

Meeting Summary

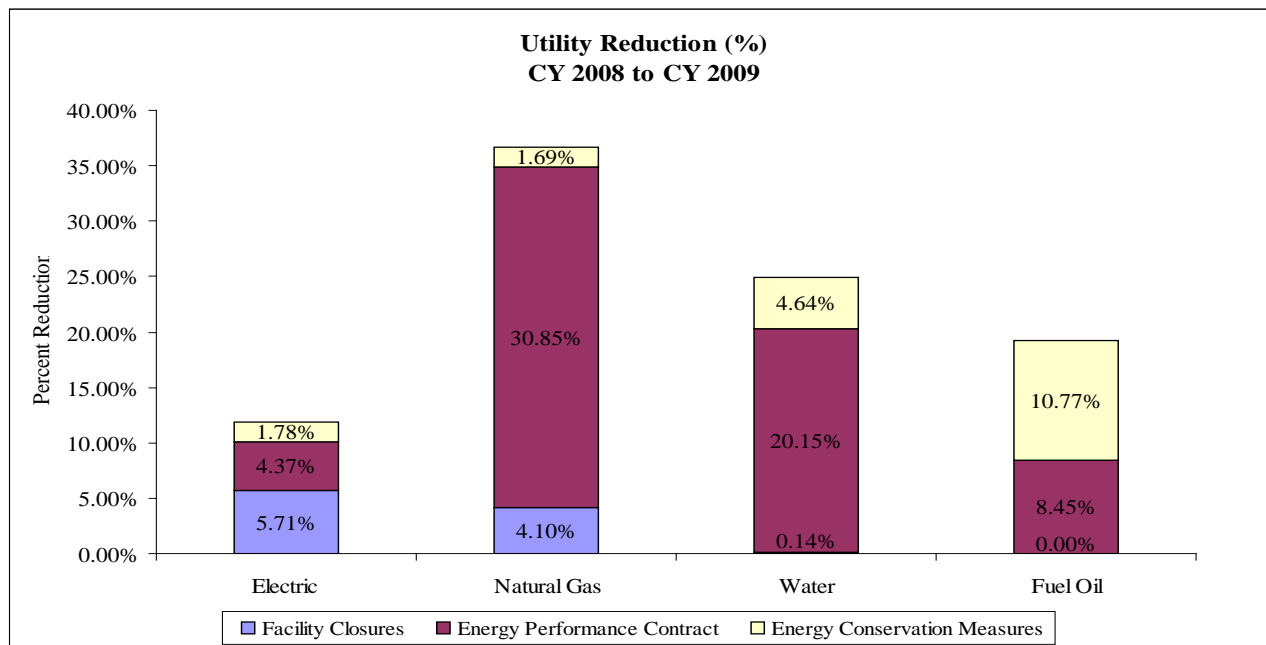
Following is a summary of issues discussed at the DHMH Stat, held on October 12, 2010. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

General Observations

- The following issues will be the focus of this executive briefing memo:
- Follow Up Items
- Governor's Delivery Unit (GDU) Items
- Developmental Disabilities Administration (DDA) Items
- At-Risk Youth Out-of-State Placements
- Family Health Administration (FHA) Items
- Alcohol and Drug Abuse Administration (ADAA) Issues

