

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, January 29, 2020
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Zollinger, Christensen
GUESTS: Joyce Broadsword, Miren Unsworth, Cameron Gilliland, DHW
MOTION: **Chairman Wood** called the meeting to order at 9:01 a.m.
Chairman Wood made a motion to approve the minutes of the January 13, 2020, committee meeting. **Motion carried by voice vote.**
Tamara Prisock, Administrator, Division of Licensing and Certification, Department of Health and Welfare (DHW), presented an update on the implementation of the Office of Performance Evaluation (OPE) 2018 Residential Care Report. The report focused on three of the eighteen types of facilities: nursing homes, assisted living facilities, and children's residential care facilities.
The recommended children's residential care facilities' survey process improvements have been implemented. Sending more than one surveyor to large facilities to reduce the survey team's on-site time is working well. Anonymous customer feedback cards and an informal dispute resolution process have been implemented.
Assisted living providers, through the OPE questionnaire, revealed inconsistencies in surveyor licensing rules interpretations. To date, the 202 post-survey questionnaire responses have indicated no conflicts with past information given during surveys. To support the Assisted Living Team Supervisor, the Field Supervisor role was added, with two seasoned individuals permanently appointed.
The most serious concern involved workplace issues and deteriorating provider relationships with the Long-term Care Team, which surveys skilled nursing facilities. During a Human Resources Office workplace assessment, both supervisors resigned. Changes included hiring two supervisors with solid leadership skills, as well as revising both job descriptions and performance expectations. The team meets more often, with communication and collaboration barriers removed. Surveyors indicate the work environment has vastly improved.
The 2018 Idaho Health Care Association (IHCA) partnership agreement included an initiative to examine and improve the survey process. Two joint training sessions with the IHCA members have been held. A six-guiding-principle training course will be held to increase surveyors and facility staff productivity.
The OPE licensing fee recommendation has not been implemented. A work group indicated fees would further exacerbate current staff shortage issues, which require financial signing incentives. Voluntary assisted living facility accreditation was a suggested option to relieve the Division's assisted living team's workload. As of July 1, 2019, accreditation in lieu of Department licensing surveys is available.

Answering questions, **Ms. Prisock**, said accreditation reduces the workload by removing the quantity of surveys. The IHCA is working with the Commission on Accreditation of Rehabilitation Facilities (CARF) to allow the accreditation, provide training, and help with recruitment.

Chairman Wood put the committee at ease at 9:13 a.m. The meeting was called to order at 9:14 a.m.

Miren Unsworth, Administrator, Division of Family and Community Services, DHW, presented the Southwest Idaho Treatment Center (SWITC) OPE recommendations for system wide and day-to-day operations. There were two core recommendations: development of a strategic plan and formal quality improvement process; and, developing a long-term vision for the crisis care system and its role as a provider of last resort.

The 2019 strategic plan addresses safety, staffing levels, facility improvement, professional development, and quality management. A decrease in workers' compensation has occurred over the last two years, with a safety committee established to recommend additional training and equipment. A twenty-four hour response team, trained to intervene when clients are being challenged by significant behaviors, will be deployed in February. Safety efforts have yielded a 40% decline in lost time costs and a 50% decrease in workers' compensation costs.

A vital key to staff and client safety has been maintaining the right number of direct-care staff by moving to four ten-hour shifts. Facility changes include sensory rooms on each unit, encouraging clients to individualize their rooms, and hiring a therapeutic recreational therapist to increase client activity opportunities. This spring a therapy dog will be chosen to work with the clients. Two staff members have been assigned to the new extensive quality improvement program, with direct reporting to administration. Four board-certified applied BH analysts and a full-time investigator with adult protection experience have been hired. Four nursing positions have been upgraded to registered nurses. The improved discharge process allows clients to move into the community with an assigned case worker who meets monthly with SWITC staff.

The SWITC Advisory Board identified a service gap for individuals with intellectual and Development Disabilities (DD) for specialized acute and sub-acute levels of care. Efforts to fill the gap have utilized the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) licensing structure, which SWITC has grown beyond. A proposed replacement system of care entails the creation of an observation, assessment, and stabilization unit as a short-term in-patient facility with the goal of stabilizing acute psychiatric, behavioral, and medical symptoms while preparing for future residential options. A step-down model and treatment center will be a home-like environment on a shared campus and designed for individuals preparing to return to the community but still in need of successful community living development. The focus on community capacity building helps providers serve clients who are medically fragile, have autism, or have significant communication deficits.

