Michigan Department of Health and Human Services



Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, May 26, 2021

Time: 1:00 p.m. – 4:30 p.m.

Where: Microsoft Teams Meeting

Attendees: Council Members: Alison Hirschel, Amy Zaagman, April Stopcyzynski, Bill

Mayer, David Herbel, Deb Brinson, Farah Jalloul, Chris Goerge (for Amy Hundley), Philip Bergquist, Kim Singh, Amber Bellazaire, Lisa Dedden Cooper, Dianne Haas, Jim Milanowski, Barry Cargill, Jason Jorkasky, Jeff Towns, Kristin Reese, Marion Owen, Robert Sheehan, Salli Pung, Jean

Ingersoll, Dominick Pallone

<u>Staff</u>: Terri Adams, Brian Barrie, Deanna Charest, Shannon David, Pam Diebolt, Erin Emerson, Kim Hamilton, Farah Hanley, Brian Keisling, Marie LaPres, Cindy Linn, Kayla Lowers, Kate Massey, Jackie Prokop, Mary Shraubin, Margo Sharp, Heather Slawinski, Carmen Starkweather, Janell Troutman

<u>Other Attendees:</u> Randy Walainis, Kathy Sunlin (HCAM), Pat Anderson (HCAM), Linda Jordan, Tiffany Stone, Virginia Gibson (MSMS)

Welcome, Introductions, Announcements

Alison Hirschel opened the meeting and introductions were made. In addition, Ms. Hirschel announced that Brian Barrie will be retiring as director of the Michigan Department of Health and Human Services (MDHHS) Long-Term Care Services Division.

MDHHS & MSA Leadership Change

Kate Massey further informed meeting attendees of the following additional leadership changes taking place in MDHHS:

- Sara Grivetti has resigned as director of the Bureau of Medicaid Long Term Care Services & Support. Until a permanent replacement is named, leadership responsibilities for this bureau will be shared by Ms. Massey and Erin Emerson.
- Alexis Travis has accepted the position of director of the MDHHS Public Health Administration.

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Budget Update

Farah Hanley gave an update on the fiscal year (FY) 2021 and 2022 budget process. A PowerPoint presentation was shared with attendees and the document was discussed.

COVID-19 Updates

COVID-19 Immunization Update

Terri Adams, Manager of the MDHHS Immunization Outreach & Education section, gave an update on the progress of COVID-19 vaccine administration in Michigan, including the department's outreach efforts to eligible individuals. A PowerPoint presentation was provided, and the document was discussed.

COVID Vaccines for Homebound Individuals

A meeting attendee requested an update on the department's efforts to administer the COVID-19 vaccine to homebound individuals. In response, staff indicated that MDHHS is working with the local Area Agencies on Aging (AAA) to identify homebound individuals who are eligible to receive the vaccine. Once identified, the department will remove those who have already received the COVID-19 vaccine and refer the remaining names to the local health departments for follow-up. In addition, MDHHS is working to set up mobile vaccine clinics to serve this population as well.

Ford Field Impact

Jean Ingersoll gave an update on the impact of the Ford Field vaccination clinics on the state's efforts to administer COVID-19 vaccinations. A PowerPoint presentation was provided, and the document was discussed.

Extension of Federal Public Health Emergency (PHE)

Jackie Prokop shared that while the federal COVID-19 PHE has officially been extended through July 31, 2021, the Biden Administration submitted a letter to states indicating its intent to continue the PHE through December 31, 2021. During this time, the redetermination process for most Medicaid beneficiaries remains suspended. Some Modified Adjusted Gross Income (MAGI) related Medicaid cases have been run through the auto-renewal process with those able to be approved having their renewal date forwarded out a year. Those unable to be auto-approved (and all supplemental security income [SSI] related cases) will remain open pending plans for normalization after the end of the PHE. In response to an inquiry, MDHHS staff indicated that once the PHE ends, the department expects to be able to re-start the redetermination process in phases. In addition, MDHHS is exploring possible eligibility policy changes to account for direct federal stimulus payments received by Medicaid beneficiaries during the PHE when determining Medicaid eligibility. CMS has promised States that they will receive 60 days' notice prior to the end of the PHE for planning purposes.

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Temporary Policy Changes to Address the COVID-19 PHE - Update

MDHHS staff discussed the following policies related to the current COVID-19 PHE:

- Bulletin MSA 21-14 COVID-19 Response: Update to Bulletin MSA 20-37
- Bulletin MSA 21-17 COVID-19 Response: Coverage of U.S. Food & Drug Administration (FDA) Emergency Use Authorization (EUA) Monoclonal Antibody COVID-19 Infusions by Emergency Medical Services (EMS) Providers
- Proposed Policy 2109-Eligibility COVID-19 Response: Update to Bulletin MSA 20-19

Long-Term Care

Update for Care and Recovery Centers (CRCs) and COVID-19 Relief Facilities

Erin Emerson shared that MDHHS is continuing to operate CRCs and COVID-19 relief facilities to care for COVID-19 patients requiring nursing facility care. As COVID-19 cases have declined in recent months, MDHHS has been able to reduce CRC capacity to 10 facilities currently in operation in accordance with a reduction in need for services. Of the 10 CRC facilities currently operating, only 35% of available beds are occupied. In addition, the department is continuing to evaluate data from the COVID-19 relief facilities to determine any appropriate oversight policy changes. In response to an inquiry, Ms. Emerson offered to share demographic data for CRC and COVID-19 relief facility patients.

