

# Medical Care Advisory Committee

*Minutes of December 15, 2022*

## Participants

### Committee Members (via phone)

Michael Hales (Chair), Jennifer Marchant, Rachel Craig, Luis Rios, Muris Prses for Dale Ownby, Brian Monsen, Stephanie Burdick, Kim Dansie, Gina Tuttle, and Cassidy Matthew

### Committee Members Absent

Lisa Heaton, Dr. Robert Baird, Nate Checketts, Dr. Jennifer Brinton, Alan Ormsby, Michael Jensen, and Davis Moore

### DOH Staff (via phone)

Eric Grant, Brian Roach, Tracy Barkley, Laura Belgique, Emma Chacon, Dave Lewis, Matt Lund, Jennifer Meyer-Smart, Jeff Nelson, Michelle Smith, James Stamos, Jeremy Taylor, Greg Trollan, Kolbi Young, Sharon Steigerwalt, and Dorrie Reese

### Guest (via phone)

Justin Allen, Ciriac Alvarez, Brittany Carver, Jill Chang, Clayton Nelson, Adam Cohen, William Cosgrove, Nate Crippes, Kaitlynn Drollinger, Jim Dunnigan, Kevin Eastman, Jeannie Edens, Russ Elbel, Julie Ewing, Ron Faerber, Melissa Garrett, Matt Hansen, Geoff Harding, Scott Horne, Ryan Jackson, Michelle Jenson, Vicki Jessup, Kristeen Jones, Rosemary Lesser, Jesse Liddell, Rebecca Martinez, Noah Miterko, Elise Napper, Joni Nebeker, Andrea Neilson, Andrew Riggie, Destiny Rockwood, Ken Schaecher, Randall Serr, Kristen Taden, Aaron Toyama, Ryan Westergard, Audry Wood, Todd Wood, Sheila Young, and Emily Zheutlin

### California's CalAIM Initiative:

Aaron Toyama discussed California's CalAIM Initiative.

Aaron.toyama@dhcs.ca.gov

<https://www.dhcs.ca.gov/calaim>

The document which was presented is embedded in this document.

<https://medicaid.utah.gov/CalAIM>

### Welcome New MCAC member: Dr. Jennifer Brinton:

Michael Hales welcomed new MCAC Member Dr. Jennifer Brinton-Provider Representative for Utah Physicians

### Approval of Minutes:

Brian Monson made the motion to approve the October 20, 2022, MCAC minutes. Rachel Craig seconded that motion. The group unanimously agreed.

## 1115 Demonstration Waiver Public Hearings:

Laura Belgique discussed S.B 41: Integrated Behavioral Healthcare Services, and Long-Term Services & Supports Behaviorally Complex Individuals.

The documents which were presented are embedded in this document.

[https://medicaid.utah.gov/LTSS for BC Individuals Public Hearing Overview](https://medicaid.utah.gov/LTSS%20for%20BC%20Individuals%20Public%20Hearing%20Overview)

[https://medicaid.utah.gov/SB41 Public Hearing Overview.pdf](https://medicaid.utah.gov/SB41%20Public%20Hearing%20Overview.pdf)

### **Questions:**

Andrew Riggle asked a couple of questions. 1. on the population eligibility for the behavioral complex amendment, who would be eligible for this, how would their eligibility be determined? 2. Would this be a contract with a single facility? 3. Is this a short-term placement? 3.1. How long would an individual be served under this program, and how would transition out of the facility be happening?

Brian Roach mentioned I will respond to each question individually. 2. Yes, the intent language in the funding would go in the RFP as a single entity. 3. It is designed to be somewhat short-term. However, we're not writing into the waiver any specific boundaries. We are envisioning a tiered rates structure for the first 60 days, then a lower rate for days after that with the goal to transition members to the community. 1. I think the intent is to require multiple specialties in a single setting, substance use disorder counselors, mental health counselors, psychologist, and psychiatrist. At this stage we are keeping it broad for CMS authority and then later we would refine it a little when it comes to the contract setting.

