

Medicaid Managed Specialty Supports and Services Program FY20  
Amendment #4

Manager and Location Building:  
Jeffery L. Wieferich, Elliot-Lerner Building, 320 S. Walnut  
Contract Number# \_\_\_\_\_

**Amendment No. 4 to the Agreement Between  
Michigan Department of Health and Human Services  
And**

**PIHP \_\_\_\_\_**

**For**

**The Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan  
Program and Substance Use Disorder Community Grant Programs**

**1. Period of Agreement:**

This agreement shall commence on October 1, 2019 and continue through September 30, 2020.

**2. Period of Amendment:**

October 1, 2019 through September 30, 2020.

**3. Program Budget and Agreement Amount:**

Payment to the PIHP will be based on the total funding available for specialty supports and services as identified in the annual Legislative Appropriation for community mental health services programs for the period of October 1, 2019 through September 30, 2020. The estimated value is contingent upon and subject to enactment of legislative appropriations and availability of funds.

**4. Amendment Purpose:**

This amendment incorporates changes to boilerplate contract language and related contract attachments.

**5. The Specific Changes are Identified Below:**

- 5.7 COVID-19 DCW Language
- 7.0 Provider Stability Plan

**6. Original Agreement Conditions**

It is understood and agreed that all other conditions of the original agreement remain the same.

**7. Special Certification:**

The individuals signing this agreement certify by their signatures that they are authorized to sign this agreement on behalf of the organization specified.

**Signature Section:**

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**For the Michigan Department of Health and Human Services**

\_\_\_\_\_  
Christine H. Sanches, Director  
Bureau of Grants & Purchasing

\_\_\_\_\_  
Date

**For the CONTRACTOR:**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**~~COVID-19 Contract Language will be added to the following section of the FY20  
PIHP contract:~~**

**~~5.0 Special Coverage Provisions Section:~~**

~~The following sub-sections describe special consideration, services, and/or funding arrangements that may be required by this contract.~~

**5.7 Temporary Hourly Wage Increase for Direct Care Workers in Response to COVID-19  
Pandemic and State of Emergency:**

In response to the COVID-19 Pandemic and State of Emergency, MDHHS is authorizing a temporary hourly wage increase (referred to as “Premium Pay”) for direct care workers:

Effective April 1, 2020 through June 30, 2020, the temporary premium pay for authorized services is intended to cover a \$2.00 per hour increase in direct care worker wages along with a \$.24 increase for agencies to cover their additional costs associated with implementing this increase. The Fiscal Intermediary or Agency of Choice must receive the \$.24 per hour increase when direct care workers are paid through a self-determination arrangement. The temporary premium pay for direct care workers will apply to the authorized services identified in the table below:

<b>Services</b>	<b>Related HCPCS Codes</b>
<del>Community Living Supports Overnight Health and Safety Supports Personal Care Prevocational Services Respite Skill Building/Out of Home Non-Vocational Services ABA Adaptive Behavior Treatment ABA Group Adaptive Behavior Treatment ABA Exposure Adaptive Treatment Crisis Residential Services Residential Services—SUD Residential Services—Co-occurring SUD/MH Withdrawal Management—SUD</del>	<del>H0043, H2015, H2016, T2027, T1020, T2015, S5151, T1005, H2014, 97153, 97154, 0373T, H0018, H0019, H0010, H0012, H0014</del>

The contractor (PIHP) shall implement the provisions of MSA L-20-28 ([https://www.michigan.gov/documents/mdhhs/L\\_20-28\\_690311\\_7.pdf](https://www.michigan.gov/documents/mdhhs/L_20-28_690311_7.pdf)) ([https://www.michigan.gov/documents/mdhhs/L\\_20-28\\_690311\\_7.pdf](https://www.michigan.gov/documents/mdhhs/L_20-28_690311_7.pdf)) dated May 12, 2020, and any properly promulgated successor guidance -or public laws enacted for the period April 1, 2020 through June 30, 2020 or as stipulated in any properly promulgated successor guidance or public laws enacted and shall ensure compliance with directly related BHDDA written implementation instructions issued subsequent thereto. (<https://www.michigan.gov/mdhhs/0,5885,7-339-71545-524138-->

