

Medical Care Advisory Committee (MCAC)

Monday, February 14, 2022

MINUTES

Members Present:

Michael Auerbach, Kathy Bates, Jake Berry, Sai Cherala Lisa DiMartino, Ellen Keith, Paula Minnehan, Kara Nickulas, Ronnieann Rakoski, Karen Rosenberg, Kristine Stoddard, Carolyn Virtue

Excused: Michelle Winchester, Tammy Dustin

Alternates: Amy Girouard, Gina Balkus, Cheryl Steinberg, Elinor Wozniakowski

DHHS: Henry Lipman, Commissioner Lori Shibinette, Alyssa Cohen, Brooke Belanger, Rob Berry, Dr. Sarah Finne, Dawn Landry, Deb Sorli, Leslie Melby, Diana Lacey, Janine Corbett, Jody Farwell, Shirley Iacopino, Laura Ringelberg, Leslie Bartlett

Guests: Deb Fournier, Nicole Burke, Erin Hall Ellen McCahon, Jesse Fennelly, Deodonne Bhattarai, Sharlene Adams, MacKenzie Nicholson, Lisabritt Solsky Stevens, Kelley Capuchino

Minutes - January 10, 2022

M/S/A

Agenda Items - March 14, 2022

Supportive housing – waivers. This may be addressed in a different forum.

Legislative Update, Rob Berry, Esq, Division of Medicaid Services

Legislative committees voted to pass the following Medicaid-related bills:

SB 407, expanding Medicaid to include certain postpartum health care services

SB 422, establishing an adult dental benefit under the Medicaid program

SB 430, relative to the Department of Health and Human Services (includes Medicaid Centene settlement)

HB 503, codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder

HB 1390, relative to transcription and language translation services in telehealth care services

HB 1526, income eligibility for in and out medical assistance

HB 1405, allowing out-of-state mental health providers to provide telehealth treatment during a PHE.

Scheduled for a vote in the House HHS Committee.

The remaining Medicaid bills were either referred for interim study or killed.

For information on additional bills, see handout, “MCAC Legislative Update, Feb 14, 2022”

43 COVID-related bills were introduced. See handout, “NH Vaccine Bills with Priority Status DHHS.” DHHS is working with legislative committees, partners, and stakeholders to address problem bills.

Announcements:

Sai Cherala, MCAC member and Bureau Chief of Population Health & Community Services, Public Health, will be leaving DHHS to head up the Massachusetts Office of Population Health. She thanked everyone for being public health partners during the past two years. Carolyn Virtue expressed appreciation for Sai’s contributions to the MCAC.

Henry Lipman welcomed Melissa Hardy, the new Director of the Division of Long Term Supports and Services.

Public Health Emergency

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

The growth of individuals in protected status has slowed as compared to the growth in total Medicaid enrollees. As of 2/17/22, 86,095 individuals are in protected status. Of those, 57,032 comprise overdue redeterminations (redes) and 29,063 are pending ineligible.

The January 19, 2022 stakeholder meeting was well attended. A recording of the meeting is available at <https://www.dhhs.nh.gov/dfa/post-covid-providers.htm>.

Contacts: See slide 6 of “Medicaid Coverage and the End of the PHE” for DHHS Unwind Team contact information.

Outreach campaign progress:

Pink letter: 45,000+ letters sent to remind people to complete redeterminations.

Phone: Staffing added for proactive phone outreach with 100% attempts to reach all individuals in the LTC and elderly and disabled populations. The Department is now reaching out to parents and caregivers of children receiving Medicaid coverage. Since many of these adults are on Granite Advantage, the hope is that by talking to them about their children’s coverage, they will take action on their own coverage if necessary as well.

Update your address: Contacted 121,414 beneficiaries by email and 24,800 by text to connect to resources whether they are eligible or not.

Community outreach: Monthly rosters sent to MCOs and select providers who request a list of their patients/clients who received pink letters. The lists are sent securely and HIPAA compliantly.

Navigators and certified application counselors will assist with applications or transition to other health coverage. See slide 7 of “Medicaid Coverage and the End of the PHE” handout. Contact Jeremy Smith, Adrian Jaison or Elias Ashooh to locate a Navigator. Certified Application Counselors are located at FQHCs.

We are talking with CCIO, the arm of CMS that regulates the Federal Marketplace, to engage in a pilot to assist the pending ineligibles with Marketplace coverage. A request was made for a breakdown by category of the numbers of individuals in the protected population.

