



MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: Monday, January 29, 2018

Time: 1:00PM – 4:00PM

Where: Diocese of Gaylord
611 W North Street
Gaylord, MI 49735

*Approximately 40 individuals attended this meeting

Welcome and Introductions

The MI Choice Renewal Panel is made up of the MI Choice Design Team. This Lean Process Improvement team is comprised of the following individuals: Elizabeth Gallagher of MDHHS, Weylin Douglas of MDHHS, Cheryl Decker of MDHHS, Heather Hill of MDHHS, Stacy Strauss of Senior Resources, and Ben Keaster of Area Agency on Aging Region II. The application renewal of the MI Choice Waiver Program provided an opportunity for the MI Choice Design Team to approach the application with a focus on continuous quality improvement.

Elizabeth Gallagher was present for this stakeholder meeting.

This meeting is meant to get input from the attendees about how to improve the MI Choice program and what could be done to make it easier for you to receive services in your homes. It is also important to know what is working well and should not be changed. The topics on the agenda serve as starting points, but do not have to be discussed if other topics are more relevant to those attending this meeting.

Person-Centered Planning and Self-Determination

- Where does policy conflict with person-centered planning?
- What can be done to facilitate person-centered planning?
- Are participants allowed choice?
- Are participants choices supported?
- What works well with self-determination?
- Can we improve the budgeting process?
- What is confusing about self-determination?

Attendees were presented with the above questions to help generate meaningful discussion regarding person-centered planning and self-determination. Elizabeth gave a brief explanation of person-centered planning and self-determination at the request of the attendees. Highlights of the discussion included the following:

- An attendee suggested that one provider agency should be allowed to provide back-up services when the regularly scheduled provider agency cannot furnish the services. Elizabeth explained that this is currently allowed.
- An attendee wanted information on what a supports broker was. Elizabeth explained that a supports broker works closely with the participant as an advocate to assure they receive the services to which they are entitled and for which they qualify. Supports brokers can be friends or family, or could be a paid advocate for the participant.
- A supports coordinator explained that it is sometimes difficult for the participant to understand that person-centered planning is not a method for the participant to have the MI Choice program pay for everything they want, but it is a way for the participant to ensure MI Choice services meet their needs.
- An attendee wondered whether the Veteran's Administration or Medicaid was payer of last resort. Elizabeth explained that Medicaid was payer of last resort.
- An attendee requested an explanation of the Veteran's Administration's Aid and Attendance benefit and how that worked with the MI Choice program. Elizabeth explained that the Aid and Attendance payment was not counted toward the participant's income, and that there is not a requirement for the participant to use the Aid and Attendance benefit toward home and community based services, such as MI Choice.
- An audience member requested an explanation of the difference between "welfare" and "safety". Elizabeth explained that an individual's welfare is their well-being and assuring they have the services and supports in place to address needs identified through a professional assessment, given their preferences. Safety refers to assuring an individual is free from harm, and has a paternalistic connotation. It is important to remember that individuals have the right to take risks, and may forgo "safety" for something else that is important to them, such as living in their own home without access to services at all times, or not wearing a seat belt in a vehicle.
- An attendee mentioned that the paperwork needed to enroll in the self-determination option is overwhelming for many participants.
- A supports coordinator recommended that the required CPR training for self-determined workers should include how to provide CPR to participants who rely on a ventilator or have a tracheostomy, when applicable to the individual they are working for.
- The daughter of a participant expressed her gratitude for the program and that it is great to keep mom at home. She also expressed that the supports coordination team is great.

Supports Coordinators & Participant Contact

- How often should SCs contact participants?
- How often should reassessments be conducted?
- Should there be more frequent contact upon enrollment?
- Is there a better way to communicate with participants?

Attendees were provided an overview of the current requirements of participant contact for supports coordinators and were asked if changes were needed. Below is a summary of the discussion.

