

Medical Care Advisory Committee Meeting Draft Minutes

Date: January 4, 2012 **Time:** 1:30 – 4:00 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Toni Lawson, Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.- Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Cathy McDougal (AARP), Deedra Hunt (Idaho Office on Aging), Johnna Pokibro (Shoshone Bannock Tribes)- by phone, Teresa Cirelli (Idaho Medical Association), Deana Gilchrist (LINC), Representative Sharon Block (Idaho House of Representatives), Representative (Dr.) John Rusche (Board Certified Physician), Kris Ellis-Proxy for Robert VandeMerwe (Idaho Health Care Assoc), Yvette Ashton (Medicaid Recipient), , Tami Chafin-proxy for Dr. Steve Bruce-resigned (Idaho Dental Association)

Committee Members Absent: James (Jim) R. Baugh (Disability Rights Idaho), Katherine Hansen (Community Partnership of Idaho), Senator Patti Anne Lodge (Idaho State Senate), Paula Marcotte (Mental Health Provider’s Association), Mary Ann Reuter (Idaho End-of-Life Coalition),

DHW Staff Present: Paul Leary (Administrator, Division of Medicaid); Cathy Libby (Project Manager, Division of Medicaid); Natalie Peterson (Bureau Chief-Long Term Care, Division of Medicaid); Rachel Strutton (Committee Secretary)

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Tyler Higgins-Nominee (Idaho State Pharmacy Association), Perry Wolfe (Consumer Direct)

Agenda Item	Outcome/Action
<p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from October 2011 meeting • Committee Vacancies/Nominations <ul style="list-style-type: none"> ○ Permanent Provider seat for the IHA (Toni Lawson 2nd term) is scheduled to expire 4/12 ○ Rotating Provider seats currently held by (Paul^a Marcotte-1st term) Mental Health Provider’s Association and (Denise Chuckovich-2nd term) IPCA are both scheduled to expire 4/12 ○ Nomination from ISPA – Tyler Higgins for vacated Rotating Provider seat • Committee Updates 	<p>Welcome, Roll Call, Housekeeping and Information Sharing</p> <p>The Committee reviewed the October 19, 2011 meeting minutes. Minutes were approved as proposed and posted to the MCAC webpage.</p> <p><u>Committee Vacancies/Nominations:</u> In an effort to increase committee participation and solicit new members, the committee discussed the possibility reviewing the by-law language related to meeting format, the possibility of changing membership requirements, meeting duration and frequency. (42 CFR Ch. IV § 431.12)</p> <p><u>Rotating Provider seats reaching term:</u> There is a couple of committee seats scheduled to reach term by the next meeting scheduled in April 2012. Ms. Lawson requested each committee member consider any new provider segments they would like to see join the committee to fill either of these two rotating provider segment seats. The committee agreed.</p> <p><u>Non-scheduled Rotating Provider seat vacancy:</u> Tami Chafin serving as a proxy for Dr. Steve Bruce (ISDA) brought forward Dr. Bruce’s resignation from the committee. Ms. Chafin will attend, as a proxy, until a new nominee from her organization can be determined. Ms. Chafin expressed an interest in the committee. Unfortunately there are scheduling conflicts, with her schedule not allowing for her to attend most meetings, making her unable to be considered as a nominee herself.</p> <p><u>Nomination for currently vacated rotating provider seat:</u> Tyler Higgins (recruited from the ISPA to fill the seat vacated by Paula Shaffer) introduced himself to the group and provided some back ground information. The committee voted and unanimously accepted his nomination.</p> <p>The committee members provided some updates from their organizations. Most organization are preparing for the 2012 Legislative Session. Some additional highlights were:</p> <ul style="list-style-type: none"> • IHA: Co-hosted, a Medicaid Managed Care Forum, with the IMA, IPCA and Department of Health and Welfare, December 2011. Ms. Lawson reminded the committee and encouraged the group to go out and take a look at the website for the information, presentations and commentary that has been posted on the Health and Welfare website under the Medicaid pages: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx.

Agenda Item**Outcome/Action**

- Other Divisional Updates
 - Managed Care Initiatives

ADRC Supplemental Grant

- Idaho submitted the application for this supplemental on January 3, 2012, for an additional \$400,000, over a three year period.
- This supplemental is to be used to strengthen existing partnerships with the Idaho Commission on Aging and the State Independent Living Counsel. As well as help building new partnerships between Medicaid and the Aging and Disability Resource Centers for the Centers of Independent living.
- See attachment ‘MFP ADRC Supplemental Funding information’ for more details.

Paul Leary introduced the Division of Medicaid Services’s new Deputy Administrator, David Simnitt. Mr. Simnitt provided updates of the following programs:

Medical Home Collaborative – Group created by Governor’s Executive Order

- Medicaid is one of the payers in this collaborative.
- Planning for a medical home pilot, in practices across the state, to work on transforming selected practices into patient centered medical homes over a two to three year period.
- Comprehensive Primary Care Initiative (CPCI) is a grant opportunity which Medicare will participate as a payer and in the medical home pilot.
- The application for this initiative is due to CMS by January 17, 2012, and all the payers on the Collaborative (including Medicaid) have committed to applying for this grant.
- Development of what this pilot project will look like is dependent on if Idaho receives approval from CMS to participate in this CPCI or not.

Health Homes

- The way that Idaho Medicaid will participate in the medical home pilot is through Medicaid health homes, a new benefit made available through the Affordable Care Act (ACA).
- The ACA provides enhanced funding for development of and payment for Health Homes for the first eight quarters. Medicaid’s Health Homes would follow the same definitions as the Governors Medical Home Collaborative, but the Health Home requires a focus on certain chronic conditions such as severe and persistent mental illness for adults and SED for children, asthma, diabetes & heart conditions. Medicaid is targeting to implement July 2012.

Children’s Health Insurance Collaborative (CHIC) –CHIPRA funded with ten awards across the country. Some of these awards were given to single states, but most were to two or three states in combination. One of these awards resulted in this collaborative between Idaho and Utah. CHIC is an infrastructure grant with part of the improvement outcome measurements being an improved infrastructure and an established pediatric partnership.

There are three areas of emphasis under this grant:

1. Information technology – University of Utah has an established pediatrics medical home portal (www.medicalhomeportal.org). A website with information specific to a variety of conditions for children. There are eight or nine states currently existing on this portal (to varying degrees). Idaho is working with the 2-1-1 Idaho Care Line program, and other provider information technology systems, to provide Idaho’s services on this portal. Another aspect to the information technology piece of the grant is connecting the Idaho Health Data Exchange (IHDE) and Utah Health Information Network, to allow for transferring of health information across state lines. Idaho is also working on connecting the IHDE to other registry systems across our own state, such as Idaho’s Immunization Registry Information System (IRIS).

Agenda Item	Outcome/Action
<ul style="list-style-type: none"> o Electronic Health Records 	<ol style="list-style-type: none"> 2. Pediatric Improvement Partnerships – Brining together providers through a learning collaborative approach to improve condition specific care for children. A nine month learning collaborative on pediatric asthma kicked off August 2011. The purpose of this collaborative is to ask providers to report on improvements in their practices, for the purpose of tracking and trending outcomes. There are 21 pediatricians across the state, within eight different providers groups, participating in this collaborative. 3. Medical Home Demonstration –this will be a selection of three to four practices, across the state, to participate in this demonstration over the course of three years. These practices will have a medical home coordinator and family partner(s) embedded in their practice. <p>Dr. Angela Beauchaine, a practicing pediatrician in Boise, is the CHIC Project Medical Director. Dental services are not specific to the grant but CHIC will be working with practices to help them identify some of their own learning objectives. There may be some opportunity to look at dental services at that time and how they can be included in patient care.</p> <p>Mr. Leary provided an update on EHR</p> <p>Electronic Health Record (EHR) – an incentive program that is part of the American Recovery and Reinvestment Act.</p> <ul style="list-style-type: none"> • To date Medicaid has submitted both the Implementation -Advanced Planning Document (I-APD) and the State Medicaid Health Information Technology (SMHIT) plan to CMS. Both are currently under review. • Medicaid and the HIT contractor (Public Knowledge) worked with CMS prior to submission to work on any unforeseen issues. Approval is anticipated sometime this month. • Medicaid will be asking this year’s Legislature for spending authority to make funding available July 1, 2012. <p>Action Item</p> <ol style="list-style-type: none"> 1. Mr. Simnitt to connect Dr. Beauchaine and Rep. Rusche for a discussion of improvement outcome measurements related to the CHIC project.
<p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> o UAI workgroup 	<p>Ms. Peterson provided an update from the December 14, 2011 PAOC meeting. A copy of draft minutes will be provided with the MCAC minutes and will be added to the PAOC webpage upon approval. The next PAOC meeting is scheduled March 14, 2012.</p> <p>Uniform Assessment Instrument (UAI) work group update:</p> <ul style="list-style-type: none"> • The work group has been formed; it is comprised of providers, participants and Medicaid staff. • The intent of this workgroup is to determine any changes to the assessment instrument that can be made at the time of the A&D waiver renewal to make it a more efficient and effective tool. • The first step, reviewing multiple states' assessment instruments, has been completed. From this review the group determined Idaho has a fairly good tool. Instead of drafting a new UAI, the work group has determined some work on streamlining definitions and making some other revisions to help define the process and bring the UAI up to date will be sufficient. • Ms. Peterson wanted to acknowledge SILC, as part of the Medicaid Infrastructure Grant partnership, for the work they have done related to the Medicaid program for workers with disabilities. They have been working on updating brochures and other informative materials available, to get information about this program circulated.
<p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update 	<p>Updates on Policy and Legislative Status Reports (on screen)</p> <ul style="list-style-type: none"> • Mr. Leary provided an update on the <i>Division of Medicaid Policy Update</i>. This document provides ongoing updates to the activity related to Administrative Rule, State Plan Amendments and Wavier activities. It is updated monthly and is available for review on the MCAC webpage:

Agenda Item	Outcome/Action
Questions and Answers	<p data-bbox="730 123 1934 180">http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx.</p> <p data-bbox="684 191 932 215"><u>Question and Answer</u></p> <p data-bbox="684 224 1230 248">Q: Will the pharmacy survey be an annual process.</p> <p data-bbox="684 256 1877 313">A: Ingredient costs will be updated annually based on survey of pharmacies. Cost of dispensing surveys will be done as needed. Prescription volume for each pharmacy will be requested and reviewed annually.</p> <p data-bbox="684 345 1892 402">Q: Looking at 2014 will there be any differences between what current and new Medicaid beneficiaries will look like?</p> <p data-bbox="684 410 1913 467">A: Yes. As the laws are written the newly eligible group of childless adults between the ages of 21 and 64 benefits will be in a benchmark plan approved by the Secretary.</p> <p data-bbox="684 475 1031 500">Q: Is the Asset test going away?</p> <p data-bbox="684 508 1913 581">A: For family Medicaid there will be a new methodology call Maximum Gross Adjustable Income the rules around this method have not yet been promulgated. There are some federal eligibility rules, but until these categories are more defined, it is really too premature to speak to them.</p> <p data-bbox="684 621 1913 678">Q: Insurance exchanges are a hot topic for this legislative session. Any understanding as to whether there will be a state option to move forward, or if there will only be a federal exchange for the State of Idaho?</p> <p data-bbox="684 686 1881 743">A: Whether it is a federal or state exchange, Medicaid will still be required to meet the requirements for the new Medicaid eligibility rules and must be able to connect to the exchange.</p> <p data-bbox="684 751 1829 808">Ms. Lawson encouraged the committee to look at the impact of a federal exchange specific to their provider organizations.</p> <p data-bbox="684 833 1892 954">Ms. Lawson asked the members to consider how to change the meeting format to enhance the value of committee membership and participation? She indicated this will be a topic of discussion for the next meeting. Suggestions regarding this topic, or any other agenda items can be sent be sent to Rachel (Committee Secretary) any time between meetings.</p>
Adjourn	

Remaining meeting dates for 2012 (all meetings are located at 3232 Elder, Boise Idaho): 4/18/12; 7/18/12 and 10/17/12



IDAHO Department of Health and Welfare

MMIS Certification Update
December 2011

Cathy Libby, Project Manager
Department of Health & Welfare
Division of Medicaid

 IDAHO DEPARTMENT OF HEALTH & WELFARE 1



IDAHO Department of Health and Welfare

MMIS Certification Process

- Certification checklists were completed by the state, as required by CMS.
- Checklists are grouped by business area, based on federal and state requirements for a fully functional MMIS.
- 16 Checklists were completed for Idaho's MMIS certification.
- Data was collected to verify all MMIS functionality.

 IDAHO DEPARTMENT OF HEALTH & WELFARE 2



IDAHO Department of Health and Welfare

Preparing for the Certification Site Visit

- Certification activities were led by state staff, and supported by MMIS contractors.
- 18 presentations were prepared for the CMS site visit.
- Site visit roles and responsibilities were defined.
- The Schedule of site visit activities was finalized.

