MI Choice Home and Community Based Services Program for the Elderly and Other Adults with Disabilities

Application Renewal
Stakeholder Meeting
September 28, 2017

MI Choice Renewal

Meeting Overview

Elizabeth Gallagher

MI Choice

MI Choice is Michigan's 1915(b)(c) home and community-based services for the elderly and disabled waiver and serves individuals who would otherwise require nursing facility services.

Highlights

- MI Choice began 25 years ago in 1992.
- CMS approves waivers for 5 years.
- This is the first of several stakeholder meetings for this renewal cycle.
- The current waiver is approved through September 30, 2018.

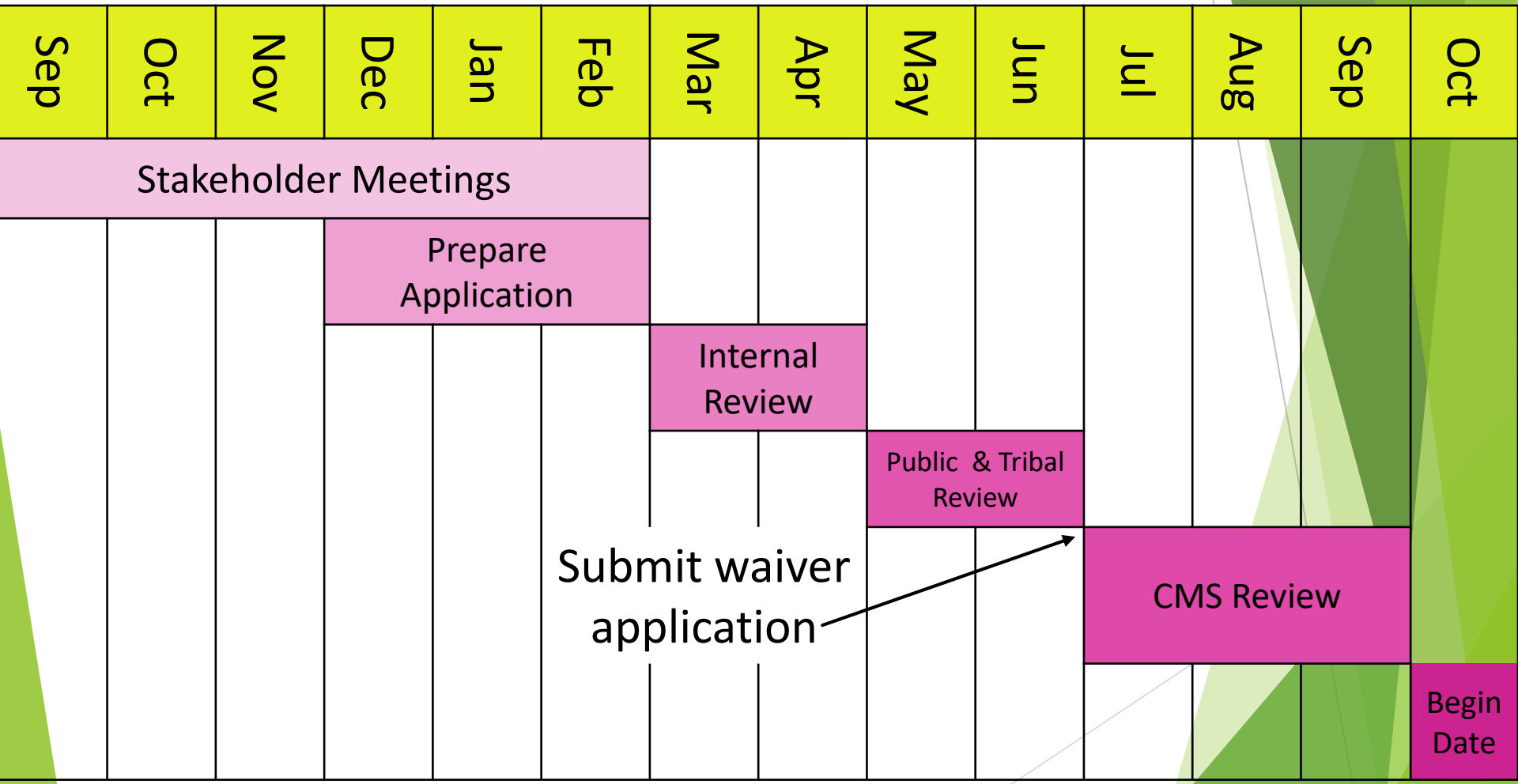
MI Choice Renewal

Application Process

Renewal Process

- Stakeholder Meetings
- Application Preparation
- Internal Review
- Public and Tribal Review
- Submit to CMS
- CMS Request for Additional Information
- CMS Approval

Renewal Timeline



Stakeholder Meetings

- Wednesday, November 1, 2017
  - 1:00 PM – 4:00 PM
  - Capitol Commons Center
- Thursday, November 30, 2017
  - 9:00 AM- Noon
  - Capitol Commons Center
- Wednesday, January 10, 2018
  - 9:00 AM – Noon
  - Capitol Commons Center

Assurances

The Federal Government requires the State to meet the following assurances within the waiver application before approval:

- The program includes safeguards to protect the health and welfare of participants.
- The state maintains appropriate records for home and community-based services expenditures.
- An initial evaluation of LOC is done prior to providing services and at least annually thereafter.

