



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, August 14, 2019

Time: 1:00 p.m. – 4:30 p.m.

Where: Michigan Public Health Institute
2436 Woodlake Circle, Suite 380
Okemos, MI 48864

Attendees: **Council Members:** Marilyn Litka-Klein, Alison Hirschel, Kim Singh, Robert Sheehan, Dominick Pallone, Amy Zaagman, Pam Lupo, Amber Bellazaire, Bill Mayer, Marion Owen, Debra Brinson, Warren White, Farah Jalloul, April Stoczynski, Jim Milanowski, Stacie Saylor (for Rebecca Blake), Melissa Samuel, Sienna Mitchell (for Dave Herbel)

Staff: Kate Massey, Erin Emerson, Kathy Stiffler, Brian Barrie, Marie LaPres, Jackie Prokop, Chris George, Phil Kurdunowicz; Steven Prichard

Other Attendees: Salli Pung, Joe Pawluszka, Rich Farran

Welcome, Introductions, Announcements

MCAC Chair Update – Alison Hirschel and Bill Mayer to co-chair

Jackie Prokop opened the meeting and announced that Alison Hirschel and Bill Mayer have agreed to serve as co-chairs for the Medical Care Advisory Council (MCAC).

Budget Update

Erin Emerson reported that the Michigan Department of Health and Human Services (MDHHS) budget for FY 2020 has not yet been finalized, and that as of the date of the meeting no formal budget negotiations have taken place between the legislature and the Governor. Alison Hirschel shared that she has drafted a letter in support of the Governor's budget recommendation for MDHHS on behalf of the MCAC and offered to share the letter with staff and the council members to get their feedback prior to sending to the members of the Legislative Conference Committee.

Healthy Michigan Plan (HMP)

Legislative Changes – Senate Bill 362 and 363

MDHHS staff provided an overview of Senate Bills 362 and 363, which would make changes to the process for reporting compliance with the HMP work requirements that will take effect on January 1, 2020. Under current law, beneficiaries have until the tenth day of the following

Medical Care Advisory Council

Meeting Minutes

August 14, 2019

Page 2

month to report work or other qualifying activity totaling at least 80 hours per month to MDHHS as a condition of continued eligibility for HMP. Beneficiaries are allowed up to three months of non-compliance within a calendar year.

If adopted, the laws would allow beneficiaries to verify that they are meeting the workforce engagement requirements by the last day of each month for the previous month's qualifying activities. If a beneficiary does not report compliance with workforce engagement requirements by the last day of the month for the previous month, they may verify compliance with the workforce engagement requirements for up to 60 days after the missed date for reporting, and that month will not count as a non-compliance month. In addition, the legislation would allow MDHHS the ability to use beneficiary data within the department's system to record compliance with the new work requirements. This would eliminate the need for some beneficiaries to manually report compliance each month.

Webinars – General overview

To help explain the new HMP requirements taking effect on January 1, 2020, MDHHS is conducting a series of webinars with staff and various provider and stakeholder groups. To date, five webinars have been held, with additional dates planned in the future. The department has received many comments and questions on the webinars, and is working to incorporate suggestions for changes to the way information is presented into future outreach efforts. MDHHS staff and meeting attendees continued to discuss at length ideas for how to best inform providers and stakeholders of the changes taking place for HMP beneficiaries, including a suggestion for department staff to conduct in-person informational meetings with affected stakeholders. MDHHS will also issue a policy bulletin with information on the implementation of work requirements that will be distributed to all providers.

September Beneficiary letters and mailing

Group subject to workforce engagement

Exemption Form

In September 2019, MDHHS will begin mailing letters to beneficiaries who are identified as being subject to the workforce engagement requirements with information on reporting requirements and how to report an exemption, if applicable. As part of this process, the department redesigned the letters with the input of focus groups to be more visually appealing to recipients (e.g., including colored highlighting of important information), and to be consumer focused and behaviorally informed. This will help ensure that recipients open the letters and stay informed about the workforce engagement requirements.

Group Who Have an Exemption

HMP beneficiaries may be excused from compliance with workforce engagement requirements if they meet the definition of "medically frail" or attest to another exemption. MDHHS staff noted that in addition to the medically frail criteria that were identified at the previous MCAC

Medical Care Advisory Council

Meeting Minutes

August 14, 2019

Page 3

meeting on June 25, 2019, MDHHS has expanded the definition of “medically frail” to individuals who are homeless or victims of domestic violence.

If a beneficiary is determined to be medically frail, either by self-attestation or via systems information available to MDHHS staff, he or she will be excused from compliance with workforce engagement requirements for 12 months. Beneficiaries who claim a hardship exemption will also be excused from compliance with workforce engagement requirements for a period of time to be determined in the future. MDHHS staff and meeting attendees continued to discuss the reporting and exemption process at length, including plans for periodic compliance reviews for HMP beneficiaries who self-attest to compliance with workforce engagement requirements or to meeting exemption criteria.

48-month Cumulative Enrollment Changes

In addition to the workforce engagement requirements that will take effect on January 1, 2020, MDHHS is also preparing to implement changes for beneficiaries who have been enrolled in HMP for 48 cumulative months and have incomes above 100 percent of the federal poverty level (FPL). Beginning at a date to be determined, beneficiaries who meet these criteria will be required to complete a healthy behavior and pay 5 percent of their income toward cost-sharing as a condition of continued enrollment in the Healthy Michigan Plan.