 IDAHO DEPARTMENT OF HEALTH & WELFARE 3



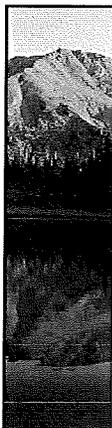
IDAHO Department of Health and Welfare

CMS Certification Site Visit Activities

- CMS site visit occurred December 5-9.
- CMS team included 9 reviewers.
- State staff delivered presentations to demonstrate MMIS functionality.
- CMS staff reviewed data to verify system functionality.
- 8 additional ad hoc meetings were conducted.
- Over 100 action items were completed.



4



IDAHO Department of Health and Welfare

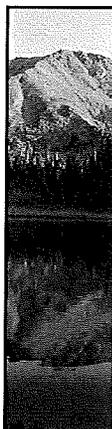
Site Visit Exit Conference Highlights

"Best Practices" Noted by CMS:

- Methods used to measure Molina contract compliance.
- Modular "Best of Breed" multi-component contract structure.
- Providers' ability to access information via Molina provider web portal.



5



IDAHO Department of Health and Welfare

Positive Observations

The CMS team was impressed by:

- Idaho Medicaid's compliance with new federal requirements for provider enrollment.
- Increased efficiency and functionality of the financial processing component of the MMIS.
- Stringent tracking, testing, QA and release management used to address system defects.



6

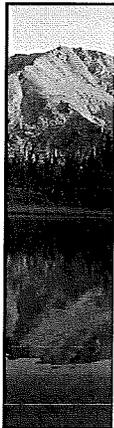


IDAHO Department of Health and Welfare

Positive Observations

- Average time to enroll a participant with a primary care provider (3.5 days) was highlighted as very efficient.
- Processes in place to ensure separation of duties for security and privacy.
- High level of collaboration between state and contractor staff.

 IDAHO DEPARTMENT OF HEALTH & WELFARE 7



IDAHO Department of Health and Welfare

Concerns Noted

- Early provider enrollment issues. CMS acknowledged provider enrollment issues were identified, contained, and managed effectively by the state.
- Financial Category of Service reporting issues. CMS encouraged the state to continue to make corrections in this area.

 IDAHO DEPARTMENT OF HEALTH & WELFARE 8



IDAHO Department of Health and Welfare

Concerns Noted

- Delay in availability of reports.
- Length of time needed to run Data Warehouse reports.
- Length of time needed to rebuild data models for Decision Support system to incorporate data fixes (approximately six weeks).

 IDAHO DEPARTMENT OF HEALTH & WELFARE 9



IDAHO Department of Health and Welfare

Additional Observations

- No concerns were noted with the Pharmacy system.
- Metrics for paid, denied and pended claims were within expected ranges.
- No concerns were noted for multiple business areas.
- All action items were completed before the end of the site visit.



10



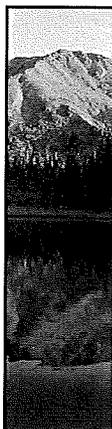
IDAHO Department of Health and Welfare

MMIS Certification Decision Process

- CMS will continue analysis after the site visit.
- Certification decision could take up to 60 days.
- Results will be received in a report.
- The certification report will indicate whether certification is approved, and if approval is retroactive to the go-live date for each MMIS contractor.



11



IDAHO Department of Health and Welfare

QUESTIONS?



12

Idaho Demonstration Proposal

Initiative to Integrate Care for Dual Eligibles

Medicare Medicaid Coordinated Plan

Background

Adults who are dually eligible for Medicare and Medicaid are among the nation's most chronically ill and costly patients. They account for close to 50 percent of all Medicaid spending and 25 percent of all Medicare spending. Idaho Medicaid currently has a Medicare-Medicaid Coordinated Plan (MMCP) for dual-eligible individuals enrolled in a Medicare Advantage plan offered by Blue Cross of Idaho. This model is a voluntary Medicaid program that permits a dual-eligible beneficiary to enroll in a single managed care organization (MCO) that receives capitation payments to deliver both Medicaid and Medicare services to the individual. This Coordinated Special Needs Plan (SNP) is designed to improve coordination between Medicaid and Medicare service provision.

Idaho Medicaid realized some success with enrollment in 2007 when the MMCP was implemented. However, enrollment stands at approximately seven percent of the dual eligible population and has remained flat since December of 2007. There are currently 17,172 dual-eligible individuals, with 1,031 enrolled in the MMCP in the 30 participating counties. The expenditures for the dual eligible participants who qualify for Coordinated Plan benefits totaled \$277 million with an average monthly expenditure of \$1,800 for those not enrolled in the plan and \$1,500 for those who are enrolled in the plan.

The Centers for Medicare and Medicaid services (CMS) is combining Medicare and Medicaid authorities to test two new payment and service delivery models to reduce program expenditures under Medicare and Medicaid and to better align the financing of these two programs and integrate primary, acute, behavioral health and long term services and supports for their Medicare-Medicaid enrollees. The two models are a Capitated model and a Managed Fee-for-Service model. In the Capitated model the State, CMS, and health plans enter into a three-way contract, and the plans receive a prospective blended payment to provide comprehensive, coordinated care. In the Managed Fee-for-Service the State and CMS enter into an agreement by which the State would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs for both Medicare and Medicaid. The Department has decided to pursue the capitated approach for this project.

Purpose of the Work

The overall goal of this work is to develop, test and validate a fully integrated delivery system and care coordination model for dual eligible Medicaid-Medicare enrollees. A fully integrated program refers to one that encompasses all the medical, behavioral health, and long-term services and supports needed

by an individual eligible for both Medicare and Medicaid. Such a comprehensive approach will ensure that the individual will have a seamless care experience and that one entity is accountable for the full continuum of care for the Medicare-Medicaid enrollee. This initiative is intended to alleviate the fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhance quality of care and reduce costs for both the State and the Federal government. To achieve this Medicaid is partnering with CMS, health care providers, health plans, caregivers and beneficiaries to design and implement a program that will improve quality, reduce costs and improve the dual eligible beneficiary experience utilizing a capitated payment approach.

Desired Outcomes

- Provide dual eligible individuals full access to the benefits to which such individuals are entitled under the Medicare and Medicaid programs
- Improve beneficiary experience in accessing care
- Improve the quality of health care and long-term services for dual eligible individuals
- Increase dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs.
- Eliminate regulatory conflicts between rules under the Medicare and Medicaid programs.
- Improve care continuity and ensure safe and effective care transitions for dual eligible individuals.
- Eliminate cost-shifting between the Medicare and Medicaid program and among related health care providers
- Collect and provide to CMS individual-level quality, cost, enrollment and utilization data for the purposes of comparing the effects of these models across sub-groups of Medicare-Medicaid enrollees, including those that participate in the integrated model being tested and those that do not.
- Achieve shared cost savings for the State and CMS

Project Objectives

Objective 1

Design and implement a fully integrated system of services and supports for individuals eligible for both Medicare and Medicaid, including primary, acute, prescription drug, behavioral health and long term supports and services. All individuals with full dual eligibility for Medicaid and Medicare living in the state of Idaho would be eligible to participate in the proposed demonstration. This includes individuals receiving Home and Community-Based Services through a waiver. The proposed model would not take away any current State plan services for eligible individuals. It would add Medicaid waiver services covered by the Aged and Disabled Waiver, as well as the Developmental Disabilities Waiver.

Exit Criteria:

- Three way contracts have been signed between the State, CMS and selected health care plans to provide a fully integrated system of services and support that meets the requirements described in SMDL 11-008
- Authority for implementation has been secured and approved by CMS (either through a 1932(a) State Plan Amendment, 1915(a) contracting authority, or through a 1915(b) waiver)
- Appropriate statutes and IDAPA rules are in place

- System modifications have been completed
- MMIS processes claims accurately and timely
- Infrastructure is created and operational (Division of Medicaid staffing support MCO administration of program)

Objective 2

Assure effective partnership with and meaningful engagement with health care and service providers that support and care for Medicare-Medicaid enrollees, health plans, Medicare-Medicaid enrollees, their families and consumer organizations working with them.

Exit Criteria:

- Website developed and maintained for use as vehicle to share information and solicit input
- Participating plans are required by contract to establish meaningful beneficiary input processes that may include beneficiary participation on participating plans governing boards and/or establishment of participating plan beneficiary advisory boards.
- Input has been solicited, considered for design and incorporated
- Key stakeholders have been involved early in the process and kept informed of all opportunities for input.
- The health care plans under contract offer a sufficient provider network as to ensure access to services in all regions of the state

Objective 3

Implementation of this program begins by the end of 12/31/2013.

Exit Criteria:

- Participant materials have been developed that are accessible and understandable to the beneficiaries who will be enrolled in the plans
- Beneficiary outreach/notification of enrollment processes etc is complete
- Enrollment allows for a single, seamless, passive enrollment process that provides the opportunity for beneficiaries to make a voluntary choice to enroll or disembroil from the Participating Plan at any time



**MFP Grant Number 93.791 - ADRC Supplemental Grant Funding
April 1, 2012 to March 31, 2014**



Purpose

Idaho was awarded *Money Follows the Person Rebalancing Demonstration Program Aging and Disability Resource Center (ADRC) Supplemental Funding* in the amount of \$400,000. This funding will be used to strengthen existing Medicaid partnerships with the Idaho Commission on Aging and the State Independent Living Council as well as build new partnerships between Medicaid and the Aging and Disability Resource Centers and the Centers for Independent Living. This funding will allow Idaho Medicaid to develop:

- Screening and assessment tools for potential *Money Follows the Person* candidates
- Options counseling for those transitioning out of institutions as well as for those who may be considering institutional placement
- Additional infrastructures to facilitate transitions, and
- Education, outreach, and marketing activities and materials for state agency staff and nursing home staff.

Goals and Objectives

Goal #1: Screening, Identifying, and Assessing – Lead Agency: ICOA

1. ICOA will coordinate with partners to develop an MFP/ADRC web based self-assessment and employment tool.

Goal #2: Provide Options Counseling – Lead Agency: SILC

1. Identify core competencies for ADRC staff specifically Options Counseling and Person Centered Planning.
2. Increase AAA and CIL relationships through shared trainings on options counseling, participant-directed programs, employment for people with disabilities, and develop a referral process for Options Counseling.
3. Contract with each of the CIL's (3) to utilize a part-time advocate to report on project outcomes related to MFP/ADRC activities.

Goal #3: Strengthen infrastructures to facilitate transitions – Lead Agencies: SILC/ICOA

1. Expand and incorporate resource registry already available through the CILs site, specific to people transitioning from institutions.

Goal #4: Providing education/outreach/marketing to state agency staff and nursing home staff – Lead Agency: Medicaid

1. Idaho Division of Medicaid staff will develop a web-based training designed to provide education, outreach, and marketing to state agency staff and skilled nursing facility staff. The training for the skilled nursing facility staff will provide training around processes to effectively implement the MDS 3.0 Section Q.