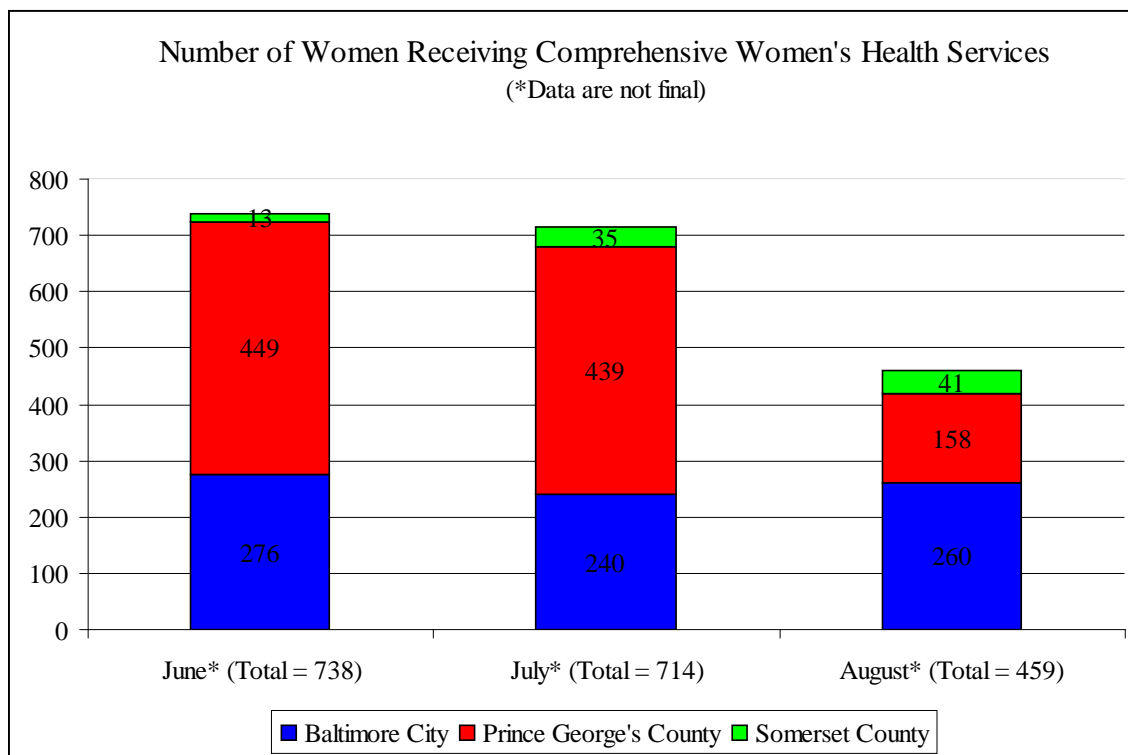
Follow Up Items

- **Energy Database.** DHMH provided a worksheet that summarizes the energy conservation efforts from CY 2008 to CY 2009 (the most recent year available). This data shows savings from facility closures, energy performance contracts and from other energy conservation measures. Most of the reduction in rate of electricity usage comes from facility closures. Energy performance contracts (EPCs) result in the largest reduction in rate of natural gas and water usage. Fuel oil reduction rates are driven by energy conservation measures such as new air handlers and temperature controls.
 - Closing and retro-fitting older facilities gave DHMH a unique opportunity to reduce energy consumption.

