



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

February 28, 2017

Jennifer Kostasich, Project Officer  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop S2-01-16  
Baltimore, Maryland 21244-1850

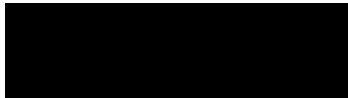
Dear Ms. Kostasich,

Re: Project Number 11-W-00302/5 – Flint Michigan Section 1115 Demonstration

Enclosed is the quarterly report for the Flint Michigan Section 1115 Demonstration. It covers the fourth quarter of calendar year 2016. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman. She may be reached by phone at (517) 284-1190, or by e-mail at [colemanj@michigan.gov](mailto:colemanj@michigan.gov).

Sincerely,



Penny Rutledge, Director  
Actuarial Division

cc: Ruth Hughes  
Angela Garner

Enclosure (8)

Flint Michigan Section 1115 Demonstration  
Quarterly Report

Demonstration Year: 1 (03/01/2016 – 02/28/2017)  
Calendar Year Quarter: 4 (10/01/2016 – 12/31/2016)

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## Introduction

On March 3, 2016 the Centers for Medicare and Medicaid Services (CMS) approved Michigan Department of Health and Human Services' (MDHHS) application to expand Medicaid coverage for individuals impacted by lead exposure in the Flint water system through February 28, 2021. Through the demonstration, entitled "Flint Michigan Section 1115 Demonstration" and the associated state plan amendments, State Medicaid eligibility expanded to low-income children and pregnant women who were served by the Flint water system during a specified period of time and who would not otherwise be eligible for Medicaid. This population consists of children in households with incomes from 212 percent of the federal poverty level (FPL) up to and including 400 percent of the FPL and pregnant women in households with incomes from 195 percent up to and including 400 percent of the FPL.

The demonstration population receives care primarily through Medicaid managed care plans and receives all state plan benefits including, for children, Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Individuals receiving benefits under the demonstration are exempt from cost sharing and premiums. Targeted Case Management and home lead investigation services are available to children and pregnant women served by the Flint water system during the defined period who have been determined eligible for Medicaid. The provision of specialized services are limited to certain providers as allowable under the approved demonstration.

## Enrollment and Benefits Information

Enrollment into the Flint Medicaid waiver program began May 9, 2016. Beneficiaries already eligible for Medicaid were contacted by mail with information on expanded services provided by the waiver. Potential enrollees can apply for the program via the MDHHS website, by calling a toll-free number or by visiting any MDHHS County office or an area navigator site. Healthcare coverage and application information for people impacted by the Flint water system can be found on the MDHHS website.<sup>1</sup>

Demonstration enrollment activity is detailed in this section of the report. For reporting purposes, the Children enrollment group is defined as demonstration enrollees under the age of 21. Pregnant women are identified using pregnancy indicators in the MDHHS data warehouse. To avoid duplication, pregnant women are excluded from the Children enrollment group. Demonstration disenrollment reports by month have been included as attachments. Additionally, maps depicting the geographic distribution of demonstration enrollees for the quarter have been included as attachments to this report. The attached reports will not necessarily align numerically with the figures reported in the quarterly report tables due to differences in the timing of data retrieval.

The following table, Table 1, shows enrollment in the demonstration by month.

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<sup>1</sup> <http://www.michigan.gov/mdhhs/0,5885,7-339-71547-384168--,00.html>

<b>Table 1: Flint Demonstration Enrollment by Month</b>			
Enrollment Group	October 2016	November 2016	December 2016
Pregnant Women	850	812	751
Children	24,008	24,287	23,690
Total	24,858	25,099	24,441

Table 2 displays Flint demonstration new enrollment by month. This includes individuals who may have previously been enrolled in other Medicaid programs but are new to the Flint demonstration.

<b>Table 2: Flint Demonstration New Enrollment by Month</b>				
Enrollment Group	October 2016	November 2016	December 2016	Total
Pregnant Women	142	119	43	304
Children	1,323	829	316	2,468
Total	1,465	948	359	2,772

Table 3 shows Flint demonstration re-enrollments by month. Re-enrollments include individuals who have disenrolled and re-enrolled in the Flint demonstration. Individuals under the re-enrollment category also include individuals that may have previously been enrolled in other Medicaid programs.

<b>Table 3: Flint Demonstration Re-Enrollment by Month</b>			
Enrollment Group	October 2016	November 2016	December 2016
Pregnant Women	25	9	4
Children	541	178	115
Total	566	187	119

MDHHS monitors the Flint demonstration population's usage of Medicaid benefits to assure access to care. The following access to care metrics utilize the same enrollment group definitions for children and pregnant women as described for tables 1 – 3. It should be noted that the Children Under 6 category below is a subgroup of the Children category.

The following table lists the cumulative, unduplicated count of Flint demonstration enrollees since the waiver begin date of May 9, 2016 through the end of the reporting quarter, December 31, 2016. The table displays the total number of those enrolled with a visit to a provider with a primary care associated specialty. This includes practitioners with a specialty of family medicine, general medicine, internal medicine or pediatrics. This metric includes any procedure rendered by a primary care provider (PCP).