Assurances, cont.

- The State informs applicants of alternatives to the waiver and allows them to choose between those alternatives.
- The average per person cost of waiver services does not exceed the average cost of institutional services (i.e. nursing facilities).
- Total waiver expenditures do not exceed total expenditures for the same population receiving institutional care.
- Participants would receive institutional care if this alternative was not available.
- State agrees to provide CMS with information on the type, amount, and cost of waiver services.

Application Elements

- Appendix A – Waiver Administration and Operation
  - Line of authority and oversight
  - Assessment of contracted and other agencies
  - Distribution of operational and administrative functions

Application Elements

- Appendix B – Participant Access and Eligibility
  - Target groups
  - Cost limitations
  - Number of participants
  - Allocation of waiver capacity
  - Eligibility criteria
  - Post-eligibility treatment of income
  - LOC evaluation and re-evaluation
  - Freedom of choice
  - Access for Limited English Proficiency persons

Application Elements

- Appendix C – Participant Services
  - Participant services
  - Service definitions
  - Provider qualifications and verification
  - Criminal history and background checks
  - Services in licensed facilities
  - Provision of services by legally responsible individuals
  - Open enrollment of providers
  - Limits on services

Application Elements

- Appendix D – Participant-Centered Service Planning and Delivery
  - Person Centered Service Plan (PCSP) development process and responsibility
  - PCSP safeguards
  - Participant support in PCSP development
  - Risk assessment and mitigation
  - Informed choice of providers
  - PCSP update schedule
  - PCSP implementation and monitoring

Application Elements

- Appendix E – Participant Direction of Services
  - Description of participant direction (i.e. Self-Determination or SD)
  - Information furnished to SD participants
  - SD by participant representative
  - SD services
  - Financial management services
  - Independent advocacy
  - Voluntary/involuntary termination of SD
  - Budget authority/flexibility

Application Elements

- Appendix F – Participant Rights
  - Procedure to request grievances, appeals, and a Medicaid Fair Hearing
  - Additional dispute resolution processes

Application Elements

- Appendix G – Participant Safeguards
  - Critical incident (CI) reporting requirements
  - Participant training and education
  - Responsibility for CI response
  - Responsibility for CI oversight
  - Use of restraints or seclusion
  - Use of restrictive interventions
  - Medication management
  - Medication administration by providers
  - Medication error reporting and oversight

Application Elements

- Appendix H – Quality Improvement Strategy
  - System improvements
  - System design changes

Application Elements

- Appendix I – Financial Accountability
  - Financial integrity
  - Rate Determination
  - Flow of billings
  - Billing validation process
  - Payment methods
  - Supplemental payments
  - Provider retention of payments
  - Other cost sharing arrangements

Application Elements

- Appendix J – Cost Neutrality Demonstration
  - Number of participants served
  - Average length of stay
  - Waiver service cost projections
  - Non-waiver service cost projections
  - Institutional cost projections

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Services and Provider Qualifications

Alisyn Daniel

Current MI Choice Services

- Adult Day Health
- Chore Services
- Community Living Supports
- Counseling
- Environmental Accessibility Adaptations
- Fiscal Intermediary
- Goods and Services
- Home Delivered Meals
- Non-Medical Transportation
- Nursing Facility Transition
- Personal Emergency Response System
- Private Duty Nursing
- Respite Services
- Specialized Medical Equipment and Supplies
- Training
- MI Choice Nursing
- Non-Emergency Medical Transportation

Self Determined Services

- Chore Services
- Community Living Supports
- Environmental Accessibility Adaptations
- Fiscal Intermediary
- Goods & Services
- Transportation
- Private Duty Nursing
- MI Choice Nursing
- Respite (in home & in home of another)

Provider Qualifications - Traditional

- ✓ Background/reference checks
- ✓ Knowledge of standard precautions
- ✓ Record keeping/insurance coverage
- ✓ Training/Supervision of workers
- ✓ Procedures for participant signature on time sheets
- ✓ No smoking in participant homes
- ✓ Workers must be able to communicate w/participant
- ✓ Workers cannot threaten or coerce participants
- ✓ Waiver agents inform of new/revised standards