HMP operations and process questions

Kate Massey shared that with the upcoming changes for HMP, MDHHS staff are actively seeking input from providers and other stakeholders on how best to implement these changes and communicate information to beneficiaries. MDHHS staff and meeting attendees discussed several ideas for beneficiary outreach, including sending text messages to beneficiaries to let them know they will be receiving a letter about the workforce engagement requirements, or engaging in an advertising campaign directed at beneficiaries to let them know that a letter will be mailed.

One meeting attendee asked how providers will be notified if an HMP beneficiary loses coverage due to non-compliance with work requirements. In response, MDHHS staff noted that the Community Health Automated Medicaid Processing System (CHAMPS) will indicate if a beneficiary is enrolled in HMP, but information about whether the beneficiary is reporting compliance with work requirements will not be available in CHAMPS for Fee-for-Service (FFS) beneficiaries. For beneficiaries enrolled in a Medicaid Health Plan (MHP) who are non-compliant with workforce engagement requirements, the individual MHPs will be able to see if their members will soon lose coverage.

Meeting attendees were also invited to share the ways in which their individual organizations are communicating the coming HMP changes to their members. To assist in these efforts, MDHHS is in the process of creating an informational “toolkit” that will be available to providers and provider organizations for outreach.

Medical Care Advisory Council

Meeting Minutes

August 14, 2019

Page 4

Flint Waiver renewal

MDHHS staff is preparing to meet with the Centers for Medicare & Medicaid Services (CMS) to discuss the process of renewing the Waiver for Individuals Impacted by Flint Water. The waiver expanded Medicaid eligibility to include children up to the age of 21 and pregnant women who lived, received childcare, or education at an address served by the Flint water system with incomes up to 400 percent of the FPL, and provides targeted case management services for these individuals, as well. While the waiver is currently set to expire in February 2021, the renewal application must be submitted to CMS by February 2020 for the program to continue. Prior to submission of the waiver renewal application, MDHHS staff plan to meet with affected stakeholders and post the application for public comment to gather feedback. The department also plans to continue seeking renewal for the Flint waiver until such a date as no individual meets the eligibility requirements. MDHHS staff and meeting attendees continued to discuss this issue at length, including ideas for new provider groups to include and a discussion of the potential length of a renewal period. One MCAC member suggested MDHHS staff promote evidence-based, targeted case management services, building upon other effective case management services offered through the department.

General Updates

Peace of Mind Registry

In response to an inquiry regarding the status of the Peace of Mind registry for HMP beneficiaries to file an Advance Directive with the department, MDHHS staff indicated that it will be discontinued after December 31, 2019. The Peace of Mind registry was established by Public Act 107 of 2013, which required MDHHS to mail an Advance Directive form to each HMP beneficiary. Due to insufficient available funding available to Gift of Life, the partnering organization that administers the Peace of Mind Registry, the registry will be discontinued after 2019 and all Advance Directives on file will be returned to each beneficiary. As a result, MDHHS no longer provides beneficiaries with a copy of an Advance Directive upon enrollment. Out of approximately 1 million Advance Directive forms distributed, only 10,000 completed Advance Directives have been returned. MDHHS staff and meeting attendees continued to discuss this issue, and one MCAC member suggested that MDHHS explore the opportunity to incorporate Advance Directives in the Michigan Care Improvement Registry (MCIR).

Long Term Care Updates

Brian Barrie shared that MDHHS is required by the legislature to conduct a feasibility study on the implementation of managed Long-Term Services and Supports (LTSS). Since October 1, 2018, the department has been working to secure private sources of funding to assist with conducting the study, which will commence on October 1, 2019. Prior to the beginning of the research process for managed LTSS, MDHHS will conduct a public stakeholder meeting on September 5, 2019 in Mount Pleasant in which the example of an LTSS model in Washington state will be examined and ideas for implementation in Michigan will be discussed. Beginning October 1, 2019, the department will have 270 days to complete research on LTSS issues and potential ways to implement an LTSS model in Michigan and submit a report to the legislature.

Medical Care Advisory Council

Meeting Minutes

August 14, 2019

Page 5

Future Agenda items

Bill Mayer requested input from meeting attendees for ideas on how to organize future MCAC meetings to best facilitate interactive discussion between MDHHS staff and council members. In response, the following ideas were discussed:

- A request was made for MDHHS staff to include members of the MCAC on policy discussions that affect their organizations outside of scheduled meetings;
- Include a standing item on the agenda for each meeting to discuss future meeting topics;
- Distribute informational resources about agenda items to MCAC members in advance of each meeting in order to allow more time for interactive discussion;
- Designate time for comment from members of the general public in attendance;
- Continue to include an agenda item for MCAC members to provide MDHHS staff and other attendees with updates on how their organizations are impacted by developments in the Medicaid program; and
- Conduct conference calls with MCAC members for urgent issues that arise between regularly scheduled meeting dates.

Policy Updates

A policy bulletin handout was distributed to meeting attendees, and the following item was discussed:

- Proposed Policy 1917-SBS – Caring 4 Students (C4S) Program.

Targeted Case Management program for parolees

In addition to the policy items listed in the handout, Jackie Prokop provided an update on a new policy in development that will provide Targeted Case Management services for incarcerated individuals who are released on parole.

Other

Marilyn Litka Klein announced that she will be retiring in the fall of 2019.

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