



# Behavioral Health & Developmental Disabilities Administration

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Quality Management and  
Planning

# Overview



Waiver and SPA Status



Tele-Health



Stability Plans



HCBS and CFCM



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
- 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.

# COVID-19 PUBLIC HEALTH EMERGENCY DECLARATION & WAIVERS

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

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

In accordance with the [State Health Official \(SHO\) # 20-004](#)

- 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.



# PLANNING FOR RESUMPTION OF NORMAL MEDICAID OPERATIONS UPON CONCLUSION OF THE COVID-19 PHE

- ▶ 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

# 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

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Telemedicine Unique Visits	10,895	11,810	161,837	369,625	349,714	345,912	319,648	282,904	271,247	305,918	293,521	324,034	322,621
In-Person Visits	1,840,532	1,670,950	1,397,056	949,165	978,771	1,072,394	1,164,386	1,189,320	1,158,164	1,460,569	1,280,521	1,265,092	1,313,438
Total Visits	1,851,427	1,682,760	1,558,893	1,318,790	1,328,485	1,418,306	1,484,034	1,472,224	1,429,411	1,766,487	1,574,042	1,589,126	1,636,059
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Telemedicine Unique Beneficiaries	6,437	6,673	71,243	113,487	113,677	115,001	110,489	105,853	104,579	110,725	110,763	115,537	115,901
In-Person Unique Beneficiaries	140,000	136,274	70,901	21,800	21,612	24,984	30,179	33,798	36,606	35,172	29,719	26,206	27,294
Total Beneficiaries	146,437	142,947	142,144	135,287	135,289	139,985	140,668	139,651	141,185	145,897	140,482	141,743	143,195
Includes Provider Types 88 and 89													
Data ran on 5/11/2021													

