

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Karen Everhart

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to inform providers that the Michigan Department of Health and Human Services (MDHHS) will rescind flexibilities described in the MI Health Link (MHL) 1915c Appendix K effective on dates as indicated.

Reason for policy (problem being addressed):

Rescinding the Appendix K flexibilities is part of MDHHS efforts to resume normal operations following the end of the federal public health emergency.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

Yes

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: Approval	Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2312-MHL	Date: April 7, 2023

Comments Due: May 12, 2023
Proposed Effective Date: As Indicated
Direct Comments To: Karen Everhart
Address:
E-Mail Address: Everhartk1@michigan.gov
Phone:

Fax:

Policy Subject: Reversal of Temporary COVID-19 MI Health Link (MHL) 1915c Waiver Appendix K Policies

Affected Programs: MI Health Link Home and Community-Based Services Waiver

Distribution: Integrated Care Organizations

Summary: The purpose of this policy is to inform providers that the Michigan Department of Health and Human Services (MDHHS) will rescind flexibilities described in the MI Health Link (MHL) 1915c Appendix K effective on dates as indicated.

Purpose: Rescinding the Appendix K flexibilities is part of MDHHS efforts to resume normal operations following the end of the federal public health emergency.

Cost Implications: Budget Neutral

Potential Hearings & Appeal Issues: N/A

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date: 3/22/23
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Tribal Notification: Yes No - **Date:** 3/21/23

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Bulletin Number: MMP 23-23

Distribution: Integrated Care Organizations

Issued: April 7, 2023

Subject: Reversal of Temporary COVID-19 MI Health Link (MHL) 1915c Waiver Appendix K Policies

Effective: As Indicated

Programs Affected: MI Health Link Home and Community-Based Services Waiver

NOTE: Portions of this bulletin are contingent upon Centers for Medicare & Medicaid Services (CMS) approval of a 1915c waiver amendment.

This policy notifies providers of the intent by the Michigan Department of Health and Human Services (MDHHS) to implement permanently, implement permanently with revisions, or terminate each of the temporary flexibilities authorized under the MI Health Link (MHL) 1915c waiver, Appendix K. Effective dates of these changes are indicated.

The purpose of the temporary flexibilities was to protect and maintain the health and welfare of enrollees and providers during the COVID-19 federal Public Health Emergency (PHE). MDHHS intends to end portions of the temporary policies prior to the current end date of the authorized MHL Appendix K. When flexibilities are terminated, the related requirements as described in the 1915c waiver application would be restored.

Flexibility Implemented Permanently (Upon Approval of Waiver Amendment)

- Allow meal delivery kit services as an acceptable provider type for Home-Delivered Meals.

Flexibilities Terminated at the End of the PHE (May 11, 2023)

- Re-evaluations (Level of Care Determinations [LOCD]) may be completed telephonically, via telehealth, or using video conferencing commonly available on smart phones in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Automatically extend any LOCDs that will expire during the effective period of the appendix by up to one year past the original due date, or for the duration of the approved Appendix K.
- Verbal signatures for person-centered plans (note: the authority for this flexibility is the 1135 waiver).

Flexibilities Terminated Six Months Following the Termination of the Federal PHE (Upon Termination of the Appendix K - November 11, 2023)

- Home-Delivered Meals - Temporarily suspend limitations on who may receive a home-delivered meal so that any MHL enrollee in need may receive a home-delivered meal during the emergency. Exceed delivering two-week supply of meals and allowing licensed restaurants with delivery services as an approved provider type.
- Private Duty Nursing (PDN) - Suspend 16-hour limit on PDN when the need for exceeding 16 hours stems from impacts related to COVID-19.
- Adaptive Medical Equipment and Supplies – Cover personal protection items related to impacts from COVID-19.
- For Expanded Community Living Supports (ECLS), temporarily modify provider training requirements during the PHE.
- Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers (restaurants and meal delivery kits).
- Extensions for person-centered planning recertification.
- Allow an extension for reassessments for up to one year past the due date.
- Allow the option to conduct assessments and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- For enrollees who are unable to receive the services on their person-centered service plan because of the social distancing recommendations, allow monthly monitoring of the enrollee when services are furnished on a less-than-monthly basis in lieu of requiring the provision of at least one waiver service in addition to supports coordination. This includes enrollees who cannot find a replacement caregiver when their usual caregiver is unable to deliver services, as well as enrollees who may normally attend an Adult Day Health service and that service is temporarily closed.
- ECLS -Temporarily expand the ECLS definition to include transportation on behalf of the enrollee to allow vulnerable enrollees to practice social distancing or self-isolation.
- Add an electronic method of service delivery (e.g., telephonic) allowing services (ECLS, care management, monitoring) to continue to be provided remotely in the home setting.
- Allow home-delivered meals to be left at the door in case of need for isolation.

