

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: Virtual Meeting via WebEx

Wednesday, June 24, 2020

5:30 p.m. to 7:30 p.m.

MEETING MINUTES

ATTENDEES:

MEMBERS:

Guy Durant,
Sharra Greer, Children's Law Center
Robert Hay Jr., MSDC
Suzanne Jackson, Health Rights Law Clinic
Mark LeVota, DC Behavioral Health Assoc.
Judith Levy, DC Coalition on Long Term Care
Justin Palmer, DCHA
Ian Paregol, Coalition of Disability Service Providers
Eric Scharf, Depression and Bipolar Support Alliance
Veronica Sharpe, DCHCA
Tamara Smith, DCPCA
Topher Spiro, Center for American Progress
Joe Weissfeld, Families USA
Christian Barrera, DACL
Melisa Byrd, DHCF
Dr. Barbara Bazron, DBH
Marsha Lillie-Blanton, DBH

Maude Holt, DC Ombudsman & Bill of Rights
Andrew Reese, DDS

GUESTS:

Eric Walcott,
Claudia Schlosberg
George Aloth
Barbie Boone
Lauren Canary, NVHR
Bernard Arons, Amerigroup
Patricia Quinn, DCPCA
Pamela Riley, DHCF
Bill Hanna, DHCF
Erin Holve, DHCF
Alice Weiss, DHCF
Chanelle Parkar, DDS

I. Call to Order

The meeting was called to order at 5:34 pm by Mr. LeVota, MCAC Chair.

Mr. LeVota acknowledged what was currently happening in the world and in our community related to racial injustice and asked MCAC members if there were ways the Medicaid program, DHCF and MCAC could be more thoughtful in addressing issues of racial injustice.

Ms. Smith shared that in the past the committee had talked about further engaging beneficiaries and ensuring their voices are heard. This may be an opportunity for people to be heard in a more comprehensive way. Mr. Scharf concurred with Ms. Smith that the more we hear from beneficiaries the better. Mr. Walcott concurred and suggested using ANC meetings or ward meetings as an opportunity to hear directly from beneficiaries.

II. Approval of the Minutes

Ms. Smith moved and Mr. Hay seconded approval of the April 22, 2020 and May 27, 2020 minutes. The minutes were approved without objection.

III. Senior Deputy Director/Medicaid Director Report – Melisa Byrd

a. DHCF Coronavirus (COVID-19) Response Update

Ms. Byrd provided an update on DHCF's response to the Coronavirus (COVID-19) pandemic. DHCF continues to work on rate changes for FQHC and behavioral health providers. At the national level, DHCF is in discussion with CMS related to how Medicaid agencies will emerge out the public health emergency (PHE). CMS is cognizant and sensitive to the fact that agencies cannot end many of the PHE provisions overnight.

Dr. Bazron asked if there was any update on when telehealth would end. Ms. Byrd shared the DHCF is working on a permanent rule making that would finalize home as an originating site. DHCF received a lot of support for the change during the public comment period. The final rule should be published in July. The audio only provision is only an option during the PHE plus 60 days. There is a current exclusion in the 2013 Telehealth Act that precludes audio only under normal circumstances and DHCF cannot change that provision through rule making.

Mr. Weissfeld asked if DHCF could share an information on enrollment activity and growth. Ms. Byrd informed MCAC that DHCF is tracking enrollment and growth is not able to share data at this time. DHCF anticipates peak enrollment in September. It is common during economic downturn to see a lag in Medicaid enrollment.

b. Long Term Care Update

Department of Disability Services Director Reese and Chanelle Parkar, DDS Medicaid Waiver Program Specialist, presented information about the new Individual and Family Support (IFS) Waiver expected to go live November 1, 2020 and changes to the current IDD waiver. *(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Jun. 24 Meeting Materials link.)*

Mr. Paregol asked if DDS will continue to solicit and approve new DD providers if there are no new placements being permitted. Ms. Parker stated, DDS is soliciting new providers for day programs. New providers can provide employment readiness and day rehab services but cannot be facility based. The provider would need to be community based.

Mr. Scharf asked for more information on peer supports. He asked how related to the behavioral health peer support system and if it was the same basic workforce. Mr. Reese replied that the workforce is not the same because the peers would be different. DDS was very specific on language in the waiver to ensure peers of participants could provide peer supports.

Ms. Holt was concerned that the 25 mile limit appeared to exclude the George Mason University Mason Life program. Mr. Reese confirmed that George Mason is within the 25 mile limit. Additionally, DDS is working with UDC, OSSE, and DCPS to establish a college program at UDC and would hope individuals will attend a local program in the future.

c. FFS Transition to Managed Care

Ms. Byrd shared that DHCF are still awaiting the submission of the managed care contracts to the Council. An announcement is forthcoming but DHCF is moving forward with the October 1, 2020 effective date for the new contracts as well as the transition of about 20,000 beneficiaries from fee-for-service to the managed care program. Over the next few weeks, DHCF will be moving forward with state plan amendments (SPA) and rules to implement the changes. Finally, DHCF will requiring providers to update their provider Medicaid agreement to implement universal contracting language.

Mr. Scharf noted that clubhouse services are not included in the MCO contract and asked if that would be addressed. Ms. Byrd replied, that clubhouse services started the beginning of this year.

Mr. Weiss shared that clubhouse will not be part of the MCO contract because it is currently part of the 1115 behavioral health waiver. This may be reconsidered when the benefit becomes part of the state plan and with future contracts.

