COVID-19 Medicaid Program Authority Options

COVID-19 State 1135 Waiver

- Waives various Administrative requirements to increase access during a time of national emergency
- Approved effective 3/10/2020 through public health emergency (PHE)

COVID-19 State 1115 Waiver Demonstration

- Can make available several flexibilities to focus states operations on addressing the COVID-19 pandemic and assist in enrolling and serving beneficiaries in Medicaid
- Approved effective retroactively to 3/1/2020 and expires no later than 60 days post the public health emergency (PHE)

COVID-19 Behavioral Health Appendix K Waiver

- Appendix K to help states accelerate changes to their 1915(c) home and community-based services waiver operations or to request emergency amendments
- Approved effective 3/10/2020 and expires no later than 6 months post the public health emergency (PHE)
BHDDA 1135 Requested Waiver Status Update

CMS approved the following related requests through the termination of the public health emergency;

- Extend pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency
- Permit services approved to be provided to continue to be provided without a requirement for a new or renewed prior authorization
- Temporarily/provisionally enroll and reimburse new or out-of-state providers that meet CMS required criteria
- Provision and reimburse services rendered in alternative settings (licensed facilities)
- Telehealth and Telephonic Expansion
- Flexibility in the Person-Centered Planning Process and Plan
BHDDA 1115 Demonstration Waiver Status Update

Under this demonstration opportunity, as a result of the COVID-19 public health emergency, BHDDA is pursuing CMS approval for:

- Flexibility in the Person-Centered Planning Process and Plan
- Expand Telehealth options
- Annual reassessments of level of care that exceed the 12-month authorization period and will remain open services
- Modify processes for level of care evaluations or re-evaluations, and eligibility criteria for services and supports
- Flexibility in payment for services and supports to providers for impacted individuals delivered in alternative settings
- Payments to certain habilitation and personal care providers to maintain capacity during the emergency
- Modify the quality and other data reported on certain performance measures, other than those identified for the Health and Welfare assurance for this time frame when the data is unavailable to be obtained due to the circumstances of the pandemic
BHDDA Appendix K
Amendment Status Update

CMS has approved BHDDA’s temporary amendment through Appendix K for all approved 1915(c) waivers (HSW, CWP, and SEDW)

Key temporary changes include;

 Modify waiver service scope and allow certain service limitations to be exceeded
 Expand setting(s) where services may be provided
 Modify provider qualifications
 Modify processes for level of care evaluations or re-evaluations
 Modify person-centered service plan development process
 Temporarily increase payment rates
 *Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional setting

*NOTE: supports are not available in that setting or individually required for communication and behavioral stabilization, and such services are not covered in such settings.
The U.S. Department of Health and Human Services (HHS) extended the federal public health emergency (PHE) for another 90 days, through July 19, 2021. The PHE, which was set to expire on April 20, 2021, has been in place since January 27, 2020, and must be renewed every 90 days.
Planning for Resumption of Normal Medicaid operations upon conclusion of Covid-19 PHE

<table>
<thead>
<tr>
<th>Authority/Provision</th>
<th>Effective Date</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid &amp; CHIP 1135 Waivers</td>
<td>March 10, 2020</td>
<td>Expires at the end of PHE.</td>
</tr>
<tr>
<td>Appendix K of the 1915(c) HCBS Waivers</td>
<td>March 10, 2020</td>
<td>Expires no later than 6 months after the expiration of the PHE.</td>
</tr>
<tr>
<td>1115 Demonstration to Respond to the COVID-19 PHE</td>
<td>March 1, 2020</td>
<td>Expires no later than 60 days after end of PHE.</td>
</tr>
</tbody>
</table>

In accordance with the [State Health Official (SHO) # 20-004](https://example.com)

- MDHHS will not need to take action to terminate temporary authorities that were approved with specified sunset dates; however, PIHPs will need to comply with relevant regulatory provisions when the transition back to regular operations results in, for example, terminations of coverage or a reduction of benefits.
Once the PHE ends, MDHHS must take appropriate steps to redetermine eligibility and terminate coverage, as appropriate, for individuals who remained enrolled in Medicaid specialty services due to the maintenance of eligibility or continuous enrollment requirements.

- **Prior to the end of the PHE**
  - Begin the planning process and other operational changes.

- **End of PHE**
  - Must begin addressing backlog of pending actions allowed under COVID flexibilities.