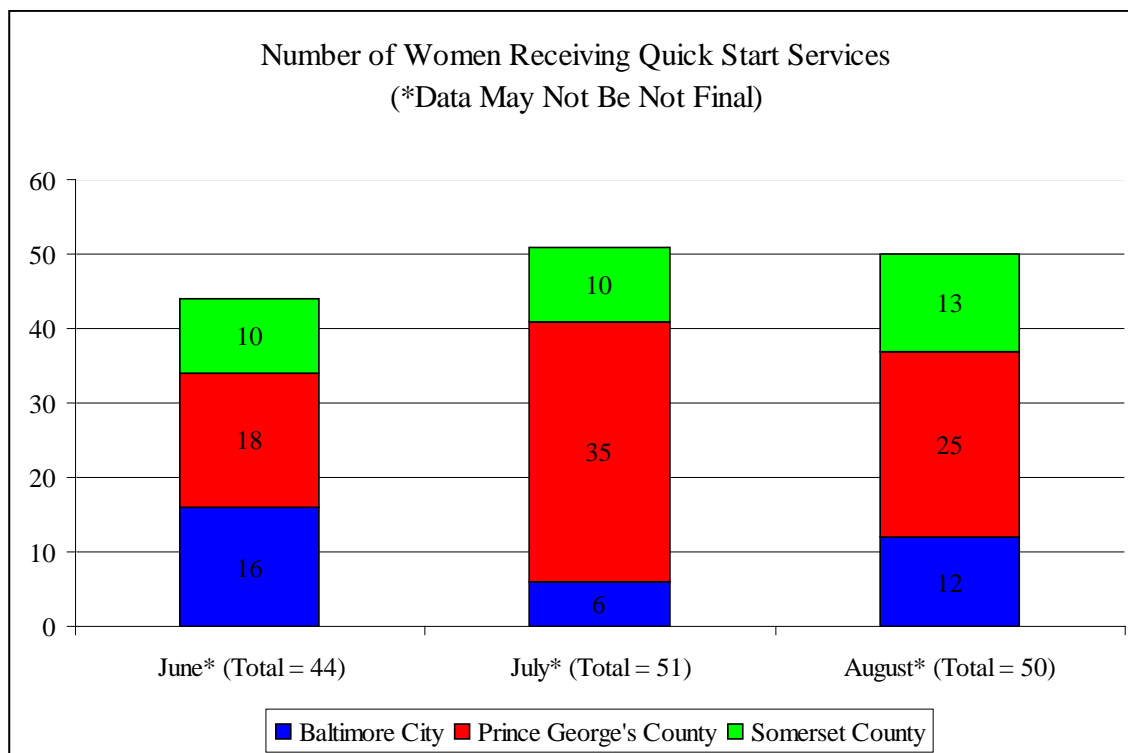


GDU Items

- **Comprehensive Women's Health Centers Capacity Update.** At the last Stat meeting, StateStat/GDU asked DHMH to explain the capacity for the Comprehensive Women's Health (CWH) program. DHMH lists a capacity of 825 openings for the program. This number is determined by the FY 09 family planning data of average monthly numbers of CWH services provided at clinics sites specifically targeted for the GDU initiative.
- **Comprehensive Women's Health Centers Capacity Update.** DHMH has provided a data update for the June, July and August numbers for the CWH program.
 - The decrease in the number of women served in Prince George's County CWH centers is due to a loss of a critical staff member.



- Comprehensive Women's Health High Risk Referrals.** As part of the CWH strategy, screening/referral mechanisms have been put into place at CWH sites for Medicaid eligibility, WIC, substance abuse, mental health, domestic violence, smoking cessation, and other services to mitigate increased risk for infant mortality. DHMH reports that in addition to tracking the total number of women receiving CWH services, the Department has the capacity to report on program referrals, and counseling and education provided.
- “Quick Start” Prenatal Care Services.** In addition to CWH, in January, DHMH implemented, through partnerships with the University of Maryland, Federally-Qualified Health Centers, and other community providers, “Quick Start” prenatal services in Baltimore City, Prince George's and Somerset. Quick Start programming targets women for earlier entry into prenatal care.



- **Accelerated Certification for Medicaid Eligibility (ACE).** On December 1, 2009 DHMH and DHR initiated new accelerated Medicaid eligibility protocols for pregnant women seeking Medicaid coverage in local health departments and local departments of social services.¹ If all client information is available, Medicaid applications should ideally be processed in 10 days or less in order to ascertain final Medical Assistance determination.² Based on previous StateStat discussions, DHMH is undertaking an effort to reemphasize the importance of the ACE option with LDSS workers. Medicaid and FHA followed up with each jurisdiction via memo to Health Officer re reasons for applications processed "more than 10 days." Medicaid/FHA recently met with DHR to plan a joint outreach campaign aimed specifically at increasing compliance at LDSS.
 - DHMH sent letters to health officers at Local Departments of Social Services in order to increase processing of Medicaid applications for pregnant women.

¹ Under these new "ACE" guidelines, any pregnant applicant for Medicaid is granted presumptive eligibility for Medicaid coverage, which she must receive within 48 hours. This presumptive eligibility coverage lapses after 90 days if the applicant does not submit required documentation to determine permanent eligibility.

² Medicaid has developed a standardized application protocol for local health departments (LHD) and local departments of social services (LDSS), to ensure that an option exists to accelerate the process for completing a pregnant woman's Medicaid application (ACE).

**Pregnant Women Processed Medicaid Applications -- Target GDU Jurisdictions and Baltimore
County Comparison**

Monthly Report

7/1/2010***

	# of Applications Processed within 10 days (includes women who were ACE'd)*	# of Applications Processed in more than 10 days	Total Applications
<u>Baltimore City</u>			
LDSS	93	14	107
LHD	85	7	92
<u>Prince Georges County</u>			
LDSS	79	27	106
LHD	113	3	116
<u>Somerset County</u>			
LDSS	3	1	4
LHD	3	0	3
<u>Baltimore County</u>			
LDSS	63	18	81
LHD	65	11	76
<u>ALL LDSS**</u>			
	398	116	514
<u>All LHD**</u>			
	694	51	745
<u>Total State**</u>			
	1092	167	1259

* Target jurisdictions were matched against ACE files manually and are unduplicated.

