DHCF
Medical Care Advisory Committee Meeting

May 24, 2023

Agenda

1. **Call to Order**
2. **MCO Transition Update**
3. **Federal Policy Update**
    1. CMS Proposed Rules
    2. CMS Guidance on Re-entry Population
4. **Next Steps on 1115 Waiver Renewal**
5. **MCAC Discussion on Unwinding PHE**
    a. Program Flexibilities
    b. Medicaid Renewals
6. **Subcommittee Updates**
    a. Eligibility and Enrollment (Eric Scharf)
    b. Access (Robert Hay)
    c. Long Term Services and Supports (Veronica Sharpe)
    d. Health Care Re-Design (Marie Morilus-Black)
7. **Other Business**
    1. **MCAC Member Applications**
    2. **Nominations for Chair and Vice Chair**
8. **Announcements and Public Comments**

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MCO Transitions Update

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Managed Care Transition

April 1, 2023

- New 5-year managed care contracts (Amerigroup, AmeriHealth and MedStar)
- Amerigroup received former CareFirst enrollees
- Transition activities for CareFirst continues for 18 months (Sept 30, 2024) - this is to ensure claims payment and to resolve any other outstanding issues

Adult/Children Managed Care Plan Transfer Report

Apr 1, 2023 to May 19, 2023

ADULT Transfers		
MCP - Transfer FROM	**MCP Transfer TO**	**Count**
Amerigroup DC	AmeriHealth Caritas DC	693
	MedStar Family Choice DC	343
AmeriHealth Caritas DC	Amerigroup DC	7
	MedStar Family Choice DC	24
CareFirst Community Health Plan DC	AmeriHealth Caritas DC	1
MedStar Family Choice DC	Amerigroup DC	9
	AmeriHealth Caritas DC	58
Overall Reassignments		**1135**

CHILD Transfers		
MCP - Transfer FROM	**MCP Transfer TO**	**Count**
Amerigroup DC	AmeriHealth Caritas DC	447
	MedStar Family Choice DC	105
AmeriHealth Caritas DC	Amerigroup DC	9
	MedStar Family Choice DC	9
MedStar Family Choice DC	Amerigroup DC	9
	AmeriHealth Caritas DC	25
Overall Reassignments		**604**

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Managed Care Transition

Observations

- ❑ Providers seeking enrollment with Amerigroup and unsure of process or point of contact (POC).

Alishsia Reid, Provider Network Management Director
(202) 548-6749
alishsia.reid@amerigroup.com

- ❑ Which MCP is financially and administratively responsible for an inpatient stay after Mar 31, 2023? Is it CareFirst, Amerigroup or other selected MCP?

Routine Hospitalizations – admitted prior to Apr 1, 2023 = CareFirst

- ❑ Former CareFirst enrollees were not immediately assigned to Amerigroup, created barrier to services. Manual transition and enrollment was completed upon notification to DHCF staff.

- ❑ Conducted 45-day assessment (May 15) of Amerigroup; no significant issues identified.

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Federal Policy Update

CMS Issued Proposed Rulemaking with Significant Policy Changes to Managed Care and Access Requirements

- On April 27, 2023, CMS proposed a new regulation that would add new requirements for states in both managed care and fee-for-service (FFS) delivery systems regarding access to Medicaid home and community-based services (HCBS).

- If finalized, the Access rule would impact HCBS payment, critical incident systems, timely access to services, and quality assurance and reporting.

- These are the most substantive regulations that would impact HCBS since the HCBS settings rule in 2014

- Also, CMS proposed a new regulations that establish a range of strategies to monitor access in managed care and establish minimum standards for access to key services, as well as promote quality and transparency.

CMS Issued Proposed Rulemaking with Significant Policy Changes to Managed Care and Access Requirements (*cont.*)

Key Impacts of proposed HCBS Access Rule

- ❑ Requires states to establish a minimum definition of critical incident and adds new reporting incident management system requirements (within 3 years after rule is finalized)
- ❑ Establishes minimum performance levels for person-centered planning requirements
- ❑ Requires states to adopt the HCBS quality measure set for all HCBS authorities
- ❑ States must ensure 80% of Medicaid payments go to direct service workers for: personal care services, homemaker services, home health aide services; Requires a state to publish FFS rates
- ❑ Establish an interested parties advisory group to advise and consult on FFS payment rates for direct care workers
- ❑ Requires states report annually on timeliness of access to personal care, homemaker, and home health aide services
- ❑ Implement a grievance process in its FFS programs regarding compliance with person-centered planning and HCBS settings rule requirements
- ❑ Replace the existing Medical Care Advisory Committee (MCAC) with a Medicaid Advisory Committee (MAC) and a Beneficiary Advisory Group (BAG). (1 year compliance timeline)

