



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Thursday, November 12, 2020

Time: 1:00 p.m. – 4:30 p.m.

Where: Microsoft Teams Meeting

Attendees: **Council Members:** Alison Hirschel, Amber Bellazaire, April Stopczynski, Bill Mayer, Lisa Dedden Cooper, Pat Anderson (HCAM), David Herbel, Dominick Pallone, Farah Jalloul, Chris George (for Amy Hundley), Rebecca Blake, Deb Brinson, Barry Cargill, Dianne Haas, Jim Milanowski, Robert Sheehan, Kate Kohn-Parrott, Kim Singh

Staff: Allison Repp, Craig Boyce, Tom Curtis, Cheryl Decker, Pam Diebolt, Michael Dunn, Ashley Edwards, Elizabeth Gallagher, Sandra Greerbiehl, Kim Hamilton, Farah Hanley, Brian Keisling, Phil Kurdunowicz, Marie LaPres, Cindy Linn, Kate Massey, Roxanne Perry, Jackie Prokop, Katarzyna Roelant, Mary Schrauben, Matthew Seager, Jacki Sproat, Sandhya Swarnavel, Jonathan Warsh, Lonnie Barnett, Mary Beth Kern-Collins, Christina Severin, Erin Emerson, Brenda Jegede

Other Attendees: Abby Darnell, Debra Darlin, Jill Alexander, Laura Houdenshell-Putt, Linda Jordan, Randy Walainis, Kathy Stiffler, Megan Vanderstelt, Kendall Troyer, Tiffany Stone, Cathy Sunlin

Welcome, Introductions, Announcements

Update on Medicaid Fiscal Accountability Regulation (MFAR) Letter sent from the Council

Following introductions, Alison Hirschel shared that a letter on behalf of the Medical Care Advisory Council (MCAC) was submitted to Michigan's Congressional delegation to formally request an increase in the Federal Matching Assistance Percentage (FMAP) rate and the rescission of MFAR. Following the submission of the letter, the FMAP rate increase has been granted, and MFAR has been rescinded.

Bill Mayer also thanked the members of the MCAC for submitting agenda items for the day's meeting.

Medical Care Advisory Council

Meeting Minutes

November 12, 2020

Page 2

Budget Update

FY21 Budget Update

Farah Hanley reported that while the U.S. economy has recovered approximately half of the jobs that were lost since March 2020 as a result of the COVID-19 Public Health Emergency (PHE), all sectors of the Michigan economy in particular are still operating below February 2020 employment levels. As a result, while a balanced budget is in place for the current Fiscal Year (FY) 2021, the future revenue forecast, including the possibility of federal aid, remains highly uncertain as the state continues to plan for FY22, which begins on October 1, 2021. The Governor is expected to release an Executive Budget Recommendation for FY22 in February 2021. MDHHS staff and meeting attendees briefly discussed the potential impact of the recent electoral results at the federal level on any future federal aid to states.

Comprehensive Quality Strategy (CQS)

Staff from the Michigan State University Institute for Health Policy provided a PowerPoint presentation to meeting attendees regarding a CQS for Medicaid Managed Care programs (e.g., Medicaid Health Plans [MHPs], Integrated Care Organizations [ICOs], Prepaid Inpatient Health Plans [PIHPs], and Prepaid Ambulatory Health Plans [PAHPs]), and the document was discussed. Following the presentation, staff invited meeting attendees to ask questions, and indicated that formal written comments will be accepted until the close of business on Friday, November 20, 2020.

COVID-19 Mitigation

Robert Swanson, director of the Division of Immunization within MDHHS, provided an update on the Department's influenza vaccination efforts and preparations for administration of COVID-19 vaccinations when they become available. A PowerPoint presentation was provided, and the document was discussed at length. In response to an inquiry, Mr. Swanson indicated that there are no plans currently in place for MDHHS to issue a COVID-19 vaccine mandate for health care workers. In addition, meeting attendees raised other issues related to the administration of COVID-19 vaccinations, including the feasibility of maintaining social distancing in pharmacies that are administering COVID-19 vaccinations, and criteria for when the vaccine can be administered. In response, MDHHS staff indicated that the COVID-19 vaccine cannot be co-administered with the influenza vaccine and noted that while the Centers for Disease Control and Prevention (CDC) is not recommending COVID-19 testing prior to receiving a vaccine at this time, vaccinations will be deferred for individuals who appear to be ill.

