STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

September 30, 2022

Mr. Timothy Engelhardt, Director
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Ave., SW Mail Stop 315H
Washington, DC 20201

Dear Mr. Engelhardt,

On April 15, 2020, the Centers for Medicare and Medicaid Services (CMS) approved a one-year extension to Michigan's MI Health Link demonstration. To clarify our future goal for this program, the Michigan Department of Health and Human Services (MDHHS) expressed its intent to pursue a multi-year extension of the end date for its Financial Alignment Initiative (FAI) program through December 31, 2026.

In accordance the recent final rule, CMS-4192-F, MDHHS is pleased to present to CMS its transition plan to move its Medicare-Medicaid Plans into an Integrated Special Needs Plan (SNP) model by January 1, 2026.

Michigan intends to build on the lessons learned through its FAI in the development of a Highly Integrated Dual Eligible or Fully Integrated Dual Eligible SNP model. MDHHS is committed to obtaining stakeholder input leading up to the implementation of its integrated model and will make incremental changes to existing programs to assure a seamless transition for currently enrolled MI Health Link members beginning in 2026.

We look forward to your feedback and our continued partnership with the Medicare-Medicaid Coordination Office through this transition.

Sincerely,

Farah Hanley
Chief Deputy for Health

ar/sw/FAH

Attachment

cc: Scott Wamsley, Director, Bureau of Aging, Community Living, and Supports
Erin Emerson, Director, Strategic Partnerships and Medicaid Administrative Services
Nicole Hudson, State Assistant Administrator, MDHHS
Pam Gourwitz, Director, Integrated Care Division

Transition Plan for MI Health Link

Michigan Department of Health and Human Services

September 2022

Disclaimer: The decisions in this transition plan are under MDHHS' consideration and subject to change.

Acronyms

BH	Behavioral Health
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CMHSP	Community Mental Health Services Program
CMS	The Centers for Medicare and Medicaid Services
CY	Calendar Year
D-SNP	Dual Eligible Special Needs Plan
FAI	Financial Alignment Initiative
FIDE SNP	Fully Integrated Dual Eligible Special Needs Plan
HCBS	Home- and Community-Based Services
HIDE SNP	Highly Integrated Dual Eligible Special Needs Plan
ICO	Integrated Care Organizations
ICT	Integrated Care Team
I/DD	Intellectual and Developmental Disabilities
IT	Information Technology
LTSS	Long-Term Services and Supports
MA	Medicare Advantage
MCO	Managed Care Organization
MDHHS	Michigan Department of Health and Human Services
MHLO	The MI Health Link Ombudsman
MHP	Medicaid Health Plan
MLTSS	Managed Long-Term Services and Supports
MMP	Medicare-Medicaid Plan
PIHP	Prepaid Inpatient Health Plan

RFP	Request for Proposal
SMAC	State Medicaid Agency Contract
SPA	State Plan Amendment

