

WV Health Innovation Collaborative
Better Value Work Group
Meeting Notes
March 17, 2016

Persons Present: Jeremiah Samples, Chair, WVDHHR
Nancy Sullivan, WVDHHR
Jim Smallridge, Coventry Cares of WV
Penney Hall, WVDHHR, Bureau for Medical Services
Jerry Roueche, Community Care of WV/Southern
Bob Whitler, CAMC/Partners in Health Network
Brandon Lewis, WVDHHR, Bureau for Public Health
Christy Donohue, The Health Plan
Jason Landers, WV Family Health
Barbara Wessels, UniCare
Ellen Potter, WV Insurance Commission
John Wiesendanger, WV Medical Institute
Richard Wittberg, Marshall University
Mark Drennan, WV Behavioral Health Provider's Association
Sharon Carte, WV Children's Health Insurance Program
Christine DeRienzo, PEIA
Matt Ottiger, ResCare
Michelle Day, ResCare Workforce Services
Raymona Kinneberg, BJC Inc. on behalf of ResCare
Julie Palas, Catastrophic Illness Commission
Debbie Waller, WVDHHR

By Phone: Tony Dichiachio, WVU School of Nursing
Shelley Baston, WV Health Care Authority
John Earles, Logan Healthcare Foundation
John Law, Kanawha-Charleston Health Department
Kristi Walker, Community Care of WV

Jeremiah Samples, Chair, opened the meeting and welcomed everyone in attendance. Self-introductions were made. Since the agenda is full today, Mr. Samples turned the meeting over to our first guests who will be presenting on ResCare; Raymona Kinneberg, Vice President, BJC Inc., here today on behalf of ResCare Workforce Services, Michelle Day, Regional Director, Operations and Matt Ottiger, Director of Government Relations.

Raymona shared with the group that a lot of people think ResCare is just services for the intellectual developmental disabled but they also do home care and have a very large work force development.

Matt Ottiger shared information with the group:

- In WV, serve over 1,100 clients with IDD issues and employ over 2, 500 through the IDD waiver program and ICF.
- Home care is their second line of business in WV – serve 174 individuals and employ over 2,000.
- Pharmacy alternatives – mostly serve institutional folks on the waiver.
- Based in Kentucky.

Michelle Day shared with the group information on ResCare's Workforce Services:

- ResCare's Mission is assisting people to reach their highest level of independence.
- ResCare started in 1974, most comprehensive human services company in America.
- They have nearly 60,000 employees with annual revenues of \$1.9 billion. They serve nearly 1,000,000 people per year and provides services in thousands of locations across the United States.
- Subject Matter Experts: WIOA, SNAP, TANF, Job Corps
- Integration Experts: TX, FL, CA, OK, LA, NC, OR, WA, KY, IN
- She shared a national footprint of ResCare's Workforce Services
- She shared some regional experiences:

Indiana Statewide

- TANF and Food Stamp Employment & Training provider since 1998
 - Workforce Innovation and Opportunity Act (WIOA) provider in Indianapolis since 2008.
 - Implemented early the Food Stamp ABAWD (Able-Bodied Adults Without Dependents) work requirements – requires individuals receiving food stamps to participate in work activities for 80 hours a month to retain their benefits. WV will likely be under a requirement to roll this program out in October of this year.
 - Gateway to Work Program - career services to individuals receiving Medicaid – they can call a 1-800 number. They will be provided career services available in their counties. This program has documented more than 8,000 placements in 2015. Healthy Indiana Program 2.0 is their Medicaid Expansion Program. To date, 307,000 referral letters went out and over 12,000 individuals contacted the call center who were interested in going back to work. They can come into the center or they can do this on their own through the internet.
 - Services: Career Readiness, Community Work Experience, Job Skills Training, Job Placement and Job Retention
 - Renewed for an additional year.
- Shared regional experiences in Wisconsin and Kentucky.
 - One interesting Kentucky experience is their Kentucky Health Career Center funded through a federal grant. They worked through a collaborative, similar to the WV Health Innovation Collaborative, to secure this grant. The Collaborative oversee the operation and the activities of the center.

Mr. Samples thanked ResCare for coming and presenting to the group. A question and answer period followed.

