

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Monday, January 22, 2018
TIME: 1:00 - 3:00 p.m.
LOCATION: Miller Senate Office Building
Education, Health, and Environmental Affairs Committee Room
11 Bladen Street, Second Floor
Annapolis, Maryland 21401

PLEASE NOTE: CHANGE IN MEETING LOCATION

AGENDA

- I. Departmental Report
- II. Family Supports and Community Supports Waivers
- III. Legislative Overview
- IV. Quality Overview
- V. Transition of Preferred Drug List Website Vendor
- VI. Waiver, State Plan and Regulations Changes
- VII. Behavioral Health System Report
- VIII. Public Comments
- IX. Adjournment

**Date and Location of Next Meeting:
Monday, February 26, 2018, 1:00 – 3:00 p.m.
Miller Senate Office Building
Education, Health, & Environmental Affairs Committee Room
11 Bladen Street, Second Floor
Annapolis, Maryland 21401**

**Staff Contact: Ms. Carrol Barnes - (410) 767-5213
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Committee members are asked to contact staff if unable to attend

**MARYLAND MEDICAID ADVISORY COMMITTEE
MINUTES**

November 30, 2017

MEMBERS PRESENT:

Winifred Booker, D.D.S
Ms. Lesley Wallace
Ms. Susan Phelps
Ms. Shannon Hall
Rachel Dodge, M.D.
Ms. Grace Williams
Ms. Donna Fortson
Mr. Floyd Hartley
Ms. Kerry Lessard
Ms. Vickie Walters
Mr. Kevin Lindamood
Adeteju Ogunrinde, M.D.
The Hon. Shirley Nathan-Pulliam
The Hon. Joseline Peña-Melnyk

MEMBERS ABSENT:

Ms. Carmel Roques
Mr. C. David Ward
The Hon. Joanne C. Benson
The Hon. Matthew Morgan
Mr. Norbert Robinson
Ms. Christine Bailey
Ms. Nicolette Smith-Bligen
Judy Lapinski, Pharm.D
Ms. Ann Rasenberger
Ms. Michele Douglas
Mr. Vincent DeMarco
The Hon. Pat Young
Mr. Ben Steffen

Maryland Medicaid Advisory Committee

November 30, 2017

Call to Order and Approval of Minutes

Mr. Kevin Lindamood, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:10 p.m. Committee members approved the minutes from the October 26, 2017 meeting as written. Mr. Matthew Celentano attended the meeting for Mr. Vincent DeMarco and Ms. Cynthia Crawley-Fox attended for Ms. Nicholette Smith-Bligen.

Departmental Report

Ms. Tricia Roddy, Director, Planning Administration, announced that Ms. Michele Eberle has been appointed Executive Director, Maryland Health Benefits Exchange, and Ms. Audrey Parham-Stewart, Director, Medicaid Finance Administration, announced her retirement in January 2018.

There has been no movement to date on the reauthorization of the Children's Health Insurance Program (CHIP) by Congress. Maryland operates a Medicaid-expansion CHIP program. When states use a Medicaid-expansion CHIP program, federal Medicaid rules generally apply. This means that MCHIP children are entitled to the full benefits required under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). In addition, if federal CHIP funds are exhausted, the state can continue to cover the children and receive its regular federal matching rate. For Maryland, this rate is 50 percent. We have estimated that we will run out of our CHIP monies sometime in April 2018. If CHIP is not authorized by then, we will start drawing down 50 percent federal match.

Maryland will have to continue to operate its CHIP program up to 300 percent of federal poverty level (FPL) regardless of what happens in Congress. The Affordable Care Act included maintenance of effort requirements for children. Specifically, it requires states to not implement more restrictive eligibility standards, methodologies, or procedures for children until September 30, 2019. This requirement is for all children covered through a state's state plan. This means that states with Medicaid-expansion CHIP programs must maintain their CHIP programs at the lower federal-matching rate until September 30, 2019 even if CHIP is not re-authorized.

The Department has sent out award letters for our Assistance in Community Integration Services (ACIS) community pilot program. Under this program, the Department is reimbursing for tenancy-based case management/tenancy support services and/or housing case management services with the goals of reducing unnecessary health services utilization, improving housing stability, and improving health outcomes among the target population. Awardees for this pilot include, Baltimore City, Cecil County and Montgomery County. Baltimore City is working with Health Care for the Homeless (\$690,000) and estimates serving 100 individuals. Cecil County's was awarded \$50,000. Montgomery County is working with the Coordinating Center, Everymind and Family Services (\$630,000) and is estimated to serve about 75 individuals. Our agreement with the Center for Medicare and Medicaid Services (CMS) allows the Department to

serve approximately 300 individuals, so we are below the threshold. We expect to increase the amount of individuals served under the pilot in year two. The second program is home visiting services for high risk pregnant women and families. We have one award for Hartford County (\$535,000) who will serve about 30 individuals under the pilot.

The Department started to conduct annual quality meetings with the managed care organizations (MCOs). These meetings are an opportunity for the MCOs to present their various quality initiatives. The Department has completed the meetings with seven of the MCOs, and they have been very informative.