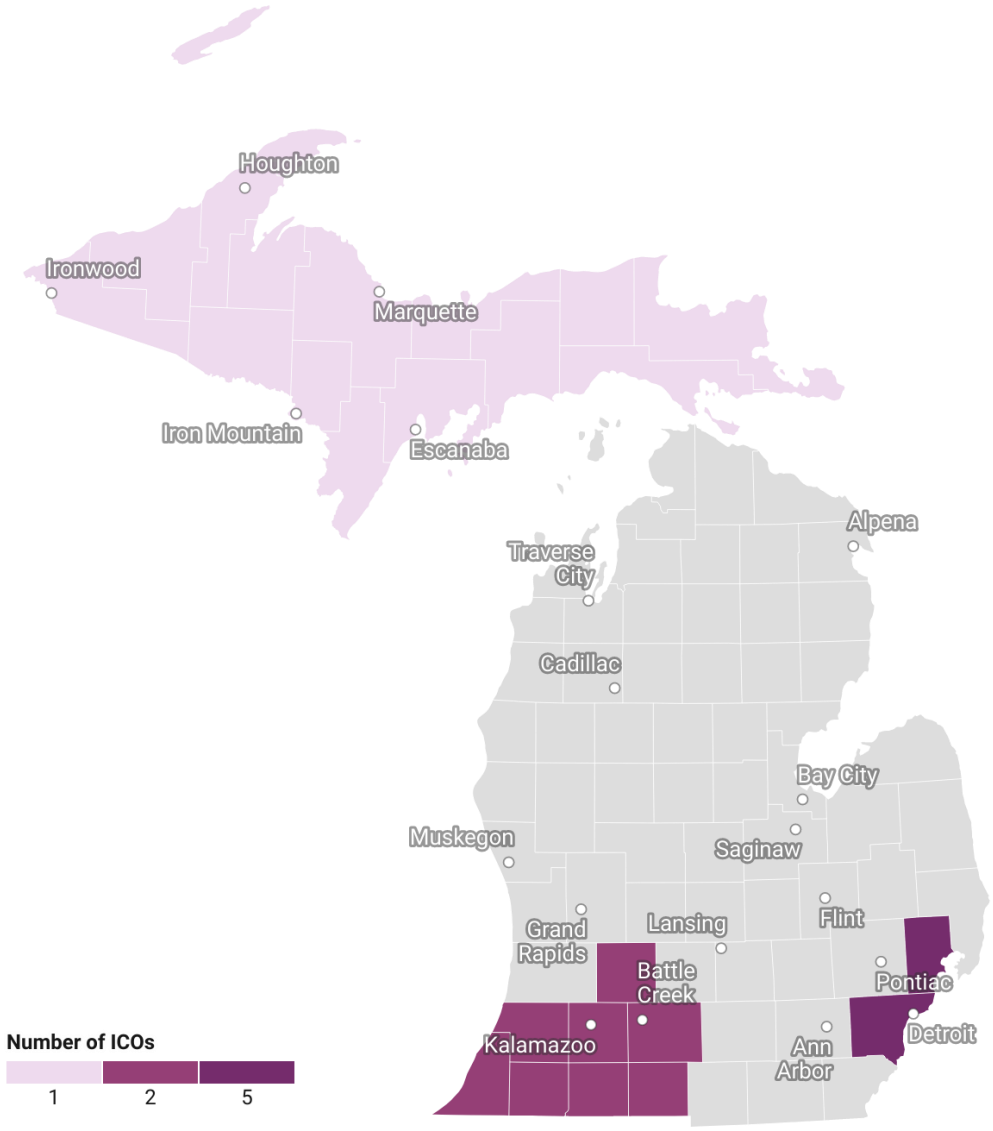
Background

The Centers for Medicare and Medicaid Services (CMS) released its Medicare Advantage (MA) and Part D Final Rule on April 29, 2022. Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs (hereafter referred to as the final rule) includes considerable modifications to CMS regulations governing Dual Eligible Special Needs Plans (D-SNPs), with implications for Michigan's Medicaid programs serving dually eligible individuals and the state's overall duals strategy. One of the final rule's provisions is that the Financial Alignment Initiative (FAI) demonstration (MI Health Link in Michigan) will end on December 31, 2023. However, states have the opportunity to transition their Medicare-Medicaid Plans (MMPs) to integrated D-SNP models by December 31, 2025, if they submit a transition plan to CMS by October 1, 2022. The MI Health Link demonstration intends to transition to an Integrated Dual Eligible Special Needs Plan by January 1, 2026, and is exploring the best option for Michigan, either a highly integrated or fully integrated D-SNP. Building off the successes of MI Health Link, MDHHS's will work to provide as much continuity and coordination into the D-SNP as possible. This transition plan details successes and lessons learned during the demonstration, key features of Michigan's planned integrated D-SNP model, considerations for the transition, Michigan's process for engaging stakeholders, and the State's timeline for policy and operational steps.

The MI Health Link demonstration was launched by Michigan and CMS on March 1, 2015, to coordinate care for dually eligible individuals ages 21 and above. Through a three-way contract between CMS, Michigan, and the Integrated Care Organizations (ICOs - Michigan's term for MMPs), CMS and Michigan give the ICOs risk-adjusted capitation payments to finance all Medicare and most Medicaid services. The ICOs also "provide care coordination, supplemental benefits required under the demonstration, and flexible benefits that vary from plan to plan".[1] Medicaid long-term services and supports (LTSS) are covered through the ICOs while Medicaid behavioral health (BH) services are carved out. MI Health Link continued the existing structure for Medicaid BH services, substance use disorder services, and home- and community-based services (HCBS) waiver services for people with intellectual or developmental disabilities (I/DD) wherein these are financed through specialty managed care plans called Prepaid Inpatient Health Plans (PIHPs). The Michigan Department of Health and Human Services (MDHHS) contracts directly with the PIHPs for the Medicaid BH benefit and the ICOs contract with the PIHPs for the Medicare BH benefit. MI Health Link operates in four regions, spanning the following counties: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, and all counties in the Upper Peninsula. Figure 1 (below) depicts the number of ICOs that serve each county within MI Health Link's service areas.

[1] Holladay, Scott, Jennifer Howard, Matt Toth, Guadalupe Suarez, Brittany D'Cruz, Ben Huber, Paul Moore, et al. "Financial Alignment Initiative Michigan MI Health Link Second Evaluation Report." RTI International, March 2022. https://innovation.cms.gov/data-and-reports/2022/fai-mi-secondevalrpt.

Figure 1. Number of ICOs in MI Health Link service areas



MI Health Link's key successes

The Michigan MI Health Link Second Evaluation Report found that the program is broadly supported by stakeholders. Michigan's MMPs have achieved high Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores on beneficiary satisfaction surveys over the years, with several top scores among MMP plans nationwide every year. Beneficiaries consistently report that the most important aspects of MI Health Link are the following:

1. $0 copayments and deductibles for all covered services
2. Access to a care coordinator to help them navigate their care and to assist with care planning

3. A single card for all Medicare and Medicaid services

Enrollees also valued the additional benefits and improved access to some services provided by MI Health Link. MI Health Link joined Medicaid LTSS and HCBS into a single managed care model, which had never been done before in Michigan. The demonstration expanded beneficiaries' access to State Plan Personal Care services through its 1915(b) waiver, and through a corresponding 1915(c) waiver program, expanded access to HCBS. Finally, MI Health Link built a strong, data-driven quality of care program that included traditional health plan quality metric oversight and an intelligent assignment algorithm to passively enroll eligible individuals into ICOs based on ICOs' performance and capacity. This strengthened MI Health Link's health plan oversight, compliance, and program outcomes.

