

# Medical Care Advisory Committee (MCAC)

Monday, January 10, 2022, 10:00am – 12:00pm

Brown Building Auditorium, 129 Pleasant Street, Concord. Zoom call-in available.

## Minutes

### Members Present:

Lisa Adams, Kathy Bates, Jake Berry, Lisa DiMartino, Paula Minnehan, MacKenzie Nicholson, Kara Nickulas, Ronnieann Rakoski, Karen Rosenberg, Jonathan Routhier, Kristine Stoddard, Carolyn Virtue, Michelle Winchester

**Excused:** Ellen Keith

**Alternates:** Amy Girouard, Cheryl Steinberg

**DHHS:** Henry Lipman, Alyssa Cohen, Brooke Belanger, Dr. Sarah Finne, Dawn Landry, Leslie Melby, Deb Sorli, Janine Corbett, Leslie Bartlett, Jody Farwell, Joshua Roe, Jordan McCormick, Shirley Iacopino, Laura Ringelberg

**Guests:** Lucy Hodder, Deb Fournier, Krystal Chase, Ellen McCahon, Kelley Capuchino, Deodonne Bhattarai, Nick Toumpas, Susan Paschell, Rachel Chumbley, Jesse Fennelly, Audrey Gerkin, Trina Loughery, Deb Ritcey, Rich Sigel, Lisabritt Solsky Stevens, Nicole St. Hillaire, Sara Giroux

### Review/Approval: December 13, 2021 Minutes, Carolyn Virtue

Motion to approve the minutes. Motion seconded.

Motion to amend the minutes: Dawn McKinney sent a request to amend page 1 to reflect that she asked if the Department had data on patients transferred to nursing homes once the Governor's executive order was enacted. While acknowledging the heroic work of the hospitals, she questioned whether there is a role for home and community based services (HCBS) in dealing with the COVID surge. She suggested that with presumptive eligibility, HCBS providers can also support patients. Motion to amend: M/S/A

Motion to amend the minutes. Michelle Winchester proposed the minutes be amended on page 4: Delete:

3. He-E 801.10(b) – contribution to cost of care calculation for assisted living. The subcommittee that requests room and board be considered as cost of care, and the individual not be responsible for the remaining amount after Medicaid pays.

Replace with:

3. He-E 801.10(b) provides a formula for a "cost of care" contribution for residential care participants, which, in practice, is actually used instead as a calculation for a "room and board" contribution. This is problematic in two ways. One, federal law requires the calculation of a "cost of care" contribution. Two, Medicaid may not pay for room and board costs in residential care facilities. The actual process and the correct characterization of the "room and board" calculation should be included in this rule, as should the actual formula for calculating the participant's funds that are available for the federally required "cost of care" contribution. Motion to amend: M/S/A

Minutes as amended: M/S/A

### COVID-19 Update, Patricia Tilley, Director, Division of Public Health Services

Nationwide: 660,000 COVID cases per day. In NH: 1,500-2,000 cases per day, over 2,000 deaths, 400 hospitalizations. Up to one quarter of hospital staff are unable to work due to COVID.

Testing data submitted to the State has been partial due to: (1) home-based testing results are not submitted to NH's Immunization Information System (IIS); (2) data for those vaccinated by pharmacies with vaccines provided by the federal government not submitted to the IIS (pharmacies now report); and (3) when the emergency order was lifted (July 2021), the state was required to return to the IIS statutory authority and rules that allow an opt out.

CDC recently issued new guidelines on isolation and quarantine. For "close contact," CDC recommends 5 days of isolation/quarantine, plus masking for 5 days. NH narrowed CDC's guidance to "contact with a household member." "Are your vaccines up to date?," now includes a booster or additional vaccines.

New information will be issued for providers to treat the Omicron variant with monoclonal antibody therapies. The state opened PCR test sites in Claremont, Newington, Nashua, and Manchester with more sites to be added.

### **Agenda Items for February 14, 2022**

- Legislative update
- BDAS workgroup timeline
- Centene lawsuit and settlement
- Mobile crisis rapid response - using standardized access points
- Status of Executive Order and hospital discharges.

### **Presumptive Eligibility – CFI, Dawn Landry, Policy Administrator, DMS**

RSA 151-E:18 (enacted in 2008) required DHHS to establish a CFI presumptive eligibility program. The statute and rules stipulated that, upon final review, if the applicant was found to be ineligible, services provided in the interim must be paid by DHHS with non-Medicaid funds. When it was time to readopt the rule, funding the presumptive eligibility program was requested, and if funding was not appropriated, the rule would be allowed to expire. Funding was requested but not appropriated, and RSA 151-E:18 was suspended.

