

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance



**D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)**

Location: Virtual Meeting via WebEx

Wednesday, March 25, 2020

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

**MEETING MINUTES**

**ATTENDEES:**

**MEMBERS:**

Elizabeth Garrison, SOME  
Sharra Greer, Children's Law Center  
Robert Hay Jr., MSDC  
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 Alliance  
Veronica Sharpe, DCHCA  
Tamara Smith, DCPCA  
Topher Spiro, Center for American Progress  
Joe Weissfeld, Families USA  
Melisa Byrd, DHCF  
Dr. Barbara Bazron, DBH  
Marsha Lillie-Blanton, DBH  
Maude Holt, DC Ombudsman & Bill of Rights

**GUESTS:**

Lauren Jones  
Kenny Greene  
Margaret McAlpin  
Sarah Stenger  
Tina Nelson  
Karina Wagnerman  
Sadie Bianco  
Kikhil Holla

**GUESTS CONT'D:**

Lorena Oritz  
Preeti Rangaraj  
Bernard Arons  
Patricia Quinn, DCPCA  
Lindsay Djingle  
Andrew Malcolm  
Brian Campbell  
Josette Contreras  
Pamela Riley, DHCF  
Angelique Martin, DHCF  
Lisa Truitt, DHCF  
Ieisha Gray, DHCF  
Monique Willard, DHCF  
De Colman, DHCF  
April Grady, DHCF  
Amanda Forsythe, DHCF  
Sheryl Johnson, DHCF  
Colleen Sonosky, DHCF  
Bill Hanna, DHCF  
Taylor Woods, DHCF  
Eugene Simms, DHCF  
Alex Tierney, DHCF  
Katherine Rogers, DHCF  
Alice Weiss, DHCF  
Kerda DeHaan, DHCF

**I. Call to Order**

The meeting was called to order at 5:32 pm by Mr. LeVota, MCAC Chair.

**II. Senior Deputy Director/Medicaid Director Report – Melisa Byrd**

**a. DHCF – Coronavirus (COVID-19) response**

Ms. Byrd provided an update on DHCF's response to the Coronavirus (COVID-19) pandemic.

*(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Mar. 25 Meeting Materials link.)*

Mr. Paragol pointed out that all IDD Day Programs are closed at this point and that the rate modifications need to be for the residential programs because they have taken in all of the day program participants. Ms. Byrd pointed out that rate modifications is inclusive of retainer payments as well as rate changes.

Tina Nelson asked which assessments had been terminated. Mr. Byrd replied indicating that the LOC assessment has not been terminated at this time and will continue telephonically rather than in-person. DHCF will request relief from CMS, if needed. Ms. Weiss shared that DHCF has requested from CMS the ability to waive all verification requirements except citizenship in eligibility and DHCF is making similar changes to the Alliance and Immigrant Children's Program. Brian Campbell, DHS, shared that DHS is working to get complimentary waivers from FMS for the SNAP program.

Ms. Levy raised concerns about aides not having enough personal protective equipment (PPE). Ms. Byrd shared that DHCF is working with the home health association and DC Health to ensure Home Health Agencies (HHAs) are receiving enough PPE. Ms. Levy asked that the agency also consider the needs in the *Services My Way* program.

Ms. Sharpe noted that DHCF is requesting from CMS authority to modify staffing requirements and asked if DHCF could look at modifying staffing requirements for skilled nursing facilities. Ms. Byrd indicated that those request need to be sent to DC Health because skilled nursing is regulated by DC Health and that agencies should have received a copy of a letter from Dr. Nesbitt. Ms. Sharpe also asked how the District is planning to use the funds from the stimulus package (6.2% FMAP increase). Ms. Byrd shared that enhanced FMAP workers in the same manner as the usual FMAP and is based on claims submitted to CMS. At this point, the enhanced FMAP funds will be used to support enhanced rates to providers.

Mr. LeVota, reading several questions from the chat, asked DHCF to provide additional clarification about stopping terminations in exchange for accepting the enhanced FMAP. Ms. Byrd shared that when CMS provides an enhanced FMAP they want to ensure that those funds are going to support the Medicaid program, so they have maintenance of effort (MOE) requirements to ensure that states do not essentially supplant funding. One of the MOE requirements is to ensure that states do not terminate individuals' Medicaid coverage. CMS has provided a FAQ describing several scenarios but essentially if an individual is enrolled in Medicaid today, they will not be terminated at this point, unless the individual asks to be terminated from the program. Ms. Weiss pointed out that an individual can be terminated if they are no longer a resident or the individual requests termination. The restriction on terminations extends to as long as the enhanced funding period lasts. Ms. Weiss also added the CMS guidance informed states that they may not change an individual's eligibility status if doing so would result in a reduction of benefits.

Mr. LeVota, reading several questions from the chat, asked if there were changes at ESA or for people newly applying for Medicaid and if they can go through the process with out a face to face appointment. Ms. Weiss clarified that there is no requirement for any Medicaid beneficiary to have a face to face appointment to support eligibility except to the extent the individual needs a level of care (LOC) assessment to receive long term care services and supports. DHCF is currently working to get a waiver of the face to face LOC assessment requirement to allow the assessment to be conducted telephonically. There has historically been a face to face requirement

for adults apply for the Alliance program but DHCF is working to waive the face to face requirement.

Mr. LeVota, reading several questions from the chat, asked if and when DHCF will be submitting its 1135 waiver and what is expected to be included in the waiver. Ms. Byrd shared that the waiver is currently pending CMS review at this point. CMS is being very collaborative and flexible at this point. Based on the questions DHCF asked on a call with CMS last Tuesday, CMS has started to review the District's requests.

