Michigan Department of Health and Human Services
Medical Services Administration

MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: **Wednesday, January 10, 2018**

Time: **9:00AM – 12:00PM**

Where: **Michigan Department of Health and Human Services (MDHHS)**
Capitol Commons Center (CCC) Conference Rooms E and F
400 S. Pine Street
Lansing, MI 48913

Welcome and 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.

All members of the MI Choice Design Team were present at this meeting.

This meeting is meant to get input from the attendees about how to improve the MI Choice program and what should be changed in the Quality Assurance and Quality Improvement processes. The items on the agenda serve as starting points, but do not have to be discussed if other topics are more relevant to those attending the meeting.

MI Choice Quality Assurance Processes

- What records or data we should review/collect that we are not?
- What records or data we should not be reviewing/collecting?
- Should the Administrative Quality Assurance Review (AQAR) process be altered for agencies that are accredited?
- What changes would you like to see to the Clinical Quality Assurance Review (CQAR) and AQAR?

Attendees were presented with the above questions to help generate meaningful discussion regarding the current quality assurance processes. The group was offered a synapsis of the current AQAR and CQAR processes. Clinical reviews are conducted on a statistically significant sample of participant records each year. During the AQAR, MDHHS staff review waiver agency policies and procedures, contracting processes, documentation, executed contracts, Quality Management Plans, and other administrative things. Additionally, MDHHS conducts participant

satisfaction surveys. The survey was developed by the Quality Management Collaborative. Michigan State University now completes the surveys to assure a statistically significant sample.

- A waiver agency asked if MDHHS receives feedback (from the Centers for Medicare and Medicaid Services (CMS)) on the AQAR. MDHHS responded not very much, CMS is more focused with oversite of participant health and welfare and meeting the clinical needs and requirements of participants.
- A waiver agency asked if the new Managed Care rule will change the quality assurance process for CQAR. MDHHS responded that yes, it could because the Managed Care Rule requires a statewide Quality Strategy.
- A waiver agency asked about CMS core indicators. MDHHS responded that the Managed Care Rule requires States to adopt core indicators once they are identified, but CMS has not yet finalized these for home and community based services. However, the current processes may already measure some of what will be required.
- A waiver agency inquired about whether agencies that receive accreditation would have a different process than those without it. MDHHS is looking into the requirements for accreditation and will analyze this possibility.
- A waiver agency stated the current process has lost balance in quality. The CQAR has gotten to be a contentious record review process and should not be the main quality review focus. It's gotten to be about checkboxes and canned statements. We need to go back to the quality indicators such as decreased hospitalizations and prevalence of daily pain. MDHHS suggested that some of this is due to the waiver agency's response to citations. Many times the corrective action includes training staff to document something to avoid a future citation which takes the focus away from providing quality services to the participant.
- A waiver agency suggested using their data system to design a report to pull whether goals are being met from participant's plan of care as a way of measuring quality.
- A waiver agency asked if MDHHS has a Quality Management Specialty Department that could take a fresh look at this. MDHHS responded that we are developing the statewide quality strategy, but often comparing acute care services to home and community based services is like comparing apples to oranges.
- Stakeholder offered resources for Managed Long Term Services and Supports (MLTSS) quality, the National Association of State Units on Aging and Disabilities (NASUAD) quality indicators, MLTSS.org, social determinants of health, and measuring outcomes instead of processes.
- A waiver agency asked their local consumer quality collaborative what aspects of quality were important. They changed their peer review focus to participant satisfaction from documentation because the response was they need to focus more on the customer.
- A supports coordinator suggesting we should obtain data for CMS assurances by asking participants directly for as many assurances as possible.
- MDHHS acknowledged that assessing person centeredness is difficult by just looking at documents, it is better to ask participants directly.
- CMS does not require a home visit, but they do like that Michigan completes these.
- A waiver agency expressed frustration with having to meet every item under every domain on the CQAR protocol. This is different from the accreditation domains where only one item would need to be met in each category. MDHHS responded that they are not really

the same thing but understands there is the desire to focus on the outcomes and not the documentation.