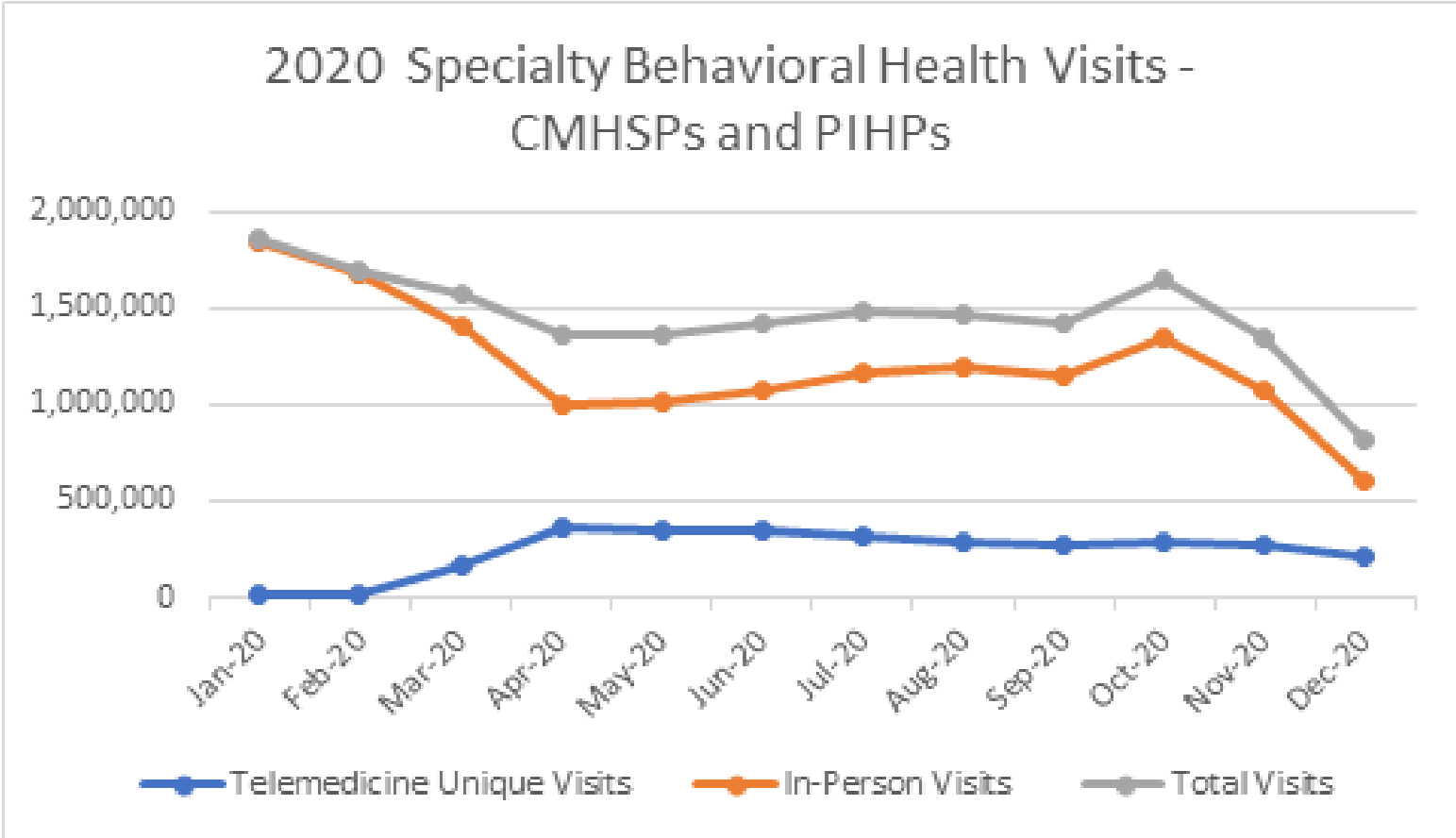
# Unique Telemedicine Visits by PIHP

	Oakland	Macomb County CMH	Detroit-Wayne	CMH Partnership of SE MI	Lakeshore Regional Entity	Northcare Network	Southwest MI Behavioral Health	Mid-State Health Network	Northern MI Regional Entity	Region 10	Total
Jan-20	307	206	331	988	1,202	1,399	289	4,137	790	992	10,641
Feb-20	467	325	608	894	865	1,525	411	4,563	957	1,028	11,643
Mar-20	16,669	6,524	39,823	8,564	12,062	4,743	12,282	40,466	9,613	9,498	160,244
Apr-20	30,101	21,256	109,074	18,077	39,561	10,708	31,026	58,818	21,071	26,624	366,316
May-20	31,395	20,109	106,583	15,591	31,871	9,446	26,400	59,790	20,188	25,368	346,741
Jun-20	31,906	20,547	106,628	14,240	30,984	9,023	28,700	60,649	18,317	23,227	344,221
Jul-20	27,147	18,724	101,419	15,792	27,411	9,055	24,284	54,944	16,110	23,179	318,065
Aug-20	26,822	16,418	89,660	13,429	24,965	8,445	20,622	50,151	15,556	14,817	280,885
Sep-20	24,788	16,176	88,873	11,172	23,611	8,122	19,461	48,312	13,974	14,084	268,573
Oct-20	26,809	16,938	93,375	14,590	24,372	9,063	18,621	55,393	16,150	19,334	294,645
Nov-20	25,600	15,665	84,234	13,290	21,795	8,621	18,549	51,957	15,944	19,272	274,927
Dec-20	22,623	13,924	53,314	7,946	14,820	0	18,075	48,873	15,668	17,571	212,814
Total	264,634	166,812	873,922	134,573	253,519	80,150	218,720	538,053	164,338	194,994	2,889,715

