

# Medical Care Advisory Committee (MCAC)

Monday, March 14, 2022, 10:00am – 12:00pm

## Minutes

### Members Present:

Kathy Bates, Jake Berry, Lisa DiMartino, Tamme Dustin, Ellen Keith, Janell Levine, Ellen McCahon, Paula Minnehan, Sarah Morrison, MacKenzie Nicholson, Ronnieann Rakoski, Karen Rosenberg, Kristine Stoddard, Carolyn Virtue, Brendan Williams, Michelle Winchester

**Alternates:** Gina Balkus, Deodonne Bhattarai, Amy Girouard, Kristen Schmidt, Holly Stevens, Nichole VonDette

**DHHS:** Henry Lipman, Alyssa Cohen, Melissa Hardy, Brooke Belanger, Rob Berry, Dr. Sarah Finne, Dawn Landry, Jane Hybsch, Sandy Hunt, Jennifer Sabin, Jennifer Glidden, Leslie Melby, Nancy Rollins, Shirley Iacopino, Laura Ringelberg, Jordan McCormack, Allison Zinno, Jody Farwell, Leslie Bartlett

**Guests:** Deb Fournier, Nick Toumpas, Kelley Capuchino, Nicole Burke, Erin Hall, Rich Sigel, Krystal Chase, Karen Blake, Sarah Koutroubas, Heidi Kroll, Lisabritt Solsky Stevens, Hanna Reed, Carrie Duran, Sharlene Adams, Jesse Fennelly, Rachel Chumbly, Lisa Pettengill, Jasmine Harris, Tim McKernon, Tracy Gillick, Nicole Bince, Krista Lopez

### Introductions/Announcements, Carolyn Virtue, Chair

Carolyn Virtue introduced new members: Brendan Williams and Kristen Schmidt, Member and Alternate respectively, representing the NH Health Care Association representing nursing homes and residential care facilities; and Jannell Levine, Clinical Services Program Manager of the Maternal and Child Health, Bureau of Population Health and Community Services, representing the Division of Public Health Services.

### February 14, 2022 Minutes

M/S/A with two abstentions

Going forward, voting will be by roll call following a voice vote if there is at least one No vote. A request for closed captioning was made. The Department will follow up.

### Agenda Items– April 11, 2022\*

- Website Redesign

Additional agenda items may be requested via email to Carolyn Virtue or Leslie Melby.

### BDS Workgroup Timeline (continued), Sandy Feroz, Bureau Chief, Developmental Services

Four initiatives will:

1. Build a new Individual and Family Supports Waiver. The new waiver will better define services and ensure individualized needs are met. The work group will assess unmet needs and define services. The waiver application will be submitted to CMS in 2023.
2. Modernize IT systems to support service delivery and direct billing requirements. BDS' outdated IT doesn't support current work or providers' needs as BDS moves toward direct billing. Centralized digital platforms will improve intake and eligibility processing. Training, information, and preparation materials for direct billing will be provided. Providers will no longer be required to contract with area agencies.
3. Increase in-state capacity for intensive treatment services. In-state capacity will be increased so that individuals with complex dual diagnoses can receive Intensive Treatment Services in NH. Ten 4-bed residential settings across the state are needed.

4. Develop a rate methodology for more equitable funding. A transparent rate schedule will ensure equitable funding using updated and standardized rates. The Supports Intensity Scale (SIS) will align rates with levels of support. The rate setting consultant will work with area agencies and providers on cost reporting and rate setting.

Implementation Timeline: The Conflict of Interest Corrective Action Plan work groups are restructured to align with the BDS' System work. Work streams include: quality and capacity, rates, waiver structure, policy updates, IT modernization, and stakeholder engagement.

Direct billing will go live July, 2023. BDS will provide families a central location to report on quality; area agencies will continue to have an oversight role. DHHS will be a resource to families with concerns about quality of care. Families will continue to have access to the ombudsman.

Integrated adult and housing services with 24/7 care is being discussed at the waiver work group to ensure that people can participate as much as possible in their communities. Independent case management will be available to families. In terms of area agencies' quality oversight, the work group is looking at the role and functions they will provide and unbundling service coordination and fiscal management and assign a rate.

For information on BDS public work groups, meetings, and information sessions, see <https://www.dhhs.nh.gov/dcbcs/bds/systems.htm>.

### **NH Rapid Response Crisis System, Jennifer Sabin, Suicide Prevention Coordinator, Division for Behavioral Health**

A new crisis response system was put in place in NH on January 1, 2022. The NH Rapid Response System is a centralized phone number (833-710-6477) for crisis services and statewide mobile teams. The NH Rapid Response Access Point (NHRRAP) is run by Beacon Health Options.