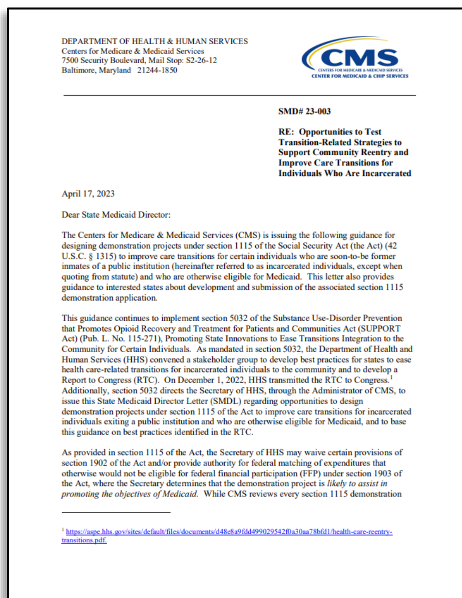
CMS Issued Proposed Rulemaking with Significant Policy Changes to Managed Care and Access Requirements (*cont.*)

Key Impacts of proposed Managed Care Access Rule

- Access: Establishes enrollee experience surveys; appointment wait-time standards; requires use of secret shopper surveys for oversight/enforcement; annual provider payment reporting and analysis
- Transparency: Establishes new mimimum requirements to promote uniformity for state Medicaid and CHIP websites
- State Directed Payments: CMS is proposing several policies is to ensure SDPs contribute to quality goals and objectives of Medicaid, and to ensure there are appropriate fiscal and program integrity guardrails in place
  - Require states to obtain attestation from each participating provider in SDP that is funded by provider taxes that it does not participate in any hold harmless arrangement.
- Medical Loss Ratio: CMS is proposing several changes to promote consistency in MLR approach across CMS programs.
- In Lieu of Services and Settings: CMS proposes to incorporate its January 2023 subregulatory guidance on ILOS into federal regulation
- Quality Assessment and Performance Improvement, EQRO Activities: estabilishes quality rating systems; requirements to promote meaningulness of EQRO activities and limit burden; establish minimum quality plan requirements

1115 Waiver Service Opportunity – Justice-Involved

- In January 2023, CMS granted the first of its kind 1115 waiver authority to California to provide limited Medicaid services to incarcerated individuals prior to their release.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SMD# 23-003

RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated

April 17, 2023

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing the following guidance for designing demonstration projects under section 1115 of the Social Security Act (the Act) (42 U.S.C. § 1315) to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution (hereinafter referred to as incarcerated individuals, except when quoting from statute) and who are otherwise eligible for Medicaid. This letter also provides guidance to interested states about development and submission of the associated section 1115 demonstration application.

This guidance continues to implement section 5032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (Pub. L. No. 115-271), Promoting State Innovations to Ease Transitions Integration to the Community for Certain Individuals. As mandated in section 5032, the Department of Health and Human Services (HHS) convened a stakeholder group to develop best practices for states to ease health care-related transitions for incarcerated individuals to the community and to develop a Report to Congress (RTC). On December 1, 2022, HHS transmitted the RTC to Congress.[1] Additionally, section 5032 directs the Secretary of HHS, through the Administrator of CMS, to issue this State Medicaid Director Letter (SMDL) regarding opportunities to design demonstration projects under section 1115 of the Act to improve care transitions for incarcerated individuals exiting a public institution and who are otherwise eligible for Medicaid, and to base this guidance on best practices identified in the RTC.

As provided in section 1115 of the Act, the Secretary of HHS may waive certain provisions of section 1902 of the Act and/or provide authority for federal matching of expenditures that otherwise would not be eligible for federal financial participation (FFP) under section 1903 of the Act, where the Secretary determines that the demonstration project is *likely to assist in promoting the objectives of Medicaid*. While CMS reviews every section 1115 demonstration

[1] https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf.

- In April 2023, CMS issued an SMDL titled "***Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated***."

