

- Alterations that MA is currently making to the model would align with proposed updated scope.
- Grace had concerns of expanding MA's responsibility beyond the current contract (\$150k).
- DD is doing some analysis to look at what the SIS is authorizing vs. what people are actually using.
- Question of how to develop the assumptions when there will be program redesign occurring.
- DVR is moving from DHS to Dept. Labor and Employment in the next 16 months.
- Could phrase an effort around employment in terms of the visioning approach to establish action steps (restructuring under waivers, restricting buy-in and providing benefits counseling) as part of what could be done as part of the plan to implement during the next fiscal year.
- TPBR-Tax payer bill of rights. State revenue can't exceed a certain formula (pop. Growth + CPI). Problem is hospital provider fee was not defined as an enterprise outside of TPBR. Hospital growth is greater than that of the state revenue, and is now crowding out other public systems for providers. If shifting hospital provider fee to more of an enterprise does not occur, have to have everything budget neutral or negative.
- Jed was open to putting on the table using employment to offset Medicaid costs. However, unlikely it is unlikely that the costs would be offset. He said that employment needs to be put out there either way, and if it needs to be deferred that's ok because they would be prepared.
- Buy-in comes out of the hospital tax/fee, which is close to the 6% federal cap. Concern about this cap being lowered, and even if it doesn't change, may not have enough room.
- **Jed made the decision to go forward with employment.**
- Request to develop some low hanging fruit to include in this year's budget request. Request is due on 7/20, and also has to go through clearance prior. Nothing has been written yet, and updates need to be made. Jed said that this time frame can be a little flexible. Supplemental to obtain funding for current cycle is actually much later than next year's budget.
  - Jed said that he needed to focus internally on fiscal folks and cabinet secretary. Need to be able to sell it to Medicaid director, Sue. Rate reform for LTSS, expansion and improved access from fed. funding could potentially be "asks" or selling points.
- Jed felt that traditional home health agencies may be the biggest barrier, and that there is certainly some "bones" to throw out.
- Should be assuming this should be pulled into APD tied into the MMIS to claim the 90/10 matching.
- John Berry would be the CLAN Coordinator for the State.
- Consider putting PC committee within the CLAN Coordinating Committee
- Jed not opposed to using the Governor's Advisory Council on Disabilities if it can politically occur.
  - Tim will talk with Gina (Robinson?) about repurposing, to see if there is flux in the current council.
- *Will work with Amy to assign names and move forward. Amy will directly update the Governance Descriptions document.*
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- Jed agreed that it makes sense to merge RCCO and care coordination restructuring efforts. Would like to have RCCOs manage case management networks and assist with a guided choice framework. Envisions that RCCO may provide an oversight or technical assistance role. RCCOs

are primarily admin and coordination entities, so anything related can be thrown into the bucket.

- Haven't really looked into QIO to get matching; would like to see a third party monitoring if this is done. Willing to explore it, but is not something that is extraordinarily critical.
- Jed said that all the CFC effort and then other CLAG action items need to be implementation focused, not planning focused.
- Need to also incorporate Olmstead Community Living Plan-**Andrew to develop similar flow chart for this.**

#### Follow-up Meeting with Sarah and John

- *Need to look at the rules for CFC to see if LTHH meets requirements for HCBS. May be able to make an argument for reducing state spending through this; Tim said they included it under BIP.*
- Jed said that the LOC requirement for medical necessity for LTHH is identical for the waiver criteria. Steve said he thought that it was more vague.
- Keep residential waiver out until CO is ready to address the waitlists.
- Sarah reiterated that there needs to be less use of the words "planning" and more "operationalizing".
- Sarah suggested phasing in the governance groups, as it may make it more coordinated, easier to understand, and easier to fund.
- *Continue to follow-up with John re: the listing of all committees*
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