**Table 4: Cumulative Flint Demonstration PCP Utilization****May 2016 – December 2016**

Enrollment Group	Cumulative Enrollment	Cumulative Count of Enrollees with PCP Visit(s)	Cumulative Percentage of Enrollees with PCP Visit(s)
Children	27,599	17,600	64%
Children Under 6	10,336	7,766	75%
Pregnant Women	1,537	1,104	72%
Total	29,136	18,704	64%

Table 5 indicates the monthly count of PCP visits for the reporting quarter's Flint demonstration population.

**Table 5: Monthly Flint Demonstration PCP Visits**

Enrollment Group	October 2016	November 2016	December 2016
Children	7,801	7,576	5,334
Pregnant Women	385	412	268
Total	8,186	7,988	5,602

Targeted Case Management services are provided by Genesee Health System and include the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs;
- Development of a specific care plan;
- Referrals and related activities to help obtain needed services;
- Monitoring and follow-up activities.

The following table includes Targeted Case Management service activity as provided by Genesee Health System. Individuals counted as those with ongoing services are defined as individuals receiving a Targeted Case Management-related service other than assessment during the month, including unbilled face-to-face and phone contacts.

**Table 6: Genesee Health System Targeted Case Management Activity**

Month	Count of Assessments	Count of Enrollees with Ongoing Targeted Case Management
October 2016	9	17
November 2016	21	39
December 2016	36	32
Quarter Total	66	88
Cumulative Total	116	97

## Outreach/Innovation Activities to Assure Access

MDHHS and community partners work together to coordinate and implement outreach for those affected by the Flint water system. Activities have included press conferences, public service announcements, community events, advertisements on radio and television, social media posts, and letters to providers and potential enrollees. The public can access waiver specific information, including weekly enrollment reports, on the department's website.<sup>2</sup> A variety of resources for Flint families are available on the State's Flint water website.<sup>3</sup> MDHHS has prominently displayed links to both Flint websites on the MDHHS homepage.<sup>4</sup>

MDHHS provides progress reports to the Medical Care Advisory Council (MCAC) as its post award forum at regularly scheduled quarterly meetings. These meetings offer an opportunity for attendees to provide program comments and suggestions. The November 2016 MCAC minutes have been attached as an enclosure. MCAC meeting agendas and minutes are also available on the MDHHS MCAC website.<sup>5</sup>

## Operational and Policy Development

This and future quarterly reports will address policy, administrative or budget issues identified during the demonstration. This quarter, MDHHS discussed the development and design of demonstration focus groups based on community feedback. Additionally, MDHHS worked to improve the Targeted Case Management referral process with the Medicaid Health Plans. On November 14, 2016, CMS approved a state plan amendment for a Michigan Health Services Initiative that will expand lead abatement activities in the affected areas of Flint. This quarter, MDHHS engaged in lead abatement program implementation activities including identifying eligible homes and exploring options to increase lead abatement specialists in the state. Application systems and processes continue to operate meeting standard of promptness requirements. There were no policies or provider letters issued this quarter with specific Flint demonstration impact issued by MDHHS.

## Budget Neutrality Monitoring

In accordance with the demonstration special terms and conditions, MDHHS will provide a completed budget neutrality monitoring spreadsheet with future quarterly reports as expenditure data is available.

## Consumer Issues

MDHHS utilizes the Beneficiary Helpline as a central point of contact for members to ask questions, report complaints and resolve issues. Information on beneficiary complaints and

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<sup>2</sup> <http://www.michigan.gov/mdhhs/0,5885,7-339-71547-376862--,00.html>

<sup>3</sup> <http://www.michigan.gov/flintwater>

<sup>4</sup> <http://www.michigan.gov/mdhhs/>

<sup>5</sup> [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860-55742--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-55742--,00.html)

health plan grievances and appeals are currently collected for other Medicaid programs. In the following table, MDHHS has refined existing reporting mechanisms to measure Flint demonstration member telephone contacts with the department.

<b>Table 7: Flint Demonstration Customer Service Requests</b>	
<b>October 2016 – December 2016</b>	
<b>Category</b>	<b>Number of Contacts</b>
Coverage	4
Eligibility	8
Flint Attested	2
General Information	2
Other Insurance	1
Vision	1
Card Replacement	2
<b>Total</b>	<b>20</b>

## Quality Assurance/Monitoring Activity

MDHHS monitors performance for the Medicaid Health Plans that are licensed and approved to provide coverage to Michigan’s Medicaid beneficiaries. Quality measures are based on data submitted by the health plans. Future quarterly reports will include available quality assurance and monitoring reports specific to the Flint demonstration.

