

WEBVTT

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00:00:07.360 --> 00:00:09.220

Marvelyn Davis: Good afternoon, everyone.

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00:00:09.390 --> 00:00:15.770

Marvelyn Davis: Thank you for joining today's CMCS All-State call and webinar.

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00:00:15.980 --> 00:00:31.130

Marvelyn Davis: At this time, all participant lines have been muted, and you are in a listening mode only. This call is being recorded. If you have any objections to being recorded, you may disconnect at this time.

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Marvelyn Davis: During the Q&A session, If you would like to ask a question verbally, please use your raised hand feature.

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Marvelyn Davis: And I will unmute your line, and you will be able to ask your question verbally. Or, if you would prefer, you may write your question and submit it in the Q&A box located at the bottom of your toolbar.

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Marvelyn Davis: And now, please welcome Nick Wallace.

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Marvelyn Davis: Nick?

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Nick Wallace: Thanks so much, Marv. Hi, everybody! Welcome to today's Allstate Call. We know it's been a while since we've come together, so it's great to have everybody back.

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Nick Wallace: My name is Nick Wallace, I'm a health insurance specialist here at CMCS, and I will be facilitating today's Allstate call, and I'm going to start by turning it over to Dan Brillman, our new Center Director, to give opening remarks. Dan, I will turn it over to you.

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00:01:26.810 --> 00:01:51.090

Dan Brillman: Thank you, Nick, and welcome, everyone. Many of you may know me, as we may have been working together in the private sector just

a few weeks ago, but for those that don't know me, I'm Dan Brillman, I'm the new Deputy Administrator here at CMS and Director of Medicaid and CHIP. And as an innovator coming from the private sector, obviously I'm a big believer in partnership and collaboration and working together to drive to where we want to be generations from now.

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Dan Brillman: leveraging the most advanced technology to best serve those in need, and how we work together, along with technology to serve, solve problems together. And so, for a little bit of background, just for folks that don't know me, I come from finance, consulting, and the venture capital world at first.

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Dan Brillman: With a 17-year stop as a pilot in the Air Force Reserves, where I still serve today. And many of you may know me, from my co-founding and, as the CEO of Unite Us, which is the largest outcome-focused technology infrastructure that connects healthcare, government, and community-based services across the nation. I focused on breaking down silos and fragmentation between sectors, ensuring we prove how interventions in the community improve health.

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Dan Brillman: And lower costs, and move from a reactive system of care to a proactive and predictive system that can intervene early and close gaps that impede improved health for our beneficiaries.

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Dan Brillman: Now I get to partner with you all in a very important time in our country, and I want us all to continue to think outside the box together, that we focus on real change that drives better outcomes for our beneficiaries, not just within a state, but across states and across the nation, that we leverage

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Dan Brillman: technology, proactively, and innovate together, and I'm a big believer in standardization, interoperability, working outside of our own silos, because it ultimately helps the person in need.

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Dan Brillman: And we really, I hope that we will do things differently here. We're gonna ideate with you, and build with you, and really understand your unique needs in your state. Many of you are already doing that with us on community engagement. I think our team here at CMCS and at CMS

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Dan Brillman: for all that you're doing proactively with states. And I also want to think about our future together as our population becomes more transient, uses technology more to continue to build a seamless experience for beneficiaries to access what they need when they need us as a government. And we deserve to provide that, or they deserve.

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Dan Brillman: That, and we invest in the things that improve their health, and we do it as efficiently and at scale, regardless of where they're consuming those services and benefits, across the nation. So, I look forward to partnering with you all to make our program better, more efficient, proving how we move the needle to provide better outcomes together for the people we serve.

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Dan Brillman: I look forward to seeing many of you at NAMD conference in a few weeks as well. And without further ado, I'm going to turn it over to my esteemed colleague, Caprice. So thank you all for your time.

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Caprice Knapp: Okay..

