



MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: Tuesday, January 30, 2018

Time: 9:00AM – 12:00PM

Where: Northern Michigan University
University Center Marquette
1401 Presque Isle Avenue
Marquette, MI 49855

***Approximately 15 individuals attended this meeting**

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, Heather Hill 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.

Elizabeth Gallagher was 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

- Where does policy conflict with person-centered planning?
- What can be done to facilitate person-centered planning?
- Are participants allowed choice?
- Are participants choices supported?
- What works well with self-determination?
- Can we improve the budgeting process?
- What is confusing about self-determination?

Attendees were presented with the above questions to help generate meaningful discussion regarding person-centered planning and self-determination. Elizabeth gave a brief explanation of person-centered planning and self-determination at the request of the attendees. Highlights of the discussion included the following:

- A provider noted that when the participant has a worker in the home during the noon hour, the participant is not eligible to receive home delivered meals because the worker is supposed to prepare a meal. However, this is an issue when the worker cannot prepare a nutritious meal. Elizabeth clarified that individuals in the home during meal times need to be willing and able to prepare a meal for the individual. If they are not, then a home delivered meal may be provided.
- A MI Choice participant offered the following:
 - MI Choice needs to pay more so that the turnover rate is not as high. Lower rates lead to decreased quality of care. Workers do not stay because of low wages. When minimum wage is \$9.25 per hour, MI Choice cannot pay \$10.00 per hour and expect quality workers.
 - Individuals using the self-determination option do not know what their budget is and do not know what they can have their workers do. More education should be provided to individuals choosing the self-determination option.
 - The participant's quality of life should be the focus of the quality management plan.
 - There are issues with self-determination back-up plans and workers exceeding 40 hours per week. If a participant has more than one worker, and they provide back up for each other, they could easily exceed 40 hours per week and strain the budget. He suggests that there is a pool of qualified workers who can provide back up to participants in need.
- A provider indicated there is an issue, especially in the Upper Peninsula, when a worker needs to travel long distances to provide only a few hours (or less) of service to a participant. Remote locations make it difficult to only provide the services the individual needs.
- A participant suggested that self-determination should account for the provision of worker incentives such as:
 - Pay for performance and experience
 - Holiday and vacation time off
 - Paid sick days
 - Insurance and employer mandates have forced many agencies to ratchet back worker hours to less than 30 per week.

Supports Coordinators & Participant Contact

- How often should SCs contact participants?
- How often should reassessments be conducted?
- Should there be more frequent contact upon enrollment?
- Is there a better way to communicate with participants?

Attendees were provided an overview of the current requirements of participant contact for supports coordinators and were asked if changes were needed. Below is a summary of the discussion.

- An individualized communication plan is okay as long as the participant's needs are met. The supports coordinator may need to make more frequent contact when the participant is experiencing difficulties.

- A participant wanted to know how finding workers is his problem to deal with and supports coordinator does not share this burden. Elizabeth suggested that a supports broker may be able to provide more one-to-one assistance with issues like this.
- A participant was in support of more contact with the supports coordinator if this meant the supports coordinator would be on top of the issues.
- An annual assessment with a person-centered planning meeting required is a good idea.
- There continues to be issues with non-medical transportation. Many forms of transportation stop at 6:00 p.m. This does not allow for evening activities and socialization and requires a lot of planning.
- A supports coordinator suggested that communication between the participant and the supports coordinator should have more flexibility.

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

- Different services
- Paperwork
- Responsiveness
- Education
- Opportunities to participate in the community
- Employment

Suggestions made by the attendees are as follows:

- A provider suggested that MI Choice should pay mileage to get to participant's homes. Elizabeth and waiver agency staff indicated this expense should be included in the contracted rate.
- A provider suggested that more money needs to go to the workers. However, a wage pass through may not be a good idea if the agency is already losing money.
- A provider would like to bill for cancellations when the participant does not cancel in time and the worker shows up.
- A provider would like time and a half holiday pay included in the rate. The waiver agency indicated this should be included in the contracted rate.
- A participant indicated that transportation is still an issue. It is difficult to find. Public transportation options are not easy to use. A lot of work could be done to improve the current system. Not paying mileage to the worker is an issue. MI Choice should allow the worker to travel on behalf of the participant. The waiver agency explained that this was a confusion between the service of transportation and community living supports. The service of transportation requires the participant to be transported. Community living supports can include mileage for the worker to run errands on behalf of the participant.
- A provider stated that the Vendor View system is good. However, action notices should be included.
- The hiring process for self-determined workers could be easier.
- A provider stated that no one looks at in-home journals and these should not be required.
- A participant stated that basic training is needed for caregivers. This should be tailored to the needs of the person they are working for.
- A participant made the following suggestions to improve the quality of care;
 - Require that \$0.25 per hour is used for training

- Give incentives for trained individuals
 - Put money into paying for this training
 - Participants should be trained on how to be an employer
 - All self-determination workers should have training on how to transfer participants between surfaces
 - Workers should have Certified Nursing Assistant training
 - Supports coordinators require should have training available to them.
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- A provider suggested that waiver agencies need only give a summary sheet of the participant to them instead of the full assessment.
 - A participant suggested that if they cannot find a self-determination worker, that does not mean they do not need the hours.
 - A participant thought that it may be difficult to juggle being employed and on the MI Choice program. Need to remain under the income and asset limit. However, if they do not have Medicaid, it is difficult to afford services.