Medicaid Services Advisory Committee Meeting

Public Meeting

Tuesday, August 10, 2021

12:30 – 2:30 pm

- This meeting is open to the public
- Please mute your line to reduce background noise
- Public comment will be taken at the end of the meeting or can be submitted in writing to krista.oconnor@state.mn.us

Medicaid Services Advisory Committee

August 10, 2021

Krista O’Connor I Strategic Development Director

Welcome

Housekeeping items

- WebEx Meeting
- Meeting is public
- Please mute your line when not speaking
- Committee members can use the chat to provide comment or ask questions
- Public members can provide public comment today by putting “public comment: your name, and your organization” in chat
- Written public comment is also welcomed and encouraged. Please submit to krista.oconnor@state.mn.us
- Indicate conflicts of interest prior to providing comment

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

Agenda

- Updates
- Legislative Update
- Evaluation of Disparities in the HCBS Assessment Process
- Maternal Child Health
- Member Reappointment Update
- Public Comment
- Next Meeting & Adjourn

DEPARTMENT OF HUMAN SERVICES

Updates

Krista O’Connor, Strategic Development Director

Medicaid Services Advisory Committee

Medicaid COVID Waiver Update

- Minnesota's peacetime emergency expired July 1, 2021
- DHS's temporary emergency authority under EO 20-11 and 20-12 ended
- Governor signed the 2021 HHS Omnibus bill into law on June 29, 2021
- HHS Omnibus bill modified the transition timeline for some waivers and modifications and also made several pandemic changes a permanent part of state law.
- Please reference the MN DHS COVID-19 waivers and modifications public page for updates on all COVID waivers and modifications
- Waivers and modifications / Minnesota Department of Human Services (mn.gov)

Welcome Cynthia MacDonald

DEPARTMENT OF HUMAN SERVICES

2021 End of Session Legislative Update

Ann Bobst, HCA Director of Legislative and External Affairs

Some Health Care Highlights

- Elimination of the family glitch in MinnesotaCare
- MA-EPD and MinnesotaCare premium forgiveness during the pandemic
- Improving access to public transportation
- Additional investments in the Integrated Care for High-Risk Pregnant Women (ICHRP) grant program
- Continuing access to telehealth
- Extending the postpartum period for pregnant women on MA to 12 months
- Significant reforms to the dental program
- Lowering MinnesotaCare premiums through 2022

Telehealth

- Removing the three visit per week limit
- Expanding eligible provider types
- Extending the availability of audio-only telehealth in public programs through July 1, 2023 so DHS can continue to study its effectiveness
- Requires MA coverage of telemonitoring when certain conditions are met
- Allows the delivery of Medication Therapy Management (MTM) via telehealth
- Provides funding for DHS, along with MDH and Commerce, to study the impact of telehealth expansion and payment parity

Dental Reforms

- Adds nonsurgical treatment for periodontal disease and routine periodontal maintenance procedures as a covered service in MA
- Increases dental payment rates by 98% beginning January 1, 2022
- Reduces the payment add-on for critical access dental (CAD) providers to 20%
- Directs the Dental Services Advisory Committee (DSAC) to collaborate with stakeholders to design a dental home demonstration project and present recommendations to the legislature
- Establishes dental access benchmarks that MCOs must meet. If not met in coverage year 2024, triggers a dental carve out beginning January 1, 2026.

Investments in Maternal Health

- Extends the postpartum coverage period in MA from 60 days to 12 months
  - Effective July 1, 2022
  - Includes women whose coverage is funded by the Children's Health Insurance Program (CHIP), who are noncitizens and are not otherwise eligible for MA due to their immigration status
- Additional investments in the Integrated Care for High-Risk Pregnant Women (ICHRP) grant program
  - Improving overall health, social, and economic outcomes for pregnant African American and American Indian women and their babies
  - Provides culturally specific services and resources, such as housing referrals, behavioral health care, and food

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Thank You!

Ann Bobst

ann.bobst@state.mn.us

651-431-4907

Evaluating Racial/Ethnic Disparities in HCBS Assessments

Ashley Reisenauer & Blen Shoakena

Fiscal Analysis & Results Management

Project Goals

- Examine racial/ethnic disparities in HCBS programs, with a specific focus on the assessment process.
- Inform and guide qualitative and quantitative research to understand and measure racial/ethnic disparities in the assessment process for HCBS programs.
- Champion ongoing measurement to monitor disparities over time, identify positive practices, and make policy/operational recommendations.
- Inform policy and operational changes.

Project Summary

- Multi-stage project using quantitative and qualitative methods to examine the assessment process and understand disparities.
- This project examines institutional biases built into policies and practices and makes recommendations to address them.
- Continuous improvement lens: project works to identify and share practices that are successfully addressing disparities.

Project Phases

Phase 1
Set the Stage

12/2019-6/2021

- Analyze existing data.
- Review literature.
- Collect feedback from community advisory board.

Phase 2
Diving In

7/2021-12/2022

- Partner with communities and people requesting HCBS services to understand their experience of the assessment process.
- Partner with lead agencies to review assessment processes with an equity lens.

Phase 3
Integrate in our Work

2021-post project

- Develop measures to track disparities in the assessment process.
- Develop recommendations that identify methods to address disparities.
- Develop a framework for lead agencies to use to assess racial/ethnic disparities in assessment