Budget

Contractual Total = \$338,400

- ICOA = \$82,000
- SILC = \$256,400

Web-Based Training Developer Plus Fringe = \$28,000

Travel and Registration for two to two National Conferences = \$14,600

Supplies = \$10,000

Indirects = \$9,000

Total Approved Funding = \$400,000

Medical Care Advisory Committee Meeting Minutes (draft)

Date: April 18, 2012 **Time:** 1:30 – 4:00 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Toni Lawson, Chair

Goal: Update MCAC Members on DHW Issues

Committee Members present: Toni Lawson (Idaho Hospital Assoc.- Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Cathy McDougal (AARP), James (Jim) R. Baugh (Disability Rights Idaho), Teresa Cirelli (Idaho Medical Association), Deana Gilchrist (LINC), Representative (Dr.) John Rusche (Board Certified Physician), Paula Marcotte (Mental Health Provider’s Association), Yvette Ashton (Medicaid Recipient),

Committee Members absent: Deedra Hunt (Idaho Office on Aging), Johnna Pokibro (Shoshone Bannock Tribes), Katherine Hansen (Community Partnership of Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Mary Ann Reuter (Idaho End-of-Life Coalition), Robert VandeMerwe (Idaho Health Care Assoc), Tyler Higgins (Idaho State Pharmacy Association)

DHW Staff present: Paul Leary (Administrator, Division of Medicaid), Cathy Libby (Project Manager, Division of Medicaid), Natalie Petersen (Bureau Chief-Long Term Care, Division of Medicaid), Rachel Strutton (Committee Secretary)

DHW Staff absent: Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Leslie Clement, (Deputy Director, DHW), Perry Wolfe (Consumer Directs), Kathleen Allyn

Committee Nominees: Kris Ellis (Idaho Health Care Assoc), Dr. Jack Klum (Idaho State Dental Association)

Agenda Item

Outcome/Action

Agenda Item	Outcome/Action
<p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from 1/4/12 meeting • Committee Vacancies/Nominations <ul style="list-style-type: none"> ○ Permanent Provider seat for the IHA (Toni Lawson 2nd term) is scheduled to expire 4/12 ○ Nomination from IHCA of Kris Ellis for Required Permanent Provider Seat ○ Rotating Provider seats currently held by (Paula Marcotte-1st term) Mental Health Provider’s Association and (Denise Chuckovich-2nd term) IPCA are both scheduled to expire 4/12 ○ Nomination from ISDA for Dr. Jack Kulm for Rotating Provider seats previously held by Dr. Scott Bruce • Election of new Chair and Vice Chair for SFY 2013 • Committee Member Updates 	<p>Welcome and Roll Call-Committee Business and Housekeeping January meeting minutes approved as proposed.</p> <p>Committee Vacancies and Nominations <u>Permanent Provider Segment</u></p> <ul style="list-style-type: none"> • Toni Lawson was nominated for and accepted a 3rd term on the MCAC. • The committee accepted the nomination for Kris Ellis. Ms Ellis will replace Robert VandeMerwe as the representative for IHCA. <p><u>Rotating Provider Segment</u></p> <ul style="list-style-type: none"> • Paula Marcotte was nominated for and accepted a 2nd term on the MCAC. • Denise Chuckovich was nominated for and accepted a 3rd term on the MCAC. • The committee accepted Dr. Bruce’s nomination of Dr. Jack Kulm. Dr. Kulm will represent the ISDA on the committee. <p>Chair and Vice Chair Elections SFY 2013</p> <ul style="list-style-type: none"> • Toni Lawson was nominated and elected to serve an additional term as committee Chair. • Denise Chuckovich was nominated and elected for an additional term as committee Vice Chair. <p>Committee members shared updates.</p>

Agenda Item

Outcome/Action

<ul style="list-style-type: none"> ○ Duals ○ Behavioral Health ○ CHIC ○ North Carolina /Community Care Model 	<p><u>Medicaid Health Homes</u></p> <ul style="list-style-type: none"> • As an extension of the current Healthy Connection (HC) program: Medicaid is currently looking at HC providers already enrolled, continuing to provide a PMPM for their HC involvement, and adding an enhanced payment for those treating participants as a Health Home with a minimum of two Qualifying Chronic condition: <ul style="list-style-type: none"> ○ Mental Health as a standalone chronic conditions ○ Asthma ○ Diabetes • Start date for payments scheduled to align with the calendar quarter beginning October 2012. <p><u>Integrating Care for Dual Eligibles</u></p> <p>http://www.healthandwelfare.idaho.gov/Medical/Medicaid/LongTermCareManagedCare/tabid/1910/Default.aspx</p> <ul style="list-style-type: none"> • The draft proposal has been uploaded to the Managed Care Website. • A stakeholders meeting was held April 17, 2012, designed for Medicaid to receive feedback on the proposal. • Survey questions, an online survey response option, and LTC managed care team contact information are all available on the website. (see above) • Comments received will be uploaded to the LTC Managed Care Team webpage in May 2012. A summary of responses will follow. <p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> • A Request for Proposal (RFP) is currently being drafted. Medicaid can't share information related to this initiative with public at this time. • Office of Mental Health and Substance Abuse will use the same process as LTC used for the dual eligibles proposal. <p><u>Children's Health Insurance Collaborative (CHIC)</u></p> <ul style="list-style-type: none"> • A five year grant initiative focused on quality improvement in medical practices. • The CHIC project is starting a Medical Home demonstration with three practices across the State, engaging two pediatric and one developmental pediatric practice. • Kick off of this demonstration project is scheduled for May 11, 2012. <p><u>North Carolina / Community Care Model</u></p> <ul style="list-style-type: none"> • National Association of State Health Policy is supportive of this model. • IPCA, IMA, IHA, Idaho Academy of Family Physicians, and Medicaid will be going to North Carolina for a presentation and information gathering the week of April 23, 2012. • This is a different approach to managed care much like a provider service network with demonstrations of improved health care outcomes as incentives. <p><u>Action Item</u></p> <ol style="list-style-type: none"> 1. Rachel to add Managed Care Initiatives as a standing agenda item. 2. Natalie Peterson to provide Jim Baugh information related to states who have integrated LTC and BDDS.
<p>Questions and Answers</p>	<p>There were no further questions or topics of discussion.</p>
<p>Adjourn</p>	

Remaining meeting dates for 2012 (all meetings are located at 3232 Elder, Boise Idaho): 7/18/12; 10/17/12

Medicaid Management Information System (MMIS) Update

Medical Care Advisory Committee, April 18, 2012

Recent System Changes:

- A major system upgrade was implemented in March to support new versions of HIPAA electronic healthcare transactions (Version 5010) and to set the stage for ICD-10 readiness.
- CMS has extended the enforcement deadline for 5010 compliance through June 30, 2012. The MMIS can accept claims in both old and new formats until the deadline.
- 100% of providers who submitted electronic transactions in the past are now certified to send their transactions to the MMIS using the new 5010 standard.
- 85% of all claims received electronically are in the new 5010 standard.

Provider Services:

Call Center:

- Molina's call center receives approximately 3,000 calls per week, with an average response time of two minutes or less.
- Molina has recently implemented a proactive "call back" process for providers who abandon their calls before speaking to a Call Center Representative.
- Molina and Magellan are working together to implement a "warm" call transfer process between the Molina call center and the Pharmacy system's call center.

Provider Outreach:

- Molina Provider Relations Consultants are visiting an average of 200 providers each month.
- Work is underway to deliver training for Medicaid providers at the annual Idaho Health Care Conferences scheduled for May 8-31 at various locations around the state. Agenda and location information is published in the April and May versions of the *MedicAide* newsletter. The newsletter can be accessed online at: www.idmedicaid.com

ICD-10 Project Update:

- On April 9, 2012, CMS published a draft proposal to delay ICD-10 compliance until October 1, 2014.
- This extension provides additional time for providers and healthcare plans to prepare for this major change.
- In addition to preparing the MMIS for ICD-10, Idaho Medicaid is a member of the Idaho ICD-10 Collaborative. The collaborative is a partnership between individuals and organizations from healthcare, professional organizations, commercial payers, and state government. The group's goal is to facilitate stakeholder communication and information sharing, to provide access to resources, education and training. More information is available online at: <http://www.teamiha.org/ICD10/index.htm>

Medical Care Advisory Committee Meeting Minutes

Date: July 18, 2012 **Time:** 1:30 – 3:30 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Toni Lawson, Chair

Goal: Update MCAC Members on DHW Issues

Committee Members present: Toni Lawson (Idaho Hospital Assoc. - Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Cathy McDougal (AARP), Cathy Hart proxy for Deedra Hunt (Idaho Office on Aging), Teresa Cirelli (Idaho Medical Association), Katherine Hansen (Community Partnership of Idaho), Deana Gilchrist (LINC), Kris Ellis (Idaho Health Care Assoc.), Dr. Jeff Wright proxy for Paula Marcotte (Mental Health Provider’s Association)

Committee Members absent: Johnna Pokibro (Shoshone Bannock Tribes), James (Jim) R. Baugh (Disability Rights Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Representative (Dr.) John Rusche (Board Certified Physician), Mary Ann Reuter (Idaho End-of-Life Coalition), Yvette Ashton (Medicaid Recipient), Dr. Jack Kulm (Idaho Dental Association)

DHW Staff present: Paul Leary (Administrator, Division of Medicaid); David Simnitt (Deputy Administrator, Division of Medicaid), Cathy Libby (Project Manager, Division of Medicaid); Natalie Petersen (Bureau Chief-Long Term Care, Division of Medicaid); Rachel Strutton (Committee Secretary)

DHW Staff absent: Jane Smith (Administrator, Division of Health)

Committee Guests: Kathleen Allyn (Optum Health)

Agenda Item	Outcome/Action
<p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from 4/18/12 meeting • Committee Member Updates 	<p>Introductions and Committee Business Welcome and Roll Call/Committee Housekeeping/Information Sharing April 18, 2012 Minutes approved and presented and will be posted to the webpage.</p> <p>The Committee members provided updates for Associations activities. Some of the highlights consisted of:</p> <ul style="list-style-type: none"> • IMA: preparing for their 120th Annual Meeting being held July 27-29, 2012. • IHCA: preparing for their Annual Convention being held July 19-21, 2012. • IPCA: Denise Chuckovich has accepted the position of Deputy Director with IDHW. This change will be effective beginning September 4, 2012. • IHA: Tricare/Triwest contract terminated. United Care will be the new contractor for Access to Care patients. <p><u>Actions Items</u></p> <ol style="list-style-type: none"> 1. Ms. Chuckovich to provide Rachel Strutton with a nomination for her committee seat. Nomination to be discussed during the October meeting. 2. Any members interested in the Vice –chair position, vacated by Ms. Chuckovich, contact Rachel Strutton.
<p>Program Updates</p> <ul style="list-style-type: none"> • Molina and Systems Update (attachment) 	<p>Updates to Medicaid Projects <u>Molina and Systems Update</u></p> <ul style="list-style-type: none"> • Medicaid Management Information System (MMIS) is fully certified. Certification is effective retroactively to June 2010, for the MMIS and Document Management, and for Data Warehouse and Decision making retroactively to July 2010. • Office of Performance Evaluations (OPE) has issued their second Molina Provider Satisfaction Survey. Recently released and published in July’s Medicaide Newsletter accessible on both the public facing Health and Welfare website and Molina websites. It is unclear how long the survey will be available. • Cathy Libby provided contact information for the survey.

Agenda Item	Outcome/Action
<p>Personal Assistance Oversight Committee Update</p>	<p>Personal Assistance Oversight Committee Update</p> <ul style="list-style-type: none"> • Update and review of the June 13, 2012, PAOC meeting. • There is currently one existing vacancy on the Committee. • Updated information from the June 13, 2012, meeting minutes: there have been 24 participant transitions through the IHC to date. • UAI work group currently working on recommendations to simplify and streamline the instrument. • The A&D waiver renewal application was submitted July 2, 2012. The Department is currently working on aligning the regulations for the DD & A&D HCBS waivers in IDAPA. A Negotiated Rulemaking session was held in May 2012. This work is mainly to insure definitions align between both waivers and will not affect the workgroups efforts related to the UAI.
<p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update <ul style="list-style-type: none"> ○ Supreme Court Decision – ACA (Attachment) • Managed Care Initiative Updates 	<p>Division of Medicaid Updates</p> <p><u>Updates on Policy and Legislative Status Reports</u></p> <ul style="list-style-type: none"> • David Simnitt reviewed the Policy Product Update Sheet. This document is frequently updated and available on the MCAC webpage. • Some discussion was held related to Average Wholesale Price (AWP) settlements and receipts received from those settlements. • Electronic Health Records (EHR) went live July 1, 2012. Medicaid is on target to distribute an estimated \$15M in federal funds – the amount scheduled to be distributed this year. There are 17 hospitals and over 30 eligible providers currently enrolled in the program and in some stage of the process. • Paul Leary provided an update on the changes to statute 67-5220 related to the Negotiated Rule making process and what the Division’s efforts are to meet those new requirements. <p><u>Supreme Court Decision – ACA</u></p> <ul style="list-style-type: none"> • Paul Leary provided a Power Point Presentation titled <i>SCOTUS Decision on ACA</i>. This presentation is provided as an attachment to these minutes. • Governor C.L. “Butch” Otter’s July 10, 2012, opinion was included in the presentation. • Working groups have been created to analyze the effect on the insurance exchange and Medicaid expansion. Preliminary reports are scheduled to be provided to the Governor this fall. • DHW contractor, Leavitt Partners, analysis reports on the expansion populations are due in early September. <p>Managed Care Initiative Updates</p> <ul style="list-style-type: none"> • Medicaid is working toward managed care from two separate directives: <ol style="list-style-type: none"> 1. The direction received through the 2012 Legislature and HB260 was to move toward managed care. This is the information being shared with you here today. 2. The 2012 legislative appropriations directive is to present a plan for managed care, to LSO, by June 2013. This presentation is currently being drafted. • There is a newly created Deputy Administrator position, within the Division of Medicaid, which main focus will be managed care. This position is currently listed as an opening on the Idaho HR website. • Currently Interviews are under way for a Medicaid Program Research Analyst position, whose first