Long-Term Care

Introduction of new staff

Kate Massey introduced Sarah Grivetti as the director of the Bureau of Long-Term Care

Medical Care Advisory Council

Meeting Minutes

November 12, 2020

Page 3

Services and Supports.

Policy for Care and Recovery Centers (CRCs) to Treat COVID-19 Patients and Residents Requiring Nursing Facility Care

An update was provided on the implementation of Bulletin MSA 20-66 – COVID-19 Response: Policy for CRCs to Treat COVID-19 Patients and Residents. MSA 20-66 was issued on September 30, 2020 in response to the findings of the Center for Health and Resource Transformation (CHRT) that was convened by Executive Order (EO) 2020-135. To date, 17 applications have been received for facilities wishing to be designated as a CRC, which the Department is working to evaluate. MDHHS staff and meeting attendees discussed the policy at length, while meeting attendees were referred to the [MDHHS website](#) to review MSA 20-66 in detail.

Long-Term Care Facility Visitation

Indoor visitation with nursing facility residents is now permitted in counties with risk levels designated as A, B, C, or D as determined by the MI Safe Start plan, as long as the facility has no new COVID-19 cases among staff or residents in the previous 14 days. Indoor visits will not be allowed in counties with a risk level of “E”, (i.e., counties with greater than 150 daily COVID-19 cases per million or greater than 20% positive COVID-19 testing rate). As of November 12, 2020, most counties in Michigan are classified as risk level “E”. Visitors participating in “end-of-life” visits may have physical contact with a nursing home resident if the resident is not COVID-positive. Additionally, visitors may not be within six feet of a resident for longer than 15 minutes and must always wear personal protection equipment (PPE). MDHHS staff and meeting attendees continued to discuss this issue at length.

Home Help

As of September 2020, approximately 54,000 beneficiaries are receiving benefits from the Home Help Program. In response to an inquiry, Sarah Grivetti reported on the following demographic statistics among the Home Help beneficiary population:

- Gender:
 - 62% Female
 - 38% Male

- Race/Ethnicity:
 - 43% African American
 - 47% Caucasian
 - 1% Other

Other updates on the Home Help Program include:

Medical Care Advisory Council

Meeting Minutes

November 12, 2020

Page 4

- On average, beneficiaries received a monthly Home Help benefit of \$552 in November 2019. Due to an enhancement in the direct care worker hourly wage of \$2 per hour that was instituted in response to the current PHE, the current average monthly Home Help benefit is now \$683 per individual.
- Between May 2020 and October 2020, the Home Help program received an average of 1,100 beneficiary referrals per month.
- As a service that is included as part of the Medicaid State Plan, the Home Help program benefit must be available to qualified beneficiaries statewide with no waiting list.
- The current FY21 budget allocation for the Home Help program is \$338 million. The FY22 budget request is expected to remain consistent with current program and enrollment needs.
- A meeting attendee inquired about the Department's efforts to meet the January 1, 2021 deadline for implementing an Electronic Visit Verification (EVV) system for the Home Help Program as established by the CARES act. In response, Kate Massey indicated that due to the current COVID-19 PHE there is no effort underway to implement this process by January 1, 2021, but that Congress is actively considering an extension to the deadline for states to comply with this requirement, and the State is considering the possible penalties for non-compliance if the deadline is not extended.

In response to a request, Ms. Grivetti offered to follow up with the MCAC via email with additional information on the Home Help program.