Mr. Samples asked the group if this was something they would like to pursue. Need to do some research and he challenged everyone from their own perspective, to bring data to the table, share what your peers are doing in other states, etc. Bring other people in and share more presentations on this topic.

Mr. Samples introduced John Schultz, Chief Executive Officer and Rosalie McCauley, School Health Educator from New River Health Association who will be sharing information on WV Primary Care – School Based Health.

- New River is a FQHC serving Nicholas, Fayette and Raleigh counties.
- New River Health Association has 8 school-based health sites. Last year, the sites had 14,000 medical visits. From July 2015 – January 2016 – 8,600 medical visits.

- They provide medical, dental, behavioral health services, immunizations, laboratory services, health education, sports physicals and well child examinations, management for chronic conditions, and referrals
- No child will be denied access due to inability to pay. Parents sign consent forms. New River bills insurance, Medicaid, and CHIP. Also sees adult patients and collect co-payments. Comprehensive Care Partnership (CCP) Program for PEIA members.
- Open house at the beginning of the school year. Pass out consent forms and explain the services that are offered.
- Shared a chart of the School Health sites and the number of students enrolled in the schools and the students enrolled in their wellness centers.
- Dental services very needed in the schools. They do dental exams, x-rays, cleanings, and sealants. Total visits – 1,629. Coordinates with three dentists to provide complete dental care.
- General Challenges:
 - Cooperation
 - Facilities/sites
 - Local physicians
 - Interagency agreements
 - Communication – parents and guardians as far as services provided
 - Publicity
 - Consent
 - Time – only open during school days
 - Geography
 - Education
 - Finances
 - Socioeconomic factors
- Ms. McCauley shared some real life stories with the group and the networking that goes on to help the children in their counties. They have seen multiple issues with children that need addressed and not enough staff.
- Shared behavioral health challenges
- Talked about tele-psych – need to work with New River on some clarifications on billing
- Shared school health successes
- Growth Potential:
 - Add sites
 - Increase number of community patients
 - More programs
 - Continuity of care
 - Open year-round
 - More fulfillment of state required screenings and immunizations
 - Telemedicine – explore telepsych
 - Improved/increased interagency support
- OrganWise Guys Program – empowers kids to be healthy and smart, from the inside out.

Mr. Jeremiah shared that in the room today there are Managed Care Organizations, CHIP and various organizations that could work with the school based health centers on various issues. In the works, DHHR and CHIP will work the Department of Education to find out what children do not have health insurance. He provided some additional information on Telepsych. He stated that they have updated DHHR's telehealth policy this year. New River will be in touch with Mr. Samples to discuss ways that DHHR can work with New River on school based health services. Also PEIA is working on piloting school based health centers.

A question and answer period followed.

Mr. Samples reported that we have had several presentations on school based health. We will schedule one more meeting for next month to finalize some goals to help improve school based health services; telehealth, work with Feds, etc. Might need to break out into a subgroup to work on this issue. Information will be sent out for April's Better Value meeting with additional information.

Mr. Samples shared information with the group about the budget situation. Legislative session is over and legislators had to leave without a final budget. The Governor will call them back in a couple of months to work on the budget.

- DHHR – has already made 110M cuts since SFY 15
- Still 148M short
- New revenue projections for FY 2017 reflected an additional 92.4M shortage
- Total of 240M – this is the shortfall when considering the 92M additional shortage and lack of revenue as proposed by the Governor. We have to figure out what to do – DHHR will have to do more cuts
- Some programs may have to be eliminated, portion of facilities closed down, and layoffs are certainly on the table.
- Everyone in the room will feel the impact of these cuts.

If anyone has any ideas, bring them to the table.

We will send out next month's agenda on school based health and more discussion on work force.

Mr. Samples thanked everyone for their time and their contributions to the work group meeting.

**WV Health Innovation Collaborative
Better Health & Better Care Joint Work Groups
April 5, 2016
1:30 – 3:30 p.m.
One Davis Square, Suite 100 East, Conference Room 134
Panel Discussion on Neonatal Abstinence Syndrome**

**WV Health Innovation Collaborative Quarterly Meeting
April 11, 2016
2:00 – 4:00 p.m.
One Davis Square, Suite 100 East, Conference Room 134
National Governors Association – Complex Care Needs**