

# Montgomery Cares Advisory Board

## May 25, 2022 Meeting Notes

**MCAB Members Present:** Betsy Ballard, Melanie Bunting, Kathy Deerkoski, Mark Foraker, Melinda Hite, Yuchi Huang, Denise Kishel, Peter Lowet, Helaine Resnick, Diana Saladini, Dr. Langston Smith, Wayne Swann

**MCAB Members Absent:** Sarah Galbraith-Emami, Sharron Holquin, Ashok Kapur,

**DHHS Staff:** Tricia Boyce, Magda Brown, Tara Clemons, Sean Gibson, Yvonne Iscandri, Robert Morrow, Dr. Christopher Rogers, Rebecca Smith

**County Council Staff:**

**Primary Care Coalition:** Sarah Frazell, Leslie Graham, Marisol Ortiz, Aisha Robinson, Hillery Tumba

**Guests:** Julia Doherty

Wayne Swann, called the meeting to order at 6:05 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<b>Approval of Minutes – April 2022</b> <i>Moved by Mark Foraker</i> <i>Seconded by Yuchi Huang</i> <i>Unanimously approved</i>			
2.	<b>Montgomery Cares Advisory Board Chair Report</b> -- Committee Membership <ul style="list-style-type: none"><li>Wayne welcomed all new members and highlighted the agenda. He noted the continuation of the eligibility conversation as well as the MCares Committee's work on eligibility developing recommendations for HHS and more specifically for consideration by Dr. Christopher Rogers</li><li>Wayne explained that a set of two documents was provided for members to review. The first document includes the committee's recommendations and the second one includes a historical overview. Diana provided a brief summary of both documents</li></ul> <u>Discussion:</u> <ul style="list-style-type: none"><li>Denise wanted to know if there was a budget issue around providing eligibility for a two-year period vs. one year. Diana explained that to her knowledge it would not affect the budget. Mark noted that this would require a deeper conversation and asked for Dr. Rogers to provide his perspective. Dr. Rogers noted that Denise was</li></ul>			

	<p>raising several critical points about the complexity of the eligibility and enrollment system and the multiple things that must be considered. He also noted that the new members didn't have the opportunity to hear DHHS' proposed eligibility and enrollment plan, which was discussed a few months back. He explained that it would benefit the new members to hear about the departments process that was put forward with collaboration with PCC and other stakeholders taking into consideration the historical challenges and what has been done to address them</p> <ul style="list-style-type: none"> <li>▪ Dr. Rogers suggested waiting to hear OESS' presentation and suggested for DHHS to have the opportunity to do a follow up presentation on its plan on eligibility and enrollment so new members can make an informed vote on MCares recommendations</li> <li>▪ Wayne suggested to have DHHS present their plan at the June meeting and then have a final conversation on the MCares committee's recommendations for approval</li> <li>▪ Peter and Kathy expressed their concerns regarding the committee's work and DHHS' plan. They both highlighted the importance of working together and noted that the committee's recommendations took DHHS' plan into account</li> <li>▪ Helaine reminded members that some concerns were brought up during the previous meeting when the committee presented the eligibility recommendations. The first concern was regarding not having enough time to review the documents. The second was a request for background information. Helaine explained that the committee has now provided the documents and it was her understanding that with that, MCAB would have a chance to vote on this motion</li> <li>▪ Wayne wanted to recognize the work and effort of the committee and suggested for MCAB to vote on the recommendation provided that Dr. Rogers was comfortable with it. Dr. Rogers stated that he and other DHHS staff on the call would be comfortable with that</li> </ul> <p><u>A MOTION</u> was made by Helaine Resnick to approve the MCares committee's eligibility and enrollment process recommendations (with minor edits to be provided by the Chair). The motion was seconded by Yuchi Huang. The motion was passed with 2 votes against and 2 abstentions: Denise Kishel and Melanie Bunting</p> <ul style="list-style-type: none"> <li>• Wayne wanted to discuss committee membership and explained that either one or two committees will be assigned, and one will be elected in order to get enough members to serve on each committee. He asked for members feedback. Mark volunteered to serve in the Health Care for the Homeless committee and Denise volunteered to serve in the Care for Kids/Maternity Partnership committee</li> </ul>			
3.	<p><b>Health Care for the Uninsured Report</b> <b>See Report</b></p> <ul style="list-style-type: none"> <li>• Tara provided a summary of the FY23 Health Care for the Uninsured Additions per the County Council vote which is to be finalized May 26, 2022</li> </ul> <p><u><b>Programmatic Updates</b></u> Montgomery Cares</p>	DHHS Staff		

