

Developmental Services Clinical Services Task Force Meeting Minutes
July 20, 2015
Department of Vermont Health Access Large Conference Room
Williston, Vermont

Members Present: Tom Simpatico, Mary Alice Favro, Amy Roth, June Bascom, Tracy Thresher, Pat Frawley, Sarah Launderville, Dave Yacovone, Susan Yuan, Camille George, Linda Berger.

Visitors: Erin Rose, Nicole LeBlanc, Marlys Waller, Nancy Breiden, Laura Ganz, Franklin Shiner, Ed Paquin.

I. Purpose of the DS Clinical Services Task Force:

Camille George and Tom Simpatico reviewed the purpose of the DS Clinical Services Task Force. This is an opportunity for the Department of Vermont Health Access (DVHA) and the Department of Disabilities, Aging and Independent Living (DAIL) to collaborate with stakeholders to examine clinical services needed by people with Developmental Disabilities that are provided through DS Home and Community-Based Services (HCBS). The role of this Task Force is to advise DAIL and DVHA on an array of topics related to DS clinical services including, but not limited to:

- The needs of people with developmental disabilities services and necessary services and supports;
- The nature of services and supports that are offered and ensuring that they are in accordance with Federal and State rules and regulations;
- Recommendations about what clinical services should be available to people with developmental disabilities;
- How to address challenges that some people face accessing necessary clinical services, including the availability of Medicaid providers, geographic access, and having access to a qualified pool of providers with specialized skill and knowledge needed in working with people with developmental disabilities;

It was also emphasized that Task Force members should serve as a conduit for communication, bringing information from the Task Force to the groups that they represent and bringing input to the Task Force from these groups.

II. Roles of DVHA and DAIL:

Tom expanded on the role of DVHA as the Managed Care Entity (MCE) for the State and its role as the Medicaid Authority. DVHA has a role to expand access to resources, but at the same time, ensuring that they are in accordance with federal and state rules so as not to risk audit issues. DAIL administers DS HCBS and establishes eligibility

requirements, services to be provided, sets policy, provides quality assurance and oversight.

III. Global Commitment to Health 1115 Medicaid Waiver

The State now operates under one 1115 Medicaid Waiver, the Global Commitment to Health Waiver (GC Waiver). Members added that it would be helpful to understand both what is mandated and prohibited at the federal level, as well as what flexibility is left to states.

The group discussed the role of DVHA in determining medical necessity. Vermont has used the McKesson system to look at medical necessity. State Plan Medicaid services are the "core" of medically necessary services that are available through the Global Commitment to Health 1115 Medicaid Waiver (GC Waiver). In addition, through the GC Waiver, Vermont has been able to expand access to services and resources that are considered an appropriate use of Medicaid funds to Specialized Programs and Services (such as DS HCBS). There are also Managed Care Organization (MCO) Investments funds that can be used for a broad array of health related services. Neither the Specialized Programs nor the MCO Investments are encumbered by the medical necessity rules. The schematic as described at today's meeting was not fully consistent with the understanding that some members have. In addition, members noted that it would be helpful to understand what is different between the HCBS services under the 1915c waiver and today's GC waiver, to better understand what is fundable under State Plan Medicaid, versus specialized services versus MCO investments and to know what latitude the state has, and specifically DAIL as the administrator of DS HCBS, in deciding about what services and supports to fund. Camille and Tom will follow up and provide needed clarification.

IV. Future Topics for the Task Force:

The Task Force identified the following possible topics to examine at future meetings (*post note: these were taken from our white board notes during the meeting*):

- Centers for Medicare and Medicaid (CMS) Home and Community Based Rules and how they relate to clinical services.
- Access to specific clinical services: individual therapy, dental, understanding the medical exceptions process.
- Facilitated Communication (Global) – technology, training, support, civil rights, impact on people receiving services.
- Cranial Sacral Therapy.
- Hippotherapy.

- Look at what other states are doing: for example, are other states funding FC, learn of other Medicaid services being covered and how the states got permission (ex: activities in nursing homes, adult day services).
- Standard for evidence-based practice: quantitative, qualitative.
- McKesson System: looks at the literature and describes the level of support for a particular modality.
- Federally prohibited services.
- Further discussion of the role of Medicaid: to provide an array of services and access to those services.
- Look at options when a service is covered by Medicaid state plan but there are no qualified providers who are willing or able to be a Medicaid provider for that service.
- Maximizing access to clinical services through other resources (Medicare, private insurance) – is there a way to free up Medicaid funds to pay for other things?
- Equity: Medicaid versus General Fund.
- Understand the schematic – the relationship between services:
 - What is fundable under State Plan Medicaid, Specialized Services and MCO Investments.
 - What latitude does Vermont have?

V. Planning for Future Meetings:

Future meeting dates and times: The Task Force agreed to meet the second Monday of every other month from 1:00 p.m. – 3:00 p.m. Future dates include: September 14, November 9, January 11, March 14, May 9 and July 11.

Preparing for Meetings: Agendas, minutes and other materials will be posted on the DAIL website. Agendas and materials will be posted in advance of each meeting.

Communication about the Task Force: Members are asked to send information about DS and other matters related to the Task Force such as table set up or other needed accommodations to Sarah Gregorek (sarah.gregorek@vermont.gov).

All are Welcome: It was noted that it felt awkward to have visitors sitting off to the side and not at the table with Task Force members. Room set up of future meetings will be adjusted accordingly.

September Meeting: The following possible topics were suggested for the September meeting:

- What is the standard for Evidence-Based Practice? (see notes above)
- Overview of the McKesson system
- Federally prohibited services
- Understand the schematic: relationship between services, what is fundable under State Plan, Specialized Services and MCO investments, what latitude do we have?

Materials to send out:

Link to CMH Home and Community-Based Rules (Camille):

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>