



**Michigan Department of Community Health**

Director James K. Haveman

# **Michigan's Integrated Care Demonstration Project**

Upper Peninsula Implementation Forum

Northern Michigan University

October 23, 2013

# Today's Agenda

- *Welcome and Introductions* – Steve Fitton/Lynda Zeller
- *Integrated Care Updates* – Susan Yontz
- *Care Bridge Presentation* – Susan Yontz/Nora Barkey
- *Stakeholder Involvement* – Dick Miles
- *Michigan Disability Rights Coalition Grant* – RoAnne Chaney/Alison Hirschel
- *Questions* – All
- *Wrap-Up and Next Steps* – Dick Miles



# Welcome and Introduction

Steve Fitton, Director  
Medical Services Administration

Lynda Zeller, Director  
Behavioral Health & Developmental  
Disabilities Administration



# What is Integrated Care?

Integrated care is the blending of Medicare and Medicaid rules, funding streams, and benefits into a single, organized and coordinated health care services and supports delivery system for people who are dually eligible for both programs.



# Background

- Contract awarded from the Centers for Medicare and Medicaid Services (CMS) in 2011 to develop a new model of care for individuals who are dually eligible for Medicaid and Medicare
- Conducted an extensive external stakeholder process
- Proposal submitted to CMS on April 26, 2012
- MDCH has been working with CMS since 2012 to develop a Memorandum of Understanding (MOU)



# Project Goals

The **primary goal** of integrating care and supports is to design and implement an organized and coordinated delivery system that:

- **Improves quality** of services and **enrollee satisfaction**
- Provides **seamless access** to all services for enrollees
- Creates a care and supports coordination model that **communicates** within its structures **by linking back to all domains** of the delivery system
- **Streamlines administrative processes** for enrollees and providers
- **Eliminates barriers** to home and community based supports and services
- **Reduces the cost** of providing care to the state and federal government through improved care and supports coordination, financial realignment and payment reforms



# MDCH'S Commitment

- Full commitment to successful implementation
- MSA and BH&DDA working together
- Stakeholder engagement efforts to get feedback on the progress of the demonstration
- Choice and voice for enrollees



# Integrated Care Updates

Susan Yontz, Director  
Integrated Care Division



# Updates

- Integrated Care Division
- Memorandum of Understanding
- Procurement
- Program Design
- Implementation Information
- Waivers
- Implementation Grant



# Integrated Care Division

- New division within the Bureau of Medicaid Policy and Health System Innovation in MSA
- Staff for the Program of All-Inclusive Care for the Elderly (PACE) incorporated into the Integrated Care Division
- Policy/Waiver staff person hired
- Hiring process has begun for contract managers and quality assurance staff



# Memorandum of Understanding

- Memorandum of Understanding (MOU) – An agreement between MDCH and CMS that provides operational and evaluation details for the demonstration
- Submitted to CMS this month



# MOU Components

- Assessment and care coordination plan
- Benefit design (covered services, including supplemental benefits)
- Provider network/capacity
- Financing and payment model
- Implementation strategy
- Quality and performance metrics
- Enrollment process
- Enrollee protections and appeals



# Procurement

- Bidders must pass the CMS procurement process, including the Model of Care requirements
  - States can only consider plans that have successfully passed this process
- State released Request for Proposals (RFP) in July, and bid proposals were received in September
- Selection of Integrated Care Organizations (ICOs) to be announced by DTMB soon



# Program Design: ICO Services and Coverage

- Medicare and Medicaid Services:
  - All physical health (acute and primary care)
  - Long term supports and services
    - Nursing Facility services
    - Home and community based services
  - Pharmacy
  - Durable Medical Equipment



# Program Design: PIHP Services and Coverage

- Behavioral health
- Substance use
- Intellectual/developmental disabilities



# Program Design: Provider Network

- ICOs must meet provider network standards established in the MOU and the three-way contract with CMS
- Cultural competency must be assured in the provider networks
- Networks must include specialists for conditions common to the population
- ICOs and PIHPs must meet accommodation standards of the Americans with Disabilities Act



# Program Design: Provider Network

- ICOs will be required to reach out to current providers as networks are being developed and standards will be established for continuity of care
- Existing relationships with “out-of-network” providers will be maintained during the transition to the new program



# Program Design: Performance Metrics & Evaluation

- CMS and State identified uniform measures will be established in the MOU and included in contracts
- Quality domains include:
  - Access to care
  - Care transitions
  - Consumer satisfaction
  - Coordination of services and supports
  - Effectiveness of care
  - Person-centeredness
  - Quality of life
- CMS contractor to evaluate the demonstration



