

2009 APPLICATION FOR RENEWAL & RECOMMITMENT (ARR) AND PROGRAM POLICY GUIDELINES (PPGS)

FREQUENTLY ASKED QUESTIONS AND ANSWERS, VOLUME 1

MARCH 30, 2009

I. PPGS

OVERALL INSTRUCTIONS

1. Should all the PPG tables be sent as one document?
 - a. No, complete each PPG file that was sent to you and submit separately. They will be reviewed by different staff at MDCH so the separate files makes it easier to distribute to them
2. To whom should the PPG tables be sent?
 - a. Send tables to DCH-ARR-PPG-Response@michigan.gov, and if the CMHSP is an affiliate, send also to the PIHP
3. Are the previous PPGs still due?
 - a. Yes, the instructions and templates for the data tables (e.g., needs assessments, waiting lists) will be issued this summer, with due dates in late August or early September. In the future, MDCH will try to integrate the two processes into one.

CHILDREN'S SYSTEM OF CARE/SED

1. SED Table 1 implies that the items are already "in place." Does the plan become part of ARR? If the plan is not done, when it will be expected to be complete?
 - a. Completion dates must be identified before the plan is due based on the requirement to complete all items on 09/30/09.
 - b. The plans should be used during the environmental scan and the development of the quality improvement plans for Section #2 of the ARR
2. What is the submission "requirement" for this section of the PPGs? Do we need to answer all the questions on pages 5, 6, 10 and 11? Is there also a narrative requirement?
 - a. The submission requirement is the set of tables. You should answer all of the questions as you develop your plan. However, there is no narrative requirement, with the PPG.
3. What is the "role" of the ARR questions?
 - a. PIHP should be aware of and incorporate the CMHSP's (and affiliates, as applicable) Children's System of Care planning as it does the environmental scan relative to Section #2 of the ARR to identify cross cutting issues and priorities.
4. For multiple county CMHSPs, is it okay to begin the planning in single counties?
 - a. There needs to be a plan for the CMHSP's entire catchment area, with action taking place in each county.

CHILDREN'S SYSTEM OF CARE/DD

1. Are there the same general rules as System of Care for Children with SED?
 - a. Yes
2. Do we need to have separate stakeholder groups for SED and DD (or) is it ok to have one?
 - a. There needs to be two plans submitted, but you may have one group of stakeholders. It is critical however, that stakeholders for each population be included in the planning process and those may differ for children with DD and may need to include additional agencies as well as required to include families of children with DD.
3. Can we change some dates/targets that we submit in PPGs on April 6th, when we submit the ARR June 1st if we find those dates/targets are not going to work?
 - a. Yes.

IMPROVING OUTCOMES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

1. What if an individual had a psychiatric diagnosis as well as the developmental disability and was receiving medication for the mental illness. Would that person be counted in Table #1?
 - a. The intent is to count people who are receiving involuntary administration of intramuscular medications, oral anti-psychotics or other sedating drug for behavior, in the absence of an accepted diagnostic indication. Therefore, if an individual with MR/MI received medication for the mental illness, they would not be counted in Table #1.
2. What does medication monitoring plan mean?
 - a. It means that when prescribing medications for the purpose of controlling behavior, it should be part of a behavior treatment plan and the individual plan of services, and there needs to be a plan for regularly monitoring the medication use: is it working? Are there side effects? What are the blood levels?
3. Is it okay to use case managers or supports coordinators to obtain the information for these tables?
 - a. Yes, you may have them give you their best estimate of the people on their caseloads who would be counted in Tables #1 through #3. Table #4a and 4b must be accurate and exact data. In the future, however, MDCH will likely request real data for tables #1 through 4.
4. Will the ARR address the data on this table?
 - a. Please see page two of the PPGs. We have given you the list of ARR sections that are relevant to the PPG sections. You will likely use the data from the PPG tables in the ARR environmental scans, and where you have quality improvement efforts that include increasing or decreasing by a percent or whole number, you will need to use baseline numbers that could be derived from the PPG table(s)