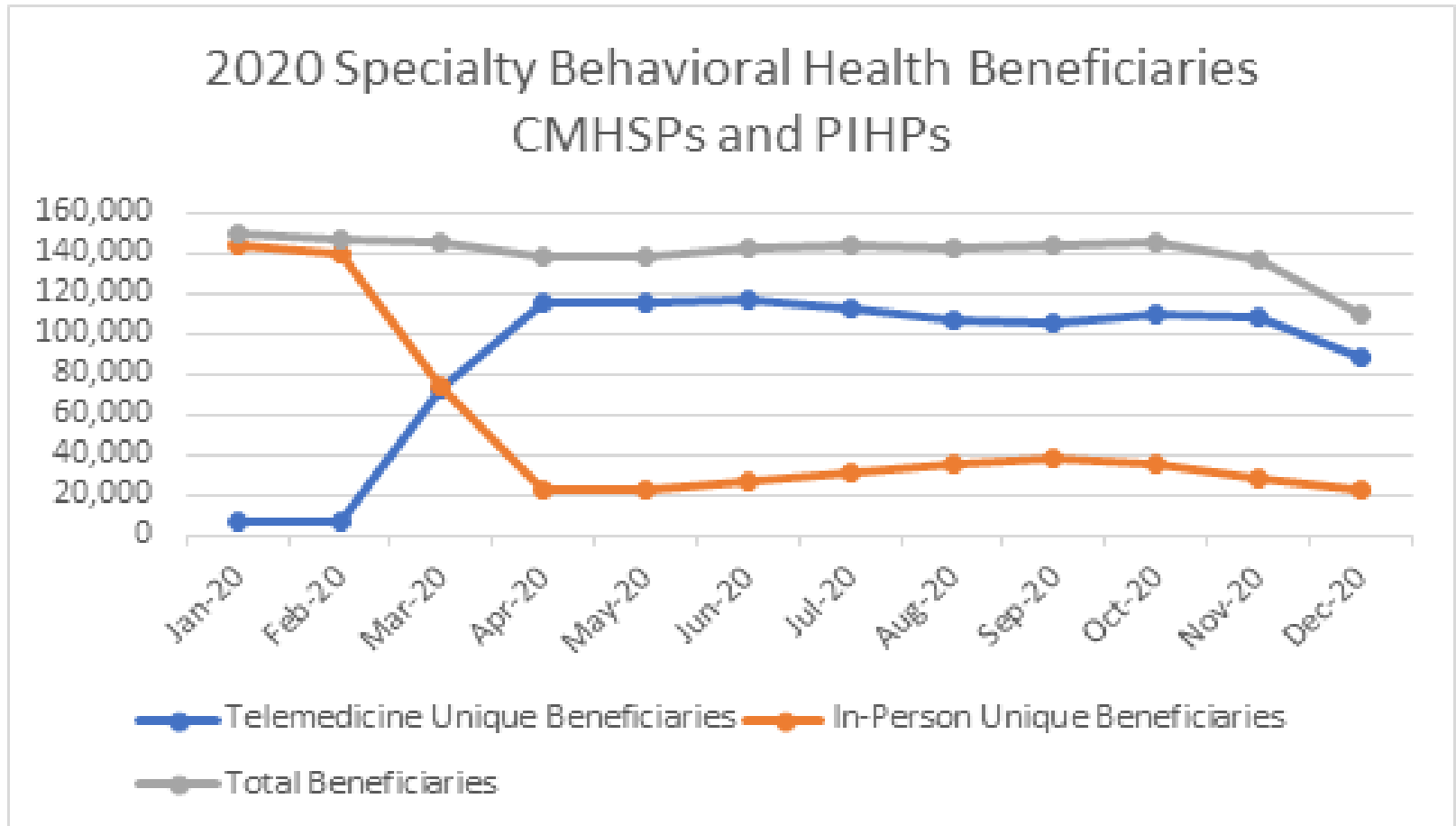
Make sure the footnotes under each chart are used as this explains the data that is being displayed and when it was extracted from the warehouse.