Benefit Expansion of Medicaid COVID-19 Group, Alyssa Cohen, Deputy Medicaid Director

The optional Medicaid testing group was implemented in June 2020, limited to testing coverage. The benefit was expanded to vaccine administration and COVID treatment. Coverage ends at the end of the PHE. Letters will advise people to look at full Medicaid coverage. Providers can bill HRSA for those not covered by any type of insurance.

COVID-19 and Medicaid Beneficiaries, Henry Lipman

Data presented for the period March 2020 – December 2021:

- 1,031 inpatient stays
- 442 outpatient monoclonal antibody treatment
- 100,070 screenings
- 9,475 other professional visit/services
- 6,394 vaccines (only counts from non-state sites and billed to Medicaid or MCOs)
- Children 6-mos - < 5years: nearly 23,000 on Medicaid out of 58,000 statewide

Department Updates

Disability Determinations, Deb Sorli, Bureau Chief, Family Assistance

As of January 2022:

- 216 adults (176 with Medicaid coverage); 39 adults 90+ days (30 with Medicaid)
- 29 children (7 with Medicaid coverage); 2 children 90+ days – working to get additional information.

All cases 90+ days are under review by nurses or awaiting medical records. Staff work diligently to obtain information needed. Family services specialists provide information about the advantages of APTD to applicants who have Granite Advantage coverage.

Commissioner Lori Shibinette

The Commissioner shared the Department will be evaluating the current Medicaid Care Management (MCM) model which has been in place for nearly ten years. A variety of models are used by other states, and NH should determine if how well the model is fulfilling our citizens' needs, and whether there could be a better approach. The ultimate objectives are to increase the beneficial program impacts for beneficiaries while improving quality and bending the future cost trends of the DHHS' Programs. The Commissioner advised MCAC can be a contributor in this process. There will be an independent consulting firm who will be engaged through a competitive RFP to help assess and identify opportunities within the current service delivery model, both the MCM program and other DHHS program areas. The goal is to complete the engagement within a six to twelve month timeframe.

HCBS Spending Plan, Henry Lipman

Members raised concerns about low wages paid to direct support and home health workers, and until Medicaid reimbursement reflects a livable wage, the workforce shortage will persist, and beneficiaries who need direct support services will suffer.

A \$45 million temporary increase in HCBS FMAP (federal match) is being passed on to area agencies and CFI waiver and other HCBS service providers, with the condition that 80% of the funds are passed on to direct support workers. Another \$28 million is to come through a directed payment program in the MCM program. DHHS plans to return to the Legislative Fiscal Committee and G&C for approval to claim additional funds, increasing the amount to nearly \$100 million. MCAC will be updated on progress. This funding is one time money. Updates to the HCBS spending plan will be submitted to CMS. MCAC will be apprised on how additional funding is distributed.

It was expressed that funding in the long term must be sustainable and therefore requires legislative action to appropriate additional funding to pass on to providers and workforce.

Legislative action for 2023 allows the use of unspent funds rather than lapsing funds. FY 2022 and early FY 2023 spending will be monitored, and a request to use any unspent funds may be made.

Enrollment, Alyssa Cohen

As of Feb 7, 2022, there were 237,083 individuals on Medicaid (32% increase over 2019), of which 86,584 were on Granite Advantage (+67%) and 150,499 were on standard Medicaid (+17%).

Waivers, Alyssa Cohen

SMI (Serious Mental Illness) amendment to the SUD (Substance Use Disorder) waiver:

CMS sent a second round of questions to DHHS. CMS action on the amendment is expected March/April. Work will begin soon on the SUD waiver renewal expiring in June 2023.

1915(b) State plan managed care amendment:
CMS sent questions on cost effectiveness calculations.

1915(i) Supportive housing:
DHHS submitted a response to the Request for Additional Information (RAI) in November. CMS sent additional questions in January, and both CMS and DHHS agreed to withdraw the submission from the 90-day RAI clock to allow time for the State to have Technical Assistance (TA) from CMS. We are currently working on scheduling that TA call.

1915(j) Self-Directed Personal Assistant Services:
Support family members to continue as personal care workers at the end of PHE. Submitted to CMS as a draft, and the Department is waiting to hear feedback.

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

HB 103: March 8 hearing in House Finance Division III subcommittee. The dental benefit will cover diagnostic, preventive, restorative, and oral surgery procedures for all adults. Removable dentures will be covered for individuals on the ABD, DD, and CFI waivers. Cost sharing of 10% required for members with income above 100% FPL, limited to 5% of annual family income. SB 422 includes a provision to cover all procedures including removable dentures for all adults. An amendment seeks funding from the Centene settlement was included. Appreciation was expressed to stakeholders supporting the legislation, and to the Division of Medicaid Services for working with legislators and devoting resources to this effort.

