



MI Health Link

June 2023 BULLETIN



Meet the MI Health Link Team: Karen Everhart

Hi there, I'm Karen Everhart and I am currently the Policy and Waiver Specialist for the MI Health Link Program. I first joined the program in 2017 working on Quality and transitioned to my current role in mid- 2018. I obtained a Bachelor of Arts in Social Work (BSW) from Michigan State University (GO GREEN!) and a Master of Public Administration (MPA) with a concentration in Health Care Management from Western Michigan University. I have enjoyed working in the Long Term Supports and Services

(LTSS) field for over 30 years. I had tagged along with my own mother, a Registered Nurse (RN) as she navigated the often-challenging landscape of caring for her aging parents (my grandparents). Those experiences opened my mind and heart to the possibility of working with the aging population as a career. As a teenager, I worked in every department possible within a retirement home. I started in the kitchen, and moved through dining room, laundry, housekeeping, activities, front office, and weekend and overnight supervisor. While working on my undergraduate degree, I held one of my most cherished jobs, working as a Certified Nursing Assistant (CNA) within a secure memory care unit of a skilled nursing facility (SNF). I also interned and worked for a public guardianship agency during this time advocating for and supporting individuals that were legally incapacitated. Upon achieving my BSW I spent the first several years of my post-college career as a Social Services Manager within a SNF.

During this time, I started a fifteen-year stint as a MSU School of Social Work Undergraduate Advisory Board member. I had been a vocal advocate, requesting that the school add more gerontology to the BSW curriculum. I joined the board with this goal in mind and through the successful award of a Hartford Grant we were able to make great strides in achieving that objective. I am pleased with the opportunities that MSU social work students interested in health and aging now have available to them.

In my career, I transitioned to the role of Unit Manager overseeing several units within the SNF I worked for including the attached Home for the Aged (HFA). From there, I took on the challenge of working as the Administrator of a large group Adult Foster Care (AFC) Home with forty residents that had recently been purchased and was facing regulatory, financial, and quality challenges. Through the efforts of a great team, we were able to positively impact the operations of the facility resulting in needed improvements for the residents and staff. I transferred to a second facility within the same corporation and had the opportunity to break ground on cottages and a new senior housing complex on the existing AFC campus. We were able to provide

care across a continuum, meeting individuals where they were with support and assistance. I then moved on to become the Risk/Compliance Manager of a Continuing Care Retirement Community with 400+ residents residing in independent cottages, a licensed HFA and a SNF. In that role I was able to wear many 'hats' including managing employee health, worker's compensation, developing and implementing the organizational clinical and non-clinical risk management plan, leading the Continuous Quality Improvement (CQI) Committee, ensuring emergency preparedness, overseeing policy, and acting as the Privacy Officer and Corporate Compliance Officer. I transitioned within this organization when a new initiative to reach out to individuals living in the community in order to assist them in living better at home began. I became a Certified Case Manager (CCM) and provided information and referral services as well as community- based case management to those that wanted to remain in their own home.

Transitioning to the MI Health Link team with a background on the provider side presented a large learning curve. The program can be complicated and nuanced, and every day in the last six years has brought with it new challenges and learning opportunities. I personally find the objectives of the program, especially integrating person -centered physical and behavioral health care and eliminating barriers to and encouraging the use of home and community- based services, both important and meaningful.

When not working, (and sometimes while working in these last few years thanks to COVID) my two daughters Mila and Hadley ages 4 and 2 keep me busy. I have recently translated my love for reading to audiobooks that allow me to multi-task more easily. My girls and I are looking forward to a summer filled with camping, visits to the beach and cottage up north, and lots of friends and family. Henry, our Labrador retriever tags along for all of the adventures too. I also look forward to resuming more travel and volunteer opportunities as the girls get a little bit older.

The MI Health Link team is filled with passionate, helpful, and hard-working people that are truly dedicated to the work we do. I look forward to continuing work with this talented team as we partner with the Integrated Care Organizations that administer the MI Health Link benefits to serve the program's enrollees.

-Karen

Program and Policy Notes

MI Health Link Program, Contractual, Policy Requirements and Highlights

The MI Health Link Ombudsman

The MI Health Link Ombudsman (MHLO) serves as an advocate and problem-solver for beneficiaries enrolled in MI Health Link. All services are free and beneficiary information remains confidential. The MHLO can:

- Answer questions about MI Health Link
- Help solve problems with care, services, and benefits
- Connect beneficiaries to other resources
- Assist with grievances and appeals, and
- File complaints

The MHLO also works with health plans, Pre-Paid Inpatient Health Plans (that offer behavioral health services), the Michigan Department of Health and Human Services, and the federal government to spot issues, identify best practices, and offer solutions that will help make the MI Health Link program work better for beneficiaries.

MHLO is a project of the Michigan Elder Justice Initiative and the Counsel and Advocacy Law Line, two free legal services programs for low- income Michigianians. They provide most of their assistance to beneficiaries through both a toll-free hotline and through email responses to questions and problems.

For more information please visit the MI Health Link Ombudsman [website](#) or contact help@MHLO.org.

Medicare Current Beneficiary Survey

The Centers for Medicare and Medicaid Services (CMS) has contracted with the University of Chicago Nonpartisan and Objective Research Organization (NORC), a respected social science research organization, to conduct the Medicare Current Beneficiary Survey (MCBS).