Agenda Item	Outcome/Action
<ul style="list-style-type: none"> ○ North Carolina Model – Community Care Network Learning effort (Attachment) ○ Integrating Care for Dual Eligibles ○ Health Homes ○ Behavioral Health 	<p>main focus will be coordinated care initiatives.</p> <p><u>North Carolina Model</u></p> <ul style="list-style-type: none"> • Paul Leary provided a Power Point Presentation titled <i>Community Care Network</i>. That presentation is provided as an attachment to these minutes. • The information provided in this presentation will be shared with the different provider organizations throughout the state over the next few months as well. <p><u>Integrating Care for Dual Eligibles</u></p> <ul style="list-style-type: none"> • Idaho’s proposal for Integrated Care for Dual Eligibles was submitted to CMS on May 31, 2012. CMS’ comment period ended June 30, 2012. Bureau of Long Term Care (BLTC) received their comments the week beginning July 9, 2012, (last week). BLTC staff is currently reviewing those comments. • The proposal summary is posted to the BLTC Managed Care webpage: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/LongTermCareManagedCare/tabid/1910/Default.aspx. Information will continue to be posted to this site as it becomes available. • It is the Department’s goal to publish the final proposal by late Fall 2012. <p><u>Health Homes</u></p> <ul style="list-style-type: none"> • Work on development of Health Homes has been ongoing for the last year or so. • There has been regular communication between CMS and Medicaid. Most current communications with CMS has been with technical assistance providers and SAMSA as required. • Health Home SPA (TN #12-009) has not been submitted to date, but it is close to being finalized for submission. <p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> • The Request for Proposal (RFP) work continues. RFP is currently with the Division of Purchasing and should be posted for the public sometimes within the next couple of weeks.
<p>Questions & Answers Committee Comments</p>	<p>Committee Comments Medicaid Administration expressed appreciation for the working relationship developed between the Department and the provider groups in Idaho.</p> <p>Action Item</p> <ol style="list-style-type: none"> 1. Rachel to send the OPE survey to the group. As a reminder: this survey is also published in the MedicAide Newsletter which is available both on the public facing Health and Welfare Website and the Molina Website.
<p>Adjourn</p>	<p>3:30 PM</p>

Remaining meeting dates for 2012 (all meetings are located at 3232 Elder, Boise Idaho): 10/17/12

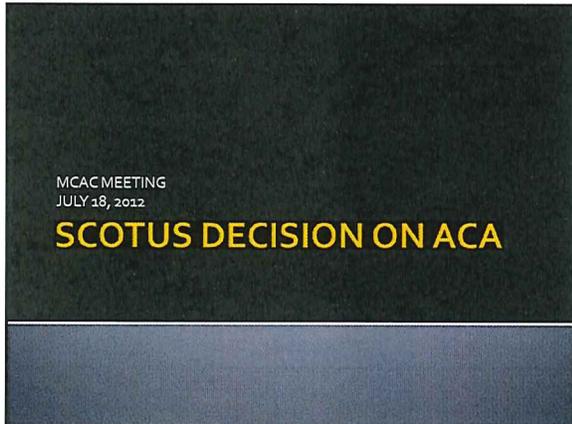
Office of Performance Evaluations Survey

The Office of Performance Evaluations (OPE), an independent office of the Legislature, is conducting a second follow-up on its report, *Delays in Medicaid Claims Processing*. As part of its follow-up work, OPE is conducting a survey of Medicaid providers to learn more about their current experiences with the system.

If you are interested in participating in the survey and haven't already done so, please click on the link below. All of your information will be kept confidential and no individual information will be shared in OPE's report.

<http://www.surveygizmo.com/s3/958724/Idaho-Medicaid-Provider-Survey>

If you have any questions or need more information, please contact Amy Lorenzo at alorenzo@ope.idaho.gov or 1 (208) 332-1473.



THE DECISION

- By a 5-4 decision, the Supreme Court **upheld the individual mandate.**
 - The individual mandate exceeds the powers delegated to Congress by the Commerce Clause and the Necessary and Proper Clause (constitutional defense by the Administration)
 - The court found that it could reasonably be characterized as a tax and within the constitutional powers of the Congress.

THE DECISION

- The Court also held that the Patient Protection and Affordable Care Act's **Medicaid expansion provisions violate the Constitution.**
 - Federal government is precluded from withdrawing existing Medicaid funds based on the state's refusal to comply with expansion
 - Medicaid expansion is at the option of the state
- **All other provisions in the law remain in place**

**GOVERNOR OTTER'S OPINION
JULY 10, 2012**

- The two biggest questions for the State of Idaho now are:
 - How to address the **federal mandate for a health insurance exchange**
 - Whether to **expand Medicaid** eligibility to cover uninsured adults with income levels up to 138 percent of poverty.

**GOVERNOR OTTER'S OPINION
JULY 10, 2012**

- "Our difficult and unavoidably controversial decisions about whether and how to implement the insurance exchange and Medicaid expansion parts of Obamacare must be based on the **best information available.**"
- Putting together working groups to research and carefully examine how best to approach these issues based on facts

**GOVERNOR OTTER'S OPINION
JULY 10, 2012**

- The data needed includes:
 - How many new Idahoans would become eligible for Medicaid under the proposed expansion
 - How many people who already are eligible for Medicaid but are not enrolled will sign up in order to meet the federal requirement to acquire health coverage
 - How much all that would cost taxpayers
 - What are the offsets to those costs

**GOVERNOR OTTER'S OPINION
JULY 10, 2012**

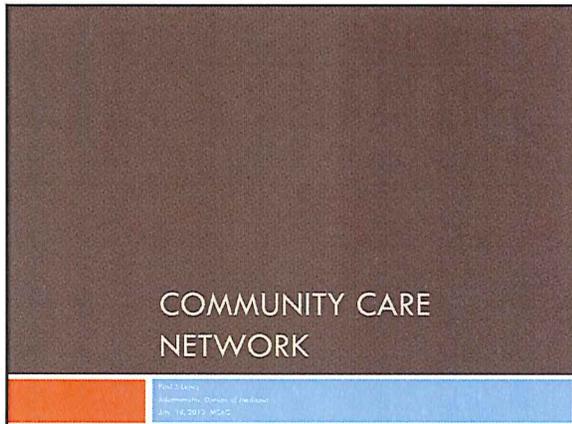
- Findings and recommendations from working groups by this fall so that we will retain the option of federal funding for developing a health insurance exchange.

**GOVERNOR OTTER'S OPINION
JULY 10, 2012**

- Continue working with Directors Armstrong and Deal and our public- and private-sector partners in pursuit of Idaho-based initiatives:
 - Medical Home multipayer collaborative
 - Electronic Health Record incentive program
 - Medicaid managed care initiative

**DEPARTMENT OF HEALTH AND
WELFARE/MEDICAID**

- Support the Governor's workgroups
- Continue analysis of the expansion population – working with a consultant
- Continue the Medicaid managed care initiative
- Keep moving Medicaid readiness forward



Why Explore Alternative Models of Care for the Medicaid Population?

- Recent Idaho Medicaid experience
 - Unsustainable growth and cost
 - Economic climate producing budget pressure
 - Potential influx of 100,000 to 160,000 new eligible's
- Idaho Legislature direction
 - HB 260 (2011)
 - Look at managed care options
 - Improve current delivery system using managed care tools
 - Move to an accountable system of care that improves outcomes

Why Explore Alternative Models of Care for the Medicaid Population?

- Idaho Legislature direction
 - HB 260 (2011)
 - Focus on high cost populations
 - Elements to be included
 - Medical Home development with focus on chronic disease
 - Improve coordination of care for high cost, high risk populations
 - improve outcomes and lower costs
 - Eliminate duplication that results in unnecessary utilization and cost

Managed Care Forum - 2011

- Jointly hosted by DHW, IPCA, IMA, and IHA
- Consistent messaging about "Managed Care"
 - Doesn't mean a Managed Care Organization (MCO)
 - Value of patient centered care
 - Integration within larger health care system
 - Support accountable health care delivery system
 - Integrated patient centered system utilizing electronic medical records (Informatics)

Successful State Medicaid Model

- North Carolina has implemented a successful model called **Community Care of North Carolina (CCNC)**
 - Mercer consulting confirmed savings for each year between FY2003-FY2006 compared to what the state would have spent in the previous PCCM program (similar to Healthy Connections)
 - Estimated savings for FY2006 was over \$150 million

The Idaho Opportunity

- National Academy for State Health Policy (NASHP) accepted Idaho application for a transformation grant to adopt or adapt the CCNC model
- 5 member team invited to North Carolina with three other states to study the CCNC model
- Members include DHW, IPCA, IAFP, IHA and IMA

Idaho Priorities

□ **The Idaho team identified four priority areas in their NASHP application to improve patient outcomes:**

- Create evidence-based standards for internal practice management to address the needs of high-risk and high-cost populations statewide, and provide resources to support transformation towards these standards in community settings.
- Establish a model to support medical home integration, with other aspects of the care system to improve health outcomes and access via care management and coordination. The system design must work well in both urban and rural settings.
- Create a strategy and model for developing an actionable informatics/data system that includes clinical and utilization data to improve health outcomes and reduce costs.
- Create a public policy framework for a community care system to guide implementation of Medicaid managed care approaches in Idaho.

What is Community Care of North Carolina?

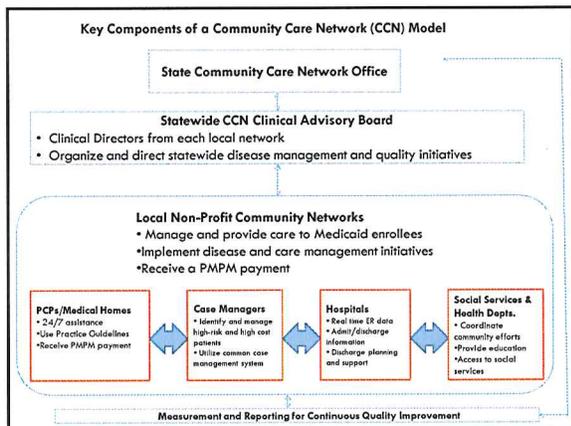
- **Local non-profit community networks** comprised of physicians, hospitals, social service agencies, and county health departments - they provide and manage care
- Within each network, each Medicaid enrollee is linked to a primary care provider (Medical Home) that provides and manages acute and chronic care – coordinates specialty care
- Case managers are part of the network and work in concert with PCP to identify and manage care for high cost, high risk patients

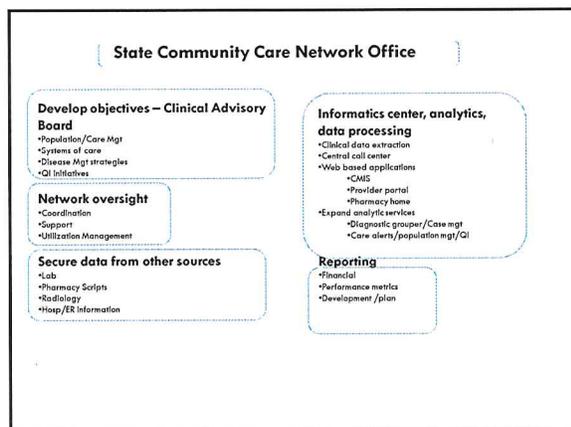
What is Community Care of North Carolina?

- Networks work with PCPs and case managers to implement disease and care management initiatives – includes targeted education and care coordination, implementing best practice guidelines, and monitoring results
- CCNC has built-in data monitoring and reporting to facilitate continuous quality improvement on a physician, network, and program-wide basis

Team Proposal - Suggestion

- What could the CCNC model look like in Idaho?
 - ▣ There are some important differences between North Carolina and Idaho – Area Health Education Center as an example
 - ▣ Team suggested a model based on North Carolina – but only as a starting point for discussion
 - ▣ Networks need to be driven by the primary care providers and fit with Idaho's unique regional requirements





Next Steps

- Share conceptual framework with key provider organizations – looking for direction, support, champions
- Conduct a comprehensive analysis of the current system – identify what is already in place and would/could support network development
- Identify and gain support of key health leaders throughout the State of Idaho - Champions

Medical Care Advisory Committee Meeting Minutes

Date: October 19, 2011 **Time:** 1:30 – 3:30 PM

Location: IDHW Medicaid Office
3232 Elder St., Boise, ID
D-East Conference Room

Moderator: Toni Lawson-Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Deedra Hunt (Idaho Office on Aging), Katherine Hansen (Community partnership of Idaho), Steven Bruce, DDS (Idaho Dental Association), Cathy McDougal (AARP), Deana Gilchrist (Living Independence Network Corporation),

DHW Staff Present: Paul Leary (Administrator, Division of Medicaid), Susie Choules proxy for Natalie Peterson (Bureau Chief Long Term Care, Division of Medicaid), Cathy Libby (Project Manager, Division of Medicaid), Rachel Strutton (Committee Secretary)

Committee Members Absent: James (Jim) R. Baugh (Disability Rights Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Mary Ann Reuter (Idaho End-of-Life Coalition), Johnna Pokibro (Shoshone Bannock Tribes), Representative (Dr.) John Rusche (Board Certified Physician), Robert VandeMerwe (Idaho Health Care Association); Paula Marcotte (Mental Health Provider's Association), Yvette Ashton (Medicaid Recipient), Teresa Cirelli (Idaho Medical Association)

