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## Medicaid Medical Advisory Committee Meeting Minutes (MMAC)

November 19<sup>th</sup>, 2024

Members in attendance: Matuor Alier, Melissa Bingham, Tim Blasl, Dr. Joan Connell, Donene Feist, Trina Gress, Kim Hacker, Amy Hornbacher, Courtney Koebele, Senator Judy Lee, Senator Tim Mathern, Janelle Moos, Lisa Murry, Brad Peterson, Emma Quinn, Nikki Wegner, Dr. Nizar Wehbi, Bobbie Will

### Follow-up

**MMAC Charter review and changes** – compliance with finalized federal Access Rule – Mandy Dendy, *Policy Director* – see red lined draft

- No consecutive member terms
  - State officers can still attend ex-officio after their term as a nonvoting member.
    - *Question:* If you can serve nonconsecutive terms, how much time needs to elapse between terms?
    - *Answer:* One full term must separate the two terms
- “Member” is defined as the person attending the MMAC, not the organization they represent.
- Dual serving members
  - Medicaid Member Engagement Committee (MMEC)/MMAC members who serve on both committees can rotate attendance/absences and it will not be counted as an absence
- Legislative appointees
  - Propose that legislative appointees serve two-year terms to align with the legislative schedule
- Member application
  - Added business/place of work location in addition to where they live.
- MMAC Leadership
  - The MMAC committee must have a Chair.
- Annual report
  - Drafted by the committee and submitted to Medicaid for review.
  - Medicaid must review and respond.
  - First finalized report due 7/9/2026

**Conflict of Interest** - Mandy Dendy, *Policy Director* – see slides

- MMAC Members and public attendees
  - “Potential conflict of interest for members of the public means participation in a discussion on a topic that financially impacts them, a member of their family or a business with which they are associated...” – see Charter Draft for more details.
    - Can self-disclose and recuse.
    - Can put forward the potential conflict of interest for members to decide if conflict of interest exists.
  - Conflict of Interest considerations
    - Does it financially impact those who are commenting?
- Motion made by Senator Mathern to accept changes suggested above to the charter and Conflict of Interest to be effective in 14 days.
  - Motion passed.

**CHW Task Force Update**, - Mandy Dendy, *Policy Director* – see slides

- *Question*: What is the difference between a CHW and QSP
- *Answer*: See [CHW Task Force Website](#) and [QSP portal](#) for detailed explanation of differences.
  - Times and dates of CHW Task Force meetings are also available on the [CHW website](#).

**1915(i) Program Updates and Changes** - Mandy Dendy, *Policy Director* – see slides

- 1915(i) is no longer under both Behavioral Health and Medical Services
- 1915(i) staff will be under Medical Services only while consulting Behavioral Health as needed.
- *Question*: Why is the program under Medical Services and not Behavioral Health?
- *Answer*: Behavioral Health and Medical Services saw a benefit in streamlining the administrative work to be in one division. 1915(i) is a Home and Community Based Service which has unique Medicaid requirements which is why the decision was made to place it in Medical Services vs. Behavioral Health. Behavioral Health will still work with Medical Services to assure the program is meeting the needs of our members.

**Targeted Case Management for Behavioral Health** – Krista Fremming, *Assistant Director, Medical Services* – see slides

- Name change proposed.
- Expanded to individuals with SUD-only diagnosis.
- Changed provider qualifications to allow for more providers to enroll.
- Added all levels of SW licensing.
- If a provider doesn't have experience, can be supervised by someone who has case management experience but is not enrolled.

**Targeted Case Management for Long Term Care** - Nancy Nikolas Maier, *Aging & Adult Services Director* – see Slides

- Will need a change in State Plan Amendment
- Worked with an SME from the Tribal Community

**1915(c) Developmental Disability Waiver** – Heidi Zander, *DD Waiver Administrator* – see slides

- Latest [proposed changes](#) are posted and open for public comment until 8:00 AM on December 16<sup>th</sup>
- *Question:* Are we short of respite workers in the state?
- *Answer:* Possibly. Some families are doing self-directed workers vs. using provider services.

**Coverage Policy Revisions** - Wendy Schmidt, *Policy Analyst and Rachael Buchwitz, Utilization Review Administrator* – see slides

- Discussed implementation of Provider/Public Feedback process – date of implementation TBD
- Provider survey sent to audiology and dental providers.
  - Impactful for HHS Team
  - Good provider feedback

See [Coverage Policy Website](#) for updated policies.

**Recent Federal Guidance on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit** – Jodi Hulm, *Care Management Director* – see slides

- Member materials are written at an 8<sup>th</sup> grade level or lower and member friendly.
- Contact line is monitored by Health Tracks staff.
  - 2023 – over 4,000 new member calls made
  - 2023 – almost 3,000 letters sent to new members
- Health Tracks team created [provider toolkit](#)
- Recently added an EPSDT member to the medical services leadership team.
- Birthday Cards sent at age 7 to remind parents of importance of well-child checks since there is a drop off after age 6.
  - 1,465 birthday cards sent.
  - 13% have gone in for a well-child check after receiving the card.
- Provider card created to hand out to members in the clinic.
- Reviewing tool kits to make sure they are accessible to deaf and blind members.
- Working with dental team to address lack of dental providers available to see children
- Working on text reminders

**IMD Waiver** – Moved to next meeting due to time – See slides

- *Question:* Did HHS request funding for an IMD waiver in it's budget request?
- *Answer:* No.
- Send questions related to attached slides

There was no public comment.

Next meeting date:

February 18, 3-5 pm CT, via Microsoft Teams

Date Posted:

Date Revised: