Michigan’s Integrated Care Demonstration Project
Upper Peninsula Implementation Forum
Northern Michigan University
October 23, 2013
Today’s Agenda

• Welcome and Introductions – Steve Fitton/Lynda Zeller
• Integrated Care Updates – Susan Yontz
• Care Bridge Presentation – Susan Yontz/Nora Barkey
• Stakeholder Involvement – Dick Miles
• Michigan Disability Rights Coalition Grant – RoAnne Chaney/Alison Hirschel
• Questions – All
• Wrap-Up and Next Steps – Dick Miles
Welcome and Introduction

Steve Fitton, Director
Medical Services Administration

Lynda Zeller, Director
Behavioral Health & Developmental Disabilities Administration
What is Integrated Care?

Integrated care is the blending of Medicare and Medicaid rules, funding streams, and benefits into a single, organized and coordinated health care services and supports delivery system for people who are dually eligible for both programs.
Background

• Contract awarded from the Centers for Medicare and Medicaid Services (CMS) in 2011 to develop a new model of care for individuals who are dually eligible for Medicaid and Medicare
• Conducted an extensive external stakeholder process
• Proposal submitted to CMS on April 26, 2012
• MDCH has been working with CMS since 2012 to develop a Memorandum of Understanding (MOU)
The primary goal of integrating care and supports is to design and implement an organized and coordinated delivery system that:

- Improves quality of services and enrollee satisfaction
- Provides seamless access to all services for enrollees
- Creates a care and supports coordination model that communicates within its structures by linking back to all domains of the delivery system
- Streamlines administrative processes for enrollees and providers
- Eliminates barriers to home and community based supports and services
- Reduces the cost of providing care to the state and federal government through improved care and supports coordination, financial realignment and payment reforms
MDCH’S Commitment

• Full commitment to successful implementation
• MSA and BH&DDA working together
• Stakeholder engagement efforts to get feedback on the progress of the demonstration
• Choice and voice for enrollees
Integrated Care Updates

Susan Yontz, Director
Integrated Care Division
Updates

• Integrated Care Division
• Memorandum of Understanding
• Procurement
• Program Design
• Implementation Information
• Waivers
• Implementation Grant
Integrated Care Division

• New division within the Bureau of Medicaid Policy and Health System Innovation in MSA

• Staff for the Program of All-Inclusive Care for the Elderly (PACE) incorporated into the Integrated Care Division

• Policy/Waiver staff person hired

• Hiring process has begun for contract managers and quality assurance staff
Memorandum of Understanding

• Memorandum of Understanding (MOU) – An agreement between MDCH and CMS that provides operational and evaluation details for the demonstration

• Submitted to CMS this month
MOU Components

- Assessment and care coordination plan
- Benefit design (covered services, including supplemental benefits)
- Provider network/capacity
- Financing and payment model
- Implementation strategy
- Quality and performance metrics
- Enrollment process
- Enrollee protections and appeals
Procurement

• Bidders must pass the CMS procurement process, including the Model of Care requirements
  – States can only consider plans that have successfully passed this process
• State released Request for Proposals (RFP) in July, and bid proposals were received in September
• Selection of Integrated Care Organizations (ICOs) to be announced by DTMB soon
Program Design: ICO Services and Coverage

• Medicare and Medicaid Services:
  – All physical health (acute and primary care)
  – Long term supports and services
    • Nursing Facility services
    • Home and community based services
  – Pharmacy
  – Durable Medical Equipment
Program Design:
PIHP Services and Coverage

• Behavioral health
• Substance use
• Intellectual/developmental disabilities
Program Design: Provider Network

- ICOs must meet provider network standards established in the MOU and the three-way contract with CMS
- Cultural competency must be assured in the provider networks
- Networks must include specialists for conditions common to the population
- ICOs and PIHPs must meet accommodation standards of the Americans with Disabilities Act
Program Design: Provider Network

• ICOs will be required to reach out to current providers as networks are being developed and standards will be established for continuity of care

• Existing relationships with “out-of-network” providers will be maintained during the transition to the new program
Program Design: Performance Metrics & Evaluation

- CMS and State identified uniform measures will be established in the MOU and included in contracts

- Quality domains include:
  - Access to care
  - Care transitions
  - Consumer satisfaction
  - Coordination of services and supports
  - Effectiveness of care
  - Person-centeredness
  - Quality of life

- CMS contractor to evaluate the demonstration
Program Design: Enrollment Process

- Extensive unbiased education and outreach prior to enrollment
- Phased enrollment periods by Region
  - Opt-in enrollment period 30-days prior to implementation
  - Phased passive enrollment of eligible individuals if they do not opt-out
- Michigan State Health Insurance Program (Medicare-Medicaid Assistance Program-MMAP) will be used for dissemination of program information and education
- State will use Michigan ENROLLS to enroll beneficiaries in the demonstration
- Enrollees may change plans or opt out on a monthly basis
Program Design: Enrollee Protections

- Clear, concise, and consistent marketing materials about the program will be developed and approved by MDCH and CMS
- Choice of providers and coordinators will be offered
- ICOs and PIHPs will be required to include enrollees on governance boards
- An integrated care ombudsman role will be created
Program Design: Appeals and Protections

• A user-friendly appeal process that incorporates and coordinates Medicare and Medicaid requirements

• Standard documents and language will be developed to clearly explain membership, appeal rights and other protections