- **6 Months post PHE**
  - Restoration of enrollment actions and resume timely processing of all eligibility requirements.
1915 (i) State Plan Update

Current approval - implementation date October 1, 2022.
BHDDA is requesting an extension to October 1, 2023.
1115 to be amended - Fall 2021
WSA redesign is underway
Tele-Health

Systemic planning and transition

Policy guidance

Training
## 2020 Specialty Behavioral Health Visits - Telehealth and In-Person

<table>
<thead>
<tr>
<th></th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Mar-20</th>
<th>Apr-20</th>
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<th>Jul-20</th>
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<th>Oct-20</th>
<th>Nov-20</th>
<th>Dec-20</th>
<th>Jan-21</th>
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<tbody>
<tr>
<td><strong>Telemedicine Unique Visits</strong></td>
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<td></td>
<td>10,895</td>
<td>11,810</td>
<td>161,837</td>
<td>369,625</td>
<td>349,714</td>
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<td>293,521</td>
<td>324,034</td>
<td>322,621</td>
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<tr>
<td><strong>In-Person Visits</strong></td>
<td>1,840,532</td>
<td>1,670,950</td>
<td>1,397,056</td>
<td>949,165</td>
<td>978,771</td>
<td>1,072,394</td>
<td>1,164,386</td>
<td>1,189,320</td>
<td>1,158,164</td>
<td>1,460,569</td>
<td>1,280,521</td>
<td>1,265,092</td>
<td>1,313,438</td>
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<tr>
<td><strong>Total Visits</strong></td>
<td>1,851,427</td>
<td>1,682,760</td>
<td>1,558,893</td>
<td>1,318,790</td>
<td>1,328,485</td>
<td>1,418,306</td>
<td>1,484,034</td>
<td>1,472,224</td>
<td>1,429,411</td>
<td>1,766,487</td>
<td>1,574,042</td>
<td>1,589,126</td>
<td>1,636,059</td>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Telemedicine Unique Beneficiaries</strong></td>
<td></td>
<td></td>
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<td></td>
<td>6,437</td>
<td>6,673</td>
<td>71,243</td>
<td>113,487</td>
<td>113,677</td>
<td>115,001</td>
<td>110,489</td>
<td>105,853</td>
<td>104,579</td>
<td>110,725</td>
<td>110,763</td>
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<td><strong>In-Person Unique Beneficiaries</strong></td>
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<td>70,901</td>
<td>21,800</td>
<td>21,612</td>
<td>24,984</td>
<td>30,179</td>
<td>33,798</td>
<td>36,606</td>
<td>35,172</td>
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<td>27,294</td>
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<tr>
<td><strong>Total Beneficiaries</strong></td>
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<td>142,947</td>
<td>142,144</td>
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<td>135,289</td>
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<td>141,185</td>
<td>145,897</td>
<td>140,482</td>
<td>141,743</td>
<td>143,195</td>
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Includes Provider Types 88 and 89

Data ran on 5/11/2021
# Unique Telemedicine Visits by PIHP

<table>
<thead>
<tr>
<th></th>
<th>Oakland CMH</th>
<th>Macomb County CMH</th>
<th>Detroit-Wayne</th>
<th>CMH Partnership of SE MI</th>
<th>Lakeshore Regional Entity</th>
<th>Northcare Network</th>
<th>Southwest MI Behavioral Health</th>
<th>Mid-State Health Network</th>
<th>Northern MI Regional Entity</th>
<th>Region 10</th>
<th>Total</th>
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<tbody>
<tr>
<td>Jan-20</td>
<td>307</td>
<td>206</td>
<td>331</td>
<td>988</td>
<td>1,202</td>
<td>1,399</td>
<td>289</td>
<td>4,137</td>
<td>790</td>
<td>992</td>
<td>10,641</td>
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<tr>
<td>Feb-20</td>
<td>467</td>
<td>325</td>
<td>608</td>
<td>894</td>
<td>865</td>
<td>1,525</td>
<td>411</td>
<td>4,563</td>
<td>957</td>
<td>1,028</td>
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<tr>
<td>Mar-20</td>
<td>16,649</td>
<td>6,524</td>
<td>39,823</td>
<td>8,564</td>
<td>12,062</td>
<td>4,743</td>
<td>12,282</td>
<td>40,466</td>
<td>9,613</td>
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<td>Apr-20</td>
<td>30,101</td>
<td>21,256</td>
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<td>May-20</td>
<td>31,395</td>
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<td>31,871</td>
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<td>59,790</td>
<td>20,188</td>
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<td>Jun-20</td>
<td>31,906</td>
<td>20,547</td>
<td>106,628</td>
<td>14,240</td>
<td>30,984</td>
<td>9,023</td>
<td>28,700</td>
<td>60,649</td>
<td>18,317</td>
<td>23,227</td>
<td>344,221</td>
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<tr>
<td>Jul-20</td>
<td>27,147</td>
<td>18,724</td>
<td>101,419</td>
<td>15,792</td>
<td>27,411</td>
<td>9,055</td>
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<td>54,944</td>
<td>16,110</td>
<td>23,179</td>
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<tr>
<td>Aug-20</td>
<td>26,822</td>
<td>16,418</td>
<td>89,660</td>
<td>13,429</td>
<td>24,965</td>
<td>8,445</td>
<td>20,622</td>
<td>50,151</td>
<td>15,556</td>
<td>14,817</td>
<td>280,885</td>
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<tr>
<td>Sep-20</td>
<td>24,788</td>
<td>16,176</td>
<td>88,873</td>
<td>11,172</td>
<td>23,611</td>
<td>8,122</td>
<td>19,461</td>
<td>48,312</td>
<td>13,974</td>
<td>14,084</td>
<td>268,573</td>
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<tr>
<td>Oct-20</td>
<td>26,809</td>
<td>16,938</td>
<td>93,375</td>
<td>14,590</td>
<td>24,372</td>
<td>9,063</td>
<td>18,621</td>
<td>55,393</td>
<td>16,150</td>
<td>19,334</td>
<td>294,645</td>
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<tr>
<td>Nov-20</td>
<td>25,600</td>
<td>15,665</td>
<td>84,234</td>
<td>13,290</td>
<td>21,795</td>
<td>8,621</td>
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<td>51,957</td>
<td>15,944</td>
<td>19,272</td>
<td>274,927</td>
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<td>Dec-20</td>
<td>22,623</td>
<td>13,924</td>
<td>53,314</td>
<td>7,946</td>
<td>14,820</td>
<td>0</td>
<td>18,075</td>
<td>48,873</td>
<td>15,668</td>
<td>17,571</td>
<td>212,814</td>
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<tr>
<td>Total</td>
<td>264,634</td>
<td>166,812</td>
<td>873,922</td>
<td>134,573</td>
<td>253,519</td>
<td>80,150</td>
<td>218,720</td>
<td>538,053</td>
<td>164,338</td>
<td>194,994</td>
<td>2,889,715</td>
</tr>
</tbody>
</table>

