

## Medical Care Advisory Committee (MCAC)

May 15, 2023

### Minutes

**Members:** Holly Stevens, Chair, Elinor Wozniakowski, Rhonda Siegel, Ellen McCahon, Joan Fitzgerald, Vanessa Blais, Dawn McKinney, Michael Auerbach, Lisa Adams, Paula Minnehan, Karen Rosenberg, Carolyn Virtue, Tamme Dustin, Lisa DiMartino, Kelley Capuchino, Jake Berry, Kara Nickulas, Lisa DiMartino

**Alternates:** Kristen Schmidt, Cheryl Steinberg, Nichole VonDette, Gina Balkus, Amy Girouard, Emily Johnson, Karen Blake, Deodonne Bhattarai

**Excused:** None

**DHHS:** Henry Lipman, Rob Berry, Sarah Wildermann, Jessica Gorton, Reuben Hampton, Olivia May, Laura Ringelberg, Shirley Iacopino, Vernon Clough, Deb Sorli, Jody Farwell, Sara Lacharite, Melinda Cox,, Roger Boissonneau, Sarah Finne, Julie Beals

**Guests:** Amy Pidhurney, Catrina Rantala, Michael Miller, Deborah Fournier, Josh Krintzman, Susan Paschell, Rachel Chumbley, Richard Sigel, Rob Hockmuth, Heidi Kroll Gallagher, Marissa Berg, Sara Cleveland, Lucy Hodder, Julianne Cubin, Deborah Ritcey, Nicole Murphy, Cheryl Frey, Elinor Steinberg, Janan Archibald, Marcia Bagley, Erica Skianes, Jena Rulter, Lauren Graves, Ann Potoczak, BIANH, Home care Hospice, Abel NH

### Announcements

There were no announcements.

### Review/Approval: March 13, 2023

MCAC voted to approve the minutes for March 13, 2023. Carolyn Virtue opposed the March minutes based on them not being an accurate representation of what had transpired.

### Agenda Items – June

No agenda items were requested.

### Membership Renewals and Nominations of Officers

Carolyn nominates to re-appoint Jake Berry representing New Futures with Michelle Meritt as alternative and Christine Stoddard representing Bi-State Primary Care with Jim Zibello as alternate. Carolyn expressed thanks for their service on the MCAC.

Carolyn has made a motion to consider next month for these re-appointments in fulfillment of the 30 day notice requirement.

Karen Rosenberg moves to nominate Holly as Chair and Carolyn as Vice Chair for a 1 year term beginning June 30<sup>th</sup> of this year. Vote will be held in June.

### Legislative Update – Robert Berry, Esq.

- HB217: Relative to a committee to establish effect of fluoride on fetuses. ITL, it will go to Senate next.
- SB 30: Passed by both bodies with no amendment. The next step is the Governor's desk.
- SB 127: Relative to certain programs delivered by DHHS. Requested by the Department. Executive Session held in House Committee of Elderly Affairs. Ought to pass as amended, going to Senate Finance Committee next, after going through the House.

- SB 172: This would allow Court appointed guardians to provide temporary assistance to needy families. Ought to pass, going to House Finance Committee next.
- SB 263: Reauthorization of Granite Advantage, due out of House Policy Committee this week. Robust debate was held with 30-40 amendments, some amendments proposed this past week, all failed. There is also a reauthorization provision in HB 2 as passed by the House as well.
- HB 1 and 2 have executive sessions in Senate Finance this week. DHHS is scheduled for Friday but this can change.
- LisaBritt Solsky raised a question related to Senate Bill 236 and asked if it was retained in House. It is relative to create a committee for examining the insurance needs of DHHS vendors. LisaBritt noted a need for potential assistance from the Department in the future. Robert will further investigate offline on potential relevance to DHHS.

**Proposed Rule: He-M 505, He-M 203, and He-M 510 – Melissa Nemeth, Esq.**

- He-M 505: Jessica Gorton has presented on this in a prior MCAC. This proposed rule pertains to the establishment and operation of area agencies, largely driven by corrective action plans (CAP) that DHHS has with CMS. This proposed rule has been released to external stakeholder for feedback. DHHS will be working on the initial proposal at the same time. Many of the changes arise from the separation of the duties for area agencies as required by the CAP and ensuring the duties drafted for area agencies are reflective of their ultimate role. Withholding a portion of what was billed is prohibitive so this proposed rule also delineates a new financing mechanism for the oversight provided.
  - Lisabritt Solsky asked whether these rules need to be in place by July 1st and Melissa clarified that many of these aspects are captured in the contract.
  - Carolyn Virtue asked if there are changes related to service coordination and Melissa said she does not believe this is directly covered in this rule. Carolyn moved to form a subcommittee on this rule. LisaBritt, Carolyn, Ellen McMahon, all volunteered to participate.
  - Karen asked about clarification on what is in the Department’s purview—Melissa mentioned the statute has information about what is delegated to area agencies and offered to have a separate conversation.
- He-M 203 and He-M 510: These proposed rules pertain to family-centered early supports and services available to children from birth up to third birthday. These were largely driven by federal regulations and were coming up on their expiration date. He-M 203 does not have many revisions, and is relative to rights of individual and complaint resolution. He-M 510 had many changes. The rule was not out of alignment before but in looking at federal regulations, the Department wanted to add points of clarity to better reflect federal expectations. A couple of years ago, legislation added a substance abused newborn as a child at risk so that change has been made to reflect the legislative change. Other changes have been made to better align the rule with practice and procedures observed in the community. A new section was added for the appointment of an educational surrogate—previously the Department of Education delivered that function but this will no longer be the case and so DHHS is updating the rule accordingly.
  - Kelly Capuchino asked about He-M 203 to understand importance and benefit of striking the bullets that define services people would be eligible for, under Definitions. Melissa Nemeth clarified that the services themselves are defined later in the rule but will revisit this edit to consider feedback.