~~<https://www.michigan.gov/mdhhs/0,5885,7-339-71551-2945-42542-42543-42546-42553-515596-,00.html>~~

~~MDHHS will provide increased capitation rates or provide sufficient funding if capitation rates cannot be appropriately adjusted due to COVID-19 specific federal regulations during this period or any successor periods to cover the actual cost of mandatory premium pay increases. The Contractor (PIHP) shall be responsible to disperse these funds to eligible contracted providers employing individuals that qualify for the increase.~~

~~PIHPs will receive increased capitation rates during this period and will be responsible to disperse these funds to contracted providers who provide these services. In addition, PIHPs will provide the necessary oversight to ensure the following:~~

- ~~• The \$2.00 increase must be applied entirely to the hourly wages of the direct care worker in addition the hourly wage the direct care worker was earning since April 1, 2020 through June 30, 2020. and~~
- ~~• The temporary premium pay is recorded separately from the base pay of the direct care worker.~~
- ~~• The temporary premium pay will not be applied to services provided via tele-health.~~
- ~~• Payments for SUD residential and withdrawal management will be directed to the non-professional direct care staff in those programs that are assisting with the recovery of individuals (often referred to as residential aides); professional clinical staff involved in the recovery of individuals (often referred to as therapists, counselors); and nursing staff who are involved in the recovery of individuals. Administrative staff, physicians and other staff in the programs that are not a part of the treatment and recovery process are not to receive the premium pay.~~

## 7.0 PROVIDER NETWORK SERVICES

The PIHP is responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of this contract. The PIHP remains the accountable party for the Medicaid beneficiaries in its service area, regardless of the functions it has delegated to its provider networks.

In this regard and **in compliance with 42 CFR Parts 438.414; 438.10(g)(2)(xi)(C)(D)(E) and 457.1260**, the PIHP agrees to:

1. Maintain a regular means of communicating and providing information on changes in policies and procedures to its providers. This may include guidelines for answering written correspondence to providers, offering provider-dedicated phone lines, and a regular provider newsletter.
2. Have clearly written mechanisms to address provider grievances and complaints, and an appeal system to resolve disputes.
3. Provide a copy of the PIHP's prior authorization policies to the provider when the provider joins the PIHP's provider network. The PIHP must notify providers of any changes to prior authorization policies as changes are made.
4. Provide a copy of the PIHP's grievance, appeal and fair hearing procedures and timeframes to the provider when the provider joins the PIHP's provider network. The PIHP must notify providers of any changes to those procedures or timeframes. Please see attachment P6.3.1.1 GA Technical Requirement for Grievance & Appeal timeframes and State Fair Hearing process for further detail.
5. Provide to MDHHS in the format specified by MDHHS, provider agency information profiles that contain a complete listing and description of the provider network available to recipients in the service area.
6. Assure that services are accessible, taking into account travel time, availability of public transportation, and other factors that may determine accessibility.
7. Assure that network providers do not segregate PIHP individuals in any way from other people receiving their services.

In addition, the PIHP agrees upon request from MDHHS either through an RFP or other means to:

1. Provide documentation on which the state bases its certification that the MCP complied with the state's requirements for availability and accessibility of services, including the adequacy of the provider network as referenced in **42 CFR Parts 438.604(a)(5); 438.606; 438.207(b) and 438.206**.
2. Submit any other data, documentation, or information relating to the performance of the entity's obligations as required by the state or Secretary as referenced in **42 CFR Parts 438.604(b) and 438.606**.

Each PIHP must submit a Provider Network Stability Plan for FY 2020 that outlines the actions initiated in order to sustain and provide financial or operational support for their entire provider networks during the COVID-19 pandemic response period. This plan will describe actions to be or already implemented and must include a description, by provider type, of the funding mechanism(s) being employed, length of time it will be utilized, criteria used to determine when

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the plan will be discontinued and the internal audit process that will be used to monitor the approach(es) for effectiveness and compliance with established rules and regulations. MDHHS is responsible for approving plans, which must then be implemented by the PIHP. A status update on the plan will be due to MDHHS at the end of each month through calendar year 2020.

Edited