MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Michael Hart

Phone Number:

Initial 🗌	Public Comment	Final 🕅	

Brief description of policy:

The purpose of this policy is to update bulletin MSA 20-77, issued November 25, 2020. MSA 20-77 formalized the operational requirements for Michigan hospitals to establish hospitalbased Care and Recovery Centers (CRCs) to support the safe care and isolation of COVID-positive individuals.

Reason for policy (problem being addressed):

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To exempt hospitals designated as a Critical Access Hospital (CAH) from the requirement to have a separate staff break area and restroom provided that the CAH has a documented plan to ensure infection control standards are maintained.

Budget implication:

budget neutral

will cost MDHHS

will save MDHHS

, and (select one) budgeted in current appropriation

Is this policy change mandated per federal requirements?

This is not a federal mandate, but making COVID-19 CRCs is consistent with guidance issued by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS), with input from the Task Force and CHRT, to mitigate the spread of COVID-19 among nursing facility residents.

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Ame	endment Require	d: 🗌 Yes	🛛 No	Public Notice Required:	Yes	🛛 No
If Yes, please provide status:						
Approved	Pending	🗌 De	nied	lf yes,		
Date:	Approval	Date:		Submission Date:		

DRAFT FOR PUBLIC COMMENT				
Michigan Department of				
Health and Human Services	Project Number: 2101-CRC Date: January 15, 2021			
Proposed Effective Date: Imm Direct Comments To: Mich Address:	ruary 19, 2021 ediately nael Hart			
E-Mail Address: <u>Hart</u> Phone:	M6@michigan.gov Fax:			
Policy Subject: COVID-19 Resp	conse: Update to Bulletin MSA 20-77			
Affected Programs: Medicaid				
Distribution: Nursing Facilities, Assisted Living Facilities, Adult Foster Care Homes, Homes for the Aged, Hospitals, Prepaid Inpatient Health Plans, Community Mental Health Services Programs, MI Choice Waiver Agencies, Program of All-Inclusive Care for the Elderly (PACE) Providers, Integrated Care Organizations				
Summary: This policy updates bulletin MSA 20-77, issued November 25, 2020. MSA 20-77 formalized the operational requirements for Michigan hospitals to establish hospital-based Care and Recovery Centers (CRCs) to support the safe care and isolation of COVID-positive individuals.				
Purpose: To exempt hospitals designated as a Critical Access Hospital (CAH) from the requirement to have a separate staff break area and restroom provided that the CAH has a documented plan to ensure infection control standards are maintained.				
Cost Implications: Budget neutral				
Potential Hearings & Appeal Is	sues:			
State Plan Amendment Require If yes, date submitted:	ed: Yes 🗌 No 🖂 Public Notice Required: Yes 🗌 No 🖂 Submitted date:			
Tribal Notification: Yes 🗌 No 🖂 - Date:				
THIS SECTION COMPLETED BY RECEIVER				
Approved	No Comments			
	See Comments Below			
Disapproved	See Comments in Text			
Signature:	Phone Number			
Signature Printed:				

Date

Bureau/Administration	(please	print)



Bulletin Number: MSA 21-01

- **Distribution:** Nursing Facilities, Assisted Living Facilities, Adult Foster Care Homes, Homes for the Aged, Hospitals, Prepaid Inpatient Health Plans, Community Mental Health Services Programs, MI Choice Waiver Agencies, Program of All-Inclusive Care for the Elderly (PACE) Providers, Integrated Care Organizations
 - Issued: January 15, 2021
 - Subject: COVID-19 Response: Update to Bulletin MSA 20-77
 - Effective: Immediately

Programs Affected: Medicaid

Purpose

The purpose of this policy is to update bulletin MSA 20-77, issued November 25, 2020. Bulletin MSA 20-77 formalized the operational requirements for Michigan hospitals to establish hospital-based Care and Recovery Centers (CRCs) to support the safe care and isolation of COVID-positive individuals.

Physical Plant Standards for Critical Access Hospitals

Hospitals that apply to be CRCs must meet criteria that is established in MSA 20-77. Hospitals designated as a Critical Access Hospital (CAH) are exempt from the requirement to have a separate staff break area and restroom provided that the CAH has a documented plan to ensure infection control standards are maintained. All other criteria must be met in order for a CAH to be approved as a hospital-based CRC.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Michael Hart via e-mail at <u>HartM6@michigan.gov.</u>

Please include "COVID-19 Response: Update to Bulletin MSA 20-77" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to <u>ProviderSupport@michigan.gov</u>. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

Approved

Kate Massey, Director Medical Services Administration