

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: DHCF, 441 4th Street NW, Main Street Conference Room #1028, Wash., DC 20001

Wednesday, August 28, 2019

5:30 p.m. to 7:30 p.m.

MEETING MINUTES

ATTENDEES:

MEMBERS:

Melisa Byrd, DHCF
Elizabeth Garrison, SOME
Anthea Seymour, DHS
Sharra Greer, Children' Law Center
Mark LeVota, DC Behavioral Health Assoc.
Tamara Smith, DCPCA
Lauren Ratner (*Designee for DC Health*)

Justin Palmer, DCHA
Amy Maisterra, DCPS
Robert Hay, MSDC

GUESTS:

Carmelita White, DHCF
Patricia Quinn, DCPCA (*via Conf. Line*)
Garlinda Bryant-Rollins, ESA/DHS
Linda Elam, Amerigroup DC
Eugene Simms, DHCF
Taylor Woods, DHCF
Collan Rosier, Maxim Healthcare Services
DaShawn Groves, DHCF
Alice Weiss, DHCF

MEMBERS VIA CONFERENCE LINE:

Veronica Damesyn Sharpe, DCHCA
Judy Levy, DC Coalition on LTC
Eric Scharf, Depression & Bipolar Support Alliance
Ian Paregol, DC Coalition on Disability Providers
Guy Durant, Beneficiary/Advocate

I. Call to Order

The meeting was called to order at 5:37 pm by Mark LeVota (ML), MCAC Chair.

II. Approval of Minutes

The June 26th meeting minutes will be made available via email for review by members in a few days. The final draft of the meeting minutes will be presented at the October 23rd meeting for approval.

III. Senior Deputy Director/Medicaid Director Report – Melisa Byrd

a. *MCAC Membership Applications*

Melisa Byrd (MB) reported that the MCAC has opened the application process and looking for new member. There are five (5) members whose terms are expiring September 30, 2019, and need to be replaced, or continued if they have not met their maximum service and would like to reapply. The application has been uploaded to DHCF's website. There are four (4)

Beneficiary/Advocacy seats, and one (1) Provider representative. Applications are due by September 5, 2019.

MB informed members that a copy of the application is included in their meeting materials, and she asked if they would share it with individuals interested in serving on the MCAC.

b. *Mayor's Commission on Health Care Systems Transformation*

MB reported that the Mayor's Commission had their third meeting on August 27th. They meet on the last Tuesday of the month and are open to the public. The first meeting was organizational in scope. The second meeting was a presentation from Deputy Mayor Wayne Turnage on basic overall health systems landscape of the DC Health Care System. Dr. Barbara Bazron from the Department of Behavioral Health also presented at that meeting. Yesterday's meeting was a presentation from Dr. LaQuandra Nesbitt from DC Health, as well as Tamara Smith from the D.C. Primary Care Association (DCPCA), Jacqueline Bowens from the D.C. Hospital Association (DCHA), and United Medical Center.

The first set of meetings were focused on information sharing to ensure that everyone is on the same page as far as understanding what the District's health care system looks like at this point.

MB stated that what is going on in between the full Commission meetings are a series of subcommittee meetings. The subcommittees meet frequently on a weekly or bi-weekly basis, between now and the end of September. At which time the subcommittees will make recommendations to the full Commission for review and discussion over October and November, until they identify the final recommendations to the Mayor in December.

Tamara Smith (TS) mentioned that the Commission's subcommittees are: 1) Equitable Distribution of Acute, Urgent, and Specialty Care; 2) Access to Critical and Urgent Care Services; 3) Emergency Department Overcrowding & General Reliance on Inpatient Hospital Care; 4) Discharge Planning and Transitions to Care, and; 5) Value-Based Purchasing of Health Care Services.

TS said that she suspects that at some point in time probably some of the recommendations will come before the MCAC as they are developed, and maybe some of the subcommittees of the MCAC may be looking at some of the recommendations before they are fully fleshed out.

c. *1115 Medicaid Behavioral Health Transformation Waiver – Alice Weiss (AW), Director, Health Care Policy and Analysis Administration (HCPRA/DHCF)*

MB stated that the 1115 Waiver was submitted back in the beginning of June 2019. DHCF has had ongoing conversations and now negotiations with the Centers for Medicare and Medicaid Services (CMS), our Federal counterpart. Since that time, it has been very productive and positive. Alice Weiss (AW) will give a more detailed update. We are still working towards and expecting approval prior to October 1st.

AW provided a brief overview of the 1115. Some of the factors that have gone into the District's consideration in moving forward on this waiver were concerns regarding the high rates of behavioral health diagnoses. There were a number of Federal policy changes that

CMS has put forward over the last two years that have created a very ripe environment for policy change for Medicaid programs. The specific focus for CMS has been around Institutions for Mental Disease (IMD) for adult Medicaid beneficiaries. Historically, this has been prohibited under Medicaid. CMS put out a couple of different policy guidance's from 2017 – 2018 allowing states an opportunity to apply for these waivers. Specifically, to provide services for individuals with substance use disorders, and serious mental illness, or serious emotional disturbance. The local spending on adult IMD services in FY18 was at least \$11.2 million.

In addition, AW said that there was frequent experience regarding the need to improve coordination of services and transitions of care.

She stated that DHCF and the Department of Behavioral Health (DBH) developed the 1115 Waiver with public inputs. They released the draft application for public comment on April 12, 2019. There were three (3) public hearings. The final waiver application was submitted to CMS on June 3rd, as mentioned previously by MB.

