

## Steering Committee August 2018 Meeting Summary

### Attendance

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#### Steering Committee Members

*Present:* Ginny Creasman, Ann Davis, Gregory Dill, Nancy Graebner, Norman Herbert, Peter Jacobson, Sharon Moore, Ellen Rabinowitz, Alfreda Rooks, Pam Smith, Doug Strong, Rosalie Tocco-Bradley, Marianne Udow-Phillips, George W. Waddles, Jr.

*Phone:* Connie Conklin, Marti Walsh

*Absent:* Jack Billi, Trish Cortes, Tony Denton, Mark LePage, David Sarns, Brent Williams

*Work Group Chairs:* Nancy Siegrist

*Guests:* Ali Arastu, Molly Fauson

#### CHRT staff

*Present:* Nancy Baum, Elizabeth Jahn, Jaque King, Jeremy Lapedis, Kathryne O'Grady, Gregory Powers, Maggie Randolph, Carrie Rheingans, Erin Spanier, Karin Teske, Molly Welch Marahar

### Key Summary Points

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- Finance Committee Report: The WHI Finance Committee approved proposals for two projects: CareNet and Medicaid & Marketplace Outreach & Enrollment. Both projects will be funded for two more years by the earmarked funds from the Washtenaw Health Plan, which will expend the remaining funds. The WHP board also approved the expenditures. The WHI Finance Committee still has an opening for a representative from St. Joseph Mercy-Ann Arbor; Rosalie Tocco-Bradley will follow up internally to ensure a representative for the next meeting.
- **Vital Seniors Prize Update:** CHRT staff (Marianne Udow-Phillips, Maggie Randolph, and Carrie Rheingans), along with colleagues from Altarum Institute, met on 8/1 with Ann Arbor Area Community Foundation staff Jillian Rosen and Chris Lemon to discuss other ways to potentially fund a senior data dashboard outside the Vital Seniors Prize process. AAACF and the Glacier Hills Legacy Fund board want to make an impact in the senior services system and facilitate systems change. There will be a noncompetitive funding stream for such activities beginning in 2019. AAACF staff requested a 2-page concept paper describing how the WHI Senior Services group, with support of CHRT and Altarum staff, could push this work forward over the next five years. AAACF staff and the Glacier Hills Legacy Fund board will review the paper and make comments in October, and likely request a full proposal by the end of 2018.
- **SIM Updates:**
  - SIM co-chairs and CHRT staff presented the Livingston-Washtenaw region's work to MDHHS Senior Deputy Director of the Population Health Administration, Sue Moran, on 7/24. The presentation was well-received and will help MDHHS staff further develop their sustainability plans. Ellen Rabinowitz informed the group that Sue Moran is pulling together health departments from the SIM regions. Carrie Rheingans will send to Ellen the presentation materials used by the co-chairs.
  - Sustainability update: all 6 Medicaid health plans continue to be engaged. CHRT staff were granted access to Aetna's care coordination system, which will enable

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- a test of the process to manage Aetna enrollees with the Livingston-Washtenaw intervention.
- Housing update: MDHHS created two housing-focused initiatives under the SIM, and Livingston-Washtenaw will participate in both:
  - Housing voucher pilot: using data from the state-wide Homeless Management Information System and Medicaid claims, individuals who are chronically homeless and high ED users will receive a housing voucher and intensive care management. Avalon Housing, which is also an intervention hublet, received 25 vouchers. Only four organizations across the state received vouchers, in three of the five SIM regions (one in Northern, two in Muskegon, one in Livingston-Washtenaw).
  - Housing and health care systems integration: MDHHS will distribute around \$100,000 to each SIM region to support integration of the housing and health care systems, and to provide technical assistance for housing organizations to be able to bill Medicaid for supportive services. Details are expected in September.
- Intervention updates:
  - Predictive model: there have been five iterations of the predictive model, to which geography and diagnostic codes were added in the past year. The model will not be revised again in 2018, as it has been producing lists as the committees envisioned, including about a third of the individuals not being previously known to the systems.
  - Individuals identified by the predictive model but were delayed enrollment by six months have begun entering the intervention.
  - Partner entities: this new category of organizations participating in the intervention was created to allow organizations outside just the hublets to participate in care coordination. Partner entities are authorized to access the common care coordination platform, but receive no additional funds to do so. The Delonis shelter is the first partner entity.
  - Great Lakes Health Connect granted access to the hub and hublets for staff and care coordinators to view additional information about participants, if necessary, to assist in assigning participants to the most relevant lead hublet.
  - Activity-based payments for hublets began as of 8/1. In the previous year, each hublet received the same level of funding. Going forward, hublets will be paid a combination of a minimum flat rate per hublet, plus payment based on the activity the hublets have each quarter. In addition, the overall amount of funding to hublets increased from the last year to this year.
- **WHI Member Survey:** The group discussed the results of the 2018 WHI member survey, including the key areas identified for improvement by members: communications, membership engagement, and WHI direction. Steering Committee members discussed how to communicate to the public about the behind-the-scenes role of the WHI. The challenge is that WHI member organizations are the ones delivering services, while the WHI serves as a facilitator and provides technical assistance.

## Next Meeting

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Tuesday, September 11, 2018 10:00 –11:00 AM