



Michigan Department of Community Health

Director Olga Dazzo

MI Choice State Application Renewal Stakeholder Meeting November 18, 2011

MI Choice Renewal

Meeting Overview

Michael Daeschlein





MI Choice

MI Choice is Michigan's 1915(c) waiver for home and community-based services for the elderly and disabled, who would otherwise require nursing facility services.



Highlights

- MI Choice has been providing services for 20 years.
- CMS approved existing waivers generally for 5 year periods.
- The program is beginning the process of preparing a renewal application of the waiver.



MI Choice Renewal

- Current waiver expires at the end of September 2012.
- MDCH has asked for a one-year extension to resolve issues regarding Integrated Care for People Eligible for Both Medicare and Medicaid project.



MI Choice Renewal

Application Process

Brian Barrie



Renewal Process

- Stakeholder Meetings
- Application Preparation
- Internal Review
- Public and Tribal Review
- Submit to CMS
- CMS Request for Additional Information
- CMS Approval



Renewal Timeline

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Stakeholder Meetings											
		Application Preparation									
				Internal Review							
						Public and Tribal Review					
								CMS Review			
											Begin Date



Stakeholder Workgroup Meetings

- Friday, Nov 18 9-12 AM Capitol View
- Monday, Nov 28 1-4 PM Capitol View
- Monday, Dec 12 9-12 AM Capitol Commons
- Friday, Jan 6 9-12 AM Capitol View
- Friday, Jan 20 9-12 AM Capitol View
- Friday, Feb 3 9-12 AM Capitol View



Assurances

- Necessary safeguards have been taken to protect the health and welfare of participants.
- Funds are expended for home and community-based services and appropriate records are available.
- An initial evaluation of LOC is done prior to the provision of services and at least annually thereafter.



Assurances

- Applicants are informed of alternatives under the waiver and are given the choice of either institutional or HCBS.
- Average per capita expenditure does not exceed the level absent the waiver.
- Total expenditures do not exceed the amount of institutional care.
- Participants would receive institutional care absent the waiver.



Assurances

- State will provide CMS with information on the type, amount, and cost of services.
- Prevocational, educational, or supported employment services are not otherwise available.
- FFP is not claimed for waiver services to individuals with chronic mental illness if they would otherwise be served in an IMD.



Application Elements

- Appendix A – Waiver Administration and Operation
 - Line of authority and oversight
 - Assessment of contracted and other agencies
 - Distribution of operational and administrative functions



Application Elements

- Appendix B – Participant Access and Eligibility
 - Target groups
 - Cost limitations
 - Number of participants
 - Allocation of waiver capacity
 - Eligibility criteria
 - Post-eligibility treatment of income
 - LOC evaluation and re-evaluation
 - Freedom of choice
 - Access for Limited English Proficiency persons



Application Elements

- Appendix C – Participant Services
 - Participant services
 - Service definitions
 - Provider qualifications and verification
 - Criminal history and background checks
 - Services in licensed facilities
 - Provision of services by legally responsible individuals
 - Open enrollment of providers
 - Limits on services



Application Elements

- Appendix D – Participant-Centered Service Planning and Delivery
 - Service plan development process and responsibility
 - Service plan safeguards
 - Participant support in plan development
 - Risk assessment and mitigation
 - Informed choice of providers
 - MDCH review
 - Plan update schedule
 - Plan implementation and monitoring



Application Elements

- Appendix E – Participant Direction of Services
 - Description of participant direction (PD)
 - Information furnished to PD participants
 - PD by participant representative
 - PD services
 - Financial management services
 - Independent advocacy
 - Voluntary/involuntary termination of PD
 - Budget authority/flexibility



Application Elements

- Appendix F – Participant Rights
 - Procedure to request a fair hearing
 - Additional dispute resolution processes



