

Meeting Title: Title XIX Advisory Committee		
Minutes	Meeting Date: 9/20/19	Meeting Time: 8:30 am – 9:30 am
Meeting Location:	Conference Call Conference Call: 888-407-5039 Pin: 91312278	
Meeting Called By:	Claudia St. Clair, Chair	
Minutes:	Catherine Georg Meetings may be recorded for transcription RCW 9.73.040 (3)	

Title XIX Advisory Committee Online:

<https://www.hca.wa.gov/about-hca/apple-health-medicaid/medicaid-title-xix-advisory-committee>

Participants:

Members:							
<input type="checkbox"/>	Christian, Ann	1	<input checked="" type="checkbox"/>	Marsalli, Bob	7	<input type="checkbox"/>	13
<input checked="" type="checkbox"/>	Delecki, Chris	2	<input checked="" type="checkbox"/>	Milliren, Heather	8	<input type="checkbox"/>	14
<input type="checkbox"/>	Gil, Sylvia	3	<input type="checkbox"/>	Morrison, Cynthia	9	<input type="checkbox"/>	15
<input checked="" type="checkbox"/>	Hannemann, Barbara	4	<input checked="" type="checkbox"/>	St. Clair, Claudia	10	<input type="checkbox"/>	16
<input type="checkbox"/>	Hendrickson, Wes	5	<input type="checkbox"/>	Tufte, Janice	11	<input type="checkbox"/>	17
<input type="checkbox"/>	Lester, Litonya	6	<input checked="" type="checkbox"/>	Yorioka, Gerald 'Jerry'	12	<input type="checkbox"/>	18
HCA Staff:							
<input checked="" type="checkbox"/>	Georg, Catherine		<input checked="" type="checkbox"/>	Kramer, Karin		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	McGill, Jason		<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>	Lindeblad, MaryAnne		<input type="checkbox"/>			<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Linke, Taylor		<input type="checkbox"/>			<input type="checkbox"/>	
Members Review Bring Discuss							
Review/bring/discuss	<input checked="" type="checkbox"/> Current agenda and minutes <input checked="" type="checkbox"/> Changes in minutes may be emailed to: catherine.georg@hca.wa.gov						

This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.

RCW 9.73.030 (3) Intercepting, recording, or divulging private communication (3) Where consent by all parties is needed... consent shall be considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner, that such communication or conversation is about to be recorded or transmitted: PROVIDED, That if the conversation is to be recorded that said announcement shall also be recorded.

Date	Time	Call or In-Person	
January 18, 2019	8:30-9:30 am	Conference Call	Telephone
March 22, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
May 17, 2019	8:30-9:30 am	Conference Call	Telephone
July 12, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife
September 20, 2019	8:30-9:30 am	Conference Call	Telephone
November 15, 2019	8:30-12:00 pm	In-Person	Emerald Queen Conference Center - Fife

AGENDA

Allotted Time	Agenda Items	Lead	Approach
8:30-8:40 10 min	1. Call to Order 2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i> 3. Introductions 4. Approval of Agenda - Action Items (Members Only) 5. Approval of Minutes - Action Items (Members Only) 6. Review Action Items	Claudia St. Clair	
8:40-8:55 15 min	7. Children’s Coverage	Taylor Linke	Informational
8:55-9:10 15 min	8. Public Charge	Taylor Linke	Informational
9:10-9:25 15 min	9. Program Update	Taylor Linke	Informational
9:25-9:30 5 min	10. Potential Future Agenda Items & 2020 Dates	All	Decision

ACTION ITEMS & DECISIONS

Item	Action Items / Decisions	Completed
1.	Title XIX Membership & Bylaws Refresh: In progress; recommend pause while Claudia on leave. 5/17/19 – Cat schedule call 7/10/19 – Schedule call for when MAL returns	Complete: <input type="checkbox"/> Date:
2.	Verify bump in PEDs services through the remainder of the current FY; believe the intention was to continue that rate increase, correct would have been needed to be continued in the maintenance level, think it would have been assumed; Shawn O’Neill to clarify 7/11/19 MAL waiting for clarification; will update when know more	Complete: <input checked="" type="checkbox"/> Date:
3.	9/18/19 - Future 2020 Title XIX Dates – Cat Georg to check venue availability to see what dates are available – In progress	Complete: <input type="checkbox"/> Date

