

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE

January 27, 2015

10:30 a.m.

Taken at:

Permanent Fund Corporation  
Hugh Malone Board Room  
801 West 10<sup>th</sup> Street  
Juneau, Alaska 99801

**OFFICIAL MINUTES**

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Trustees present:

Paula Easley, Chair  
Mike Barton  
Laraine Derr  
John McClellan  
Russ Webb

Trust staff present:

Jeff Jessee  
Steve Williams  
Miri Smith-Coolidge  
Kevin Buckland  
Michael Baldwin  
Katie Baldwin-Johnson  
Nancy Burke (via Speakerphone)  
Amanda Lofgren  
Natasha Pineda (via Speakerphone)  
Carrie Predeger (via Speakerphone)  
Valette Keller (via Speakerphone)  
Carly Lawrence

Others participating:

Brenda Knapp; Monique Martin; Chris Ashenbrenner; Tawny Buck (via Speakerphone); Kate Burkhart; Kathy Craft (via Speakerphone); Britteny Howell (via Speakerphone).

## **PROCEEDINGS**

CHAIR EASLEY calls the Planning Committee to order. She asks the people present and on the phone to go around and introduce themselves. She asks for any announcements. There being none, she asks for a motion to approve the agenda.

TRUSTEE DERR makes a motion to approve the agenda.

CHAIR EASLEY moves to the minutes of the October 22, 2014, meeting. If there are no objections, they are considered approved. She then moves to the Medicaid Expansion Update and states that Nancy Burke will be leading the discussion. She continues that also here is Chris Ashenbrenner with DHSS, the Medicaid expansion project director, and Monique Martin, the health-care policy adviser in DHSS.

## **MEDICAID EXPANSION UPDATE**

MS. BURKE begins her presentation, stating that the current priorities of both the boards and the Trust include Medicaid expansion reform, recidivism and substance abuse. She adds that they are the areas where talking about expansion and reform changed the playing field for what is being dealt with in the services for Beneficiaries. She continues that the expansion will definitely impact thousands of Trust Beneficiaries. She states that the new population of eligible for coverage will include Beneficiaries who have chronic substance abuse and mental health issues and homeless adults, people who are incarcerated. She continues that the unknown is how many new Beneficiaries may be identified in the covered population. She adds that Medicaid expansion and reform will result in offsets and savings of General Funds. She states that the expansion will bring increased demands on the system, but will provide extra resources from the federal government, and will provide a bigger pool of people to use Medicaid more efficiently. She continues that one of the concerns expressed is that going for expansion first may compromise the activities that would lead to reform. She explains in greater detail.

TRUSTEE DERR asks how many of the 150,000 people in the Medicaid service population are Trust Beneficiaries.

MS. BURKE replies that the Department partners may have a more specific answer.

MS. ASHENBRENNER replies that the answer through the general population is unknown; but the expansion population at ages 19-65 are probably all Beneficiaries, because they are all adults. She states when this was put together, a lot was matched against the BRFSS, Behavioral Health Risk Survey. She continues that all the BRFSS is self-reported, and talks about some of the indicators.

MR. BALDWIN states, as part of the statewide behavioral health systems assessment, the contractor should be providing an estimate based on their prevalence estimates that are currently being worked on.

MS. ASHENBRENNER gives a brief overview of what has been done in the past eight weeks on the Medicaid expansion which is making the system efficient, effective, partnering with people, making it more collaborative, and finding efficiencies in that way. She states that to really figure out what works and what people want, providers have to be consulted to see what their systems are like and if they can support this. The hope is to start this process soon with the help of some technical assistance contractors. She adds that the target day is still July, 2015. She states that she has been asked about the need for a statute change, and the answer is no because in the Affordable Care Act it is actually written as a mandatory Medicaid eligibility, and says that any mandatory eligibility group has to be covered. She continues that what is needed is a budget authority to take in all that new federal money, and approval of the decrements. She states that one partnership in conjunction with the expansion is the Federal Marketplace, which is allowed to determine eligibility.

MS. MARTIN states that the federally facilitated Marketplace is healthcare.gov. The navigators at community health centers are already enrolling people. They enter the information and allow healthcare.gov to make an assessment. She adds that this helps reduce that administrative burden and the costs associated with more people coming into the system.

MS. ASHENBRENNER introduces herself and Monique Martin, stating that they are the team on this project.

CHAIR EASLEY asks if there are any questions at this time.

TRUSTEE WEBB asks about the General Fund offsets, the savings.

MS. ASHENBRENNER replies with a few examples, and explains why the savings will not be attained during the first year.

MS. LOFGREN asks Ms. Martin to speak to the work that has been done up to date by the Medicaid Reform Advisory Group and the Healthcare Commission, how it relates to the expansion efforts, and where is the crossover.

MS. MARTIN states that Commissioner Davidson is going to charge the Healthcare Commission with looking at all of the opportunities and options that are available to the State in the Affordable Care Act. She continues that the Medicaid Reform Advisory Group has been asked to come together one more time to give them the opportunity to finalize their recommendations. They are scheduled to meet on January 29, 2015. She adds that their input on starting this dialogue of reform is wanted.

CHAIR EASLEY states that she has talked to some people in the medical field, and they are very happy about the expansion. She continues that a number of them are looking for employees for this and asks if this is being addressed.

MS. MARTIN replies that this is huge for Alaska, and ANTHC has looked at this impact and the new economic opportunities not only in the health-care sector, but also to the hospitality industry and the travel industry.

CHAIR EASLEY asks if anyone in the Department is working with the Alaska Health Workforce Coalition.

MS. MARTIN replies that those dialogues are happening now.

A discussion ensues.

