

Minutes

MI CHOICE RENEWAL STAKEHOLDER MEETING

11/28/2011, 1-4 p.m. Capitol View

I. General Discussion

- Private duty nursing and medication management
 - Need non-skilled nursing for on-going chronic conditions that skilled services won't cover
 - Include medication management under non-private duty nursing services.
 - More than just set-up needed
 - Include electronic device, pharmacy, pick up, medication dispensary, calling doctor office
 - Should be more person-centered
 - Service standard originally (in 1992) did not have expectations of how medication was to be monitored. Was designed to be as broad as possible.
 - No home care agency will contract with a non-licensed person to administer medication.
 - With liability, home care staff will not allow non licensed staff to set up medication. Do have reminders, assisting not administering.
 - Concern with dosing because agency liable if errors
 - Nurse can set-up medication, aid can administer it because dosage already there
 - Assisted Living does allow non-licensed staff to administer medication. Unit dose packaging is what makes this possible, removes liability.
 - Desire for Home and Community Based Services (HCBS) policy to be set by consumers needs not by possible liability issues. May need policy to keep in mind those issues that involve liability for agencies.
 - Feds tightened up definition of private duty nursing (PDN) and waiver hasn't caught up to new policy, may need to add MI Choice Nursing to replace PDN and skilled nursing.
 - Does participant cognition have any effect when needing help with opening bottle and asking for their prescribed dose?
 - Currently that it is ok as Medication Assistance in Agency
 - Waiver Agents prefer to have certain trained people involved with any type of medication distribution.
 - Self determination providers are not held to the same standards as other providers.
 - Variation in what each agency can do based on interpretation of what liability includes
 - Self-determination providers do not have same standards now, may not for this as well.
 - Require all medications set up by a pharmacy and pre-packaged?
 - Can't be required due to availability throughout the State.
 - Be included in a nursing monitoring service

- Medication reconciliation – who is responsible for doing this? A participant may have a person-centered plan and other doctors, and documents are not always reviewed by pharmacy or one specific person
 - Could be included in nurse monitoring function?
 - Reconciliation gets people in hospital, taking wrong medications
- HFA provider would like medication management allowed under residential care services, but pharmacy review would have to fit into this significantly (use of care coordinator)
- Residential Services prohibits any form of medication management, in terms of paying for medication management.
- Look at training aspect of medication management, training dollars available and consider the technology out there that helps with medication.
- Is there a Centers for Medicare and Medicaid Services (CMS) definition approved for medication management?
 - There is one in the Medicaid application - very structured.
 - See approved service definition standards by CMS and discuss them at next meeting.
- Add Mental Health Services
 - Training – education for family? For person? Interventions to use, understanding the disease and what causes it, understanding triggers
 - Who would train? Alzheimer’s Association, AAAs, Community Mental Health?
 - Part of problem is to define who would train, what is good in one are does not work in another
- Add Assistive Technology
- Add Non-Medical Transportation
 - Once a week trips help people stay independent
- Continue expanding and improving self determination.
 - People don’t understand this option when coming into program (training issue)
 - Add possibility of covering med management and administering by family members trained by participant’s physician.
- Training for family/caregivers on understanding participant’s disease.
 - Trained by Area Agency on Aging, Alzheimer’s Association Mental Health
 - Possibility of assessment that reflects physical issues assessments but for mental issues.
- Consumers worried about the possibility of cuts to program, any cuts or changes that would take away any care currently administered would jeopardize consumers well being.
- Consumer called-in
 - Needs more respite time – told that needs to be taken up with Supports Coordinator.
 - Afraid of “rocking the boat” when requesting more services.
 - Current consumer feels uncomfortable if an untrained person was administering medication. Prefers LPN or RN