NORC will be contacting beneficiaries in coming weeks on the behalf of CMS. This is an exception to typical guidance that CMS will not contact Medicare beneficiaries directly. Integrated Care Organization care coordinators should assist beneficiaries wishing to verify the study and interviewer by:

1. advise beneficiaries of the MCBS Respondent page for more information <https://mcbs.norc.org/>,

2. confirm the letters received match those posted at Medicare.gov [MCBS Selection Letter](#),
3. visit the following website and enter the interviewer ID number and last name <https://www.norc.org/WorkingWithNORC/Pages/survey-participants.aspx>, or
4. educate Medicare beneficiaries proactively with details about the MCBS study and resources to verify through your newsletter, social media, and other direct beneficiary communications.

Due to the pandemic, the process may begin with a telephone call, followed by a letter, and scheduling an interview. A professional interviewer will contact selected beneficiaries to schedule and complete the MCBS by telephone or in-person (as return to normal operations). This is an important distinction from previous efforts when CMS would not contact the beneficiary by telephone after the advance letter (rather an interviewer would come to the door).

Education and Support Opportunities

The Sixth Annual *Older Adult Mental Health Awareness Day Symposium*, presented by the National Council on Aging (NCOA), was a successful day of speakers and resources to support many populations and in case you missed it there is more information on the National Council on Aging [website](#).

Please save the date for the 7th annual *Older Adult Mental Health Symposium* that is currently scheduled for **May 2nd, 2024!**

MI Health Link Quarterly Training: *Services and Utilization*

June 27th, 2023 at 10:00AM

This training will review some of the services covered by the MHL waiver program and provide unique examples of services being utilized. If any case managers or new team members for the MI Health Link waiver services program are interested in joining, please email the waiver team at MDHHS-MHL-Waiver@michigan.gov as soon as possible!

Looking for Continuing Education opportunities? Check these programs and websites for upcoming events in 2023:

[Generations Health Education](#)

[Michigan Center for Rural Health](#)



Beneficiary Health and Welfare

June is National PTSD Awareness Month. PTSD stands for post-traumatic stress disorder and occurs in individuals after they have experienced a traumatic event, such as war, physical/sexual/verbal assault, and accidents. Trauma can have a variety of physical, cognitive and psychological effects on an individual. Symptoms can include depression, anxiety, nightmares, paranoia, insomnia, disturbing thoughts, easily startled by noises and much more. In 2010, the US Senate declared June 27th to be National PTSD Awareness Day. However, in 2014, it designated the whole month of June to be observed as National PTSD Awareness Month.

Older adults today are more likely to have experienced multiple traumas, such as war, economic depression and racial injustice as well as their own personal trauma. The Covid -19 pandemic may have had pronounced effects on older adults too.

There is a direct correlation between elder abuse and trauma which can cause PTSD. Elder abuse may cause trauma, particularly given the intimate nature of the relationship between the older adult and the individual causing harm, and because elder abuse is generally not a one-time occurrence, but a pattern perpetuated over months or even years. Research suggests earlier life traumas make a person more vulnerable to experiencing further trauma, and for many older adults, elder abuse may be the most recent in a series of traumas accumulated through a lifetime. Coupled with the significant physical and socio-emotional changes many people experience as they age, elder abuse may be a source as well as a trigger of trauma with wide ranging impact.

Facts about Trauma:

- 8% of the population will experience PTSD in their lifetime.
- Women are twice more likely to suffer from PTSD than men due to sexual assault/traumatic event.
- There are two types of trauma, Big T and Small T, and they range in severity of the causes and triggers. “Big T” is due to a life-threatening situation, such as natural disasters, physical assault, while “Small T” is caused by a disturbing event that is not life-threatening such as a divorce.

- Experts state that it is completely normal and healthy to experience shivers and trembling after a traumatic, stressful event. This is the way the body releases excess adrenaline.
- Individuals can develop PTSD because they have heard or witnessed someone else going through a traumatic event.

If a beneficiary has been a victim of elder abuse or has a known history of trauma, it is important to observe for PTSD symptoms to ensure they can receive the appropriate mental health treatment.



Resource Link:

Stay Well Toolkit for Employee Wellness Programs

Mental health can be a difficult topic to discuss within any organization. But now, on the heels of the COVID-19 pandemic, it's especially important for organizational leaders to bring it out in the open, make it part of the culture and provide support to those who are struggling. That's why the Stay Well program developed this toolkit. It helps organizational leaders plan and implement employee wellness programs—or expand the ones they already have. Resources can be used as-is or adapted to fit current needs.

You can access tip sheets, templates, activity ideas, worksheets, ready-made presentations and much more on the Wellness Toolkit Website found [here](#).



Q & A: Your Questions About MI Health Link

If you have a question about the MHL program we want to hear from you. We will work to get you the information you need.

Q: What are some methods to help beneficiaries who are nervous about returning to in person assessments?

A: In person assessments are so important for our beneficiaries and can lead to improved quality of care and services. Meeting in person allows for more needs to be identified that could be previously overlooked telephonically. It is a requirement for waiver and high risk members to conduct in person assessments to better assist beneficiaries.

Always provide reassurance about safety protocols and utilize your training, motivational interviewing techniques, and extensive experience! Offer to wear masks, socially distance as able, and offer to perform assessment outdoors when able and if appropriate.

Please send any questions for future bulletins to Integratedcare@michigan.gov

Topic Submission

If you have suggestions for topics to be addressed in future additions of the MI Health Link Bulletin, please send them to Integratedcare@michigan.gov



Quick Links

[MI Health Link Website](#)

[CMS Financial Alignment Website](#)

[MI Health Link Minimum Operating Standards](#)

[MDHHS Medicaid Provider Manual](#)

Previously Released MHL Bulletins

Previously released MI Health Link Bulletins can be found by visiting the [MI Health Link Website](#).

[Become a foster parent through Michigan Department of Health & Human Services foster care program.](#)



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