REE

1. Is it okay to use a single contact person for the CMHSP for the REE?
 - a. At the discussion forum we indicated that a single person could be noted. However, from the experience in piloting the survey from March 9th to March 16th, we learned that it is very important to have a designated person for each service and a detailed communications plan so that everyone is aware of the intent and importance of obtaining responses to the REE.
2. Who initiates requests for technical assistance in writing the plan, the CMHSP or the PIHP? Who do they call if they want clarification?
 - a. Each CMHSP will be completing the REE in its geographic service area prior to September 20, 2009. The CMHSP should contact the AHP regarding any questions related to the development of their plan. See page 26.
3. If the individuals targeted for the survey are involved in several of the services listed in Part 3 of the REE table, should they complete the survey multiple times?
 - a. Consumers may be invited to complete the survey multiple times if they are receiving a number of services and supports. The survey is about the environment in which the specific service is provided, so technically a person could complete the survey multiple times – once for each service. That is okay. It is also okay for the person to choose to complete it only once.
4. For medication reviews, should it be anyone who receives them or just adults with SMI.
 - a. Adults with SMI
5. Can the REE be done in a group process?
 - a. Yes, we expect that most of the surveys will be completed in a group process.
6. Are accommodations and travel covered for people to participate in the REE process?
 - a. For programs which do not have a fixed program site, such as supports provided in residential settings, ACT teams, or supported employment programs, individuals for this sample would be identified and provided transportation to a central site for administration of the survey. CMHSPs would be reimbursed up to \$2,000 for transportation and refreshment expenses (see page 24). To receive reimbursement, the CMHSPs must submit a short narrative which describes expenses incurred to the Michigan Association of Community Mental Health Boards, and request reimbursement.
7. What about individuals who are receiving services outside of the CMHSP service area via a contract with another CMHSP?
 - a. Please identify the number of individuals served in this manner in your plan and logistics for whether to survey or not to survey will be discussed with AHP when your plan is being reviewed.
8. Where can I learn more about the REE?
 - a. Information about the REE is available at the website: <http://www.mirecovery.org>. Click on REE statewide implementation. This

site includes a video of the REE author Priscilla Ridgway who provides a short overview of the instrument. A copy of the REE is attached to this question and answer document.

SELF DETERMINATION

1. Do we have to submit a narrative on how we are implementing self-determination and fiscal intermediaries?
 - a. No, just submit the data indicated in the tables; any narrative you want to provide should be put into the responses under table 6 & table 7, seeking your perspectives on barriers to implementing arrangements supporting SD, and technical assistance needed, respectively.
2. Are there any resources or plans to consult about self-determination for adults with serious mental illness?
 - a. MDCH expects to use some block grant dollars in providing technical assistance on this. In addition, MDCH has been supporting a bi-monthly leadership seminar series on self-determination offered through the MACMHB. We agree that some of the issues that adults with SMI have with self-determination are different than for people with developmental disabilities. There are some nationally available papers that may provide some additional perspective, as follows:
<http://aspe.hhs.gov/daltcp/reports/2007/MHslfdir.htm> ;
<http://mentalhealth.samhsa.gov/publications/allpubs/NMH05-0192/default.asp> ; <http://www.centerforself-determination.com/docs/mh/psychiatricDis1.pdf>

II. ARR

OVERALL QUESTIONS

1. How should the ARR be submitted – as a single document or separate files for each section?
 - a. Instructions on page 8 indicate that all eleven sections should be combined into a single document and submitted to DCH-ARR-PPG-Responses@michigan.gov.
2. How are Substance Abuse Coordinating Agencies (CA) to be treated?
 - a. Page 6 indicates that the CA is subject to the environmental scan and the plans for improvement. It should be clarified that it is the CA's role in the management of Medicaid substance abuse services that is subject to the scan and the plan.
3. Does the CA do the environmental scan and develop a plan?
 - a. No, PIHP organizes stakeholders to be part of the environmental scan process and the development of the quality improvement plan - CA is one of the stakeholders in those activities.
4. Is all the stakeholder feedback expected between the issuance of the ARR and the due date, or can we reflect prior or ongoing feedback?