Supports for Homes for the Aged and Adult Foster Care Homes

On October 28, 2020, MDHHS issued an order establishing COVID-19 testing requirements for Homes for the Aged and Adult Foster Care Homes licensed for 13 or more beds. Under the terms of the order, facilities are required to:

- conduct initial COVID-19 testing of all staff and residents,
- immediately administer tests to staff or residents who show symptoms,
- conduct weekly COVID-19 testing in all regions in the event a positive case has been identified, until 14 days after the last positive COVID-19 test,
- administer weekly COVID-19 testing to all staff in counties with a risk level of A through E as identified by the MI Safe Start Map, and
- administer intake COVID-19 testing on all new or returning residents, as well as visitors.

The new testing requirements go into effect on November 18, 2020 for Homes for the Aged, while Adult Foster Care homes are required to begin initial COVID-19 testing on November 24, 2020, with weekly testing for staff and residents to begin on December 2, 2020. To facilitate testing, MDHHS will provide facilities with testing supplies, as well as reimbursement for all expenses incurred as a direct result of compliance with the testing requirements. Erin Emerson further clarified that COVID-19 testing will be administered free of charge to all visitors to Homes for the Aged and Adult Foster Care homes.

Medical Care Advisory Council

Meeting Minutes

November 12, 2020

Page 5

MI Health Link Update

The MI Health Link program provides services to individuals age 21 and older who are enrolled in both Medicare and Medicaid and who reside in the Michigan counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper peninsula. The current contract for MI Health Link is set to expire on December 31, 2020, and due to the current COVID-19 PHE, CMS has granted a one-year extension for the MI Health Link demonstration with minimal changes to allow the health plans and providers to focus on COVID-19 response. As of October 2020, MDHHS has resumed stakeholder engagement activities to discuss potential changes to the MI Health Link Program that are intended to be part of a request for a multi-year extension of the demonstration. In addition, interactive dashboards containing information on MI Health Link enrollment are now available on the web at www.michigan.gov/mihealthlink.

Covid-19 Updates and Policies

Released 30 COVID-19 Policies

To date, MDHHS has released 30 new policy changes related to the COVID-19 PHE, with additional related policy changes in process. Medicaid policies are available [here](#) on the MDHHS website.

Impact of Supreme Court Decision on Policies

On October 2, 2020, the Michigan Supreme Court ruled that the Governor did not possess authority under the Emergency Management Act of 1976 to declare states of emergency and disaster as it relates to the new coronavirus pandemic after April 30, 2020. As a result of this ruling, MDHHS staff examined a total of 70 policies and Medicaid L-Letters that had been issued in response to the COVID-19 PHE to assess the impact of the ruling on the state's authority for implementing policy changes. After review, staff found that only six policies were directly impacted by the Supreme Court ruling, as many policies that had cited the governor's executive orders had been previously rescinded or were ultimately dependent on federal authority for implementation. Of the six policies that were impacted by the Supreme Court ruling, MSA staff expressed confidence that MDHHS maintains authority to implement these policies as a result of:

- New legislation (e.g., Public Act 244 and 245),
- Epidemic orders issued by the MDHHS director, and
- Existing authority through state law or federal regulation.

Vaccine Services Updates

MDHHS staff discussed bulletin MSA 20-65, issued on October 14, 2020. MSA 20-65 was issued to provide general updates regarding vaccines in response to the COVID-19 pandemic.

Medical Care Advisory Council

Meeting Minutes

November 12, 2020

Page 6

Recission of Out Of State Providers, Nursing Students Requirements

In response to Executive Order 2020-61, MDHHS issued bulletin MSA 20-28 on April 30, 2020 and bulletin MSA 20-41 on June 29, 2020, which temporarily suspended certain provider enrollment requirements and restrictions and requirements of the Michigan Public Health Code to, in part, allow out-of-state providers licensed and in good standing in their home states to receive Medicaid reimbursement while providing services in certain designated health care facilities in Michigan. MSA 20-28 was issued to address suspending these requirements for certain practitioner groups, while MSA 20-41 was addressed specifically to Private Duty Nursing and hospice providers, which also allowed nursing students enrolled in accredited nursing programs to become licensed, registered, or certified health care professionals to be employed by a hospice agency.