## Demonstration Evaluation

MDHHS has commissioned the Michigan State University Institute for Health Policy (MSU-IHP) to serve as the Flint demonstration independent evaluator. In accordance with the demonstration special terms and conditions, MDHHS and MSU-IHP submitted an evaluation proposal to CMS. MDHHS continues to engage in discussion with CMS regarding the evaluation design for the Flint demonstration.

## Enclosures/Attachments

1. October 2016 Flint Demonstration Disenrollment Report (CM-100)
2. November 2016 Flint Demonstration Disenrollment Report (CM-100)
3. December 2016 Flint Demonstration Disenrollment Report (CM-100)
4. Quarterly Geographic Distribution Enrollment Map: Pregnant Women
5. Quarterly Geographic Distribution Enrollment Map: Children
6. Quarterly Geographic Distribution Enrollment Map: Children Under 6
7. November 2016 MCAC Meeting Minutes



## State Contacts

If there are any questions about the contents of this report, please contact one of the following people listed below.

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Actuarial Division

Bureau of Medicaid Operations and Actuarial Services

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## Date Submitted to CMS

February 28, 2017

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 10/01/2016

Run Date: 02/19/2017  
 Run Time: 10:33:17PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	162
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2. Monthly count of disenrollment other than transfer to another Medicaid group:	287
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3. Monthly count of beneficiaries due for renewal:	673
4. Number of beneficiaries due for renewal who did not renew:	582
5. Number of beneficiaries due for renewal who lost eligibility:	160

6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:					
	05/07/2016	Thru	09/30/2016	Count:	30,721
	10/01/2016	Thru	10/01/2016	Count:	85
	10/02/2016	Thru	10/08/2016	Count:	1,271
	10/09/2016	Thru	10/15/2016	Count:	273
	10/16/2016	Thru	10/22/2016	Count:	259
	10/23/2016	Thru	10/29/2016	Count:	308
	10/30/2016	Thru	10/31/2016	Count:	58

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 11/01/2016

Run Date: 02/19/2017  
 Run Time: 10:41:30PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	150
2. Monthly count of disenrollment other than transfer to another Medicaid group:	283
3. Monthly count of beneficiaries due for renewal:	589
4. Number of beneficiaries due for renewal who did not renew:	505
5. Number of beneficiaries due for renewal who lost eligibility:	164
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 10/31/2016	Count: 32,975
11/01/2016 Thru 11/05/2016	Count: 304
11/06/2016 Thru 11/12/2016	Count: 191
11/13/2016 Thru 11/19/2016	Count: 274
11/20/2016 Thru 11/26/2016	Count: 190
11/27/2016 Thru 11/30/2016	Count: 958

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

State of Michigan  
 Department of Health and Human Services  
 Medicaid waiver Monthly CMS report

Report ID: CM-100  
 Report Period: 12/01/2016

Run Date: 02/19/2017  
 Run Time: 10:48:48PM

1. Monthly count of disenrollment because of transfer to another eligibility group:	301
2. Monthly count of disenrollment other than transfer to another Medicaid group:	285
3. Monthly count of beneficiaries due for renewal:	712
4. Number of beneficiaries due for renewal who did not renew:	616
5. Number of beneficiaries due for renewal who lost eligibility:	173
6. Enrollment continuity in weeks for all individuals enrolled during the reporting month:	
05/07/2016 Thru 11/30/2016	Count: 34,892
12/01/2016 Thru 12/03/2016	Count: 152
12/04/2016 Thru 12/10/2016	Count: 288
12/11/2016 Thru 12/17/2016	Count: 272
12/18/2016 Thru 12/24/2016	Count: 233
12/25/2016 Thru 12/31/2016	Count: 142