A project plan is being developed to implement the new system of care. A report will be presented next session with a possible budget request to begin the implementation.

In answer to committee questions, **Ms. Unsworth** explained the average SWITC client's stay is between eighteen months to two years. They anticipate all clients will be returned to the community with the new model of care and additional community supports, although some clients may need to return to SWITC during a crisis event. The goal for every client is to transition them safely and successfully back into the community.

Matt Wimmer, Administrator, Division of Medicaid, DHW, presented information on Non-Emergency Medical Transport (NEMT). This required Medicaid benefit moves individuals to and from their medical appointments. A brokerage model is used in most states, including Idaho. The current contract broker, Medical Transportation Management (MTM), further contracts with a network of transportation providers and is paid on a per-member per-month basis. Veyo, the previous broker, terminated their contract in 2017. In March, 2018, the contract passed to MTM. During the contract broker transition there was a lot of instability and missed trips.

The Joint Legislative Oversight Committee (JLOC) requested the model's effectiveness be examined by OPE. Delivery of information to OPE was not as timely as expected, which led to a management letter instead of a report. OPE recommended the Division strengthen its management of the risks, inherent to a capitated payment structure, through three key improvements.

In response to the delivery analysis recommendation, the Division is working with an accounting firm to examine costs and analyze service utilization by geographic regions and a member eligibility category. Preliminary results are expected this week.

The second recommendation was to proactively plan for annual rate adequacy reviews. A Request for Proposal (RFP) will be developed to include annual use-based rate adjustments, costs, and service quality. Contract rebidding will occur in April, 2021.

OPE also recommended a robust contract monitoring process. Strategic leadership changes have been made to improve accountability, ownership, oversight, and quality. Work with managed care consultants will refine the contract monitoring and data analysis activities. The amended contract will include additional performance metrics and outline the associated financial penalties.

Additionally, an independent complaint database will allow direct submission to Medicaid using a web-based customer and stakeholder submission form. The Division has taken part in a national group of states working on NEMT programs. In 2019 1,714,678 trips occurred, with an issue free rate of 99.88%. Ranging from minor to significant, escalated complaints are investigated.

The current contract ends April 4, 2021. The projected RFP release is spring, 2020. Compilation of responses is expected December 2, 2020. Meetings will be held for stakeholder and provider engagement in the contract process. Best NEMT practices used in other states are being researched.

Responding to committee questions, **Mr. Wimmer** stated when a trip is missed the broker is called and can schedule another trip, denoting it as an urgent trip, if necessary. The online complaint form is a real-time monitored form, allowing immediate calls to the broker.

Lori Wolff, Deputy Director, DHW, presented an update on Medicaid expansion, including implementation and waivers.

The Expansion State Plan Amendment was approved and coverage began January 1, 2020. The four required waivers include coverage choice, work requirements, family planning services, and Idaho Behavioral Health (BH) transformation.

Enrollment methods include the Supplemental Nutrition Assistance Program (SNAP) re-evaluations, specialized enrollment for target populations, submitted applications, and advanced premium tax credit (APTC) renewals. The eligibility process included signed applications, information verification, eligibility notices, and the Medicaid opt-out ability. No automatic enrollment occurred. As of January 23, 2020, 60,423 individuals are enrolled in Medicaid.

Additional Idaho Medicaid services include optometrists, podiatrists, chiropractors, dentists, and preventive health assistance. Individuals have ninety days to select their primary care provider, during which time they see any provider. If no provider is selected after the ninety days, one will be assigned. Ninety percent of Idaho primary care providers are enrolled with Idaho Medicaid.

Ms. Wolff explained the waiver implementation process from the draft application to the final implementation. A letter has been received on the coverage choice waiver stipulating it did not meet the federal deficit neutrality guardrails. The work requirements waiver is at the federal approval level, which takes eight to sixteen weeks. They continue to negotiate with the Centers for Medicare and Medicaid (CMS) regarding the family planning and IMD waivers. Once negotiations are successfully completed, the waivers will continue to the final approval process.

The medicaidexpansion.idaho.gov website provides public information and will, beginning in March, share information regarding what services are being utilized by the expansion population.

In response to committee questions, **Ms. Wolff** stated there have been no additional staff hired. Milliman was used for some of the waiver writing. Individuals can maintain their physician and existing coverage, for any reason, during the ninety-day period. Only 6% of the general population experienced their existing physician not listed under Medicaid. Few individuals opted out of the Medicaid expansion program. She agreed to send the weekly enrollment statistics to the committee.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:16 a.m.

Representative Wood
Chair

Irene Moore
Secretary