

Medical Care Advisory Committee

Minutes of December 21, 2023

Participants

Committee Members (via phone)

Michael Hales (Chair), Jennifer Marchant, Rachel Craig, Carlos Flores, Emily Zheutlin, Muris Prses for Dale Ownby, Brian Monsen, Stephanie Burdick, Calleen Kenney, Dr. Jennifer Brinton, and Kim Dansie

Committee Members Absent

Joey Hanna, Lisa Heaton, Dr. Robert Baird, Gina Tuttle, Alan Ormsby, Michael Jensen, Cassidy Matthew, Jennifer Strohecker and Davis Moore

DHHS Staff (via phone)

Nate Checketts, Brian Roach, Melissa Aitkens, Josip Ambrenac, Tracy Barkley, Gina Boren, Bridget Convey, Neil Erickson, Jennifer Meyer-Smart, Samantha Moore, Seyha Ros, Mimi Shen, Michelle Smith, James Stamos, Greg Trollan, Jennifer Wiser, Amanda Yoshida, Kolbi Young, Sharon Steigerwalt, and Dorrie Reese

Guest (via phone)

Ciriac Alvarez, Anni Butterfield, Emma Chacon, Jill Chang, Adam Cohen, Payton Connors, Thaiss Del Rio, Kevin Eastman, Jeannie Edens, Julie Ewing, Phil Galewitz, Erica Gradwell, Lynette Hansen, Matt Hansen, Daryl Herrschaft, Jeremy Hirschi, Scott Horne, Michelle Jenson, Kristeen Jones, Jesse Liddell, Jenifer Lloyd, Gholson Lyon, Thomas Merrill, Joni Nebeker, Andrea Nielsen, Adam Osborne, Dana Patterson, Jen Radcliffe, Andrew Riggle, Leigha Rodak, Shelley Rogne, Caitlin Schneider, Randal Serr, Matthew Slonaker, Beth Smith, Stacey Swilling (State Dental Director), Peyton Thomas, Rachel Vasquez, and Todd Wood.

Welcome:

Michael Hales welcomed everyone.

Thank you, Dale Ownby:

Michael Hales thanked Dale Ownby for his service to the MCAC.

Approval of Minutes:

Rachel Craig made the motion to approve the October 19, 2023, MCAC minutes. Calleen Kenney seconded that motion. The group unanimously agreed.

HEDIS/CAHPS Measures:

Greg Trollan discussed HEDIS/CAHPS Measures.

The document which was presented is embedded in this document.

[https://medicaid.utah.gov/Documents/MCAC Quality Report 2023](https://medicaid.utah.gov/Documents/MCAC%20Quality%20Report%202023)

Questions:

Michael Hales asked if you are planning on presenting and reporting on the PMHP measures? And how do these numbers compare to the fee for service performance experience of those enrolled in the program?

Greg Trollan stated we do not have anything prepared that does a comparison on the PMHPs for this meeting, but we are certainly open to mapping the performance on the specific PMHP measures between the PMHPs and the UMIC plans.

Brian Roach mentioned with respect to manage care versus fee for service this is one of our objectives with the RFP that we are undertaking right now to build our capabilities to make those comparisons and subpopulation analysis, but we don't have that prepared right now.

Stephanie Burdick asked, is there a reason why you are looking to outsource instead of building that capacity internally for the expertise that you talked about?

Greg Trollan stated we wanted to bring a vendor in with substantial experience in the quality arena. That becomes an educational opportunity for us, it allows us to understand the quality landscape, and to educate our staff.

Stephanie Burdick asked how this is going to influence decisions made in the future around putting more responsibilities on the plans, particularly like CalAim or other projects.

Greg Trollan stated we do not have all of that flushed out. I was talking to our staff about the transition of Medicaid from being strictly a payer of claims to getting into how we impact the social aspect of Health care. As we start to do that, what are the expectations that we're going to have of our contractors being able to take on the responsibilities that tie out some of these things like housing support, increased case management, particularly with pre-release of in carceral individuals. We see that our quality vendor is going to help us construct the infrastructure within our contracting that increases the level of accountability and pushes us in the direction of ensuring that what we want to see happen in performance based on the ACOs and any of the other managed care entities that are serving these individuals.

ACO's Response to HEDIS/CAHPS Measures:

ACO Representatives discussed their HEDIS/CAHPS Measures.

- ❑ Select Health: Adam Osborne
- ❑ Healthy U: Dana Patterson
- ❑ Molina: Lynette Hansen
- ❑ Health Choice: Rachel Vasquez (Doc)

The documents which were presented are embedded in this document.

[\[Health Choice Presentation Slides.pptx\]\(https://medicaid.utah.gov/Documents\)](https://medicaid.utah.gov/Documents>Select Health MCAC Meeting Presentation.pptx</p></div><div data-bbox=)

Questions:

Stephanie Burdick asked which plans are accounting for where their quality metrics have gone down, and what strategies are working.

Emma Chacon mentioned one of the things that the plans have been engaged in are these consumer engagement panels. It has been good. We are asking them questions: what are the barriers to getting care? What are the barriers to getting and maintaining your Medicaid? It has been enlightening, a good step in the right direction. It would be good to sit down and talk through some of the details and get more feedback on what works.