- a. You can use prior feedback in your environmental scan and development of the plan for improvement. However, it is expected that you will have additional current opportunities for input during these two processes, as well as ongoing thereafter in the evaluation process.
5. If there is a single PIHP submission for an affiliation, won't some information be too summarized? Do you want information by county?
 - a. The narrative can be more summative. The table where you list milestones should be more specific; since it is likely that there are varying opportunities for improvement (i.e. different states of development) from one CMHSP to another across affiliates, you may have a milestone that is specific to one CMHSP, but not necessarily to the PIHP as a whole.
6. What entity is expected to lead in the ARR process?
 - a. The PIHP is expected to lead in this process. However, some work will need to take place at local CMHSP affiliates, where applicable, to gather the information needed for the environmental scan. There might be local dialogs, for example, to determine how the CMHSP is doing relative to the topic area. In addition, the PIHP has the flexibility to organize the work in the best way.
7. At what level then should the environmental scan occur?
 - a. The scan should occur at the PIHP level but certainly CMHSP affiliates, CAs, and other providers will need to inform the scan – providing the necessary data and information.
8. When can input be obtained at a higher level by a single stakeholder group, or when should separate stakeholder groups be used? Can a single group be used?
 - a. While organizing all stakeholders to conduct some cross-system dialogue and sharing of perspectives would be a useful exercise, it is unlikely that a single unified stakeholder group will be able to adequately address all the topics in the ARR. MDCH expects that the ARR process will provide the opportunity not only for more in-depth stakeholder participation, but also for broader participation (e.g., more individuals receiving services and their supporters and advocates). Therefore, while it is not necessary to have eleven groups, the process will require more than a single group.
9. How should cultural competency be addressed?
 - a. MDCH expects that cultural competency will be highlighted in the quality improvement plans for each of the sections.

SECTION 2

1. Is “culture of gentleness” aimed primarily at people with developmental disabilities and behavior management plans?
 - a. It is initially targeted at the most vulnerable people we serve, and has empirically been more triggered by issues involving persons with DD. But it ultimately must encompass all the people we serve.

SECTION 4

1. Does MDCH expect each PIHP to use MDCH's manual/booklet for providing information to individuals who have chosen self-determination or create their own informational materials? If the former, when will MDCH's materials be available?
 - a. We would expect the PIHP to provide MDCH's consumer booklet on self-determination, once it is published (which will be within the next six months.) However, it is expected that you will need to develop and provide local guidance, as the specific routes for accessing arrangements that support self-determination may well be different from one area to another. In any event, it is a stated expectation that the CMHSP or PIHP will assure that information is provided to consumers about self-determination, as stated in the Self-Determination Policy & Practice Guideline.

SECTION 5

1. Will MDCH share the discussions it is having, or the resulting formal agreement, with Michigan Rehabilitation Services (MRS)?
 - a. A formal agreement is being finalized between MDCH and MRS and it will be issued to the local level. It will promote an expectation that local agreements will be developed.
2. Supported employment the evidence-based practice: does MDCH expect it to be available throughout the PIHP at all the CMHSPs? Is this EBP required? Will block grant funding be available?
 - a. MDCH will clarify what it expects PIHPs to offer for the SAMHSA-approved model of supported employment, and will indicate whether Mental Health Block Grant funds will be available to support its implementation.
3. What is the timetable for MDCH to make a decision on funding additional evidence based practices with Mental Health Block Grant funds?
 - a. MDCH will determine the focus of the MHBG funding early this spring.

SECTION 6

1. We thought that paying for in-jail mental health services were audit exceptions?
 - a. Medicaid may not be used for paying for mental health services provided in the jail. The state statute and Administrative Rules governing court government obligations indicate that the counties are responsible for paying for those services. Our interpretation has been that CMHSPs' general funds may not be used to pay for in-jail mental health services based upon local service priority determinations. However, an Attorney General's opinion has been sought on this and is expected in the near future.
2. Has there been any MDCH work or conversation with the judicial system?
 - a. Some conversation has taken place, but there is much work yet to be done. In most instances this sort of conversation is best held at the local level, since that is where the specifics of local arrangements must be worked out.

SECTION 8

1. On page 25, please clarify the first bullet under the Quality Improvement Plan
 - a. It is expected that the quality improvement plan will address each issue listed above in the scan: a through e. The two-page narrative can summarize what you are planning to do, with the details listed in the table (milestones)
2. On page 28 the ARR indicates that the plan provides 2009 baseline data – What does that mean?
 - a. It means that wherever in any of the quality improvement plans throughout the ARR an increase or decrease is planned by a certain percent (e.g. increase the number of people who receive supported employment by 2% per year for the next five years), or a certain whole number (e.g. decrease the number by 20 people of individuals who have only one activity outside the home a week), MDCH wants to know what the most current baseline number is (e.g., in FY2008 there were 235 people who received supported employment)

SECTION 10

1. Is turnover data required to be submitted?
 - a. No, it is not required to be submitted for the ARR, but it is expected to be considered in the environmental scan.

SECTION 11

1. Are the administrative efficiencies meant to be external or internal?
 - a. They can be either or both, depending upon what your environmental scan tells you.

ATTACHMENTS

2. Page 33, how much detail is expected in the milestones?
 - a. Enough so that a stranger knows what you are planning to do in the next several of years but not so much that each milestone fills a page