# Program Design: Enrollment Process

- Extensive unbiased education and outreach prior to enrollment
- Phased enrollment periods by Region
  - Opt-in enrollment period 30-days prior to implementation
  - Phased passive enrollment of eligible individuals if they do not opt-out
- Michigan State Health Insurance Program (Medicare-Medicaid Assistance Program-MMAP) will be used for dissemination of program information and education
- State will use Michigan ENROLLS to enroll beneficiaries in the demonstration
- **Enrollees may change plans or opt out on a monthly basis**



# Program Design: Enrollee Protections

- Clear, concise, and consistent marketing materials about the program will be developed and approved by MDCH and CMS
- Choice of providers and coordinators will be offered
- ICOs and PIHPs will be required to include enrollees on governance boards
- An integrated care ombudsman role will be created



# Program Design: Appeals and Protections

- A user-friendly appeal process that incorporates and coordinates Medicare and Medicaid requirements
- Standard documents and language will be developed to clearly explain membership, appeal rights and other protections
- Medicare protections are preserved



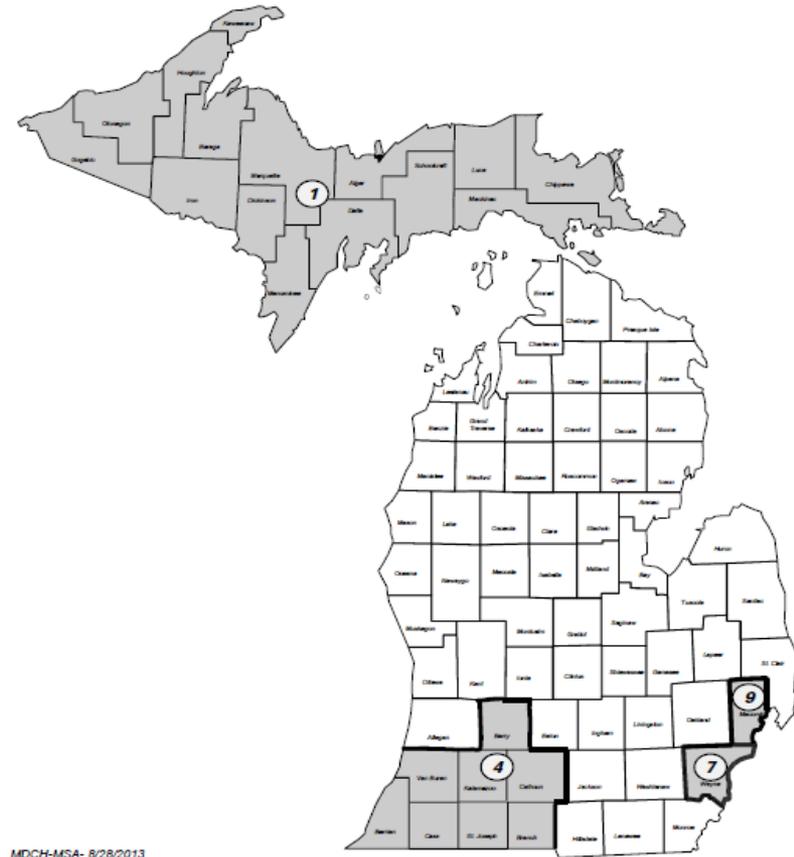
# Implementation Information

- Target for implementation – July 2014
- Phased passive enrollment by Region
- New 1915 b and c waivers specific to the demonstration
- Applied for grant funds to implement the program
- Procurement process underway
- Finalizing MOU
- Readiness Reviews



# Implementation Regions

- The demonstration will be implemented in four regions in the state:
  - **Region 1 (UP)** – Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties
  - **Region 4 (Southwest)** – Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren Counties
  - **Region 7 (Wayne)** – Wayne County
  - **Region 9 (Macomb)** – Macomb County



MDCH-MSA- 8/28/2013



# Implementation Grant

- Michigan's grant application requested funds for the following:
  - Ombudsman program
  - Outreach and education
  - Marketing
  - Stakeholder engagement and support
  - System and technology changes and enhancements to support the demonstration
  - Evaluation including participant satisfaction



# Care Bridge Presentation

Nora Barkey, Policy Specialist

Division of Quality Management and Planning

Behavioral Health & Developmental Disabilities Administration

Susan Yontz, Director

Integrated Care Division

Medical Services Administration



# Purpose of the Care Bridge

- A care coordination framework to
  - **PROVIDE** for and support communication with the enrollee to gather screening and assessment information
  - **DEVELOP** the Individual Integrated Care and Supports Plan (IICSP) through the person-centered planning process
  - **FACILITATE** access to formal and informal supports and services
  - **COORDINATE** care and community support services
  - **ENSURE** efforts to achieve identified health and life goals