Application Elements

- Appendix G – Participant Safeguards
 - Critical incident (CI) reporting requirements
 - Participant training and education
 - Responsibility for CI response
 - Responsibility for CI oversight
 - Use of restraints or seclusion
 - Use of restrictive interventions
 - Medication management
 - Medication administration by providers
 - Medication error reporting and oversight



Application Elements

- Appendix H – Quality Improvement Strategy
 - System improvements
 - System design changes



Application Elements

- Appendix I – Financial Accountability
 - Financial integrity
 - Rate Determination
 - Flow of billings
 - Billing validation process
 - Payment methods
 - Supplemental payments
 - Provider retention of payments
 - Organized health care delivery system
 - Other cost sharing arrangements



Application Elements

- Appendix J – Cost Neutrality Demonstration
 - Number of participants serviced
 - Average length of stay
 - Waiver service cost projections
 - Non-waiver service cost projections
 - Institutional cost projections



MI Choice Renewal

Services and Provider Qualifications

Elizabeth Gallagher



1915 (c) Statutory Services

- Case Management
- *HOMEMAKER SERVICES*
- Home Health Aide Services
- *PERSONAL CARE*
- *ADULT DAY HEALTH*



Services in all CAPs and italics are current MI Choice services



1915 (c) Statutory Services

- Habilitation Services
 - Habilitation
 - Residential Habilitation
 - Day Habilitation
 - Education
 - Prevocational Services
 - Supported Employment
 - *RESPITE CARE*



Services in all CAPs and italics are current MI Choice services

1915 (c) Statutory Services

- Mental Health Services
 - Day Treatment
 - Psychosocial Rehab
 - Clinic Services
 - Live-in Caregiver

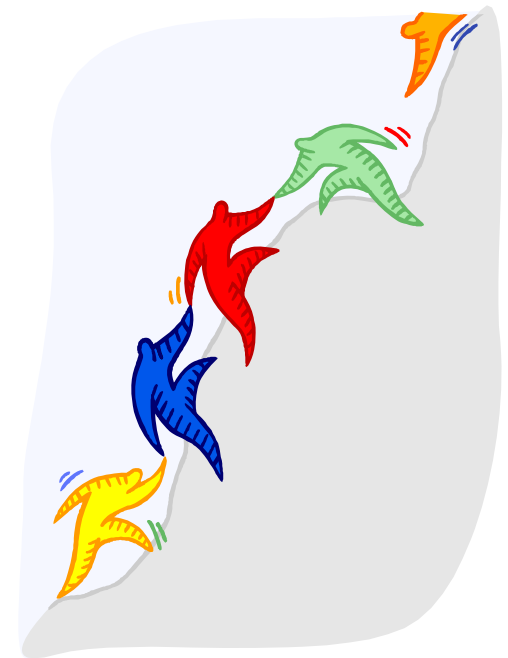


Services in all CAPs and italics are current MI Choice services



1915 (C) Other Services

- *HOME ACCESSIBILITY ADAPTATIONS*
- Vehicle Modifications*
- *NON-MEDICAL TRANSPORTATION*
- *SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES*
- Assistive Technology
- *PERSONAL EMERGENCY RESPONSE SYSTEM*
- *COMMUNITY TRANSITION SERVICES (MI Choice calls it nursing facility transition)*
- Skilled Nursing



Services in all CAPs and italics are current MI Choice services



1915 (C) Other Services

- *PRIVATE DUTY NURSING*
- Adult Foster Care
- Assisted Living Services
- *CHORE SERVICES*
- Adult Companion Services
- Training and Counseling Services for Unpaid Caregivers
- Consultative Clinical and Therapeutic Services
- *INDIVIDUALLY DIRECTED GOODS AND SERVICES*
- Bereavement Counseling