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

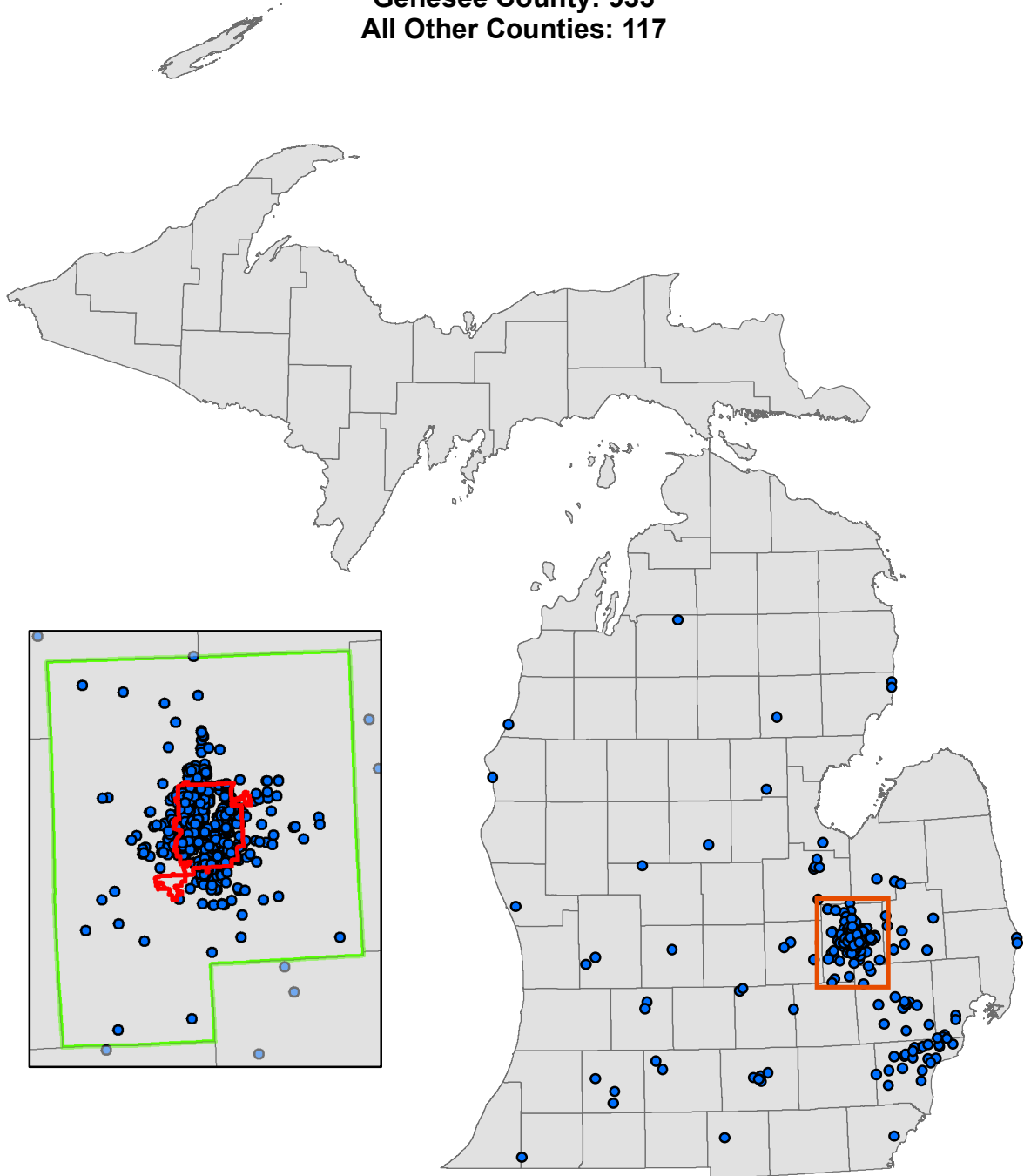
# Flint Demonstration Waiver Enrollees

Pregnant

October - December 2016

Genesee County: 933

All Other Counties: 117



Source: MDHHS Data Warehouse  
Retrieved on February 22, 2017

MDHHS - Actuarial Division  
February 22, 2017

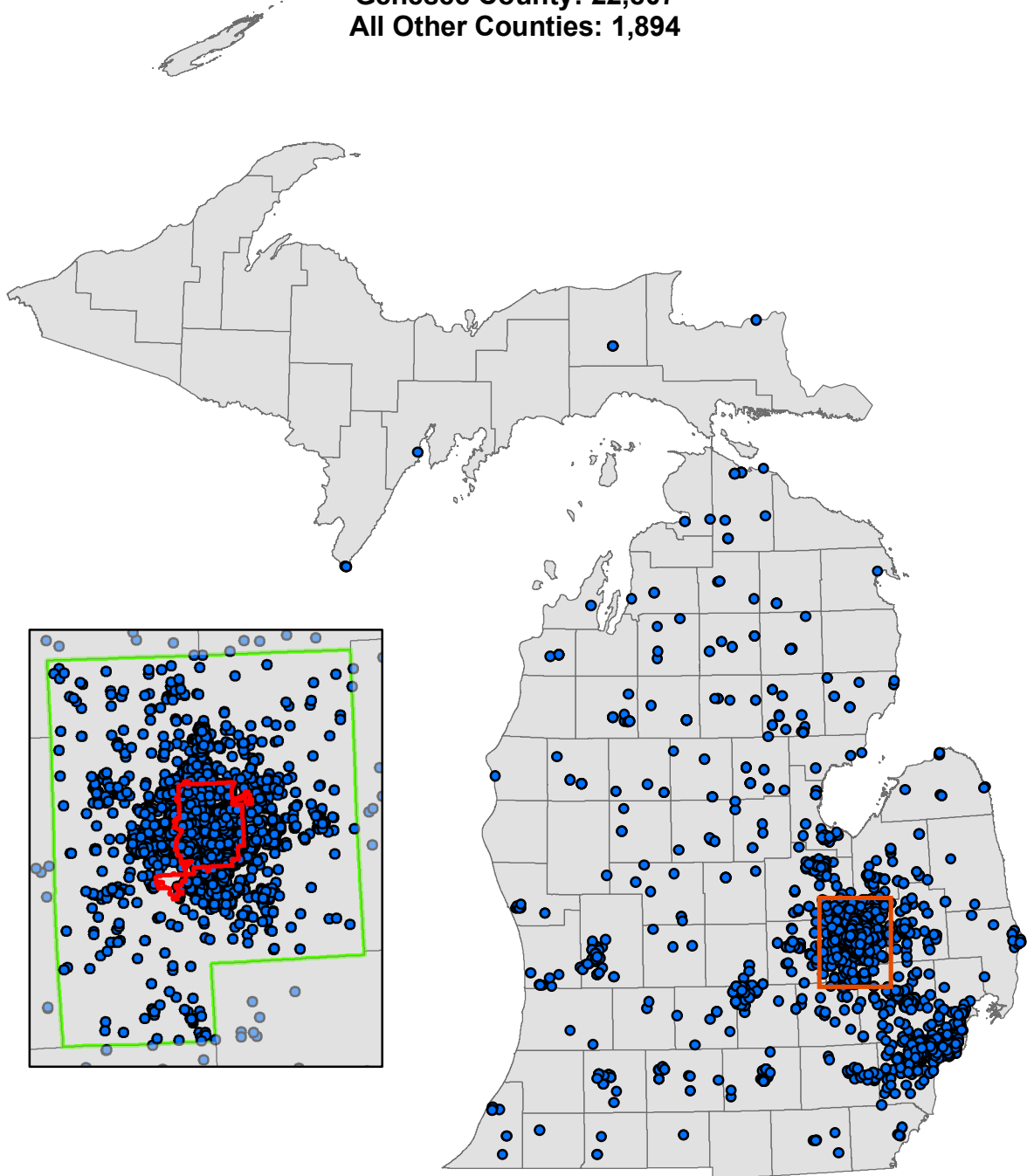
# Flint Demonstration Waiver Enrollees

0-20 Years Old

October - December 2016

Genesee County: 22,807

All Other Counties: 1,894



Source: MDHHS Data Warehouse  
Retrieved on February 22, 2017

MDHHS - Actuarial Division  
February 22, 2017

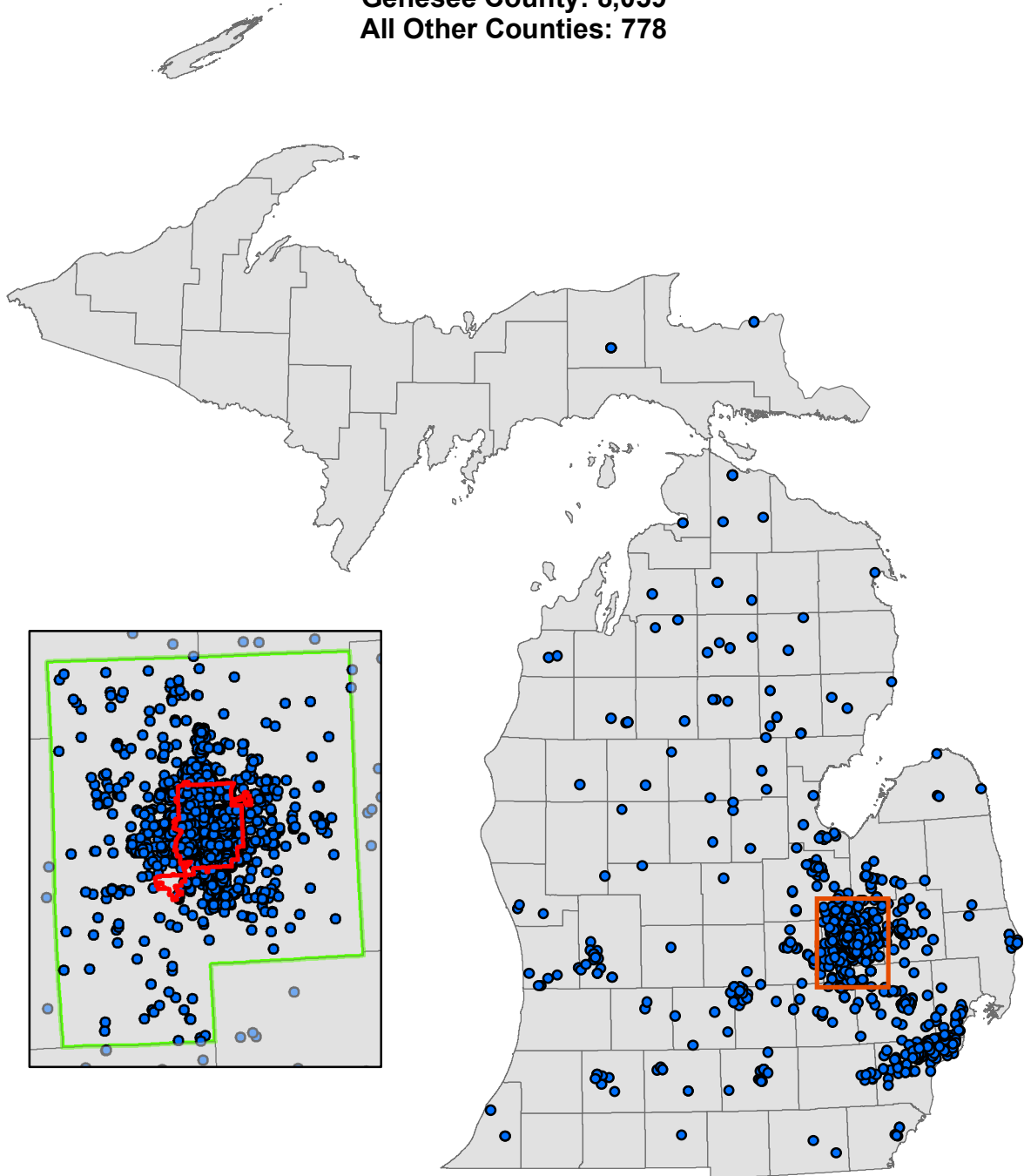
# Flint Demonstration Waiver Enrollees

0-5 Years Old

October - December 2016

Genesee County: 8,059

All Other Counties: 778



Source: MDHHS Data Warehouse  
Retrieved on February 22, 2017

MDHHS - Actuarial Division  
February 22, 2017



Michigan Department of Health and Human Services  
Medical Services Administration

## Medical Care Advisory Council

### Meeting Minutes

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**Date:** Wednesday, November 16, 2016

**Time:** 1:00 pm – 4:30 pm

**Where:** Michigan Public Health Institute (MPHI)  
2436 Woodlake Circle  
Okemos, MI 48864