- A provider suggested that more support may be needed in the first couple of weeks after going home from a nursing facility. This is especially true in the first 30 days after returning home.
- A provider identified that often when someone returns home after a hospitalization or from the nursing facility and skilled care is in place, the skilled care agency has a case manager, the MI Choice program has supports coordinators and the participant is confused about who to contact when.
- A provider offered that now hospitals and doctor offices also have care managers because they are trying to keep the individual from being re-institutionalized within 30 days.
- A provider offered that home care agencies need to align the worker with the needs of the participant.
- A provider indicated that MI Choice needs to pay higher rates so that they can pay their workers a competitive wage. This will allow the provider agencies to retain better workers.
- A provider suggested that every year there are more reporting requirements. The paper work is becoming overwhelming to be a provider.
- An attendee suggested that it is often hard to decide who the proper case worker is because the “language” of each program is a bit different, so often coordination is difficult to achieve, even when it is required.
- An attendee brought up that MDHHS recently simplified the Medicaid application and wondered how MI Choice could go through the same process to simplify its paperwork. Elizabeth offered that there is a Lean Process Improvement team for person-centered planning and self-determination and they are working on simplifying things.
- An attendee suggested that if MDHHS implements a Managed Long Term Supports and Services system, it needs to be based in the community to assure coordination since each community has different services and supports available.
- A supports coordinator indicated that they are able to find out more about participants when they see them in the home. Therefore, more home visits would be encouraged.
- An attendee suggested that more home visits are needed after hospitalization and nursing facility stays.
- A supports coordinator indicated that they are doing more assessments right now because they need to reassess participants after an inpatient stay. It would be better to conduct a person-centered planning meeting instead of the required assessment tool. They indicated that the supports coordinator will learn more from a person-centered planning meeting than from completing the assessment tool.
- A provider suggested that local providers know more about community services than the waiver agency and participants should be encouraged to talk with the providers directly.
- An attendee suggested that communication between the provider and the waiver agency is essential.
- A provider stated that a copy of the MI Choice assessment is needed when opening the case, after that, they only need a summary of the participant’s current condition.
- A supports coordinator indicated that the interRAI Assessment instrument used is too overwhelming for many participants, especially those in the nursing facility.
- A provider indicated that skilled care agencies have use a comprehensive initial assessment too, but after that use a shorter tool to provide updates. They suggested MI

Choice use a shorter tool to update the assessment instrument rather than complete the entire assessment each time.

- A supports coordinator offered that they learn more about the participant, their needs, and their desires by talking with them rather than completing the assessment tool. They like the idea of having a conversation with the participant rather than asking them structured questions.

What Improvements or Changes Can We Make to Serve You Better?

- Different services
- Paperwork
- Responsiveness
- Education
- Opportunities to participate in the community
- Employment

Suggestions made by the attendees are as follows:

- Regarding the requirement to have all providers and employees in CHAMPS to perform monthly background checks:
 - Improve the CHAMPS website because it seems to be down a lot.
 - Who is liable if the CHAMPS system misses an excludable conviction for an employee?
 - How long does it take to obtain background check results from CHAMPS?
- A waiver agency wanted to use gap and TIP services again. Elizabeth explained that the waiver agency is free to continue providing this type of service, as needed, but that the waiver agency could not submit encounter data for the services provided.
- A provider suggested that making two in-home supervisory visits per employee per year is burdensome. This can be expensive if you serve a large rural area. One per year should be sufficient.
- There was a robust conversation about reimbursement rates. Highlights include:
 - There is a national shortage of caregivers.
 - It is hard to retain human resources with low rates.
 - Providers need to limit MI Choice business because they are losing money.
 - Providers and waiver agencies would like there to be a wage pass through in the contracts (meaning increases in rates go directly to the workers)
 - Another provider offered that a wage pass through could be a blessing and curse in that higher wages to employees mean higher monetary contributions to taxes by employers. If they are already losing money providing services at the MI Choice rate, the provider could be set up to lose even more money.
 - A provider offered that private insurance pays \$7 to \$8 per hour more than MI Choice, the Veteran's Administration pays about \$4 more per hour.
 - A provider offered that they would prefer to serve MI Choice participants if the reimbursement rate was higher.
- An attendee offered that individuals on the Adult Home Help program are having a hard time finding providers in the Alpena area.

- A provider offered that better documentation is needed for individuals transitioning from the nursing facility. Individuals often over-state their abilities because they are afraid that if they do not do this, they will remain in the nursing facility. This means that when the provider attempts to furnish the services, often they are required to do more than originally planned and ordered. It would also be best to have a consolidated medication list and a better medical history. They are able to provide better serve participants when they have the whole picture.
- A provider suggested each agency creates a form that lists the information they need to know in order to serve a participant.
- A provider suggested that laws should allow employers to gather more information about job applicants.
- A provider suggested that when there is one caregiver to two individuals, the caregiver should be paid more because they are working harder. A waiver agency suggested that if an individual needs more services than authorized, the provider should discuss with the waiver agency.
- A provider suggested that holiday pay should be allowed. Elizabeth offered that holiday pay and overtime pay should be included in the contracted rates.
- A supports coordinator suggested that there needs to be better collaboration between skilled care agencies and MI Choice. The current system is not good for participants because they are not allowed to keep their usual workers, they need to use workers from the skilled care agency. This is confusing to the individual at a time of crisis and lots of changes.
- A provider indicated that regardless of being elderly or disabled, individuals want to work and feel productive. MI Choice should encourage participants who want to work to do so.
- An attendee suggested that MI Choice needs to allow the workers to provide assistance with the participant's pets.