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00:04:21.679 --> 00:04:34.289

Caprice Knapp: There you go. Have to turn on the camera. Okay, thanks, Dan. Thanks so much. First of all, I want to say thank you to everyone on the call for joining us. It's been about 8 months since we've had an Allstate call, and we are excited to

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Caprice Knapp: Be back with you all, and want to say thank you for the hard work that you do every day, for your Medicaid programs and for your Medicaid, clients.

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Caprice Knapp: We have a packed agenda for you today.

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Caprice Knapp: And just want to briefly go through the agenda. You're going to hear first from Andrew Johnson, who's going to talk to you, about recent events that happened at the Advisory Committee on Immunization Practices. As you all are aware, there was a meeting in September that happened. Andrew's going to give us a, an update on that.

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Caprice Knapp: Deirdre Stockman's gonna talk to us from Children and Adults Health Programs Group, and she's gonna talk to us about the 2024 CoreSet data products. You all are very familiar with CoreSet.

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Caprice Knapp: And she's going to go through the products that are coming out. Rebecca Birch-Mack, from our fantastic managed care group is going to talk to you about state-directed payments. I'm sure you saw a center information bulletin that we put out recently on quality. Very excited about some of the new requirements we have.

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Caprice Knapp: In terms of expectations about what you're going to include in your quality plans for your state-directed payments and what our expectations are there.

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Caprice Knapp: Alejandra Johnson's going to talk to you from Data Systems Group, about compliance and regulatory requirements for MES, your Medicaid Enterprise Systems modules and solutions. And then finally, Sarah Harshman's going to come, from our benefits group and talk to you about a recent show letter that we have on Crisis Continuum, which really highlights some of the authorities and the flexibilities that you all have

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Caprice Knapp: About bringing some of those crisis services, to your state.

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Caprice Knapp: So, then we're going to circle back to Nick and team, for a Q&A session, but before we get started, again, want to let you know that we're going to be using the webinar platform to share the slides today. If you haven't logged in already, suggest that you do so that you can get the slides and see the slides for today's presentation. You can submit questions anytime.

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Caprice Knapp: during the presentation into the chat function. And so, with that, pleased to hand it over, and to ask Andrew, to join us.

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Caprice Knapp: From the Office of the Administrator.

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Andrew Johnson: Thank you, Caprice. Appreciate the, introduction there.

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Andrew Johnson: Hey, I want to connect with you all today and talk a little bit about the recent CDC Advisory Committee on Immunization Practices, as Caprice mentioned from their September meeting. My name is Andrew Johnson. I'm a Senior Advisor to Administrator Oz, and focus on Medicaid and ACA issues.

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Andrew Johnson: And, in addition to that, I have the privilege of serving as the ex-officio member, the non-voting technical advisor member, from CMS.

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Andrew Johnson: for the CDC Advisory Committee on Immunization Practices, or ACIP, as we often call it. Go ahead.

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Andrew Johnson: So the, the second meeting of the, of the year for the ASEP committee was held in September, and really had a few focuses. It was, prioritizing safety for young children, in particular.

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Andrew Johnson: they took up the matter of the MMRV vaccine, with new information that had been brought to light around the risk of febrile seizures.

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Andrew Johnson: There was a shift in the COVID-19 strategy, really with a focus on individual-based decision-making, and then, some continued deliberation on the hepatitis B at-birth vaccine, of which I'll cover in a moment.

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Andrew Johnson: Next slide.

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Andrew Johnson: So the action on the measles, mumps, rubella, varicella vaccine, many of you may already be aware, but, the, committee had,

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Andrew Johnson: Great deliberation and a work group that had focused on, information really around the risk of febrile seizures, with the combined MMRV vaccine, the first dose for, children under 4 years of age.

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Andrew Johnson: So currently about 85% of children, receive, the dose that's in two shots, the MMR, and then separately, the varicella, for children who are age, under age 4.

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Andrew Johnson: And then a, second dose, later on. And so, ultimately, the committee voted to, no longer recommend the combined dose.

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Andrew Johnson: Under age 4, due to the increased risk of febrile seizures, which is about two-fold, that of the separate dose.

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Andrew Johnson: The combined dose is still under recommendation, is still recommended for the older children who receive that second dose.

