



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, August 26, 2020

Time: 1:00 p.m. – 4:30 p.m.

Where: Microsoft Teams Meeting

Attendees: **Council Members:** Alison Hirschel, Warren White, Amber Bellazaire, Dianne Haas, Bill Mayer, Amy Zaagman, Deb Brinson, Dominick Pallone, Chris George (for Amy Hundley), Jason Jorkasky, Robert Sheehan, David Herbel, Lisa Dedden Cooper, Kim Singh, Rebecca Blake, Marion Owen, April Stopczynski, Pat Anderson (for Melissa Samuel), Jim Milanowski, Jeff Towns, Chelena Bell (Michigan Primary Care Association), Barry Cargill, Linda Vail

Staff: Kate Massey, Farah Hanley, Lonnie Barnett, Brian Barrie, Pam Diebolt, Lisa Trumbell, Matthew Ellsworth, Erin Emerson, Bob Wheaton, Kim Hamilton, Brian Keisling, Laura Kilfoyle, Adriena Krul-Hall, Phil Kurdunowicz, Marie LaPres, Jackie Prokop, Margo Sharp, Lisa Trumbell, Mary Wertz, Tyler Wise, Steven Prichard

Other Attendees: Tiffany Stone, Salli Pung, Linda Jordan

Welcome, Introductions, Announcements

Alison Hirschel and Bill Mayer opened the meeting and introductions were made. Following introductions, Dr. Mayer announced that Warren White will be retiring and leaving his position on the Medical Care Advisory Council (MCAC). Ms. Hirschel also announced that as a follow-up to the previous MCAC meeting, a proposal for an increase in the Federal Matching Assistance Percentage (FMAP) rate as part of a COVID-19 relief package is still pending in Congress, and she has completed a draft letter in support of this measure. The letter will be submitted to the members of the MCAC for comments shortly, and once finalized, will be sent to each member of Michigan's congressional delegation on behalf of the MCAC.

Budget Update

Farah Hanley shared that following the consensus revenue estimating conference (CREC) in May that projected a budget shortfall of \$3 billion in fiscal year (FY) 2020 and FY2021, the state convened an additional CREC in August to better assess the impact of the current COVID-19-related health emergency on the state budget. The CREC held in August found that the budget gap is now estimated at \$1 billion for FY20 and \$1 billion for FY21 due to greater than expected sales tax revenue. Ms. Hanley indicated that in light of the revised budget forecast, the legislature is continuing discussions with the Governor's office on a budget agreement for FY21, and that many of the reductions included in the executive budget recommendation that was released in February are still planned for implementation.

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Federal Stimulus Update

In response to an inquiry, Ms. Hanley indicated that legislation intended to provide relief funds for state and local governments has passed the U.S. House of Representatives, but that the future prospects for such assistance remain uncertain. However, the State of Michigan has received a federal grant of \$375 million to assist with COVID-19 testing and contact tracing efforts that must be used or forfeited by September 30, 2020.

Covid-19 Updates and Policies

To date, the Michigan Department of Health and Human Services (MDHHS) has released 26 policy bulletins related to the COVID-19-related health emergency. The following bulletins that have been released since the previous MCAC meeting on May 27, 2020 were discussed:

- MSA 20-25 – COVID-19 Response: COVID-19 Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Supplemental Billing Policy to Bulletin MSA 20-14
- MSA 20-28 – COVID-19 Response: Temporary Suspension of Certain Provider Enrollment Requirements; Temporary Suspension of Certain Restrictions and Requirements of the Michigan Public Health Code
- MSA 20-32 – COVID-19 Response: Emergency Temporary Removal of Prior Authorization for Walking Boots and Wheelchair Batteries. Temporary Coverage of Spirometers for Cystic Fibrosis Beneficiaries in the Home Setting
- MSA 20-35 – Medicaid Compliance with Interim Final Rule CMS 5531: Improving Care Planning for Medicaid Home Health Services; COVID-19 Response: Temporary Waiver of Beneficiary Signature for Home-Delivered DMEPOS
- MSA 20-37 – COVID-19 Response: Suspending All Medicaid Renewals
- MSA 20-41 – COVID-19 Response: Private Duty Nursing and Hospice Alternative Staffing Provisions; Virtual Supervisory Visits; Prior Authorization for Private Duty Nursing
- MSA 20-42 – COVID-19 Response: Telemedicine Policy Rate Change; MI Care Team Health Action Plan Telemedicine Coverage
- MSA 20-52 – COVID-19 Response: COVID-19 Test Ordering and Pharmacy Enrollment
- MSA 20-53 – COVID-19 Response: Telemedicine Policy Changes for Audiology Services
- MSA 20-56 – COVID-19 Response: Recission of Portions of Bulletin MSA 20-28 – Executive Order 2020-61
- MSA 20-57 – COVID-19 Response: COVID-19 Specimen Collection

In addition, Laura Kilfoyle shared that while many policies that have been issued in response to the COVID-19 Health Emergency regarding telemedicine expansion are intended to be temporary, MDHHS has convened a work group to review the temporary telemedicine expansion policies and determine the feasibility of implementing some changes long-term.