On July 13, 2020, the Governor rescinded Executive Order 2020-61. In response, MDHHS issued bulletin MSA 20-56 on August 12, 2020, which rescinded the portions of MSA 20-28 regarding out-of-state licensed providers, enrollment of ordering providers, and supervision, delegation, and practice agreements effective July 13, 2020. In addition, bulletin MSA 20-61 was issued on September 30, 2020 to rescind portions of MSA 20-41 related to out-of-state licensed health care professionals and nursing students effective July 13, 2020.

In response to an inquiry, MDHHS staff noted that only one out-of-state provider took advantage of the enrollment flexibilities offered by Executive Order 2020-61 to provide services in Michigan during the effective period of the order.

Michigan Coronavirus Taskforce on Racial Disparities

Newly established Office of Race, Equity, Diversity, and Inclusion

Brenda Jegede from the MDHHS office of Equity and Minority Health gave a presentation on racial equity in the COVID-19 response by MDHHS. A PowerPoint presentation was provided and the document was discussed. In response to a request, Ms. Jegede offered to share the PowerPoint presentation with meeting attendees via email. MDHHS staff and meeting attendees continued to discuss this issue at length.

Healthy Michigan Plan (HMP)

Caseload Growth, Addressing Future Enrollment Issues

Jackie Prokop reminded meeting attendees that MDHHS has suspended the HMP eligibility renewal process for currently enrolled beneficiaries for the duration of the COVID-19 PHE. During this time, HMP beneficiaries may only lose eligibility if they move out of state or if their initial eligibility status is determined to have been fraudulent. As a result of suspending eligibility redeterminations, there are currently 824,481 beneficiaries enrolled in HMP, compared to 694,731 enrolled beneficiaries in February 2020. Because the eligibility redetermination process is suspended for the duration of the COVID-19 PHE, MDHHS has

Medical Care Advisory Council

Meeting Minutes

November 12, 2020

Page 7

also delayed planned implementation of a new requirement for HMP beneficiaries with incomes above 100% of the federal poverty level and who have been enrolled in HMP for more than 48 cumulative months to complete a Health Risk Assessment, engage in a Healthy Behavior, and contribute 5% of their income toward cost-sharing as a condition of continued enrollment in HMP.

A meeting attendee asked if there is data available to determine if HMP enrollment is commensurate with the number of eligible individuals in the State of Michigan, and if the Department is continuing to conduct outreach to increase awareness about HMP among potentially eligible individuals. In response, MDHHS staff indicated that the Department has no plans to conduct additional outreach at this time, due in part to the suspension of eligibility redeterminations for the duration of the COVID-19 PHE, as well as a decline in new monthly enrollments that immediately preceded the PHE.

General Updates

A meeting attendee acknowledged the potential for the first COVID-19 vaccines to be released prior to the next MCAC meeting on February 24, 2021 and inquired about the possibility of putting together an interim meeting to discuss the roll-out process with MDHHS staff and other members of the MCAC. In response, MDHHS staff indicated that Robert Swanson facilitates regular town hall meetings to update other stakeholders on the progress of COVID-19 vaccinations and offered to reach out and connect him with the MCAC for inclusion.

Bill Mayer expressed concern about the potential for the upcoming holidays to contribute to an increase in COVID-19 infections, especially as it relates to the potential for health care capacity.

In response to an inquiry, MDHHS staff indicated that the Department is in the process of submitting a waiver amendment to extend Medicaid coverage for pregnant women to 12 months post-partum. In addition, MDHHS issued bulletin MSA 20-67 on October 12, 2020 to extend coverage of behavioral health services to Maternity Outpatient Medical Services (MOMS) beneficiaries, but that implementation of the policy is contingent upon approval of a Children's Health Insurance Program (CHIP) State Plan Amendment (SPA).

Future Agenda Items

A meeting attendee suggested that the MCAC continue to discuss vaccination efforts at the February 24, 2021 meeting. In addition, Alison Hirschel invited council members to continue to submit agenda topics via email prior to the next meeting.

The meeting was adjourned at 4:23 p.m.

Next Meeting: February 24, 2021