DHHS had considered using the HCBS spending plan to pay for services for individuals awaiting waiver services. It was anticipated that a presumptive eligibility pilot could be established in legislation (SB 430); however per CMS, Medicaid payment for services provided in the interim is not allowed without an 1115 waiver.

By suspending the statute and using the HCBS spending plan to put presumptive eligibility in place, the state would put the first batch of funds through; then put subsequent pieces in place to improve the program. Cheryl Steinberg asked that since funds are allocated to nursing facilities, could the same be done for CFI. Carolyn Virtue noted that the home care sector would support an expedited process to access care provided within a 10-15 day period.

### **Public Health Emergency**

#### **PHE Unwind, Lucy Hodder, Deb Fournier, UNH Health Law & Policy**

Medicaid population is 232,995, of which 86,038 beneficiaries are in the protected category. Of those, 57,057 have overdue redeterminations (redes); 28,981 are pending ineligible.

Client outreach is under way and includes proactive outreach to long term care groups; ongoing pink letter campaign to encourage beneficiaries to complete their redes and provide any requested information to DHHS before the end of the PHE; NH EASY Web self-service campaign; multi-channel outreach. Monthly passive redeterminations have continued thorough out the PHE. See UNH slide 4 for details.

Small stakeholder community forums are ongoing. A large forum will be held Jan 19 to report on efforts to reach individuals, families, and providers as a follow up to the initial large group forum held in July 2021. Insurance navigators are available to assist individuals to access health insurance. Those at risk of losing

coverage are a high priority for the Department.

#### **Medicaid COVID-19 Group, Alyssa Cohen, Deputy Medicaid Director**

The Medicaid COVID testing group is now known as the Medicaid COVID-19 Group. Under the American Rescue Plan, COVID treatment including ER visits, inpatient hospital stays, physician office visits, and FDA approved pharmaceutical treatments, as well as COVID vaccine administration, are now covered under this benefit in addition to COVID testing through the end of the PHE.

#### **Children's COVID Vaccine, Alyssa Cohen, Deputy Medicaid Director**

As of December, there were 80 school-based vaccine clinics. The Department is working with school districts and regional public health networks (RPHNs). School-based clinics are set up at the request of the local school district and coordinated through the RPHNs. CDC approved boosters for 16-17 year olds in December; 12-15 year olds in early January.

#### **MCO Communication on Vaccines, Shirley Iacopino, Bureau Chief, Managed Care Operations**

All three MCOs have outreach vaccine campaigns that include texts, digital communications, newsletters, and social media. Since March 2020 there were 880 Medicaid admissions/treatments; 275 monoclonal; 101,883 screened; 1,293 ED and outpatient visits; 7,675 office visits; 4,639 vaccines, however, vaccines counts (including for Medicaid beneficiaries) are difficult to quantify given state/CDC registry challenges (including reporting inconsistencies across registries), and because insurers are not billed and often not made aware of administration of federally provided vaccines. In addition, vaccines and vaccine administration are carved-out of the Medicaid MCM Program.

#### **COVID Legislation, Paula Minnehan, VP, NHHA**

The Healthy603Coalition is tracking 43 COVID and vaccine related bills. The coalition is working together to raise concerns about bills that include, among others, mandate prohibitions, opt in/opt out of the vaccine registry, and conscientious objection. A request was made for the Department's positions on these bills. The bills are being followed by the Division of Public Health.

#### **Department Updates**

##### **Medicaid Enrollment, Alyssa Cohen, Deputy Medicaid Director**

As of Jan 3, 2022, 234,939 individuals on Medicaid (+32.4% over pre-pandemic numbers), of which 85,254 were on Granite Advantage (+66%); 149,685 on standard Medicaid (+18.7%)

##### **Waivers, Alyssa Cohen, Deputy Medicaid Director**

The Department has responded to CMS questions on the state's waiver requests: the SMI amendment to the SUD waiver; and the 1915(i) supportive housing and is waiting for CMS responses. The Department is also working on the 1915(j) amendment to allow family members to provide personal care assistance after the PHE ends. In addition, the Department submitted the renewal request for the 1915(b) waiver on December 30, 2021 and is waiting for CMS' review and response.

