOM)</b> – Ross Edmunds shared that continuing education units are now available for CANS certification training. There will be a new training rolling out soon to teach how to gather CANS information through a conversational and person-centered approach. The One Kid One</p>	

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				<p><i>CANS Workgroup continues to facilitate collaboration between Magellan and DHW. Ross Edmunds discussed the <b>CANS update</b> – Ross Edmunds shared that there was a request to improve the CANS, which has been done. It made it simpler and easier to fill out. It increased the age at which the youth transition occurs from 14 to 16. Ross Edmunds discussed the <b>CANS and the Magellan Member Portal</b> – Ross Edmunds shared that Magellan has created a portal for members to access records including the CANS. Members having direct access to their CANS will help resolve some of the concerns shared in the One Kid One CANS Workgroup.</i></p> <p><i>Juliet Charron walked through <b>YES Provider Workforce Development (WFD)</b> – We are working on the strategic plan for this initiative. The focus is on ongoing training, technical assistance, credentialing, and incentive programs. We will use data from Magellan to evaluate effectiveness and inform future planning. The proposed timeline running through the rest of this year includes: YES WFD Strategy Development, WFD Strategy Document, Organize Group Goals and KPI's, Decide on a Mode of Annual Reporting, Discuss Projects/Goals for 2026, and Create and Send 1<sup>st</sup> WFD Group Annual Report. Laura Scuri commented that there is a need for more current data related to workforce development. The current data is from 2021. Juliet Charron shared that we will be working with the Idaho Behavioral Health Council (IBHC) on this initiative.</i></p> <p><i>Juliet Charron discussed <b>Intensive Home and Community Based Services (IHCBS)</b> – Juliet Charron shared that there are monthly meetings between DBH, IBHP, and Magellan to discuss goals. They want to increase education around IHCBS in the community and sustainability for current IHCBS providers. There are thirteen providers offering Intensive HCBS, except for Region 5. The goal is to sustain services through existing providers by addressing barriers to program continuation and/or implementation.</i></p> <p><i>Juliet Charron discussed <b>Service Gaps</b> – The first network report from Magellan is due to DHW on March 31<sup>st</sup> which will include a summary of the current network, analyze gaps, set goals and action steps, as well as having measurable outcomes for growth. The top priorities in the coming</i></p>	

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				<p>year would be to increase the IHCBS network, increase youth crisis services, expand the residential provider network, and expand the Partial Hospitalization (PHP) and Intensive Outpatient Program (IOP) provider networks. Laura Scuri mentioned that providers are interested in knowing what is coming up next. They are excited to take on new work and build their workforce.</p> <p>Ross Edmunds shared the <b>QMIA and Quality</b> updates – The Quality, Management, Improvement, and Accountability (QMIA) Plan was drafted last summer. There has been feedback regarding getting the Compliance Task Force back up and running. In mediation, the focus is on the measures that are needed to meet compliance, specifically the Services &amp; Supports Crosswalk and Access Pathways Maps. The data needed for the QMIA-Q is being collected by Magellan and DBH. The Quality Review (QR) process for 2024 was delayed by about 6 months due to contractual changes that needed to be made. The QR report is on the <a href="#">YES website</a>. We are working on a continuous quality improvement culture and work is ongoing to address system improvements.</p> <p>Juliet Charron discussed the <b>Service Utilizations</b> – There is a snapshot showing how services are being utilized (see the IAP Update Presentation on slide 21). The top services utilized are psychotherapy, CANS assessments, comprehensive diagnostic assessments (CDA), medication management, skills building/CBRS, case management, psych/neuropsych testing, targeted care coordination (TCC), inpatient, and respite. The Magellan network areas of development (youth serving) include Wraparound Provider Network and Mobile Crisis Response as well as others that can be reviewed in the IAP Update Presentation on slide 24.</p> <p>Juliet Charron talked about <b>complaint tracking</b> – Complaints come in through many doors (YES Complaints team, IBHP Bureau, and Magellan). All the complaint data is reviewed. The most common complaints are access to services, claims payment issues, systems issues, and some complaints about providers.</p>	