Phase I: Setting the stage
Timeline: December 2019 - June 2021

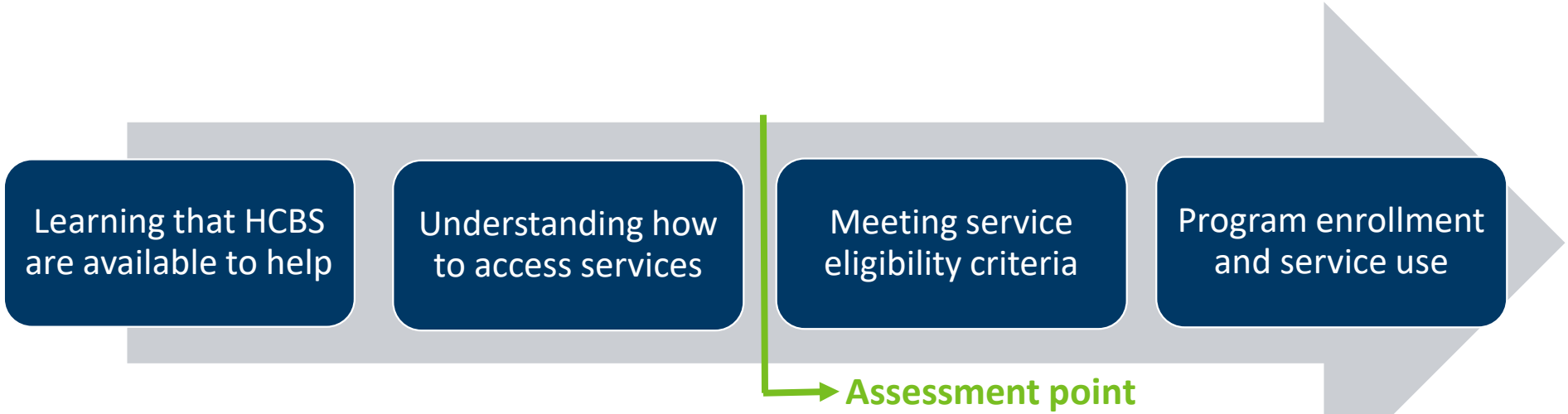
Phase 1 Elements

- Literature review/inventory of existing research
- Quantitative analysis of existing data
- Establishing and convening community advisory board (CAB)

Funding & Partners

- Funded in partnership with Moving Home Minnesota- a federal demonstration project through CMS.
- University of Minnesota and Purdue University

Breaking Down the Process

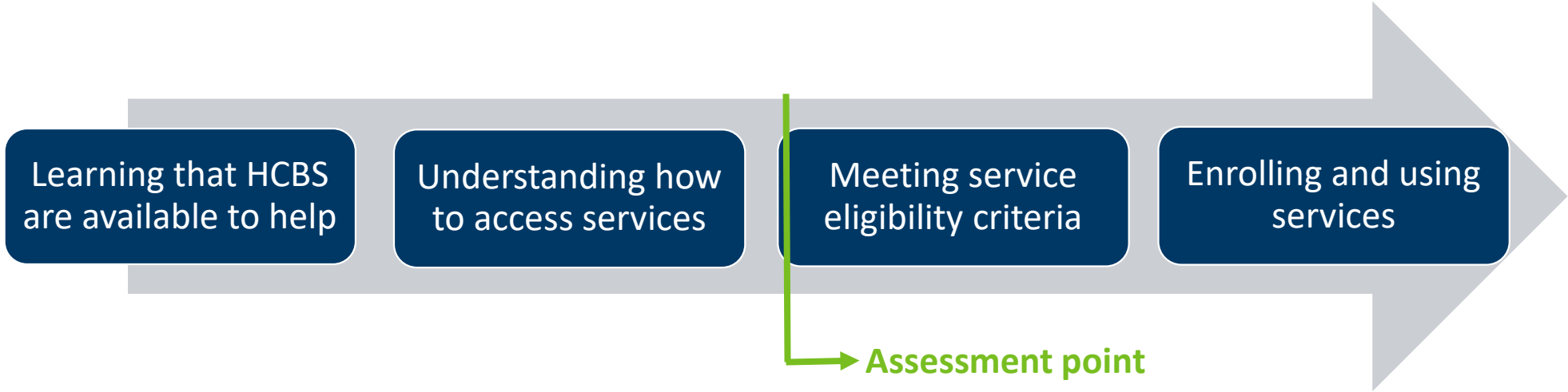


- Disparities may arise at any point in the process.
- The quantitative data can show us differences that may indicate disparities.
- Qualitative data will help us understand what is causing the differences and how to address disparities.

Existing Data

- There are differences in who receives different types of assessments.
  - In comparison to the overall MA population:
    - White people are more likely to receive an assessment for Developmental Disability (DD) related services
    - Black, indigenous, and people of color (BIPOC) are more likely to receive an assessment for other HCBS services
- The majority of people who are assessed meet the level of care criteria for waiver programs.
- Among people who meet level of care for a waiver program, enrollment trends differ by race/ethnicity.

Deeper Understanding



- There is heterogeneity among racial/ethnic groups. An equity lens in research and policy analysis must be able to understand and respond to those differences.
- Equitable access to information, culturally inclusive services and staff, stigma around services, and historical mistrust of government affect all aspects of access to services.

Literature Review Conclusions

The major conclusions from a review of literature on HCBS suggest that racial/ethnic disparities do exist in how people access HCBS

- Commonly identified barriers included:
  - Lack of knowledge about services available, eligibility, or how to receive and access them
  - Organizational barriers (e.g. waiting lists, lack of referrals, communication difficulties)
  - Geographic barriers
  - Cultural misalignment of services
- Quality of care in areas with a high proportion of BIPOC people may be lower than in primarily white areas
- Relatively small body of literature – none of it focused on access to waivers for Medicaid recipients

