

Medical Care Advisory Committee (MCAC)
August 16, 2021

Minutes

Members Present: Michael Auerbach, Kathy Bates, Tamme Dustin, Peter Marshall, Ken Norton, Karen Rosenberg, Jonathan Routhier, Holly Stevens, Michelle Winchester

Alternates: Nick Carano, Gina Balkus, Dawn McKinney, Nichole VonDette, James Zibailo

Members Excused: Lisa Adams, Leslie Aronson, Lisa DiMartino, Ellen Keith, Paula Minnehan, Sarah Morrison, Carolyn Virtue

DHHS: Henry Lipman, Alyssa Cohen, Brooke Belanger, Nancy Rollins, Dr. Sarah Finne, Dawn Landry, Leslie Melby, Nancy Plourde, Katja Fox, Carolyn Richards, Shirley Iacopino

Guests: Lucy Hodder, Kelley Capuchino, Dan Courter, Susan Paschell, Tamara Whalen, Jasmine Harris, Josh Krintzman, Sarah Aiken, Sylvia Pelletier, Alex Katroubis, Jesse Fennelly, Rachel Chumbley, Rich Sigel

Announcements: Jonathan Routhier, Vice Chair, will chair today's meeting in Carolyn Virtue's absence.

Review/Approval: July 19, 2021 Minutes

M/S/A with one abstention

Agenda Items for September 13, 2021

None requested. Agenda items for next meeting may be emailed to Carolyn Virtue and Jonathan Routhier.

COVID-19 Vaccination Outreach, Beth Daly, Chief, Bureau of Infectious Disease Control

COVID case counts are rising locally and nationally. NH has seen 185 new cases per day. The magnitude of the growth in NH is lower than prior resurgences, while at the same time, the US has seen a more substantial increase of 20,000 cases per day. NH is one of the highest vaccinated states with 54% vaccinated, though there is a decline of newly vaccinated, currently at 100-200 per day. More of NH's COVID cases are among younger populations. Vaccines are available at over 500 locations, including the mobile van. COVID vaccines are very effective against the Delta variant.

The Advisory Commission on Immunization Practices recommends a third dose for individuals who are immunocompromised or receiving immunosuppressive treatment. The third dose should be the same mRNA vaccine as the primary series and administered at least 28 days after completion of the primary series. Only Pfizer and Moderna are recommended for a third dose at this time. No new information on vaccinating children < 12 years. Pfizer expected to submit its application in September for availability by late fall/winter. ACOG recommends the vaccine for women who are pregnant, breastfeeding, or trying to get pregnant. Information about the third dose will include PSAs, news, billboards, community health workers, etc. Those without access to computers can phone 211. For questions, email covidvaccine@dhhs.nh.gov.

Substance Use Disorder Treatment and Recovery Access 1115(a) SMI IMD Waiver, Joe Caristi, CFO, NH Hospital and Henry Lipman, Medicaid Director

NH has an increasing number of individuals in mental health crisis who present in hospital emergency departments (EDs) resulting in a demand for inpatient psychiatric beds. This has caused ED psychiatric boarding, long wait times for treatment, and a substantial waitlist for admission to New Hampshire Hospital (NHH). NH has 3 dedicated inpatient psychiatric facilities – NHH, Glenclyff, and Hampstead Hospital.

The waiver amendment will address ED boarding and increase inpatient and community-based capacity by expanding community-based settings, increasing and decentralizing inpatient capacity, and reducing readmissions. The amendment will waive the Institution for Mental Disease (IMD) exclusion rule thereby allowing DHHS to claim federal reimbursement for services for beneficiaries ages 21-64 who receive short-term inpatient psychiatric treatment or short-term residential mental health treatment in an IMD. Proposed services will not reduce or replace services provided in less restrictive settings.

The waiver includes a budget neutrality component. \$10.3 million will be used to add capacity to IMD settings. The federal incentive is not intended just to add inpatient capacity, but to build upon a substantial investment in community-based services including CTI, mobile crisis, and PRTF facilities. If the Amendment is approved, FFP will pay for stays of > 15 days and ≤ 60 days. That will result in additional \$4.4 million for the State of NH.

The waiver research hypothesis is that additional investment by the federal government will have long-term benefits on quality of care in inpatient and community settings by providing the right care, in the right place, at the right time. We anticipate reduced utilization of EDs, reduced readmissions, improved availability of crisis stabilization services, improved access to community services, and improved care coordination and continuity of care.

Three public hearings were held Aug 9, 11, 16. During the 30-day comment period, comments, suggestions, and letters of support can be sent to IMDSMIAmendment@dhhs.nh.gov or mailed to John Poirier at DHHS. After the comment period, the proposal will be submitted to CMS, to be followed by a 30-day federal comment period. The [waiver amendment proposal](#) is posted online. Requests for a hard copy should go to John Poirier at John.E.Poirier@dhhs.nh.gov. Comments will be accepted through Aug 31, 2021.

Department Updates

- **DHHS Budget/HB2 Implementation Updates, Henry Lipman, Medicaid Director**

Nursing Facility Rates: 5% rate increase; a number of factors drive the rate calculation; met with county administrators and NHHCA. A preliminary rate update is scheduled for October, with a regular update in January which will take into account utilization of atypical rates.

Home Visiting: funds were appropriated to implement payment for home visiting: Rules are currently being drafted. A draft may be available for the October MCAC meeting.