- The SMDL standardizes parameters for future 1115 demonstration approvals for justice-involved reentry services, referred to as the *Reentry Section 1115 Demonstration Opportunity*. The demonstration includes three overarching state requirements:

  1. States must suspend rather than terminate Medicaid coverage for incarcerated beneficiaries
  2. States must have a process in place to determine Medicaid eligibility and enrollment processes for individuals during incarceration
  3. (suggested not required) States should permit carceral facilities to serve as presumptive eligibility sites

Reentry 1115 Demonstration Opportunity – Requirements and Limitations

- **Eligible facilities:** Reentry 1115 demonstrations will only be approved for state and local carceral facilities – federal facilities are ineligible.
  - *This is a particularly important consideration for DC given the shared responsibility between Federal and District agencies for incarceration of District residents.*
- **Eligible individuals:** Flexibility to limit the population (e.g. individuals with SUD/SMI, certain chronic conditions, etc.) or include all incarcerated populations.
- **Covered services:** At a minimum, coverage must include 1) case management, 2) MAT and 3) 30-day Rx supply upon release. States may cover additional physical and behavioral health services based on population needs.
- **Eligible providers**: In-reach, community-based providers or carceral health providers may provide services.
- **Time period:** Up to 90 days pre-release.
- **Infrastructure:** Enhanced funding for IT systems and capacity building implementation funds.
- **Reinvestment plan:** Must outline a plan to reinvest any state or local dollars funded carceral health services that would be replaced by FFP funded services.

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1115 Demonstration Waiver Renewal

Behavioral Health Transformation Waiver

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Preparations are Starting Now for the Behavioral Health Transformation Waiver Renewal that is Due in December 2024

- Waiver has three (3) overarching goals:
  1. Increasing Medicaid's service array to improve coverage of a broader continuum of behavioral health treatment for individuals with SMI/SED/SUD.
  2. Advancing the District's goals for reducing opioid use, misuse, and deaths outlined in the District's Opioid Strategic Plan, Live.Long.DC.
  3. Supporting the District Medicaid program's movement toward a more integrated health care experience that facilitates coordinated treatment of behavioral and physical health needs.
- Waiver renewal is an opportunity to build upon the waiver's original goals and incorporate new options related to health-related social need (HRSN) services to Medicaid beneficiaries and justice-involved Medicaid beneficiaries
- CMS has approved four categories of HRSN services:
  - Housing Supports
  - Nutrition Supports
  - Case Management, Outreach, and Education
  - HRSN Infrastructure

Preparations are Starting Now for the Behavioral Health Transformation Wavier Renewal that is Due in December 2024

- A Request for Information (RFI) will be released in June to solicit feedback on waiver renewal goals, options, etc.
  - RFI will articulate the District's guiding principles and seek input on priorities
- Stakeholder engagement will formally launch in Fall 2023
- The Waiver Renewal will be submitted to CMS late Spring / early Summer 2024

MCAC Discussion

- **Program Flexibilities**
- Medicaid Renewals

Extension of Programmatic Flexibilities following Conclusion of the Federal PHE

- On May 11, 2023, the Covid-19 federal Public Health Emergency (PHE) ended
- Medicaid programmatic and regulatory flexibilities (Emergency State Plan; 1135 Waiver; and 1915c HCBS Appendix K) were tied to the existence of the federal PHE.
- DHCF took action to extend some programmatic flexibilities but most sunset on May 11, 2023
- **Pharmacy**: On March 3, 2023, DHCF submitted a Disaster state plan amendment to CMS to extend flexibilities implemented during the PHE through *May 11, 2024*:
  - Preferred Drug List Updates: DHCF makes exceptions to the PDL for certain drugs.
  - 90-Day Supply of Maintenance Medications: Providers have the flexibility to write prescriptions for up to 90 days for supplies of maintenance medications at https://www.dc-pbm.com.
- **Additional flexibilities were extended for 60 days (through July 11, 2023)**:
  - Increases in reimbursement rates for nursing facility services; and
  - Increases in reimbursement rates for intermediate care facility services for individuals with intellectual disabilities

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Extension of Programmatic Flexibilities following Conclusion of the Federal PHE (*cont.*)

- **Additional Flexibilities were extended through November 11, 2023 to align with Appendix K authority**:
  - Changes in benefits and reimbursement for 1915(i) Adult Day Health Program (ADHP) services;
  - Increases in reimbursement rates for personal care aide services (overtime and quarantine rates); and
  - Increases in reimbursement rates for in-home skilled nursing and private duty nursing services (overtime and quarantine rates).
- **DHCF intends to make some changes to the State Plan permanent or otherwise extend to May 11, 2024:**
  - The newly established, per member per quarter reimbursement methodology for My Health GPS providers and other programmatic changes
  - The delay in rebasing rates for federal qualified health centers
  - The delay in rebasing for specialty hospitals
  - Modification of criteria for 1915(i) Housing Supportive Services (HSS) case manager supervisors
  - Modification of the reevaluation process for HSS participants
  - ARPA Supplemental Payments to Direct Care Workers

MCAC Discussion

- Program Flexibilities
- **Medicaid Renewals**

Medicaid Beneficiaries Have to Renew Coverage for First Time in 3+ Years

- In March 2020, CMS temporarily waived the need to renew Medicaid coverage and states received a 6.2% financial boost to accommodate the increased enrollment.

