

March 21, 2023

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Interested Party:

RE: Sections 1915(b)/(c) MI Health Link Waiver Amendments

The Michigan Department of Health and Human Services (MDHHS) will submit amendment applications to the Centers for Medicare and Medicaid Services (CMS) for the Sections 1915(b)/(c) MI Health Link Waivers.

The following changes will be made to the amendment applications:

1. Changed references to the Medical Services Administration (MSA) to Behavioral and Physical Health and Aging Services Administration (BPHASA) throughout.
2. Updated to reflect the Integrated Care Organizations (ICOs) currently participating in the demonstration.
3. Updated Mandatory External Quality Review (EQR) activities to include validation of network adequacy.
4. Revisions to reflect a transition from the Waiver Support Application (WSA) to the Community Health Automated Medicaid Processing System (CHAMPS) for waiver enrollment throughout narrative and performance measures.
5. Revisions to reflect a shift to MDHHS reviewing a sample of waiver enrollments versus 100% of waiver enrollments.
6. Revisions to the Expanded Community Living Supports (ECLS) service definition to:
 - Add clarification about money management.
 - Allow ECLS services that only require verbal cueing to be provided via HIPAA compliant virtual method (video only) in lieu of in person during the quarantine or isolation period only if the enrollee has an exposure or condition for which a federal, state, or local public health or gov't official(s) has released applicable quarantine or isolation guidelines.

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- Allow transportation on behalf of the enrollee during the quarantine or isolation period if the enrollee has an exposure or condition for which a federal, state, or local public health or gov't official(s) has released applicable quarantine or isolation guidelines. Plans may use this service to authorize MI Health Link HCBS funds to reimburse individuals (ECLS providers) to run errands for enrollees when the enrollee does not accompany the driver of the vehicle during only an applicable quarantine or isolation period.
7. Addition of a definition of critical incident and two new critical incident types: suicide and suicide attempts.
 8. Clarify which providers are required to sign the Individual Integrated Care and Supports Plan (IICSP).
 9. Clarify the criteria for medication errors that qualify as critical incidents throughout narrative and related performance measure.
 10. Clarify the entities that must be notified by the Integrated Care Organization (ICO) when theft occurs.
 11. Clarify the process when there is non-compliance with the corrective action plan (CAP) process during the quality assurance reviews.
 12. Revisions in narrative and performance measures to reflect an incremental increase in the required sample size of 2.5% in each future waiver year for ICO provider monitoring reviews.
 13. Allow electronic signatures in lieu of wet signature on required documents like the IICSP.
 14. Addition of Goods and Services as a self-directed waiver service.
 15. Revisions to Home Delivered Meals (HDM) service definition to:
 - Allow HDMs to be left at the enrollee's door in lieu of in person during the quarantine or isolation period only if the enrollee has an exposure or condition for which a federal, state, or local public health or gov't official(s) has released applicable quarantine or isolation guidelines.
 - Allow meal delivery kits such as Hello Fresh, Blue Apron, etc. as an option under the HDM service.
 16. Allow care coordination contacts and activities to be made via HIPAA compliant virtual method (video only) in lieu of in person during the quarantine or isolation period only if the enrollee has an exposure or condition for which a federal, state, or local public health or gov't official(s) has released applicable quarantine or isolation guidelines. If assessments are completed via virtual method (video only) during quarantine/isolation, any sections of the assessment(s) related to physical function that normally require in person observation by the assessor must be reviewed at the next in person visit to ensure accuracy.
 17. Updates to guidance related to contractual changes between some ICOs and Michigan's Behavioral Health Pre-Paid Inpatient Health Plans (PIHPs).
 18. Revisions to the quality strategy performance measures (PM) as follows:
 - Deleted PM related to level of care from Appendix A (level of care measure remains in Appendix B).
 - Addition of PM in Appendix A to evaluate whether IICSPs support paid services (encounters).

The anticipated effective date of these renewal applications is September 1, 2023.

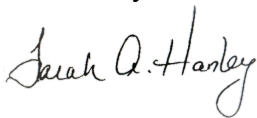
There is no public hearing scheduled for the amendment application. Input regarding the application is highly encouraged. The Sections 1915(b)/(c) MI Health Link Waiver draft amendment applications can be found online under the 'spotlight' link at <https://www.michigan.gov/mdhhs> >> Doing Business with MDHHS >> Health Care Providers >> MI Health Link.

The documents are drafts and will be updated as needed until submitted for approval by May 22, 2023. At that time, the final version of the applications will be posted online. Comments may be submitted to MSAPolicy@michigan.gov.

All comments on this topic should include a "MI Health Link Sections 1915(b)/(c) Amendments Comment" reference somewhere in the written submission or in the subject line if e-mail is used. Comments and related responses will be available at the above website following the end of the comment period. Comments will be accepted until April 20, 2023.

MDHHS appreciates the continued opportunity to collaborate with you to care for the residents of our state. We thank you in advance for your participation.

Sincerely,



Farah Hanley
Chief Deputy Director for Health