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Long-Term Care

Brian Barrie shared that while long-term care facilities in the state initially experienced a relatively high rate of COVID-19 infection among residents relative to the general population, MDHHS has since largely been able to control the spread of the virus in nursing homes and other long-term care facilities. As a result of the health emergency, MDHHS staff are continuing to evaluate the department's response to both look for opportunities to expand on mitigation strategies that have worked well and continue to examine potential areas for improvement.

Direct Care Worker Premium Pay

In April 2020, MDHHS authorized a temporary wage increase of \$2 per hour for in-home providers of personal care services in an effort to compensate workers for the risk of COVID-19 infection and better ensure continuation of services for beneficiaries. In June 2020, the wage increase was extended through September 30, 2020 and expanded to include direct care workers employed by nursing facilities. MDHHS staff are continuing to evaluate ongoing need and available funding for subsequent premium pay extensions.

Center for Health and Research Transformation (CHRT) Evaluation

MDHHS is working with the University of Michigan in partnership with CHRT to evaluate the department's COVID-19 response as it relates to long-term services and supports programs, with a focus on nursing homes. The comprehensive evaluation will:

- examine Michigan's Regional Hub strategy compared to similar efforts undertaken by other states, including an in-depth data analysis;
- review Best Practices nationally and develop recommendations for preparedness in the event of a second COVID-19 outbreak; and
- develop recommendations for the State of Michigan to continue safely operating of all long-term-care facilities in Michigan including nursing facilities, adult foster care homes, homes for the aged, etc.

Mr. Barrie noted that while the initial report by CHRT is due to MDHHS the week of August 31, data analysis and collection will be ongoing.

Nursing Facility Task Force

The CHRT evaluation is also intended to assist the work of the Michigan Nursing Home COVID-19 Preparedness Task Force, which was established by Executive Order (EO) 2020-135 on June 26, 2020. The task force was convened to develop an action plan for nursing homes to deal with any potential future outbreak of COVID-19 and must submit its recommendations to the governor by August 31, 2020. The task force was divided into four workgroups, with each focusing on a different element of a broad topic. The areas of focus for each workgroup include:

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1. Addressing the placement of COVID-19-positive individuals in nursing homes,
2. Maximizing availability and distribution of testing supplies and personal protection equipment (PPE),
3. Ensuring the health of nursing facility staff and providing for staff education on practices for mitigating the spread of infection, such as proper use of PPE, and
4. Quality of life of nursing home residents. This group examined visitation practices in nursing homes and focused on developing recommendations for how to address the feeling of social isolation among nursing home residents.

Regional Hubs

MDHHS established regional hubs to care for COVID-19-affected nursing home residents per EO 2020-50. While the department initially granted a regional hub designation to 20 facilities located in Southeast Michigan, additional Regional Hub designations were subsequently granted throughout the state in identified areas of need, with a peak capacity of 900 beds. As of August 26, 2020, only nine regional hub facilities remain in operation with a total capacity of 300 beds. Mr. Barrie indicated that the reduction in regional hub bed capacity is commensurate with the decline in the need for such care due to falling COVID-19 caseloads.

While the CHRT evaluation found that housing COVID-19-affected nursing home residents did not appear to contribute to an increased infection rate among the general nursing home population, MDHHS plans to implement changes to the operation of regional hub sites in the future based on CHRT recommendations, including revising the selection process for regional hub sites, increasing oversight and monitoring of regional hub operations, and clarifying the role of non-hub facilities in the care of COVID-19-affected nursing facility residents.

Long-Term Care Facility Visitation

A meeting attendee further addressed concerns about the effect of current visitation restrictions in all long-term care facilities on the quality of life among residents, and requested that the MCAC consider drafting a letter addressed to the governor and MDHHS leadership in support of revisions to current policy to allow opportunities for visitation by family members of residents. MDHHS staff and meeting attendees continued to discuss this issue at length. In response to the discussion by MCAC members, Kate Massey indicated that MDHHS staff are actively discussing the preliminary findings of the Nursing Home COVID-19 Preparedness Task Force workgroup on quality of life in nursing home residents to evaluate where it may be feasible to implement policy changes to address these concerns, and offered to provide updates to the MCAC as they are available on this process and other issues. Following discussion, meeting attendees agreed that a letter in support of Long-Term Care Facility visitation changes on behalf of the MCAC was not needed at this time.