- Medicaid enrollment has increased 20% since the start of the public health emergency – just over 300,000 District residents are now enrolled in Medicaid.

- At the end of 2022, Congress passed legislation ending the continuous eligibility requirement on March 31, 2023.

- The District restarted Medicaid **renewals beginning April 1, 2023.** (Alliance and Immigrant Children's Program renewals started in July 2022), with the first group **required to renew coverage before May 31, 2023** (next week)

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Beneficiaries Have 60 Days and then a 90 Day Grace Period for Coverage to Be Reinstated

- There is a 90-day grace period for individuals who do not renew Medicaid ahead of their end date
- The grace period allows additional time for individuals who fail to recertify timely to submit their renewal
- If the beneficiary is determined eligible for continued coverage, coverage will retroactively go back to the beginning of the certification period.
  - If a provider provides care in this period they will be reimbursed, as long as individuals recertify within the grace period
- Individuals can recertify their coverage in District Direct; mail; service center; fax, etc. by submitting their renewal form or completing a renewal online up to 90 days after their recertification end date
- Individuals attempting to recertify their coverage after 90 days following their recertification end date will be required to submit a new application
  - The grace period for the May cohort ends on 8/30; From 9/1/23 and forward this cohort will be required to submit a new application to reactivate their benefits.

DHCF Eligibility Monitoring Dashboard was Updated May 19

- Dashboard includes Unwinding Data Report* information submitted by DHCF to the federal Centers for Medicare & Medicaid Services (CMS), along with other key metrics for monitoring the restart of Medicaid eligibility redeterminations.
  - DHCF is making unwinding data available to the public before it is due to CMS.
  - For example, outcomes of renewals due in May are reported to CMS in June. However, DHCF's dashboard already includes the outcomes known to date for all renewals that have been initiated.
  - Similarly, the dashboard includes renewals initiated in May and associated outcomes before the information is reported to CMS in June and beyond.
- Direct link is https://dhcf.dc.gov/eligibilitydashboard; also linked at https://dhcf.dc.gov/ and https://dhcf.dc.gov/medicaid-renewal.
- Latest update reflects data as of May 19.

DC Department of Health Care Finance Eligibility Monitoring Dashboard

DHCF
Department of Health Care Finance

Enrollment Trends and Current Population Recertification Dates

Medicaid Unwinding Report and Related Data

* https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-data-reporting/index.htm

DHCF Eligibility Monitoring Dashboard: Currently Showing a Small Decrease in Medicaid Enrollment for May

- **Medicaid enrollment** currently shown for the month of May (308,781) is lower than the month of April (309,183).
  - This includes normal attrition (moves out of the District, beneficiary requests for termination, and deaths).
  - It also reflects the closure of duplicate Medicaid IDs. The closure of duplicates occurs on a periodic basis and while it reduces the enrollment count, it does not reduce the number of beneficiaries actually covered (e.g., an individual with two Medicaid IDs would have one closed and the other remaining open).
  - As in any month, the overall change in enrollment reflects some individuals losing coverage and some newly gaining coverage.

Medicaid Enrollment by Month, Pre-PHE (2019) and Post-Restart of Redeterminatior (First Renewals Due End of May 2023)

CY 2019 2022 2023

300K
200K
100K
0K

Jan 1 | Feb 2 | Mar 3 | Apr 4 | May 5 | Jun 6 | Jul 7 | Aug 8 | Sep 9 | Oct 10 | Nov 11 | Dec 12

Mo Mo Abb 4 Apr
CY 2023
BeneCnt 309,183

Current Medicaid Population Selected Characteristics

May 2023

308,781
May 2023 enrollment

88%
Enrolled in managed care plan

82%
Any service use past 18 months

Note: Reflects public dashboard data as of 5/19/2023.

