

**MACDDS Medicaid Waiver Work Group**  
**May 21, 2008**

**Attendance:** Betsy Barnes (Pike County), Sandra Wise (MRDD), Kay Green (MRDD), Peg Capo (St. Charles), Robert Greenwood (Cass County), J. E. Chowning (Cass County), Judy Muck (Mo HealthNet), Janice Tilman (Platte County), Jeff Richards (Washington County), Bill Knitting (Jefferson County), Joyce Jackman (DESE-First Steps), Ron Kruse (Franklin County), Roger Garlich (Pettis County), Joel Ferber (Legal Services of Eastern MO), Jeff Grosvenor (MRDD), Wendy Sullivan (Life Skills), and Doris Boeckman (Coordinator)

Introductions were made.

Jane Kruse led the discussion on Medicaid Waivers. How can SB 40 boards can play a more active role?

First Steps

- Assessment of program
- Prevalence measures
- Gap analysis – missing about 2,000 children
- Issue around pediatricians not using a standard, formalized tool; if children are not identified early, they will not be identified until they start school

Joyce Jackman, DESE, added additional information about the study. Targeting the 1.75 percent of population needing services.

- Lack of formal process in pediatric well visits that direct families into a concern area.
- Parents as Teachers - Missouri is only state that requires PAT
- Still need to get pediatricians office to do referral – often the nurse

Study was done to see what it would cost if the eligibility level was dropped from 50%

Gap Analysis

- Missouri data
- Identifying very low birth weight, medical conditions, other conditions and developmental delays under IDEA
- Very difficult to do a gap analysis on an optional service
- Serving 3,500 under IFSP
- To get to 1.75% of children served, would need to add about 650 children
- Currently at 1.55% of the children
- Medicaid eligibility has never been more 42%; it ranges between 38-42%

DESE is meeting with Mo HealthNet to determine what additional services could be covered under EPSDT. Need to maximize services that already exist.

Judy Muck stated that the work group will need to be cautious about budgetary constraints – need to be defensible under audit.

Roger indicated that the purpose of the discussion is to determine how SB 40 boards could maximize the general revenue to generate additional federal revenue. Joyce indicated that she was supportive of serving more children, but not to necessarily serve at risk kids, but rather those with a disability.

#### ABCD Consortium

- Illinois will be speaking to the Medicaid Waiver Workgroup in June.
- Iowa developed their own tool.
- Most use the Ages & Stages Questionnaire.
- A screening done by the parent is the most reliable.
- Iowa added some questions related to autism – takes about 3 minutes to complete
- Minnesota automated their questionnaire
- Issue – should screening be reimbursed? In Iowa they do not reimburse because parent completes the tool.
- In some states, providers are given an incentive to get the screening completed.
- ICD-9 and other codes don't work for the system, so some states have developed new diagnosis codes. This has been done to help eliminate inappropriate labeling of children - an “early intervention” code.
- One of the recommendations of this project has been to develop specific diagnosis codes to avoid labeling.
- Iowa – helps get parents focused on the issues.
- Maternal depression is another issue that needs to be addressed.
- Coverage of parent/child therapy also needs to be looked at.
- DESE is looking to adopt a new evaluation tool; also looking at a screening methodology that could be used consistently.
- DESE will begin using the Developmental Assessment of Young Children very soon
- Seriously considering Ages and Stages. Every SPOE has a screening system in place, but they are not consistent. Ages and Stages is likely the most common. It is not a diagnostic tool. PAT can do this screening.

#### Medicaid & EPSDT – Joel Ferber

- MO HealthNet uses HCY and EPSDT interchangeably
- Mandatory service
- Under definition of treatment, children have to receive optional services that have been eliminated for adults.
- Reference slides for detail
- Judy Muck indicated that rate adjustments are done semi-annually related to managed care companies for Healthy Children and Youth program (EPSDT) screenings, rather than annually.
- There are increases as well as financial penalties.
- HEDIS established by NCQA.

- Immunization study (external quality reviews) done a few years ago for Mo HealthNet. The study is on their website.

Jane Kruse stated that it is important for SB 40 boards and providers to fully understand what is covered under EPSDT to maximize the services available.

Cyber Access – provider can access 2 years of claims history.

CCIP – Chronic Care Improvement Program for the elderly. Care is more coordinated, contact with nurses, regular contact, 24/7, if needed. Rolling model out to all enrolled in FFS program. Helping recipient to identify their primary physician. This is an optional program – won't be doing mandatory enrollment. Outreach is being done, both written and phone.

ASO (Administrative Services Organization) model – assessing, preparing a plan of care to share with provider. Provider will sign off. The ASO will provide the support services to help the physician meet the needs of the individual served - to ensure the individual is getting optimal services from Medicaid. Developing RFP now.

Federal law is changing next year to allow only one case manager per person.

Judy recommended that someone for the CCIP program come to talk to the Medicaid Waiver Work Group. Jayne Zemmer was recommended.

### QMRP

- Jane referenced the handout.
- No provision to allow to substitute experience for a degree or to expand the list of qualifying degrees.
- One suggestion made was to substitute experience for a degree; but also to waive the requirement for one-year of experience. It is difficult to find a person with a degree **and** experience. Would it be possible to hire the individual and have them work under another experienced Case Manager to get the experience? There are also a lot of very experienced individuals with many years of experience who don't qualify because they do not have a degree.
- Another suggestion was to have a representative from the community participate in the discussions/development of things like QMRP. Kay said the new draft would be put it out on the website for comment.
- Kay Green suggested that MACDDDS put specific suggestions for modification of QMRP requirements in writing.

The current version of the waiver is the draft that MRDD has posted (8/07) on their website. It will be posted on the Mo HealthNet website soon – their website is undergoing revisions.

Kay suggested some very specific recommendations in writing so they could review and make determinations.

Wendy Sullivan suggested that the term “QMRP” should be renamed. QDDP?

Jane Kruse referenced dates of interest.

June 9, from 8-10 a.m. – Nancy Thaler. She will speak at MOANCOR conference, but will meet with Medicaid Waiver Work Group first, talking about CMS policy, rate methodologies, the role of providers in the state waiver process, managed care carve outs, etc. Topics are not the same as what will be presented at the MOANCOR conference. The meeting will be held in the Lincoln Room at the Capitol Plaza Hotel in Jefferson City.

June 26, from 9 a.m. -12 noon – Debbie Saunders, IL. She will speak during the time slot for the second day of the MACDDS meeting. The meeting will be held at the Lake Ozark Resort at Port Arrowhead.

August 28, from 9 a.m. -12 noon – Jon Fortune. He is a Policy Associate with Human Services Research Institute in Portland, Oregon. The meeting will be held at Lake Ozark Resort at Port Arrowhead.

October 16, from 1:45 p.m. – 5 p.m. – Jeff Crowley. Jeff is with Georgetown University Health Policy Institute and will be talking about the Deficit Reduction Act, benchmark plans, waiver services vs. State Plan Amendments, etc. This session will be held as a track of the MACDDS conference. The conference will be held at the Lodge of Four Seasons, Lake Ozark, October 16-17, 2008.

Meeting adjourned.