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Perry Wolfe (Consumer Direct), Kris Ellis (Idaho Health Care Association)

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <p>Introductions, committee member updates and Committee Business (Attachment)</p> <ul style="list-style-type: none"> • Review minutes from the 7/20/11 meeting • Committee Vacancies/Nominations <ul style="list-style-type: none"> ○ Rotating Provider Organization seat (Paula Shaffer) resignation from the Committee ○ Rotating Consumer Advocate seat (Jim Baugh) term expiration • Proposed meeting schedule for 2012 	<p>Toni Lawson</p>	<p>Committee Business</p> <p>The Committee members introduced themselves and stated their names for the record and provided updates for their organizations. Some highlight were:</p> <ul style="list-style-type: none"> • Deedra Hunt is now serving in the adult protection office of the Idaho Office on Aging. She also provided an update on the recent changes in the organization's management team. • Dr. Steve Bruce is chairing the ISDA Legislative Committee this year. The ISDA Annual Conference just concluded. Dr. Bruce indicated the ISDA would like to see a dentist as the Idaho State Dental Director and given the Medicaid adult dental cuts the ISDA is concerned about the impact on the Medicaid adult special needs population. Paul Leary suggested Dr. Bruce contact Dr. Kido, to have these concerns brought to the existing ISDA / Medicaid quarterly meeting. Medicaid Administration will be monitoring the special needs population as well. • Community Partnership of Idaho's Annual Conference was held the week of Oct. 10, 2011, there was a good turnout for the event this year. Disability Advocacy Day is coming soon at different locations across the state. (see attached flyer) • LINC is holding a Disability Awareness Day on Friday, October 28, 2011, in honor of Disabilities History Month. <p>The Committee reviewed the July 20, 2011 meeting minutes. Minutes were approved as proposed and posted to the MCAC webpage.</p> <p>Committee Vacancies/Nominations</p> <ul style="list-style-type: none"> • Rachel Strutton attempted to contact JoAnne Condie and Pam Eaton from the Idaho State Pharmacy Association to request nominations from their organization to fill this seat, but has not received response. Ms. Lawson and Rachel will provide follow up communications. • Disability Rights Idaho- Rotating Consumer Advocate seat – Jim Baugh's 2nd term expired April 2011. Ms. Lawson contacted Mr. Baugh and he will be serving a 3rd term on the Committee. <p>The 2012 meeting schedule was accepted as proposed.</p>

Agenda Item	Presenter	Outcome/Action
<ul style="list-style-type: none"> o January 4, 2012 (1st Wed.) o April 18, 2012 o July 18, 2012 o October 17, 2012 		<p>Action Items:</p> <ul style="list-style-type: none"> • Ms. Lawson and Rachel will provide follow up communications to the ISPA regarding recruitment of Committee seat. UPDATE: Shortly after the meeting Rachel received an e-mail nomination from the ISPA. Tyler Higgins has been nominated as the MCAC representative from the ISPA. A formal nomination will be completed during the MCAC meeting scheduled for January 4, 2012.
<p>Personal Assistance Oversight Committee Update</p>	<p>Susie Choules</p>	<p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> • Ms. Choules provided an update from the September, 2011, PAOC meeting. • A copy of draft minutes were provided in the MCAC meeting packets and will be added to the PAOC website upon approval. • The next PAOC meeting is scheduled December 14, 2011. • The work group to review the Uniform Assessment Instrument (UAI) has been assembled and the initial work will begin shortly. • The MCAC would like to stay apprised of the UAI work group's progress.
<p>Program Updates</p> <ul style="list-style-type: none"> • MMIS Update (Attachments) 	<p>Cathy Libby</p>	<p>Program Updates</p> <p><u>MMIS Update</u></p> <ul style="list-style-type: none"> • Ms. Libby provided an update on Molina's continued improvements. (see attached) • More claims pend in the Molina system by design than in the previous system. These claims are pending longer intentionally for reasons such as possible requirements of a prior authorization, continued research needed prior to denial, and issues of that nature. • Molina is currently working on quality improvement efforts for more timely and accurate information provided by their call center staff. • Provider interim payments have been almost completely recouped. Medicaid Support Systems Team (MSST) is currently working with Molina to recoup from the remaining businesses. A collection agency has been engaged to collect from providers who are no longer billing and who have not responded to (or failed to comply with) established repayment plans. There is a small percentage of business that have closed. These businesses are reflected in the remaining outstanding recoupments. • Ms. Libby also provided the committee with a copy of a brochure preparing providers for the version 5010 of HIPPA electronic transactions implementing January 2012. (see attached) • MMIS certification is expected to begin December 2011 with an on-site visit from CMS.
<p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update (Attachment) 	<p>Paul Leary</p>	<p>Division of Medicaid Updates</p> <p><u>Policy/Legislative Status Update</u></p> <ul style="list-style-type: none"> • The <i>Division of Medicaid Policy Update</i> provides ongoing updates to the activity related to Administrative Rule, State Plan Amendments and Wavier activities. It is updated monthly and is available for review on the MCAC website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx. • Mr. Leary provided a Power Point Presentation titled <i>Medicaid Update to the MCAC October 2011</i>. (see attached)
<p>Question and Answer</p>	<p>All</p>	<p>Question and Answer</p> <p>No further questions and answer discussed.</p>
<p>Adjourn</p>		<p>This meeting adjourned at 3:40 PM (MST).</p>

Meeting dates for 2012 (all meetings are located at 3232 Elder, Boise Idaho): 1/4/12; 4/18/12; 7/18/12; 10/17/12



Disability Advocacy Day

Restore*Rebuild*Renew

a workshop that educates & empowers

Advocacy Workshops Offered

9:00am-3:30pm

9:00-12:00 Morning Agenda

Medicaid Matters In My Life: Self advocates, parents, providers and community leaders united last year to send a clear message to legislators that "Medicaid Matters." This session tells the story of a campaign that made a difference in protecting vital community services for Idahoans with disabilities. Local advocates, parents and providers will share their stories.

Medicaid 101: Learn how Medicaid works, who is eligible, and who gets which services. Learn about the changes to Medicaid services that occurred during the 2011 legislature.

12:00-1:00 Lunch on your own (Box lunches may be purchased when you register)

1:00-3:30 Afternoon Agenda

Legislative Process: If you would like to know how the legislative process works and how you can keep up with what is happening, this workshop is for you. Learn about how laws are made, the role of leadership and committees, the importance of rules, and how budgets are set. Do you know who represents you in the legislature? This session will show you how to find out.

Your Voice, Your Story: Talking to Your Legislator: You don't have to be a policy expert to talk effectively with your legislator. Instead there is power in telling your own story. This session will give you a basic outline for telling your story and then you will have the chance to practice with others so you can get comfortable speaking up about the things you care about.

The Movement Continues...Rebuild, Restore, Renew: Medicaid is an important part of the fabric of supports that help people with disabilities to live in the community. This session focuses on what we must do to rebuild a quality community system of support, restore vital services that have been eliminated by recent budget cuts and renew our commitment to advocating for choice and independence for all Idahoans.

Cost is **FREE!** Attend *morning, afternoon or all day.*

Sponsored by:
Consortium for Idahoans with Disabilities

&

Medicaid Matters in Idaho

For more information visit www.medicaidmattersinidaho.com

To register please contact Richelle Tierney by:

Calling 208-376-4999 or 1-800-850-7511

Emailing: richelle.tierney@mycpid.com

Online: www.medicaidmattersinidaho.com



Everyone
is
Welcome...



Self Advocates
Parents
Providers
Community
Members



Workshops
offered in
4 Idaho
Locations



Nov. 12th
Idaho Falls
Eastern Idaho Tech

Nov. 19th
Coeur d'Alene
Harding Center

Dec. 3rd
Twin Falls
T.F. Reformed Church

Dec. 10th
Boise
Boise Capitol Bldg



Where to find information

5010 resources :

www.idmedicaid.com

- FAQs
- Announcements
- Online Testing
- Certified Billing Agencies and Clearinghouses

www.cms.gov

- Overview
- Resources
- National Teleconferences

Molina Medicaid Solutions

- EDI Helpdesk:

idedisupport@molinahealthcare.com

1 (866) 686-4272



Important Reminders

Version 5010:

- Is a federally mandated upgrade
- Requires transaction testing
- Has a transition deadline of January 1, 2012



Are You Ready?

Is Your Software Ready?

Is Your Clearinghouse Ready?



Preparing for Version 5010 Standards for Electronic Healthcare Transactions

Do you submit electronic healthcare transactions to Idaho Medicaid? New Version 5010 standards for electronic transactions are required for providers, clearinghouses and billing agencies beginning January 1, 2012.

This transition impacts all providers who use software or a clearinghouse to submit or receive electronic transactions, such as claims, electronic remittance advice, eligibility verification requests and claim status inquiries.

Compliance with Version 5010 of the electronic healthcare transactions is required by the Health Insurance Portability and Accountability Act (HIPAA).

January 1, 2012

Deadline for 5010

Are You Ready?

Here are steps providers can take now to prepare for 5010 compliance:

- **Assess** the impact that version 5010 will have on your business. Resources are available at the [Centers for Medicare and Medicaid Services](#).
- **Install** necessary upgrades to your system and/or that of your billing agency. Talk to your clearinghouse, billing agency or software vendor about necessary upgrades.

Please check announcements at www.idmedicaid.com for further updates, specification transaction companion guides, and testing and training opportunities.

Anyone who submits transactions electronically needs to get ready for version 5010!

Testing Information

Certification testing for Version 5010 is now available for Idaho Medicaid Trading Partners. Version 5010 is required for all HIPAA X12 electronic healthcare transactions effective **January 1, 2012**.

Online self-service transaction testing opportunities are available through the file exchange link on your Trading Partner Account.

Find Out if Your Clearinghouse or Billing Agency is Ready:

A list of **5010-Certified clearinghouses and billing agencies** can be found by clicking on www.idmedicaid.com, under **Registered Billing Agencies and Clearinghouses**.

Looking for Pilot Participants

Once you have successfully completed online testing of your system, you will become certified for HIPAA X12 electronic healthcare transactions using version 5010.

Certified Trading Partners are eligible to participate in our pilot program. Pilot partners are important to the success of the 5010 transition. The pilot can help identify issues within your practice management software and the system in general prior to the mandatory compliance date of January 1, 2012.

Pilot testing will consist of end-to-end transaction processing, from claims submission to adjudication and reporting.

If you are interested in participating in this pilot, contact the EDI helpdesk at idedisupport@molinahealthcare.com



MMIS Status Report

October 19, 2011

Prepared for the Medicaid Advisory Committee

New-Day Claims Processing:

Action	9/18/11		9/25/11		10/2/11		10/9/11		10/16/11	
	Count	%								
Paid	93,447	79.5%	104,017	88.9%	106,284	87.9%	96,883	85.6%	92,890	84.1%
Denied	20,338	17.3%	8,763	7.5%	9,754	8.1%	9,810	8.7%	10,676	9.7%
Pended	3,752	3.2%	4,219	3.6%	4,900	4.1%	6,428	5.7%	6,920	6.3%
Total	117,537	100%	116,999	100%	120,938	100%	113,121	100%	110,486	100%

Interim Payment Collection:

Total Payouts	Total Remaining Balance (as of 10/19)
\$117,780,704	\$5,579,184

Call Center:

August Calls Taken	Calls Abandoned	Avg Queue Time	Avg Talk Time
13,404	164	0.17	5.45

September Calls Taken	Calls Abandoned	Avg Queue Time	Avg Talk Time
12,334	222	0.3	5.36

Provider Services:

- Monthly provider training sessions are held in each region.
- 201 provider visits were conducted in August 2011
- 202 provider visits were conducted in September 2011
- 105 provider visits were conducted in October as of 10/14/2011

Priority Research Team:

Weekly Status	9/18/11	9/25/11	10/2/11	10/9/11	10/16/11
Beginning issues	15	14	15	14	11
+ New Issues	6	6	4	2	1
- Closed issues	7	5	5	5	2
Ending issues	14	15	14	11	10

Aging as of October 7, 2011:

- 9 issues 0-30 days
- 1 issue 31-60 days
- 1 issue over 90 days

MMIS Status Report

October 19, 2011

Prepared for the Medicaid Advisory Committee

Recently Implemented Projects:

- Healthy Connections tiered payments- August 2011
- Idaho Home Choice –October 2011
- DD Children’s Redesign – October 2011
- Share of Cost Information on Web Portal – October 2011

Current MMIS Projects:

- Version 5010 of HIPAA electronic Transactions – January 1, 2012
- ICD-10 Diagnosis code transition – October 2013
- HB260: Co-Pay – November 2011 Phase 1 (Podiatry, Optometry, Chiropractic)
- Annual cap for Physical, Occupational, and Speech therapies – January 1, 2012 (align with Medicare)
- MMIS system certification- December 2011

