



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, May 27, 2020
Time: 1:00 p.m. – 4:30 p.m.
Where: Skype Meeting

Welcome, Introductions, Announcements

Alison Hirschel and Bill Mayer opened the meeting.

Budget Update

Farah Hanley provided an update on the current state of the budget for fiscal year (FY) 2020 and FY21, and began by noting that the State is currently working to address a revenue shortfall that has occurred as a result of the current COVID-19 health emergency. For the current fiscal year ending September 30, 2020, the State is projecting a revenue shortfall of approximately \$2 billion general fund (GF), as well as a \$2 billion shortfall for FY21. In addition, the projected shortfall for the School Aid Fund is \$1.2 billion for FY20 and \$1.1 billion for FY21.

While the State of Michigan received \$315 million in emergency aid from the federal government, this money may only be used for COVID-19 testing and contact tracing and may not be used to address budget deficits. Medicaid caseload costs are also anticipated to rise by \$500 million GF in FY21, although this amount is expected to be partially offset by an increased Federal Matching Assistance Percentage (FMAP) rate. The FMAP rate increase for FY21 is currently estimated to result in the addition of \$200 million in federal match for Medicaid expenditures. For further information revenue and economic data for the State of Michigan, Ms. Hanley directed attendees to the Senate Fiscal Agency website at senate.michigan.gov/sfa. MDHHS staff and meeting attendees continued to discuss this issue at length. As a result of the discussion, Amy Zaagman introduced a motion for the MCAC to draft a letter addressed to the State's congressional delegation in support of additional federal matching dollars through Medicaid. Upon passage of the motion, Alison Hirschel offered to coordinate drafting the official correspondence on behalf of the MCAC.

COVID-19 Updates and Policies

Members of the Medical Care Advisory Council (MCAC) expressed appreciation to MDHHS staff for their extraordinary, timely and effective response to the COVID-19 public health emergency.

Jackie Prokop shared that since March 18, 2020, MDHHS has released 17 different policy changes to address the COVID-19 health emergency, as well as an additional bulletin detailing general telemedicine updates. In order to expedite implementation of these bulletins, each

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COVID-19 response policy has been released for public comment concurrent with the final bulletin. Most COVID-19 policy changes are intended to be time-limited for the duration of the current health emergency; however, portions of some policies are intended to be permanent changes. A policy bulletin handout was distributed to attendees and the following bulletins related to COVID-19 response and telemedicine updates were discussed:

- MSA 20-09 - General Telemedicine Policy Changes; Updates to Existing Policy; FQHC and RHC Policy Changes
- MSA 20-12 – COVID-19 Response: Relaxing Face-to-Face Requirement
- MSA 20-13 – COVID-19 Response: Telemedicine Policy Expansion; PIHPs/CMHSPs Implications
- MSA 20-14 – COVID-19 Response: Home Delivery of Durable Medical Equipment and Supplies
- MSA 20-15 – COVID-19 Response: Behavioral Health Telepractice; Telephone (Audio Only) Services
- MSA 20-16 – COVID-19 Response: Options for the use of Nursing Facility Beds
- MSA 20-17 – COVID-19 Response: Updated ICD-10-CM Coding Guidance; Update to COVID-19 Testing Coverage; Exemption of Co-Pays for Services to Treat Coronavirus Disease 2019
- MSA 20-18 – COVID-19 Response: Relaxing of Hospital transfer and Related Transportation Policy
- MSA 20-19 – COVID-19 Response: Suspending All Medicaid Closures
- MSA 20-21 – COVID-19 Response: Limited Oral Evaluation via Telemedicine
- MSA 20-22 – COVID-19 Response: Telemedicine Policy Changes; Updates to Coverage for Physical Therapy, Occupational Therapy and Speech Therapy
- MSA 20-23 – COVID-19 Response: Non-Emergency Medical Transportation (NEMT)
- MSA 20-24 – COVID-19 Response: Children’s Special Health Care Services (CSHCS) Eligibility and Renewal Requirements
- MSA 20-27 – COVID-19 Response: Policy for Designated COVID-19 Regional Hubs
- 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 20-34 – COVID-19 Response: Telemedicine Reimbursement for Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Centers
- MSA 20-36 – COVID-19 Response Policies: Clarification on notice to Terminate Policies and Processes

Long-Term Care

Long-Term Care Executive Order

On April 16, 2020, Governor Whitmer issued Executive Order (EO) 2020-50 to implement new rules intended to protect staff and residents in all Michigan long-term-care facilities (i.e., nursing facilities, adult foster care, homes for the aged, and assisted living facilities) from the spread of COVID-19. The new rules established by EO 2020-50 include:

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- Limiting access to long-term-care facilities to restrict visitors,
- Reserving a nursing facility resident's bed for their return if the resident is admitted to a hospital,
- Allow staff who test positive for COVID-19 or experience symptoms to have time off to self-isolate and return to work, and
- Designate isolated areas within nursing facilities to house residents who test positive for COVID-19.

Regional Hubs

EO 2020-50 authorized the creation of Regional Hubs to care for COVID-19-affected nursing home residents. While all long-term care facilities must operate to mitigate the spread of COVID-19 within their facilities, COVID-19 Regional Hubs support multiple facets of the continuum of care: offering load balancing support to hospitals, allowing appropriate leveraging of acute care bed availability, supporting isolation where it otherwise might not be possible, and mitigating staffing or other resource constraints.

COVID-19-affected residents may be appropriate for COVID-19 Regional Hub admission when they are discharged from a hospital and no longer need acute hospital level of care but continue to require additional medical care or support. Those residents currently living in a long-term care facility and identified as a COVID-19-affected resident may be transferred to a Regional Hub when their existing facility has an inability or incapacity to care for the COVID 19-affected resident or to safely isolate the COVID-19-affected resident from other residents.