** Total State (> 10 days) may include women with ACE 90 day temporary coverage; programming is not yet in place to de-duplicate all counties.

***August data is pending.

- **The DHMH Office of Minority Health and Health Disparities (MHHD).** DHMH reports that a sub-goal of the Administration's effort to reduce infant mortality is to reduce Maryland's African-American infant mortality rate by at least 10% by 2012 which would bring the African-American infant mortality rate down to 12.6/1000 by 2012 (from a 2007 rate of 14/1000). MHHD is implementing a targeted minority infant mortality approach in Prince George's County and Montgomery County using **Perinatal Navigators**/Salud Promotores to act as trusted community-based health workers.

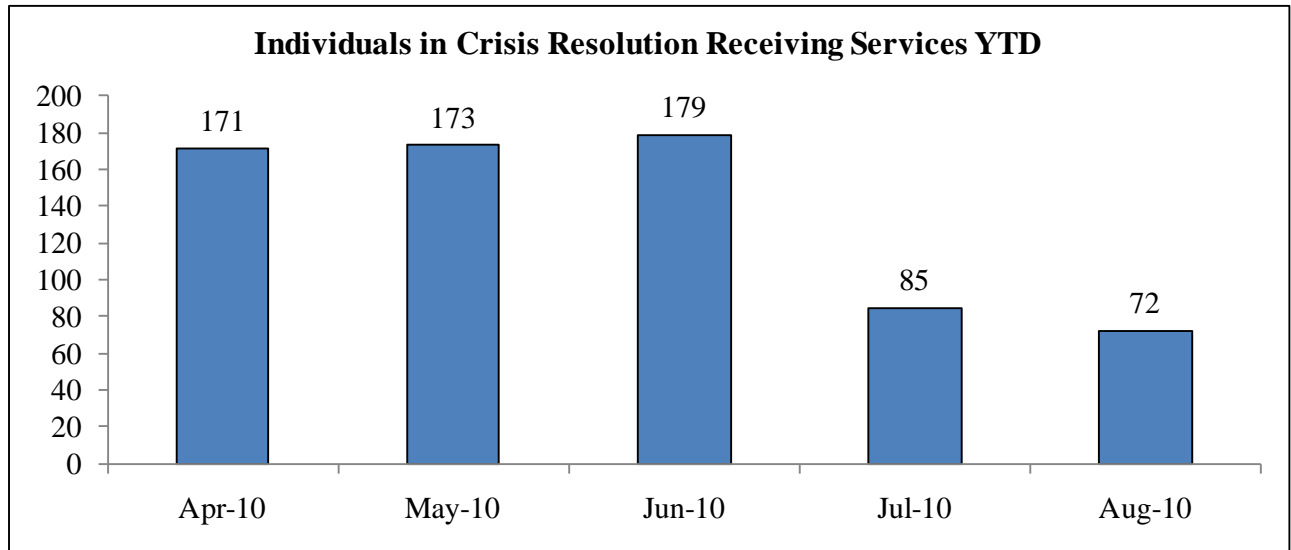
Developmental Disabilities Administration (DDA) Items