Lessons learned from MI Health Link

MI Health Link created pathways for ICOs to support beneficiaries who could be safely transitioned from a nursing home to community living. The demonstration required ICOs to cover State Plan Personal Care services and nursing facility transition services. It also created a complementary 1915(c) waiver that allows beneficiaries who qualify for nursing facility level of care (NFLOC) with expanded Medicaid eligibility (i.e., the 217 group) to access HCBS through their ICO. The program has seen an incremental increase in transitions per year since 2019 despite care coordination challenges and other barriers that were exacerbated by the COVID-19 pandemic. However, early evaluation data comparing MI Health Link beneficiaries to other Medicaid beneficiaries with long-stay nursing facility admissions, showed that MI Health Link beneficiaries had a higher functional status and needed a lower level of care. This suggests that there is an opportunity for ICOs and nursing facilities to identify additional higher functioning individuals who are interested and able to transition, and to provide the appropriate care coordination and discharge planning to assure appropriate supports are in place for them to safely reside in the community.

Another lesson learned involves the need for improved behavioral health coordination to support whole person needs. Effective communications and data sharing between the ICOs and PIHPs have been a persistent challenge. The State addressed this in part, by building an information technology system for the entities to exchange information and convening a workgroup for operational and technical assistance. However, challenges have continued, "particularly in Southeast Michigan where each PIHP works with five ICOs".[2] This could be addressed through further coordination and plan accountability, which would improve the timeliness of information sharing and help plans adapt to beneficiaries' needs in real time.

Having multiple sources of enrollment data, as well as ongoing transaction processing challenges, also presented lessons and opportunities. Uncertainty about beneficiaries'

[2] Holladay, Scott, Jennifer Howard, Matt Toth, Guadalupe Suarez, Brittany D'Cruz, Ben Huber, Paul Moore, et al. "Financial Alignment Initiative Michigan MI Health Link Second Evaluation Report." RTI International, March 2022. https://innovation.cms.gov/data-and-reports/2022/fai-mi-secondevalrpt.

enrollment status negatively impacted ICOs', providers', and enrollees' experiences in the program. ICOs have consistently highlighted the lack of a single source of truth for enrollment status as an issue. This has generated financial challenges for the State and ICOs, as the ICOs are "expected to provide services to enrollees whose status was in doubt [and this] appears to have resulted in subsequent enrollment reconciliations by the State".[3] The Second Evaluation Report suggests alleviating challenges and costs by using a single source of truth for enrollment.

Michigan's 2022 D-SNPs

Michigan currently has a coordination-only D-SNP model. The state has 17 D-SNPs. Figure 2 shows the number of counties that each D-SNP serves, which ranges from 75 to 3, with an average of 35.