- Consumer would consider training someone on their particular needs to administer medication when provider isn't there.
 - Don't know enough in the medical field to train someone else
 - Medications continue to change and it might be a small change that only a nurse would catch.
- His biggest issue with non-licensed person is that medications change, and he has also been sent wrong dosage.
- Adequate training on Self Determination. How to be an employer, what to look at, what steps to take, and the questions to ask.
- Include peer supports training, i.e. conference calls to raise and answer questions.
- Generators are coverable as a home modification.
- Equipment breaking, no one to fix or no place to replace. Should be covered under state plan. A way to get equipment replaced and covered.
- Clustering services – community living supports is a good one, look for other CMS services that are or can be clustered.
- Medical Transportation as waiver service, especially in rural areas
 - If can't be approved, or a way to make sure Department of Human Services (DHS) covers it like they are suppose to.
- Waiver used to cover cueing and was dropped
 - Now a part of personal care, need more training for agencies as many don't know this.
- Memory Care – what would that look like in someone's home or licensed setting?
 - Alzheimer's Association may already have a definition
 - Want someone who is an environmental expert to evaluate home and make changes that would help the participant.
 - Family training
 - It's around the clock care, which would most likely be by family members – offer the family provider some form of respite care.
 - The PATH program which includes respite or Adult Day Care (Savvy Caregivers)
 - Dementia competency guide for caregivers
 - Dementia with personal care services with specific time frames – personal care doesn't always fit with persons with Dementia.
 - In Licensed Settings it would like some form of 24hr supervision.
 - Providing a level of security to the participant that someone will be there when things don't go so smoothly.
- Clustering Services – Personal Care, Chore Services, Homemaker Services and Community Living Supports is all three of those combined into one.
 - Based on Person Centered Planning and is more person centered
 - Makes it easier for worker to be flexible with participant.
- Clearly define roles of different workers
- Current waiver seems to discriminate against those with Dementia.

II. Performance Measures

- Current Quality Assurances will be put online.
 - All of the measures/assurances are up for discussion

- When negative findings are found, providers are given an opportunity to write a corrective action.
 - Possible to terminate contracts with continuous negative findings
 - Sometimes it's hard to terminate a provider contract because they will fire the employee who created the negative action, instead of solving the problem.
 - When State sees negative actions, they can step in and say something to help create a corrective action plan.
 - Critical incidents tracked by state, if state sees provider has an issue, will take steps to get rid of problem providers
 - Critical incidents will be going online
 - Waiver Agents have to assure that their providers meet the set standards by monitoring systems.
 - Need a standardized training program or a way to meet the needs of our networks for well trained and well paid staff.
 - State gives all Waiver Agents a contract pamphlet to make sure all the required performance measures are issued or covered in some part of Provider Contracts.
 - Add in Emergency Preparedness/Back Up Plan.
 - Reference Service Standards where it does require emergency back up/preparedness plan by the Provider.
 - Quality Management Collaborative will be looking into Back up/preparedness plan.
 - No shows increase in winter and around holidays
- Adopt Statewide Criminal Background check definitions. (**Standardize?**)
 - Included in licensure guidelines for providers
 - Licensed settings already has this
 - Agencies have their own "look back period" may want to standardize this.
 - Need right language for appeal vs. review in background checks
 - Medicaid has standards that "if you have done this, then you can't be a Medicaid provider"
 - Look at State definition set by Legislature on background checks
 - Check into MI fingerprint laws.
 - What happens to workers already employed, grandfathered in or not?
 - Want guidelines not standards, because people who are doing the job may have to be fired because of a crime committed years ago and haven't done since.
 - Possibly create a best practices guideline on what to do after background check is conducted.
 - Need to incorporate persons choice with background checks
 - Concern about adding annual requirement to do background check
 - DHS – says this is a complicated issue, has dealt with before
 - Balance between people making a choice and protections that are in place, some participants are not aware of background check requirements

III. Consensus

- Look at additional Nursing Service, fill gap between PDN and Skilled Nursing
- Look at Medication Management Component
- Med Management and RN service be one service or 2 separate services – agreed to one service
- Memory Care be added as a service or training (needs more discussion)
- Medical Transportation is a problem, find funding if waiver participant money should cover it.
- Training and Education for family on Disease
- Background Check standardization (needs more discussion)

IV. Other

- Version 3.5 HCBS Waiver Applications instructions – will be posted on website