AW shared that the primary goals for the District's Behavioral Health Transformation Demonstration is to establish a broader continuum of Medicaid behavioral health treatment; advance the goals of the District's Opioid Strategic Plan, and to continue move Medicaid towards more integrated medical and behavioral health services.

If the waiver is approved, the District will be the first state Medicaid program in the nation with joint SUD/SMI IMD 115 Waiver. (*acronyms = Substance Use Disorder, Serious Mental Illness, and Institutions for Mental Disease*)

AW stated that she would not go into detail about the new and expanded behavioral health services because most of the members have been involved and are aware of this information. New services included in the slide deck are: 1) IMD Services; 2) Clubhouse; 3) Recovery Support Services; 4) Stand-alone Psychologist and Licensed Clinical Social Worker Services, and; 5) Transition Planning Services. Proposed expansion of services/protections under four (4) existing services are: 1) Crisis Stabilization; 2) Trauma-Informed Services; 3) Supported Employment, and; 4) Elimination of \$1 Prescription Drug Cost-Sharing. (*Please see slide deck on DHCF's website under the MCAC's webpage for details*)

She also conveyed that there will be a stakeholder meeting for further communication regarding the plans within the next couple of months so that people will have a better understanding of what is in the waiver.

There was additional extensive discussion regarding services for supported employment under the Individuals with Developmental Disabilities (IDD) waiver, as it relates to: DBH supported programs; DC Behavioral Health Association's [DCBHA] current members are providers of the services [*mental health rehabilitation services providers*]; a pilot program for some of the substance use disorder providers; grants and technical assistance; club house services; services for incarcerated individuals; and, services for victims and perpetrators of domestic violence.

IV. **Subcommittee Reports**

Access Subcommittee – Mark LeVota, subcommittee chair, reported that at their last meeting they discussed data sharing related to new reporting requirements under the Behavioral Health Parity Act of 2018. They continued the conversation regarding the Medicaid cards. The subcommittee approved a resolution recommending the creation of a special work group. They have had the cooperation from colleagues around the District Government, including DHCF, ESA, Office of the Ombudsman, among others who can help to navigate the finance piece. If anyone has a special interest in this group's work, please reach out to the MCAC's Access Subcommittee Liaison, Mr. Taylor Woods, Special Projects Officer at Taylor.Woods2@dc.gov.

ML stated that the subcommittee also discussed an update related to the Access Monitoring Review Plan, which is a core component of the subcommittee's charter. CMS is going to be thinking about access monitoring review.

Taylor Woods (TW) provided a brief update on the Access Monitoring Review Plan. About three (3) years ago, DHCF went through the process of creating an Access Monitoring Review Plan, which was written in the code by the previous administration for triannual reporting requirements. This rule was proposed to change by CMS earlier this Summer. CMS proposed a rule to rollback both the triannual reporting requirements, and to repeal the requirements that in the case of a state Medicaid program's rate reduction. They proposed to rollback that states would have to monitor access to their services in the years following.

The subcommittee went through the implications of those changes. DHCF's proposal, in response to the proposed rule, is to work with the National Association of Medicaid Directors (NAMD) and state Medicaid programs to define access to health care services differently. The Access Monitoring Review Plan triannual requirement defined access for fee-for-service Medicaid beneficiaries primarily through rates, and by the number of providers providing services. A lot of states felt that with the increase of managed care, the access monitoring review plan might not get relevant to beneficiaries, or what access means to them.

TW said that the subcommittee agreed that DHCF should play an active part in that process going forward. CMS is still awaiting comments on that rule, and the decision will be made by September.

The next Access Subcommittee meeting is scheduled for September 24th from 1:00 – 2:30 pm.

Enrollment and Eligibility Subcommittee – There is no report as we are still pending a chair for this subcommittee. Katie Nichol had to resign from her role on the MCAC as she is now an employee of DHCF.

Health Systems Redesign Subcommittee – Tamara Smith (TS), subcommittee chair, reported stated that there is no report, as their next meeting is scheduled for October 2nd at 4:00 pm. She stated that the subcommittee is waiting to hear some of the feedback and discussion around what the Mayor's Commission is doing, because they are addressing some of the issues as it relates to health systems redesign, etc.

Long Term Care Services and Supports Subcommittee – Judith Levy (JL), subcommittee chair, reported that they had a presentation on medically needy spenddown, which was very robust. She

stated that the subcommittee will need another follow-up on this, because it remains a very complex issue and is very important for long term care.

The next Long Term Care Services and Supports Subcommittee meeting is scheduled for September 11th from 12:00 – 2:00 pm.

ML commented that it is very important that each subcommittee chairs and those participating in subcommittee work that it is valuable to rethink scope and purpose of each of the subcommittees. He asked that everyone be mindful about this as we have upcoming subcommittee meetings.

V. New Business

None.

VI. Opportunity for Public Comment

None.

VII. Announcements

The Mayor's Maternal Health Summit is scheduled for September 10th.

MB announced some housekeeping reminders for MCAC members to please submit their Conflict of Interest Disclosure Forms, Brief Bios, and a Photo Headshots. This information is to be submitted ASAP to Carmelita.White@dc.gov.

VIII. Next MCAC Meeting

The next MCAC meeting is scheduled for Wed., October 23, 2019 at 5:30 – 7:30 pm.

IX. Adjournment

The meeting adjourned at 6:35 pm.