Potential Future Agenda Items – for In-Person [Next 11/15/19]	
1.	[7/27/18] Core Measurements Adult/Child Medicaid - there is a work group through the Governor’s office that oversees the measures and suggested that Laura Pennington attend a future in-person meeting to discuss the common set of measures, process and structure. [7/8/19 - Laura Pennington, Dr. Zerzan both on vacation]
2.	[5/17/19] Quality Withhold and new language [7/12/19 Request Bob Perna – please provide clarification]
3.	[7/12/19] More communications about outreach; mechanisms to communicate with us; there is so many new technologies; what might be more helpful in effective messaging; Karin – we have done some messaging, social media pushes, updates on lobby can go to hca.wa.gov and can be on web-page, how to apply, trying to push it, but need broader input; how do we connect membership in more effective ways; (Taylor) 2019 RDA report and survey, should provide some themes and inform the conversation; Karin – how do people like to receive information?
4.	[7/12/19] Kristina S – Interested in telemedicine; Michelle Hoffmann – has some good information and has been presenting (can we get DOH to come over?) – Send to MAL & Cat
5.	[7/12/19] Kristina S - Health Care for the Homeless
6.	[7/12/19] Bob Marsalli- Report to legislature – dental managed care
7.	[7/12/19] Bob Marsalli – PI how it dovetails to VBP role; MAL could do brief update on call and intensive in Nov meeting

8.	[7/12/19] Catherine Weiss: Seeing Title X lawsuits; any state responses to those? MAL – we internally and cross agency touch bases and coordinate; MAL - let us think about the best way to do that
9.	9/18/19 Cat Georg - Future Title XIX Dates

Other Partners / Participants / Presenters			
<input checked="" type="checkbox"/>	Busz, Andrew (WSHA)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Perna, Bob	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Potential 2020 Dates:

January - Conference Call

Title XIX Lindeblad, MaryAnne (HCA) ~~Fri 1/17/2020 8:00 AM~~

Title XIX Lindeblad, MaryAnne (HCA) Fri 1/24/2020 8:00 AM

Decision: Avoid date(s) where the Friday precedes a 3-day weekend

March - In-Person

Title XIX Lindeblad, MaryAnne (HCA) Fri 3/20/2020 8:00 AM

Title XIX Lindeblad, MaryAnne (HCA) Fri 3/27/2020 8:00 AM

May - Conference Call

Title XIX Lindeblad, MaryAnne (HCA) Fri 5/15/2020 8:00 AM

Title XIX Lindeblad, MaryAnne (HCA) ~~Fri 5/22/2020 8:00 AM~~

Decision: Avoid date(s) where the Friday precedes a 3-day weekend

July - In-Person

Title XIX Lindeblad, MaryAnne (HCA) Fri 7/17/2020 8:00 AM

Title XIX Lindeblad, MaryAnne (HCA) Fri 7/24/2020 8:00 AM

September - Conference Call

Title XIX Lindeblad, MaryAnne (HCA) Fri 9/18/2020 8:00 AM

Title XIX Lindeblad, MaryAnne (HCA) Fri 9/25/2020 8:00 AM

November - In-Person

Title XIX Lindeblad, MaryAnne (HCA) Fri 11/13/2020 8:00 AM

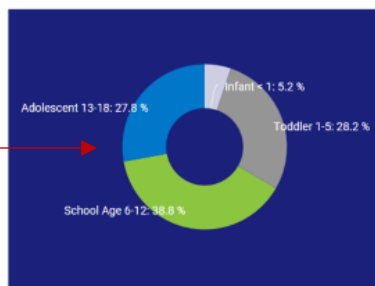
Title XIX Lindeblad, MaryAnne (HCA) Fri 11/20/2020 8:00 AM