Long-Term Care Facility Testing

In accordance with the most recent Centers for Disease Control and Prevention (CDC) recommendations, MDHHS has updated guidance for Long-Term Care facilities to indicate that weekly testing of staff who have been fully vaccinated against COVID-19 is no longer required. Fully vaccinated staff are only required to undergo a COVID-19 test if they have been exposed to the virus and become symptomatic. Staff who have not received the COVID-19 vaccine are still subject to a weekly testing requirement. In addition, MDHHS has updated its reimbursement methodology to encourage facilities to use rapid point-of-care COVID-19 testing.

Update on Long-Term Care Facility Visitation

MDHHS has also issued updated guidance to allow communal dining in long-term care facilities and rescind masking and social distancing requirements in cases in which all participants in that activity are fully vaccinated against COVID-19. The guidance also allows for relaxed visitation restrictions as a result of increased vaccination rates among the long-term care facility resident population. In response to an inquiry, Erin Emerson indicated that independent living facilities may choose to adopt MDHHS COVID-19 response guidance for long-term care facilities if appropriate to meet their individual needs, but they are not required to do so.

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Electronic Visit Verification (EVV) Update

Brian Keisling shared that MDHHS is continuing work on the implementation of an EVV process for providers of personal care services. Since funding may be available in the FY22 budget for system updates needed to implement the EVV process, the department has convened internal workgroups to plan for stakeholder outreach and explore EVV models that are currently in place in other states to determine the best path forward for Michigan.

Requesting Home and Community-Based Services (HCBS) Funding that is Available through the American Rescue Plan Act (ARPA)

In response to an inquiry, Kate Massey indicated that MDHHS is currently in the process of evaluating proposals to utilize ARPA funding to expand access to HCBS for the purpose of applying to receive these funds.

Maternal and Child Health updates

Maternal and Infant Health Program (MIHP) Pilot & Breastfeeding Plan

MDHHS staff shared information on several department initiatives related to Maternal and Child Health, including a planned MIHP pilot and a breastfeeding plan. A PowerPoint presentation was provided, and the document was discussed.

Doula Coverage

MDHHS is in the process of developing policy to provide Medicaid coverage of doula services. A doula is a non-clinical individual who typically provides physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum period. Evidence indicates doula services are associated with improved birth outcomes. Doula services have been shown to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities. In the process of developing this policy change, MDHHS has conducted stakeholder meetings, held discussions with federal partners, and examined similar coverage policy for these services that are currently in place in other states.

12 Months Post-Partum Coverage

Jackie Prokop shared that MDHHS is exploring options for providing Medicaid coverage for pregnant women 12 months post-partum, which would require systems changes. As a provision of ARPA, states may begin providing coverage for this population under State Plan authority beginning April 1, 2022. MDHHS staff and meeting attendees discussed potential options for protecting coverage for pregnant women 12 months post-partum from January 1, 2022 through March 30, 2022 if the federal PHE ends on December 31, 2021.

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Healthy Michigan Plan (HMP)

Caseload Growth

As of May 26, 2021, 913,828 beneficiaries are enrolled in HMP, compared to approximately 624,000 beneficiaries enrolled in HMP in February 2020.

MI Communication with CMS on Community Engagement

On April 6, 2021, MDHHS received a letter from CMS that officially revoked the State's authority to implement work requirements as a condition of continued eligibility in HMP. Implementation of work requirements was previously stopped on March 4, 2020, pursuant to a court order from the United States District Court for the District of Columbia in Young et al. v. Azar et al. While the Supreme Court had been scheduled to hear arguments on a challenge to state work requirements for Medicaid beneficiaries, the case was removed from the docket when CMS announced its intent to rescind authority for states to implement these requirements.

We Treat Hep C

MDHHS staff shared information on the department's public health initiative to eliminate the Hepatitis C virus (HCV) in Medicaid and HMP beneficiaries. A PowerPoint presentation was provided, and the document was discussed.

KB vs Lyon MDHHS Update

In 2018, a class action lawsuit was filed against MDHHS alleging that the Department failed to provide adequate behavioral health services to Medicaid-eligible children, with a specific focus on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. In 2020, MDHHS entered into an interim settlement agreement with the plaintiffs, contingent upon the implementation of policy and process changes to improve the department's delivery of behavioral health services and supports, specifically to children with behavioral health disorders and developmental disabilities, with a focus on EPSDT services. To assist with developing a plan to implement these changes, MDHHS has contracted with the Center for Health Care Strategies. A meeting attendee requested access to the environmental scan conducted by the Center for Health Care Strategies as part of this effort. In response, MDHHS staff indicated they would consider the request and share the information if possible, in consideration of the ongoing litigation in KB vs. Lyon.

Policy Updates

A policy update handout was distributed to meeting attendees, participants were invited to contact MDHHS staff with any questions about the bulletins and proposed policies listed.

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Future Agenda Items

Alison Hirschel invited meeting attendees to share any potential agenda items they would like to discuss at future MCAC meetings. In response, meeting attendees suggested having a discussion on claims data for the duration of the COVID-19 PHE to examine utilization trends, as well as the future of the coverage of telehealth services.

The meeting was adjourned at 4:11 p.m.