**Attendees:** **Council Members:** Robin Reynolds, Dianne Haas, Marilyn Litka-Klein, Veronica Perera, Mark Swan (for Jeff Towns), Alison Hirschel, Pam Lupo, Pat Anderson (for Dave LaLumia), Marion Owen, Warren White, Karlene Ketola, Barry Cargill, Dominick Pallone, Kim Singh, Eric Roath, April Stopczynski, Dave Herbel

**Staff:** Chris Priest, Lynda Zeller, Kathy Stiffler, Brian Keisling, Dick Miles, Jackie Prokop, Erin Emerson, Cindy Linn, Craig Boyce, Michelle Best

**Other Attendees:** Tiffany Stone

### **Welcome, Introductions**

Robin Reynolds opened the meeting and introductions were made. Chris Priest addressed the results of the November 8, 2016 Presidential election, and reported that the Michigan Department of Health and Human Services (MDHHS) is continuing to work with its federal partners to implement the Department's programs as planned.

### **Update on Flint**

MDHHS received approval from the Centers for Medicare and Medicaid Services (CMS) on May 9, 2016 for a waiver to provide coverage for children and pregnant women with incomes up to 400% of the Federal Poverty Level (FPL) impacted by Flint water. To date, 24,171 eligible individuals have enrolled in health coverage under the Flint Waiver. MDHHS has also received CMS approval to use Children's Health Insurance Program (CHIP) funding for the purpose of lead abatement in Flint and targeted communities around the State of Michigan. A residence located in Flint or other targeted areas of the state, which will be identified by MDHHS, may be eligible for lead abatement services if a