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Andrew Johnson: So, following that change, as you can see, the vote counts there. It's followed by Vaccines for Children funding resolution, that typically follows in line with the, the change.

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Andrew Johnson: The, the committee had some, administrative confusion, and, ultimately, the original vaccines, the original VFC MMRV,

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Andrew Johnson: Vote,

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Andrew Johnson: ended up failing, which made it conflict with the move that the committee made. So they ended up voting again the following day to bring the VFC resolution, funding resolution, in line with the MMRV, vote, and so now, the combined shot is no longer

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Andrew Johnson: no longer reimbursed under the VFC program, for, for children under 4. It will continue to be, reimbursed for children over 4. Next slide.

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Andrew Johnson: On COVID-19, really the, there was also a COVID-19 workgroup that members of the committee, subcommittee, had and spent a

lot of time debating and bringing new information from experts across the world.

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Andrew Johnson: An effort to, understand the risk-benefit for COVID-19 across different populations.

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Andrew Johnson: Ultimately, where the committee landed was ASIP recommended that the CDC engage in an effort to promote more consistent and comprehensive informed consent processes

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Andrew Johnson: Big emphasis on informed consent, with providers explaining to, individuals the risk versus benefit.

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Andrew Johnson: And as part of that, adding language accessible to patients and medical providers to describe at least the six risk and uncertainties included in the workgroup chair's presentation, which is publicly available on the website.

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Andrew Johnson: That passed, 11 to 1. And then, on the, cov... on the vote 2 for COVID-19, ASIP recommended.

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Andrew Johnson: that state and local juris... ASAP recommendation vote was that state and local jurisdictions require a prescription

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Andrew Johnson: for the administration of COVID-19 vaccination. That was a tie vote, and ultimately the chair voted against that, so that is not an actual recommendation from the committee. Next... next slide.

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Andrew Johnson: All right, ultimately for the third vote that occurred, was that ASIP recommended that patients have conversations with their healthcare provider to discuss the risk-benefits to each individual patient, and that those discussions

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Andrew Johnson: Should consider known risk factors for severe outcomes for COVID-19, such as age, prior infections, immunosuppression, certain comorbidities identified by the CDC.

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Andrew Johnson: And to include a discussion of the potential benefits and risks of vaccination and related uncertainties, especially those outlined in the vaccine information statement and as part of informed consent. That was the actual vote language. This was a unanimous adoption by the committee.

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Andrew Johnson: And then, finally, the actual, vote for, that passed unanimously was the, recommendation around the specific populations, which also drives, the coverage implications across Medicaid, ACA, VFC, etc.

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Andrew Johnson: It was recommended that adults age 65 and older, receive the vaccine based on individual decision making.

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Andrew Johnson: This is formally, the language, the same language meaning as shared clinical decision making, essentially that if an individual and their provider, believe that's best for them, then, then it is recommended and could be covered, via insurance.

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Andrew Johnson: And then individuals 6 months, so 64 years of age, the vaccination is based on individual decision-making, with an emphasis on the risk-benefit of that vaccine, most favorable for individuals who are at an increased risk

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Andrew Johnson: for severe COVID-19 disease, and lowest for individuals who are not at an increased risk, according to the CDC published list of COVID-19 risk factors on the CDC website.

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Andrew Johnson: So again, based on individual decision-making, or risk factors, individuals 6 to... 6 months to 64, can be covered for the, re... for, the vaccine.

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Andrew Johnson: Next.

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Andrew Johnson: Hepatitis B. The committee was scheduled to vote on delaying the birth dose for infants, on the hepatitis B vaccine.

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Andrew Johnson: This vote was actually postponed. It was debated by the committee, for, for a while, and the committee, many members of the committee did not feel that they had, sufficient information to make a decision, and one of the committee members moved that this vote be tabled.

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Andrew Johnson: Until, indefinitely, until such further time, they can, better research, and so that passed, to table the motion, to table the vote, and, so no action on hepatitis B at this time, and no coverage implications, so everything remains the same currently.

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Andrew Johnson: Next slide.

