

# Medicaid Services Advisory Committee

Please sign in

Guest wireless

- DHSGuest
- Pw:





# Medicaid Services Advisory Committee

Krista O'Connor | Strategic Development Director

October 10, 2019



## Health Care Administration Vision:

The Health Care Administration builds and operates affordable and efficient health care programs that improve the health of Minnesotans.

# Purpose & duties

## Purpose

- Provides guidance on key initiatives brought forward by DHS that affect Medicaid program administration, policy or Medicaid funded services
- Represent community groups and professional stakeholder organizations, Medicaid beneficiaries and caregivers, and various health care and long term services and supports professionals that influence the health and covered services of Medicaid populations
- Serves to advise DHS and is not a governing board.

## Duties

- Provide guidance on specific policies, initiatives, and proposed program changes brought forward by DHS
- Act as liaisons back to individuals, organizations, and institutions that receive, facilitate, or provide Medicaid services

- Welcome new members & introductions
- Administrative tasks
- Integrated Health Partnerships
- Case Management Redesign
- Blue Ribbon Commission on Health and Human Services
- Public comment

# Members



## **Beneficiary/Caregiver**

George Klauser

Robert Marcum

Kate Quale

Bradford Teslow



## **Physicians/Providers**

Shannon Bakshian

Dr. Jean Balestrery

Dr. Christine Foulkes

Dr. Micah Niermann

Lynette Tahtinen, Tribal  
Representative



## **Non profit/Human Service**

Kerri Gordon

Hodan Guled

Elizabeth McMullen

Dominic McQuerry



## Introductions

Medicaid Services Advisory Committee

# Administrative Tasks

- New member paperwork
- Approve 7/9/2019 meeting minutes
- 2020 meeting schedule; 12:30 – 2:30 pm
  - February 11, 2020
  - May 12, 2020
  - August 11, 2020
  - November 10, 2020
- 2020 topics of interest





## Integrated Health Partnerships

Mat Spaan, Care Delivery and Payment Reform Manager

Health Care Administration



## Integrated Health Partnerships Program Next Steps

October 8, 2019

# Continued Innovation Supporting Systematic Change

**Increased** beneficiary & provider satisfaction

**Improved** clinical quality and health care outcomes

**Improved** population health

**Increased** access to health care services

**Sustainability** of the Medicaid program



# What will change under the next iteration of the IHP model?



Next Generation IHP model will not be an option within the next managed care procurement

Instead, build on existing IHP contracts and responsibilities.

- Enhanced enrollee engagement and experience
  - Add responsibilities from other contracts into the IHP contracts
  - Potential augmentation to attribution methodology
- Enhanced performance measurement model that prioritizes patient outcomes, explores other sub-populations
- A payment model that continues to support changes to incentives and additional responsibilities

# Logistics and Timeline



- Medicaid and MinnesotaCare families and children, SNBC, MinnesotaCare contracts
- May be able to make some changes through contract amendments with existing IHPs
- Otherwise, apply to IHP RFP in 2020 for contracts beginning in 2021
- May impact other RFPs and/or contracts (e.g., MCO)
- Continued stakeholder conversations in near-term

# Thank you!



Case Management Redesign  
Medicaid Services Advisory Committee  
October 8, 2019

Lisa Cariveau, Interim Director

Community and Care Integration Reform division | Community Supports and Health Care Administrations

Overview of case management redesign

Community engagement

Discussion



# Case management service areas

Medicaid-funded case management in Minnesota includes:

- Targeted Case Management (TCM)
  - Adult mental health TCM
  - Children's mental health TCM
  - Vulnerable adult TCM
  - Developmental disability TCM
  - Child welfare TCM
  - Relocation services coordination TCM

# Case management services areas (continued)

- Waivered Case Management
  - Community Alternative Care (CAC)
  - Community Access for Disability Inclusion (CADI)
  - Developmental Disabilities Waiver (DD)
  - Elderly Waiver (EW)
  - Brain Injury (BI)
  - Alternative Care (AC)
- Non-MA funded Developmental Disabilities Case Management

## Why redesign case management services?

- Define and standardize the delivery of case management so people know **what they can expect and rely on**
- Simplify processes
- Address disparities

The Minnesota Legislature directed DHS to redesign Medicaid-funded case management to:

- Increase opportunities for consumer choice
- Specify and standardize the delivery of services
- Improve quality and accountability
- Streamline funding arrangements

# Planning framework

- Create a co-leadership structure with DHS, Tribal leaders, and county leaders
- Solidify the foundational definition of case management as a service and create clear expectations for how it is delivered
- Understand the current finances involved in delivering case management services
- Engage communities throughout the process

# Structure

- Shared leadership with DHS, Tribal leaders, and county leaders
- Close partnership with providers, managed care organizations, the people we serve and others who are impacted by or involved in case management services

# Foundational definition of case management

Draft service design focused on service design components (assess, plan, refer, monitor)

- Expected activities
- Standards for how the service should be delivered
- Policies regarding implementation of the service component
- Knowledge and training of all case managers