Community Advisory Board

Race/Ethnicity

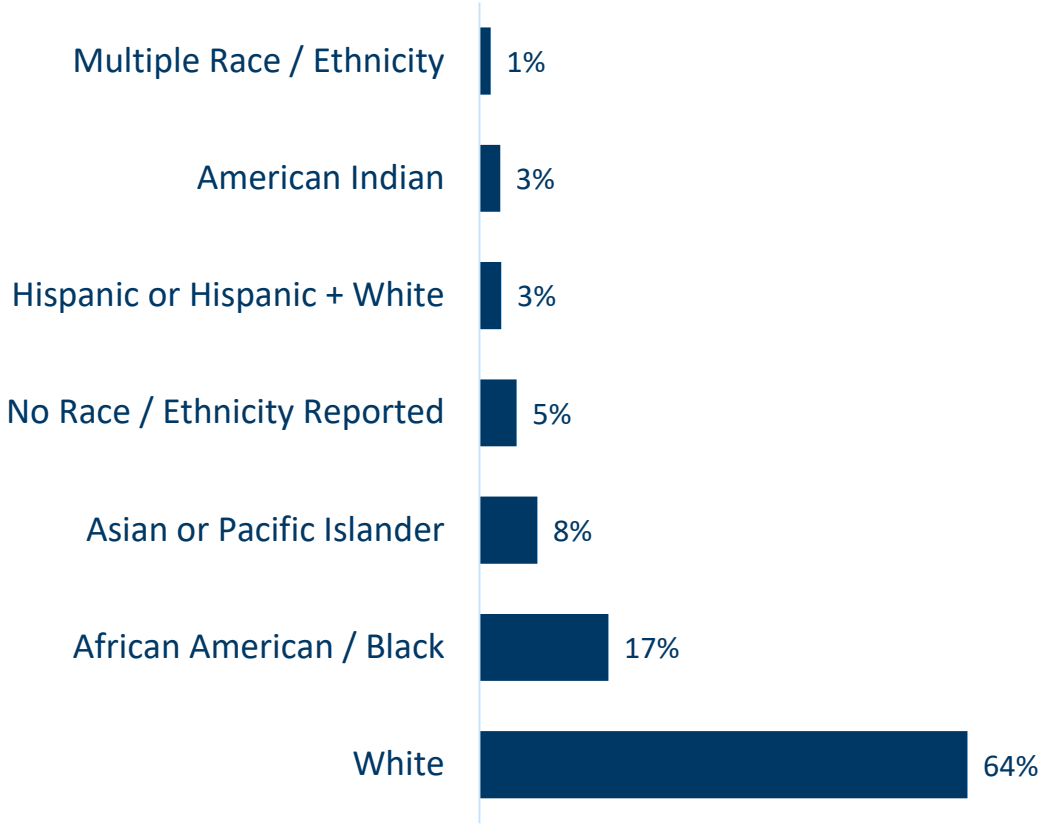
- African American/African Heritage: 9
- American Indian/Alaskan Native: 4
- Asian: 3
- Hispanic, Latino, or Spanish Origin: 2
- Middle Eastern or North African: 1
- White non-Hispanic: 6
- Self-Describe: 1
    - American Descendants of Slavery (ADOS)

Location

- Twin Cities Metro: 16
- Greater MN: 5
- Indian Country: 1

Aging and Disability Demographics

Percentage of Aging and Disability Subgroup by Race/Ethnicity



HCBS has different patterns for different people. The aging and disability subpopulation gives an idea of the diversity of people receiving services and the data trends point to a need to dig deeper into the nuances between groups.

"I would like to support members' suggestions not to lump many communities under one banner. There are very vast differences in those communities, their culture is different, their needs are different and what kind of help they need is different too."

"People of color cannot be lumped together in research. You can't understand all communities' unique qualities this way."

Population Demographics

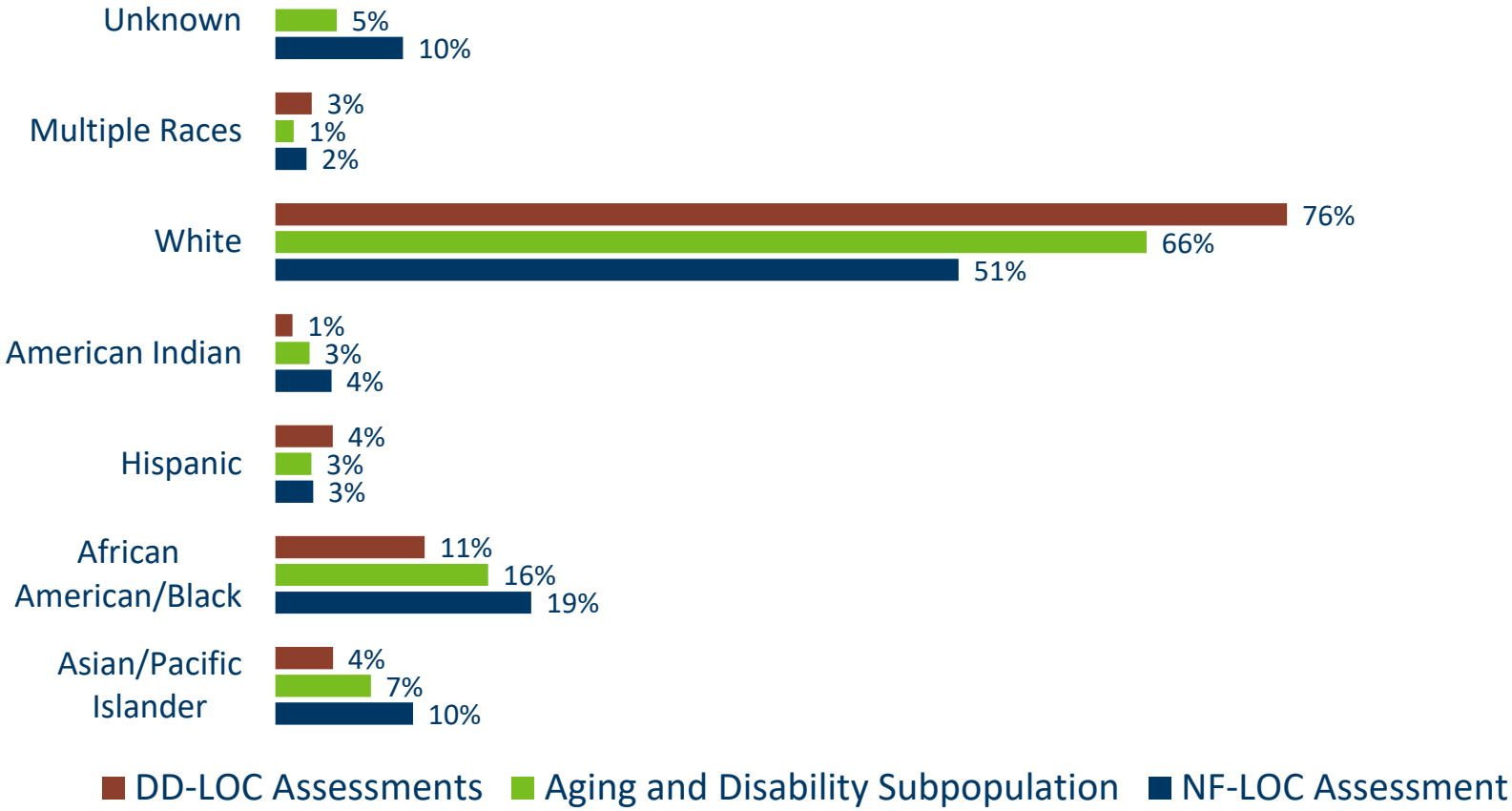
The aging and disability population is diverse by age and race.