	1. Call to Order 2. Announcement <i>This public meeting may be recorded in order to produce a transitory audio record for transcription purposes.</i> 3. Introductions 4. Approval of Agenda - Action Items (Members Only) <i>Agenda approved; minutes will be sent via email; email Cat with any updates</i> 5. Review Action Items		
8:40-8:55 15 min	6. Children's Coverage	Taylor Linke	Informational
Children's Coverage <ul style="list-style-type: none"> Our last meeting was right before the national CHIP coverage meeting in August There was a lot of conversation that took place at the national level, and a lot of publications about significant decline across the nation in children's coverage 			

- Are we seeing the same trends, and what can we attribute it to? WA isn't seeing the same decline as other states
- We will be working with Health Benefit Exchange (HBE) to see if kids are coming off coverage and going to different carriers
- Saw an increase in overall Medicaid; children's is a standalone, opposed to an expansion
- CHIP kids covered the same as Medicaid; in Washington CHIP is a "stand alone" or "separate" program as opposed to a Medicaid expansion or Combination program; our CHIP program is also a "Medicaid Look-alike," which means we cover CHIP kids just like Medicaid kids, with the same health plans, same benefits, just a few notable differences:
 - CHIP kids pay a premium (\$20 or \$30 per month)
 - CHIP kids must be "uninsured"
 - CHIP kids are not eligible while institutionalized; Medicaid suspension rules do not apply
 - CHIP coverage ends at age 19
- The largest portion under 19 is in the 6-12 age range @ 38% (see PowerPoint page 5 graph)
- Approximately 32,000 foster and foster care alumni receive services/support through Apple Health Core Connections (large representation of the population) (see PowerPoint page 5 graph)

Kids Coverage Details

Under 19- Details



❖ 5000

- Non-citizen women with income up to 193% of FPL received prenatal coverage

❖ 32,000

- Foster and foster care alumni that receive comprehensive physical and mental health support via Apple Health Core Connections

❖ 48%

- % of all Washington Medicaid covered lives are kids

- Bob Perna: Is Apple Health Core Connections part of Apple Health for kids? Is the head count counted in it, or?
- Taylor Linke: It is included in the overall number, not stand-alone
- Jerry Yorioka: Asked recently about extent of trafficking and slavery; when kids are rescued, some end up in foster care; has this area been reviewed, is there data or a reference point?
- Taylor Linke: If a child ended up in the emergency room or foster care, would (likely) be included under homeless youth or the family claiming them; information used (for those youth) for coverage would be maintained in a way to protect their privacy; cannot say they are part of that demographic; would have to ask team if there is anything that we are doing on this demographic
- Jerry Yorioka: There are claims (that this demographic of kids homeless and entrapped in trafficking die within 6-7 years of being entrapped; not attributing or connecting to suicide, opioid mortality, etc.; part of the question has to do with improving methods of collecting data, otherwise it's cloudy
- Taylor Linke: DBHR may have more insight; good **future agenda item**; thank you for shedding light on this topic

8:55-9:10
15 min

7. Public Charge

Taylor Linke

Informational

- As of October 15, 2019, the new federal Public Charge rules will take effect; highly complex
- Law imposes new barriers for individuals who Department of Homeland Security (DHS) considers to be a "public charge" or individuals who are dependent on the federal government for support when they are applying for legal permanent residence (LPR) status
- DHS will use a weighted system (public charge test) to determine public charge based on receipt of public benefits for 12 consecutive months or 12 months out of 36 months; already seeing an impact on the Medicaid community
- If receiving food and cash as one benefit, considered 2 months of services; timeframe can be expedited based on the number of services being received
- Public charge term is specific to whether the person is now, or in the future, likely to receive/apply benefits; used in immigration law to describe someone who is primarily dependent on government assistance