Services in all CAPs and italics are current MI Choice services



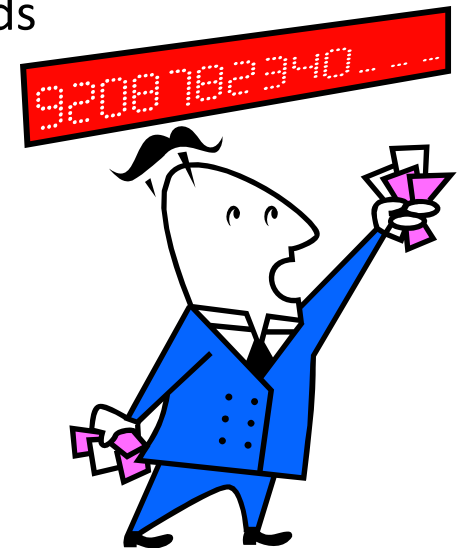
Extended State Plan Services

- Extended State Plan Services
 - Services that are provided when the limits of [*State Plan Service*] under the approved State Plan are exhausted. The scope and nature of these services do not otherwise differ from [*State Plan Service*] services furnished under the State Plan. The provider qualifications specified in the State plan apply. The additional amount of services that may be provided through the waiver is as follows: (*States specify qualifications*)



Services in Support of Participant Direction (Self-Determination)

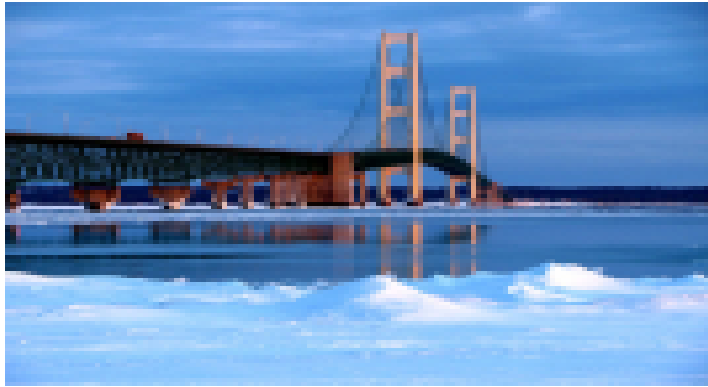
- Information & Assistance (Supports Brokerage)*
 - Assists the participant (or representative) in arranging for, and managing services.
 - Assists in identifying immediate & long term needs
 - Develops options to meet needs
 - Practical skills training
 - Providing information to ensure participants understand SD responsibilities
 - Does not duplicate case management
- Financial Management Services
 - *FISCAL INTERMEDIARY*



Services in all CAPs and italics are current MI Choice services



State-Specific Services



- MI Choice State-Specific Services include:
 - Community Living Supports
 - Counseling
 - Home Delivered Meals
 - Residential Services
 - Training



Current MI Choice Services

- Adult Day Health
- Chore Services
- Community Living Supports
- Counseling
- Environmental Accessibility Adaptations
- Fiscal Intermediary
- Goods and Services
- Home Delivered Meals
- Homemaker
- Non-Medical Transportation
- Nursing Facility Transition
- Personal Emergency Response System
- Personal Care (Waiver)
- Private Duty Nursing
- Residential Services
- Respite Services (x3)
- Specialized Medical Equipment and Supplies
- Training



Self Determined Services

- Chore Services
- Community Living Supports
- Environmental Accessibility Adaptations
- Fiscal Intermediary
- Goods & Services
- Homemaker
- Non-Medical Transportation
- Personal Care (Waiver)
- Private Duty Nursing
- Residential Services (Waiver)
- Respite (in home & in home of another)



Provider Qualifications - Traditional

- ✓ Background/reference checks
- ✓ Knowledge of standard precautions
- ✓ Record keeping/insurance coverage
- ✓ Training/Supervision of workers
- ✓ Procedures for participant signature on time sheets
- ✓ No smoking in participant homes
- ✓ Workers must be able to communicate w/participant
- ✓ Workers cannot threaten or coerce participants
- ✓ Waiver agents inform of new/revised standards