##### **Disability Determinations, Henry Lipman, Medicaid Director**

As of December:

- 226 adults (175 with Medicaid coverage); 35 adults >90 days (26 with Medicaid)
- 36 children (6 with Medicaid coverage); 4 children >90 days (3 with Medicaid)

A request was made to provide information on the reason for the increase in pending cases, and whether written materials are provided to applicants who have other Medicaid coverage. These questions will be brought back to staff for next month.

## **Dental Benefit – HB 103, Sarah Finne, DDS, Medicaid Dental Director**

The House passed the adult dental bill (HB 103) last week with bipartisan support. The bill now moves on to the Senate where passage is expected. Carolyn Virtue recognized a job well done by the Department and others who worked on developing the adult dental benefit. An outline of the bill will be provided at next month's meeting.

## **MCAC Subcommittees**

### **Membership Subcommittee, Jonathan Routhier, Chair**

The Membership Subcommittee met last week. Application processes and membership issues were identified for review of the Bylaws Subcommittee. Protocols and processes for changes in membership will be reviewed.

The Membership Subcommittee presented a slate of nominees for members and alternates. With the required 30-day notice, the vote of the full MCAC will take place at the February 14 meeting.

There are two items not addressed by this motion.

1. Appointment of Kelley Capuchino to replace Bill Rider representing the Community Behavioral Health Association is pending submission of an application. NHCBA has asked Jonathan Routhier to serve as Alternate.
2. Confirmation of Krystal Chase as a consumer member. The application identifies Krystal's work address as her contact information which could lead someone to view her as representing her employer rather than the consumer/family perspective.

The Membership Subcommittee met Jan 5, 2022 to review membership and identify applications pending any action, including appointment and full MCAC voting to affirm the appointments. Process and membership related questions require attention:

- The membership application, appointment, and full committee acceptance process should be reviewed as part of the next review of the MCAC bylaws.
- Questions were raised about which seats are organizational and which are individual. The process is unclear as to whether organizational member replacements require Medicaid Director appointment and a full MCAC vote.
- Concerns were raised as to whether a consumer or family member employed by an organization that serves Medicaid recipients, can use their work address as contact information on the application.

Having noted the above-named areas for review, the MCAC needs to act on membership changes made over the past few months or are currently in process. A motion was made on the following actions for adoption by the full MCAC:

Action 1: Accept the resignation of Leslie Aronson

Action 2: Affirm the appointment of Jake Berry as member representing New Futures, replacing Holly Stevens; Affirm the appointment of Michelle Merritt as Jake Berry's alternate

Action 3: Affirm the appointment of Ellen McCahon as member representing Community Support Network, Inc, replacing Jonathan Routhier; and affirm the appointment of Karen Blake as Ellen McCahon's alternate.

Action 4: Affirm the appointment of Brendan Williams as member representing the NH Health Care Association; and affirm the appointment of Kristen Schmidt as Brendan Williams' alternate.

Action 5: Affirm the appointment of MacKenzie Nicholson as member, representing the Alzheimer's Association.

Action 6: Affirm the appointment of Deodonne Bhattarai as Karen Rosenberg's alternate for the DRC.

Motion seconded.

The vote is scheduled for the February 14 meeting.

Carolyn Virtue thanked Jonathan Routhier for all his work for the MCAC. She expressed that it's been an honor to work with him, who due to his change in employment, will no longer serve as MCAC Vice Chair. However, NHBHA has nominated Jonathan as its alternate member, and therefore will continue to serve on the MCAC. Ken Norton thanked Jonathan for the great work he's done on behalf of people with mental illness.

**Bylaws Subcommittee, Carolyn Virtue, Chair**

The MCAC bylaws are due for review. Those interested in serving on the subcommittee should email Carolyn Virtue.

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

The He-M 524 Subcommittee will meet today to begin its review of the proposed in-home supports rule. Appreciation was noted for the rule's consumer perspective. Areas to focus on are service coordination, and children not graduating or exiting the school system. A request was made to see the Participant Directed and Managed Services (PDMS) Committee's work. The Department will follow up on the request.

**He-E 801, CFI Subcommittee, Michelle Winchester**

MCAC submitted its recommendations to JLCAR to be incorporated in the rule.

**Telehealth Subcommittee:**

The MCAC telehealth subcommittee agreed to the telehealth rule, and there are no further changes to the rule. The rule will be submitted to JLCAR in April. In response to concerns raised by subcommittee members that telehealth for the waivers be addressed in rulemaking, Dawn Landry clarified that adding telehealth to the waivers will require a change to the waiver rules. It was requested that DLTSS work with the subcommittee.

Meeting adjourned. M/S/A