

Possible Topics for Stakeholder Workgroups Notes from 11/18/11 Stakeholder Meeting

1. Service Array and Provider Qualifications

Service Array

- Medical transportation funding
- Non-medical transportation for worker
- Memory care (dementia)
- Inclusion of behavioral health
- Assistive technology
- Financial management
- Training – workers and participants
- Training – physical therapy and occupational therapy
- Nursing facility transition – issue with waiting list
- Medication administration without registered nurse performing duty
- Licensed practical nurse do supervisory visits alone
- Homemaking – requirement that we have supervisory visits
- Any being underutilized?
- Pharmacist consult
- Use of supports coordination as service vs. administrative function

Provider Qualifications

- Training– workers and participants
- Criminal background checks – access to what can be seen, worker have ability to discuss past items that show up in background check
- Limit number of providers, still have choice – increase requirements of waiver provider
- Providers who offer variety of services
- Provider reviews – people with chronic care

Other

- Daily money management
- Personal Action Towards Health (PATH) training – creating confident caregivers
- Outreach for nursing facility transition – less restrictions

2. Person-Centered Planning and Self-Determination

- Expand person-centered planning and self-determination (training, get away from medical model)
- Supports brokerage under self-determination

Assessments

- Imminent risk assessment – account for memory
- Diversions – why not treated as nursing facility transition

3. Residential Services and Dementia

- Reserve capacity for Affordable Assisted Living

4. Financing, Funding and Eligibility

Access and eligibility

- Level Of Care Determination – across county lines, timely services (safety), better communication
- Spend down
- Improve communication with Department of Human Services (DHS) on eligibility determination
- Presumed eligibility – timing with DHS, not in policy
- Individual right to access MI Choice through diversion and nursing facility transition processes, not only through waiver agencies
- Look at nursing facility diversion policy – eligibility
- Lack of statewide program – statewide access
- Change amount of money have when apply for diversion (asset requirement?) – DHS issue

Waiting list

- Pre-screening process
- What determines moving up

Financial factors

- Slot management
- Training – workers and participants
- Money paid for hours of care for nursing facility transition vs. diversion
- How deploying slots, where is highest need – examine and adjust based on need

Other

- Nursing facility level of care – orders are not written by Medicare in timely fashion for people eligible for both Medicare and Medicaid
- Freedom of choice – discuss elements

Future Meetings

1. **Service Array and Provider Qualifications (medications and monitoring, quality)**
2. **Person-centered planning and self-determination (rights and safeguards)**
3. **Residential Services and Dementia**
4. **Financing and Funding, Eligibility – DHS representation**

Training – in all meetings

Quality assurance – in all meetings

Other

- Call-in capability
- More participants who receive services involved in meetings

Integrated Care

- Swapping people from Medicare services to MI Choice services
- Waiver providers – integrated approach for efficiency – full array of Long Term Care (e.g. residential)