

OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)		Attending: Ritu Bhatnagar, Allison Espeseth, Samantha Falk, Rebecca Fox, Dave Gundersen, Veronica Gunn, Lauren Jerzak, Joshua Merskey, Dipesh Navasaria, Bobby Peterson, John Rathman, Randy Samuelson, Laura Waldvogel, Mike Wallace, Jennifer Winter	
Date: 8/25/2021	Time Started: 9:00 a.m.	Time Ended: 11:30 a.m.	
Location: Virtual Zoom Meeting		Presiding Officer: Dr. Veronica Gunn	
Minutes			

Members absent: Luisana Waukau, Samantha Falk

Others present: Jim Jones, Curtis Cunningham, Gina Anderson, Emily Loman, Jamye Chapman, Leah Ramirez, Makalah Wagner

Meeting Call to Order, by Dr. Veronica Gunn, Chairperson

- Roll was called; 15 members were present, constituting a quorum.
- The agenda was reviewed.
- Minutes from the 5/26/21 meeting were reviewed, revised to correct the spelling the name of MAC member Ritu Bhatnagar, and finally approved. Motion, Jennifer Winer, Mike Wallace 2nd. No opposed, no abstentions.

Medicaid Member Input Update, Jim Jones, Medicaid Director

Director Jones provided a status update on DMS's efforts to recruit and retain Medicaid members and their family members in order to gather feedback and insights on topics and initiatives that are presented to the MAC.

After consulting with DHS's Office of Legal Counsel (OLC), DMS confirmed that Wisconsin state law prohibits state agencies from paying members for their participation on the advisory committee, including payment for meals or transportation. Therefore, the best option is to procure through a competitive grant application Community-Based Organizations (CBOs) that are able to pay to bring people together to talk to the MAC about specific issues. DMS is currently designing a competitive grant application that would set up an ongoing process that could also be used for other projects or workgroups. Director Jones acknowledged that individuals who are asked to serve in this capacity need a chance to get acclimated to the committee so that they are aware of the expectations, and that their time is valuable. In addition, a facilitator between the committee and the member is important in order to gather the most meaningful input.

MAC members were invited to ask questions and share insights and comments. Summaries of questions and comments are below with staff responses indented.

- Will the process include individuals with a wide variety of perspectives?
 - Yes, individuals that represent rural, urban, those who receive behavioral health, acute primary, long-term care, and dental services will all be included. In addition, the process will include both members as well as potential members and their families. CBOs will interview people one-on-one and as a group to obtain a variety of perspectives.
- Is DMS looking at other states as models for this process?
 - Yes, DMS is looking at other states with the help of the National Association of Medicaid Directors (NAMD). States that are most successful are allowed to pay individuals for their time. Wisconsin has experience with member engagement focus groups with the rollout of BadgerCare Plus.

- DMS should consider recruiting new members, parents and caretakers as diversity of membership is important. “Good churn” can help bring new perspectives. The process can also be used to help educate members and their communities with important information about Medicaid.
 - Yes, DMS agrees with these statements.
- What are the grant amounts?
 - DMS is not yet at that point in the process. We are still in the design phase and then we will look at the fiscal aspect.
- Would this process allow DMS to set the agenda of questions and also allow those questions to be shared with HMOs to utilize in their member perspective process?
 - Not really, this process is intended to gather very specific feedback on projects (e.g. rate increase on personal care, eligibility changes, does this specific messaging resonate), not general feedback.

Medicaid Housing Initiative, Leah Ramirez, DMS Policy Advisor

Leah Ramirez gave an informational presentation on the DMS Housing Support Services initiative for individuals experiencing or at risk of experiencing homelessness.

MAC members were invited to ask questions and share insights and comments. Summaries of questions and comments are below with staff responses indented.

- How can members qualify under the required state-defined health need if they don’t have a health record?
 - We are considering whether a member who is seeing a provider can have the provider sign a form or the member can self-attest to meet the health need requirement.
- Is there a method for looking at the quality of various providers?
 - Yes, the State Plan Amendment (SPA) has provider quality requirements, monitoring, and housing quality standards.
- Housing is an issue in the Fox Valley and especially for those enrolled in Mental Health programs. Does this proposal include plan to expand CoC agencies?
 - Local coalitions exist in the balance of the state. Travel is required for agencies to meet the member where they are.
- Based on experience, there is concern about listing individual housing workers as Medicaid providers. How is the SPA handling this issue?
 - The SPA is working on defining provider qualification where the actual housing agency would be the Medicaid provider, and also included would be a list of staff providing services.
- Medicaid enrollees need assistance with the legal challenges of evictions and the advocacy and support to untangle red tape with landlords. Libraries are places where homeless tend to congregate and could be a good location to provide Medicaid enrollment and administrative assistance. But unfortunately, library staff doesn’t have assistance and support to help homeless. Also, have you considered making legal aid practitioners Medicaid providers?
 - These are excellent suggestions that we will take back for further consideration.
- Individuals with eviction histories or re-entry populations are the most challenging to help find suitable housing. Hopefully, the SPA can address the challenges facing these particular populations.
- In national data, the period of infancy presents the greatest risk of experiencing homelessness; conversely housing stability is associated with improved birth outcomes. There is an opportunity for the housing support team to work with the quality team in infant mortality improvement efforts.
- Comment about families with children tend to be viewed as a negative when it comes to finding housing. Creative strategies are needed to address this, such as leveraging school districts as a referral pathway.
 - We anticipate that schools will be a large referral source.