Provider Qualifications - Traditional

- ✓ Additional qualifications may be required for specific services (i.e. licensure)
- ✓ Must be able to perform required tasks as specified in PCSP
- ✓ At least 18 years old
- ✓ Cannot be legally responsible relative

Qualifications for Self-Determined Providers

- ✓ Reference/Background Checks
- ✓ 18+ years old
- ✓ Ability to communicate effectively
- ✓ Trained in
  - → Universal precautions
  - → Blood-born pathogens
- ✓ Cannot be legally responsible for participant
- ✓ Additional qualifications for specific services
  - → Licensure
  - → CPR (unless DNR order)
  - → Driver's license (if transporting)

MI Choice Renewal

Quality Management System

Cheryl Decker

CMS Quality Requirements

- For a state to be approved for a Home and Community Based Services waiver, the state must show systems in place to measure and improve performance in assuring
  - Participant health and welfare
  - Financial accountability
  - Qualified providers
  - Level of Care determination
  - Service plans
  - Administrative authority
- MDHHS must also describe
  - evidence based discovery activities
  - remediation activities followed to correct individual problems

Quality Management Collaborative Committee

- Membership of at least seven program participants, family members, caregivers and advocates.
- Also includes waiver agencies and providers.
- Currently chaired by a program participant.
- The QMC provides a venue to include participants and caregivers in the development, discussion and review of quality issues/problems, performance outcomes, plan improvements.
- Waiver agencies are required to form their own QMCs to address local quality issues.

Quality Management Plan

- Outlines MDHHS's plan for Quality Improvement activities.
- Provides guidance to waiver agencies for their own Quality Management Plans.
- Includes:
  - Quality Reviews
  - Quality Improvement Goals using Quality Indicators
  - Critical Incident Management
- Developed by MDHHS with feedback from the MI Choice QMC.

Clinical Quality Assurance Reviews (CQAR)

- Qualified reviewers conduct reviews of
  - Participant enrollment
  - Assessment data
  - NFLOC eligibility
  - PCSPs and PCP planning processes
  - Reassessment data
- For each waiver agency, the CQAR team reviews a percentage of randomly selected participants.

Administrative Quality Assurance Reviews (AQAR)

- The Home and Community Based Services Section staff conducts on-site visits to verify administrative and program policy and procedural requirements on a biennial basis.
- The AQAR examines
  - Policy and procedure manuals
  - Peer review reports
  - Results from participant satisfaction surveys
  - Provider monitoring reports
  - Provider contract templates
  - Financial systems
  - Claims accuracy
  - Quality management plan
  - Required provider licenses/certifications
- Home visits may also be conducted as part of the AQAR.

Critical Incident Management

- Critical Incidents are
  - Incidents, events, occurrences that jeopardize the health and welfare of a participant
- Waiver Agencies must report critical incidents to MDHHS using the online reporting system. Agencies must also
  - Follow-up with the incident until resolution
  - Help the participant determine how to avoid future occurrences of the critical incident

Critical Incident Management

- Level One: Cause for Concern
  - Verbal Abuse
  - Illegal Activity in Home
- Level Two: Serious
  - Theft
  - Worker Drug/Alcohol Use on Duty
- Level Three: Urgent
  - Exploitation
  - Physical Abuse
  - Neglect
  - Critical Provider No Show
  - Sexual Abuse
  - Suspicious Death

Participant Satisfaction Surveys

- Beginning 2017, MSU will be sending satisfaction surveys to participants and analyzing the results.
- The surveys were developed by the QMC.

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Break

Required Additions

- Beneficiary Support System
- Conflict Free Case Management
- Managed Care Quality Strategy
  - Network adequacy
  - Continuous quality improvement
  - Performance improvement projects
  - External Quality Reviews
- Telemedicine, e-visits, other technological advances in service delivery?

Vision and Values

- Respect, support, encourage, and promote individual self-determination and family/community empowerment and involvement.
- Create an efficient and dynamic continuum of LTSS
- Provide accessible, regionally and locally decided single points of information, assessment, care planning, and entry into the system for those seeking LTSS.
- Use person-centered processes and tools.

Vision and Values, Cont.

- Assure all those who need high levels of services and supports have a range of options that allow them to live in the community, if that is their choice..
- Build and sustain an adequate, well-trained, highly motivated, and appropriately compensated workforce.
- Include the planning and oversight of efforts to realize this vision, including a central, meaningful role for participants and families, as well as other stakeholders.
- Build the capacity to educate the general population by increasing awareness about the continuum of LTSS.

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Open Discussion

Elizabeth Gallagher

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Next Steps

Renewal Input

Website:

www.Michigan.gov/providers

Providers >> Other Health Care Programs >> MI Choice

E-Mail MDCH-MiChoice@Michigan.gov