Medicaid or CHIP-eligible child or pregnant woman lives in the home. In response to an inquiry, MDHHS staff discussed some of the non-Medicaid resources available to assist individuals impacted by Flint water who are not eligible for Medicaid or CHIP.



## **Medical Care Advisory Council**

Meeting Minutes

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### **Budget/Boilerplate Update**

#### **Medicaid Health Plan (MHP)/Prepaid Inpatient Health Plan (PIHP) Allocation Adjustments for Fiscal Year (FY) 2017**

MDHHS staff provided an update on MHP and PIHP rate allocation adjustments for FY 2017, and reported that MHP rates have been reduced by 6% for the Healthy Michigan Plan population, while PIHP rates have been reduced by 3%. MDHHS examined data for FY 2015 for the purpose of setting MHP and PIHP rates for FY 2017, and the allocation reduction is a reflection of reduced utilization during the review period. However, MDHHS staff noted that the MHPs have reported increased utilization, particularly for pharmacy claims, during plan years following FY 2015. For the general Medicaid population, MHP claim costs have decreased by 0.2% for FY 2017, while the actuarial sound rate for PIHPs has increased by 1%. MDHHS staff and meeting attendees discussed the implications of the recently reported increase in utilization at length. MDHHS and the MHPs continue to hold meetings to discuss the rates.