Paul Leary, Medicaid Benefits Administrator
October 19, 2011

MCAC MEDICAID UPDATE

HB 260 STATUS REPORT

- Change Pharmacy Reimbursement Methodology to Average Acquisition Cost and tiered dispensing fee
 - All outpatient drugs – Estimated Acquisition Cost changed to Average Actual Acquisition Cost (AAC) 9/28/11 – coincides with date that 1st Data Bank ceased publication of Average Wholesale Price
 - Tiered dispensing fee implemented with AAC
 - Projected general fund savings \$2,000,000

HB 260 STATUS REPORT

- Reduce adult PSR to 4 hrs/week
 - Implemented 7/1/11
 - Projected general fund savings \$2,270,000
- Management tool for PSR
 - Quality assurance work performed by Mental Health Care management staff incorporated the use of the LOCUS/CALOCUS beginning 7/1/11 to further enhance the overall management of PSR service usage
 - Subsequent routine reporting will focus on appropriate and inappropriate service usage

HB 260 STATUS REPORT

- Adult DD budgets – Adjust for health and safety only
 - Implemented 4/1/11
 - Projected general fund savings \$2,000,000
- Blended Rate for adult Developmentally Disabled Group and Individual Therapy
 - Implemented 7/1/11
 - Projected general fund savings \$1,100,000

HB 260 STATUS REPORT

- No rate increases for SFY 2012
 - Implemented 7/1/11
 - Projected general fund savings \$4,700,000
- Set reimbursement at 90% of Medicare for non-Primary Care Procedures
 - Implemented 7/1/11
 - Projected general fund savings \$1,500,000
- Eliminate Audiology Services for Adults
 - Implemented 7/1/11
 - Projected general fund savings \$70,000

HB 260 STATUS REPORT

- Align PT, OT and Speech with Medicare Caps
 - Implementation 1/1/12
 - Projected general fund savings \$200,000
- Reduce Outpatient Hospital – PT, OT and Speech to 90% of Medicare
 - Implemented 7/1/11
 - Projected general fund savings \$300,000

HB 260 STATUS REPORT

- Reduce Adult Dental Benefit reduced to medically necessary oral surgery and palliative services
 - Implemented 7/1/11
 - Agreed on codes to be included with Idaho State Dental Association
 - Projected general fund savings \$1,700,000

HB 260 STATUS REPORT

- Reduce Chiropractic coverage to 6 visits per year
 - Implemented 7/1/11
 - Projected general fund savings \$200,000
- Limit adult Podiatry service and Optometry services based on chronic care criteria
 - Implemented 7/1/11
 - Projected general fund savings \$800,000
- Worked with professional associations on implementation

HB 260 STATUS REPORT

- Establish co-payments – chiropractic visits, podiatrist visits, optometrist visits, physical therapy visits, occupational therapy visits, speech therapy visits, outpatient hospital visits and physician office visits
 - Implementation 11/1/11 chiropractic, optometry and podiatry – the remainder will be implemented 1/1/12 (significant system requirements)
 - Projected general fund savings \$750,000

HB 260 STATUS REPORT

- Rule authority to make HB 701 changes permanent
 - Continued from SFY 2011
 - Projected general fund savings \$6,940,000
 - Move primary care management fee to tiered payment
 - Eliminate payment for collateral contact
 - Eliminate duplicative skill training
 - Restrict Partial Care to diagnosis of severe and persistent mental illness
 - Eliminate personal care service coordination
 - Eliminate supportive counseling
 - Reduce annual assessment hours
 - Reduce plan development hours
 - Eliminate requirement for annual plans
 - Reduce plan and assessment administrative requirements

HB 260 STATUS REPORT

- Move individuals from institution to community – Money Follows the Person grant
 - Implemented 10/1/11
 - Projected general fund savings \$1,300,000
- Implement claims payment edits to avoid paying for duplicative services (NCCI)
 - Implemented 7/1/11
 - Projected general fund savings \$50,000

HB 260 STATUS REPORT

- Initiate application/certification fees for CFHs
 - Implemented 7/1/11
 - Projected general fund savings \$294,000
- 8 additional Medicaid Integrity staff
 - Initiated hiring 7/1/11 will have all hired by 10/1/11
 - Projected general fund savings \$1,100,000

HB 260 STATUS REPORT

- Add to Hospital Assessment
 - Implementation 6/30/12
 - Projected general fund savings \$3,500,000
- Add to Nursing Home Assessment
 - Implemented 12/31/11
 - Projected general fund savings \$3,500,000
- New ICF/ID Assessment
 - Implemented 12/31/11
 - Projected general fund savings \$500,000

HB 260 REPORT – Managed Care

56-261: Medicaid Cost Containment and Health Care Improvement Act:

- identifies the current health care delivery system of payment to Medicaid health care providers on a fee-for-service basis fails to provide the appropriate incentives and
- can be improved by incorporating managed care tools, including capitation and selective contracting, with the objective of moving toward an accountable care system that results in improved health outcomes.

HB 260 REPORT – Managed Care

56-263: Medicaid Managed Care Plan

- Directs the Department to present to next year's legislature a plan for Medicaid managed care with focus on high-cost populations
- Requires that the plan include certain elements:
 - Improved care coordination through medical homes
 - Improved coordination & case management of high-risk, high-cost adults
 - Managed care for behavioral health benefits
 - Elimination of practices that result in unnecessary utilization and costs
 - Contracts based on gain sharing, risk-sharing or a capitated basis

HB 260 REPORT – Managed Care

HB 341 Section 24 DHW Appropriations Bill

Directs Medicaid to:

- complete an actuarial analysis of all Medicaid plans by population, subgroup and region before November 1, 2011
- Provide a copy of the actuarial report to DFM and LSO by December 1, 2011 and
- Provide the report with recommendations for the next phases for implementation of managed care to JFAC during the 2012 session.

HB 260 REPORT – Managed Care

■ Status of activities as of October 2011:

- Analysis focusing on mental health and dual eligible rate ranges
- Working through functionality threshold process for long-term care
- Developing rate ranges for physical health services

MEDICAL HOME/HEALTH HOME

Status of activities as of October 2011:

■ *Improve Care Coordination through Medical Homes*

- Interviewing project coordinator – second round
- Commercial payers proposing pilot scope that focuses on high-risk population
- Medicaid “health home” state plan amendment in 2012 to focus on high risk populations, including those with serious persistent mental illness and compensated through tiered case management fee plus fee-for-service

MENTAL HEALTH MANAGED CARE

Status of activities as of October 2011:

- **Establish managed care for behavioral health benefits.**
 - Initiated a Request for Information – received six responses from health plans
 - Public Forum held on August 30th engaged a panel of mental health experts to obtain advice on desired Idaho requirements for a Request for Proposal.
 - Web site established that includes our RFI, FAQs, educational material on managed care and an avenue for the public to submit questions and suggestions.
www.MedicaidMHManagedCare.dhw.idaho.gov
 - RFP to be posted within next five months
 - Waiver work initiated with CMS

DUAL ELIGIBLES

Status of activities as of October 2011:

- **Exploring opportunities to further develop managed care for the dual eligible's.**
 - Reviewing a technical assistance opportunity from CMS to pilot new financing models to improve system integration, Medicare & Medicaid benefit coordination, and payment reform to improve health outcomes.
 - Invited Health Plans to assess willingness to partner on this initiative and gained their support.
 - Scheduled Public Forum on October 26th with panel experts to obtain input regarding a seamless, integrated plan that includes acute, behavioral health and long-term care.
 - Web site launched with information on duals and LTC
www.MedicaidLTCManagedCare.dhw.idaho.gov

OPPORTUNITY FOR LEGISLATORS

Oregon and Utah managed care experts invited to share their state's Medicaid Managed Care experiences.

- Legislators will receive invitations with logistics
- Timeframe: Early November
- Place: Capitol
- Discussion: Will hear from two states with decades of Medicaid managed care experience and provide for question and answers.

MEDICAL FORUM

Collaborating with Hospitals, Physicians and Safety-Net Providers to host a full-day forum to discuss how these health care providers want to see Medicaid implement managed care.

- Legislators and the public will receive invitations with logistics
- Timeframe: Second week in December
- Place: Boise
- Panel discussions by hospital representatives, physician and medical practices, and Federally Qualified Health Centers

HB 260 REPORT – Managed Care

- Report will be delivered according to legislative requirements and will include:
 - Actuarial analysis results
 - Summary of 2012 activities regarding development, and
 - Recommendations

HB 260 REPORT – Managed Care

Report will be delivered according to legislative requirements and will include:

- Actuarial analysis results,
- Summary of 2012 activities regarding development, and
- Recommendations.

Questions?

Paul Leary learyp@dhw.idaho.gov

Thank you!

Medical Care Advisory Committee Meeting Minutes

Date: October 17, 2012 **Time:** 1:30 – 3:00 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Toni Lawson, Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.- Chair), Teri Barker - proxy (Idaho Primary Care Assoc), Teresa Cirelli (Idaho Medical Association), Katherine Hansen (Community Partnership of Idaho), Deana Gilchrist (Disabled Community), Kris Ellis (Idaho Health Care Assoc), Paula Marcotte (Mental Health Provider’s Assoc), Yvette Ashton (Medicaid Recipient)

Committee Members Absent: Cathy McDougal (AARP), Deedra Hunt (Idaho Office on Aging), Johnna Pokibro (Shoshone Bannock Tribes), James (Jim) R. Baugh (Disability Rights Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Representative (Dr.) John Rusche (Board Certified Physician), Mary Ann Reuter (Idaho End-of-Life Coalition), Dr. Jack Kulm (Idaho Dental Association)

DHW Staff Present: Paul Leary (Administrator, Division of Medicaid); David Simmitt (Deputy Administrator, Division of Medicaid) Cathy Libby (Project Manager, Division of Medicaid); Natalie Petersen (Bureau Chief-Long Term Care, Division of Medicaid); Rachel Strutton (Committee Secretary)

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health),

Committee Guests: Perry Wolfe (Consumer Direct); Kevin Bittner (Idaho Commission on Aging)

Agenda Item

Outcome/Action

<u>Agenda Item</u>	<u>Outcome/Action</u>
<p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from 7/18/12 meeting • Committee Vacancies <ul style="list-style-type: none"> ○ Rotating Provider Seat held by Denise Chuckovich IPCA – nomination of Tom Fronk, new Executive Director for IPCA • Proposed meeting schedule for 2013 <ul style="list-style-type: none"> ○ January 2, 2013 (1st Wed.) ○ April 17, 2013 ○ July 17, 2013 ○ October 16, 2013 • Election of Chair and Vice Chair • Committee Member Updates (Attachment) 	<p>Introductions and Committee Business</p> <p>July 18, 2012, meeting minutes accepted as proposed.</p> <p>Mr. Fronk’s nomination was discussed. He was unavailable for this meeting, but plans on being in attendance for the January 2, 2013, meeting.</p> <p>2013 meeting schedule approved as proposed.</p> <p>Toni Lawson accepted a nomination for an additional term as Committee Chair for SFY 2013. Katherine Hansen accepted a nomination for first term Committee Vice Chair for SFY 2013.</p> <p>The Committee members provided updates of associations activities. Some of the highlights consisted of:</p> <ul style="list-style-type: none"> • Community Partnerships of Idaho: Idaho partnerships conference being held November 1st and 2nd 2012. (see attachment) • IHA: Annual convention just completed. Currently working on the quality hospital engagement network program, which is a national initiative. • IPCA: Working on the Patient Centered Medical Home (PCMH) initiative for clinics. Currently 16 clinics are NCQA recognized and a total of 27 looking to achieve recognition. • MH Provider Association: Currently working on the Behavioral Health Managed Care (BHMC) RFP.
<p>Program Updates</p> <ul style="list-style-type: none"> • MMIS Update 	<p>Updates to Medicaid Projects</p> <p>Molina and Systems – open discussion</p> <p>Ms. Libby was present at the meeting to respond to any questions or concerns committee members may have. No specific system issues were brought forward.</p>

