



MI HEALTH LINK

Linking Medicare and Medicaid for you
Bulletin October 2022



Meet the MI Health Link Team: Rebecca Gillmore

Hello- I am Rebecca Gillmore. I am a manager within the MI Health Link team, overseeing the enrollment team as well as systems and payment integrity.

I graduated from MSU with a Bachelor of Science in Kinesiology. I then went on and obtained my graduate degree from Colorado State University Global in Healthcare Administration and Management with a specialty in finance. After college I worked in a nursing home as the Business Office Manager. In this role I handled all accounts receivable including Managed Care, Medicare, Medicaid, hospice, and private pay. I also assisted people with applying for Medicaid. From there I was hired in MDHHS, in the Office of Inspector General department, where I spent approximately two years. In that role I investigated

Medicaid fraud, waste, and abuse from the provider side using data mining, interviewing, and on-site reviews. My role was specifically in Managed Care, although I assisted other areas at times. From there I came to the MI Health Link team, where I have now been for over 4 years! I started as a contract manager, then started to take over some of the enrollment/systems/payments related duties, and officially transitioned over to my current position approximately 1 year ago.

I am married, have one daughter who is six years old, and 2 dogs! My daughter keeps me very busy with her schedule, but in my free time I enjoy working out, traveling, anything outside in the summer, country concerts, reading, and I also judge competitive cheer through the Michigan High School Athletic Association.

I have loved working on the MI Health Link Team within the State of Michigan and have enjoyed getting to know everyone throughout the 4 years I've been here. I look forward to working with everyone that I haven't yet and truly believe that this is a great program with so many opportunities and by working together we can achieve incredible things for the dual-eligible population in the State of Michigan.

-Rebecca Gillmore

Policy Notes

MI Health Link Program, Contractual, and Policy Requirement Highlights

Care Coordination Case Load Limits

Each MI Health Link (MHL) enrollee has an assigned care coordinator. The care coordinator is responsible for care coordination for each enrollee including conducting assessments, assuring the person-centered planning process is complete, preparing the Individualized Integrated Care and Supports Plan (IICSP), coordinating care transitions, and is a point of contact for the enrollee at their health plan. Care coordination is a central pillar of the MHL program. Based on feedback from Integrated Care Organizations (ICOs) and enrollees alike, it has become evident that when a care coordinator and a member can establish a relationship positive impacts on the enrollee's health and quality of life are achieved.

Recognizing the vital role that the care coordinators play in the MHL program, the Michigan Department of Health and Human Services (MDHHS) established a new

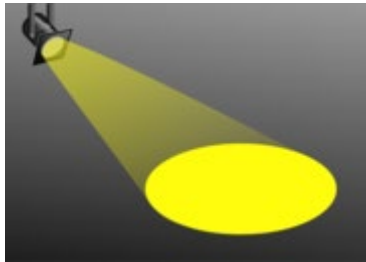
policy effective January 2022 to limit care coordinators' enrollee caseloads based on a point system. ICOs must assure adequate staffing to meet the needs of the program and beneficiaries without exceeding the MDHHS defined ratio equal to 600 points per care coordinator whereas:

Each low-risk enrollee = 2 points

Each medium-risk enrollee = 5 points

Each high-risk enrollee = 10 points

MDHHS monitors each ICO's compliance with the caseload limits. The impacts of this new policy will be evaluated throughout the remainder of the MI Health Link program.



MI Health Link Service Spotlight:

Home Delivered Meals

The Home Delivered Meals (HDM) service is available to those individuals enrolled on the MI Health Link (MHL) home and community based (HCBS) waiver. The service includes provision of one to two nutritionally sound meals per day for enrollees who are unable to care for their nutritional needs. The service must include and prioritize healthy meal choices that meet established criteria under state or federal law. Meal options must also meet enrollee preferences in relation to specific food items, portion size, dietary needs, and cultural and/or religious preferences. Each Integrated Care Organization (ICO) must have written eligibility criteria for persons receiving home delivered meals through the waiver which include, at a minimum:

- The enrollee must be unable to obtain food or prepare complete meals.
- The enrollee does not have an adult living at the same residence or in the vicinity that is able and willing to prepare all meals.

- The enrollee does not have a paid caregiver that is able and willing to prepare meals for the enrollee, with the exception of the paid caregiver warming the Home Delivered Meals for the enrollee if he or she cannot warm the meals.

- The provider can appropriately meet the enrollee's special dietary needs and the meals available would not jeopardize the health of the enrollee.

- The enrollee must be able to feed himself/herself.