#### **Health Insurance Claim Adjustment (HICA) Tax Update**

Chris Priest reported that a bill to reconfigure the way in which the current 6% use tax on Medicaid Health Maintenance Organizations (HMOs) is utilized recently passed the legislature but was vetoed by the governor. CMS has disallowed the use tax, and as a result, it will sunset on December 31, 2016. MDHHS is currently working with the Michigan House and Senate on subsequent legislation to place a moratorium on the use tax in order to implement the CMS requirement. Dominick Pallone indicated that the Michigan Association of Health Plans supports an amendment to the legislation to specify that the use tax will be suspended on December 31, 2016 and not require CMS to provide a written declaration indicating their decision to disallow its use in Michigan. Robin Reynolds will share the proposed amendment with the Medical Care Advisory Council (MCAC) for review, and called for a motion to support sending a letter on behalf of the MCAC in support of the legislation. A motion was made in support of sending a letter on behalf of the MCAC by Barry Cargill, with a second by Dianne Haas. The motion carried. The use tax currently accounts for \$460 million in revenue.

### **Federal Regulatory Guidance Update**

Chris Priest provided an overview of new federal regulatory guidance that is anticipated in the final months of the Obama administration, including:

- A State Medicaid Director letter on Community First Choice;
- Additional regulation on pass-through payments;
- A final Payment Error Rate Measurement (PERM) regulation; and

## **Medical Care Advisory Council**

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- A potential new rule regarding Disproportionate Share Hospital (DSH) and supplemental payments.

MDHHS has retained Health Management Associates to assist the Department in working through the new federal requirements related to Medicaid managed care.

### **Medicaid Managed Care**

#### **Provider Surveys**

MDHHS and the Michigan State University Institute for Health Policy developed a draft survey for providers to give input on their experience working with the Medicaid Health Plans, which has been distributed to the MCAC for review. Once the survey is finalized, the Department will randomly select Primary Care Providers (PCPs) contracted with a Medicaid Health Plan and ask them to provide feedback on a particular plan. When the PCP completes their assigned survey, they may complete additional surveys to provide feedback on their experience working with other Medicaid Health Plans. MDHHS staff and meeting attendees also discussed the possibility of developing future provider surveys for specialist providers to give input on their experience working with the Medicaid Health Plans pending the results of the PCP survey. Meeting attendees were asked to submit comments on the draft survey to Kathy Stiffler by November 28, 2016.

#### **Healthy Kids Dental Bid**

Kathy Stiffler announced that MDHHS is planning to bid for a new ***Healthy Kids Dental*** contract, and reported that a Request for Information (RFI) was posted to [www.buy4michigan.com](http://www.buy4michigan.com) on November 7, 2016. Comments from potential bidders were due on November 14, 2016, and MDHHS must respond to the questions by November 23, 2016. Final RFI submissions are due November 30, 2016, though Kathy noted that RFI submissions are not binding, and that potential vendors who did not respond to the RFI may still submit proposals when the bid is issued. MDHHS plans to implement the new contract effective October 1, 2017, and would like to issue contracts to more than one statewide vendor. In response to a meeting participant's concern regarding the proposed timeline for implementation, Kathy noted that the safe transition of members can extend at least 90 days beyond the start date of the new contract.

### **Medicaid/Other**

MDHHS staff announced that Gretchen Backer has been hired as the director of the Program Review Division following the retirement of Sheila Embry, and that Dr. Debra Eggleston will retire as the director of the Office of Medical Affairs effective December 31, 2016.

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### **2016 Access Monitoring Review Plan**

MDHHS staff provided an overview of the 2016 Access Monitoring Review Plan, which was developed at the request of CMS to demonstrate that the Department is using data-driven decisions to set Medicaid Fee-for-Service rates and that rate changes do not negatively impact beneficiaries' access to care. The Plan was posted for a 30-day public comment period, which concluded on October 16, 2016, and has been submitted to CMS.

### **Healthy Michigan Plan**

#### **Second Waiver Update**

Under the terms of the second waiver, beginning April 1, 2018, Healthy Michigan Plan beneficiaries above 100% of the Federal Poverty Level (FPL) who do not meet the criteria for "Medically Frail" and who have not completed a Health Risk Assessment (HRA) must leave the Healthy Michigan Plan and receive coverage from the Federally Facilitated Marketplace (FFM). MDHHS is continuing to work with the Department of Insurance and Financial Services (DIFS) to develop guidelines for health plans on the FFM that will serve this population.

#### **Eligibility Redetermination Update**

MDHHS staff reported that the Department began the process of implementing a system of passive redetermination of eligibility for Medicaid beneficiaries in June 2016. As of September 2016, MDHHS has the ability to conduct passive redetermination of eligibility for approximately 80-82% of beneficiaries enrolled in Modified Adjusted Gross Income (MAGI) categories. In order to conduct passive redetermination on the remaining MAGI beneficiaries, the Department must receive their income information from the Internal Revenue Service (IRS). However, MDHHS has experienced systems problems when attempting to retrieve data from the IRS, and is working to resolve the issue. The Department also plans to implement passive redetermination for non-MAGI groups in the future. In order to participate in the passive redetermination process, beneficiaries must provide their consent at the time of application.