Figure 2. Number of counties served by D-SNPs

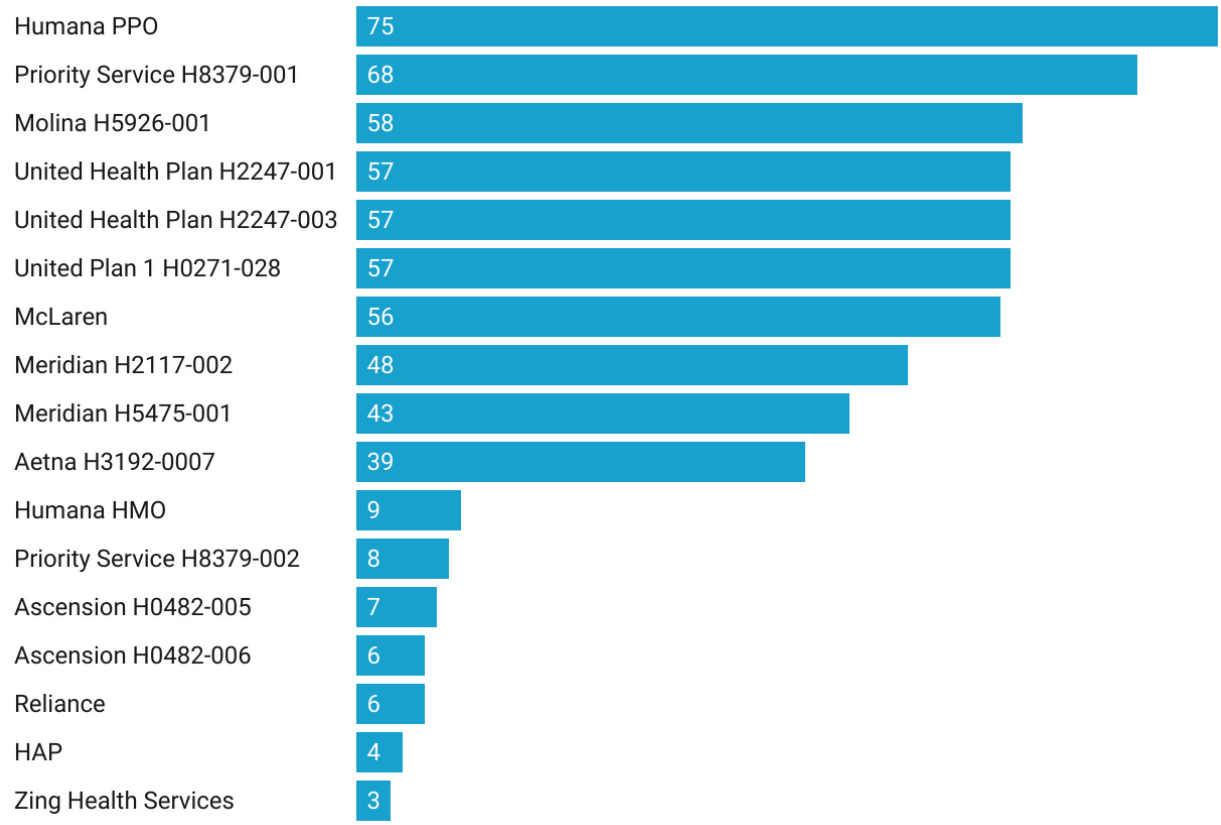
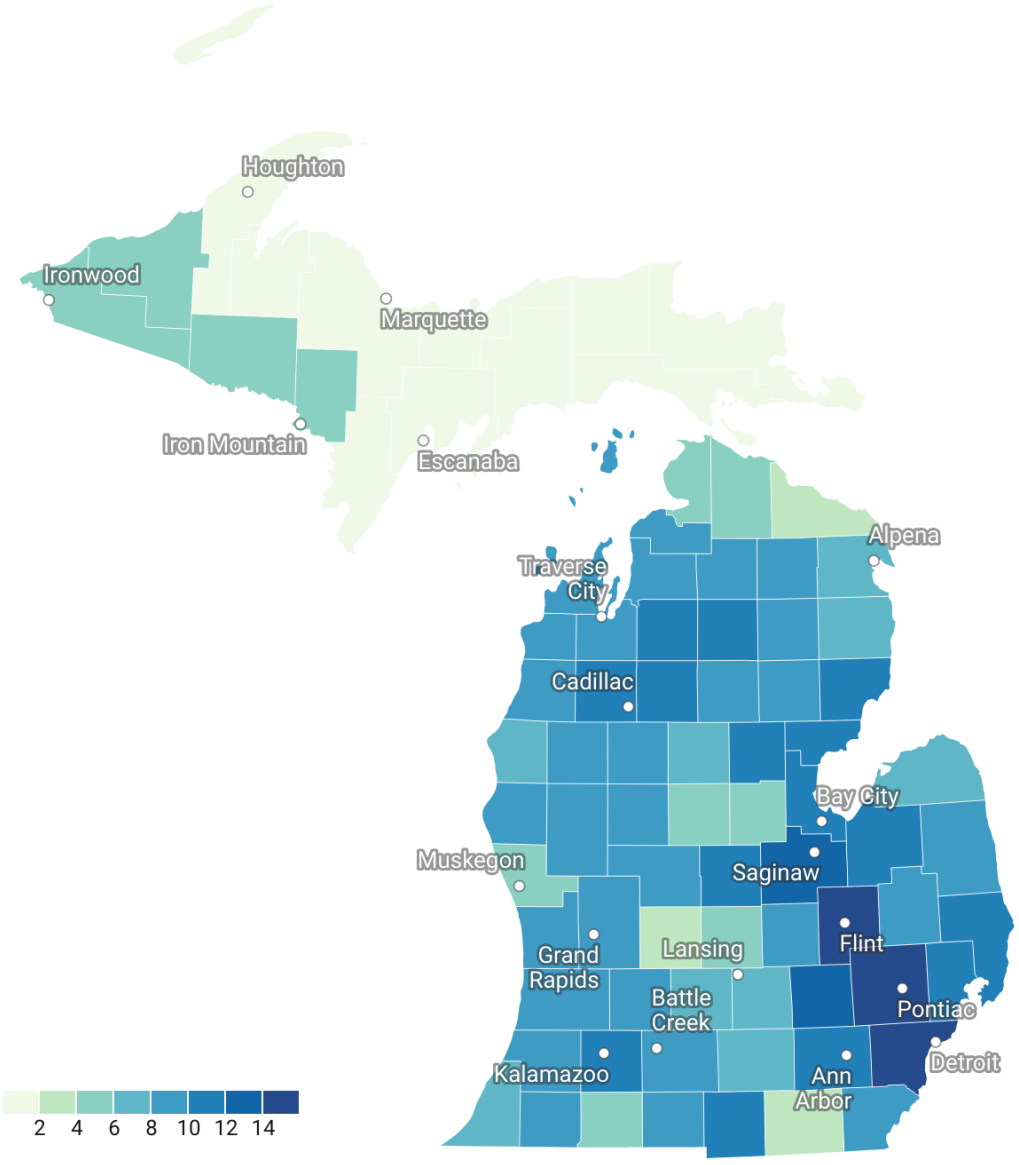


Figure 3 (below) shows that in every county across the state there is at least one D-SNP. The number of D-SNPs per county ranges from 1 (in many Upper Peninsula counties) to 15 (in Genesee, Oakland, and Wayne counties). The average number of D-SNPs per county is 7.

[3] Holladay, Scott, Jennifer Howard, Matt Toth, Guadalupe Suarez, Brittany D'Cruz, Ben Huber, Paul Moore, et al. "Financial Alignment Initiative Michigan MI Health Link Second Evaluation Report." RTI International, March 2022. https://innovation.cms.gov/data-and-reports/2022/fai-mi-secondevalrpt.

Figure 3. Number of D-SNPs per county



As of 2021, between 11 to 25 percent of full benefit duals are served by D-SNPs in Michigan[4].