CHAIR EASLEY thanks both, and recognizes Michael Baldwin.

MR. BALDWIN states that tomorrow Margaret Brodie will give an update on the MMIS system, and will also give a current status update.

CHAIR EASLEY moves on, stating that the Marijuana Policy Initiative Update will not be discussed today. She moves into the MHTAAR Status Report Summary, and recognizes Carrie Predeger.

### **MHTAAR STATUS REPORT SUMMARY**

MS. PREDEGER states that the Trust issues grants from two different funding sources: The Authority Grant funds, which go to the community organizations around Alaska; and the MHTAAR funds, the Mental Health Trust Authorized Receipts, which are funds that go to State agencies for specific operating and capital projects. She continues that she will review the FY14 MHTAAR grants for folks' performance summaries, which provides an overview of the MHTAAR projects that make up about 53 percent of the total funding that was awarded by the Trust in FY14. She states that in FY14, 47 MHTAAR grants were awarded, for a total of nearly \$8.9 million. She explains that grants are categorized by project type, either direct service, planning and research, workforce development, or capital projects; and the majority of the projects for FY14 were direct service in nature. They encompassed 38 percent of all projects, and 40 percent of all total MHTAAR funding. She goes through the grants by specific focus areas and then continues to the numbers that were served. She states that in FY14, 11,385 Trust Beneficiaries were served with a total of 21,830 individuals served or impacted by MHTAAR projects. She moves on to project performance, stating that the Trust staff evaluates each project and assigns a rating of red light, yellow light, and green light. The grants receiving the yellow or red-light status are projects of concern, and staff is assigned to work with these grantees to address any areas of concern. She continues that of the 47 MHTAAR grants, one project received a red-light rating, and four projects received a yellow-light rating. The remaining 42 projects received green-light status ratings. She states that looking back at FY13, these numbers were pretty similar.

TRUSTEE DERR asks who received the red light.

MS. PREDEGER replies that it was the Criminal Justice Technicians which grants funds to the Department of Corrections to hire research analysts for data collection evaluation. She states that Steve Williams was assigned to this project.

MR. WILLIAMS states that the Department of Corrections was unable to get a PCN approved to be able to actually recruit and hire.

CHAIR EASLEY asks for an update.

MR. WILLIAMS replies that the funds in FY15 are available, and the Department of Corrections, as a whole, is implementing an electronic health records database. He states that a portion will be used for that; and then another portion will be used for partnership with the University Social Work Program to have student interns do some of the backfilling from the paper records, as well as dumping what is currently electronic into the new database system. He explains that a portion of those funds will be used to pay student stipends to fill the database with the information once it is on-line.

TRUSTEE DERR asks if that is a change of intent.

MR. WILLIAMS replies that it is still within the original scope of work, which was the overall research data component for helping the Department of Corrections.

CHAIR EASLEY asks Ms. Predeger to continue.

MS. PREDEGER states that the next section looks at whether Trust Beneficiaries are better off as a result of these projects. She goes through those numbers. She states that there has been a steady success over the past three years, in particular, as grantees get more familiar with reporting project outcomes to the Trust. She points out a few project highlights that demonstrate both the systems and Beneficiary impacts from the MHTAAR projects in FY14 that the Trustees can read over. She concludes her memo.

CHAIR EASLEY thanks Ms. Predeger for a good report. She moves on to the memo which addresses the MMIS situation, and states that Amanda Lofgren will give an update.

## **MMIS UPDATE**

MS. LOFGREN states that, in preparation, she asked Liz, the executive director of AADD to prepare some points to give an update. She states that there are significant barriers with the reimbursement, but Healthcare Services is working very closely with the AADD Association and providers to work with the issues as they come up.

CHAIR EASLEY states that the conflict-free case management and ADRD road map are interesting.

MS. LOFGREN reports that the ADRD started out with 97 recommendations that have been narrowed down to seven, which are identified in the report. She states that one of the partners took the lead in convening each of the strategies to move and implement each of them. She continues that the conflict-free case management, the ruling set forth by the Center for Medicare and Medicaid, CMS, were issued in March. One of the plans with Senior and Disability Services

to adopt the new rulings was to implement a transition plan to CMS, which is due in March. She continues, explaining as she goes along.

CHAIR EASLEY asks if there will be a need for new employees in that field.

MS. LOFGREN states that one of the strategies moving forward is looking at having some kind of regional care coordination organization. She continues that there are also independent care coordinators, and that system will not change. She states that there is still a lot of work to be done, and the plan is to have a final report with the design on February 18, 2015, because Senior and Disability Services has to rewrite their regulations and put that out for public comment. She continues that a more comprehensive case management program is needed so Beneficiaries end up with two or four case managers. She adds that this also creates more diversified funding for the case management organizations to move forward toward sustainability.

CHAIR EASLEY thanks Ms. Lofgren.

TRUSTEE DERR asks about the rural trip.

CHAIR EASLEY states that no decision has been made. She recognizes Mr. Baldwin.

MR. BALDWIN states that there was interest in the Kenai Peninsula region, but more work to sort it out needs to be done. He continues that it is a region with a lot of subregions and takes more coordination. He adds that Nome has been focused on as an upcoming target.

CHAIR EASLEY comments that she is glad to see attention given to the need for care coordination and case management and improving service delivery.

TRUSTEE WEBB agrees, and gives a specific example of the importance of a case manager.

CHAIR EASLEY asks for a motion to adjourn.

TRUSTEE BARTON makes a motion to adjourn the meeting.

TRUSTEE MCCLELLAN seconds.

*CHAIR EASLEY adjourns the meeting.*

(Planning Committee meeting adjourned at 11:48 a.m.)