STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

March 1, 2023

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: MI Choice Waiver Renewal

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a MI Choice Waiver Renewal request to the Centers for Medicare & Medicaid Services (CMS).

The MI Choice Waiver program is a Medicaid program that offers long-term supports and services to individuals who meet nursing facility level of care but choose to remain in their home. The program is implemented through 20 Prepaid Ambulatory Health Plans (PAHPs) otherwise known as waiver agencies. The renewal of the MI Choice program is to ensure these supports and services can continue to be offered and add some additional options to improve the program.

Native American beneficiaries may be impacted by the waiver renewal if beneficiaries are eligible for, and choose to participate in, the program. Tribal health clinics and urban Indian organizations may be impacted by the waiver renewal if they work with eligible beneficiaries to refer them to a PAHP in their region, or if they are providers working directly with a PAHP. The anticipated effective date of this Waiver renewal is October 1, 2023.

The changes that MDHHS proposes for this waiver renewal are:

1. Require that a person-centered planning meeting occur every 180 days in lieu of reassessment.
2. Require initial assessments to be conducted in-person. Subsequent reassessments may be conducted virtually with camera on if the participant chooses this method. Assessments and reassessments conducted only by telephone will not be allowed.

3. Separate Residential Services from Community Living Supports (CLS) to identify services in these settings and implement electronic visit verification (EVV) processes more easily.
    a. Residential Services are defined as: Personal care and supportive services (homemaker, chore, attendant services, meal preparation) that are furnished to waiver participants who reside in a setting that meets the home and community-based setting requirements and includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming, and medication assistance (to the extent permitted under state law). Services that are provided by third parties must be coordinated with the assisted living provider. Nursing and skilled therapy services are incidental rather than integral to the provision of assisted living services. Payment is not made for 24-hour skilled care. Federal financial participation is not available for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement.
    b. The new HCPCS codes MDHHS is proposing to use for this are:
        i. T2032: Residential care, not otherwise specified (nos), waiver, per month, and
        ii. T2033 Residential care, not otherwise specified (nos), waiver, per diem
4. Separate Assistive Technology from the Specialized Medical Equipment and Supplies category.
    a. Assistive Technology is defined as: An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants or decrease social isolation. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes:
        i. the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
        ii. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
        iii. services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
        iv. training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and
        v. training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

5. Allow spouses and legally responsible adults to be paid caregivers for CLS in limited situations.
6. Change Home Delivered Meals (HDM) service parameters to no longer require the need to be able to feed oneself.
7. Allow meal delivery kits such as Hello Fresh, Blue Apron, etc. as an option under the HDM service.
8. Allow payment for grocery delivery service fees (payment for groceries is excluded).
9. Restructure the quality withhold repayment process to focus on improved performance rather than compliance. This may include:
    a. Incentives to reduce nursing facility readmission rates.
    b. Incentives to use trained or certified direct care workers.
    c. Incentives to improve performance on Clinical Quality Assurance Review standards.
10. Change language of performance measures to make them more outcome-focused instead of compliance-focused.
11. Addition of critical incidents that the waiver agencies are required to report:
    a. Eviction
    b. Suicide/suicide attempts/self-harm
    c. Missing person/elopement
12. Implicit bias training to be required for all waiver agency staff and recommended for network providers.
13. Allow CLS services to be provided in the hospital to participants who are hospitalized under limited circumstances. MI Choice cannot duplicate services the hospital provides. Some examples of the circumstances for which this could be allowed may be:
    a. Assisting participants with tasks that the hospital cannot do or does not have enough staff to do. For example:
        i. A participant has neurogenic bowel and needs to have digital stimulation to complete a bowel movement in lieu of or in addition to a suppository.
        ii. Participant has difficulty feeding herself, so the caregiver assists when the hospital does not have enough staff to do it.
    b. Assist participants with cognitive or behavioral challenges that affect the ability of the hospital to provide care to them.
    c. Provide reassurance to participants who express combative or other behaviors with unfamiliar people and the hospital staff have difficulty caring for them. Having someone familiar there to assist with certain things could help and avoid over-medication of the participant.
    d. Assist with communicating on behalf of the participant with doctors and staff or help with information coordination to prepare for discharge.
    e. Assist when the hospital is understaffed and cannot provide reasonable care other than critical operations.

f. Supporting participants who do not have informal supports and may need someone at the hospital to do things like be there for the discharge instructions, get the person dressed and ready to go home.

Changes being considered, but require further discussion with CMS:

1. Change the Community Health Worker service to be a required administrative activity of the MI Choice waiver agency instead of a billable MI Choice service.

There is no public hearing scheduled for this renewal of the MI Choice Waiver program. Input regarding this Waiver is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by April 15, 2023.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the waiver, according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,

Farah Hanley
Chief Deputy Director for Health

CC: Christine J. Davidson, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 23-09
March 1, 2023

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community
Ms. Deanna Foucault, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Christine J. Davidson, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
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Lorna Elliott-Egan, MDHHS