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Andrew Johnson: As I mentioned on each slide, coverage implications, MMRV combined is no longer covered for children under age 4. It is covered in the combined shot, over age 4, and then MMR plus V, two separate shots, is covered.

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Andrew Johnson: under age 4. And then COVID-19, anyone 6-plus, months with, the individual-based decision-making or the risk factors as identified, in the literature are, are covered. And then, as I mentioned, hepatitis B, no coverage changes.

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Andrew Johnson: Next slide.

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Andrew Johnson: That's it. Thank you all for having me today.

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Deirdra Stockmann: Great! I'll pick it up from here. Hello, everyone. I'm Deirdre Stockman, Director of the Division of Quality and Health Outcomes, and I'm pleased to have the opportunity to share some highlights from our 2024 Medicaid and CHIP core set reporting, which CMS released in September.

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Deirdra Stockmann: Next slide, please.

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Deirdra Stockmann: So as many of you know, quality measurement helps states and CMS understand the value of our investments in Medicaid and CHIP. Quality measure data provides us all with actionable information about how well our systems are working to get beneficiaries the care they need.

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Deirdra Stockmann: Our 2024 core set data release represents the first year of mandatory reporting of the child core set and the behavioral health measures on the adult core set, and it reflects a lot of hard work over many years by states to collect and report quality measures to CMS.

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Deirdra Stockmann: We appreciate the effort states made to make 2024 the most robust year of CORSAT reporting to date.

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Deirdra Stockmann: This data release includes state and national performance data on all 27 child core set measures, and 30 of the 33 adult core set measures, meaning we're able to report on almost all of the voluntary adult measures, as well as the mandatory ones, thanks to state's hard work.

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Deirdra Stockmann: CMS reported a few measures for the first time, and several new measure rates.

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Deirdra Stockmann: And, after a hiatus from reporting trended data over the last few years as we work through how to deal with that with the effects of the pandemic, this year's data release, once again, includes 3-year trend data, and we have that on 43 of the core set measures.

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Deirdra Stockmann: Next slide, please.

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Deirdra Stockmann: Back in January of 2025, CMS released the first CoreSet data dashboard, marking a huge step forward for transparency and accessibility on data... of data on quality in Medicaid and CHIP.

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Deirdra Stockmann: The CoreSat Data Dashboard includes interactive data on all publicly reported CoreSat measures.

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Deirdra Stockmann: As such, all of the publicly released 2024 core set data I just described is now available on the data dashboard, along with the 2023 core set data.

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Deirdra Stockmann: We encourage states and other partners to visit the dashboard where you can find interactive maps comparing state performance, data tables, and sortable bar charts on each measure.

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Deirdra Stockmann: There are many customizable features, such as viewing only certain data reporting methods, administrative, hybrid, etc. for those inside baseball, or comparing up to 3 states in the state focus mode.

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Deirdra Stockmann: This is a great way to view how your state compares to neighbors or other states or folks you see as peers.

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Deirdra Stockmann: Check out the data dashboard, and of course, send us your feedback. We have some exciting plans to add even more data and more features to the dashboard in the near future, and I'm sure we'll come back and share when we have done that.

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Deirdra Stockmann: You'll also find on Medicaid.gov several other annual CoreSet data products, including a fact sheet summarizing key findings. The fact sheet calls out measures where states are performing well, where we've seen statistically significant improvement over the last 3 years, and it highlights area where more... areas where more improvement is needed.

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Deirdra Stockmann: For those interested in doing more data analysis, your data teams can find access to the full raw data set on data.medaid.gov.

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Deirdra Stockmann: But wait, there will be more! Our team is preparing the annual state-specific data snapshots that we send directly to individual states.

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Deirdra Stockmann: With your own reported data and trends over the last few years, so you can use that in your, planning and thinking about your quality strategies going forward. So, keep an eye on inboxes for that.

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Deirdra Stockmann: Finally, as I alluded to earlier, the purpose of collecting and reporting quality data is not only to make fun, interactive, and colorful maps and charts.

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Deirdra Stockmann: but to inform our activities to improve care delivery and health outcomes. We have many resources to support state improvement work that can be found through our Quality Improvement page or section on Medicaid.gov.