MDHHS initially granted a COVID-19 Regional Hub designation to 20 facilities in Southeast Michigan and is seeking out additional facilities throughout the state to fill this need. Facilities will be selected by MDHHS and designated as COVID-19 Regional Hubs at the discretion of the department and subject to such factors as stated willingness to serve as a COVID-19 Regional Hub, capacity to contribute to local need for services, proximity to acute care facilities experiencing high COVID-19 related demand, physical attributes of the facility to effectively quarantine affected residents, performance history of the facility, and other factors deemed relevant by MDHHS.

As of May 27, 2020, 521 individuals have been cared for in the Regional Hubs, with the facilities collectively reporting a total of 107 deaths and 361 confirmed recoveries among those treated. Currently, 321 out of 650 total Regional Hub beds in the state are occupied. In the past week, 62 Regional Hub residents have been discharged, of which 53 were able to return home to their long-term-care facility of residence or to their house or apartment.

Most (75-80 percent) of Regional Hub facilities have reported that they feel they have adequate staffing to serve their residents, and all but one facility reported having a sufficient supply of personal protection equipment (PPE) on hand. In addition, all facilities have reported taking in residents who have been discharged from a hospital, while more than 75 percent of facilities have taken in residents who have been transferred from another long-term care facility. All Regional Hub facilities are required to report Census and infection data for

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residents to the EMResources system operated by the Public Health Administration within MDHHS, which in turn is reported to the federal government. MDHHS is continuing to evaluate the ongoing need for COVID-19 Regional Hubs and is making plans to “decommission” Regional Hub facilities when no longer needed to return the facilities to regular operations. MDHHS staff and meeting attendees continued to discuss this issue at length.

Home and Community-Based Services

In response to the COVID-19 health emergency, the Medicaid Home and Community-Based Services (HCBS) program has implemented a \$2 per hour wage increase for direct-care workers who serve HCBS beneficiaries. In addition, MDHHS is preparing to submit an emergency amendment application to the Centers for Medicare & Medicaid Services (CMS) under the Appendix K Preprint authority. Once approved, the amendment will allow MDHHS increased flexibility to operate all HCBS programs for the duration of the health emergency, including the Behavioral Health Demonstration, Children’s Waiver Program, Habilitation Supports Waiver, MI Choice, and HCBS MI Health Link programs. The proposed changes to these programs are outlined in letter L 20-34, issued June 1, 2020. Medicaid L Letters can be accessed on the web at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms, click “2020” under “Numbered Letters.”

Reporting

As directed by EO 2020-50, MDHHS is continuing to collect data on COVID-19 transmission throughout the state, which is posted on the web at www.michigan.gov/coronavirus.

Level of Care Determinations

As a result of the COVID-19 Health Emergency, MDHHS has implemented the following temporary changes to the Nursing Facility Level of Care Determination (LOCD) process:

- The LOCD evaluation process may now be conducted remotely.
- All current LOCDs have been extended by 180 days (except for Door 0).

In addition, MDHHS has implemented a passive redetermination process for LOCDs, which is intended to continue beyond the rescission of the current COVID-19 health emergency.

COVID-19 Testing

In response to new guidance directing states to prioritize testing residents and staff of skilled nursing facilities for COVID-19, MDHHS has partnered with the National Guard to assist with identifying regions of the state and facilities within these regions that are most in need of assistance with administering tests. As of May 27, 2020, this has been completed in the Upper Peninsula, as well as Southeast Michigan and Western Michigan, and MDHHS is continuing to utilize National Guard resources to assist with administering COVID-19 testing in nursing facilities where needed.

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Council/Organization Feedback on MDHHS COVID-19 Response

What are organizations doing to implement COVID-19 changes?

Several meeting attendees who represent provider associations shared that in response to the COVID-19 health emergency, they are continuing to work with their respective members to identify and implement best practices for patient care in an alternative environment. Specifically, they are focused on increasing access to telehealth services where possible, conducting outreach patients to encourage those needing medical care to seek medical care, and ensuring that providers have sufficient PPE on hand to see patients in-person. In addition, one meeting attendee raised the issue of looking for ways to support Medicaid beneficiaries who are currently using limited cellular or internet data plans for the purpose of telemedicine visits.

Healthy Michigan Plan (HMP)

Rescinding work requirements

On March 4, 2020, MDHHS stopped implementation of work requirements pursuant to a court order from the United States District Court for the District of Columbia in Young et al. v. Azar et al. MDHHS issued bulletin MSA 20-10 on April 28, 2020 to share details of this change with providers, and also issued letters to individual beneficiaries who would have been impacted by work requirements. In addition, due to the COVID-19 health emergency MDHHS is also temporarily suspending plans to require all HMP beneficiaries with incomes above 100% of the federal poverty level (FPL) to engage in a healthy behavior and contribute 5% of the income toward cost-sharing as a condition of continued enrollment in HMP.

Behavioral Health Integration Update

Substance Use Disorder (SUD) Treatment and Recovery Capacity Assessment

MDHHS staff provided information on the Department's efforts to implement the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act in the State of Michigan. A summary document of these efforts titled "SUPPORT Act Section 1003 Demonstration: Increase Substance Use Disorder (SUD) Capacity" was distributed to meeting attendees for discussion.

Flint Waiver Update

MDHHS staff shared that the renewal application for the Flint Waiver has been submitted to CMS and has been posted to the CMS website for public comment.

Future Agenda Items

Alison Hirschel invited meeting attendees to continue to share topics they would like to be included on the agenda for the next MCAC meeting scheduled for August 26, 2020.

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The meeting was adjourned at 3:30 p.m.