Make sure the footnotes under each chart are used as this explains the data that is being displayed and when it was extracted from the warehouse.

- Includes Member ID Type 88 = Substance Use Disorder Encounter/Consumer (previously SUD Coordinating Agency) & 89 = Mental Health or Developmental Disability Encounter/Consumer
- Encounter data for October through December is not complete.
- Data extracted 1/27/21
2020 Specialty Behavioral Health Visits - CMHSPs and PIHPs
2020 Specialty Behavioral Health Beneficiaries - CMHSPs and PIHPs

2020 Specialty Behavioral Health Beneficiaries
CMHSPs and PIHPs

Telemedicine Unique Beneficiaries
In-Person Unique Beneficiaries
Total Beneficiaries
Reporting Requirements & Updates

- BHDDA COVID-19 Encounter Code Chart
  - NOTE: Modifier GT and Place of Service Code of 02 are required on ALL services reported for the COVID-19 Face-to-Face Allowance

- BHDDA Telemedicine Database
  - NOTE: Must include Place of Service Code of 02 to indicate telemedicine

- Additional questions regarding telemedicine should be submitted to BHDDA via e-mail at:
  - MDHHS-ProviderQualificationCode@michigan.gov
COVID-19 Response: Specialty Behavioral Health Supports and Services

COVID-19 Response: Relaxing Face to Face Requirement (Update)

Proposed Policy 2068- Telemedicine
Stability Plans

Behavioral Health Evaluation

Approval

Ongoing assessment and review of implementation
Stability Data

Through April:

- Total reported provider support funding since June 2020 - $54.7M (this does not include any DCW premium pay increases by the state)
- Total number of providers reported to have received some type of support from the PIHP - 613
- Total number of providers that have reportedly closed as a direct result of COVID-19 pandemic - 16

Financial support provided:

- Lump sum payments
- General rate increases
- COVID-specific rate increases (when serving those with COVID)
- Wage increases (outside of what the state approved and funded)
- Cost reimbursement contracts
HCBS Heightened Scrutiny

HSRC
Public comment
Submission to CMS
Full compliance - 4.17.23
Overview of the Heightened Scrutiny Process

- **Survey process and HS determination**: Completed
- **Setting Identified as HS**: Completed
- **MDHHS gathers evidence**: In progress
- **MDHHS reviewers gather evidence Site review**: In progress
- **First level review**: In progress
- **MDHHS reviewers share information and provide input to MDHHS**: In progress
- **Second level review**: In progress
- **Third level Review**: Pending
- **Public Comment**: Pending
- **MDHHS publishes for public comment**: Pending
- **MDHHS reviews documents, input from HSRC and notifies PIHP of non-HCB providers**: Pending
- **Final Review**: Pending
- **Final decision**: Pending
- **CMS notifies MDHHS with decision: can setting be considered HCB?**: Pending
- **Notification of HCB status**: Pending
- **PIHP**: Pending
- **PIHP notifies provider**: Pending

The Centers for Medicare and Medicaid require all settings to be in compliance with the HCBS Final Rule no later than March 17, 2023.
Conflict Free Case management

PIHP Director’s forum
QIC meeting
Survey to CMHSP’s
QIC workgroup - Fall 2021
Contact Information

Belinda Hawks - hawksb@Michigan.gov