- 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



# 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](mailto:MDHHS-ProviderQualificationCode@michigan.gov)



# MEDICAID POLICY BULLETIN

## COVID-19 RESPONSE

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[MSA 20-58](#) COVID-19 Response: Specialty Behavioral Health Supports and Services

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[MSA 20-30](#) COVID-19 Response: Relaxing Face to Face Requirement (Update)

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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

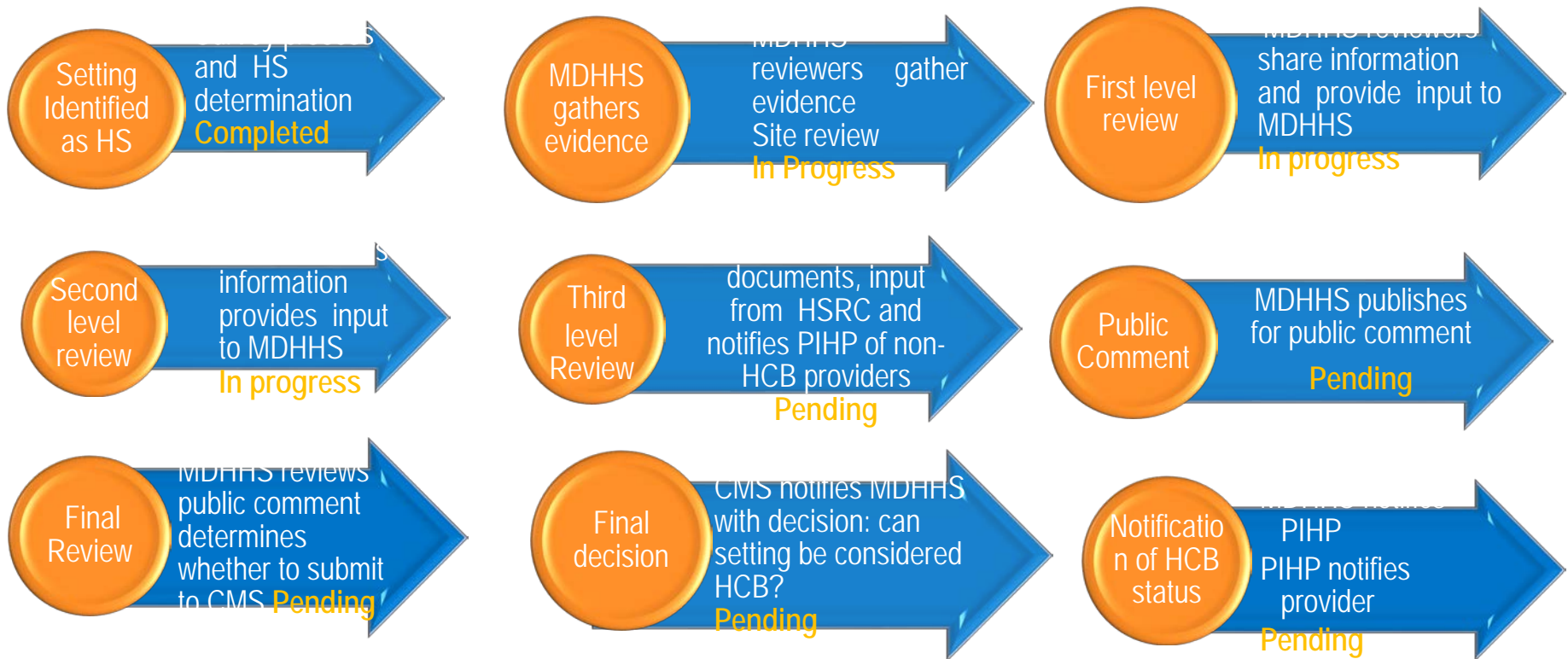
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Public comment

Submission to CMS

Full compliance - 4.17.23

# Overview of the Heightened Scrutiny Process



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

*We are Here  
to Help You!*



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