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				<p><b>Plaintiff's Council update</b> – Patrick Gardner mentioned that the presentation was informative and there were some positives. He is encouraged that DBH does not want to impact services for children if they face budget cutbacks. It was encouraging to hear that the CANS access will be “real time” which is a requirement of the Jeff D. Settlement Agreement. The increase in services is positive. The last quality report had several recommendations that we would like to see moved forward, specifically regarding workforce development. There are some challenges, such as the 25% of new children that are coming into the system are a level 2 or level 3 on the CANS level of care. Of the group of new clients, 2,500 kids are eligible for intensive care coordination (ICC) and Wraparound. If you add that to the children already in the system, you will see that 5,000 children are identified as needing ICC or Wraparound. The figures that we just saw in the IAP Update Presentation showed that 66 children received Wraparound and 900 received ICC, which shows that there is a lot of work to do to serve all the children that need those services. Patrick Gardner expressed that he is encouraged by the work that is being done by Magellan and DBH, but it is very preliminary and not to the level it needs to be. Patrick Gardner expressed concern that there are children not receiving services or in worse condition than they were before because of the budget issues within DBH. Additional concern was expressed for the children who are in detention and may not be getting needed services. Patrick Gardner explained that the IAP was created to get us back on track toward successful implementation. Many of the processes have either bogged down or failed. There is a need for a Services and Supports Crosswalk. The Access Pathways Map describes how services are delivered. These have been taken into mediation. There is still not an agreement on who the mediator will be. The list of further items required by the IAP include: final updated Practice Manual, QMIA update, Compliance Task Force and service standards, gaps analysis, Due Process Protocol has been agreed upon but has not been followed by DHW, the requirement for an annual report to the court, which is over a year late, centralized complaint process, and procedural requirements so that the system is held accountable based on the requirements of the Jeff D. Settlement Agreement and the IAP.</p>	

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				<p>Howard Belodoff mentioned that he would like others to look at the recent QR Report that was published. In review, it explains that IHCBS's are harder to access. This is one of the items that has not been addressed. He highlighted the different areas of service that need to be more readily available. The workforce needs to be provided and supported. Juliet Charron mentioned that she agrees with Howard Belodoff, and this is part of the work that is happening behind the scenes. This work is in the forefront of our minds. We are excited to get some current data to measure where we are at. We would love to come back and report on this at a future meeting.</p> <p>Howard Belodoff shared that he would like to have more frequent updates or meetings, so we are informed on the progress on these things. Juliet Charron mentioned that they send out monthly status reports and noted that DHW welcomes feedback on any of the reports that we send out.</p> <p>Candace Falsetti discussed the issues with the current Quality Review (QR). The contract to provide the QR has expired, and we are looking at other options to be able to provide a QR. Patrick Gardner mentioned that the Jeff D. Settlement Agreement details how the QR is supposed to be developed.</p>	
5	20 mins	Discuss Intensive Care Coordination (ICC)/Wraparound	Requested by Patrick Gardner	<p>Patrick Gardner mentioned that getting intensive care coordination (ICC) and Wraparound is critical. We want to come to an agreement on what Wraparound is and how you get this service to scale. Patrick Gardner shared that he believes there is no difference between ICC and Wraparound. In Idaho, the reason they are considered different is because Wraparound is considered an administrative service, and ICC is considered a planning process.</p> <p>David Welsh explained that there have been some successes in serving clients with both services. The role of the ICC team is needed regardless of the services that are provided. Magellan has been able to build services to meet these needs. Both Wraparound and ICC serve high needs kids. Magellan is open to ideas of what this might look like in the future. Adam Panitch explained that for this to come to scale, it needs to be in the</p>	



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				<i>community and having it as an administrative service will help. The number of network providers need to be grown to make this happen.</i>	
6	15 mins	One Kid One CANS Progress Report	Kyle Hanson	<p><i>CANS Algorithm Update – Kyle Hanson mentioned that this work has been in progress for a couple of years. The question was how does the new version of the CANS impact the overall levels of care? It was suggested that we should look at the decision support model. The new model does make the decision clearer, but it does change a few members and the level of care that they would be eligible for. The prior level of care had 4 levels (0,1,2,3). The new model would not have numbers but instead three levels based on the level of care that they would qualify for. There are two instances in which the CANS is used to determine eligibility; the person is already a class member and for voucherred respite in which there is only one area of the assessment that is used to determine eligibility. The overall decision support model is the only one that would be changed. Every child who has an SED would qualify with the new model.</i></p> <p><i>Patrick Gardner mentioned that as this model was discussed before and a score of 0 meant that you were not a class member, a 1 meant that you were a class member, a 2 or 3 meant that you were entitled to ICC. The issue is that when it was brought down to three levels, who was brought down to which category? Patrick Gardner would like to know who lands in which category and if they a class member? There are other ways to qualify for services besides the CANS score. Patrick Gardner would also like the number of children that would not qualify for ICC. Kyle Hanson explained that the decision support model is not the final answer on who is eligible for services. Ross Edmunds added that in a general way the decision support model determines who gets ICC services, but it is not a cut and dry determination. Patrick Gardner noted that it is clearly defined in the Jeff D. Settlement Agreement. Ross Edmunds shared that defining who is a class member is determined by the decision support model, but the level of care is not determined solely by the decision support model. We are trying to be inclusive for members and not deny services for children that would benefit from the services. Laura Scuri mentioned that providers are also struggling to determine who is eligible for services. If it is not clear, the provider worries that Magellan will not cover the service. The provider needs to be clear on what to do to help a child get the</i></p>	