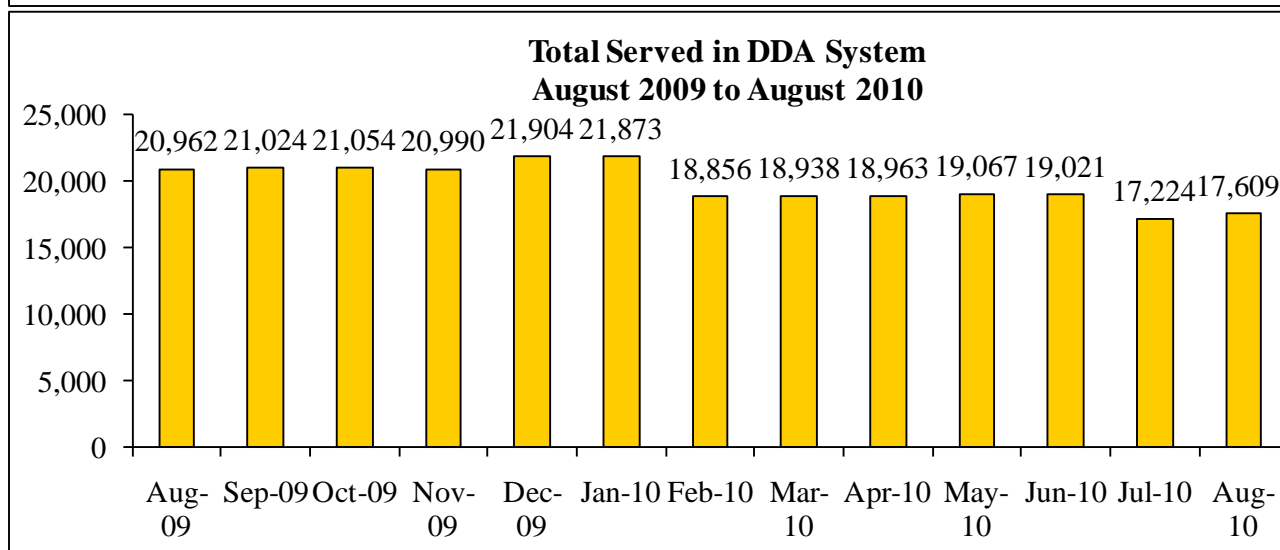
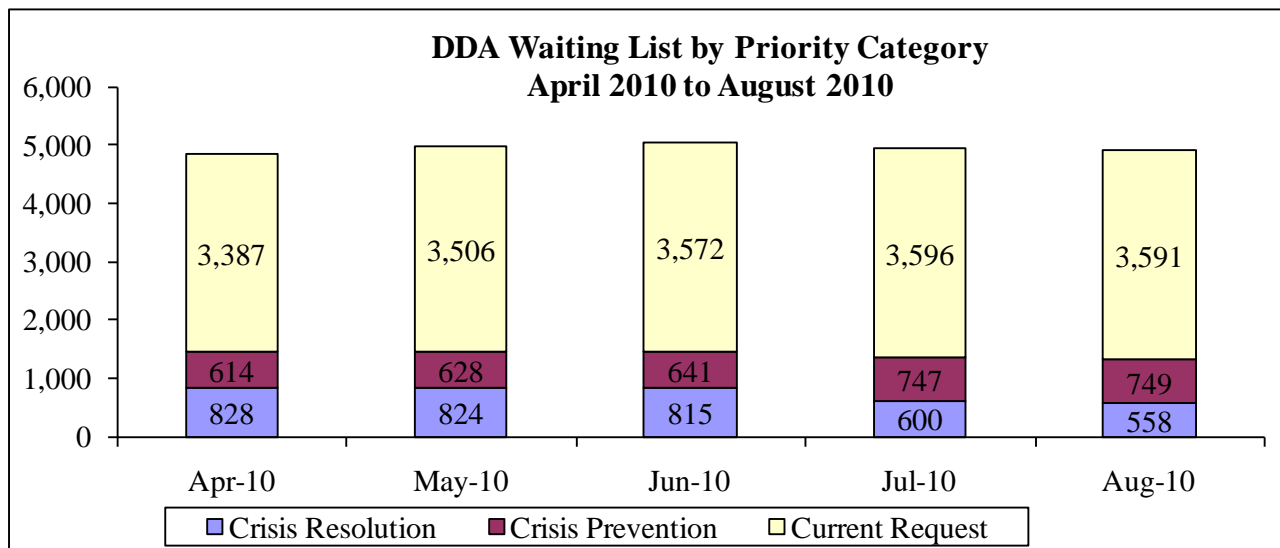
- **Waiting List and Individuals Served.** The number of individuals on the DDA waiting list continued to decrease in August 2010, following a trend that began in July 2010. The decrease seems to be driven by a reduction in the number of crisis resolution individuals. Further, individuals receiving services in the crisis resolution category have decreased. The total number of individuals served in the DDA system decreased sharply from June to July 2010 as shown in the last chart below.

- DHMH has drafted a brief letter to the 5,666 individuals already receiving waiver services who are requesting additional services. This letter is currently under review and will be forwarded as soon as it's available. DHMH will add a line to the DDA template that lists the number of individuals enrolled in a Medicaid waiver and receiving a service that are requesting additional services. DHMH intends to begin reporting data for this information with September 2010 data, although the agency has some programming issues to resolve.
 - The agency expects the crisis resolution category to continue to decline.