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Deirdra Stockmann: We look forward to continuing to work with all states to improve course that measure data collection and use in the coming year.

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Deirdra Stockmann: Thank you very much, and I'll turn it to our next speaker, Rebecca.

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Rebecca Burch Mack: Hi, my name is Rebecca Birch-Mack. I am a Senior Policy Advisor in the Managed Care Group in CMCS, and I'm going to talk to you today about a CMCS informational bulletin that we released on September 10th. So, Nick, if you could advance to the next slide.

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Rebecca Burch Mack: So, state-directed payments have been in existence for a little over a decade. When they first started, we had one to two states using them. Now, almost 40 states use them, and they are projected to, increase spending over \$140 billion by 2026.

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Rebecca Burch Mack: We are deeply concerned that for many SDP preprints, we do not receive complete SDP evaluation plans.

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Rebecca Burch Mack: and we may not receive SDP evaluation findings. Improving access and quality of care through state-directed payments, particularly given the high level of spending on these payment

arrangements, is critical, and because this is the mechanism by which states direct

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Rebecca Burch Mack: how plans pay providers in a risk-based environment. So, Nick, if you want to shoot to the next slide, that would be great.

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Rebecca Burch Mack: So, in early September, we released a CMCS informational bulletin, kind of outlining our concerns in detail about the incomplete quality material we get from many SDPs, and so we also announced in that SIB that effective with the date of the publication of that SIB,

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Rebecca Burch Mack: We will not begin review of a preprint for a state-directed payment.

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Rebecca Burch Mack: Unless it includes several elements. And these are outlined in more detail in the SIB, but at a high level, they are a description of how that state-directed payment

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Rebecca Burch Mack: Ties to the goals and objectives in the state's managed care quality strategy, which is a regulatory requirement, and we need an evaluation plan with specific evaluation measures and components included in it.

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Rebecca Burch Mack: Those examples are a baseline year, a baseline statistic, and then a measurable performance goal. These are outlined in more detail in the SIB, and I will say that our preprint includes tables for states to provide these two components.

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Rebecca Burch Mack: And then additionally, for any renewal of an SDP, we need to see either complete or interim evaluation results, when we receive a renewal for two or more rating periods.

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Rebecca Burch Mack: So, this is a significant shift because we really want to see STPs improving quality. I will also note that over the last decade, we've, really released quite a bit of guidance clarifying these requirements, outlining best practices, and also to provide technical assistance to states.

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Rebecca Burch Mack: So we really want to see this documentation before we'll proceed with review of a preprint. We also released with the SIB, and we've included a hyperlink in the slides, an optional template that states can use to report your evaluation findings to CMS.

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Rebecca Burch Mack: And then in that SIB, we also outlined in detail some best practices for your evaluation plans and reporting your findings to CMS that build upon previously released guidance.

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Rebecca Burch Mack: We are always available to offer technical assistance on state-directed payment development or the quality component as well, and we've included our CMS mailbox for state-directed payments if you require any technical assistance.

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Rebecca Burch Mack: And with that, I'm going to turn it over to my colleague, Alejandra Johnson in the Data and Systems group for the next topic.

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Alejandra Johnson: Thank you, Rebecca. Good afternoon, everyone. I am Alejandra Johnson. I work in the Data and Systems group, and I am the technical director leading operations teams and certifications.

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Alejandra Johnson: Today, I am here to talk to you about our most current show letter, which is the Streamlining Medicaid Enterprise Systems.

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Alejandra Johnson: State Health Official Letter.

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Alejandra Johnson: Next slide.

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Alejandra Johnson: So, on August 6th of this year, we issued a state health official, or show letter, which is the number 25-003. That show letter provides updated template descriptions and guidance to streamline and standardize processes for the Medicaid enterprise systems.

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Alejandra Johnson: This is intended to simplify the submission of advanced planning documents to help improve monitoring and oversight to ensure fiscal integrity.