The NHRRAP provides 24/7 access to mental health, substance use or suicidal crisis support via telephone, text, and chat services. NHRRAP screens calls to determine the appropriate level of care and facilitate connections to location-based and/or mobile Rapid Response teams across the lifespan. Mobile outreach will provide statewide mobile response teams. Crisis stabilization services will offer a location-based approach in every region of the state with follow-up phone contact.

In addition to Rapid Response, the National Suicide Prevention Lifeline (800-273-8255) will transition to **9-8-8** in July of this year. Lifeline network providers will provide this service for NH (Headrest, Inc. and Beacon Health Options).

The goal of the crisis system is to message to the public – People get well. Messages of hope, recovery, and wellness encourage people to access treatment.

### **Public Health Emergency**

#### **Medicaid Continuous Enrollment, Deb Fournier, UNH Health Law & Policy, Alyssa Cohen, Deputy Medicaid Director**

Since 2019, there's been a 17% increase in the standard Medicaid program to 150,317; 69% increase in Granite Advantage to 87,040; and a 32% increase overall.

Nearly 87,000 beneficiaries are in protected status who are at risk of losing coverage at the end of the PHE because they no longer meet eligibility requirements and/or have overdue administrative tasks to complete. Granite Advantage has the largest group in protected status (39,226); 30% are children (28,110).

The Department has been working over the past year on the DHHS Multi-Channel Approach to Beneficiary Outreach coverage campaign comprised of:

- (1) Pink Letter campaign reminding beneficiaries to complete administrative actions.
- (2) Outbound phone Call campaign by BFA eligibility staff informing beneficiaries of their status and how they can get help.
- (3) Update Your Address campaign
- (4) Ongoing meetings to inform providers/community partners how to act on behalf of beneficiaries.

The Elderly/Disabled/Long Term Care campaign has secured Medicaid for 43% of those beneficiaries with overdue administrative tasks. The Households with Children campaign has phoned 7,000 households (of the over 9000 households).

CMS released new guidance around the PHE unwind on March 3<sup>rd</sup>. The full guidance can be found here: [March 3, 2022 CMS Guidance](#).

This doesn't change the key message to update information to avoid losing coverage and protect yourself and your family's health now by completing your re-determination.

Current expectation is that the PHE will be renewed once more in April, assuming no new significant changes in the trend of the virus. If that is the case, the PHE will end on or around July 15<sup>th</sup> and the continuous eligibility requirement ends July 31<sup>st</sup> (as per the FFCRA, continuous eligibility ends the last day of the month the PHE ends).

CMS allows states to begin the redetermination ("rede") process 60 days prior to the end of the PHE, and NH will choose to do so, as this follows our standard "rede" process prior to the pandemic. No cases with very limited exceptions (such as a beneficiary's request to close, death or enrollment in another state) will close prior to the first day of the month following the month the PHE ends. Therefore, under this timeline, the first date any case (excluding CMS' limited exceptions) could close due to failure to complete a "rede" or a change in circumstances will be August 1, 2022. NH will utilize the total Medicaid case option versus individuals, so that families are not contacted multiple times. States cannot prioritize groups based on favorable FMAP or in a way that would violate federal civil rights laws.

"CMS is concerned that if states attempt to initiate more than 1/9 of their total caseload in a given month, there will be an increased risk that state processes will not meet federal renewal requirements, and eligible individuals will be erroneously determined ineligible or lose coverage for avoidable procedural reasons. CMS will work with states and provide continued technical assistance to ensure they are able to restore routine operations in a manner that promotes continuity of coverage for eligible individuals and seamless coverage transitions for those who become eligible for other insurance affordability programs."

**Status of Executive Order and Hospital Discharges, Henry Lipman, Medicaid Director**

For the period 12/1/2021-2/28/2022, hospitals discharged 841 new clients to waiver programs or nursing facilities; 244 (29%) were discharged to CFI. Of the total LTSS population 4,226 (30%) were discharged to CFI.