[4] Talamas, Ana, Kelsey Cowen, Giselle Torralba, and Danielle Perra. "Working with Medicare Webinar - State Contracting with D-SNPs: Introduction to D-SNPs and D-SNP Contracting Basics." Integrated Care Resource Center, December 2020. https://www.integratedcareresourcecenter.com/webinar/working-medicare-webinarstate-contracting-d-snps-introduction-d-snps-and-d-snp-contracting

Michigan's Plan for an Integrated D-SNP model

MDHHS welcomes the opportunity to continue the successes of the MI Health Link program by exploring the conversion to an Integrated Dual Eligibles Special Needs Plan by January 1, 2026. MDHHS is exploring a transition to a highly or fully Integrated D-SNP, with the expectation of providing the greatest degree of continuity in the infrastructure and expectations for beneficiaries, providers, and health plans. Over the coming two years, MDHHS will work closely with beneficiaries, stakeholders, and health plans to ensure a successful and sustainable program. To maintain the successful elements of MI Health Link and build off its high level of coordination, MDHHS is exploring the best option to transitions to an integrated D-SNP. The transition to an integrated D-SNP will require strong stakeholder engagement, changes to State Medicaid Agency Contracts along with other policies regarding D-SNP contracting. These changes will be ready for implementation and launch of the new Duals Special Needs Plan on January 1, 2026.

MDHHS will submit a 1915(b/c) waiver renewal application for MI Health Link to gain an extension through at least 2025, as the current authority ends in December 2024. It is not yet determined whether the State will allow the waiver to sunset or use another waiver after the transition. Additionally, existing authority for the MDHHS Comprehensive Medicaid Managed Care Program carves LTSS and BH out of the health plan contract. MDHHS is still reviewing how to best coordinate LTSS and BH services. Stakeholder involvement and new authorities may be required for this transition.

MDHHS is aware that the upcoming Comprehensive Medicaid Managed Care Health Plan contract re-procurement will be occurring during the MMP transition period, and the results of this re-procurement have the potential to significantly impact the State's current landscape for serving dually eligible individuals through a coordinated model. MDHHS is also aware that while MMP and D-SNP contracts operate on a Calendar Year timeline, the Comprehensive Medicaid Managed Care Plans use a Fiscal Year calendar. The State is exploring potential re-procurement impacts, as well as the impacts of this operational difference as it considers contracting and authority options.

Table 1. Key features of Michigan's Integrated D-SNP model

Feature	MDHHS' plan
Eligibility	Based on the current eligibility for MI Health Link, individuals who are enrolled in both Medicare and Medicaid and who are aged 21 or older will be eligible for the new integrated D-SNP model. MDHHS is exploring whether to include duals under age 21 in its model as the current D-SNP footprint is statewide and covers duals of all ages, including those that are not considered Full-benefit duals. Additionally, MDHHS may consider some population exclusions, to be determined.
Medicaid benefits	**Covered benefits:** The integrated D-SNPs will be required to cover all Medicaid benefits that are covered by MI Health Link. This includes, but is not limited to, physical healthcare, possibly behavioral healthcare, medications, LTSS, and care coordination. MDHHS is still determining how all of these services will be coordinated. MDHHS intends to require that Medicaid LTSS, including HCBS benefits for individuals who qualify for a nursing facility level of care, nursing facility services, and personal care, be covered. A complete list of current MI Health Link services can be found here. **LTSS:** MI Health Link united Medicaid LTSS and HCBS into a single managed care model. MDHHS intends to maintain this robust and successful LTSS system by keeping LTSS carved in. The State is continuing to explore arrangements established in other states that create pathways for community partnerships in the LTSS space. **HCBS:** MDHHS plans to retain its HCBS coverage upon transitioning to an integrated D-SNP. Michigan will work with CMS to determine the preferred approach to transition this element within a D-SNP model. This may include requiring D-SNPs to include HCBS as a supplemental benefit or establishing a new 1915(c) waiver to operate concurrently with the D-SNP. **BH:** Michigan is pursuing behavioral health coordination and collaboration. MDHHS will continue soliciting input from stakeholders to inform its approach. **Carve-outs:** Michigan is still reviewing which carve outs may be necessary, in accordance with the final rule.
No deductibles or co-payments	Michigan intends to institute a policy of zero cost sharing for beneficiaries under its new

	integrated D-SNP. In MI Health Link, the ICOs are required to cover all services without deductibles or co-payments except the resident share of Medicaid long-term nursing facility services. Beneficiaries consistently report that this is a main contributor to their high satisfaction with the demonstration. To ensure that beneficiaries are not billed for co-payments, the current MI Health Link communication practices that explicitly document zero co-payments will be maintained. This includes zero co-pays on member cards, explanations of payments for providers, and an information sheet that members can show providers. MDHHS will work with the D-SNPs to make the new program's zero cost sharing policy clear, using these practices.
Single member ID card	Another element of MI Health Link that enhances beneficiaries' experience is the demonstration's single ID card for all services covered by each ICO. Single member ID cards advance coordination and are used by D-SNPs in other states. Michigan's new model will likewise use a single enrollee ID card for all Medicaid and Medicare covered services.
Care coordination	Michigan's integrated D-SNP model aims to continue the use of Care Coordinators, Integrated Care Teams (ICTs), and person-centered care plans to facilitate collaboration and coordination among enrollees' healthcare providers. Care coordination helps enrollees access Medicare, Medicaid, and other services. It is "characterized by advocacy, communication, and resource management to promote quality, cost effectiveness and positive outcomes" (MI Health Link Contract). As is the case in MI Health Link, care coordination services will be provided by plans' care coordinators – qualified individuals who are trained in person-centered planning. Care coordination will be supported by a beneficiary's ICT – a team that includes the enrollee, their chosen allies or legal representative, care coordinator, primary care physician, and others who are needed or requested by the enrollee. Supported by the ICT, the enrollee will develop and use their person-centered care plan, which will include key information about their health, services, and providers as well as their preferences for care, concerns, and goals. The D-SNPs will employ an electronic platform to support care coordination.
Quality program	MDHHS will apply lessons learned from the MI Health Link demonstration to build a robust quality program for the integrated D-SNP model. Under MI Health Link, an External Quality Review Organization performed compliance reviews of all contracted managed care plans in 2018 and 2019. While D-SNPs are not necessarily subject to this, Michigan is interested in making some of the External Quality Review

