



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

February 8, 2023

Mr. Timothy Engelhardt, Director  
Medicare-Medicaid Coordination Office  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Ave., SW Mail Stop 315H  
Washington, DC 20201

Dear Mr. Engelhardt,

The Centers for Medicare & Medicaid Services (CMS) released a final rule, CMS 4192-F, that significantly impacts Michigan's MI Health Link (MIHL) program. Under the rule all State Medicare-Medicaid Plans (MMPs), like MIHL, will terminate on December 31, 2023, unless the program is converted to an "integrated" Dual Eligible Special Needs Plan (D-SNP). To convert to the new program structure/model, Michigan submitted its initial "transition plan" to CMS on September 30, 2022.

MDHHS has solicited input from key stakeholders and plans to transition its MI Health Link program to a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) that integrates long-term service and supports (LTSS). In this new model, contracted managed care plans will provide most covered benefits for their dual-eligible enrollees, but specialty behavioral health services will remain carved out. This decision reflects current state statute that requires a carve out of specialty behavioral health services. This option does incorporate a degree of integration (physical health + LTSS, including Home and Community Based Services (HCBS) and Long-term care (LTC)), though not the full integration afforded under the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) given the limitations due to existing statute.

In order to seamlessly transition to a HIDE + LTSS SNP model, MDHHS leadership is exploring the following:

- Facilitate a phased approach by first transitioning the MI Health Link program on January 1, 2026, and pursuing statewide expansion thereafter.
- Develop a new Managed Care program for the HIDE + LTSS SNP model that directly contracts with, and capitates, participating plans to allow for stronger quality oversight at the State level.
- Procure HIDE + LTSS SNPs by October 31, 2024, for a January 1, 2026, contract effective date.
- Limit coordination-only D-SNPs to regions that do not have procured HIDE + LTSS D-SNPs to promote integration.

- Require Exclusively Aligned Enrollment in the new HIDE + LTSS SNP model.
- Limit enrollment in the new HIDE + LTSS SNP to full benefit duals who are 21 years or older.
- Maintain the current MI Health Link benefit package to the extent possible through the contracting process, including 1915(c) Home and Community Based Services (HCBS).
- Develop and require integrated materials, including appeals and grievance materials, for new HIDE + LTSS SNP model.
- Develop a robust quality oversight program, similar to the existing MI Health Link program, that evaluates the HIDE + LTSS SNPs at the plan level rather than the parent organization level.
- Organize a Beneficiary Advisory Committee for the new HIDE + LTSS SNP model to inform program improvements and quality initiatives.
- Maintain an Ombudsman Program to support beneficiaries through the transition to the new model and with the new model moving forward.
- Continue to facilitate stakeholder engagement opportunities to gather input and inform the new program's constructs.

MDHHS is committed to working with CMS and stakeholders through the transition and looks forward to next steps in the program design process.

**Critical Timelines:**

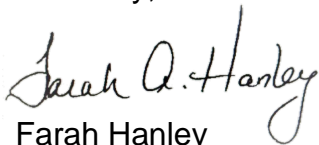
Procurement of HIDE + LTSS SNPs to be completed by **October 31, 2024**

Procured HIDE + LTSS SNPs to submit D-SNP applications to CMS by **November 2024**

Program transition to the HIDE + LTSS SNP must be completed **by January 1, 2026**

We look forward to your feedback and our continued partnership with the Medicare-Medicaid Coordination Office through this transition.

Sincerely,



Farah Hanley  
Chief Deputy Director for Health

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Attachment

cc: Scott Wamsley, Director, Bureau of Aging, Community Living, and Supports  
Erin Emerson, Director, Strategic Partnerships and Medicaid Administrative Services  
Meghan Groen, Senior Policy Advisor to the Director  
Nicole Hudson, State Assistant Administrator  
Pam Gourwitz, Director, Integrated Care Division  
Allison Repp, Section Manager, Integrated Management Programs