## Contract with Navigant Consulting

- Document current state, county, and Tribal financing and fiscal processes
- Estimate the cost of the foundational service design
- Develop and recommend models for payment
- Analyze potential financial impact



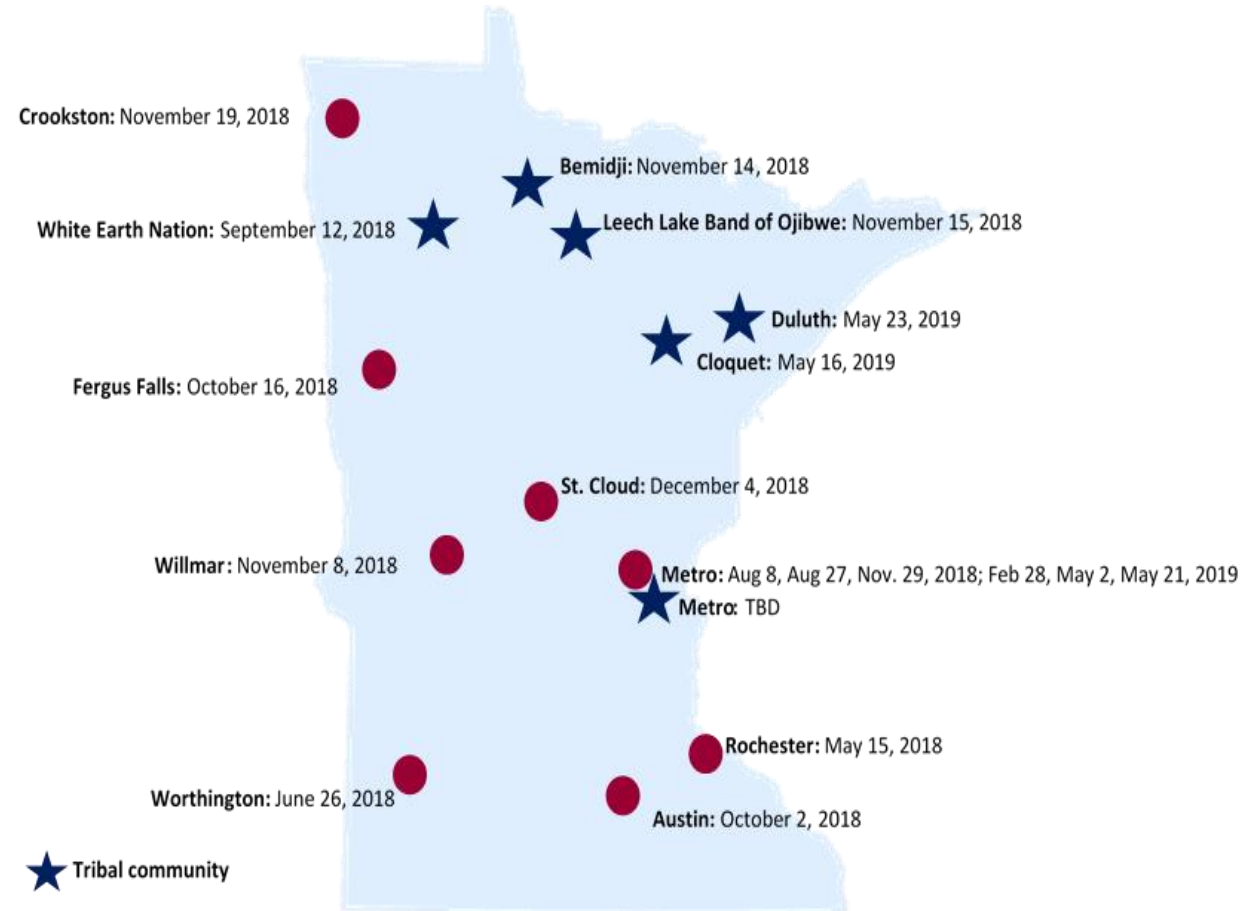
# Community engagement

- Partnerships with community organizations to
  - Coordinate community events
  - Hear directly from the people they serve

# Community engagement continued

- Community engagement with Tribal nations and organizations that support American Indians in metro and rural areas
- One on one conversations with community members
- Surveys

# Where we have been



## Themes

- Value of case management
- Definition of case management and the role of the case manager
- Access to resources to meet basic needs

## Next steps

- Additional events and conversations with people, families, and communities
- Ensure that the experiences and perspectives of people, families and communities inform decision-making, program and policy development, implementation and evaluation
- Circle back with communities

Case management redesign will require a series of legislative changes in order to implement.

- 2021 legislative session
- 2023 legislative session

Questions for us?

How do you want to stay connected to this work?