- The final rule changes how immigration officials determine whether certain immigrants will become a public charge
- A public charge assessment considers whether a person is likely to become a public charge at some time in the future
- Background and exemptions [see PowerPoint slides 14 & 15]
- The following benefits were already included in the public charge test and will remain:
 - Medicaid funded nursing facility or long-term care services
 - Temporary Assistance for Needy Families (TANF); Supplemental Security Income (SSI); any federal, state, local or tribal cash assistance for income maintenance
- When/if the rule becomes effective, the following benefits will be added:
 - Federally funded Medicaid (there are exemptions)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Section 8 Housing Choice Vouchers & Section 8 Project-Based Rental Assistance
 - Public Housing
- CHIP is not considered under public charge; multitude of exemptions; impact is less than perceived
- No changes are being made to state benefits, although state and local cash benefits will still be considered under the public charge test
- Current green card holders who are receiving Medicaid will only be subject to a public charge determination if they leave the country either (a) for more than 6 months or (b) with certain criminal convictions, and then want to come back to the United States
- Not all immigrants are subject to the public charge test:
 - The test is used for (1) applicants for lawful permanent residency (green cards) (2) applicants for admission to the United States (3) green card holders who have left the U.S. for more than six continuous months
 - It is not used in processing applications for U.S. citizenship or naturalization (when lawful permanent residents – green card holders— apply to become U.S. citizens)
 - Immigrant groups exempted from the public charge test include: Refugees; Asylees; Amerasian immigrants, Afghan and Iraqi Special Immigrant Visa Holders, Cuban/Haitian Entrants, humanitarian parolees, victims of human trafficking (T-Visa), victim of criminal activity (U-Visa), Special Immigrant Juveniles, or VAWA (Violence Against Women Act) self-petitioners.
- People have been afraid to apply; they would need to know citizen status and other factors to know whether they should apply; we are still trying to wrap our minds around what the populations will be
- We are trying cross agency communications; there is an Oct webinar scheduled (should be a list serve); has potential for a larger impact than any of us would like; the fear that people have, is that it will impact on them
- Taylor Linke: Are you hearing anything out there?
- Bob Perna: Not hearing anything; people may not know it
- Taylor Linke: Should folks apply after 10/15, it would apply to those; regulation does not prevent us from granting Medicaid for those applying; the impact is that the Fed can determine later that public charge applies
- States are in the process of suing Fed government; Patty Murray is proposing legislation (9/20) to stop implementation
- Andrew Busz: We are also really worried about this; there is a reticence; there will be fewer emergency services, and more will be reluctant to apply for services that they would otherwise be eligible to apply for
- Taylor Linke: We have made a great effort with Apple Health; there is a lot of behind the scenes effort; we have state funding (under Apple Health; it is a double edged sword; people may not (necessarily) know how benefits are funded
- If you are hearing examples associated fears, please let us know; it could help in our outreach to dispel myths, and we could combat through communication

Consumer Resources

- ▶ Consumers potentially affected by the rule are advised to seek independent legal counsel
- ▶ They may contact one of the following organizations for help:
 - ▶ CLEAR Hotline: 1-888-201-1014
 - ▶ Northwest Immigrant Rights Project (NWIRP) Seattle Office: 206-587-4009
 - ▶ NWIRP Yakima Valley (Granger) Office: 509-854-2100
 - ▶ NWIRP Wenatchee Office: 509-570-0054