Agenda Item	Outcome/Action
<p>Personal Assistance Oversight Committee Update</p>	<p>Personal Assistance Oversight Committee Update</p> <ul style="list-style-type: none"> • Update and review of the September 21, 2012, PAOC meeting. • 46 participants have transitioned through the IHC to date. 57 transitions will need to be achieved by the end of CY2012 for Idaho to reach their benchmark. • IDAPA Rules (docket 16-0310-1202) related to changes in the HCBS waivers published in the October 2012 bulletin. • A public hearing for docket 16-0310-1202, HCBS waiver changes, is scheduled for October 18, 2012, at Region IV, Westgate office.
<p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update <ul style="list-style-type: none"> ○ New Rules and SPAs • Managed Care Initiative Updates: <ul style="list-style-type: none"> ○ Idaho Adult Medicaid Quality Measures ○ Community Care Network (CCN) ○ Governor’s Medicaid Expansion Workgroup ○ Integrating Care for Dual Eligibles 	<p>Division of Medicaid Updates</p> <p><u>Updates on Policy and Legislative Status Reports</u></p> <ul style="list-style-type: none"> • David Simmitt reviewed the Policy Product Update sheet. This document is updated frequently and available on the MCAC webpage. <p><u>Managed Care Initiative Updates</u></p> <p>Paul Leary provided a review of two new grant opportunities Medicaid is currently working on:</p> <ol style="list-style-type: none"> 1. Idaho Adult Medicaid Quality Measures – a grant opportunity worth \$2Million – up to \$1Million per year for a two year period. This grant would provide the opportunity to help build an infrastructure for quality reporting. 2. Community Care Network Model creates an environment that supports the Patient Centered Medical Home. To support the creation of an Idaho Community Care Network model Medicaid has applied for an Innovation Planning grant - requesting \$2.7 Million dollars. The grant application is being submitted with support from IMA, IHA, Pacific Source, Blue Cross and Regence Blue Shield. The planning grant is a six month grant, after which states may apply for an implementation grant. The amount available for the implementation grants has not been posted but the implementation grants for the first phase are estimated to be four-to-five years in length and worth \$30 to \$60 Million each. <p>Mr. Leary also provided an update on the Governor’s Medicaid Expansion Workgroup activity:</p> <ul style="list-style-type: none"> • The work group has met twice. • Leavitt Partner’s report has been published and can be found on the DHW Website: http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/0918%20Idaho%20Medicaid%20Leavitt%20Report.pdf • Milliman has been engaged by the Department to do the actuarial analysis and the work group will meet again after their report is completed. <p>Suggestions:</p> <ul style="list-style-type: none"> • Committee members made a suggestion for each of their associations get out and talk to the public & help with education related to the implications of Medicaid Expansion. All agreed the key is to have a simple, clear and concise message and a good resource for this type of messaging would be the NC Learning Community Care Networks. <p>Integrating Care for Dual Eligibles:</p> <ul style="list-style-type: none"> • A webinar was held October 10, 2012, to provide updates on activity related to the proposal. 62 participants registered to attend and a total of 55 participants joining the meeting either by webinar or conference call. A technical issue was discussed – some committee members expressed not being able

Agenda Item	Outcome/Action
<ul style="list-style-type: none"> ○ Behavioral Health ○ Health Homes 	<p>to log into the webinar and only being able to participate by conference call. The webinar would not allow access and capped participation of 25 attendees. Participating by conference call was difficult because the documents being discussed could not be viewed. BLTC staff will look into this issue for the next meeting.</p> <ul style="list-style-type: none"> • Materials from this webinar can be found on the Health and Welfare -Medicaid LTC Managed Care webpage. Any updates received on the proposal will be uploaded on this webpage: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/LongTermCareManagedCare/tabid/1910/Default.aspx • No formal feedback has been received by CMS to date. . <p>Behavioral Health:</p> <ul style="list-style-type: none"> • RFP has been posted and is under review. • First Q&A period is completed. • Closing date is 12/5/12. • Updates are available through the SICOMM site. <p>Health Homes</p> <ul style="list-style-type: none"> • New authority under ACA to offer Health Home (as part of the patient centered medical home approach) has fairly restrictive federal requirements and mandates certain criteria be met, such as chronic conditions. To qualify a Medicaid participant must have one of the following: <ul style="list-style-type: none"> ○ A chronic condition of serious persistent mental illness or serious emotional disturbance ○ Diabetes and asthma ○ Either diabetes or asthma and one of the following risk factors: <ul style="list-style-type: none"> ▪ A body mass index greater than 25 ▪ Dyslipidemia ▪ Tobacco use ▪ Hypertension ▪ A disease of the respiratory system • Medicaid estimates between 15- 18% of participants would qualify under these qualifying chronic and health conditions. • SPA work was done in a draft format with CMS for approximately six months prior to the official submission. SPA was submitted officially 8/27/12. • Medical home pilot sites have been identified. 16 private practices and 8 CHCs included. <p>Pilot kick off is scheduled for 1/1/13.</p>
<p>Questions and Answers Adjourn</p>	<p>Proposed agenda items for January 2013:</p> <ul style="list-style-type: none"> • Legislative101 presentations - managed care overview

2013 meeting schedule: 1/2/13; 4/17/13; 7/17/13 and 10/16/13

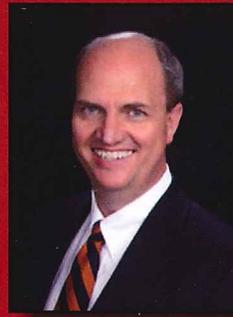
OUR NATIONAL CONFERENCE SPEAKERS



BRENDA SMITH-MYLES

is an associate professor at the University of Kansas, writer and international speaker on Asperger Syndrome and autism. Dr. Myles has written books and numerous articles on Asperger Syndrome and autism and has made over 500 presentations all over the world.

*For a full list of national and regional speakers, please visit our website:
www.IdahoPCHS.com*



KRIS WALTON

is a Psychotherapist, Author and Keynote Speaker, fiercely committed to helping individuals and their families find greater connection and unity in their lives. Having overcome much adversity in his earlier life, Kris helps others to create motivation to overcome any obstacle.

KATHIE SNOW

is the author of *Disability is Natural: Revolutionary Common Sense for Raising Successful Children with Disabilities* and 101 Reproducible Articles: *Revolutionary Common Sense for a New Disability Paradigm*. In lively and insightful workshops in more than forty states and in Canada, Kathie questions today's conventional wisdom and suggests alternatives to traditional services for people with disabilities.



OTHER NATIONAL SPEAKERS:

PETER LEIDY • PATRICIA BURGIN
AMY CLARK • DARLA WILKERSON

IDAHO PARTNERSHIPS CONFERENCE ON HUMAN SERVICES

RESTORE • REBUILD • RENEW 2012
3076 N. FIVE MILE RD.
BOISE, ID 83713

PRSR STD
U.S.
POSTAGE
PAID
PERMIT
#220
BOISE, ID

idaho partnerships conference



on Human Services

16th Annual

2012

Restore
Rebuild
Renew

A conference designed for human service professionals, parents, self advocates and community members

NOVEMBER
1ST & 2ND, 2012
THURSDAY-FRIDAY

RIVERSIDE HOTEL
(FORMERLY "DOUBLETREE
RIVERSIDE")
BOISE, IDAHO

WWW.IDAHOPCHS.COM

CONFERENCE AGENDA AND REGISTRATION

THURSDAY, NOV. 1ST

8:00-9:00am	Conference Registration/Check-In
9:00-9:15am	Opening Remarks by Katherine Hansen
9:15-10:30am	Opening Keynote - "A Call to Action..." by Kathie Snow
10:30-10:45am	Break
10:45-noon	Session #1
12:15-1:30pm	"1st Annual Idaho Partnerships Awards" Luncheon
1:45-3:00pm	Session #2
3:00-3:15pm	Break
3:15-4:30pm	Session #3

FRIDAY, NOV. 2ND

8:00-9:00am	Conference Registration/Check-In
9:00-10:15am	Session #4
10:15-10:30am	Break
10:30-11:45am	Session #5
noon-1:15pm	"Celebrating the Arts" Luncheon: Marilyn Cosho and Peter Leidy
1:30-2:45pm	Session #6

REGISTRATION FEES

Full 2-Day Conference
1-Day Conference

PARENTS/SELF-

Full 2-Day Conference
1-Day Conference (T)

The above fees include luncheon certificate of completion (n

OUR CONFERENCE AT-A-GLANCE *

* Sessions and Speakers may be subject to change. Please refer to the agenda for details.

THURSDAY, NOV. 1ST: 9:00am - 10:30am Opening Remarks and Keynote: "A Call to Action: Disability Day"

THURSDAY:	A. Mental Health	B. Supervision/Leadership	C. Autism Spectrum Disorders	D. Self Advocacy	E. Parent	F. All Day Workshops
-----------	------------------	---------------------------	------------------------------	------------------	-----------	----------------------

<p>Session #1 10:45 am - noon</p> <p>1st Annual Idaho Partnerships Awards Luncheon 12:15-1:30pm</p> <p>Session #2 1:45 pm - 3:00 pm</p> <p>Session #3 3:15 pm - 4:30 pm</p>	<p>A1: Stress Relief through Guided Imagery, Jennifer Browning, M.S. - Help your clients reduce their level of anxiety immediately in session, as well as outside of session, by self-directed guided imagery and progressive relaxation.</p> <p>A2: Managing Stress in Your Every Day Life, Jennifer Browning, M.S. - Learn creative new approaches to relieving stress in a short amount of time, including basic guided imagery principles, creative kinesthetic approaches, and exploration of hobbies.</p> <p>A3: Introduction to Play Therapy, Jennifer Browning, M.S. - Learn how to properly set up your play room, what toys should be included in a play room, what toys should not be included in a play room, and how to incorporate parents into play therapy.</p>	<p>• ALL DAY WORKSHOPS • ALL DAY WORKSHOPS</p>		<p>B: ALL DAY PRESENTATION: Restore-Rebuild-Renew: Strategies for Success, Patricia Burgin, M.A., M.S. - Leaders volunteer for a continuous balancing act: Employees who are happy and committed, customers who are satisfied with results, continued development for everyone—oh, and that personal life. Leaders know that traditional command-and-control works less and less all the time—and that their ability to lead via their personal influence, example and ideas has to keep growing.</p> <p>In this highly interactive workshop, participants will be asked to focus on one area of personal change/leverage. We'll then work on how to make that one change specific and operational.</p>	<p>C: ALL DAY PRESENTATION: Understanding and Preventing Meltdowns Using Evidence-based Practices, Brenda Smith-Myles, Ph.D. - Stress, anxiety, and self-regulation challenges are common for learners with autism, considered to be the most frequently observed characteristics in these individuals. This session will overview the cycle and discuss strategies that can be used at each stage. At the end of the session, attendees will be able to: 1. Identify methods of managing stress for learners with autism; 2. Describe the cycle of meltdowns; 3. Discuss strategies that can help prevent meltdowns and teach stress, anxiety, and self-regulation management skills; 4. Develop a plan to implement evidenced-based strategies with fidelity for learners with autism spectrum.</p>	<p>D: ALL DAY PRESENTATION: Let Your Voice Be Heard! If you want lawmakers to hear your voice, then this three-part workshop is for you! The voices of people with disabilities are important. Your story matters and you can make a difference. Learn from other people with disabilities who have made a difference so you can too!</p> <p>Part 1: What is the Idaho Legislature and How Does it Work? Christine Pisani</p> <p>Part 2: Telling Your Story, James Steed, Joe Raiden, John Kihara</p> <p>Part 3: Get Ready to Vote! Christine Pisani</p>	<p>E: ALL DAY PRESENTATION: Disability is Natural!, Kathie Snow - Parents: Let's dream big dreams for our children with disabilities! What does it take for our children to live the lives of their dreams? Let's focus on our children's strengths and abilities, inclusion in all areas of life, and making sure our children have the tools they need to succeed. We can do it (it's really not rocket science or brain surgery) and our kids are counting on us!</p>	<p>F: ALL DAY PRESENTATION: Engaging Parents, Amy C. LMHC - Motivational Interviewing: how it empowers setting outcomes and in retirement</p>
---	--	---	--	--	--	--	---	--

FRIDAY:	A. Mental Health	B. Personal/Professional Growth	C. Autism Spectrum Disorders	D. Advocacy	E. Parents	F. All Day Workshops
---------	------------------	---------------------------------	------------------------------	-------------	------------	----------------------