# Thank you!

Lisa Cariveau

[Lisa.Cariveau@state.mn.us](mailto:Lisa.Cariveau@state.mn.us)

651-431-5827





# Blue Ribbon Commission on Health and Human Services

Krista O'Connor, Strategic Development Director

# Enacting Language

- **Enacting legislation: MN Session Laws – 2019, 1<sup>st</sup> Special Session**
- **Chapter 9** – Special Session Health and Human Services bill
- Article 7 (Health Care), Section 46. BLUE RIBBON COMMISSION ON HEALTH AND HUMAN SERVICES
- Article 14 (Appropriations)
- **Chapter 12** – Special Session Revisor’s Bill
- Section 11. COMMISSIONER OF MANAGEMENT AND BUDGET

**To create an action plan to improve program efficiencies, produce savings, and promote better outcomes in health and human services.**

**Utilizing a broad, forward thinking context, the action plan shall include both near and long term strategies for:**

- Increasing administrative efficiencies and program simplification
- Reducing health and human services expenditures by addressing cost drivers
- Reducing fraud and improving program integrity
- Improving access to health and human services programs to address geographic, racial, and ethnic disparities

# Limitations

1. The commission shall take into consideration the impact of its recommendations on the existing capacity of state agencies, including **staffing needs, technology resources, and existing agency responsibilities;** and the **capacity of county and tribal partners.**
2. The commission shall **not** include in the action plan recommendations that may result in **loss of benefits** for the individuals eligible for state health and human services public programs or **exacerbate health disparities and inequities in access to health care and human services.**

# Blue Ribbon Commission Co-chairs



**Jodi Harpstead**  
Commissioner  
Department of Human Services



**Jan Malcolm**  
Commissioner  
Department of Health

# Blue Ribbon Commission membership

- 4 - members appointed by legislature
- 1 - Commissioner of DHS, Blue Ribbon Commission Co-Chair
- 1 - Commissioner of MDH, Blue Ribbon Commission Co-Chair
- 4 - Experts/leaders in health care, social services, long term care, and HHS technology/systems
- 2 - Leadership in employer & group purchaser activities (not a health plan)
- 5 - Public or private leaders, cultural responsiveness experts, and/or innovators in the area of HHS

# Blue Ribbon Commission Members

## **Jennifer DeCubellis**

Director of Human Services and  
Public Health  
Hennepin County

## **Rich Draheim**

Senator (20, R)  
Senate

## **Jennifer DuPuis**

Associate Director  
Fond du Lac Nation Human Services

## **Nona Ferguson**

Vice President of Economic  
Assistance and Aging Services  
Wilder

## **Julia Freeman**

Senior Organizer  
Voices for Racial Justice

## **Jodi Harpstead**

Commissioner & BRC co-chair  
MN Department of Human Services

## **Sheila Kiscaden**

Commissioner  
Olmsted County

## **Matt Klein**

Senator (52, DFL)  
Senate

## **Debra Krause**

Vice President  
Minnesota Health Action Group

## **Gayle Kvenvold**

President and CEO  
LeadingAge Minnesota

## **Tina Liebling**

Representative (26A, DFL)  
House of Representatives

## **Sida Ly-Xiong**

National Program Manager  
Nexus Community Partners

## **Jan Malcolm**

Commissioner & BRC co-chair  
MN Department of Health

## **Shauna Reitmeier**

Chief Executive Officer  
Northwestern Mental Health Center

## **Sue Schettle**

Chief Executive Officer  
Association of Residential Resources  
in Minnesota (ARRM)

## **Joe Schomacker**

Representative (22A, R)  
House of Representatives

## **Lisa Weed**

Executive Vice President  
SEIU Healthcare Minnesota



# Timelines

- July – Aug 2019: appointments and vendors finalized
- **September 26, 2019: kick off meeting for Commission**
- Request for public comment
- Sept 2019 – June 2020: Commission meetings & stakeholder/community engagement events
- **July 2020: final draft action plan due**
- July – August 2020: Public comment & review of action plan (August 2020: consideration of public comment)

- **October 1, 2020: action plan due to legislature and Governor**
- October 2, 2020: Commission expires
- 2021 Legislative Session: placeholders for budget and policy proposals
- 7/1/2021 – 6/30/2023: implementation of any approved legislative proposals from action plan
- June 30, 2023: final evaluation & assumed \$100,000,000 reduction of health and human services spending

# Planned engagement

- Full commission meetings are open to the public
- Request(s) for Public Comment
- **Stakeholder meetings**, community events and/or focus groups
- Written comment at commission meetings and/or via public website
- Public website: <https://mn.gov/dhs/hhsbrc/>
- Blue Ribbon Commission list serve for announcements and updates

# Next meeting



Blue Ribbon Commission Meeting 2

Thursday, Oct. 10, 2019

9 a.m. – noon

EnVision Hotel, Saint Paul South

Legacy Room 1

701 Concord St S, South St Paul, MN 55075



# Minnesota Blue Ribbon Commission Thank you

- Public comment will be taken in the order listed on the sign up sheet
- Please raise your hand if you would like to provide public comment and did not have an opportunity to register
- Public comment is limited to 2 minutes
- We will take as many comments as time allows
- Written comments can be submitted to [krista.oconnor@state.mn.us](mailto:krista.oconnor@state.mn.us)

# Next meeting

February 11, 2020

12:30 – 2:30 pm

Elmer L. Andersen Human Services  
Building

Room 2360

- Questions?
- Additional Comments?

# Thank You!

**Krista O'Connor**

*krista.oconnor@state.mn.us*

651-431-7297