Age	Asian or Pacific Islander	African American/ Black	Hispanic or Hispanic & White	American Indian	White	Multiple Race/ Ethnicities
0-20 years	6%	14%	23%	12%	8%	46%
21-64	37%	55%	39%	60%	51%	44%
65+	58%	31%	38%	28%	41%	10%

"In case of the data, there needs to be more information and deeper understanding can come if there is clarity about the groups, like for example, we have Punjabi Asian and Pacific Islanders. That is a very big group, maybe in the beginning it was a very small number of people, but now it's increasing and clumping them in one lump is not the right justice done to that group, because 'Asian' could be Southeast Asian, it could be Chinese, it could be anything."

Are there differences in who is assessed?

Assessments for People Not Enrolled in Waiver Programs: Demographic Comparison to Aging and Disability Sub-population



"From an ethnic/ racial disparity perspective, I posit that [treatment bias] can possibly lead into a broader psycho/socio/economic construct that breaks down 'behaviors' that are 'clinicalized' and those that are 'criminalized' according to race/ethnicity (e.g. expulsions and suspensions in school, drug abuse etc.). Waiver/Help vs. Jail Incarceration."

*Data pulled from Figures 3.2, 5.1, 5.2, 6.9 of Racial and Ethnic Comparison Report dated 3/26/2021

What may lead to these differences?

"People cannot access what they do not know about. Building [culturally sensitive relationships with multicultural communities and organizations] will help promote trust and community collaboration between DHS staff and stakeholders, mobilizers, and key actors within the community."

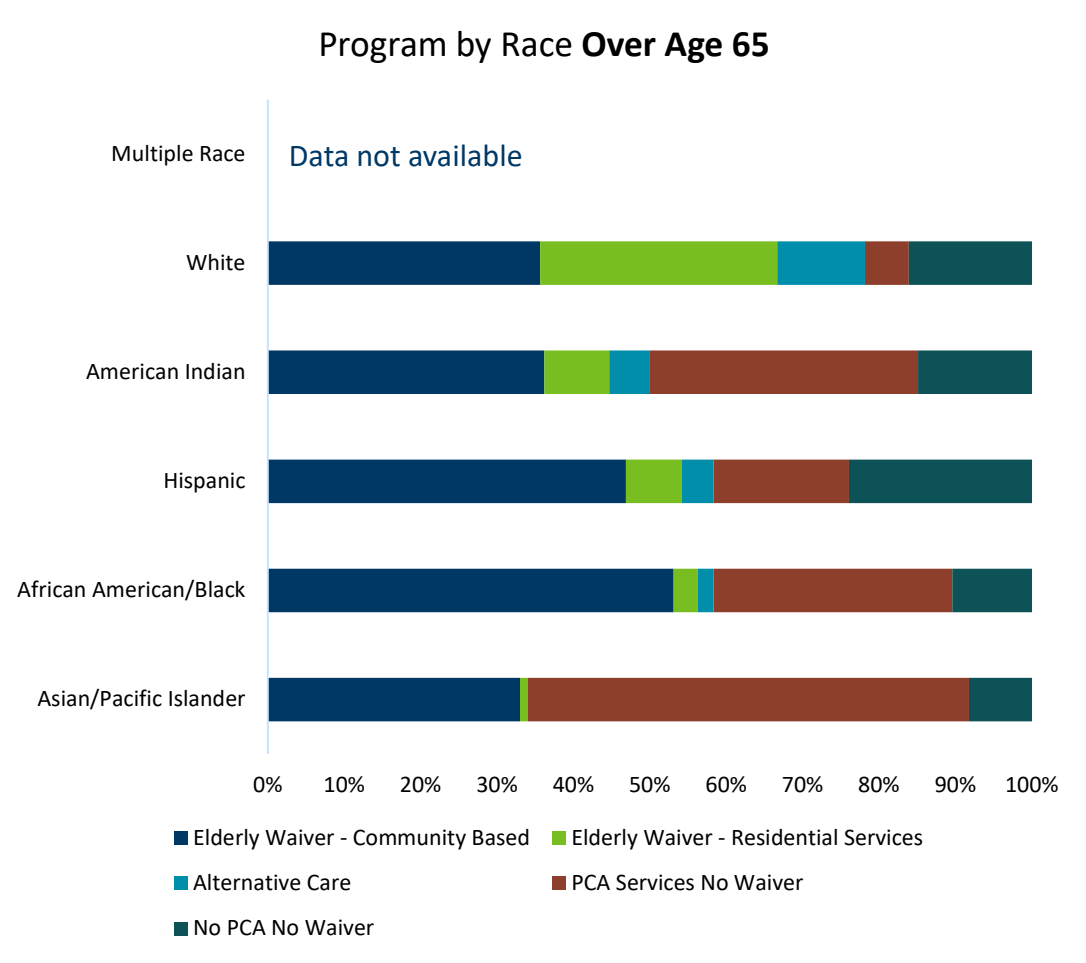
"Taboo/Stigma is so true in [East] Indian communities. Also, they do not want to be categorized as going on public support/ help outside home. Younger people think it's not good in the social setting if their parents are cared for by outsiders or if they go to assisted living or get care from outside."