**New Clients (from New HEIGHTS and the MMIS)**

Type	Unduplicated Count of Individuals
HCBC-CFI	244
HCBC-DD	30
HCBC-ABD	1
HCBC-IHS	5
Nursing Facility	561
<b>Grand Total</b>	<b>841</b>

**Total Population (from the LTSS Executive Population EBI Dashboard)**

Type	Unduplicated Count of Individuals
HCBC-CFI	4226
HCBC-DD	5172
HCBC-ABD	250
HCBC-IHS	442
Nursing Facility	4128
<b>Grand Total</b>	<b>14,082</b>

**COVID-19 Legislation, Paula Minnehan, Senior VP, Government Relations, NH Hospital Association**

COVID bills of greatest concern:

HB 1379, *relative to the DHHS’ rulemaking authority regarding immunization requirements* and HB 1455, *relative to state enforcement of federal vaccination mandates*: Both bills conflict with federal CMS requirements for providers

HB 1604, *including state medical facilities in the statute providing medical freedom in immunizations*: Puts federal funding at risk for counties, New Hampshire Hospital, and Glencliff Home.

HB 1606, *making the state vaccine registry an opt-in program*: Changes NH’s vaccine registry from opt-out to opt-in by giving people the choice to opt-in or opt-out every time, which is burdensome.

HB 1490, *relative to equal access to places of public accommodation regardless of vaccination status*: Changes the statute re: public accommodations

HB 1210, *relative to exemptions from vaccine mandates*: Conflicts with CMS requirements and puts NH’s federal funding at risk.

SB 288, *prohibiting the requiring of COVID-19 vaccinations for schools or child care agencies*: tries to address concerns raised by prohibiting vaccinations for child care and schools; likely to become a study committee.

## **Department Updates**

### **Telemedicine Rules in the 1915(c) Waivers, Robert Berry, Jr Esq, Medicaid Counsel**

The CFI waiver was submitted to CMS last week. The 1915(c) waivers are incorporating remote delivery of services. The waiver incorporates a four-pronged approach based on individual choice, cost effectiveness, CMS regulations, and guidance.

Adult day, supported employment, financial management services, components of participant directed and managed services, skilled nursing and the functions of case management will be available for remote service delivery. Once CMS approves the waiver, He-E 805 will be revised to reflect remote service delivery options.

The Department believes that case management is a foundational CFI service, and that face-to-face is the best means by which to provide it. Case management is a State Plan service and is not in the waiver. Carolyn Virtue stated her concerns that the requirement is contrary to previous statements. This will be discussed further between the Department and providers.

### **Disability Determinations**

As of Feb 25, 2022:

- 205 adults (160 with Medicaid coverage); 28 adults 90+ days (21 with Medicaid)
- 23 children (10 with Medicaid coverage); 0 children 90+ days

### **Enrollment, Alyssa Cohen**

As of March 8, 2022, there were 237,357 individuals on Medicaid (32% increase since 2019), of which 87,040 were on Granite Advantage (+69%) and 150,317 were on Standard Medicaid (+ 17%) (Since March 16, 2020).

### **HCBS Spending Plan, Brooke Belanger, Director of Medicaid Enterprise Development**

NH submitted another quarterly spending plan update to CMS. This plan outlines expenses that have occurred, as well as provides an update on future spending plan initiatives.

DHHS is working to calculate HCBS Spending plan payments that would be made via a directed payment for services delivered under Managed Care:

- ~\$27.9 million directed payment to providers
- Allocation based on the utilization for most common code for identified provider classes
- Providers will receive notification of payment shortly. Providers will have to submit a spending plan and attestation prior to disbursement of funds.

### **Dental Benefit Legislation Updates, Sarah Finne, DDS, Medicaid Dental Director**

[HB 103, establishing a dental benefit under the state Medicaid program](#), was passed by the House Finance Committee for a vote by the full House this week. HB 103 establishes an adult dental benefit with: (1) basic dental services; (2) co-payments for individuals above 100% federal poverty level; (3) restorative care for waiver and nursing home beneficiaries; and (4) \$1,500 cap per year. The Centene settlement funds will fund the benefit beginning April 1, 2023. *March 16 Update: the House passed HB 103 on a roll call vote of 237-100.*

**Rule: He-W 544.01, Hospice Services, Dawn Landry, Policy Administrator, Medicaid, Jane Hybsch, Administrator, Medical Services, Coverage and Benefits**

The Definitions section of the hospice rule is scheduled to expire. The proposed rule would amend the definitions. Instead, the Department will allow the Definitions section to expire and convene a stakeholder meeting to amend the entire rule as one rule.

**He-M 524, In-Home Supports Subcommittee, Amy Girouard**

Work on the rule is ongoing. There was a complication around service coordination. It is anticipated the rule will go to JLCAR in April.

**Adjourn**

M/S/A

*\* The Supportive Housing agenda item requested on March 14<sup>th</sup> was referred to BDS' system transformation work updating and modernizing the waivers, and to the Waiver Work Group.*