# Framework Assumptions

- Care coordination across services, supports and settings
- Intensity of need varies by person
- Emphasis on maintaining existing relationships with providers
- Person is at the center of his/her integrated individualized plan



# Care Bridge Practices

- ICOs offer care coordination services to all enrollees in accordance with the enrollee's individual preferences and needs
- ICO training and policy based on MDCH approved person-centered principles and practice
- Information and opportunity for the enrollee to choose arrangements that support self-determination
- Process for ensuring the provision of person-centered planning and treatment approaches are collaborative and responsive to the enrollee's changing and continuing needs



# Care Bridge Practices

- Coordinating care across continuum of services and providing services in the most integrated setting
- Collaboration between ICO Care Coordinators and:
  - PIHP Supports Coordinator
  - Long Term Supports and Services Coordinator
  - Primary Care and other treating providers



# Care Coordination Process

- Care Coordination will include:
  - Initial Screening
  - Assessment and reassessment
  - Initiation and monitoring the Individual Care Bridge Record (ICBR)
  - Development of Individual Integrated Care and Supports Plan (IICSP), using person-centered planning principles
  - Collaboration between individual and integrated care team members
  - Ongoing care coordination services, including monitoring and advocacy
  - Medication review and reconciliation



# Individual Care Bridge Record (ICBR)

- Secure web-based portal where documents and messages can be posted and pushed
- Operated by ICO with access granted to enrollee and Integrated Care Team (ICT)
- Components:
  - History, issues list, lab results, medications, assessments
  - IICSP (Individual Integrated **C**are and **S**upports **P**lan)
  - Progress notes and status change



# Individual Integrated Care and Supports Plan (IICSP)

- Developed with the enrollee through person-centered planning process
- The IICSP includes
  - Enrollee preferences for care, support, services
  - Enrollee's prioritized list of concerns, goals, objectives and strengths
  - Screening and assessment results
  - Activities for addressing concerns/goals and measures for achieving
  - Specific providers, supports and services including amount, scope and duration
  - The person(s) responsible and time lines for specific interventions, monitoring and reassessment



# Stakeholder Involvement

Dick Miles, Director

Bureau of Medicaid Policy and Health System  
Innovation

Medical Services Administration



# Stakeholder Involvement

MDCH is expanding its stakeholder engagement efforts to get feedback on the progress of the demonstration

- Quarterly Regional Open Forums
- Advisory Council
- Enrollee Participation in ICO Governance



# Open Forums

- Host an open forum every quarter
- Rotate the location of the forum between the 4 regions
- The next Forum will be in Southwest Michigan, the date and location are to be determined



# Advisory Council

- Being formed for the Integrated Care demonstration
- Provides a mechanism for enrollees and stakeholders to provide input
- Membership represents the diverse interests of stakeholders



# Roles and Responsibilities of the Advisory Council

- Work with MDCH to solicit input from stakeholders and other consumer groups
- Provide feedback on quality of services
- Provide input to the State on evaluation design
- Review ICO and PIHP quality data and make recommendations for improvement



# Roles and Responsibilities of the Advisory Council

- Assist in the development of public education and outreach campaigns
- Identify areas of risks and potential consequences
- Participate in the demonstration Open Forum sessions



# Membership Selection

- Individuals and organization representatives will apply to serve on the Advisory Council
- MDCH will evaluate all applications
- Membership will include representation from various populations within the demonstration regions



# Membership Selection

- Submitted applications will be evaluated on:
  - Qualifications including interest, knowledge, skills, and experience
  - A person who is eligible for both Medicare and Medicaid, or has experience working with this population



# Advisory Council Application

- A completed application form is required. A letter of reference is optional.
- The form will be made available online on the website
- Email [INTEGRATEDCARE@michigan.gov](mailto:INTEGRATEDCARE@michigan.gov) or call 517-241-4293 if you need the form mailed to you
- The completed form can either be sent to MDCH by email or regular mail



# ICO Governance

- Requirement in the RFP that ICOs have a separate and distinct governing board including enrollees as one-third membership
- The State requested grant funds to support enrollee participation on the governing board



# **Patient-Centered Care and Person-Centered Planning: What's the Difference?**

RoAnne Chaney, Associate Director  
Michigan Disability Rights Coalition

Alison Hirschel, J.D.  
Michigan Poverty Law Program



**Questions or Comments?**



# Wrap-up and Next Steps

Dick Miles, Director

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# Questions and Contact Information

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