	<ul style="list-style-type: none"> <li>• Montgomery Cares served 19,320 patients through April 2022 with a total of 42,316 patient visits (in-patient and telehealth) at the ten participating clinics. A 9% increase in patients and -5% reduction in encounters compared to the same time last year</li> <li>• Projections place year-end totals at approximately 47,284 encounters (FY21 - 53,336 encounters).</li> <li>• July – April 2022: The split of encounters is 86% in-patient and 14% telehealth.</li> </ul> <p>Care for Kids</p> <ul style="list-style-type: none"> <li>• Program enrollment through April 2022 is 7,271 which is a 17% increase over the same time last year (6,204).</li> <li>• Numbers for <u>new patients</u> are significantly up compared to the same time last year 275% (FY21 – 470, FY22 - 1,764).</li> </ul> <p>Maternity Partnership</p> <ul style="list-style-type: none"> <li>• Program enrollment through April 2022 is 1,375 which is a 18% increase over the same time last year (1,162). Projected utilization for the FY is 1,600 women (69 more women served than last year)</li> <li>• The Maryland Medical Assistance Program - Healthy Babies Equity Act: any pregnant woman, at or below 133% of the FPL will be eligible for Medicaid, regardless of her immigration status. This means that many of our MPP participants will now be eligible for Medicaid. We aren't yet sure what the impact of the new law will be on the program, but we do know that the MPP is still needed to provide prenatal care to uninsured women between 133% FPL and 250% FPL.</li> </ul> <p>County Dental</p> <ul style="list-style-type: none"> <li>• County Dental served 4,027 patients through April 2022 with a total of 8,953 patient visits. An 61% increase in patients and 93% increase in the number of visits compared to the same time last year</li> <li>• We are still experiencing workforce issue but it a national issue that is affecting private, non-profit and public health providers. We are hopeful that national/state innovations will be made such as enhanced loan repayment programs, oral health training grants, supporting medical-dental collaboration etc.</li> </ul> <p>Health Care for the Homeless</p> <ul style="list-style-type: none"> <li>• Medical Respite – Program continues to grow and working consistently on enhancements to the referral process and programmatic needs.</li> <li>• The program will continue to assess ways to increase referrals and admission for appropriate homeless clients in need of recuperative care.</li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>• Regarding the Healthy Babies Equity Act, Mark wanted to know if enrollment in Medicaid would stop shortly after giving birth. Tara explained that the coverage has been expanded and they would be covered for a year after giving birth</li> </ul>			
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4.	<p><b>OESS Presentation: Eligibility programs for Residents</b>  <b>See presentation</b></p> <p style="text-align: right;"><b>Sean Gibson/Yvonne Iscandri</b></p> <ul style="list-style-type: none"> <li>Yvonne Iscandri introduced herself as the Senior Administrator for the Office of Eligibility and Support Services (OESS). She explained that OESS determines eligibility for Federal, State, and Local County programs. She noted that Montgomery Cares is 1 of 14 programs that OESS determines eligibility for. She clarified OESS's role and explained that OESS is not the entity that creates policy or regulations but rather the entity that administers and applies the policies and regulations created by Fed, State, and local partners. She explained that OESS' Health Insurance Manager, Sean Gibson would present on all the programs OESS provides eligibility for</li> <li>Sean provided an overview of the department including OESS' mission, organization structure, affiliations, benefits/programs, and who they are. Sean explained the eligibility processing system and noted that the State of Maryland is moving to a customer driven application process. Customers must create an account in the health connection system, OESS is not able to create the account, the clients must do it.</li> <li>Sean highlighted that computer labs are available for client use at all OESS locations and there are people available to help clients who may need assistance</li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>Helaine wanted to know if clients could help patients create their customer portal and use it to look up application status. Sean noted that he could not speak to that as it is a State of Maryland system. He explained that the State of Maryland's intention is for the customer to use it themselves. Yvonne added that any applicant can have an authorized representative and the customer could enter that information in the system</li> <li>Peter asked Sean if he had any insights regarding Medicare recipients being hard to reach to let them know about the cost of subsidies. He also wanted to know Sean's opinion on what the impact of the Maryland Health Emergency ending will be for enrollees on both Medicaid and subsidies for private health plans. Sean explained that they work very closely with SHIP, and they are able to assist as needed. Regarding the public health emergency, he explained that he is in the committee with the Maryland Department of Health and noted that the public health emergency isn't over yet and it was in fact just extended again until August. He explained that while he is not at liberty to discuss what he is hearing from the committee they are working on a plan to ensure customers are reevaluated and the ones that are no longer eligible for Medicaid will have the opportunity to apply for a QHP</li> <li>Sean wanted to clarify that currently there is no eligibility determination being made for the Montgomery Cares Program. The Montgomery Cares eligibility determination was waived by Public Health. He explained that OESS is only determining eligibility for individuals who need higher level of care which is a small group</li> </ul>			
5.	<p><b>Montgomery Cares – 3<sup>rd</sup> quarter Report</b>  <b>See presentation</b></p> <p style="text-align: right;"><b>Aisha Robinson</b></p> <p><u>Montgomery Cares Q3 Performance</u></p> <ul style="list-style-type: none"> <li>The benchmark for the third quarter is 75%</li> </ul>			

