Conflict-Free Access and Planning (Previously named Conflict-Free Case Management) | *Workgroup Charter*

Guiding Principles: The following items were identified as priorities from previous Conflict-Free Access and Planning efforts and are considered guiding principles for the Conflict-Free Access and Planning Workgroup.

Prioritize the Experiences of People Served	Develop Clear and Consistent Policy Direction	Limit Conflict	Thoughtfully Consider Implementation

1) Workgroup Identification

a) *Chartering Organization*: Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration (MDHHS-BHDDA)

b) *Appointed Liaisons*:
   i) Belinda Hawks (MDHHS-BHDDA)
   ii) Matthew Seager (MDHHS-BHDDA)
   iii) Health and Aging Services Administration (HASA) representatives
   iv) Others, as assigned

c) *Facilitator*: TBD Solutions

d) *Related Committees*
   i) Quality Improvement Council (QIC)
   ii) CMHSP Director's Forum (to be informed of workgroup discussions)
   iii) PIHP CEO's Meeting (to be informed of workgroup discussions)

2) Mission, Purpose, and Deliverables

a) *Mission and Scope*: To discuss, frame, and provide feedback on options for implementation of Conflict-Free Access and Planning regulations for populations served under all managed care waivers under the direction of MDHHS-BHDDA including Children's Waiver Program (CWP), Children with Serious Emotional Disturbances (SED Waiver), Habilitative Supports Waiver (HSW), 1915(i) State Plan HCBS (former 1915(b)(3)), and 1115 waivers.
   i) Other waivers (including MI Health Link, MI Choice, and Healthy Michigan) and waiver authorities may be consulted or informed on efforts of this workgroup, as needed.

b) *Objectives and Goals*: The workgroup is tasked with understanding and providing feedback on the following topic areas:

i) <u>Relevant Regulations:</u> What are the current federal regulations around Conflict-Free Access and Planning and Conflict of Interest?
  ii) <u>Current Practice:</u> How are conflict-mitigation strategies currently used in the state?
  iii) <u>Options for Future</u>: What are the options for the implementation of Conflict-Free Access and Planning regulations? How have other states implemented the guidance?
  iv) <u>Implications on Key Domains:</u> How might these options impact the experiences of people served, current clinical practices, financing structures, contracts, EMR/EHR/MCIS operations, utilization management efforts, and other key domains of the public behavioral health system?
  c) *Deliverables and Timeframes*: Publication of exploration and findings informed by the workgroup will occur at timeframes to be determined.

3) Formation, Staffing, and Organization
  a) *Membership Criteria*
  i) The workgroup membership will be managed by BHDDA Liaisons.
  ii) Workgroup members will operate within the expected rules for participation identified in Section 4.
  iii) Include beneficiary membership
      (1) The workgroup must include a variety of primary or secondary beneficiaries.[1]
      (2) Beneficiary members will be solicited to include people with experience receiving the following from the public behavioral health system:
          (a) Services and supports for adults with mental illness.
          (b) Services and supports for youth with a serious emotional disturbance.
          (c) Services and supports for adults and youth with an intellectual and developmental disability.
  iv) Include organizational membership
      (1) The workgroup will include membership from a variety of regions across the state to represent rural, urban, and other considerations.
      (2) Workgroup members are expected to represent and provide feedback based on their area of expertise.
      (3) Members are expected to have knowledge of their organization's operations and the skillsets of staff.
      (4) Membership assumes the willingness, capacity, and capability to:
          (a) be a "point person" for their organization/region.

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[1] Primary beneficiaries are people who have received services from the public behavioral healthcare system. Secondary beneficiaries are family members, guardians, or caregivers of people who have received services.

(b) convene others within their organization/region to provide feedback related to multiple areas of expertise.
　　　　(c) provide subject matter expertise related to the content being discussed, or delegate participation as necessary based on the topic of discussion.
　　　　(d) participate in subcommittees, as requested.
　　b) *Roles, Functions, and Duties*
　　　　i)　The workgroup is advisory in its role, seeking to gain understanding and to provide input to guide decision-making by MDHHS-BHDDA.
　　　　ii)　BHDDA Liaisons and workgroup members with joint membership on related committees (see 1.d.) will communicate the progress of this workgroup with those groups.
　　　　iii)　Minutes and notes will be taken and filed by MDHHS-BHDDA administrative staff members.

4)　Communication Plan
　　a)　*Providing Input*: Members who do not attend or participate defer input to those in attendance.
　　b)　*Resigning Position:* In the event that a workgroup member can no longer represent their organization/region or area of expertise, BHDDA liaisons are responsible for assigning new members to the workgroup to maintain subject matter expertise of regional differences and/or organizational knowledge within the workgroup.
　　c)　*Capturing Viewpoints:* In instances of conflicting opinions where consensus cannot be reached, both perspectives will be documented and shared with decision makers.
　　d)　*Meetings:*
　　　　i)　MDHHS-BHDDA staff will schedule meetings using Microsoft Outlook.
　　　　ii)　Unless determined otherwise, meetings will be hosted using remote technology (i.e., Microsoft Teams).
　　　　iii)　Attendees are asked to fully participate in all meetings as if they were attending in-person.
　　e)　*Materials:* Meeting materials, including agenda and meeting minutes, will be filed on a publicly available webpage hosted and maintained by MDHHS-BHDDA staff.
　　f)　*Action Items:*
　　　　i)　Any issues or tasks requiring follow-up will be communicated in meeting minutes and/or follow-up emails with due dates, times, and responsible parties, where applicable.
　　　　ii)　Wherever possible, these action items will be bolded, highlighted, or otherwise made clearly visible.