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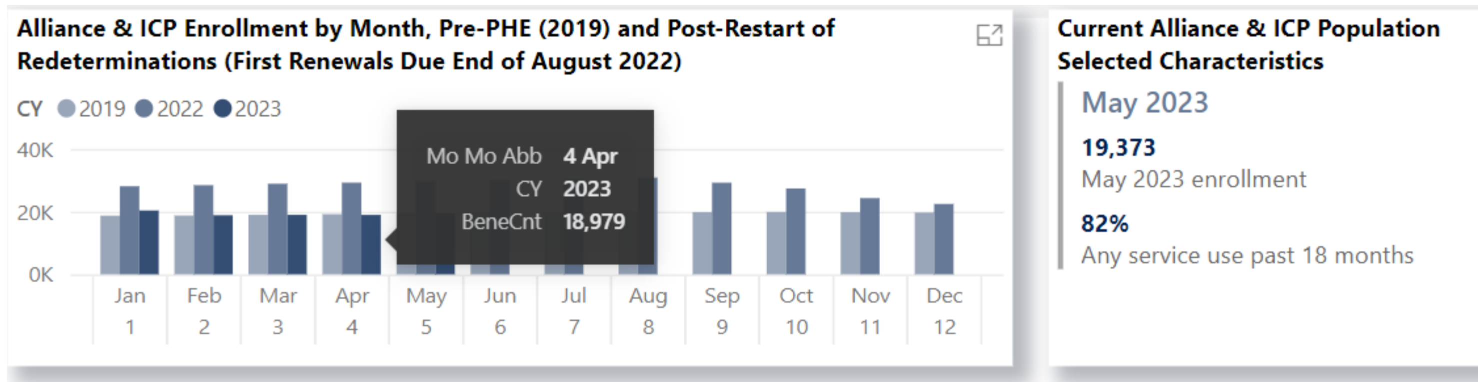
DHCF Eligibility Monitoring Dashboard: Change in Alliance/ICP Shows How a Given Month May Fluctuate, Due in Part to Retroactive Coverage

- **Alliance/ICP enrollment** for April is higher in the current dashboard compared to the version published at the end of April 2023.
  - This is due in part to an increase in application and renewal processing during May that increased coverage for prior months.
  - Enrollment for May (19,373) also shows an increase relative to the current value for April (18,979)



- As noted in the dashboard, **enrollment and renewal numbers for a given month take at least three months to stabilize**.
  - This is due in part to retroactive coverage. For applications, eligibility is granted back to the date an application is filed (plus an additional three months for Medicaid if requested) regardless of when it is processed. For renewals, eligibility is granted back to an individual's recertification date if the renewal is filed within 90 days.
  - For example, if an application is received in April and approved at the end of May, coverage will be granted back to April 1 at a minimum. As a result, enrollment for April and May will increase. Enrollment would also increase for January through March if a Medicaid applicant requested coverage for the prior three months.

Note: Reflects public dashboard data as of 5/19/2023.

DHCF Eligibility Monitoring Dashboard: Majority of Beneficiaries Due in May Have Renewed Coverage But Many Still Outstanding

- **More than 38,000 Medicaid beneficiaries have had a renewal initiated**, with due dates ranging from the end of May through July.
- **Among the more than 14,000 beneficiaries due to recertify by the end of May**:
  - Largely reflects non-elderly, non-disabled population with 60-day notices mailed by April 1.
  - 66% were renewed passively (extended by DHCF based on electronic checks alone).
  - 6% have renewed non-passively (beneficiary provided information needed to extend their coverage).
  - 3% are pending (renewal is in District Direct but requires verification(s) from beneficiary or processing by caseworker).
  - Less than 1% have been determined ineligible (beneficiary provided information indicating they no longer qualify).
  - Remaining 25% have no response (renewal is not pending in District Direct and beneficiary will lose coverage as of June 1 without additional action).

Beneficiaries with Medicaid Renewal Initiated and Renewal Outcomes

Due month	Beneficiaries with renewal initiated	Beneficiaries renewed	Beneficiary % renewed passive	Beneficiary % renewed non-passive	Beneficiaries not renewed	Beneficiary % pending	Beneficiary % determined ineligible	Beneficiary % no response
2023-05	14,504	10,369	65.7%	5.8%	4,135	3.2%	0.4%	24.9%
2023-06	21,621	12,168	53.9%	2.4%	9,453	3.4%	0.3%	40.1%
2023-07	2,105	132	5.5%	0.8%	1,971	0.4%	0.0%	93.2%
Total	**38,230**	**22,669**	**55.7%**	**3.6%**	**15,559**	**3.2%**	**0.3%**	**37.3%**

Note: Reflects public dashboard data as of 5/19/2023.

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DHCF Eligibility Monitoring Dashboard: Renewals for June and July Include Elderly and Disabled Population

- **Nearly 22,000 beneficiaries are due to recertify by the end of June**:
  - Includes elderly and disabled population with 90-day notices mailed by April 1; also includes non-elderly, non-disabled population with 60-day notices mailed by May 1.
  - Passive renewal rate is lower because most elderly and disabled beneficiaries were converted from the District's old eligibility system (ACEDS) and most must supply additional information required to make an eligibility determination in the new system (DCAS).

