

OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)		Attending: Ritu Bhatnagar, Allison Espeseth, Rebekah Fox, David Gundersen, Veronica Gunn, Joshua Merskey, Dipesh Navasaria, Bobby Peterson, John Rathman, Randy Samuelson, Laura Waldvogel, Luisana Wakau, Mike Wallace	
Date: 10/5/2022	Time Started: 9:00 a.m.	Time Ended: 11:30 a.m.	
Location: Virtual Zoom Meeting		Presiding Officer: Veronica Gunn	

Minutes

Members absent: Samantha Falk, Lauren Jerzak, Jennifer Winter

Others present: Lisa Olson, Curtis Cunningham, Marlia Mattke, Gina Anderson, Emily Loman

Meeting Call to Order, Veronica Gunn, MAC Chairperson

- Roll was called. Thirteen members were present, constituting a quorum.
- The agenda was reviewed.
- Minutes from the 7/6/22 meeting were reviewed and finally approved. Motion to approve by Mike Wallace, second by Rebekah Fox. No opposed, John Rathman abstained due to being absent from 7/6 meeting.

BadgerCare 1115 Waiver Extension Update, Lisa Olson, Medicaid Director

Director Olson provided a presentation on the provisions of BadgerCare 1115 Waiver extension anticipated to be submitted to CMS in November.

- MAC members suggested that the final evaluation of the Waiver be presented to the MAC after it has been completed and submitted to CMS.
- Several provisions were on hold during the public health emergency (PHE). For example, premiums were never really in effect. When the PHE went into effect, the Families First Coronavirus Response Act provided a temporary 6.2 percent federal Medicaid matching rate (6.2) if states did not implement more restrictive eligibility requirements than those in effect pre-pandemic; state legislation passed to allow premiums to be undone, and premiums were paid back. Same for the Health Risk Assessment provision. ED copays were in effect a few months before the PHE and are still in effect. Ongoing evaluation is a component of the renewal.
- MAC members expressed concerns about the potential impact of some provisions, but acknowledged that actual impact is difficult to determine at this time. CMS has concerns about premiums for members under 150% FPL. CMS has denied requests going forward and cited evaluations from other states.
- Members noted that CMS' evaluation of WI's waiver will be important. Flexibility in viewpoint from CMS has changed significantly from when this waiver was originally submitted.
- Staff noted that there remains an opportunity to submit comments about concerns about access and equity.

Home and Community-Based Services (HCBS) update, Curtis Cunningham, Assistant Administrator for Benefits and Service Delivery

Curtis Cunningham provided an update on the status of the ARPA funding opportunity, as well as the evolution of Wisconsin's home and community-based services since last discussed by the MAC.

As background, the American Rescue Plan Act has provided an estimated \$350 million in federal funding to help Wisconsinites through investments in home and community-based services (HBCS) and Wisconsin's direct care workforce. Wisconsin's 1915(i) HCBS services are an optional state plan benefit, designed to provide support to individuals to remain in their home or in their community who would otherwise require an institutional level of care.

HCBS can be particularly effective in addressing social determinants of health for Medicaid members, including finding permanent housing.

- A MAC member noted that the majority of direct care workers (DCW) leave the field to seek jobs with higher pay and benefits, and asked how do we create momentum at state or federal level to increase pay for these “essential workers?” Staff noted that the last budget included a pay increase for DCWs; however, demonstrating the value of these workers is an ongoing process. E.g., avoidance of complex behavioral health cases that end up in residential settings or hospitals, and how it should be translated to pay increases for DCW. Both staff stability surveys, and National Core Indicator surveys that provide additional information will be conducted on an annual basis.
- One MAC member noted that many CBRFs in the northeastern part of the state are physically closed, and wondered if this was tracked on a statewide basis. The Division of Quality Assurance does this tracking, and has noted the closures, but there are also new facilities opening. The number of adult family homes are actually increasing. Many get licensing, but fail to get individuals enrolled in facilities.
- One MAC member noted the high staff turnover within facilities, and wondered how many workforce members were eligible for BadgerCare+ benefits, and will many staff lose coverage at end of the PHE? The survey doesn’t include info on BadgerCare eligibility. Some direct care workers limit their hours to maintain coverage, which they haven’t had to do during PHE. This is an issue for PHE unwinding taskforce to keep an eye on. Director Olson noted that there are systems to connect people to other forms of coverage. But this is a good reason to do expansion up to 138% FPL.
- A MAC member asked about the plan for sustainability after ARPA? Ongoing funding will be pursued through the biennial budget process. This would include funding for a formal evaluation for an Independent Living Supports Pilot; and a staff stability survey from intellectual or developmental disabilities (IDD), to frail elders, children, etc.; as well as other quality metrics.
- A question was asked about the certification process for career laddering. UW-Green Bay will develop a best practice approach informed by various professional associations. Summit for all grant awardees. Any trainings created through these grant dollars should go to public sphere.
- A MAC member noted the parallels between home care and the work that early childhood centers have undertaken to address workforce, adequate pay and benefits. Examples include shared services models for reasonably priced insurance and backup insurance. This approach provides economies of scale. The Department of Child and Family Services has had some childhood center grants to promote synergy.
- A MAC member expressed appreciation to staff for clearly listening to issues faced by WI tribal communities. Interest in maximizing this benefit.
- One MAC member wondered if the “gray wave” leaving the workforce, and entering LTC is contributing to some of the workforce issues, and if there was interest in/value in engaging this population to help take care of other seniors. Staff acknowledged that the workforce is shrinking due to aging population, and expressed curiosity about how many seniors entering retirement will come into the publicly funded-LTC system. There are efforts to make this more appealing, including helping them retain their assets. Self-direction flexibility under IRIS and FC on who to hire has helped. May not want to be a full-Medicaid provider.