• Medicare protections are preserved
Implementation Information

• Target for implementation – July 2014
• Phased passive enrollment by Region
• New 1915 b and c waivers specific to the demonstration
• Applied for grant funds to implement the program
• Procurement process underway
• Finalizing MOU
• Readiness Reviews
The demonstration will be implemented in four regions in the state:

- **Region 1 (UP)** – Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties

- **Region 4 (Southwest)** – Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren Counties

- **Region 7 (Wayne)** – Wayne County

- **Region 9 (Macomb)** – Macomb County
Implementation Grant

• Michigan’s grant application requested funds for the following:
  – Ombudsman program
  – Outreach and education
  – Marketing
  – Stakeholder engagement and support
  – System and technology changes and enhancements to support the demonstration
  – Evaluation including participant satisfaction
Care Bridge Presentation

Nora Barkey, Policy Specialist
Division of Quality Management and Planning
Behavioral Health & Developmental Disabilities Administration

Susan Yontz, Director
Integrated Care Division
Medical Services Administration
Purpose of the Care Bridge

• A care coordination framework to
  – **PROVIDE** for and support communication with the enrollee to gather screening and assessment information
  – **DEVELOP** the Individual Integrated Care and Supports Plan (IICSP) through the person-centered planning process
  – **FACILITATE** access to formal and informal supports and services
  – **COORDINATE** care and community support services
  – **ENSURE** efforts to achieve identified health and life goals
Framework Assumptions

- Care coordination across services, supports and settings
- Intensity of need varies by person
- Emphasis on maintaining existing relationships with providers
- Person is at the center of his/her integrated individualized plan
Care Bridge Practices

• ICOs offer care coordination services to all enrollees in accordance with the enrollee’s individual preferences and needs
• ICO training and policy based on MDCH approved person-centered principles and practice
• Information and opportunity for the enrollee to choose arrangements that support self-determination
• Process for ensuring the provision of person-centered planning and treatment approaches are collaborative and responsive to the enrollee’s changing and continuing needs
Care Bridge Practices

• Coordinating care across continuum of services and providing services in the most integrated setting

• Collaboration between ICO Care Coordinators and:
  – PIHP Supports Coordinator
  – Long Term Supports and Services Coordinator
  – Primary Care and other treating providers
Care Coordination Process

• Care Coordination will include:
  – Initial Screening
  – Assessment and reassessment
  – Initiation and monitoring the Individual Care Bridge Record (ICBR)
  – Development of Individual Integrated Care and Supports Plan (IICSP), using person-centered planning principles
  – Collaboration between individual and integrated care team members
  – Ongoing care coordination services, including monitoring and advocacy
  – Medication review and reconciliation
Individual Care Bridge Record (ICBR)

• Secure web-based portal where documents and messages can be posted and pushed
• Operated by ICO with access granted to enrollee and Integrated Care Team (ICT)
• Components:
  – History, issues list, lab results, medications, assessments
  – IICSP (Individual Integrated Care and Supports Plan)
  – Progress notes and status change
Individual Integrated Care and Supports Plan (IICSP)

- Developed with the enrollee through person-centered planning process
- The IICSP includes
  - Enrollee preferences for care, support, services
  - Enrollee’s prioritized list of concerns, goals, objectives and strengths
  - Screening and assessment results
  - Activities for addressing concerns/goals and measures for achieving
  - Specific providers, supports and services including amount, scope and duration
  - The person(s) responsible and time lines for specific interventions, monitoring and reassessment
Stakeholder Involvement

Dick Miles, Director
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
Stakeholder Involvement

MDCH is expanding its stakeholder engagement efforts to get feedback on the progress of the demonstration

- Quarterly Regional Open Forums
- Advisory Council
- Enrollee Participation in ICO Governance
Open Forums

• Host an open forum every quarter
• Rotate the location of the forum between the 4 regions
• The next Forum will be in Southwest Michigan, the date and location are to be determined
Advisory Council

• Being formed for the Integrated Care demonstration
• Provides a mechanism for enrollees and stakeholders to provide input
• Membership represents the diverse interests of stakeholders
Roles and Responsibilities of the Advisory Council

• Work with MDCH to solicit input from stakeholders and other consumer groups
• Provide feedback on quality of services
• Provide input to the State on evaluation design
• Review ICO and PIHP quality data and make recommendations for improvement
Roles and Responsibilities of the Advisory Council

• Assist in the development of public education and outreach campaigns
• Identify areas of risks and potential consequences
• Participate in the demonstration Open Forum sessions
Membership Selection

- Individuals and organization representatives will apply to serve on the Advisory Council

- MDCH will evaluate all applications

- Membership will include representation from various populations within the demonstration regions
Membership Selection

• Submitted applications will be evaluated on:
  – Qualifications including interest, knowledge, skills, and experience
  – A person who is eligible for both Medicare and Medicaid, or has experience working with this population
Advisory Council Application

• A completed application form is required. A letter of reference is optional.
• The form will be made available online on the website
• Email INTEGRATEDCARE@michigan.gov or call 517-241-4293 if you need the form mailed to you
• The completed form can either be sent to MDCH by email or regular mail
ICO Governance

• Requirement in the RFP that ICOs have a separate and distinct governing board including enrollees as one-third membership

• The State requested grant funds to support enrollee participation on the governing board
Patient-Centered Care and Person-Centered Planning: What’s the Difference?

RoAnne Chaney, Associate Director
Michigan Disability Rights Coalition

Alison Hirschel, J.D.
Michigan Poverty Law Program
Questions or Comments?
Wrap-up and Next Steps

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