- Only **2,000 are currently due to recertify by the end of July**, reflecting those who received 90-day notices by May 1. This number will increase when 60-day notices are mailed by June 1.

Beneficiaries with Medicaid Renewal Initiated and Renewal Outcomes

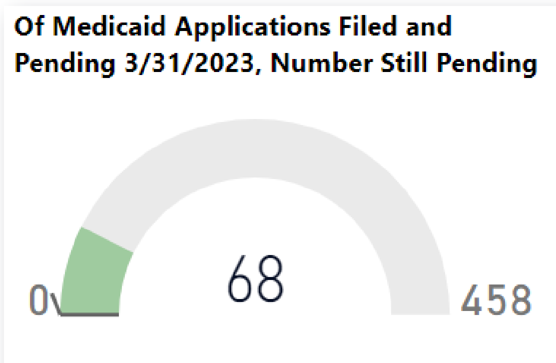
Due month	Beneficiaries with renewal initiated	Beneficiaries renewed	Beneficiary % renewed passive	Beneficiary % renewed non-passive	Beneficiaries not renewed	Beneficiary % pending	Beneficiary % determined ineligible	Beneficiary % no response
2023-05	14,504	10,369	65.7%	5.8%	4,135	3.2%	0.4%	24.9%
2023-06	21,621	12,168	53.9%	2.4%	9,453	3.4%	0.3%	40.1%
2023-07	2,105	132	5.5%	0.8%	1,971	0.4%	0.0%	93.2%
Total	**38,230**	**22,669**	**55.7%**	**3.6%**	**15,559**	**3.2%**	**0.3%**	**37.3%**

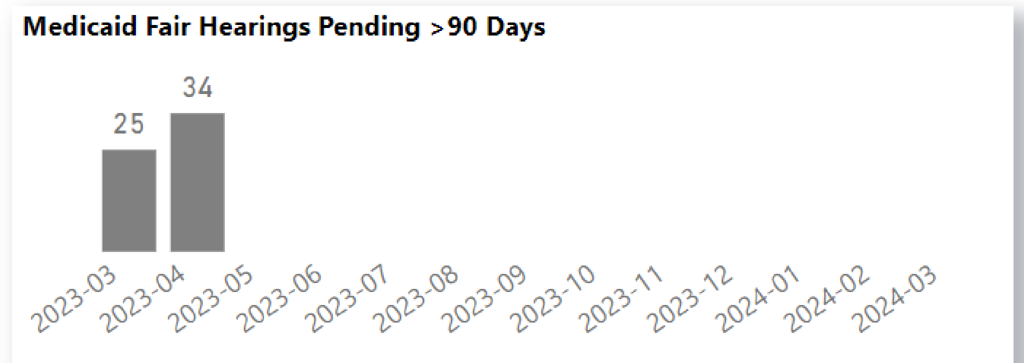
Note: Reflects public dashboard data as of 5/19/2023.

DHCF Eligibility Monitoring Dashboard: Additional Information

- **As noted in previous community meetings, future dashboard updates will include additional information** (e.g., on the characteristics of individuals who renew their coverage versus those who do not).

- **DHCF will continue to monitor key metrics on applications, fair hearings, and other issues.**
  - For example, the number of applications filed and pending by March 31 (prior to the restart of Medicaid renewals) continues to decrease. However, the total number of Medicaid applications that were filed and pending as of that date is higher in the current dashboard (458) compared to the version published at the end of April 2023 (428). This is due in part to lags between the receipt of paper forms and their entry into DCAS, which is the source for application information currently shown in the dashboard.
  - There has been a small increase in the number of Medicaid fair hearings pending more than 90 days.





Note: Reflects public dashboard data as of 5/19/2023.

What Can Stakeholders Say to Beneficiaries? *Don't Wait to Update, then Check Mail for Important Information*!

What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!

- Check Your Mail: DHCF will mail you a letter about your Medicaid, Alliance, or ICP coverage. This letter will also let you know when it's time to complete your renewal.

What To Do After Receiving Your Renewal Notice

- Complete your renewal by using districtdirect.dc.gov or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.