Provider Qualifications - Traditional

- ✓ Additional qualifications may be required for specific services (i.e. licensure)
- ✓ Must be able to perform required tasks as specified in POC
- ✓ At least 18 years old
- ✓ Cannot be legally responsible relative



Qualifications for Self-Determined Providers

- ✓ Reference/Background Checks
- ✓ 18+ years old
- ✓ Ability to communicate effectively
- ✓ Trained in
 - Universal precautions
 - Blood-born pathogens
- ✓ Cannot be legally responsible for participant
- ✓ Additional qualifications for specific services
 - Licensure
 - CPR (unless DNR order)
 - Driver's license (if transporting)



MI Choice Renewal

Quality Management System

Heather Slawinski



Fiscal Year 2000 Federal Government Accountability Office (GAO) Report

- Reported problems in waiver programs across the nation. People weren't getting home care services as planned.
- Charged CMS was not adequately monitoring waiver programs.
- Called for the US Dept of Health and Human Services/CMS to implement quality monitoring of home and community-based Medicaid waiver programs.



MDCH Received a CMS Quality Grant

- Michigan was one of the first States to receive a 2001 CMS Quality Grant.
- A planning process to develop a comprehensive quality management plan for the MI Choice waiver program emerged by March 2004.
- Involved consumers and their peers, providers, MDCH and quality consultants came together in an open forum, which was called the MI Choice Person Focused Quality Management Collaboration (QMC).



CMS Quality Requirements

- In order for a state to be approved for a Home and Community Based Services waiver, the state must show systems in place to measure and improve its own performance in assuring
 - Participant health and welfare
 - Financial accountability
 - Qualified providers
 - Level of Care determination
 - Service plans
 - Administrative authority
- MDCH must also describe
 - evidence based discovery activities
 - remediation activities followed to correct individual problems



Quality Management Collaborative Committee

- Membership of at least seven program participants, family members, caregivers and advocates.
- Also includes waiver agents and providers.
- Currently co-chaired by two program participants.
- The QMC provides a venue to include participants and caregivers in the development, discussion and review of quality issues/problems, performance outcomes, plan improvements.
- Recently MDCH encouraged waiver agencies to form their own QMCs to address local quality issues.



Quality Management Plan

- Outlines MDCH's plan for Quality Improvement activities.
- Provides guidance to waiver agents for their own Quality Management Plans.
- Includes
 - Quality Reviews
 - Quality Improvement Goals using Quality Indicators
 - Satisfaction and Quality of Life Surveys
 - Critical Incident Management
- Developed by MDCH with feedback from the MI Choice QMC.



Clinical Quality Assurance Reviews (CQAR)

- Registered nurse (RN) reviewers conduct reviews of
 - Participant enrollment
 - Assessment data
 - NFLOC eligibility
 - Plans of Care and care planning process
 - Reassessment data
- For each waiver agent, RN reviewers review a percentage of randomly selected participants.



CQAR Data FY 2009

Focus Area	Statewide Average	Compliance Level
I: Participant Access	3.25	SOME COMPLIANCE, NEEDS IMPROVEMENT
IIA: Participant-Centered Service Planning	3.01	SOME COMPLIANCE, NEEDS IMPROVEMENT
IIB: Participant-Centered Service Delivery	2.57	SOME COMPLIANCE, NEEDS IMPROVEMENT
III: Provider Capacity and Capabilities	4.00	SUBSTANTIAL COMPLIANCE
IV: Participant Safeguards	3.29	SUBSTANTIAL COMPLIANCE
V: Participant Rights & Responsibilities	3.54	SUBSTANTIAL COMPLIANCE
VI: Participant Outcomes & Satisfaction	3.93	SUBSTANTIAL COMPLIANCE
VII: System Performance	2.23	NOT FULL OR SUBSTANTIAL COMPLIANCE
VIII: Administration	3.53	SUBSTANTIAL COMPLIANCE
IX: Services	3.58	SUBSTANTIAL COMPLIANCE
OVERALL COMPLIANCE	3.27	SUBSTANTIAL COMPLIANCE