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Alejandra Johnson: In addition to that, the show letter focuses on reducing burden to the states, strengthening accountability, oversight, standardization, and ensuring proper federal spending on systems supporting the Medicaid program.

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Alejandra Johnson: To help reduce the burden on the states and to streamline and standardize our processes, CMS developed 8 templates that we expect to be released to the states by the end of 2025.

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Alejandra Johnson: States are expected to begin using the templates 6 months post-OMB approval.

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Alejandra Johnson: As many of you know, these templates are currently through the PRA process, and we expect clearance, any minute now. However, that team is impacted by the government shutdown, so it is a little... it's taking a little longer than we expected to release the official OMB-approved templates to the state.

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Alejandra Johnson: If you have any questions about, the status of the OMB approval process or implementing this template, please work with your state officers.

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00:26:25.220 --> 00:26:39.349

Alejandra Johnson: As well as, if you need additional technical assistance surrounding the implementation, or just any specific questions about the templates, please make sure that you work with your CMS MES state officer.

130

00:26:39.550 --> 00:26:40.650

Alejandra Johnson: Next slide.

131

00:26:43.340 --> 00:26:56.500

Alejandra Johnson: Just some of the key takeaways, about the 8 templates that we are releasing and are currently going through the PRA process. The first one is the advanced planning document, or what we call APD,

132

00:26:56.500 --> 00:27:08.940

Alejandra Johnson: And the Medicaid detail budget table. The new MES, APD and operational APD templates simplify the submission to ensure regulatory compliance.

133

00:27:08.960 --> 00:27:25.189

Alejandra Johnson: Secondly, the updated MDBT and CHIP template reduces the required field, files, and aligned submissions with the CMS needs. I'd also like to call out that the new template will include CHIP line items that we previously did not have in our templates.

134

00:27:25.310 --> 00:27:37.519

Alejandra Johnson: Secondly, the analysis of alternatives, or what we call AOA. The AOA template will ensure the standard format for states to evaluate multiple options

135

00:27:37.520 --> 00:27:53.519

Alejandra Johnson: Focusing on meeting state needs and cost efficiency and reuse opportunity. This template is intended to be used for any major, new procurements or any new major projects that are happening within the MES program.

136

00:27:54.060 --> 00:28:05.509

Alejandra Johnson: The MES Procurement Checklist. This is one of the checklists that we are going to now require to assist states in ensuring procurement documentation submissions are complete.

137

00:28:05.580 --> 00:28:19.069

Alejandra Johnson: and support the state's acquisition strategy while promoting best practices in contracting. And we hope to reduce the times that it takes for us to be able to review and approve the submissions to CMS.

138

00:28:19.730 --> 00:28:31.950

Alejandra Johnson: Additionally, the integration of electronic visit verification, outcomes-based certification, what we call OBC, into the streamlined modular certification process.

139

00:28:31.950 --> 00:28:49.740

Alejandra Johnson: So, the utilization of the SMC process addresses inconsistencies that we previously, you know, were not able to address under the OBC process, and so we are hoping to enhance efficiency. We are sunsetting the OBC process for MES certifications.

140

00:28:49.770 --> 00:29:08.170

Alejandra Johnson: Then, next is the SMC, what we call the SMC intake form, which is now updated to clarify on instructions and the inclusion of all of the required artifacts for the CMS certifications, or what is the regulation as systems approval for our team.

141

00:29:09.020 --> 00:29:19.930

Alejandra Johnson: And then finally, we are releasing an operational reporting, workbook, and this is to meet the operational requirement... reporting requirements for MES.

142

00:29:20.120 --> 00:29:33.040

Alejandra Johnson: States receiving enhanced federal funding must submit operational data via the operational report workbook using the required template to ensure the standardized and quality data.

143

00:29:33.140 --> 00:29:52.960

Alejandra Johnson: For projects receiving enhanced FFP, states must also provide project status report, which is another one of the templates that we released under the show letter. Using that required template will ensure consistent reporting and supportive informed decision-making for our team.