- **Legislation 2021, John Williams, Esq, Director, Legislative Affairs**

SB 149: provides that mental health expenses will be included as medical expenses for the purposes of off-setting Medicaid spend-down requirements. Requires DHHS to submit an interim report Oct 2021 and final report Oct 2022 to the HHS Oversight committee.

SB 140: provision to fund the State Loan Repayment Program transferred to HB 2; \$1.533 million in general funds was appropriated for this purpose.

SB 162 is the DHHS omnibus bill. DHHS will work with providers and case management agencies around potential licensure; and report to the legislative leadership November 1, 2021.

Filing periods for bills for the 2022 session: House – Sept 13-17; Senate – Oct 13-27.

- **Out-of-State Professional Licensure Phase-out, Henry Lipman, Medicaid Director**

SB 155 extended emergency and temporary licenses for all providers until January 31, 2022. OPLC is updating its data systems to reflect the new expiration date. The Department will notify providers of the extension via the Provider Bulletin. After January 31, 2022, providers who wish to continue to be licensed can apply for a temporary license, which is effective for 120 days.

- **Home and Community Based Services ARP Spending Plan, Nancy Rollins, Interim Director, DLSS**
See [Home and Community-Based Services \(HCBS\) American Rescue Plan Spending Plan Proposal to CMS](#) 

The American Rescue Plan Act temporarily increases the Medicaid federal match by 10 percentage points for certain HCBS from April 1, 2021 - March 31, 2022 for person-centered care delivered in the community or home to support people who need assistance with everyday activities. Federal funds attributed to the increased FMAP must supplement, not supplant, existing state funds and be used to enhance, expand, or strengthen HCBS.

NH's spending plan outlines three key priorities: workforce investment, increase access to services, and pilot new services to promote, expand, and enhance HCBS. NH will receive an estimated \$44 million in additional federal funding. The estimated budget for the plan is \$54 to \$56 million, assuming the extra second federal match can be accessed prior to March 31, 2022. When required, DHHS will seek approval from the Fiscal Committee, the Health Care Reform Oversight Committee, and Governor and Executive Council.

The increased federal match will be based for services provided 4/1/21 – 3/31/22. Some mental health, SUD and some managed care services may qualify for the increase.

- **Appendix K Flexibilities – CFI and DD, Nancy Rollins, Interim Director, DLSS**

Referring to the handout on NH Appendix K flexibilities, sections shown in blue are flexibilities requested but that have not been used and those in green are flexibilities that have been modified.

Use of remote services: CFI waiver services returned to face-to-face July 1; DD ABI, IHS services return to face-to-face Aug 1. However, guidance issued by LTSS carves out circumstances under which these services can be conducted remotely.

As noted in the chart, the Department is considering adding some of the flexibilities requested in the Appendix K into the Waivers on a permanent basis. Those aspects are noted in the chart. Appendix K authorities are in place throughout the PHE plus an additional six months thereafter.

- **Waiver Renewals, Nancy Rollins, Interim Director, DLSS**

The DD waiver submitted in May was approved August 19. Work continues on the ABD waiver; CFI waiver is underway.

- **Long Term Care Commission, Nancy Rollins, Interim Director, DLSS**

The Governor and the Commissioner created a Long Term Care Commission in Dec 2019. Once COVID hit, the commission did not move forward. This continues to be on hold for now.

- **Supportive Housing 1915i Request Status, Dawn Landry, Policy Administrator, Division of Medicaid Services**
[Draft 1915\(i\) State Plan Home and Community-Based Services](#) 

The amendment was submitted to CMS on 6/21/2021. To date, CMS has not asked any informal questions. CMS has 90 days to approve or issue a Request for Additional Information (RAI). The 90th day is 9/19/2021. The target populations are those who are homeless, SUD, mental health.

Public Health Emergency

Unwind Planning - Next Steps, Lucy Hodder, UNH Health Law & Policy

UNH is supporting the Department's efforts to ensure eligibility for as many as possible as we near the end of the public health emergency (PHE). Stakeholder meetings and a webinar have been held on the

redetermination process.

CMS issued guidance on August 13 with a focus on the timing of processes at the end of the PHE.

The Department is submitting questions to CMS on areas that are not clear.

Outreach is being conducted on the pink letters sent to beneficiaries. Contact information for the NH Navigator are included for the Insurance Marketplace.

MCAC Subcommittees

- Membership Committee, Jonathan Routhier, Vice Chair

Paula Minnehan has joined the membership committee. Members met August 13 to review two membership seats vacated by Nancy Rollins and Mel Spierer, for which the Committee is reaching out to the housing and long term care sectors.

Bill Rider is retiring at the end of 2021. The NH Behavioral Health Association has nominated Kelley Capuchino to represent the NHBHA. The Home Care Association has nominated Gina Balkus to replace Lisa Adams, and the Brain Injury Association is looking to name an alternate member.

- He-E 801, CFI, Michelle Winchester

The Committee is awaiting the final rule. DLTSS has reviewed 80% of comments to date.

- Dental Subcommittee. Rep. Shapiro has contacted Dr. Finne. The House workgroup on Medicaid dental will meet the first week in Sept. The Department will discuss the adult dental benefit and costs.
- Closed Loop Referral and Blanket Consent Subcommittee(s). The Department will report to the Legislative Oversight Committee November 1.

Henry Lipman asked for feedback on the MCAC hybrid (in-person and Zoom) meeting format. Suggestions to improve audio were offered, e.g. mute audio in the room and online participants.

Motion to adjourn. M/S/A