

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES**

Income Maintenance Administration



**Meeting Title:** Medicaid Expansion and Eligibility Subcommittee Meeting (Internal)

**Date/Time:** 10:00AM - 11:30AM / Wednesday, August 10<sup>th</sup>, 2011

**Location:** 645 H Street NE, 5<sup>th</sup> Floor Conference Room

**Attendees:**

Name	Agency	Phone	Email
Deborah Carroll	DHS/IMA	202-698-3906	deborah.carroll@dc.gov
Marina Havan	DHS/OIS	202-442-3223	marina.havan@dc.gov
Trey Long	DHS	312-342-4353	edward.w.long@accenture.com
David Baker	DHS	202-535-1583	davidf.baker@dc.gov
Hal Lipton	DCOA/ADRC	202-535-1444	harold.lipton@dc.gov
Roula Sweis	DOH/APRA	202-236-7129	roula.sweis@dc.gov
Keela S. Seales	DOH/APRA	202-729-9569	keela.seales@dc.gov
Amy Templeman	CFSA	202-724-7080	amy.templeman@dc.gov
Rishaunda Ewings	CFSA	202-724-7314	rishaunda.ewings@dc.gov
Brady Birdsong	CFSA	202-434-0012	brady.birdsong@dc.gov
Anthony Proctor	DHCF	202-442-9114	anthony.proctor3@dc.gov
Jolly Atkins	CFSA	202-727-7107	jolly.atkins@dc.gov
John Simmons Jr.	CFSA	202-442-6165	john.simmons@dc.gov
Neela Rathnasamy	DCPS	202-491-1214	neela.rathnasamy@dc.gov
Arlene Conover	DHS/IMA	202-698-4424	arlene.conover@dc.gov

**Agenda:**

1. Introductions
2. Overview from each agency on their interaction with Medicaid/Medical Assistance
3. Identify Issues resulting from Healthcare Reform and potential actions
4. Sub-committee Planning

**Meeting Minutes:**

After introductions, representatives from each agency described their interaction with Medicaid.

- CFSA
  - Child and Family Services Agency runs DC programs related to Adoption, Guardianship, Foster Care, and care for non-emancipated youth from age 18 to

21. When CFSA takes over support of a child, they switch their coverage type from MCO to fee-for-service (“old fashioned” Medicaid). CFSA perform some research directly in ACEDS (Jolly obtains access for them), and is responsible for submitting the recertification forms to IMA for processing.
- Topics of discussion:
    - For children on an MCO that are removed from the home, there can be a 5-day lag before fee-for-service coverage is in effect
    - Interstate Compact Termination (ICT) – there was some discussion regarding whether these were processed retroactively. The ICT is effective for the most recent month (more detail needed).
    - Shelter Care – IMA needs to be updated when a child is in CFSA custody (is this not happening now?)
    - Multiple manual and/or paper based processes – reports, forms, and transmittals are delivered via courier (which may always be required for picking up Medicaid cards). Opportunity exists to perform more electronic/paperless processing.
    - Federally required interface with TANF – one of the interfaces is “failing” and requires discussion (see Action Items, below).
  - DOH/APRA
    - The Addiction Prevention and Recovery Administration is part of the DC Department of Health. Activities related to Medicaid fall into two categories: Current efforts in place with youth, and future efforts underway for adults.
      - For youth, APRA runs the Adolescent Substance Abuse Treatment Expansion Program (ASTEP). Part of the process includes checking for Medicaid eligibility via the IVR (most are categorically eligible) and if not already enrolled, working with DHCF to enroll clients in the “general pool.” There are four providers for ASTEP, and APRA helps them get reimbursement for their intensive outpatient and outpatient services. Medicaid does not cover inpatient or case management services, but does cover the assessment. Funding comes from Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) as a MCO “carve out.”
      - For adults, APRA currently provides substance abuse treatment with methadone maintenance and self-administered Suboxone. Providers bill this through Medicaid. APRA serves about 6,000 adults per year, and expects the number to continue to rise. A small portion of their funding comes from federal sources (\$3M Block Grant and \$3M Access to Recovery grant, out of a total budget of \$36M). They are working on a State Plan Amendment (SPA) to create a comprehensive adult rehabilitative program.
    - Topics of discussion:
      - APRA intends to better link providers and Medicaid to facilitate the reimbursement process
      - APRA is working on a project to leverage electronic health records standards that would improve communication with Medicaid and providers
      - Planned expansion of adult services (see above) is hampered by the Institutions for Mental Disease (IMD) Exclusion, which limits