- A waiver agency opined that they should not have to write up corrective action plans for one record. MDHHS responded that this is in part a result of the waiver agency's response to citations, rather than completing their own analysis of the issue. CMS used to require a corrective action for all measures that were not one hundred percent compliant, but they have relaxed things over the last five years.
- A waiver agency brought up some of the language in the contract and strict timelines in the contract aren't important to the participant; specifically mentioning the five days for the enrollment and disenroll forms to be reported. MDHHS responded this specific language was clarified in amendment one.
- Waiver agencies agreed that an annual assessment with a meaningful person-centered planning visit required instead of completing the assessment would be a good idea.

Quality Performance Measures

- What are the current quality performance measures?
- What measures can or should we change?
- What aspects of quality are not measured that should be?
- What aspects of quality are measured that should not be?

Attendees were presented with the above questions to help generate meaningful discussion regarding the current quality performance measures. CMS expects MDHHS to have performance measures in the following areas: Administrative authority, Level of Care, Qualified Providers, Service Planning, Health and Welfare, and Financial Accountability. MDHHS posed the question to the audience of how do we focus on outcomes instead of documentation to begin the discussion.

- A waiver agency inquired as to how MDHHS collects data for the 372 report to CMS. MDHHS responded the data comes from CQAR, AQAR, participant data, the Critical Incident Portal and other databases. A waiver agency suggested that MDHHS share the 372 report and compiled critical incident data.
- A waiver agency suggested that we look at outcome based follow ups when there are citations from the CQAR, specifically for areas of service delivery and health and welfare.
- A waiver agency suggested looking at the success rate of participants staying at home instead of being admitted to a nursing facility.
- An attendee suggested that the waiver agencies get together quarterly with the CQAR team and share best practices to keep people in their home and keep them safe. The waiver agency does not want to see the CQAR process become the sole focus of these meetings. Another attendee suggested this forum be used to share best practices, look at what and how we are measuring things, and to discuss contract compliance verses quality.
- An attendee suggested that the participant should report provider no-shows rather than relying on the data system. Look at integrating systems more and using in real time.
- A waiver agency stated that we need to incorporate the quality of our provider network and we are not paying our providers market rate, so we are not getting quality.

Performance Improvement Plans

- Required by Managed Care Rule
- What should be the focus for MI Choice?
- How can we incorporate evidence based practices?

Attendees were presented with the above questions to help generate meaningful discussion regarding performance improvement plans.

- A waiver agency stated it would be beneficial to know if accreditation would be looked at as sufficient or if data requested from accrediting body and state could be aligned.
- A waiver agency informed the audience that they used parts of their quality management plan to meet requirements for NCQA accreditation. They feel accreditation is a sign of quality and being held to national standards.
- Several waiver agencies indicated that both NCQA and CARF have flexibility at this time by allowing the agency to choose which performance standards they are measured on.
- A waiver agency inquired about when we will know what the requirements are for the managed care rule. MDHHS responded that the rule requires a statewide quality management strategy. MI Choice is working on our plan to be ahead of the game and possibly influence other programs.

Critical Incident Database

- What data is collected
- What data that should or should not be collected?
- How should we measure/capture opioid addiction?

Attendees were presented with the above questions to help generate meaningful discussion regarding the current critical incidents reported.

- A waiver agency stated that this year's contract has two new critical incidents to report: hospitalization or emergency room visit within 30 days of last hospitalization and injury requiring hospitalization. However, this type of critical incident is not available as an option in the critical incident portal.
- A waiver agency requested additional reporting capabilities for the critical incident portal. MDHHS suggested the agency identify what reports would be meaningful and work with the Center for Information Management to program the reports.
- The audience expressed concerns about confusion in interpreting how a critical incident is defined and what should be entered. MDHHS will refer to the contract and provide technical assistance.
- A waiver agency suggested MDHHS should look at statewide data from the critical incident portal and review trends to develop a statewide plan of action.
- A waiver agency is concerned about the shortage of direct care workers for this program and states there are participants in nursing homes that cannot transition because of the shortage.