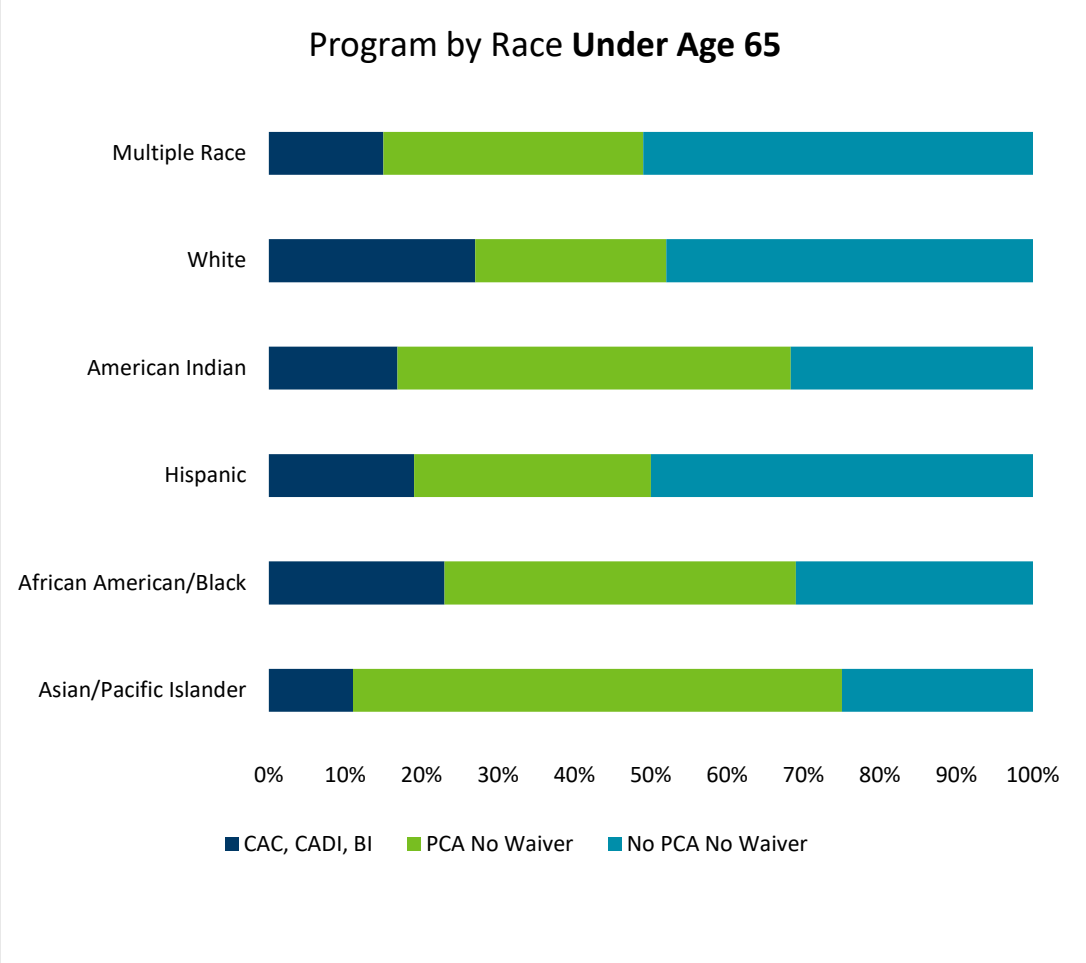
"People in many African immigrant communities do not want to openly accept or talk about disability. There is some level of stigma within many African immigrant communities. We just submitted an application to the DHS innovations grant to work with cultural brokers and actors in the Somali community in the Twin Cities to help fight some of that stigma through community education, outreach and awareness."

People meeting nursing facility level of care

- About 89% of people age 65 or older who were not on a waiver prior to screening met one or more NF-LOC criteria
- Nearly all (98%) people under age 65 who were not participating in a waiver prior to screening met one or more NF-LOC criteria.

What program do people enroll in after screening?





Why do BIPOC over 65 seek some programs over others?

"There is often shame or judgement for not being able to take care of one's self or not having children that can take care of a person."

"In the Native American Community, we have multigenerational homes, where we have each age group taking care of one another."

"So whether people know about the services or not, they're not built for them; it doesn't make any difference. There's also the lack of having things in other languages so that people can gain the knowledge that they need in other areas."

Why do BIPOC under 65 seek some programs over others?

"There is no awareness of available services. I did not know what services my daughter qualified for because we assume her dad made too much money. Until she was 11 no one told me, then I learned from another parent."

"But who will do the work for you, when you have visibility or disability issues? Because they are dealing with transportation barriers and moving and doing things on their own."

"How much research can you do when you're taking care of someone 24/7?"

"We're not getting a lot of help or explanation at the county level. A lot of Native and Indigenous people don't understand how to navigate new and changing systems. I think they've [service navigators] made things very difficult to understand, even if they were explained at the county level."

Additional Theme Across The Data

Historical Mistrust of Government and Healthcare

"There is a big mistrust due to historical mistreatment and disenfranchisement of Native American people. There are issues with IHS (Indian Health Service), they provide substandard care and there is typically discontinuity of care over the life course."

"Back in the day, people that look like me (Black Americans) didn't have access to good quality healthcare, there was mistrust too, given experiments of Black people back in the day, this could lead to unchecked/unaddressed health issues that manifest as people in these groups age."

Excerpted CAB Recommendations

Engage

- Engage communities to understand specific barriers for different cultural groups as part of making the system more person-centered and integrated
- Engage lead agencies in addressing systemic barriers for BIPOC communities

Support

- Training on cultural humility and culturally sensitive supports for providers, service navigators, and other HCBS partners
- Increase the diversity of providers, service navigators, and others at the helm of change
- Support those serving culturally and ethnically diverse communities

And more

- Future research and data collection needs to look deeper the major demographic groups
- Examine the role that rurality and geography plan in accessing and quality of HCBS

Next Steps

- Continuing to share what we have learned so far with our partners
- Launching Phase Two (June 2021 – Dec. 2022)
  - Developing a community-inclusive RFP process to recruit researchers
  - Conduct qualitative research, such as focus groups, to analyze key questions and themes from Phase One
  - Phase Two is funded in partnership with Moving Home Minnesota, a federal demonstration project with CMS

DEPARTMENT OF HUMAN SERVICES

Thank You!

Ashley Reisenauer and Blen Shoakena

Fiscal analysis & Results Management

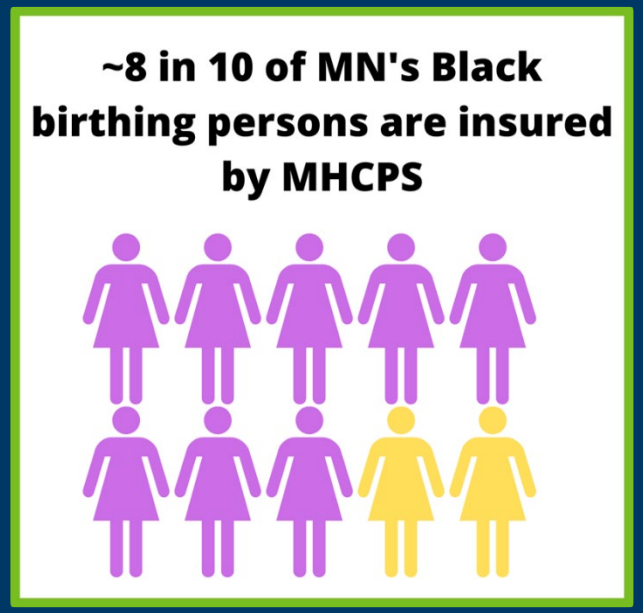
Continuing Care and Older Adults & Community Supports