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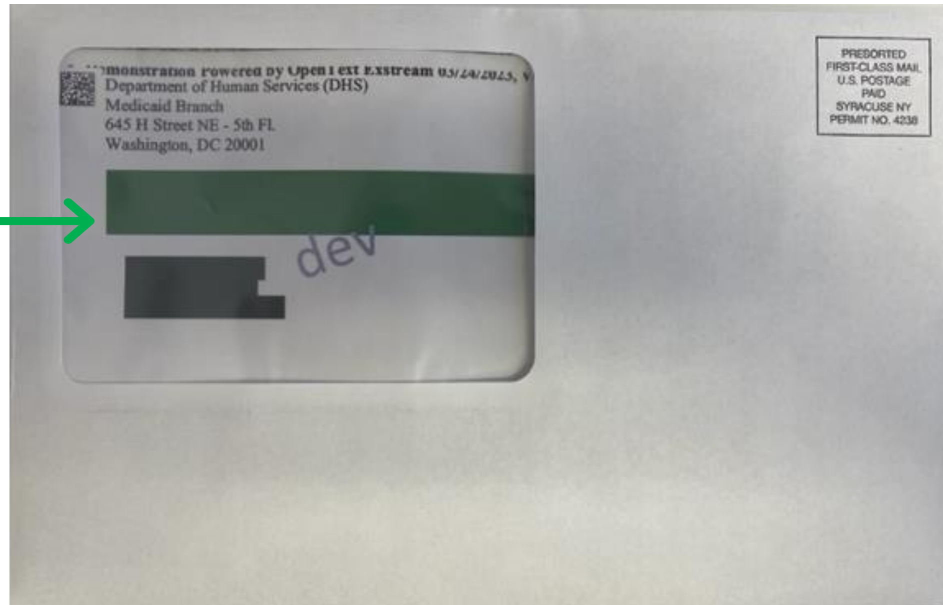
What Can You Do to Support DC Residents in Renewing Coverage?

DHCF outreach on Medicaid Renewal is ongoing and includes media (radio, TV, bus advertisements), health/wellness fairs, targeted outreach (texting, robocalls); data sharing with managed care plans; external stakeholder meetings, and more!

What Can You Do to Support Residents in Renewing Coverage?

- *Providers:* Check on patient / beneficiary renewal dates through the provider portal (www.dc-medicaid.com) and work with beneficiaries needing to renew
- *Community Partners:* Make fliers, etc. available onsite at your organizations; include information in newsletters and other outreach to District residents; connect beneficiaries to assistance as needed; raise issues to DHCF (medicaid.renewal@dc.gov).
- *Beneficiaries:* Don't wait to update your contact information and look in the mail for the District envelope with the green bar. If you're in doubt, reach out!
- *Everyone*: Share what you know about Medicaid Renewal to friends, family, and neighbors!

Look for an Envelope That Looks Like This



Look for the green line here

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Communication on Medicaid Renewal –External Outreach from DHCF

- The District wants to join meetings of key stakeholders to explain Medicaid Renewal
  - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at Medicaid.restart@dc.gov.*
- The District is providing ~monthly Stakeholder Trainings to guide stakeholders through District Direct sign up, updating addresses, and renewing Medicaid –next is **in June**
- The District created a website with information on Medicaid Renewal and the End of the Public Health Emergency that will host the Unwinding Plan, Stakeholder Toolkit, meeting info, etc.
- The District is hosting regular Community Stakeholder meetings such as this every other week - continuing every-other-Wednesday at 2:30 p.m. -**next is on Wednesday, June 7th**
  - *Please email Medicaid.restart@dc.gov to join the meetings and related mailing list if not on it already*
- The District has a contractor to place visuals and audio Advertisements for Medicaid Renewal around the District, continuing throughout 2023

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Significant LTC milestones

- **In addition to eligibility unwinding, many other "unwinding" changes impact LTSS**
- **What changes are coming first?**
  - Effective November 1, 2022: In-person assessments conducted by Liberty resumed.
  - Effective March 1, 2023: Required in-person activities by EPD Waiver providers resumed, including "wet" signatures and in-person monthly visits by case managers.
  - Effective April 1, 2023: Eligibility redeterminations resumed. Adverse actions resumed. Notices of renewals issued beginning April 1 (for MAGI populations, those with eligibility ending May 31; for non-MAGI populations, eligibility ending June 30, 2023).
  - Effective May 11, 2023: Federal PHE declaration formally ends. Generally, remaining flexibilities will phase out six months after this date unless otherwise specified.
  - Effective November 11, 2023: Appendix K authorities end.
- **All of these dates are outlined in communications from DHCF**
  - **Unwinding plan:** https://dhcf.dc.gov/page/medicaid-covid-19-updates
  - **Transmittals**
    - Landing page here: https://dhcf.dc.gov/page/dhcf-medicaid-update
    - Disaster relief transmittal: https://dhcf.dc.gov/node/1655471