Ms. Greer noted that the FAQ for beneficiaries does not include information about eligibility and enrollment changes and that telemedicine and prior authorization has limited information. Ms. Byrd stated that DHCF is developing a transmittal and subsequent FAQ on eligibility scheduled to be out later in the week. There will also be a formal transmittal on prior authorization changes forthcoming as soon as possible which will provide more information on which prior authorizations will be waived.

Mr. Weissfeld asked if DHCF planned to cover COVID testing with 100% FMAP for individuals who are uninsured. Ms. Byrd shared that this coverage is under consideration and that DHCF is awaiting further guidance from the federal government on how it will be effectuated. Ms. Byrd noted the CMS is holding twice weekly calls with states and that CMS anticipated providing technical guidance soon.

Mr. Paragol asked if there were any anticipated budget impacts for FY21. Ms. Byrd stated that she does not have any information about FY21 at this point. Mr. Paragol also asked when Appendix K and the 1135 waiver will be submitted. Ms. Byrd stated that DHCF has not formally submitted the 1135 but that DHCF had a call with CMS and got their feedback on both the 1135 and the Appendix K. DHCF does not expect any issues once submitted.

Ms. Greer asked if there is technical assistance to providers related to telemedicine besides the grants that were part of the emergency legislation and what other help DHCF may be providing. Ms. Byrd pointed out that DHCF published today a new two-page resource tool for how to conduct and be reimbursed for telemedicine. The tool also lists different free or low cost HIPPA compliant platforms that providers could use. Dr. Bazron added that telehealth applications, including phone, are available for behavioral health providers. Ms. Holve provided contact information for Lee Emeni, [lemen@e-healthdc.org](mailto:lemen@e-healthdc.org), or Michael Dark, [mdark@zanenetworks.com](mailto:mdark@zanenetworks.com) for technical assistance support. They can assist with identifying platforms for telemedicine and assisting with workflow guidance. In addition, DCPCA is developing tip sheets in conjunction with DHCF. Ms. Greer thanked both DHCF and DBH for the quick response and effort to expand telemedicine rules. Ms. Greer raised concerns about supporting small behavioral health providers, particularly those supporting children, who operate on small margins and how to support them with dips in billing. Ms. Byrd echoed the concerns of Ms. Greer that providers are experiencing significant rise in costs due to overtime and purchasing of personal protective equipment (PPE) and a decrease in revenue because individuals are not accessing services to the same extent. DHCF is looking at what options are available to cover the range of challenges faced by providers.

Chelsea Sharon, Legal Aid, asked to clarify if self attestation was allowable for Alliance and ICP. Ms. Weiss clarified that there will be a waiver of documentation requirements for Alliance and ICP as well as Medicaid. Ms. Weiss also clarified that citizenship and immigration status verification can not be waived. Ms. Sharon asked if the robo-calls were being made in Spanish and other languages or if there were any other supplements in other languages. Mr. Campbell,

DHS, that the first calls did not go out in other languages. DHS is looking at options for future calls. In addition, DHS is working to develop an online app that will be available in multiple languages. Ms. Truitt stated that all materials from MCOs have a tagline with how to request information in other languages.

**b. MCO contract updates**

The team is finalizing the technical evaluation panel and move forward so that a package can go to Council for review and approval.

**III. New Business**

**a. Roundtable updates on COVID response**

Ms. Sharpe shared that a concern among several health care associations is transportation and health care workers being able to get to work. The associations have concerns as Metro continues to reduce services.

Ms. Smith shared the FQHCs are limiting their routine care and only doing emergency dental. They are doing urgent care and managing chronic cases via telehealth but that volume is down 30% - 50% resulting in significant financial implications. She emphasized the need to continue to talk about the implications and discuss how to keep health centers and other providers solvent.

Mr. LeVota shared that there was a decision to cancel sub-committee meetings for the time to allow DHCF staff and other committee members to meet other demands related to responding to the pandemic. Mr. LeVota recommended that MCAC meet as a whole monthly during the emergency.

Mr. Hay echoed the concerns of Ms. Smith related to short and long term challenges for the provider community.

Dr. Bazron noted the Comprehensive Psychiatric Emergency Program (CPEP) is still functioning and receiving patients, that 35 K, Howard Road and the Assessment and Referral Center (ARC) are all open. All government operations are fully functional as well as the community response team members are still in the community responding to crisis. Finally, the access help line has developed a special support for individuals who may be experiencing anxiety related to the pandemic or depression and in need of mental health support. St Elizabeth is also accepting patients. The operating status of DBH and all other government agencies is available at <https://coronavirus.dc.gov/>.

Mr. LeVota added that an additional challenge for all to consider is the impact to the workforce as health care workers or their family members get sick.

**IV. Opportunity for Public Comment**

Dr. Karen Wills, Trusted Health Plan, asked if anyone was doing projections on Medicaid enrollment and forecasting the increase because of the expected job loss. Ms. Byrd shared that the Department routinely tracks and forecasts enrollment. The data and policy team is starting to look at the anticipated impact of changes to the economy.

**V. Announcements**

Several members thanked DHCF for its responsiveness to concerns from the provider community, beneficiaries, and advocacy community.

Mr. LeVota thanked everyone for their active participation in the first virtual meeting of MCAC.

**VI. Next MCAC Meeting**

The next MCAC meeting is scheduled for Wednesday, April 22, 2020 at 5:30 – 7:30 pm.

**VII. Adjournment**

The meeting adjourned at 7:11 pm.

DRAFT