WELCOME

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Just a few things before we get started...

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- Participants will remain muted for this webinar. Messages can be typed into the chat/message box that is in the GTW control panel.
- A copy of today's presentation can be found in the GTW control panel under the "Handouts" tab.
- If time allows, the speakers will answer questions at the end. Follow up questions/ requests can also be sent to <u>info@arcmi.org</u>
- A close captioned recording of this webinar will be available on our website at www.arcmi.org,
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Sherri Boyd



Executive Director/ CEO The Arc Michigan



Behavioral Health & Developmental Disabilities Administration

Belinda Hawks

Director

Quality Management and Planning



COVID-19 Waiver Status



Tele-Health





Stability Plans



Resources



Questions



COVID-19 Medicaid Program Authority Options

COVID-19 State 1135 Waiver

• Waives various Administrative requirements to increase access during a time of national emergency.

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.

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.

COVID-19 State 1135 Waiver Flexibilities

General Information: Ensure that sufficient items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic.

- Relief for Medicaid program requirements, including;
 - ▶ Telehealth Services
 - Prior authorization and medical necessity process
 - Allowing providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency
 - Temporarily suspending certain provider enrollment and revalidation requirements to increase access to care
 - Adjusted performance deadlines and timetables (Note: adjusted not waived)

BHDDA 1135 Requested Waiver Status Update

CMS approved 4/6/2020 with a retro-effective date <u>3/1/2020</u> the following Behavioral Health 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)

Requests Pending Approval;

- Telehealth and Telephonic Expansion
- Flexibility in the Person-Centered Planning Process and Plan

COVID-19 State 1115 Waiver Demonstration Flexibilities

General Information: Under this demonstration opportunity, effective retroactively to 3/1/2020 states may select from a variety of options to deliver the most effective care to their beneficiaries as a result of the COVID-19 public health emergency.

- The COVID-19 demonstration opportunity can be used to:
 - ➤ Temporarily respond to the state's emergency similar to what is available under the 1915(c)/Appendix K waiver flexibilities for beneficiaries receiving home and community-based services (HCBS) and supports under section 1115/1915(i) Medicaid state plan authorities.

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.

COVID-19 Behavioral Health Appendix K Flexibilities

General Information: Under the 1915(c) home and community-based services waivers Appendix K, states can request relevant program changes and flexibilities in response to the COVID-19 pandemic. Examples of types of flexibilities include;

- Adding an electronic method of service delivery for certain services allowing continuity of service without face to face interaction
- Adding services to address additional needs of waiver recipients during the time of emergency,
- Adjustments to process requirements to decrease administrative and operational burden during the duration of the emergency

BHDDA Appendix K

Amendment Status Update
BHDDA has requested a temporary amendment through the Appendix K for all approved 1915(c) waivers (HSW, CWP, and SEDW). Pending CMS approval, the K authority will be applied retroactively to 3/1/2020 and can be approved for a full 12-month period - 2/28/2021. 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 reevaluations
- 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 *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.

BHDDA Appendix K Addendum: COVID-19 Pandemic Response

HCBS Regulations

- Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.
- Implement the following measures designed to limit the spread of COVID-19:
 - -Allow providers in these settings to isolate individuals with COVID-19 symptoms from other residents
 - -Allow providers in these settings to limit community participation activities for residents who are at high risk of severe illness
 - -Allow providers to implement social distancing measures as feasible

Services

Add an electronic method of service delivery (e.g,. telephonic) allowing services to continue to be provided remotely in the home setting for:

- -Case management, Personal care services that only require verbal cueing, In-home habilitation
- -Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers)
- -Out of Home Non-Vocational Habilitation, Supported/Integrated Employment, Family Home-Care Training, and Home-Care Training Non-Family Services

Processes

- Allow an extension for reassessments and reevaluations for up to one year past the due date
- Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings
- Adjust prior approval/authorization elements approved in waiver
- Adjust assessment requirements
- Add an electronic method of signing off on required documents such as the person-centered service plan



Systemic planning and transition

Tele-Health



Policy guidance



Training



Behavioral Health Evaluation

Stability Plans



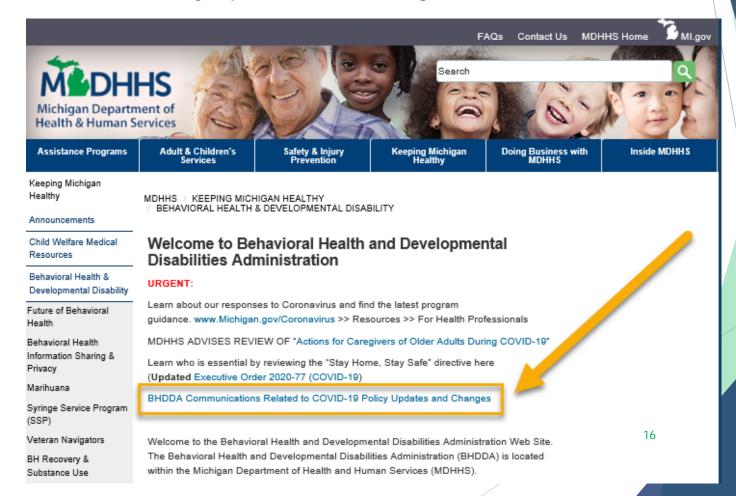
Approval



Ongoing assessment and review of implementation

BHDDA Updates & Resources

Check our Website for BHDDA Communications Related to COVID-19, Policy Updates, and Changes



We are Here to Help you!



Contact Information

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Behavioral health strategy update

ARC Disability Policy Webinar Sarah Esty June 19, 2020

Values

- Person-centered
- Self-determined
- Family-driven, youth-guided
- Recovery-oriented

- Community-based
- Evidence-based
- Culturally competent
- Whole-person care





Guiding principles of our approach





Goals

- Ensure all Michiganders have access to care, including prevention and early intervention, for mental health and substance use disorders
- Integrate behavioral and physical health care, starting with the point of service
- Meet people where they are with new service delivery and engagement mechanisms, leveraging the alternative mechanisms established during COVID
- Drive improved outcomes and more funding to the front lines through streamlined oversight and PIHP/CMH accountability reforms





Questions?

Please type questions in the chat box ->

Thank You For Joining Us!

See You Next
Friday, June 26th
at 10am with
Nicole Jorwic,
Director, Rights
Policy, The Arc of
the United States.



