Medicaid Administrative Match Meeting Summary

June 13, 2003

On June 13, 2002 a meeting organized by DSHS and OSPI was held at Puget Sound ESD from 10 a.m, to 3 p.m. to discuss Medicaid Match for the next year. Attendees included representatives from DSHS, School Districts, OSPI and ESD's. Mick Moore hosted the meeting. Thanks to Mick and his assistant Aurora for being great hosts.

Committee Members: Brian Lewis (ESD 114), David Sours (Central Kitsap SD), Gary Wall (ESD 189), Jerry McDermott (ESD 101), Jill Johnston, (Wahluke SD) Jim Anderson (Rochester SD), John Molohon (ESD 171), Larry Peters (Pasco SD), Marcie Senger (Tacoma SD), Marty Crisp (Battleground SD), Michelle Ewell (ESD 123), Mick Moore (ESD 121), Mike Sullivan (Granite Falls SD), Neil Sullivan (Spokane SD), Norm Koenig (ESD 105), Randy Hauff (Tonasket SD), Tim Merlino (ESD 112), Tom Hulst (ESD 113). (All members names are listed because attendance sheets were incomplete.)

Others Present: Marty Daybell, Jennifer Carrougher and Martin Mueller/OSPI, Dick Hancock, Sharon Reddick , Ramona Roberts, and RosaMaria Espinosa (DSHS/MAA), Dario Longhi (DSHS/Research & Data Analysis), Dave Whitling (DSHS/Facilitator), Tom Reese (JT Educational Consultants), Scott Izutsu, (Yakima SD), Carol Browder (ESD 189).

Below is a summary of the key points discussed at the meeting. The next meeting is scheduled in the Burien area on July 10, 2003 from 10 am to 3 pm. The location is to be determined.

MEETING SUMMARY:

Participant Expectations:

- Learn more to make the program more effective.
- Create a common plan so we can help kids.
- Find out everyone's goals so we can build a program
- See this as a chance to move forward as a partnership.
- Better communication between DSHS and Schools.
- Get more familiar with the new system.
- Agree on the current and future approach to work on the program.
- Anxious to see what we will do with Medicaid.
- To represent the small districts in Central WA.
- Partner with all parties.
- See where we are at in the process and see how ESD's can help.
- Figure out what's going on.
- Help our districts out.
- Marry reality with what we think needs to be done.
- Represent the region and districts.

- To get the auditors, DSHS and Districts on the same sheet of music. "No audit findings".
- Cost effective implementation of the program.
- Consistency in guidelines so we are all on same sheet of music.
- Want to see what the changes will be for this year.
- Simplify record keeping and bring closure to a year long process.
- All learn together…solidify understanding.
- Hope program will serve students and that the approach is realistic.

Ground Rules

The facilitator offered a couple of ground rules and the group added others. It was agreed this list is a start and can be revisited once the group spends more time working together.

- Stay on task.
- Be respectful when communicating with others
- Recognize the diversity of the various communities
- Snacks
- Use the thumbs up, sideways or down to test for consensus

What's our shared Vision and Goals as an Advisory Group?

The group was presented with a handout that had a draft Vision and goals. It was agreed that the draft Vision was OK, goal three needed to be modified and a 4th goals was added. Below is agreed upon Vision and goals for the Advisory Group.

Vision Statement: Assure the opportunity for eligible children to obtain needed Medicaid services.

Goals: Note: The bolded comments above represent changes to the draft.

1. To increase the number of children receiving preventative and early detection medical services.
2. To assist children and families to access needed Medicaid services.
3. To provide effective, efficient, **compliant** and consistent statewide services.
4. **Assure the opportunity for Medicaid services are available in a community.** (Note: it was agreed this goal be reviewed to be sure it is needed once the Advisory Group comes up with a work plan.)

Discussion points:

- There was much discussion about the word eligible in the Vision statement but it was decided to leave it as is because this is the focus of Medicaid Match.
- Dental services are not available in some Central WA districts.
- How often the MER rate should be calculated. The point was made that setting MER yearly could adversely affect the funding for children of migrant workers.

- It was suggested that in training teachers should stress it's "OK to be on Medicaid". It's important those in need get the service and not shy away because it's not viewed as socially acceptable.

What outcome measures should be used to evaluate the effectiveness of the Medicaid Match Program?

Five table groups discuss this question for about a half hour and brainstormed the following measures.

Goal 1 (Increase use of EPSDT) -- Potential outcome measures

- Compare the number of children referred to EPSDT with the (DSHS determined) number who receive the exam. (It was noted this may be hampered because of lack of access to Managed Care information.)
- Measure the baseline level (# and %) of Medicaid enrolled children who access the Medicaid's EPSDT service.. (Use the new student ID data matched to DSHS data.) Absentee rate may be useful information.