Administrative Quality Assurance Reviews (AQAR)

- The Home and Community Based Services Section staff conducts on-site visits to verify administrative and program policy and procedural requirements on a biennial basis.
- The AQAR examines
 - Policy and procedure manuals
 - Peer review reports
 - Results from participant satisfaction surveys
 - Provider monitoring reports
 - Provider contract templates
 - Financial systems
 - Claims accuracy
 - Quality management plan
 - Required provider licenses/certifications
- Home visits are also conducted as part of the AQAR.



AQAR Data FY 2009

Focus Area	Statewide Average	Compliance Level
I: Participant Access	3.74	SUBSTANTIAL COMPLIANCE
II: Participant-Centered Service Planning & Delivery	3.75	SUBSTANTIAL COMPLIANCE
III: Provider Capacity & Capabilities	3.74	SUBSTANTIAL COMPLIANCE
IV: Participant Safeguards	3.16	SOME COMPLIANCE, NEEDS IMPROVEMENT
V: Participant Rights & Responsibilities	3.67	SUBSTANTIAL COMPLIANCE
VI: Participant Outcomes & Satisfaction	3.80	SUBSTANTIAL COMPLIANCE
VII: System Performance	3.20	SOME COMPLIANCE, NEEDS IMPROVEMENT
VIII: Administration	3.85	SUBSTANTIAL COMPLIANCE
IX: Services	3.25	SOME COMPLIANCE, NEEDS IMPROVEMENT
OVERALL COMPLIANCE	3.62	SUBSTANTIAL COMPLIANCE



Critical Incident Management

- Critical Incidents are
 - Incidents, events, occurrences which jeopardize the health and welfare of a participant
- Waiver Agents must report critical incidents to MDCH on a bi-monthly basis. Agents must also
 - Follow-up with the incident until resolution
 - Help the participant determine how to avoid future occurrences of the critical incident
- New online, real-time reporting system is under development now.



Critical Incident Management

- Level One: Cause for Concern
 - Verbal Abuse
 - Illegal Activity in Home
- Level Two: Serious
 - Theft
 - Worker Drug/Alcohol Use on Duty
- Level Three: Urgent
 - Exploitation
 - Physical Abuse
 - Neglect
 - Critical Provider No Show
 - Sexual Abuse
 - Suspicious Death



Critical Incidents FY 2010

Incident	Count	Percent
Theft	65	36%
Neglect	43	24%
Critical Provider No Show	17	9%
Physical Abuse	16	9%
Verbal Abuse	15	8%
Exploitation	13	7%
Illegal Activity in Home	5	3%
Worker Drugs/Alcohol	2	1%
Sexual Abuse	2	1%
Suspicious Death	2	1%
TOTAL	180	100%



Participant Satisfaction Surveys

- In the past, each waiver agency developed and administered their own participant satisfaction surveys.
- In 2010, the QMC formed a sub-committee to create a standard Statewide Participant Quality Survey tool.
 - Monthly Call Satisfaction Questions
 - Quarterly Home Visit Satisfaction Questions
 - Mail-in Survey Regarding Supports Coordinator Performance
 - Annual Quality of Life Phone Survey
- Three of the waiver agencies are piloting the surveys now. Goal is to have all waiver agents using the same survey during FY 2012.



MI Choice Renewal

Break



MI Choice Renewal

Open Discussion

Mike Daeschlein



MI Choice Talking Points

- Service Array
- Waiting List
- Medication Management
- Nursing Services
- Freedom of Choice
- Quality
- Nursing Facility Transitions
- Other



MI Choice Renewal



Next Steps

Renewal Input

Website:

www.Michigan.gov/providers

Providers >> Other Health Care Programs
>> MI Choice

E-Mail:

MDCH-MiChoice@Michigan.gov