DDA Waiting List*					
	Apr-10	May-10	Jun-10	Jul-10	Aug-10
DDA Waiting List	4,829	4,958	5,028	4,943	4,898
Crisis Resolution	828	824	815	600	558
Crisis Prevention	614	628	641	747	749
Current Request	3,387	3,506	3,572	3,596	3,591
Future Need Registry	2410	2437	2,468	2,459	2,481
Inactive	6,580				
Crisis Resolution Breakdown					
	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Individuals Crisis Resolution	828	824	815	600	558
No Services YTD	657	651	636	515	486
Individuals Receiving Services YTD	171	173	179	85	72
Individuals in Crisis Resolution Contacted (Unduplicated Count)j	N/A	457	340	529	577

Note: Data collection began 5/1/10





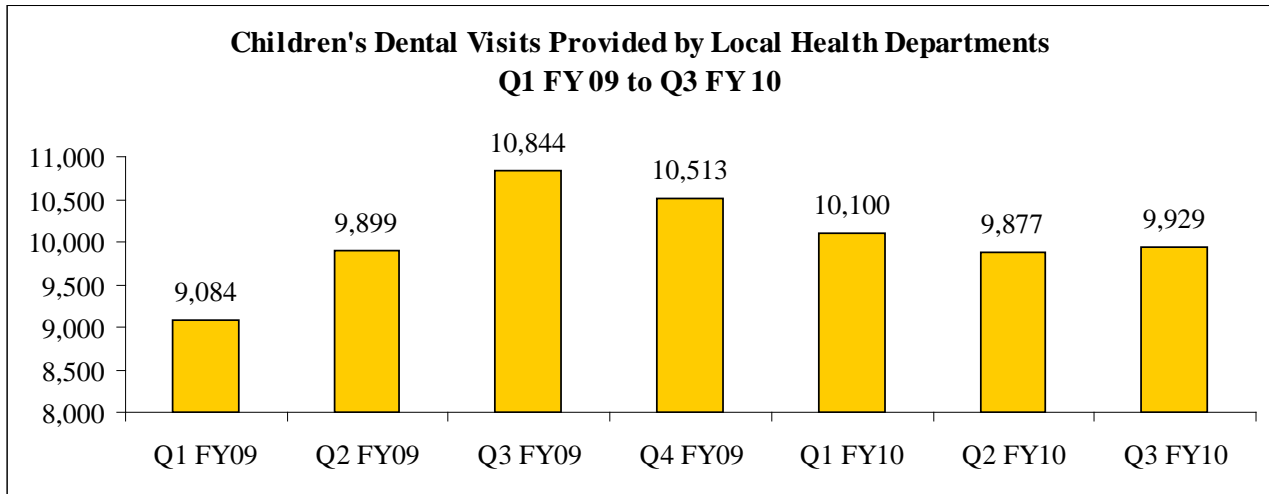
At-Risk Youth Out-of-State Placements

- Placements of high-risk children in out-of-state facilities have been steady. There may be an opportunity to serve these children in state facilities.
 - DHMH is meeting with the Residential Treatment Center (RTC) coalition to discuss potential solutions.

Family Health Administration (FHA) Issues

- **Children’s Dental Visits.** Maryland’s Oral Health Safety Net Program was expanded in FY 2009, consistent with recommendations from the Dental Action Committee, to increase access to dental care for underserved children in each of the 24 local health departments in Maryland. As a result, local health department children’s dental health visits increased from 2,000-3,000 per quarter in FY 2008 (representing only 12 of Maryland’s 24 jurisdictions at that time) to 9,000-10,000 per quarter in FY 2009 and FY 2010 (representing all 24 Maryland jurisdictions).

- The chart below shows the trend in children’s dental visits provided by local health departments from Q1 FY09 to Q3 FY10. Visits peaked in Q3 FY09 and then began to decrease. They picked up again in Q3 FY10, when new clinics were established. This pattern is normal given the finite funding of the program.



Alcohol and Drug Abuse Administration (ADAA) Issues

- As of September 15, 96 individuals have been waiting 90 days or more since they were ordered to substance abuse treatment and have not been placed. Four individuals have been waiting 90 days or more from the date that they were cleared by CJIS for treatment. The four individuals are awaiting the decision of judges. The number of cases that took more than 90 days from clearance to placement has decreased. Meanwhile, the number of placements decreased in June and July.
 - The number of placements is a function of the number of referrals.