Goal 2 (Access needed Medicaid services) -- Potential Measures

- Compare MER with F&RL rate as baseline 'eligibles' count. Review quarterly for changes.
- The number of flyers, handouts, mailings, emails, phone contacts, etc.
- The number of Medicaid eligible students identified.
- The number of Health Care provider visits.

Other comments:

1. We have to build a list of eligible items and a checklist to help the people who administer the program. Districts have examples of what works, i.e., hire/use health assistants, each building have a contact person (a network for the district).
2. Make sure interventions are recorded in student record database to use later to assess student progress.
3. Measure the gap between free and reduced and Medicaid eligible.
4. Assess: Does an increase in MER result in a increase in services provided? (Data from medical providers?)

Goal 3 (Provide effective, efficient, compliant and consistent statewide services) -- Proposed Measures

- Number of audit findings.
- Timeline review from
  1) identification of need to,
  2) Medicaid enrollment to,
  3) services provided.
- Ratio of applications to eligible students.
- MER vs. Test Scores

Goal 4 (Assure that the opportunity for Medicaid services is available in a community) -- Proposed Measures

- Number of opening and closings of medical providers in a community.
- Number of visits to a medical office in a community.

General discussion comments regarding measurement:

- It's important that we keep measurements simple and realistic.
- It seems School Districts need some measures as does DSHS.
- Don't think CMS would leave measurement to the School Districts alone.
- Is the purpose to measure the effectiveness of the School District or statewide effectiveness?

How do DSHS, OSPI, ESD's and School Districts currently function in Medicaid Administrative Match?

DSHS: Dick Hancock spoke to his role and had each of his staff explain their role. The challenge for DSHS is to perform the monitoring function since there's a DSHS requirement for an on-site visit to each District annually. Usual functions included administering contracts with 250+ subrecipients, computing/submitting quarterly federal claim, interpreting federal policy, state level planning and policy.

OSPI: Martin Muller spoke to OSPI's role. Since the audit findings OSPI has been working with DSHS to gather and analyze data to improve the program. OSPI is committed to addressing the audit findings and taking steps to keep Medicaid Match operating so "kids get the needed medical services".

ESD's: Tom Hulst, Mick Moore and several others from the ESD's described their role. They support Districts based on the requests they receive. They are good at training and this may be a role where they could do more.

Districts: David Sours (Central Kitsap) spoke to the role in his District and best practices. Having building coordinators, requiring reports, spot checking data to see if it's realistic were some of many best practices he described. Neil Sullivan spoke of how a group of retired principles set up a program in their district but this became problematic when the group was not able to continue. Other districts shared best practices but the conversation had to be terminated since it was the end of the day.

OTHER TOPICS DISCUSSED BUT NOT RESOLVED

- There was broadly expressed interest that once the program is developed, the auditor be involved. There were different ideas on what involvement might be ranging from having auditor representation at this forum to conducting auditor training. There was no decision on what to do about this.

- There were some who where unclear about why they were here. They thought the meeting was to discuss the nuts and bolts of changes so they could get prepared for next year. Others still were not clear about what the product was going to be from this group.

- Access to Dental Services is a problem statewide.

- There was agreement by the Districts that they like a high level review of Federal changes. That these areas need to be addressed before we do program development activities because the school year is fast approaching and Districts need to be prepared.

- It's critical to get CMS approval of the program. This is where the auditors will go to clarify the grey areas.

- The frequency that MER is determined was discussed. It seemed the consensus that quarterly was preferble to annual updates.

Meeting Evaluation

Pluses:

- Appreciate the various agencies willingness to come together to talk about this issue.
- Having a facilitator.
- DSHS commitment to do it right.
- Best practices approach.

Minuses

- Could have been more efficient with our time, i.e. more large group discussion.
- The agenda was difficult.
- Not having a high level summary of the Federal changes.
- Not sure what we want to end up with.

NEXT STEPS

1. **Outcome Measures:** For the next meeting, Neil Sullivan will contact other Districts and identify input/outcome measurements currently being tracked. Dick Hancock's staff will identify the kinds of data that can be measured by DSHS.

2. **Establish a list serve.** Dick Hancock has the list of email addresses for advisory committee members that will facilitate communication between committee members.

3. **Meeting dates.** The next meeting will be July 10 from 10 a.m. to 3 p.m. in the Burien area with the location to be determined. The third meeting is scheduled for July 24, 2003 at a location to be determined.