9:10-9:25 15 min	8. Program Update	Taylor Linke	Informational
<p>Family Planning for Non-Citizens</p> <ul style="list-style-type: none"> • Family planning only for non-citizens; leg session gave ; previously had not been available to non-citizens, non-eligible; now all have access to birth control • Operating budget, ESHB 1109, gave HCA the authority to expand Family Planning Only to non-citizens • All individuals under 260% FPL who are Washington residents to be eligible for the program • This program provides both men and women coverage for family planning services; the goal of Family Planning Only is to reduce unintended pregnancies. • Services Include: <ul style="list-style-type: none"> ○ Counseling to help with family planning ○ FDA approved contraceptive methods: pills, patches, rings, shots, IUDs, implants, diaphragms, cervical caps, condoms, spermicides (foam, cream, and gels), and emergency contraception ○ Education and supplies for natural family planning ○ Sterilization procedures ○ Limited screening and treatment for STDs and Sexually Transmitted Infections • Currently <ul style="list-style-type: none"> ○ Income must be at or below 260 percent of the Federal Poverty Level (FPL) and you must be either be: <ul style="list-style-type: none"> ▪ Uninsured and not eligible for Apple Health (Medicaid) coverage ▪ Insured and seeking confidential family planning services • Family Planning Only is <i>not available for undocumented or "nonqualified"</i> residents (WAC 182-503-0535) • Change will take effect January 1, 2020 • Stakeholder & staff outreach and training will be coming soon <p>Health Workers w/ Disabilities</p> <ul style="list-style-type: none"> • Health Workers w/ Disabilities (HWD) allows to disregard age and income limits; change will take effect January 1, 2020; SHB 1199 authorizes HCA to disregard an individual's income and age for the HWD buy-in program • Relating to health care for working individuals with disabilities, it is the intent of the legislature to remove barriers to employment for individuals with disabilities by providing medical assistance to working individuals with disabilities through a buy-in program in accordance with the Social Security act and eligibility and cost-sharing requirements established by the authority • Bill also requires HCA to seek federal approval to exclude some resources that are used when determining eligibility for other medical assistance programs • Change is going to allow them to work competitively; currently discourages them from working at higher level • The bill requires HCA to: <ul style="list-style-type: none"> ○ Eliminate income limits for the state Medicaid buy-in program (HWD) ○ Eliminate age limits for the state Medicaid buy-in program (HWD) • Seek federal approval to exclude resources accumulated in a separate account that results from earnings during an individual's enrollment in the buy-in program when determining the individual's subsequent eligibility for another medical assistance program. • Currently, the program has a net income limit of 220% of the federal poverty level (FPL) and an age limit of 65 years • No test for resources is required; the income limit prevents enrollees with higher unearned income benefits, e.g. Social Security Disability Insurance (SSDI), from working competitively at a living wage and remaining eligible for their health care coverage • Bill would also allow enrollees to place earnings they would choose to save in a separate account that would remain excluded when subsequently applying for a different health care program that includes a test for resources for eligibility • It has taken a couple times trying to get this through; believe we will see a lot of positive changes as a result • Working with partners to implement <p>Medical Care Services (MCS) Dental</p> <ul style="list-style-type: none"> • Operating budget, HB ES1109, gave HCA the authority to expand the dental package of MCS to equal the ABP dental package. Currently, only emergent dental services are covered under MCS; change will take effect January 1, 2020 			

- The Medical Care Services Program (MCS), formally known as General Assistance (GA) and Disability Lifeline, covers basic services such as doctor's visits, prescriptions, and hospitalizations
- Some services, such as dental and mental health treatment may have restrictions and require PA, or may not be covered; chiropractic services are only covered for clients under the age of 19 and part of the Healthy Kids Program; clients do not have out of state care coverage
- When we look at current package, only emergency services will expand to include allow providers to bill
- Will provide training for the provider community; targeted training will show how can bill through the system
- Chris Delecki: How many individuals will this affect?
- Taylor Linke: We do not have the number, but can email after the meeting
- Emily Lovell: WSDA will be happy to partner on getting information out

9:25-9:30 5 min	9. Potential Future Agenda Items & 2020 Dates	All	Decision
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- 2020 Dates**
- Cat Georg: There has been a change in management at the Emerald Queen; since we are a smaller group, they want to move us to their conference room inside the hotel building itself, across the parking lot from where we meet now
 - We have looked at this room before and it is nice; however, participants would have to travel through the casino to get to the conference room; this is a smoking facility; there is heavy smoke through the casino, which also drifts to the conference room; this becomes problematic for individuals with health considerations
 - Please review the dates noted on the agenda, we can then search for venue locations/options for in-person meetings
 - Dates- Decision: Avoid dates the precede a 3-day weekend; decide based on venue availability
 - Venue – Decision: Send venue ideas/suggestions to Cat Georg by e-mail

Additional Potential Future Agenda Items for Consideration	
1.	Jerry Yorioka: Trafficking/Slavery and foster care [DBHR - Diana Cockerill et al?]
2.	Kristina Sawyckyj: Housing Navigator Reimbursement & using monies for navigators [DBHR - Tom Fuchs?]
3.	
4.	
5.	