	<ul style="list-style-type: none"> <li>○ Clinics have reached 52% of the FY2022 budgeted number of encounters, and 64% of the projection for unduplicated patients.</li> <li>● Length of Time to Next Appointment for Patients <ul style="list-style-type: none"> <li>○ All clinics have capacity to see established patients within 7 days, except for Holy Cross - Germantown (10 days) and MCC (15 days).</li> <li>○ All clinics are accepting new patients. The average wait time for a new patient appointment range from 1 day (CCACC and Holy Cross – Germantown) to 30 days (MCC).</li> </ul> </li> </ul> <p><b><u>Patients and Encounters – FY2022 Q3</u></b></p> <ul style="list-style-type: none"> <li>● Benchmark for encounters is 75%; actual is 52%</li> </ul> <p><b><u>Montgomery Cares Encounter Projection</u></b></p> <ul style="list-style-type: none"> <li>● The Montgomery Cares Program is budgeted for 72,000 encounters for FY22.</li> <li>● At the close of Q3, the projections are showing approximately 45,878 encounters</li> </ul> <p><b><u>Value Based Care</u></b></p> <ul style="list-style-type: none"> <li>● Elizabeth Arend worked with DHHS to design a pilot for Phase 1 of the VBC initiative. The pilot would include several stakeholders and begin in the fall of 2022.</li> </ul> <p><b><u>Montgomery Cares Behavioral Health Program</u></b></p> <ul style="list-style-type: none"> <li>● Collaboration and Education <ul style="list-style-type: none"> <li>○ Director now has reoccurring meetings with DHHS Chief of Behavioral Health and Crisis Services Dr. Santiago to discuss MCBHP and potential ways county programs and safety net clinics can more easily communicate and coordinate care.</li> <li>○ PCC held leadership meeting with other clinic supervisors (staff from CCI, Mary’s Center, and Mobile Med attended.) The attendees discussed how difficult it continues to be to hire new staff. One of the main issues seems to be behavioral health providers wanting to work 100% remote positions. The attendees also shared they are getting many referrals for patients with high intensity/acute needs.</li> <li>○ Director and PCC Director of Client Services met with staff at Shepard Pratt’s Care and Connections for Families, Newcomer program. Director spoke at their staff meeting about safety net primary care and behavioral health services, and their staff came to the Caring for the Whole Child learning collaborative meeting to discuss the program and how safety net clinics can refer to the program, which offers intensive behavioral health services to the child/adolescent newcomer population.</li> <li>○ Director attended a focus group with Caring Matters to give input about gaps and needs for grief support in Montgomery County.</li> </ul> </li> <li>● Outreach and Presentations <ul style="list-style-type: none"> <li>○ Director and Care Manager attended 2 health fairs at MCC for Afghan refugees. They presented information about MCBHP services and helped several individuals enroll in the program.</li> <li>○ Director attended a February meeting with county agency psychiatrists to review the MCBHP and help facilitate communication with the safety net clinics.</li> </ul> </li> </ul>			
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6.	<p><b>May 2022 Planning Mtg and Next Steps</b></p> <p style="text-align: right;"><b>Wayne Swann</b></p> <p>The June meeting will be held on the 22nd at 6:00pm and will include:</p> <ul style="list-style-type: none"> <li>Planning for planning retreat in September.</li> <li>Wayne asked members to provide ideas on what they would like discuss during the retreat. He asked for members to email him and/or Dr. Rogers</li> <li>Wayne announced Tara’s resignation and thanked her for her services. Tara thanked the Board members and noted that she will be working with the County Council</li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>Mark wanted to know if the retreat planning process had been handled differently in the past during an election year cycle. Wayne explained that it wasn’t</li> </ul>			

	<ul style="list-style-type: none"> <li>• Mark mentioned that TROIKA's aim is to get their policy points agreed upon earlier in the year to get advocacy in front of the County Executive's budget moving the cycle up by 4-6 months</li> <li>• Yuchi requested copies of the materials presented during the meeting</li> </ul>			
7.	<b>Meeting Adjourned at 7:58 PM</b>  <i>Motion to adjourn: Diana Saladini</i> <i>Seconded: Helaine Resnick</i>			

Respectfully submitted,

*Christopher Rogers*

Dr. Christopher Rogers  
Montgomery Cares Advisory Board