One of the top priorities of the Secretary is to get the all-payer contract signed with Center for Medicare and Medicaid Innovation (CMMI). It is moving along and we hope to have something by the end of this year with an announcement being made by January or February next year.

Dental Update

Winifred Booker, D.D.S provided with Committee with an overview of the activities of organized dentistry (see attached presentation). The Department will report with Public Health on the Joint Chairman's report on Oral Health

Presumptive Eligibility and Local Health Department Inmate Activities Update

Ms. Debbie Ruppert, Executive Director, Office of Eligibility, gave the Committee an overview of presumptive eligibility (PE) and local health department (LHD) inmate activities.

In the 1115 Waiver we requested from CMS authorization to do presumptive eligibility which is temporary eligibility with a short application but the individual must apply for full Medicaid first and if the full application does not go through (usually because of citizenship), we can then do presumptive eligibility. As individuals leave detention centers or jails, this is a way for us to give them temporary eligibility. The bad thing about PE is that it is only a 50% reimbursement for the state as opposed to the new adult population that would be getting a federal match of 95%. It is a much larger cost to the state. It is a very short eligibility that cannot go past 60 days and starts the day the application is done. One of our initiatives is to get people into care long term. Another disadvantage is they don't go into an MCO and don't get the case management piece. We submitted a state plan amendment to CMS that is currently going through regulatory sign off.

The Department has been working with the local health departments (LHDs) in 22 local detention centers doing pre and post release applications (see attached handouts). Through this collaboration a referral process has been established. The second quarter of 2018 the Department will train the LHDs to be presumptive eligibility workers so if they can't get the full applications they will have the authority to do presumptive eligibility which can only be done at the facility. The Department will work with the Department of Public Safety to identify resources to take these initiatives into the jails because the capacity is much larger. We are also in six parole and probation facilities as well.

The Department developed a flyer in both English and Spanish to be placed in provider offices and on bulletin boards that highlights and encourages individuals to make address changes and update their information when they have life changes (attached).

Waiver, State Plan and Regulation Changes

Ms. Susan Tucker, Executive Director, Office of Health Services, gave the Committee the highlights of regulations, state plan amendments and waivers.

Regulations - We submitted an amendment to bring our kidney dialysis regulations up to date with current practices.

State Plan Amendments (SPA) –The Department received approval to waive the federal requirements for recovery audit contractor. We have not been able to hire one in the state of Maryland since CMS changed the rules regarding what percentage of contingency they can receive for the work they do auditing hospitals. Now our office of Inspector General will write an RFP to procure a recovery audit contractor.

Waivers – The Department has received approval for a new home and community-based waiver called the Family Supports waiver. It is a Developmental Disabilities (DD) waiver for children under age 22. It will provide support services to families of children that meet ICF-ID/DD level of care. It is capped at \$12,000 a year and it is capped in the number of slots, but it provides care for individuals who come on waiting lists for the Community Pathways waiver.

We also applied for a Community Supports DD waiver for adult populations and would cover services other than residential services. This waiver has a cap of \$25,000 and a cap in the number of slots and it will also serve individuals on the DD waiver wait list.

Behavioral Health System Report

Kimberly Cuthrell, JD., Ph.D., Director of Systems Management and Planning, Behavioral Health Administration, informed the Committee of the COMAR 10.63 license application process for community-based behavioral health providers. Behavioral Health Administration's Licensing Unit and Accreditation Unit are providing technical support to providers by calling agencies/programs. The Accreditation Unit is also conducting webinars in conjunction with Beacon Health Options to assist providers to further understand the accreditation process and COMAR 10.63 license process. In addition, the Behavioral Health Administration's Compliance and Regulatory Units have set up an email correspondence for providers to send in questions and inquiries about the accreditation process and COMAR 10.63 license process. The Units are also offering onsite technical support to assist providers with completing COMAR 10.63 licensing applications.

The Behavioral Health Administration has extended the One-Time Only Accreditation Assistance funding for providers to pay for the accreditation process. The One-Time Only Accreditation Assistance funding is only for specific functions (e.g. accreditation application fee, accreditation manual, and accreditation site visit/survey). Previously, there was a cut-off date of October 31, 2017 for providers to receive the One-Time Only Accreditation Assistance funding

to pursue and complete the accreditation process. The date has been extended. In the event that there is a Core Service Agency (CSA), Local Addictions Authority (LAA), or a Local Behavioral Health Authority (LBHA) that has a provider that is interested in pursuing the accreditation process, the Behavioral Health Administration will approve the CSA, LAA, and LBHA to still award funding to the provider to pay for the accreditation process.

The Behavioral Health Administration continues to explore strategies to reach out to providers to remind them that the deadline for submitting the COMAR 10.63 license application is January 1, 2018. There is information on the Behavioral Health Administration's website for providers regarding the COMAR 10.63 license application process, approved accreditation organizations, webinars, resources, variance information, and etc. Variances will be reviewed on a case by case basis.

Public Comments

Ms. Pattie Archuleta, Parents Place of Maryland provided comments on the Family Supports Waiver and access to pediatric nursing care.

Adjournment

Mr. Lindamood adjourned the meeting at 3:05 p.m.