<p>Session #4 9:00 am - 10:15am</p> <p>Session #5 10:30 am - 11:45 am</p> <p>"Celebrating the Arts" Luncheon noon-1:15 pm</p> <p>Session #6 1:30 pm - 2:45 pm</p>	<p>A4/A5: 2 SESSION PRESENTATION: Navigating Your Mind: Achieving a Life of Peace, Joy and Happiness, Kris Walton, LCSW - Learn how to: Overcome any past, present or future relationship problem; Help you let go of old pain, anger, anxiety and fear; Reclaim yourself by rediscovering your interests and passions and move toward them; Create meaningful connections with others and yourself; Experience great peace of mind, joy in your heart and happiness in your family and life.</p> <p>A6: Social Media Ethics, Kris Walton, LCSW - Social media sites have had profound national and international attention with millions of users. This session will review the limits of social media and how to protect your professional practices from damaging ethical violations.</p>	<p>B4/B5: 2 SESSION PRESENTATION: How Stress is Killing You and What You Can Do About It: Avoiding Burnout through Laughter and Relaxation, Matthew Wappett, Ph.D. - This workshop looks at the most current research on stress and its effect on the body, and provides participants with some important strategies for managing their stress and avoiding burnout. Participants will learn the basics of Laughter Yoga and the relaxation response.</p> <p>B6: Restore, Rebuild, Renew YOU!, Janice Lung, Ed.D. - Identify your greatest challenges and develop strategies for taking care of YOU. Participants will be able to design strategies for successfully building self-care into their life.</p>	<p>C4/C5: 2 SESSION PRESENTATION: Autism Spectrum Disorders and Anxiety: Treatment Practices For Reducing Maladaptive Behavior, Carolyn Golden, Psy.D., John Szudera, MS, LPC - Presenters will focus on identifying anxious symptoms in people on the Autism Spectrum, and discuss and demonstrate practical ways providers, direct care staff, and parents can integrate anxiety management techniques.</p> <p>C6: Assistive Technology and Apps for Autism, Dan Dyer -This session will explore various assistive technologies with a focus on Apps for Autism. Attendees will have the opportunity to interact with the assistive technology demonstrated during the session.</p>	<p>D4/D5: 2 SESSION PRESENTATION: How to Go From Good to Great! Christine Pisani, Tracy Warren, Noll Garcia/Jason Sprute, Kristyn Herbert/ Mary Arndt - This interactive workshop will help support staff / developmental techs to learn how to be an advocate as well as learn strategies to make sure the people they support are included in meaningful ways. As more people with disabilities advocate for themselves, the people who support them need a different set of skills that enhances peoples' participation.</p> <p>D6: Grassroots Advocacy, Jim Hansen, J.D. - Learn how you can make a difference in your community! This interactive session will introduce participants to ways to become effective advocates for themselves, for people with disabilities and for others in their community.</p>	<p>E4/E5: 2 SESSION PRESENTATION: Advocating Effectively for Change, Ann Kirkwood, MA, Kathie Garrett, MPA, Paula Campbell - This seminar will help parents to focus on four critical and interrelated aspects of advocacy: marketing, media relations, legislative relations and personal storytelling. Reducing disability-related stigmas will be an underlying focus.</p> <p>E6: Thrive IN Chaos, Kyle Jetsel - Parents: Learn how to "Thrive in the Chaos" of working with those with special needs. You will learn easy to apply tricks, techniques and principles that will result in a happy, more fulfilling experience for you and your family.</p>	<p>F4: C. U. (aka J. Wilker) - employment planning -- one employer</p> <p>F5: N. U. ports, what n to facilitate how n can learn from the em utilizing grea</p> <p>F6: T. ing, D. covered - difference be an about learn employ ing gre</p>
--	--	--	---	--	---	---

• For more in-depth information on sessions and speakers, please visit our website: www.idahodisability.org

REGISTRATION INFO

REGISTRATION FORM

FEEES:	EARLY BIRD RATE (on or before 10/1)	REG. RATE (after 10/1)	DAY-OF RATE
(Thur and Fri):	\$105	\$115	\$135
ce (Thur or Fri):	\$85	\$ 95	\$115

ADVOCATES FEES:			
ce (Thur and Fri):	\$55	\$ 65	\$ 85
Thur or Fri):	\$35	\$ 45	\$ 65

**AT THE
RIVERSIDE
HOTEL,
PARKING
IS FREE**

ch, conference materials and refreshments each day. Also included is a mailed post-conference).

fer to our website for the most updated schedule: www.IdahoPCHS.com

Doesn't Have to be a Barrier" by Kathie Snow

Employment	G. Developmental Disabilities
HOPS •	<p>G1: Figuring Out The Steps To The Dance: Assessing Children with Very Complex Disabilities, Robin Greenfield, Ph.D. - Children with very severe disabilities are difficult to assess using typical protocols. This session will present ways to supplement more formal assessments using child guided strategies.</p> <p>G2/G3: 2-SESSION PRESENTATION: Analyzing Behaviors and Developing Meaningful Behavior Plans , Whitney Schexnider, M.Ed. - Behavior analysis is an ongoing process that involves many steps, focusing on ways to identify the function of behaviors, finding appropriate replacement behaviors and identifying proactive and reactive strategies for individuals with mal-adaptive or aggressive behaviors.</p>

Online
Registration is
now available:
www.IdahoPCHS.com

Employment	G. Developmental Disabilities	H. Developmental Disabilities
<p>Customized Job Search (Job Development), Darla Wilkerson - Customized Employment utilizes an individual approach to employment and job development person at a time, one person at a time.</p> <p>Intervening Natural Supports, Darla Wilkerson - Learn natural supports are, how to elicit the supports and intervening natural supports lead to great job satisfaction for the new employee and employer. Also learn how intervening natural supports leads to job retention.</p> <p>The Art of Job Coaching, Darla Wilkerson - Topics include: learning about teaching strategies to effective job coach; learn coaching techniques; and how to assist the new employee and employer in creating better job retention.</p>	<p>G4: Sensory Integration, Jason Lowry - This session is designed to provide you with valuable tools that you can immediately utilize and begin to evaluate and implement strategies to support the sensory needs of individuals!</p> <p>G5: Behavior Management or Relationships? It's about BOTH! Jason Lowry - This session gives you a variety of behavior tools that can be implemented to support individuals. When we combine the importance of building strong relationships, we have found the key to successful behavioral management.</p> <p>G6: Natural Environment Teaching: Turning Everyday Activities into Teachable Moments, Lindsay Olsen, M.A., BCBA - Covers introductory topics related to teaching in the natural environment across various age ranges and developmental abilities.</p>	<p>H4/H5: 2 SESSION PRESENTATION: Whose Life Is It, Anyway? Peter Leidy, B.A. - Choice. Empowerment. Control. Most mission statements use some or all of these words. Yet many adults with disabilities still do not experience making even the most basic choices. Come to this session (which will include humor and music) and let's talk about: Whose life is it, anyway?</p> <p>H6: 7 Ways to Prevent a Crisis, Peter Leidy, B.A. - Many people labeled with "challenging behavior" spiral into crises through actions and events that could have been avoided. This is not a session about techniques, but rather about how paying attention to quality of life aids in crisis prevention.</p>

www.IdahoPCHS.com

REGISTRATION INSTRUCTIONS:

ONE (1) REGISTRATION FORM PER PERSON.

• Online registration is available at: www.idahopchs.com •

Please mail registration form and payment to:
Idaho Partnerships Conference on Human Services
3076 N Five Mile Rd • Boise, ID 83713
(Make checks payable to: Idaho Partnerships Conference on Human Services)

Or fax/email form and payment:
Community Partnerships of Idaho
Fax: (208) 376-4988
Email: conference@mycpid.com

*Last Name _____ *First Name _____
 *Company/Org. _____ Position _____
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Fax _____ E-Mail _____
 *This information will be on your nametag.
 Any special NON-FOOD accommodations (i.e. interpreter) _____

THURSDAY, NOVEMBER 1, 2012

Session #1 circle ONE:	A1	ALL DAY WORKSHOPS						G1
Session #2 circle ONE:	A2	B	C	D	E	F	G2	
Session #3 circle ONE:	A3						G3	

COMPLIMENTARY LUNCH:*

Thursday: YES NO

Friday: YES NO

*You will have the option of requesting a vegetarian meal at the luncheon. If you require special dietary needs, please make your own accommodations.

FRIDAY, NOVEMBER 2, 2012

Session #4 circle ONE:	A4	B4	C4	D4	E4	F4	G4	H4
Session #5 circle ONE:	A5	B5	C5	D5	E5	F5	G5	H5
Session #6 circle ONE:	A6	B6	C6	D6	E6	F6	G6	H6

Registration Fees:

	on or before 10/01	after 10/01	day of
2-Day Conference:	\$105	\$115	\$135
1-Day Conference:	\$ 85	\$ 95	\$115

Parents/Self-Advocates fees:

2-Day Conference:	\$55	\$65	\$85
1-Day Conference:	\$35	\$45	\$65

ATTENTION:
IADDA, ICDD or CDHD members receive an additional 20% off your registration fee.

Payment Enclosed: \$ _____

Please mail registration form and payment to: Idaho Partnerships Conference on Human Services, 3076 N. Five Mile Rd. • Boise, ID 83713 (make checks payable to: Id. Partnerships Conference on Human Services)

CREDIT CARD/PURCHASE CARD PAYMENT

Credit or P-Card (circle one) VISA M/C

Cardholder Name _____

Card Number _____ Exp. Date _____

Cardholder Signature/Charge Authorization: _____

Billing Address _____

City _____ State _____ Zip _____



Total Amount Charged
\$ _____

idaho partnerships conference



on Human Services

ADDITIONAL TRAINING FOR CFH PROVIDERS:

A Pre-Conference workshop for CFH Providers will be offered on Wed., Oct. 31st (workshop is offered in the morning or afternoon). For more information, please visit our website after August 13th.

www.IdahoPCHS.com or www.CPIResHab.com

WHAT'S NEW...

DISCOUNTS FOR PARENTS/SELF-ADVOCATES ARE BACK! See our registration info inside.

LUNCHEONS TO HONOR AND CELEBRATE

Thursday, Nov 1 - Commitment to Community: 1st Annual Idaho Partnerships Awards Luncheon, devoted to honoring individuals, organizations and self advocates whose dedication and commitment to community are exemplified by their efforts at advocating for individuals with disabilities.

Friday, Nov 2 - Celebrating the Arts Luncheon, honoring artists who offer a unique perspective on life and community. Featured artists are Marilyn Cosho and Peter Leidy.

Costs for attending these special luncheons are included in your registration fees. Additional tickets may be purchased online for those not attending the conference.

LOCATION - Same hotel - Different Name: The DoubleTree Riverside is now "The Riverside Hotel," located at 2900 Chinden Boulevard - Boise, ID 83714.

HOTEL - The Riverside Hotel offers conference rates for all participants (\$77/single - \$87/double). For reservations, contact (208) 343-1871 or go online: www.riversideboise.com.

PROVIDING TRAINING IN THE AREAS OF:

Autism Spectrum Supports

Creative Therapy

Mental Health Issues

Advocacy

Community Inclusion

Parent Issues

Professional and Personal Growth

Employment Supports

Leadership and Supervision

WHO SHOULD ATTEND?

Administrators

Certified Family Home Providers

Counselors

Developmental Specialists

Direct Support Personnel

Employment Specialists

IBI Specialists

Job Mentors/Coaches

Mental Health Professionals

Parents

Self Advocates

Service Coordinators

Social Workers

Supervisors

Supported Living Staff

Teachers

Therapy Technicians

YOU!

ALL SEASONS MENTAL HEALTH
AUTISM LAUGHTER THERAPY
AUTISM SOCIETY, TREASURE VALLEY
UNIV. OF WASHINGTON'S CENTER FOR CONTINUING EDUCATION IN REHABILITATION
UNIV. OF IDAHO'S CENTER ON DISABILITIES AND HUMAN DEVELOPMENT
COMMUNITY PARTNERSHIPS OF IDAHO, INC.
HOME FEDERAL
IDAHO ASSOCIATION OF DEVELOPMENTAL DISABILITIES AGENCIES
IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES
IDAHO DIVISION OF VOCATIONAL REHABILITATION
IDAHO PARENTS UNLIMITED

16th Annual 2012

Restore
Rebuild
Renew

2012
CONFERENCE
SPONSORS

LIBERTY NORTHWEST
LIVING INDEPENDENCE NETWORK CORP
DR. JANICE LUNG
MENTAL HEALTH PROVIDERS ASSOCIATION OF IDAHO
MYRIAD
NORTH STAR CHILD DEVELOPMENT
NORTHWEST NEUROBEHAVIORAL HEALTH LLC
OPPENHEIMER CORP
PACIFIC SOURCE
PRINCIPLE STRATEGIC, INC.
C.K. QUADE LAW, PLLC
SL START
STATE INDEPENDENT LIVING COUNCIL
SYRINGA FAMILY PARTNERSHIP, LLC
TRANSITIONS, INC.

HISTORY OF OUR CONFERENCE

Community Partnerships of Idaho began holding an annual conference in 1997. As the need for more extensive training grew, agencies, organizations and advocacy groups from all over the northwest partnered with Community Partnerships of Idaho to bring top-level national speakers to the region each year.

Renamed "The Idaho Partnerships Conference on Human Services," this coalition continues to serve the needs of people with disabilities and their families.



The Idaho Partnerships Conference on Human Services is coordinated by Community Partnerships of Idaho, Inc. www.mycpid.com

Community Partnerships of Idaho is a multi-service agency providing supports for children and adults of all ages. Whether finding a job, building relationships, accessing the community, or learning to become more independent, we are dedicated to helping our clients be successful and achieve their goals.

TO CONTACT THE IDAHO PARTNERSHIPS CONFERENCE ON HUMAN SERVICES:
CONFERENCE@MYCPID.COM • (208) 376-4999 • WWW.IDAHOPCHS.COM