Governor's Budget:

Brian Roach discussed the Governor's Budget.

[FY2025 Budget Recommendations Final Votes_20June2023.pdf](https://medicaid.utah.gov/mcac/FY2025 Budget Recommendations Final Votes_20June2023.pdf)

Questions:

Michael Hales mentioned on the governor's budget proposal I saw that some of the program funding doesn't necessarily come from general fund some of these initiatives comes from a restricted fund source. If you could point out the instances where one of these programs is funded possibly by the Medicaid Expansion restricted fund or the Medicaid restricted fund. One of those is to raise some visibility about the source of funds if it's not a general fund proposed request.

Stephanie Burdick asked with that expanded coverage of homeless support services. How much is nearing CalAim (California program)? Or is it identical?

Brian Roach mentioned I believe others have done the comparisons; I do not have them to give a comparison versus contrasting components. It was largely built off California, I don't want to say that it is identical to because I do not have that knowledge, but it was largely used as a blueprint.

Stephanie Burdick asked, does the budget specify whether that includes the technical assistance and the capacity building for the service providers?

Brian Roach mentioned there is a personnel component. I think an important point with this as well is because it is functioning through the 1115 waiver process.

Andrew Riggle asked, is the eligibility for expansion HRSS the same as the TAM eligibility? Or who are you thinking would be eligible in the expansion population for HRSS services?

Brian Roach mentioned if you are referring to the HRFS program that we currently have yes, we do require a set of risk factors to be eligible. This would go through an 1115 Waiver process.

Michael Hales asked one of the things I wanted to bring into focus is tying our MCAC processes together for the group. Remember we had the public hearing back in May then voting in the June meeting in terms of the MCAC recommendations. In our MCAC Executive Committee I had asked Jen if she would highlight what appeared in the governor's budget proposal that compared to any of the recommendations that the MCAC had made and where they were in the prioritization process. If you don't have that information, I totally understand, we can have that highlighted in the January meeting.

Brian Roach stated I am happy to highlight that later, one thing we have talked about was the HCBS waiver rate increase.

Stephanie Burdick asked if there was anything in the Governor's budget for DWS to hire more staff.

Melissa Presley stated there is nothing in the Governor's budget tied to staffing for DWS that is something that we come up with based upon future things like unwinding that we had previously, but nothing in the upcoming budget.

Stephanie Burdick asked just so I understand you are not asking for more funding for eligibility enrollment.

Melissa Presley stated not currently, no.

Andrew Riggle asked about the HCBS rate increase. I am wondering what that refers to specifically. Also, if you could give a brief overview of the psychotropic oversight and what it entails.

Brian Roach stated the HCBS waiver rate increases appropriate funds for our employment related personal assistant service program or EPAP. The Aging waiver rates would be for attendant care as well as New Choices waiver as well as some rates beyond the waivers which specifically are personal care, state plan, and home health.

Brian Roach stated the psychotropic oversight is a combination of a couple of things. The foster Medicaid parity would allow us to reimburse providers serving foster children Medicaid. Particularly behavioral health services reimbursement as we do for non-foster care individuals. It would make the pilot program Utah psychotropic oversight become an ongoing program that gives oversight over some psychotics delivered to foster care individuals; those two are combined in one item.

Nate Checketts stated there is additional funding in the governor's budget for services to bring people off the waiting list who have been on the waitlist for more than 20 to 25 years onto the DSPD program. Including some funds targeted

Director's Report:

Brian Roach gave an update on Medicaid Policies, Legislative, Audit, UHPP, Behavioral Health Delivery Workgroup, and SPAs Rules.

The document which was presented is embedded in this document.

[https://medicaid.utah.gov/Documents/Director's Office Updates](https://medicaid.utah.gov/Documents/Director's%20Office%20Updates)

Questions:

Rachel Craig asked if there is any update from CMS on the Medical Respite waiver?

Brian Roach stated last week they talked to CMS about several revisions, but we are working through the approval process.

Michael Hales asked about the Unwinding or disenrollment survey?

Brian Roach mentioned the Lighthouse research item for the Unwinding or disenrollment survey we are working on sharing that very soon.

Andrew Riggle asked what home court is planning to be.

Nate Checketts mentioned home court is an item in the governor's budget; it has two funding components, one that goes to the courts to fund a judge and supporting staff and the other \$10M one-time funds given to Health and Human Services to provide support services related to this. What the home court has intended to do is civil commitment is a level that individuals reach if there's a certain issue going on when they are a risk to themselves and others. This is a pilot program; it is intended to function in the third district court.

SPA's Rules:

The documents which were presented are embedded in this document.

[https://medicaid.utah.gov/Documents/SPA Summary](https://medicaid.utah.gov/Documents/SPA%20Summary)

[https://medicaid.utah.gov/Documents/Rule Summary](https://medicaid.utah.gov/Documents/Rule%20Summary)

Adjourn

The meeting was adjourned at 4:00pm. The next meeting is scheduled for January 18, 2024, at 2:00-4:00 p.m.