	requirements mandatory in its integrated D-SNP model. MI Health Link collects standardized quality metrics from the ICOs. Some of these are quality withhold measures, and "the State and CMS use performance on those measures to determine what portion of the withheld payments will be returned to each plan".[5] MDHHS is exploring these and other ways to financially incentivize performance in the new model. Additional quality activities that Michigan plans to implement include administering the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to enrollees to assess beneficiary satisfaction. MDHHS recognizes the current quality-based passive algorithm process used in MI Health Link may not translate to an integrated D-SNP environment. The State will work with CMS to explore other ways to incorporate quality-based mechanisms to drive outcomes and performance. MI Health Link recently created a quality and performance data dashboard; MDHHS will consider constructing a similar tool for the new program.
Exclusively aligned enrollment	Michigan aims to pursue exclusively aligned enrollment. The State will seek additional stakeholder feedback as this policy is defined. It will also consult with health plans that have both a D-SNP and either an ICO or Medicaid Health Plan (MHP) regarding their corporate structure to identify any changes plans need to make to come into compliance.
Other enrollment policy options	MDHHS is exploring other policies to promote enrollment into the D-SNP such as default enrollment and Medicaid auto-assignment. With a policy of default enrollment, when Medicaid beneficiaries enrolled in Medicaid Managed Care Organizations (MCOs) become eligible for Medicare, they would be automatically enrolled in their MCO's aligned D-SNP. Default enrollment would thus facilitate beneficiaries' smooth transitions to the D-SNP. The State would provide Medicaid beneficiaries advance notice, including an opt out option. Michigan may also consider using Medicaid auto-assignment. Under this policy, duals who enroll in an integrated D-SNP (with an aligned Medicaid MCO) would be automatically assigned to that D-SNP's aligned Medicaid MCO.

[5] Holladay, Scott, Jennifer Howard, Matt Toth, Guadalupe Suarez, Brittany D'Cruz, Ben Huber, Paul Moore, et al. "Financial Alignment Initiative Michigan MI Health Link Second Evaluation Report." RTI International, March 2022. https://innovation.cms.gov/data-and-reports/2022/fai-mi-secondevalrpt.

	MDHHS recognizes that the on-going passive enrollment process for MI Health Link beneficiaries will need to be dissolved in the integrated D-SNP due to regulatory authority differences. Additionally, MI Health Link does not currently allow ICOs to utilize agents and brokers to enroll beneficiaries directly into their plans. MDHHS plans to adapt to the integrated D-SNP's different enrollment processes during its transition. Stakeholders have expressed interest in changing the current quarterly special election period to be monthly, which aligns with the current enrollment flexibility offered in MI Health Link. MDHHS will solicit additional stakeholder input on these policies and recommendations.
Enrollee advisory committee	In accordance with the final rule, MDHHS will require MA organizations that offer a D-SNP to have at least one enrollee advisory committee in Michigan. The committee's role will be to gather and to respond to input from enrollees. It will be representative of each D-SNP's enrollee population. Per the final rule, this body will ask for enrollees' perspectives about access to and coordination of services, health equity, and how to improve these, as well as other topics. In transitioning to the new enrollee advisory committee requirements, Michigan will draw from its experience with the MI Health Link Advisory Committees and the ICO Advisory Councils. MI Health Link initially developed three state level advisory committees organized by region. Currently, MI Health Link has a single statewide committee for all program regions. The group consists of enrollees, their family members and allies, as well as advocates, peer or trade organization representatives, and service provider representatives. The committee meetings are facilitated by state staff and advocates. The current MI Health Link committee will be dissolved effective 12/31/2025 because it is unknown whether beneficiaries and providers will remain engaged with the program through the transition to an integrated D-SNP model. MDHHS is committed to assuring the majority of membership on the committee consists of program enrollees, their families, or allies and thus will solicit new membership for the integrated D-SNP committee in 2026. Each ICO has at least one consumer advisory council that gives input to the governing board of the parent organization. One-third of ICO council members are enrollees; other members include caregivers and community stakeholders. The ICOs currently support council members' participation by organizing needed transportation, communications, and other activities.

Standardized housing, food insecurity, and transportation questions on Health Risk Assessments	Michigan intends to mandate a standardized health risk assessment for the integrated D-SNPs that includes questions about enrollees' housing stability, food security, and access to transportation, in accordance with the final rule. This tool is being developed and tested in MI Health Link. The standardized assessment for D-SNPs will include questions from the domains outlined in the Final Rule, and may include questions found in CMS's list of screening instruments. The standardized health risk assessment is intended to assure plans are evaluating and assigning risk consistently, as well as help them to gain an understanding of Social Determinants of Health (SDoH) that enrollees may be facing to better address members' needs. To assure compliance with SDoH and other risk related requirements, MDHHS is exploring opportunities to electronically obtain the data from the standardized tool for quality oversight purposes.
Other integration standards	Michigan is exploring other integration standards to use for its D-SNP. These will include requiring contracted plans to provide consolidated communications and materials to enrollees. The State will leverage its experience with MI Health Link to develop additional policies and procedures in accordance with the final rule.