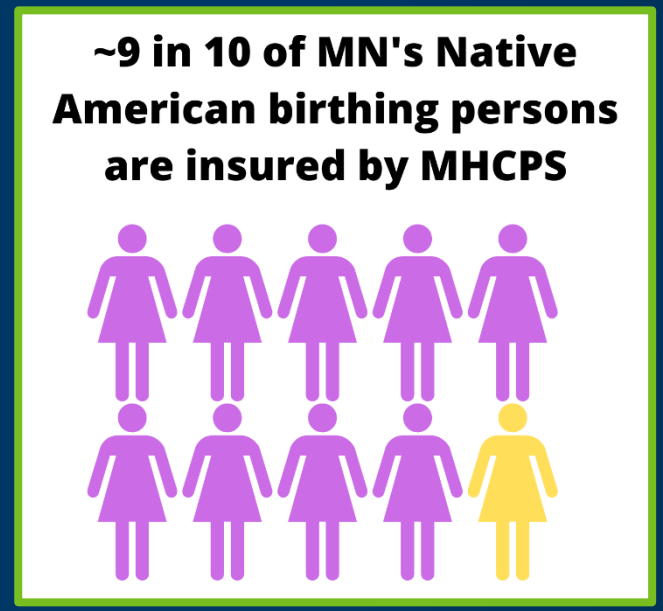
Minnesota Medicaid's Work to Reduce Maternal & Infant Health Disparities in Minnesota

Nathan Chomilo, M.D. FAAP| Medicaid Medical Director

Birth Disparities & Medicaid enrollment in Minnesota

- Preterm birth rates
  - Native American = 14.4%
  - Black = 9.3%
  - White = 8.6%
- Low birth weight rates
  - Native American = 8.8%
  - Black = 9.5%
  - White = 5.9%

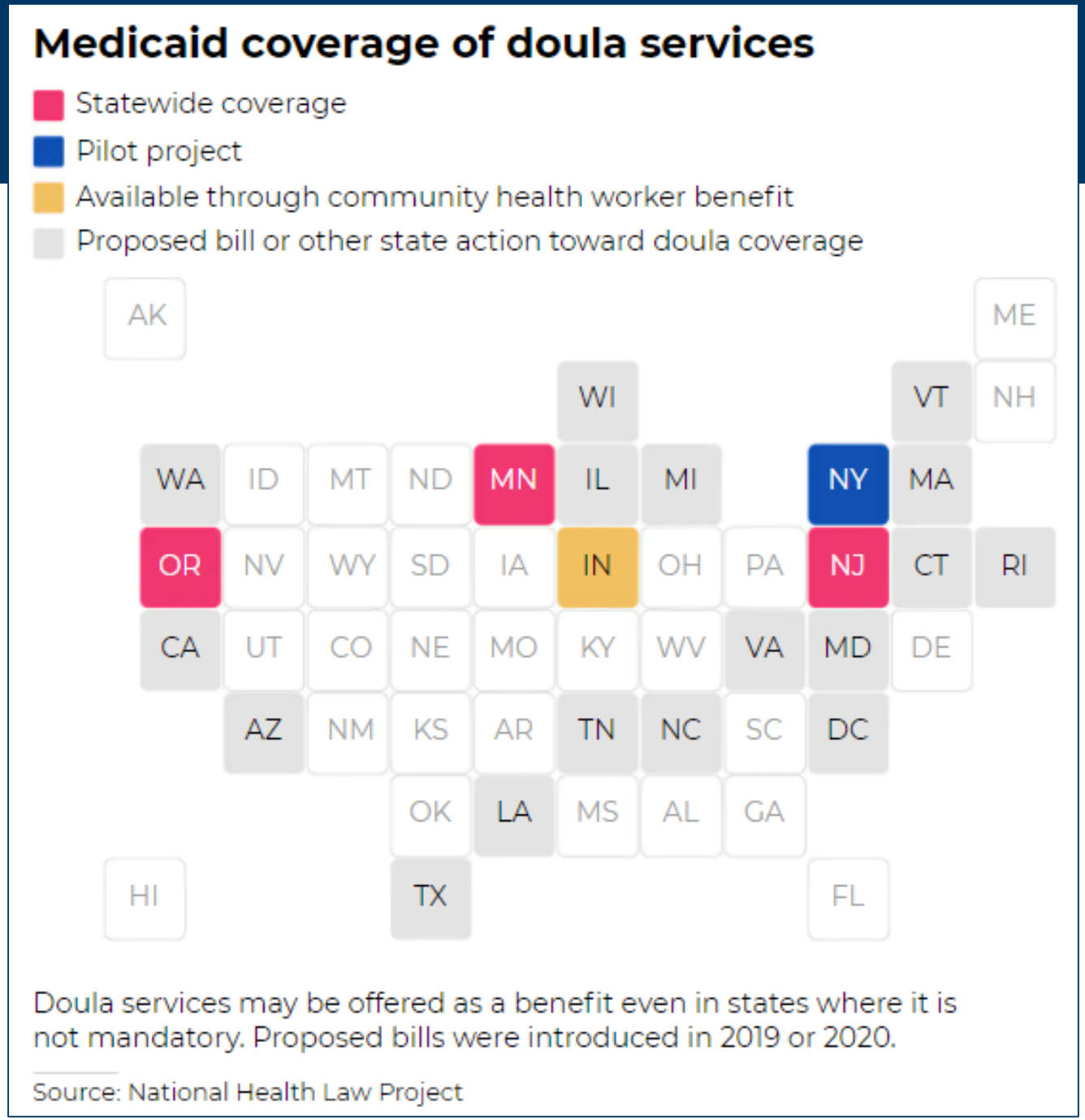




Medicaid Coverage of Doula Services

- 2014 - legislature expan
  access to doula services
- 2019 - legislature increa
  reimbursement for doul
  services
- Covered services - up to
  sessions of childbirth ed
  and support (includes
  emotional and physical
  before, during, and afte
  childbirth)