- reimbursement for facilities with more than 16 beds. APRA has “un-bundled” services for individual billing as a result
- Deborah asked if APRA was working with DHCF on their “billing project” (which could facilitate provider billing to Medicaid) but Keela was unsure.
  - APRA is also working on a “Health Homes” initiative with DMH and the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) that would provide housing – similar to programs Deborah referenced for AIDS patients. DC is part of the [12 Cities Project](#) which could lead to reimbursement of for this initiative.
- DCOA/ADRC
    - The Office on Aging works with a “Lead Agency” in each ward to support clients 60 and over. DCOA also helps disabled clients between 18 and 59 without support from Lead Agencies.
    - Topics of discussion:
      - Providers and Hospitals often discharge elderly patients before in-home plans can be set up, so DCOA is interested in performing more outreach and in-home services. Deborah indicated that IMA staff do home visits, and Hal asked if funding was available for DCOA to do the same.
      - Caretakers are starting to ask if they should be paid (since their services avoid nursing home costs that would otherwise be paid by Medicare/Medicaid)
      - There was also discussion regarding whether Respite Care is covered by Medicare/Medicaid
  - DCPS
    - DC Public Schools bills Medicaid for services for income-eligible special education students. By law, DCPS has to provide additional services to students with special needs – but, they are only able to obtain reimbursement for about 70% of them.
    - Topics of discussion:
      - Medicaid expansion could mean more special education students qualify for reimbursement, which would save DCPS money

Two invited agencies were unable to attend: DYRS and DMH.

**Action Items:**

Agency	Description	Assigned To	Target Date
All	Review information captured about your agency (above) and make corrections as needed	(one rep from each agency)	Tuesday Aug 16 <sup>th</sup> 2011
DHS/IMA	Schedule follow-up meetings with each agency, starting week of Aug 29 <sup>th</sup>	Trey Long	Friday Aug 19 <sup>th</sup> 2011
CFSA	Communicate interface concern to DHS/IMA (Arlene Conover)	Brady Birdsong	Friday Aug 19 <sup>th</sup> 2011
DOH/APRA	Look into the DHCF “Billing Project” which may facilitate provider direct billing to Medicaid	Keela Seales	N/A

<b>Agency</b>	<b>Description</b>	<b>Assigned To</b>	<b>Target Date</b>
DCOA/ADRC	Look into funding for Aging to perform home visits, assisting clients with health insurance applications	Deborah Carroll	Friday Aug 26 <sup>th</sup> 2011
DCOA/ADRC	Research the degree to which Respite Care is covered by Medicaid	Deborah Carroll	Friday Aug 26 <sup>th</sup> 2011
All	Develop a plan to train social workers from all agencies and partner organizations so that they can better assist clients in filling out health insurance/assistance applications	Deborah Carroll	TBD

(Meeting minutes include newly identified actions, which will be tracked in a separate log)

**Next Steps:**

1. Meeting tentatively scheduled for Aug 22<sup>nd</sup> will be postponed
2. Agency-specific meetings will be scheduled starting the week of Aug 29<sup>th</sup> (to further elaborate on issues and actions related to each agency)
3. The subcommittee will continue to report any updates to member agencies regarding the progress made on the Health Insurance Exchange (HIX)