



MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: Monday, December 11, 2017

Time: 1:00PM – 4:00PM

**Where: Region II Area Agency on Aging (R2AAA)
102 North Main Street
Brooklyn, MI 49230**

Approximately 40 individuals attended this meeting

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, L. Alisyn Daniel-Crawford 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.

Cheryl Decker, Elizabeth Gallagher, and Ben Keaster were 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

There was a lengthy discussion about MI Choice services and how they are delivered. Highlights included the following:

- A supports coordinator expressed concern with the self-determination option because it often seems like a way to allow a friend or family member to gain income, while the caregiver has little training about what they should be doing, or how to do it. They suggested requiring a skills course or video for the caregiver and training for the participant about employer responsibilities.
- Participants may be reluctant to report that a self-determined worker is not performing tasks they should be because they don't want to get the family member/worker in trouble.
- Family members as self-determination workers are a conflict of interest.
- When choosing self-determination, back-up plans are troublesome because "emergency" workers will not wait around if not used, and agencies are not able to provide services immediately.
- A long discussion occurred regarding the quality of the home care workers.
 - Workers do not know what to do once they get to the home.
 - Workers are late or do not show.

- Participants need to train every new worker
- When using an agency provider, the participant often has no say in who comes into their home.
- The quality and reliability of the workforce is bad.
- Workers do work for about fifteen minutes, then get on their cell phones.
- Workers carry their cell phone in one hand and try to provide assistance, but won't put down their phones to assist properly
- Higher wages (\$2.00 to \$3.00 per hour more) would lead to better qualified staff.
- Workers often cannot write and have no verbal skills.
- Workers that transport participants are bad drivers.
- Workers make a mess in the participant's home and do not pick up after themselves.
- Workers do not do things if a family member is not present to tell them what needs to be done.
- Workers do not always interact with the participant.
- A participant expressed frustration with the current process of having to call the supports coordinator who then contacts the provider agency. When the supports coordinator calls the participant back, the correct story regarding a complaint is not relayed from the provider agency to the supports coordinator. The same participant stated the supports coordinators are not supporting the participants when they state "there's nothing we can do about it."
- A participant indicated that agencies are not always respectful to the participant.
- A participant suggested that a sheet that details what was agreed upon in the person centered service plan, including the tasks to be done, should be provided to the participant so that when a worker fails to complete certain tasks, they can be reported and supported.
- A stakeholder suggested there be a form that participants could complete regarding the quality of the services received. This form should include what should be completed each day. This could be a checklist that the providers and participants can verify.
- A stakeholder suggested there needs to be more coordination when more than one agency is in the home at the same time. This participant had family members utilizing different programs in the same home.
- A provider expressed concern over the Home and Community Based Settings Rule stating that it seems that participants have a right to choose everything except what is included in the Rule.

Contact between Supports Coordinators and Participants

The highlights from the discussion about contact between participants and their supports coordinators are below.

- A participant expressed the desire to have face-to-face contact with the supports coordinator that is not an assessment. The participant explained that emails are often misinterpreted and phone calls can be rushed. This participant would like an in-person visit at least once per month where they could have the undivided time and attention of the supports coordinator.

- Stakeholders suggested that the communication plan between the participant and supports coordinator is individualized. This would allow the supports coordinators to have flexibility on what they do and better person-centered planning for participants.
- A supports coordinator agreed that face-to-face contact is better because you can get more information and use observations skills to ask relevant questions.
- A supports coordinator shared that there is a struggle between doing the case work required and making sure the work meets expected performance standards. Lower caseloads would ease this burden.
- A stakeholder indicated that more personal one-on-one time between the supports coordinator and the participant would lead to more satisfied participants.
- Flexibility in the communication requirements would allow supports coordinators to focus their time and efforts on those who need their intervention and assistance.
- A participant indicated that right now during the assessment, the supports coordinator seems too busy with their computer and does not seem to be paying attention to the participant.

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

Suggestions made by the attendees are as follows:

- Include telehealth and assistive technology services. These would need to include proper evaluation, training and follow-up to assure they are used properly. Any equipment must be suited for the person using it. This would require a good assessment in advance of obtaining the item. Regular updates and ongoing training would be needed.
- Need services for diabetics who need insulin and cannot manage this medication on their own.
- Better coordination with hospitals and other health care professionals is needed for tasks such as reconciling the medication list after a hospitalization.
- Adding non-emergency medical transportation was a great improvement to MI Choice last year.
- There is a need for able and qualified individuals to serve as guardians.
- The nursing facility level of care determination does not allow for a blind individual who is also frail to qualify for the program.
- It would be nice if an additional block of time could be allocated after a hospitalization to assist the participant. This would allow the provider to do things like clean the refrigerator, organize medications, obtain groceries for the participant, etc.
- MI Choice should look into allowing community health workers to do more for the participants. Community health workers are non-skilled workers with training who can assist with creating a bridge between medical providers and home and community-based services providers.
- MI Choice should include Chronic Care Case Management as a service.
- There should be better training for agencies that provide community living services. MI Choice should pay for this training.
- Workers who are Certified Nursing Assistants should be paid more than other workers without this training.