Doulas



Nguyen, A. (2021, March 01). Behind the growing movement to include Doulas under Medicaid. Retrieved March 02, 2021, from https://www.washingtonpost.com/graphics/2021/the-lily/covering-doulas-medicaid/

Integrated Care for High Risk Pregnancies (ICHRP): 1/2

- 2015 - legislature directed the Department of Human Services (DHS) to implement the Integrated Care for High Risk Pregnancies (ICHRP) Initiative pilot program

- Through perinatal care collaboratives, grant funds promote integrated care and enhanced services to women at risk for adverse outcomes of pregnancy

Integrated Care for High Risk Pregnancies (ICHRP): 2/2

- Goal - decrease birth disparities by directly supporting African American and American Indian communities through a community co-created and co-led approach to perinatal care

- Collaboratives created perinatal care models that mitigate psychosocial risk and integrate and strengthen pathways and partnerships between mothers, community organizations, clinics, community health workers, and doulas

African American ICHRP and Tribal ICHRP

Healthy Black Pregnancies

African American ICHRP - A Public-Private Partnership serving Ramsey and Hennepin Counties

ICHRP's Focus Areas

STRENGTHENING COMMUNITY

- Culturally responsive
- Community owned and driven
- Asset based approaches
- Community involvement and engagement in program planning and implementation
- Cultural networks
- Integrated care teams
- Collaborations and partnerships
- Strong access to culturally-based resources
- Community-based commissioning

ENHANCING PREGNANCY AND FAMILY SUPPORT

Cultually responsive:

- Pregnancy screening
- Prenatal support
- Peer support network
- Peer education and mentoring
- Family support resources
- Mom and family support groups
- Postpartum follow-up

INCLUDING FATHERS

Culturally responsive:

- Health screening for dads
- Father support resources
- Peer network
- Peer education and mentoring
- Father and family support groups

HEALTHY BABIES

- Full term
- Healthy weight

Hub of Wellness

AABC INTEGRATED CARE HIGH RISK AND PREGNANCY INITIATIVE (ICHRP): HUB OF WELLNESS

H.O.W.

PARTNERING: ICHRP CLINIC ACCESS AND RETENTION

Doula/Perinatal Care Givers
- Paraprofessionals
- Staff Trainings

Messaging
- PSA's, Webinars
- Newsletters
- Facebook
- Radio Messaging
- SDOH Training
- Seasonal Action Luncheons

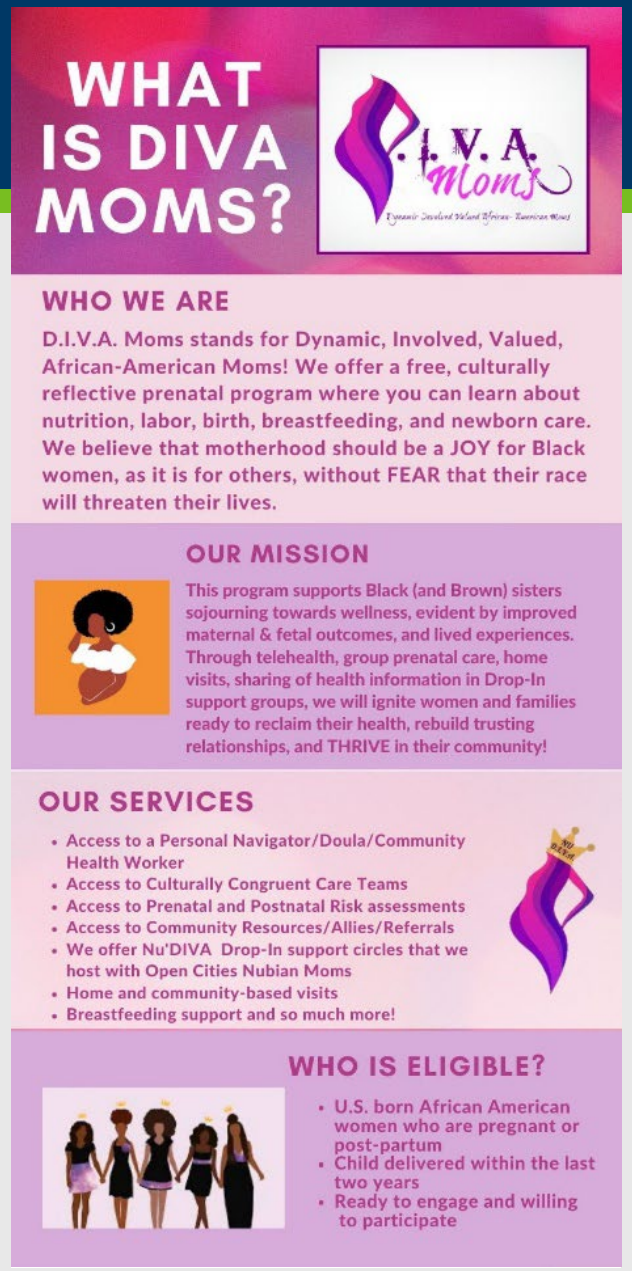
Healthy Brain Development
- Perinatal, Postpartum Care
- Early Childhood Education

Youth Engagement
- Healing Vessels Youth Interactions

Engagements
- Men Coaching Mental & Health Care

TWIN CITIES ICHRP INITIATIVES:
Northpoint Medical Center
African American Babies Coalition and Projects, Saint Paul Care Collaborative: West Side Clinic, Open Cities Health Clinic, Intergrated High Risk Advisory Committee