Member Feedback Alliance Project, Marlia Mattke, DHS, Assistant Administrator

Marlia Mattke provided an overview of the newly-developed process for engaging member feedback in Medicaid program activities. The process is a way to engage with our consumers, and find a way for their expertise to be compensated. A process for RFA has been issued and a link will be sent out via email to MAC members to share widely with anyone who may be interested. The RFA closes on Oct 21, 2022. Awarded CBOs would be on a list for outreach on specific topics.

This process is not confined to DMS, but also used by DHS. Once procurement has been closed, more information will be forthcoming. Questions about the RFA can be submitted to a dedicated inbox.

MAC Planning for 2023, Lisa Olson, Medicaid Director and Dr. Veronica Gunn, Chairperson

The Medicaid Advisory Committee is charged with advising the Medicaid agency on key initiatives that affect Medicaid program administration, policy or services. As the MAC prepares to transition to a new year and to the integration of new MAC members, there is an opportunity for current MAC members to shape ongoing work in two substantive ways. The first is to discuss topics that would serve as the content/focus for MAC exploration over the subsequent year. Examples include quality strategy, access. The second opportunity is to discuss the meeting time necessary for meaningful engagement. Director Olson provided brief descriptions of potential topical areas for exploration in 2023, and Dr. Gunn facilitated discussion on potential topics of interest as well as options for meeting times.

Topical Areas rooted in equity that could benefit from MAC input:

1. Access – Set a standard of access that has meaning to our members
2. Quality – MC programs, DPH and DCTS behavioral health needs to make most impact, and national standards

Access-related comments offered by MAC members included:

- Oral health for children, access for kids in school-based services, DPI/DHS partnerships.
- Adult-dependence is an access consideration.
- BH and AODA in school setting.
- Health care and incarcerated population don't get a standard high level of care. Cross agency collaboration could help access.
- BH comes up in every community-needs assessment
- Systemic reimbursement issues could advise on.
- Dental access.
- Access broken into: obtaining coverage, maintain coverage, access to services. EPSDT helps with access, but public doesn't understand their rights.
- Behavioral health residential treatment for minors.
- Unwinding in 2023, and aging population ADRCs.
- Opioid settlement dollars and new opportunities.
- Other populations- Jail system issues.
- Access to telehealth through unwinding process MH and AODO during pandemic and illness.

Other comments related to MAC meeting structure:

- What are the levers that Medicaid has that MAC can advise on? What issues can we tackle? What are links to other policy levers, and who can create these connections? Institutional leverage vs programmatic knowledge.

Would like to see the work of the MAC move from more transactional to transformative. Discuss content in depth.

Group discussion on MAC meeting frequency and length

- Logistical challenges to meeting more frequently or longer. There are other mechanisms for exploring content more in depth.
- Open to more frequent meetings, if the meetings were shorter. DMS is huge.
- Posing very specific questions on specific topic areas helps with scope.
- Is there value in creating subgroups based on interest?
- Staff could reach out to get expertise from specific MAC member, and report back to the group.
- Ideally, we could identify initiatives with great promise and then engage members offline (between meetings) to help achieve specific goals.

Reflections and Successes, Lisa Olson, Medicaid Director

Director Olson shared brief reflections on the successes of the Medicaid program over the past 2 years, including areas in which the MAC provided counsel, including behavioral health, drivers of health, and housing support services.

Receive Public Comment on Drivers of Health Discussions

Two members of the public joined the meeting but did not offer comment. One member of the public provided a comment to a MAC member during the small group session prior to the public comment period. The comment was regarding the importance of ensuring data on Medicaid strategies are visible to all partners.

Wrap-up, Veronica Gunn, MAC Chairperson

- Next meeting is TBD in early, 2023. Topic for that meeting will be determined and communicated before the meeting. MAC Chair will follow-up with an email with links to materials.

Adjourn

- A motion to adjourn was not obtained. The meeting concluded at 11:30 am central time.

Prepared by: Veronica Gunn and Emily Loman on 10/5/2022.

These minutes are in draft form and will be reviewed for approval by the governmental body on: 2/8/2023