- Comment about the population of individuals with substance use disorder struggle to secure stable housing, and many housing entities require a period of sobriety before an individual can be eligible for housing. Is work skills development a component of your supports?
 - Yes, we have been working with WHEDA and DOA to take a range of approaches to supporting the homeless.

Medicaid Equity Strategy, Jim Jones, Medicaid Director and Jamye Chapman, DMS Senior Equity Advisor

Director Jones and Jamye Chapman provided a high-level overview of DMS's Medicaid Equity Strategy ("the Strategy"). The Strategy will look at historical roots of racial, gender, and disabilities disparities in the United States. Discovery and landscape analysis will be used to define the population and look at metrics to drive initiatives. Community input is crucial to confirm that initiatives matter to the defined populations as we don't want to use the Strategy to address problems that don't really exist.

Previous methods of decision-making must be changed to improve health outcomes. There is also a commitment to build trust between Medicaid members and DMS staff so that everyone feels valued, heard, respected and empowered.

The Strategy will utilize existing DMS structures, but they will be dismantled and put back together in a way that supports Justice, Equity, Diversity and Inclusion (JEDI) principles. We will adopt standards to use self-audit to keep on a guided path. NCQA standards must be specific to Wisconsin and align with our goals. The overall priorities will be viewed through an equity lens to help all Wisconsinites live their best and healthiest lives.

We will create a de-centralized system for decision-making based on evidence to do a root-cause analysis of disparities. Transparency and accountability, discovery of disparity, what decisions are made, criteria for decision, who is making the decisions will be made available for public and internal review.

We are committed to creating a world where we equate equity and quality by collecting analyzing the right data. Data about how people identify themselves must be kept confidential but can be used through population stratification to address disparities, and reviewed by people with process understanding and lived experience. This data can be used for eligibility and enrollment in addition to health outcomes.

MAC members were invited to ask questions and share insights and comments. Summaries of questions and comments are below with staff responses indented.

- Equity is so important in the work that we do. Thank you for creating a foundational level of understanding.
- There is such a need for a common language when it comes to equity. Looking solely for the magic workshop on equity is not the best approach.
- What is the plan for putting pressure on other programs like Public Health, clinic locations, and how COVID forms are filled out, to adopt equity principles?
 - The Secretary's Office will likely do this.
 - The Governor's Executive Orders 17 and 59 establish affirmative action to require an equity and inclusion plan for employers with more than 30 employees.
 - We understand that members experience better health outcomes when they are treated by a workforce that with similar lived experience.
- There will be challenges with dismantling these organizational structures and putting them back together again and opposition that you will face from different constituencies.
- Medicaid has a strong federal component. Is the equity initiative happening at the federal level? How will states and the federal government inform each other?

- The Office of Civil Rights (OCR) allows states to report race and ethnicity together or separately. We also intend to collect race and ethnicity from providers AND members.

Receive Public Comment on Medicaid Equity and Inclusion Initiative

One member of the public joined the meeting to offer comments. Commenter thanked DMS and MAC for their hard work and commitment to equity and inclusion, and offered to be a resource in the process going forward. Commenter also had some general questions about Medicaid. DMS staff said they would reach out to commenter to follow up on his questions.

Department Updates, Jim Jones, Director

- DHS has a new Assistant Deputy Secretary, a new Division of Public Health Administrator, and a new Communications Director.
- DMS will be going to a hybrid work-from-home/in the office model after Labor Day.
- DMS's plan for goals over the next 19 months include:
 - Pursue Managed Care Organization (MCO) strategy of equity, accountability, person-centered, customer facing enrollment at the time someone applies.
 - Dual Special Needs plan aligned with SSI managed care.
 - Health equity contracts.
 - Long-term care reforms include implementing changes to promote access and relationships; Family Care rate bands
 - Many changes are due January 1, 2022 regarding biennial budget implementation, such as nursing home increase.
 - Tribal shared savings to return 70 cents on each dollar saved to tribes when we get 100% matching funds from the feds.
 - American Rescue Plan – sent our plan to CMS from Home and Community-Based Services (HCBS) to reinvest 800 million over 3 years to improve access, quality and breadth of services in HCBS.
 - Unwinding the Public Health Emergency (PHE), including an extra 6% in Medicaid for Maintenance of Effort, continuous eligibility, Appendix K flexibilities one-year after end of PHE.

Wrap-up, Dr. Veronica Gunn, Chairperson

- Next meeting is December 1. Topic is collecting MAC feedback on DMS Equity Strategy. Will follow with an email with links to materials.

Adjourn

- Motion to adjourn, Dipesh Navasaria. Second, John Rathman. The meeting concluded at 11:30 am central time.

Prepared by: Dr. Veronica Gunn and Emily Loman on 12/14/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/5/2022