144

00:29:53.020 --> 00:30:06.350

Alejandra Johnson: Lastly, I'll just like to, make sure to remind you that if at any point during the implementation of the OMB-approved templates, states will have 6 months

145

00:30:06.350 --> 00:30:19.199

Alejandra Johnson: post OMB approval, please feel free to... feel free to contact your MES state officer, if you need additional assistance or require... or if you have any questions about any of the templates.

146

00:30:22.060 --> 00:30:23.099

Alejandra Johnson: Thank you, Nick.

147

00:30:26.720 --> 00:30:27.670

Alejandra Johnson: Next?

148

00:30:28.360 --> 00:30:30.140

Alejandra Johnson: Transitioning over to Sarah?

149

00:30:30.450 --> 00:30:46.679

Sara Harshman: Yep, thank you, Alejandra. And hi, everybody. I'm Sarah Harshman, and I'm the Deputy Director of Division of Benefits and Coverage here at CMCS, and I'll be going over our recent state health

official letter on the crisis continuum. We can move to the next slide, please.

150

00:30:47.960 --> 00:31:02.580

Sara Harshman: All right. As directed by the Consolidated Appropriations Act of 2023, this September, CMS and SAMHSA issued guidance to states on options for supporting the full continuum of crisis services in their Medicaid and CHIP programs.

151

00:31:02.660 --> 00:31:17.339

Sara Harshman: The show provides a one-stop resource for states seeking to establish or expand crisis response services, and is structured around SAMHSA's essential elements, including someone to contact, someone to respond, and a safe place for help.

152

00:31:17.780 --> 00:31:28.460

Sara Harshman: Before I get too far in, I should add that there are no new... there is no new information or requirements for states in this show. It's solely meant to be a resource for states and any other interested parties.

153

00:31:28.670 --> 00:31:30.290

Sara Harshman: Next slide, please.

154

00:31:32.790 --> 00:31:50.630

Sara Harshman: In the show, CMS and SAMHSA highlight strategies states may consider to improve access to crisis response services, such as expanding access in rural and remote areas, assuring access for people with intellectual or developmental disabilities and related conditions.

155

00:31:50.790 --> 00:31:58.249

Sara Harshman: Maximizing capacity to deliver crisis response services, and coordination across state programs and funding streams.

156

00:31:58.740 --> 00:32:12.190

Sara Harshman: Medicaid and CHIP coverage options addressed in the show include a range of authorities states have for covering the continuum of crisis response, including through state plan benefits, health homes, and 1115 authority.

157

00:32:12.190 --> 00:32:18.830

Sara Harshman: The guidance also gives an overview of managed care requirements and flexibilities in standing up crisis response services.

158

00:32:19.480 --> 00:32:32.079

Sara Harshman: The show also provides a nuanced discussion of payment options. This includes authorities available for Medicaid administrative claiming, Medicaid mechanized claims processing, and enhanced funding.

159

00:32:32.080 --> 00:32:39.690

Sara Harshman: financing of crisis response through fee-for-service, and the methods of Medicaid and CHIP rate setting for crisis response.

160

00:32:40.660 --> 00:33:00.090

Sara Harshman: Finally, this show is just one aspect of our crisis continuum work that was mandated by the CAA of 2023. CMS and SANSa have also partnered to establish a national technical assistance center that will provide regular technical assistance to states and stakeholders as they implement and evaluate their crisis continuum.

161

00:33:00.450 --> 00:33:15.919

Sara Harshman: Included on the slide is the webpage and email box established as part of the Technical Assistance Center, and as part of this work, we will be providing regular webinars on subjects in which states and stakeholders have expressed interest in hearing more about.

162

00:33:16.440 --> 00:33:33.589

Sara Harshman: If there's any questions you may have about coverage or payment options, or feedback as to what information you'd like to hear in an upcoming webinar, please reach out to let us know. And for those of you who don't have the slides up, that email box is crisistacenter at cms.hhs.gov.

163

00:33:34.010 --> 00:33:37.090

Sara Harshman: And with that, I'll turn it back over to Nick for questions.