Andrew Riggle asked there don't seem to be a lot of skilled nursing facilities that have staff or the expertise for folks with cognitive intellectual behavioral or psychological needs. Is it the states sense that you can find a provider in a skilled nursing who is able to provide all the necessary support in a setting or how are the unique needs of this population going to be addressed in a skilled nursing environment?

Brian Roach mentioned the intent of the funding is to allow some capacity building by skilled nursing facility.

Ron Farber asked rehab verses long-term care. How long is rehab going to take place?

Brian Roach mentioned that our New Choices Waiver does not have a waiting list, you must meet the level of care to be transferred to a new choices waiver and that will remain.

Michael Hales stated that those questions that were asked kind of include some public comment in terms of concerns about people losing their freedom or their civil rights and choice and just wanting to make sure that the structure of this ends up ensuring that people have a choice to have a community-based alternative for at least have that consideration as part of the proposal is something I'm taking away from this that I think we should consider as public comment.

Michael Hales asked on the integrated behavioral health services. The narrative focusses on additional primary care services I am trying to figure out how extensive are those primary care services? What is the extent of the benefits, which seems like a limited integrated benefit focusing on primary care. It doesn't look like there are any geographic limitations in the waiver. How would you see it overlaying the UMIC & ACO contracts with the overlapping footprint in the urban settings.

Brian Roach mentioned SB41 has no restriction on location. It requires us to do an RFP for one local mental health authority. This would not replace our UMIC plans, this is to allow additional physical health primary care services to be delivered on-site in that setting.

Michael Hales mentioned that his public comment is when doing the RFP to make sure that there is clarity between the Medicaid enrollees and the provider community about who's responsible for what parts of the system. If the idea is to test an additional benefit embedded within a primarily behavioral healthcare setting, what that would look like as an enriched benefit as opposed to some of the other delivery models that are already tested or implemented.

## Director's Report:

Brian Roach gave an update on PRISM, Medicaid Policies, SPAs, and Rules.

The document which was presented is embedded in this document.

[https://medicaid.utah.gov/Directors Office Updates-December 2022.pdf](https://medicaid.utah.gov/Directors%20Office%20Updates-December%202022.pdf)

### SPA's Rules:

The documents which were presented are embedded in this document

[https://medicaid.utah.gov/SPA Matrix 12-15-22.pdf](https://medicaid.utah.gov/SPA%20Matrix%2012-15-22.pdf)

[https://medicaid.utah.gov/Rule Summary 12-15-22.pdf](https://medicaid.utah.gov/Rule%20Summary%2012-15-22.pdf)

## Governor's Budget Proposal:

Eric Grant gave an update on the Governor's Budget Proposal.

The document which was presented is embedded in this document.

[https://medicaid.utah.gov/Governors Budget Presentation.pdf](https://medicaid.utah.gov/Governors%20Budget%20Presentation.pdf)

### Questions:

Michael Hales asked on page 29, in the governor's budget: The Department of Health and Human Services is picking up the Clinical Services bureau from the Department of Corrections will Medicaid have any role in coordinating with that or how do you see that initiative?

Eric Grant mentioned that he does not have any information on that, he will review and report back.

Brian Roach mentioned that the extent of our involvement with either be in consultation basis or attending certain committee to implement it, but not a direct oversight.

Michael Hales asked on page 31, in the governor's budget: 5,000 additional Medicaid members will be in an integrated behavioral health physical setting by the end of June 30, 2024, do we anticipate that this is the TAM population?

Eric Grant mentioned that he would like more time to review and report back.

Michael Hales asked about the value-based payments. It says in fiscal year 2024, that starts July 1<sup>st</sup>. DHHS will make \$30M of payments to ACOs contingent upon the organizations meeting established quality measures. What is envisioned in those value-based payments.

Eric Grant mentioned that he will review and report back.

## Enrollment and Expansion Discussion:

Jeff Nelson gave an update on Public Health Emergency Unwinding.

The documents which were presented are embedded in this document

[https://medicaid.utah.gov/December 2022 PHE Report.pdf](https://medicaid.utah.gov/December%202022%20PHE%20Report.pdf)

## Adjourn

Meeting was adjourned at 4:00pm. The next meeting is scheduled for January 20, 2023, at 2:00-4:00 p.m.