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				<i>services they need. Ross Edmunds shared that we need to be clear to providers that the services they determine are needed will be provided; trainings need to reflect this.</i>	
7	15 mins	Discuss Quick Reaction Team (QRT)	Requested by Kim Hokanson	<i>Val Johnson shared that there was a <a href="#">memo</a> sent out regarding the current QRT process. Patrick Gardner shared that the memo does not provide details regarding what the process is. Val Johnson shared that there is a link in the memo which explains how the current process works. We recognize that the QRT process is not ideal yet. Patrick Gardner shared his concern that a parent would not be included in this process. Val Johnson clarified that the family is included in this process. Adam Panitch shared that QRT is not in statute currently. We want to make sure families are included and we need to have CFT set up as soon as possible. This will look differently when it is finalized, and it will be a form of a rapid Crisis Intervention Team (CIT). We will have a plan in place for occasions when we need to make plans quickly. Patrick Gardner urged Adam Panitch to share the MOU for feedback from stakeholders.</i>	
8	5 mins	Confirm Members Received QRT Memo	Val Johnson	<i>Val Johnson shared and confirmed that there was a <a href="#">memo</a> sent out regarding the current QRT process.</i>	
9	10 mins	FAM QRT Subcommittee Update	Kim Hokanson	<i>Kim Hokanson shared that the FAM Subcommittee came up with a form to help inform the system. She was hoping to get a vote from IGT to move forward with this form/survey. Ross and others confirmed that a vote was not needed to move this forward.</i>	
10	5 mins	IGT Project Coordinator Update	Megan Schuelke & IGT Members	<ul style="list-style-type: none"> <li>Request feedback on quarterly YES Workgroup &amp; Subcommittees Review Reports</li> <li>Update on requesting feedback on position and presentations</li> </ul>	Due to time, this update will occur at the next IGT Meeting.
11	5 mins	New Business Items	IGT Members	<i>It was suggested that we revisit the cadence of meetings seeing that we were not able to cover all the agenda items. Juliet Charron suggested we move this agenda item to the next meeting.</i>	
12	5 mins	Public Comments	IGT Members	<i>Public comments were sought but non heard at this time.</i>	
13	--	Dismissal	IGT Members	<u>Future IGT Meeting Agenda Items:</u> <ul style="list-style-type: none"> <li>DBH FY 25-26 Funding: What is the projection for this next fiscal year? Are there going to continue to be significant constraints to the budget and the population over 300% will still be under-served? – Requested by Kim Hokanson</li> </ul>	

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				<ul style="list-style-type: none"> <li>Legislative Session Recap – DHW</li> <li>Parent Access to Records &amp; Senate Bill 1329 Discussion - Brittany Shipley</li> <li>Authentic Engagement Activity Part 2 – Sam Moore</li> </ul>	

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

#	Follow-up Items	Opened	Owner	Status
21	DHW will share an ad-hoc report related to the QR Report and the Family Survey Report, which can be discussed further at the next IGT Meeting.	3/12/25	Megan Schuelke	<b>3/12/25, New.</b>
20	The WebEx Chat for this meeting was captured on a separate Question-and-Answer document, which will be shared with the IGT members. There will be a cutoff date determined for emailed questions to be responded to in the next update.	3/12/25	Megan Schuelke	<b>3/12/25, New.</b>
19	Have an offline conversation regarding the potential formation of an ICC/Wraparound subcommittee. Share this decision with the IGT members.	12/11/24	IGT Executive Committee	<b>12/11/24, New.</b>
18	Send additional information to Brittany Shipley and Megan Schuelke to share with the IGT about the Magellan Member Portal.	12/11/24	David Welsh	<b>3/3/25, In Progress.</b> Megan Schuelke has been in contact with Magellan. Awaiting approval of Magellan Member Portal materials for distribution.
15	Schedule another follow-up meeting with Child Welfare in September 2024 to discuss QRT further per Brittany Shipley's request.	8/14/24	Val Johnson	<b>2/12/25, Complete.</b> Meeting scheduled to take place on 2/12/2025. <b>9/23/24, In Progress.</b> Brittany Shipley will follow-up with Val Johnson.
14	Create an interim QRT document, which will be reviewed by the FAM Subcommittee with an estimated timeframe of September 2024.	8/14/24	Val Johnson	<b>2/11/25, Complete.</b> QRT Memo was created, posted on the YES website, and distributed to the IGT and FAM Subcommittee members. <b>9/20/24, In Progress.</b> Awaiting updates. Then document will be presented to FAM Subcommittee.
2	Seek feedback on some of the projects that were requested in the past from the IGT members.	10/11/23	Megan Schuelke	<b>12/5/24, In Progress.</b> Megan Schuelke requested feedback from the IGT Executive Committee.
1	Get together later to discuss the CANS and the exemption from the CANS assessments for tribal members.	10/11/23	Karol Dixon & Juliet Charron	<b>9/20/24, In Progress.</b> Ashley Porter gathering updates.