- The enrollee must agree to be home when meals are delivered, or contact the program when absence is unavoidable.

While federal regulations prohibit providing three meals per day ICOs are allowed to provide two HDMs through the waiver and supplement a third meal with the hands-on personal care service of 'meal preparation' when needed and the enrollee qualifies.

During the public health emergency (PHE), there have been some temporary flexibilities in place related to HDM that are currently authorized until 6 months following the termination of the PHE.

For additional details about the HDM service including alternate meal types (frozen, liquid), specific food guidelines, and temporary PHE related service standard flexibilities see section 19.12 of the MHL Minimum Operating Standards [here](#).

Education Opportunities

The Michigan Department of Health and Human Services (MDHHS) MI Health Link Team will host an informational webinar, **“Recognizing, Reporting, and Preventing Elder Abuse and Exploitation.”**

Date: Thursday November 3, 2022

Time: 2:00pm-3:30pm

Elder Abuse is a serious public health problem in the United States. Each year hundreds of thousands of older adults are abused, neglected and financially exploited. Most victims are older, frail, and vulnerable and depend on others to meet their basic needs. It is estimated that 1 in 10 Americans, aged 60 and over, have experienced some form of abuse. The Genesee County Sheriff's Office has a

dedicated task force to help combat Elder Abuse and provide support to victims. Lieutenant Jillian Macey will provide an in-depth training on how to recognize, report and prevent Elder Abuse and Exploitation. This training will provide you with the knowledge and tools to protect MI Health Link members.

Register

here: <https://somedhhs.adobeconnect.com/ehhah4kp0557/event/registration.html>



Beneficiary Health and Welfare

The use of restraints, seclusions or restrictive interventions is an incident type required to be reported to the Michigan Department of Health and Human Services (MDHHS) MI Health Link (MHL) critical incident database and Adult Protective Services. As outlined in the MHL Minimum Operating Standards (MOS), restraints include physical and chemical. Using such methods are not only dangerous but can also cause emotional trauma to the individual. According to the John A. Hartford Foundation, older adults who are most at risk to be restrained are those who have unsteady mobility, cognitive or physical impairment, psychiatric conditions, recent surgical procedure, or those with multiple debilitating conditions.

Physical restraint is the use of any device, material, or equipment attached to or near a person's body that cannot be controlled or easily removed by the person. It deliberately prevents or is deliberately intended to prevent a person's free body movement to a position of choice. Some examples of physical restraint include, but are not limited to, the use of vests, soft wrist and ankle straps, belts, wheelchair safety bars, chairs with lapboards and bedside rails.

A Chemical restraint is the intentional use of any medications to subdue, sedate or restrain an individual. Medications typically used are anti-anxiety, antidepressants, and antipsychotics. While these types of medications are commonly used to treat anxiety, depression and behavioral symptoms, if used improperly they can become a form of a chemical restraint.

Seclusion is a type of environmental restraint that involves confining a person to a room or space that they cannot freely exit.

Alternatives for the use of restraints include moving the member to a quiet space, provide stimulation such as listening to music or watching television, calmly and

slowly provide verbal redirection, offer food or drink, or provide the member with their favorite personal items. It is important to assess the behaviors that place an individual at risk and provide the best alternatives to keep the member safe from harm.

If you suspect a member has been or is being harmed by chemical or physical restraint or is being secluded it must be reported to the MDHHS MI Health Link critical incident database and Adult Protective Services.



Resource Link

HELLO The Game

What type of health care would you want if you became too sick to tell the doctor yourself? Advanced care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both your family and your healthcare providers—about your preferences. Advanced care planning can be helpful to make sure you get the medical care you want.

Hello is a conversation game. It's the safe, easy, and fun way to talk about living and dying and what matters most. Playing the game is an easy, non-threatening way to start a conversation with your family and friends about what matters most to you. The game works for families, small groups, and there is also a large group kit for use by organizations to stimulate conversation and team building. Some health care professionals have found that by using *Hello* to work through their own emotions about life and death it has allowed them to more easily facilitate these conversations professionally. Hello is a product of Common Practice. Additional details can be found on their website [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: A MHL enrollee has a service animal. Is there any financial assistance available through Medicaid for the care of the animal?

A: ICOs may provide a \$20 monthly stipend for the care and maintenance of a service animal, paid directly to the enrollee when certain criteria are met. This benefit covers dogs and miniature horses that meet the ADA definition of service animal. For a full list of required criteria that must be met in order for the ICO to authorize the stipend see section 7 of the MHL MOS [here](#).

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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