Michigan's plan to sustain the MI Health Link Ombudsman

The MI Health Link Ombudsman (MHLO) is an advocate and problem-solver for MI Health Link beneficiaries. The MHLO's duties include providing information about MI Health Link and other resources, helping to address problems with services and benefits, and supporting beneficiaries with filing grievances, appeals and complaints. Two free legal services programs for low-income Michiganders, Michigan Elder Justice Initiative and the Counsel and Advocacy Law Line, operate the program. MHLO works with beneficiaries primarily through a toll-free hotline and email correspondence. Program staff meet with the CMS-State Contract Management Team monthly. With free and confidential services, the MHLO is an invaluable resource for MI Health Link beneficiaries. MHLO generally "resolve[s] complaints quickly through three-way calls between the enrollee, the ICO, and the MHLO program".[6]

Currently, MHLO is funded by a grant from the Michigan Department of Health and Human Services that is available due to Federal funding. Michigan has received a total of about $2.9 million in Federal funds from CMS in collaboration with the Federal Administration for Community Living for the MHLO since MI Health Link began. When MI Health Link transitions to an integrated D-SNP, Michigan will need to sustain the MHLO through state funds, without Federal grant funding. Michigan is committed to assuring the MHLO program continues in accordance with the Final Rule, and is exploring future funding opportunities, learning from the experiences of other states such as Virginia. As noted in the final rule, Virginia maintained its ombudsman services when its FAI demonstration ended by funding them through Medicaid. MDHHS will continue to engage the MHLO as a key stakeholder throughout the planning and implementation phases of the transition.

[6] Holladay, Scott, Ellen J Bayer, Ira Dave, Cleo Kordomenos, Paul Moore, Joyce Wang, Emily Gillen, et al. "Financial Alignment Initiative Michigan MI Health Link First Evaluation Report." Evaluation to CMS. RTI International, 2019. https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder73/Folder1/Folder173/MI_FAI_EvalReport1.pdf?rev=acc359111473488d8055a8efdc0bd0fc.

Table 2. Key considerations for the MI Health Link transition

Key consideration	MDHHS' plan
Beneficiary transitions	MDHHS will work closely with CMS to ensure a seamless transition and continuity of care for beneficiaries. To realize this, MDHHS will work with CMS to assure current MI Health Link enrollees are notified of programmatic changes and their enrollment options prior to January 1, 2026. For ICOs that have an integrated D-SNP product effective January 1, 2026, MDHHS will work with CMS to seamlessly transition their members to the new program. In the event an ICO does not have a D-SNP product effective January 1, 2026, members will be provided with their enrollment options before being transitioned to an available D-SNP.
Beneficiary communications	MDHHS is aware of the need to provide advance notice of the transition to beneficiaries and plans. The State will send out a sequence of notices that inform beneficiaries of their plan ending and the alternative plan options available to them. Michigan plans to send an initial notice detailing when coverage will end along with a summary of the options available to beneficiaries well in advance of MI Health Link ending on December 31, 2025. Notices will be in alignment with CMS requirements and will incorporate best practices used by other states. They will include all applicable beneficiary appeal rights, including rights that pertain to changes in covered services that result from the transition. MDHHS will use Maximus, a contracted unbiased enrollment broker, to serve as a support system for MI Health Link members impacted by this transition who are seeking education and assistance with regard to their enrollment options. Other enrollment options may be available for D-SNPs and will also be considered for communications. Michigan plans to develop customer scripts, FAQs, and additional materials to be distributed to the enrollment broker to assist enrollees in transferring from MI Health Link to an integrated D-SNP.
Training	MDHHS is committed to engaging in education and training meetings over the next few years to ensure that all participants in the transition understand the requirements and processes. MDHHS will ensure that communication and information about the transition is provided to all entities involved in the transition process. Michigan will develop outreach to educate D-SNPs, Medicaid MCOs, and other organizations that may require training such as the enrollment broker, the Ombudsmen, the Area Agencies on Aging, and other stakeholders. The state will evaluate whether additional staff and resources are needed to implement training

	and other activities to facilitate a smooth transition.

Stakeholder Engagement Process

MDHHS is committed to stakeholder engagement to inform the state's decision-making during MI Health Link's transition to an integrated D-SNP model. Michigan's stakeholder engagement process includes both initial engagement in the summer of 2022 and ongoing engagement throughout the planning and implementation phases for the new D-SNP model.

Initial Engagement

MDHHS' initial engagement with stakeholders consists of two components. Prior to October 1, 2022, when the transition plan is due to CMS, MDHHS accepted written and verbal feedback from ICOs that participate in MI Health Link and other health plans that operate in Michigan. MDHHS also conducted several virtual stakeholder interviews to obtain feedback on important considerations they should take into account for the transition process. Stakeholders participating in the virtual interviews are some of the organizations that will be impacted by the transition.

The health plans that provided feedback as of September 1, 2022, voiced their support for the most integrated type of D-SNP, a FIDE SNP. Health plans were interested in building on the successes of the MI Health Link program, including high beneficiary satisfaction. Plans expressed their support for a BH carve-in, however, they acknowledged that carving in BH would present unique challenges and should be approached carefully. Additionally, plans supported aligned or exclusively aligned enrollment and expanding the program statewide.