Significant LTC resources for Restart

- **As with all populations, the focus for LTC groups is “don’t wait to update” and responding to communications from the District.**
  - Beneficiaries should ensure they update any changed contact information with the District, through District Direct, the citywide call center (202-727-5355) or a service center (or with help from a case manager).
  - Providers can share sample letters or messages with beneficiaries to ensure they respond to letters and notices (e.g., see the sample notice online here: https://dhcf.dc.gov/page/medicaid-renewal-information-dc-medicaid-beneficiaries-and-stakeholders)

Significant LTC resources for Restart

- **LTC Informational Bulletins:** COVID Informational Bulletins remain online and are accompanied with other tools:
  - Informational Bulletin 16 contained an FAQ for providers
  - An updated FAQ was shared this month and posted online https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers
  - The latest Billing and Documentation guidance as linked in an all-provider email on February 23
- **LTC informational materials and one-pagers:** LTCA will continue to produce and disseminate to stakeholders additional supporting materials, including
  - Assessment helpful hints (included in prior Informational Bulletins) and other process guides
  - One-pagers about programs and services are always online (https://dhcf.dc.gov/node/1352386)

Subcommittee Reports

- Eligibility and Enrollment
- Access
- Long Term Services and Supports
- Health Care Re-Design

FY 2023 Meeting Schedule

	Medical Care Advisory Committee Fourth Wednesday of every other month 5:30 pm - 7:30 pm	Access Subcommittee Second Wednesday of every other month 9:30 am - 11:00 am	Eligibility & Enrollment Subcommittee Third Wednesday of every other month 3:00 pm - 4:30 pm	Health Care Re-Design Subcommittee First Wednesday of every other month 4:00 pm - 5:30 pm	Long-Term Services & Supports Subcommittee Second Wednesday of every month 12:00 pm - 2:00 pm
2022					
October					
November	November 30th Executive Session				
December		December 7th			
2023					
January	January 25th		January 18th		January 11th
February		February 8th		February 1st	February 8th
March	March 22nd		March 15th		March 8th
April		April 12th		April 5th	April 12th
May	May 24th		May 17th		May 10th
June		June 14th		June 7th	June 14th
July	July 26th		July 19th		July 12th
August		August 9th		August 2nd	August 9th
September	September 27th		September 20th		
Chair	Tamara Smith tsmith@dcpca.org	Robert Hay Jr. hay@msdc.org	Eric Scharf escharf@dbsalliance.org	Marie Morilus Black mblack@mbihs.com	Veronica Sharpe vdamesyn@dchca.org
DHCF Liaison	DaShawn Groves Dashawn.groves@dc.gov	Lisa Truitt Lisa.truitt@dc.gov	Taylor Woods Taylor.woods2@dc.gov	Jordan Kiszla Jordan.kiszla@dc.gov	Leyla Sarigol leyla.sarigol@dc.gov

MCAC Members

MCAC Membership and Terms			
Name	**Advocate/ Beneficiary; Provider**	**Affiliation**	**End of Term**
Finch, Alexander	Advocate/Beneficiary	Family Member of Beneficiary	9/30/2023
Oruh, Chioma	Advocate/Beneficiary	Chi Bornfree, LLC	9/30/2023
Morilus-Black, Marie	Provider	MBI Health Services	9/30/2023
Sharpe, Veronica Damesyn	Provider	District of Columbia Health Care Association	9/30/2023
Smith, Tamara	Provider	District of Columbia Primary Care Association	9/30/2023
Scharf, Eric	Advocate/Beneficiary	Depression and Bipolar Support Alliance	9/30/2024
Vessels, Angela	Advocate/Beneficiary	n/a	9/30/2024
Hay, Robert Jr.	Provider	Medical Society of the District of Columbia	9/30/2024
Henson, Beth Anne	Provider	The Henson Group, LLC	9/30/2024
Palmer, Justin	Provider	DC Hospital Association	9/30/2024
Avent, Gail	Advocate/Beneficiary	Total Family Care Coalition	9/30/2025
Brauth, Barry	Advocate/Beneficiary	n/a	9/30/2025
Hoffmam, Sarah	Advocate/Beneficiary	Child Health Advocacy Institute	9/30/2025
Wolf Stanton, Abigail	Advocate/Beneficiary	The Elder & Disability Law Center	9/30/2025
Holmes, Kirk	Provider	Therapeutic Sessions	9/30/2025

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Announcements and Public Comments