BDS Workgroup Timeline, Sandy Hunt, Bureau Chief, Developmental Services

The Department is working to modernize and strengthen the DD service system focused on ways to better serve people and support providers to deliver the best services possible.

- Modernize IT infrastructure to support waivers and rates.
- Develop rate methodology that is statewide, transparent, and predictable.
- Increase in-state intensive treatment services capacity
- Improve quality through clear service definitions; improve the waiver structure to better align with the level and types of supports each person needs. Add an individual and family supports waiver.

The individual will benefit from a system that provides choice, quality, equity, and sustainability supported through: IT modernization, waiver design and conflict-free case management; rate design; and intensive treatment service capacity.

Discussion:

- Concerns that a new rate methodology might not be sufficiently flexible to take nuances into account.
Response: The state's goal for a new rate methodology is to adjust up or down based on individual need.
- Concerns about details on sustainability and quality, and aging of family members caring for adult children and their future.
Response: Multiple area will be strengthened; case management will be provided as a contracted function to address conflict of interest . Quality includes provider responsibility for performance. Sustainability means making sure the DD system can be sustained for 30 years. As people's needs change, the system should be responsive to those needs.

See the BDS System Work website at <https://www.dhhs.nh.gov/dcbcs/bds/systems.htm> for information on the work being done. Sandy will return next month to further discuss the BDS transformation.

Centene Settlement, Henry Lipman

Nationally, Centene historically had a practice of spread pricing. The issue was how Centene reported to the states spread pricing payments to pharmacies under Medicaid Managed Care to the states' Medicaid Programs. Rate calculations in NH were not directly affected, a Risk Corridor settlement under the MCO contract was impacted. NH benefited from Centene's settlement; NH received over \$21 million. Under state law such funds will be directed to the state's General Fund and 10% to the Rainy Day Fund unless the Legislature enacts a different use.

Mobile Crisis Rapid Response, Jenny O'Higgins, Division of Behavioral Health Services

Due to lack of time, mobile crisis rapid response will be presented at next month's meeting.

Status of Executive Order and Hospital Discharges, Henry Lipman

87 individuals were discharged from acute care hospitals to county nursing facilities, and 87 individuals were discharged to private nursing facilities. Strike teams assisted facilities to admit patients. Home care numbers were requested to report at the March 14 meeting.

Rules: Consent

The Department requested removal of He-W 882.01, Termination of Medical Assistance, from consent for additional information. Will send to MCAC.

The remaining rules remained on consent: He-W 806.22 Verification of Unemployment Status; He-W 828 Deprivation of Parental Support or Care for Medical Assistance; He-W 880 Initiation of Medical Assistance; He-W 884 Redetermination of Eligibility

MCAC Subcommittees

Membership, Carolyn Virtue, Chair

A motion was made at the January 10, 2022 meeting on the following actions for adoption by the full MCAC: Second.

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 Assn; 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 Assn.

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

An application and letter from NAMI is needed for Ken Norton's replacement in conformance with the requirements of the bylaws.

Motion passed.

Several applications are pending. Members will be emailed with 30-day notice for the next vote.

If anyone would like to chair the membership committee, please send an email to Carolyn and Henry.

Bylaws Subcommittee, Carolyn Virtue, Chair

The subcommittee will be meeting soon. Contact Carolyn Virtue to join. A document will be available at next month's meeting.

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

The subcommittee has met 4 times. The goal is to submit rules for the JLCAR April meeting.

Having an operations guide for area agencies will be helpful. It will be necessary to ensure that the rules reflect these values:

1. Inclusion of people with disabilities in the broader community
2. Clear professional standards for the area agency for facilitation of services to families so that families are able to access and operate the program without being inundated with operational duties and paper compliance on the part of the family who are not financially compensated for this work.
3. Ensuring wellness and habilitation of people served by the program.
4. Ensuring professional standards to include choice of service coordination and services; ensuring that conflict-free case management is operationalized; how do we ensure that families are provided as much information as possible to make the decisions that are right for their families?

He-E 801, CFI Subcommittee, Michelle Winchester

He-E 801 has been approved. The subcommittee's work has ended.

Telehealth, Paula Minnehan

The rule has not been filed; expect to go to JLCAR in June.

Adjourn M/S/A