### **1915(i) Fast Forward Update – Daryll Tenney**

Daryll presented on DHHS' children's system of care framework and clarified today's focus was on Tier 3.

- In follow up to prior presentations last year, we use a care management entity model in New Hampshire who is billing for the 1915(i) by providing high fidelity wraparound services. We just started the early childhood care coordination piece. There are two entities providing statewide services for youth in New Hampshire—youth transitioning in and out of residential care settings as well as Fast Forward.
- In a prior MCAC, we gave an overview of the plans for 1915(i) updates and in the meantime there has been close collaboration with CMS. A renewal was submitted on 12/30/22. We did receive a formal Request for Additional Information on March 27th of 2023 so we have been working diligently to get those responses formalized. Much of the feedback in the RAI was specific to settings and how we monitor settings. We spoke with them about that as well as needs based criteria. Fiscal pieces included updating a 179 CMS form as well as some of the spreadsheets for fiscal note items. Throughout those meetings, we have completed responses and a formal RAI was submitted on 5/5/23. We think we are on track for approval on June 30 to be ready for 7/1/23 and CMS is currently reviewing.
- The target population has changes in this update. Prior to this new renewal/update, we were serving target populations of age 5 up to age 21. We recommended to add ages 0 through 5. CMS clarified that for ages 0-5, they may have an Axis 1 disorder but it is not required and this is considered a win for the team.
- Youth peer support is available for youth 13 and older and that can be available for young caregivers with young children. We have flexible funds for this population as well.
- We are projecting a larger number of participants.
- Carolyn virtue asked about whether there is a connected rule set and who issues certifications. Daryll shared there is no rule set and the UNH Institute on Disability, BCBH, NAMI, care management entities, make up the key panel that certifies and makes certification decisions.
- Kelley shared she is curious about the budget. With the updated projections, is the budget keeping up with demands? Daryll says his understanding is the budget will cover this.

### **Public Health Emergency: Medicaid Coverage and Continuous Enrollment -**

**Henry Lipman, Medicaid Director, Lucy Hodder and Deb Fournier, UNH Health Law & Policy**

- Enrollment has hit a peak at the end of March at 251,357. As of May 1<sup>st</sup>, we are at 214,515 enrollees.
- In April, a large part of population is still those who are financially ineligible. We expected 9,005 to be procedurally ineligible. There was a group of people who were in the protected group who may have completed redetermination already. In the first month of March, 89% were estimated to close but it was 79%. In April, forecasted 67% to close and it was 65%.
- DHHS is reporting to CMS on a monthly basis the required elements for unwind. By the 8<sup>th</sup> of every month, we provide this information that is on an individual basis and does not segment out why a beneficiary retained or lost coverage.
- Henry reviewed call center statistics. Our average wait time ranges 10-12 minutes and abandonment rate ranges were 0.010-0.012.
- Top closure reasons:
  - Protected Renewal: Over income (52%), failed to redetermine (28%), categorically ineligible (9%)
  - Regular Annual Renewals: Over income (17%), failed to redetermine (52%), categorically ineligible (6%)
- Close to 10% of initial closures of March have been reopened.

- The department will provide information on the analysis for reason for closures. There is not full detail on reasons behind failure to redetermine though this is of interest to MCAC.
- The rule to allow a smoother transition to CCIIO Marketplace coverage has been adopted but systems may not be ready until June to fix the issue of making earlier coverage dates available for those attesting to loss of minimum coverage.
- Lisabritt Solsky Stevens asked about enrollment impact on each MCO. Henry provided statistics on each.
- UNH provided national trends on pre-pandemic transitions in coverage from KFF.
- Carolyn raised issues on potential unexpected closures, and Deb Sorli is working to investigate these closed individuals. Carolyn also noted difficulties accessing NH EASY. The Department will follow up with Carolyn.
- Department has developed a one pager of the unwind that is now available on DHHS website.
- UNH shared reminders that providers should encourage patients to utilize within the 90 day reconsideration period if their case is closed. This is 90 days from when case is closed.
- DHHS emphasized that we will continue to be updating and tracking individual cases raised.
- Kelley Capuchino asked for reconsideration on how broadly redetermination dates can be disseminated.

#### **Department Updates**

- Time did not allow for detailed Department updates discussion.
- A new Appendix K was submitted to CMS for review and will be shared on a future MCAC.
- Disability Determinations Unit updates are sent as an attachment to this meeting.

#### **Rules: Consent**

He-W806.01-806.100: General Verification Requirements – All Categories of Medical Assistance and Low-Income Subsidy Assistance

There was no request to remove the rule from consent.

Adjourn. M/S/A