### **Behavioral Health Updates**

#### **Integration of Behavioral Health and Physical Health**

MDHHS staff provided an update on the Stakeholder 298 work group, which was convened to develop recommendations around the coordination of physical and behavioral health services. The work group is working to complete a report, which is due to the legislature by January 15, 2017. The FY 2017 budget requires a report with policy recommendations; financial model recommendations; and benchmarks for measuring progress toward better coordination, both in terms of delivery and outcome. MDHHS hopes to release a draft report containing policy recommendations, summaries of the affinity groups and consensus recommendations from the

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affinity group meetings along with background on the process by November 28, 2016. The draft report will then be posted for public comment for a period of at least 30 days, and MDHHS plans to host at least one public forum to accept comments as well.

### **Certified Community Behavioral Health Clinics (CCBHCs)**

In October 2015, the State of Michigan received a planning grant for CCBHCs, which provide intensive person-centered multi-disciplinary evidence-based screening, assessment, and diagnostic treatment and prevention services for individuals with mental health concerns. MDHHS submitted an application to be one of eight states chosen for a CCBHC demonstration grant, and has selected 14 sites that would serve as CCBHCs in Michigan under the demonstration. No public announcement has been made to identify the sites, as the states have not yet been selected for participation in the demonstration grant; however, MDHHS staff offered to share the names of the proposed CCBHC sites with the MCAC. CMS is expected to announce the eight states chosen to participate in the CCBHC demonstration grant by the end of December 2016, with implementation to begin as early as January 1, 2017. States that are chosen to participate have until June 30, 2017 to establish operational CCBHCs. MDHHS staff indicated that the intent of the CCBHC demonstration is to expand access to care for behavioral health services and maximize the existing health plan provider network, and noted that the program's impact on the budget is currently unknown.

### **State Innovation Model (SIM)**

#### **Leadership Changes**

Chris Priest announced that Elizabeth Hertel has left MDHHS and that Matt Lori is now overseeing the SIM project.

#### **Medicare Patient-Centered Medical Home (PCMH) Model**

The PCMH model currently operates within the Michigan Primary Care Transformation (MiPCT) project, which will end on December 31, 2016. Beginning January 1, 2017, the PCMH model will move to the SIM, as required by the new contract between MDHHS and the Medicaid Health Plans. Eligible PCMH sites that currently participate in MiPCT and those located within a SIM region may take part in the SIM. For additional information on the PCMH SIM initiative, providers may visit the MDHHS website at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Doing Business with MDHHS >> Health Care Providers >> State Innovation Model or email [SIM@mail.mihealth.org](mailto:SIM@mail.mihealth.org).

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### **Long Term Care Services and Supports Updates**

#### **MI Health Link**

Dick Miles reported that MDHHS hosted a provider summit on November 9, 2016 to discuss MI Health Link, and provided meeting attendees with an update on the implementation of the Demonstration. Enrollment in MI Health Link has remained stable at approximately 37,500 beneficiaries following the implementation of a process known as deeming, in which MI Health Link beneficiaries who lose their Medicaid eligibility may remain enrolled in MI Health Link for up to 90 days while their eligibility status is resolved. MDHHS has also renegotiated its contract with the Integrated Care Organizations (ICOs) to provide services to MI Health Link beneficiaries, which took effect on November 1, 2016. One change noted in the new contract is that beneficiaries who elect hospice services may now remain enrolled in MI Health Link.

#### **Other**

Dick Miles also provided meeting attendees with additional updates related to long term care, including:

- A new section has been established within the Medical Services Administration (MSA) to serve as a single point of accountability for the Home Help Program. Michelle Martin has been hired as the manager of the Home Help Section, and MSA is working to provide additional staff for the section, as well.
- Effective October 1, 2016, providers of Home Help services must submit an Electronic Services Verification (ESV) or Paper Services Verification (PSV) form in order to receive payment for services provided under the program. This process requires Home Help Providers to register in the Community Health Automated Medicaid Processing System (CHAMPS).
- The Department is working to implement the new federal managed care rule as it relates to MI Choice Waiver Agencies, which are classified as Prepaid Ambulatory Health Plans (PAHPs). The MI Choice Waiver will need to be renewed in October 2018, and MDHHS will need to make changes to the way the program operates as a result of the new managed care rule.
- MDHHS is in the process of submitting a section 1115 Brain Injury Waiver (BIW) to provide necessary services and supports to persons suffering qualifying brain injuries who, but for the provision of these services, would otherwise be served in an institutional setting. The BIW has completed the consultation process, and the Department is targeting an implementation date of April 1, 2017.
- State law requires MDHHS to set up a workgroup related to the Program of All Inclusive Care for the Elderly (PACE), which will begin the week of November 21, 2016. The workgroup will discuss issues such as timely eligibility processing, barriers to new enrollment, and future expansion criteria.
- MDHHS is working to finalize rates MI Choice Waiver Agency rates for FY 2017.

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### **Policy Updates**

A policy bulletin handout was distributed to attendees and several updates were discussed.

The meeting was adjourned at 4:00 p.m.

**Next Meeting: Thursday, February 16, 2017**