164

00:33:47.590 --> 00:34:09.090

Nick Wallace: Sarah, thank you so much, and thank you to all of our panelists for their presentations. We are ready to transition to the Q&A portion, but just first, a couple of quick notes. We understand that this is our first state call in several months, and that states may have questions about other topics, including the implementation of the Medicaid and CHIP provisions of Public Law 11921,

165

00:34:09.090 --> 00:34:12.520

Nick Wallace: also referred to as OBBBA.

166

00:34:12.520 --> 00:34:17.510

Nick Wallace: Which CMS refers to as the Working Families Tax Cut Legislation.

167

00:34:17.510 --> 00:34:38.089

Nick Wallace: Right now, we can share that more guidance is coming soon, but for the purposes of this Allstate call and this Q&A portion, this Q&A portion is going to be dedicated to the guidance documents that were just presented by our CMCS staff, so thank you on that front.

168

00:34:38.090 --> 00:34:57.679

Nick Wallace: Additionally, we already got one question about the slides. I'll note that our ability to post the slides and the transcripts of Medicaid.gov are impacted by the government shutdown, so we will post the slides and the transcripts as soon as we can. But with that being said, I think we're ready to transition to the Q&A.

169

00:34:57.680 --> 00:35:03.040

Nick Wallace: Marv, would you be able to remind our participants how they might be able to submit a question?

170

00:35:03.620 --> 00:35:05.140

Marvelyn Davis: Sure, Nick.

171

00:35:05.250 --> 00:35:22.720

Marvelyn Davis: Attendees, please submit your questions through the Q&A box that is located at your bottom of your toolbar, or the raised hand feature is available. I can unmute your line, you can ask your question, and the panel will be more than happy to answer you.

172

00:35:23.530 --> 00:35:24.760

Marvelyn Davis: We're ready!

173

00:35:29.590 --> 00:35:32.480

Nick Wallace: Not seeing any questions just yet, but we will give it a minute.

174

00:36:16.840 --> 00:36:20.439

Nick Wallace: We'll give it just a few more seconds here, still not seeing any questions.

175

00:36:27.340 --> 00:36:31.910

Nick Wallace: I think our panelists are just so great at explaining their...

176

00:36:32.090 --> 00:36:47.560

Nick Wallace: their presentations and their subject matter expertise, so... so thank you all. I think we can wrap up early. Thank you, everybody, for joining, and for our panelists for their presentations. The date and topic of the next Allstate... oh, excuse me, sorry, I.

177

00:36:50.650 --> 00:36:52.180

Rebecca Burch Mack: We have a question, Nick.

178

00:36:52.380 --> 00:36:54.909

Nick Wallace: Yes, I jumped the gun just too soon.

179

00:36:55.010 --> 00:36:59.470

Nick Wallace: Deirdre, looks this one, for you, maybe related to the core set?

180

00:36:59.470 --> 00:37:12.499

TELEPHONE_USER: I feel like the question is, does the new implementation include the health homes core set? And I'm going to interpret that to mean, did the data that are... that I presented today include the health homes core set data, and.

181

00:37:12.500 --> 00:37:27.299

Deirdra Stockmann: No, I was speaking specifically to the child and adult core set data, but stay tuned for the next batch of health homes core set data. Hopefully that answered the question. I think Russell said yes, so thank you.

182

00:37:31.930 --> 00:37:35.699

Nick Wallace: We'll give it another few seconds for other folks to see if there are other questions.

183

00:37:57.470 --> 00:38:01.100

Nick Wallace: I feel like as soon as I start talking, another question will come in.

184

00:38:04.350 --> 00:38:12.590

Nick Wallace: All right, folks, thank you so much. I think we will wrap. Again, the date and topic of the next Allstate call will be announced soon.

185

00:38:12.650 --> 00:38:31.300

Nick Wallace: In the meantime, if you have questions, feel free to reach out to us, to your state leads, or to bring questions to the next Allstate call. As a reminder, we will post the slides and the transcripts

when we can. We appreciate your partnership, and we will see you all soon. Moderator, you can now adjourn the call. Thanks, everyone.

186

00:38:50.940 --> 00:38:52.180

tonia Brown: Marva, are you still on?