In the discussions held to date (MDHHS is holding additional conversations in the coming weeks), stakeholders provided valuable insights concerning the integrated D-SNP model MDHHS should pursue and priorities for the transition. One stakeholder shared that it is important to consider what is unique to Michigan and what has worked in Michigan. Stakeholders advised preserving the current MI Health Link system to the extent possible. One stakeholder suggested implementing a joint contract that includes the health plans, the BH system, the aging network, the State, and CMS. Another stakeholder conveyed that they lean towards exclusively aligned enrollment because it maintains the coordination benefits of MI Health Link, even though it removes some beneficiary choice. Additionally, stakeholders highlighted the importance of leaning into the expertise in the community, improving care coordination at the local level, implementing consumer and vendor protections, and enhancing information sharing. They suggested providing the State with more power to hold providers and plans accountable for ensuring access to care. MDHHS is taking this feedback into consideration.

Ongoing Engagement

MDHHS values stakeholder perspectives and will continue working with partners after the submission of the transition plan on October 1, 2022. The State anticipates hosting regular

stakeholder presentations to share progress and solicit input on the transition plan and design details of the integrated D-SNP. A post-presentation survey will be used to collect feedback. The State expects to reach out to stakeholders including health plans, providers, and advocacy organizations that were not contacted during the initial engagement to obtain input. In particular, MDHHS looks forward to discussions with community-based organizations to inform decisions about design details. MDHHS also plans to have ongoing technical assistance discussions with its colleagues at CMS and the Medicare-Medicaid Coordination Office.

Timeline

July 2022	MDHHS received written and verbal feedback from several health plans and other stakeholders
August–September 2022	MDHHS conducted interviews with stakeholders including advocacy organizations, service providers, and D-SNPs
October 2022 – December 2026	MDHHS will hold continued stakeholder engagements as needed and appropriate; to be determined

Timeline for Policy and Operational Steps

High Level Timeline

Year	Policy and Operational Tasks
2022	● Stakeholder engagement: ○ Initial stakeholder engagement; define and implement ongoing stakeholder engagement process ● Policy considerations: ○ Determine if any State legislative authorizations are needed, and timing ○ Determine if any Medicaid authorities are needed, and timing ● Program development: ○ Identify preliminary capabilities of ICOs to meet CMS requirements for transition an integrated D-SNP in MI Health Link service areas ● General planning activities: ○ Define project management team and MDHHS resources; engage all relevant state departments and subject matter experts in project planning ○ Draft comprehensive project plan with timeline **10/1/22: Submit transition plan to CMS**
2023	● Stakeholder engagement: ○ Ongoing stakeholder engagement ○ Advisory council engagement; identify future requirements ● Policy considerations: ○ State legislative authority, if needed ○ Medicaid authorities, if needed ○ Examine options for continued ombudsman program funding ○ D-SNP SMAC updates for CY 2024 ○ Medicaid rebid considerations ● Program development: ○ Determine D-SNP components for transition, including mandatory and optional features ○ Beneficiary communications: identify notice requirements; marketing and member materials, transition FAQs ○ D-SNP communications: reporting, quality measures, contract management ● IT system changes: ○ Define requirements that impact IT systems, including Medicare/ Medicaid alignment, enrollment, payment enhancements, data sharing, reporting, quality measurement and others to be defined ○ Identify IT system changes and processes needed to implement exclusively aligned enrollment ○ Begin IT system planning and designing processes based on requirements ○ Identify IT system changes needed to support D-SNP reporting, encounter data, quality measurement and other data sharing requirements

2024	● Stakeholder engagement: ○ Ongoing stakeholder engagement ○ Advisory council engagement; plan for future requirements ● Policy considerations: ○ Prepare needed waiver/SPA/etc. authority application(s) ○ Phase-in additional contract updates in the D-SNP SMAC for CY 2025 ○ Select option for continued ombudsman program funding ○ Medicaid rebid considerations ○ Plan for Medicaid procurement and/or D-SNP contracting processes for 2025 ● Program development: ○ Beneficiary communications: continue development of marketing and member materials, and transition FAQs; notification schedule ○ D-SNP communications: continue development of reporting, quality measures, and contract management ● IT system changes: ○ Begin implementation of IT system changes and processes needed to implement exclusively aligned enrollment ○ Begin implementation of IT system changes needed to support D-SNP reporting, encounter data, quality measurement and other data sharing requirements
2025	● Stakeholder engagement: ○ Ongoing stakeholder engagement ○ Advisory council engagement; implement new requirements ● Policy considerations: ○ Submit needed waiver/SPA/etc. authority application(s) ○ Phase-in final contract updates in the D-SNP SMAC for CY 2026 ○ Implement option for continued ombudsman program funding ○ Implement Medicaid procurement process? ○ Implement D-SNP contracting process ● Program development: ○ Beneficiary communications: finalize marketing and member materials, and transition FAQs; notify beneficiaries ○ D-SNP communications: finalize reporting, quality measures, and contract management requirements; coordinate with contracting ● IT system changes: ○ Final testing and implementation of IT system changes and processes needed to implement exclusively aligned enrollment ○ Final testing and implementation of IT system changes needed to support D-SNP reporting, encounter data, quality measurement and other data sharing requirements ○ Begin migration of MMP beneficiaries to integrated D-SNPs **12/31/25: MI Health Link FAI end date**
2026	**1/1/26: Start date for D-SNP contracts and oversight**

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