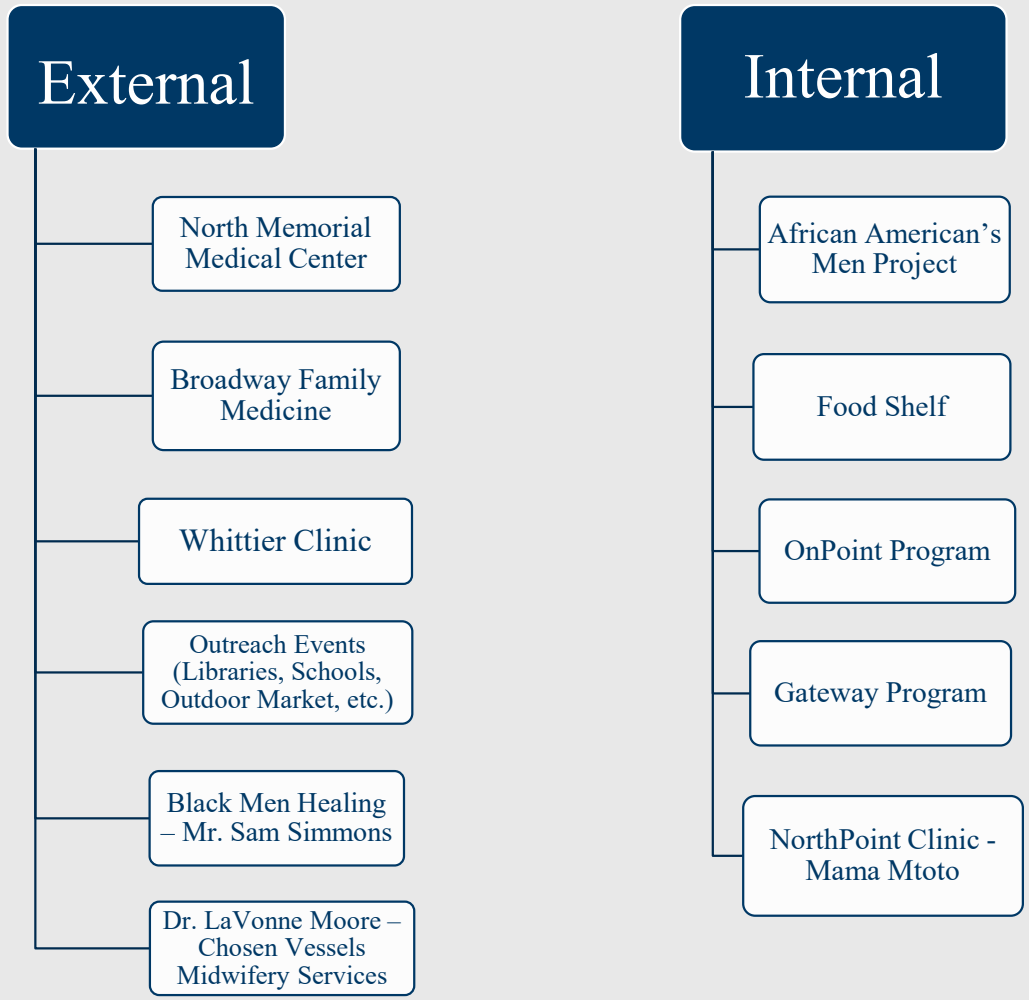
African American ICHRP: 1/2



- **Patient Care Navigator**
- **Cultural Connectors/Brokers**
- **Traditional OB visits (Internal/External) + group care**
- **Group Prenatal Care**
- **Case Management**
- **Home or Community-Based Visits**
- **Breastfeeding Support**
- **Labor Support/Doula Care**
- **DIVA Rounds at Regions**
- **Tele-Health Visits**

African American ICHRP: 2/2

NORTHPOINT Health & Wellness Center, Inc.



Tribal ICHRP: 1/2

ICHRP's tribal partners and DHS adopted three program objectives:

- Screening and assessment
- Joint accountability and shared outcomes
- Services for pregnant women, substance-exposed infants, and their families

Tribal ICHRP: 2/2

"As the Mille Lacs ICHRP program director put it, "peer recovery coaches are so community-connected that it doesn't even feel like a referral. It's more like an invitation, or it happens the other way where the person in need knows how and who to ask for help." In some of the tribal ICHRP programs, successful clients have later progressed to become peer recovery coaches and counselors."

2019 ICHRP Legislative Report

- Approaches varied by tribe to maximize resources and strengths
- Essential features are
  - Ensuring culture is at the core of policy, programming, and daily interactions
  - Utilizing peers with lived experience
  - Keeping and treating families as a unit to prevent trauma of family separation
  - Eliminating stigma associated with SUDs
  - Breaking down silos through improved coordination and collaboration
  - Engaging the support of tribal leadership from the start

The Opportunity that ICHRP Presents: 1/2

- A truly ***co-designed, community-led*** collaborative care model

- Model has demonstrated:
  - Success in mitigating psychosocial risks during pregnancy for at-risk Native American and African American women
  - Improved care models for women and spouses
  - Successful birth outcomes
  - Less family disruption
  - Authentic community engagement and awareness

The Opportunity that ICHRP Presents: 2/2

- Explore Medicaid funding for paraprofessional services via FQHC clinical encounter rates
- Have obtained increased funding to bring ICHRP to scale in other locations
- Help community advisory bodies to create the structure to become a self-sustaining private/public partnership
- Continue community relationships allowing time necessary to repair trust that has been broken due to historical trauma by the state and medical community actions
- ICHRP to become the standard of care for all African American and American Indian women in Minnesota

Thank You

Nathan T. Chomilo, MD FAAP

Nathan.Chomilo@state.mn.us

MN Medicaid Twitter:
@MDChomiloMNDHS

Member Appointments

Krista O’Connor, Strategic Development Director

Expiring Seats

Beneficiary/Caregiver	Physicians/Providers	Non profit/Human Service/Consumer
George Klauser	Abdirahman Ahmed, DDS	Megan Ellingson
Robert Marcum	**Dr. Jean Balestrery**	Hodan Guled
Kate Quale	**Dr. Micah Niermann**	**Elizabeth McMullen**
Bradford Teslow	**Lynette Tahtinen**	**Samuel Moose**
Open seat (Tribal)	Dr. John Wust	Stephanie Schwartz

Jovon Perry, Director, Economic Assistance & Employment Support Division
Children and Family Services, DHS

Members in bold have seats expiring September 30, 2021

Appointment Process

- Eight Open Seats as of September 30, 2021
- April 15: seats posted with Secretary of State
- August 13: applications due
- August 20: survey responses due
- Late August: review process & formal recommendations
- September: appointments finalized
- October 1: Terms start

Public Comment

Krista O’Connor, Strategic Development Director

Medicaid Services Advisory Committee

Public comment

- Please state your name, organization (if relevant) and any conflicts of interest
- Please limit comments to approximately 2 minutes
- Written comments can be submitted to:

  krista.oconnor@state.mn.us

Next meeting

Tuesday, November 9, 2021

12:30 – 2:30 pm

Remote and in-person

DEPARTMENT OF HUMAN SERVICES

Thank You!

Krista O’Connor

krista.oconnor@state.mn.us

651-431-7297