MI Health Link Update

The MI Health Link demonstration for individuals who are dually eligible for Medicare & Medicaid is currently scheduled to sunset on December 31, 2020. To continue the demonstration, MDHHS has a tentative agreement in place for a one-year extension with the

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Integrated Care Organizations to provide services to beneficiaries who meet program eligibility criteria and is currently working through contract negotiations. Brian Barrie noted that while Centers for Medicare & Medicaid Services (CMS) staff have expressed support for the department's initial request for a five-year extension of the MI Health Link demonstration, federal authority for the program is currently set to expire in 2023. MDHHS is also working to incorporate several proposed program improvements into the MI Health Link demonstration beyond 2021. In response to the request from meeting attendees to review the list of proposed changes, Mr. Barrie offered to share the information with the MCAC prior to the formal stakeholder review process.

Provider Relief Fund

MDHHS staff shared that as part of the Coronavirus Aid, Relief and Economic Security (CARES) act, congress has authorized a designated Provider Relief Fund in the amount of \$175 billion to assist medical providers with both replacing lost revenue as a result of the COVID-19 health emergency and to assist providers in making preparations to continue to treat patients during this time. Included in this fund is a portion set aside for Medicaid and Children's Health Insurance Program (CHIP) providers. In addition to a PowerPoint presentation on the topic, meeting attendees were provided with copies of letters L 20-40, issued June 29, 2020, and L 20-53, issued August 18, 2020, which were released to all providers to share information on these available funds, and the documents were discussed. MDHHS staff additionally noted that following the release of the letters, the application deadline for relief funds was extended to September 13, 2020.

Medicaid and Special Program Enrollment Update

Jackie Prokop shared that due to the current health emergency, MDHHS has suspended the eligibility renewal process for all Medicaid programs. As a result of this and other factors, the department is experiencing higher-than-usual caseloads of Medicaid beneficiaries. To highlight the difference in caseload since the previous MCAC meeting, Ms. Prokop shared and discussed a copy of a report from the MDHHS-Data Warehouse that was compiled to compare caseload numbers from February 2020 to July 2020, broken down to reflect caseload numbers in the following individual programs:

- Family Related Medicaid,
- Children Under 21,
- Pregnant Women and Children,
- MIChild,
- Non-Supplemental Security Income (SSI) Aged, Blind, and Disabled,
- SSI Aged, Blind and Disabled,
- Healthy Michigan Plan,
- Total Medicaid Recipients,
- Family Independence Program,
- Food Assistance Program, and
- Child Day Care.

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COVID-19 Mitigation

Bill Mayer opened the discussion on immunization outreach by emphasizing the importance of lessening the impact of influenza and other preventable diseases through vaccination, and therefore ensuring that as many health care resources as possible are available for treatment of COVID-19-affected individuals. Following introduction, MDHHS staff shared a PowerPoint presentation with meeting attendees containing information on the state's immunization rates for influenza and other diseases, as well as the department's efforts to promote vaccine administration. The presentation also contained preliminary information on a potential COVID-19 vaccination that is currently in the process of development. MDHHS staff and meeting attendees discussed the issue of vaccine outreach at length.

Healthy Michigan Plan (HMP)

Delay October 1, 2020 Changes – 5% Premium, Loss of Coverage

Jackie Prokop announced that due to the COVID-19 health emergency, MDHHS has suspended implementation of the requirement for Healthy Michigan Plan (HMP) beneficiaries who have incomes above 100% of the federal poverty level and have been enrolled in HMP for 48 cumulative months to pay 5% of their income toward cost-sharing as a condition of continued enrollment in the program. Because of the health emergency, beneficiaries will only lose eligibility for HMP at this time if they are deceased, move out-of-state, or request to opt out of the program. As of August 26, 2020, no new implementation date has been set for these changes to HMP.

Behavioral Health Integration Update

Following the discontinuation of the Stakeholder298 process that was previously discussed with the MCAC, MDHHS staff have been working to develop a new approach to behavioral health and physical health integration. While the discussions are ongoing, work on this topic has largely been put on hold due to the COVID-19 health emergency to focus on pandemic response.

Flint Waiver Update

MDHHS has submitted an extension request for the Waiver for People Impacted by Flint Water, which is currently set to expire in February 2021. Up to this point, conversations with CMS have been constructive, and MDHHS staff expressed confidence in receiving approval for the extension request prior to the current program's expiration.

Future Agenda Items

Potential future agenda items that were discussed include:

- Follow-up on the work of the Nursing Home COVID-19 Preparedness Task Force, including efforts to address visitation policy in all long-term care facilities.

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- Updates on the development of a COVID-19 vaccine, as well as other vaccine updates.
- Discussion on the potential end of the current COVID-19 health emergency and plans to move forward with MDHHS policies and projects that have been put on hold during this time.

The meeting was adjourned at 4:06 p.m.