- Waiving Home and Community Based Services (HCBS) settings requirements.
- Extension of due dates for CMS-372 reports and evidentiary reports.
- Suspension of quality improvement system activities.

Flexibilities Implemented Permanently With Revisions (Upon Approval of Waiver Amendment)

- ECLS - If the enrollee has an exposure or condition for which a federal, state, or local public health or government official(s) has released applicable quarantine or isolation guidelines, transportation on behalf of the enrollee during the quarantine or isolation period to allow others to obtain items required for the enrollee is acceptable.

Plans may use this service to authorize MI Health Link HCBS funds to reimburse individuals (ECLS providers) to run errands for enrollees when the enrollee does not accompany the driver of the vehicle during only an applicable quarantine or isolation period. The purpose of expanding the ECLS service is for the enrollee to gain access to the community as needed during these temporary periods.

- In-person visits are valued as a means to support the health and welfare of enrollees as well as integration into the community. All assessments and reassessments, and at least one monthly contact a quarter, are to be completed in-person. If the enrollee has an exposure or condition for which a federal, state, or local public health or government official(s) has released applicable quarantine or isolation guidelines, care coordination contact and activities may be made via a HIPAA-compliant virtual method (video only) in lieu of in-person during the quarantine or isolation period only. If assessments are completed via virtual method (video only) during quarantine/isolation, any sections of the assessment(s) related to physical function that normally require in-person observation by the assessor must be reviewed at the next in-person visit to ensure accuracy. Additionally, the enrollee's privacy must be protected during virtual visits. Video recording is not allowed. The Integrated Care Organization (ICO) should support enrollees who need assistance with using the technology required for virtual video contacts through education and training. Written or electronic consent must be obtained from the enrollee for use of the virtual option. Consent and education for virtual visits (during quarantine/isolation) may be obtained at any point ahead of the virtual method being utilized.
- ECLS - If the enrollee has an exposure or condition for which a federal, state, or local public health or government official(s) has released applicable quarantine or isolation guidelines, ECLS services that only require verbal cueing may be provided via a HIPAA-compliant virtual method (video only) in lieu of in-person during the quarantine or isolation period only. Approval of remote support must be reflected on the-enrollee's integrated care and support plan.

- Home-Delivered Meals (HDMs) - If the enrollee has an exposure or condition for which a federal, state, or local public health or government official(s) has released applicable quarantine or isolation guidelines, HDMs may be left at the enrollee's door in lieu of in-person during the quarantine or isolation period only. Approval of door drop-off must be reflected on the enrollee's integrated care and support plan.
- Add an electronic method of signing off on required documents such as the person-centered service plan. When this method is utilized, the signature must be newly obtained each time the signature is required. The electronic signature cannot be stored and re-used at will.

Enrollee Notice of Termination of Temporary Flexibilities

Advance notices will be provided by MDHHS, or the ICO at the direction of MDHHS, to enrollees in the MI Health Link 1915c waiver ahead of the effective date of the termination of temporary flexibilities that have direct impact on enrollees.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Karen Everhart at EverhartK1@michigan.gov.

Please include "Reversal of Temporary COVID-19 MI Health Link (MHL) 1915c Waiver Appendix K Policies" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

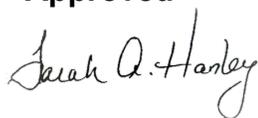
Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >>
Policy, Letters & Forms.

Approved

A handwritten signature in cursive script that reads "Farah A. Hanley".

Farah Hanley
Senior Chief Deputy Director for Health