

Medical Care Advisory Committee (MCAC)

Monday, October 3, 2022

MINUTES

Present: Holly Stevens, Lisa Adams, Rob Berry, Karen Rosenberg, Isadora Rodriguez-Legendre, Rhonda Siegel, Lisabritt Solsky Stevens, Carolyn Virtue

Alternates: Brooke Belanger, Karen Blake, Emily Johnson

Excused: Mike Auerbach

DHHS: Henry Lipman, Alyssa Cohen, Olivia May, Melissa Hardy, Dawn Tierney, Laura Ringelberg, Kerri Schroeder, Janine Corbett, Jody Farwell, Leslie Melby, Jordan McCormick, Greg Pratte, Leslie Bartlett, Sarah Wildermann

Guests: Lucy Hodder, Deb Fournier, Nick Toumpas, Rob Hockmuth, Susan Paschell, Trina Loughery, Rachel Chumbley, Krystal Chase, Stephanie Myers, Brooke Holton, Audrey Nuamah, Rich Segal, Audrey Gerkin, Alex Koutroubis, Jesse Fennelly, Jasmine Harris

Review/Approval: August 8, 2022 Minutes

Motion: M/S/A

Agenda Items – November 7

- SUD waiver post award forum
- Public notice renewal of 1915 waiver
- Medicaid Expansion: discussion on opportunity to comment on renewal

Supportive Housing 1915(i) Waiver State Plan Home and Community-Based Services (HCBS) Benefit Melissa Hatfield, Bureau Chief for the Bureau of Housing Supports; Alyssa Cohen, Deputy Medicaid Director

The 1915(i) Home and Community-Based Services (HCBS) benefit is designed to assist individuals who are chronically homeless or at risk of becoming chronically homelessness, and diagnosed with a disability, to secure and maintain permanent housing. The lack of stable housing has a negative impact on health and overuse of emergency health services. Connections between housing and health include a prevalence of serious mental and physical health conditions within the homeless population and can lead to extended stays in health institutions. More stable housing reduces the occurrence of crises.

To be eligible for the housing benefit, the individual must:

(1) require assistance to achieve and maintain housing due to a disability, as indicated by a need for assistance with: mobility; decision-making; maintaining healthy social relationships; assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; and/or managing challenging behaviors; and (2) be experiencing housing instability evidenced by one of the following risk factors: chronic homelessness; at risk of chronic homelessness; or history of chronic homelessness.

Referrals will go through the NH Coordinated Entry System, existing supportive housing providers, and community mental health centers.

Housing stabilization transition services are community supports that assist individuals to plan, find, and move into homes of their own including: identifying support services and benefits; assisting with the housing search and application; tenancy education; remote support; and helping to organize the move.

Sustaining services are community supports that assist an individual to maintain living in their own home to include: developing and updating the housing support and crisis plan; advocacy to prevent eviction; assistance with housing recertification; tenancy training, and supporting the building of natural housing supports and resources in the community

Housing consultation consists of services that assist an individual with the creation of a person-centered plan that includes referrals to needed services and supports; plan updates at least annually.

None of the services listed above cover rent, security deposit, or utility costs. This benefit covers housing stabilization services only. It does not include clinical services.

Housing rates: 4 billing procedure codes are specific to supportive housing and one provider type to include: targeted case management, supportive housing; service assessment/plan of care development; community transition services.

Housing vouchers for individuals with medical priority on the 1915b waiver will not be impacted by the new housing program. Care management teams coordinate resources.

The waiver was approved by CMS July 1, 2022. DHHS is working on forms, policies, process, administrative rules, a new provider type for billing, and provider training. For information, contact Melissa Hatfield at Melissa.L.Hatfield@dhhs.nh.gov or Greg Pratte at gregory.m.pratteiii@dhhs.nh.gov.

Adult Dental Benefit

Henry Lipman, Medicaid Director

The report to the legislative HHS Oversight Committee was emailed October 3 to the MCAC. The RFP deadline was Sept 30 for an April 1, 2023 implementation of the benefit. CMS is providing technical assistance on implementing the dental in compliance with federal regulations.

Disability Determinations

Kerri Schroeder, Bureau of Family Assistance

As of Aug 26, 2022:

22 children pending of which 27% are on Medicaid; 1 case 90+ days is currently being worked on.

247 adults pending of which 77% are on Medicaid; 35 are ready for nurse write-up or final sign-off;

29 consultative exams scheduled.

MCO Contract

Henry Lipman, Medicaid Director

The Department is working on amendment #9 effective January 1, 2023. The amendment includes legislative changes passed in 2022, as well as updated enrollment projections based on the potential date the PHE may end, which will affect risk adjustments.

HCBS Spending Plan

Henry Lipman, Medicaid Director

Currently in phase 2 of the spending plan. The balance of funds available is currently under review. The next Spending Plan report is due to CMS on Oct 18, 2022.

Waivers:

SUD/SMI: The demonstration waiver renewal request was submitted to CMS on Sept 30. MCAC will be notified of the date the 30-day federal comment period to begin. Stakeholders are encouraged to submit comments. Negotiations between the State and CMS will be initiated after the close of the comment period.

1915(b) Managed Care: CMS approved NH's renewal request on July 1, 2022 which is in effect for another 2 years.

1915(c) CFI: No update at this time.

Carolyn Virtue commented: (1) The CFI renewal waiver does not include telehealth which was previously allowed, and does not reflect SB 390 and HB 1604. She requested the application and the CFI rule be brought into compliance with the legislation. (2) Though the waiver includes an income and resource component for medically needy, concerns remain re: access to developmental services for low income people. (3) Case management is limited for individuals in acute care, though other types of services are allowed in acute settings. Carolyn was asked to submit her question to the Medicaid Director.

1915(j) Personal Care: DHHS is working internally and with CMS to develop the plan.

**Public Health Emergency (PHE): Medicaid Continuous Enrollment
Lucy Hodder, Deb Fournier, UNH Institute for Health Policy & Practice**

Actions associated with PHE renewals and expiration if the PHE expires January, 2023:

- Nov 12, 2022: CMS sends 60-day notice to states if the PHE will expire Jan 11, 2023.
- Dec 2022: States could begin the 12-month unwind period with notification to individuals that coverage will terminate for failure to submit requested information.
- Jan 31, 2023: Continuous enrollment ends.
- February 1, 2023: First day that Medicaid could disenroll members in the protected population.
- March 31, 2023: enhanced federal match rate ends that has financially supported continuous coverage in the states.

Enrollment by individuals and households:

As of Sept 26, a total of 243,238 individuals (173,118 households) were enrolled – 37% increase since Feb 2019. 90,780 individuals were on Granite Advantage – 75% increase over Feb 2019.

95,466 individuals or 39% of the total population (64,615 households) are in the protected category.

The phone campaign thus far has successfully resulted in 12,000 people completing overdue redeterminations.

DHHS' end of PHE planning with CMS:

- CMS requires each state to develop and submit a plan summarizing how it will operationalize the end of continuous coverage in Medicaid. DHHS is in discussions with CMS regarding its plan.
- DHHS is running "tabletop" exercises of its draft plan that was shared with but not yet submitted to CMS. DHHS is working to incorporate feedback from CMS.
- DHHS is developing a plan to be shared with MCAC and stakeholders in the coming months.

Efforts include outreach, MCO engagement, work with the Department of Education on messaging for schools, family resource centers, and alignment with SNAP renewal. Stakeholders working with anyone having difficulty with redeterminations should contact Alyssa Cohen or Karen Hebert.

Motion to adjourn: M/S/A