Ms. Byrd shared five key messages related to the transition. First, benefits will not be reduced, eligibility is not changing and MCOs are required to cover the same benefits. Second, MCOs provide access to case management benefits which are not available in FFS. Third all beneficiaries will be assigned an MCO in September and MCOs may change health plans for any reason between October and December. Fourth, all acute care hospitals and FQHCs will be in network for all MCOs. Fifth, there should be no disruption in care during the transition.

DHCF anticipates starting communication with beneficiaries in mid-July with a post card as well as updates to the website. DHCF is working on the ability to send texts and emails directly to beneficiaries in mid-July and then one or two for the next several months. In addition, DHCF will be sending notices to CASSIP eligible beneficiaries. Assignment notifications will happen in September including how to change plans. Finally, DHCF is planning townhalls in August and September.

IV. New Business

a. **MCAC Organization**

Mr. LeVota provided a brief overview of MCAC, including the sub-committees, executive committee, and leadership positions. Subcommittee meetings had been suspended but should resume in July and August.

b. **MCAC By-Laws Amendment**

Mr. Scharf moved to amend section 8.3 of the By-Laws as shown below. Mr. Palmer seconded the motion.

The MCAC shall elect its Chairperson and Vice Chairperson every year at its Spring Quarter meeting. The Chairperson may not ~~succeed him/herself~~ serve for more than two consecutive terms, unless he or she is an interim officer. In the event a Chairperson or Vice Chairperson cannot fill his/her term of office, an interim officer(s) shall be elected by the MCAC to fill that term of office.

No discussion on the proposed amendment.

By roll call vote the amendment passed:

Mr. Durant – Yes

Ms. Greer – Yes

Mr. Hay – Yes

Ms. Jackson - Yes

Ms. Levy – Yes

Mr. Moffit – Absent

Mr. Palmer – Yes

Mr. Paregol – Yes

Mr. Scharf – Yes

Ms. Sharpe – Yes

Ms. Smith – Yes

Mr. Spiro – Yes

Mr. Weissfeld – Yes

c. MCAC Leadership – Call for Nominations and Election

Ms. Smith nominated Mr. LeVota for Chair of MCAC. Seconded by Mr. Scharf. Mr. LeVota was elected without objection. Mr. Hay nominated Ms. Smith for Vice-Chair of MCAC. Seconded by Ms. Sharpe. Ms. Smith was elected without objection. Mr. LeVota nominated Mr. Hay to be chair of the Access Subcommittee. Seconded by Ms. Smith. Mr. Hay was elected without objection. Mr. LeVota nominated Ms. Smith for chair of the Health System Re-Design subcommittee. Seconded by Ms. Sharpe. Ms. Smith was elected without objection. Mr. LeVota nominated Ms. Levy for chair of the Long Term Services and Supports Subcommittee. Seconded by Ms. Sharpe. Ms. Levy was elected without objection. Mr. LeVota nominated Mr. Scharf for chair of Eligibility subcommittee. Seconded by Mr. Hay. Mr. Scharf was elected without objection.

d. Call for MCAC Membership Applications

MCAC is seeking applications for new members. Applications are due August 12 and are available on the MCAC website. MCAC is seeking to fill six vacancies: three provider seats and two beneficiary/advocate seats for three year terms and one provider seat for a one year term. Members whose terms expire in September 2020 must reapply if they wish to continue serving on MCAC. Mr. LeVota asked that members encourage a broad range of individuals to apply and serve. Addressing racial injustice includes having representation from individuals who have not previously been represented and encouraged members to help increase the diversity of MCAC. Mr. LeVota also pointed out that the MCAC By-Laws require a physician as a member. MCAC does have representation from the Medical Society, which represents physicians, but certainly encourage physicians to apply.

V. Opportunity for Public Comment

Mr. Wolcott commended Mr. LeVota for his recognition of the issues in the community related to Black Lives Matter and his encouragement of diversity on MCAC. Additionally, Mr. Wolcott will encourage applications from the home health sector.

Mr. Durant emphasized the need to focus on prevention of disease rather than more expensive route of treating disease.

Ms. Smith noted that there is some concern related to SUD provider payment and the transition of the WITS system. Ms. Byrd shared the DHCF has been working DBH to ensure that any system issues have been addressed. Mr. LeVota shared that DBH had recently also issued local only payments to providers.

Ms. Canary shared that she is disgusted to hear talk about the commitment to addressing racism since she has brought complaints from black DC residents trying to get treatment but continue to maintain institutionally racist policies. The prior authorization process for Hepatitis C treatment impacts black residents more than others and COVID-19 has made the situation worse. This issue has been addressed in several other states through lawsuits and she is willing to take DC Medicaid to task over this. Dr. Riley replied that she and Ms. Canary has connected in the past. Dr. Riley is working to modify the fibrosis score in calendar year 2021. She is currently working the managed care plans.

Ms. Nelson asked if home health aides are being tested for COVID-19 and are they being supplied personal protective equipment (PPE). Ms. Byrd replied the PPE is provided to home health agencies for personal care aides. They can receive PPE from the District. Testing is available for personal care aides. DC Health through licensure and regulations has provided guidance to providers on protocols to minimize exposure.

Ms. Quinn, DCPA and the FQHCs, would like an opportunity to share information with DHCF and health plans to manage the transition based on experiences in past transitions.

VI. Announcements

No announcements.

VII. Adjournment

Mr. LeVota adjourned the meeting at 7:11 pm.

DRAFT