

# MI HEALTH LINK

Linking Medicare and Medicaid for you  
**Bulletin September 2022**

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## Meet the MI Health Link Team: Mark Cooley

I am a Departmental Analyst Contract Manager for MI Health Link (MHL) and have been with the program for over six years. In my current role, I oversee Medicare Medicaid Plan (MMP) and vendor contracts for the MHL program. I firmly believe in putting MHL beneficiaries' needs first and holding our plan partners accountable to the same expectation. I am MHL's subject matter expert on grievances and appeals and recently partnered with our Federal colleagues at the Centers for Medicare and Medicaid Services (CMS), as well as our Ombudsman Program, to organize a comprehensive training for care coordinators and care management teams of our Integrated Care Organizations (ICOs) to help reduce inappropriate service denials. I led the charge to organize our

program's State Advisory Committee (SAC) comprised of beneficiaries, family and other advocates, and providers to solicit input on opportunities to improve the program. I have a great working relationship with our beneficiary SAC members, and I always look forward to connecting with them when the committee meets.

I have been married to the same wonderful woman for over 40 years, have two adult sons and two grandchildren. When I'm not working I enjoy playing with the grand kids and playing guitar.

Before joining the MHL team I served just under five years in the Air Force, as a Deputy Staff Judge Advocate at base level with the rank of Captain (03). I served, at various times, as the base contracting officer and chief prosecutor at the base level. After leaving the Air Force I worked in private practice as an attorney and then was appointed Executive Director of Michigan's Natural Resources and Environmental Code Commission, an effort that resulted in a major reorganization and update of the State's various environmental and resource management laws. For eight years, I also ran my own small law office.

Working with people enrolled in MHL and helping to ensure that they receive the services they need is one of the most rewarding things I have done in my working life.

-Mark Cooley

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## **Policy Notes**

### **MI Health Link Program, Contractual, and Policy Requirement Highlights**

#### **Initial Screen Requirements**

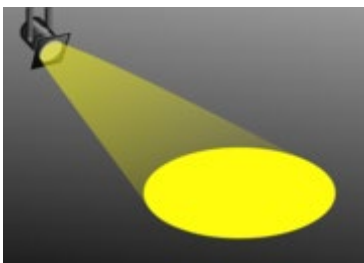
The [initial screening](#) is a series of enrollee reported yes/no questions related to historical and current utilization of Prepaid Inpatient Health Plan (PIHP) services, nursing facility care, community-based supports and services and hospital care (inpatient or emergency room treatment). Conducting the initial screen has multiple purposes including:

- Identifying enrollees with immediate needs in order to prioritize in person Level I Assessments
- Assisting in prioritizing and determining the care coordination needs of each enrollee
- Assessing clinical risk and needs including the impact of social determinants of health (SDOH)

When individuals call the enrollment broker to enroll in an Integrated Care Organization (ICO), the enrollment broker will complete [the screen](#) with the beneficiary via telephone. Results of the initial screenings completed by the enrollment broker are sent to the ICO by the Michigan Department of Health and Human Services (MDHHS) twice a month in a supplemental file.

For individuals passively enrolled into the ICO, the ICO must make its best efforts to conduct [the initial screen](#) with new enrollees within fifteen (15) calendar days of the effective date of enrollment. The ICO must make subsequent attempts if the initial attempt to contact the member is unsuccessful, and must document these attempts in the record. The ICO may conduct [the initial screen](#) telephonically, by standard mail, member-portal, or other HIPAA compliant alternate means, and enrollee responses must be documented in the record. The [initial screen](#) may be completed by non-clinical staff. If the initial screen is not completed within fifteen (15) calendar days of Enrollment, the ICO must continue efforts to contact the Enrollee and document such in the record. These requirements can be found in the MI Health Link Three Way Contract [here](#).

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## MI Health Link Service Spotlight:

### Fiscal Intermediary

Fiscal Intermediary (FI) services are available for beneficiaries enrolled in the MI Health Link Home and Community Based Services (HCBS) waiver that choose to participate in arrangements that support self-determination. FI services are not a

stand alone service, but when coupled with other HCBS services, assist the enrollee to live independently in the community. An FI provides the following:

1. Functions as the employer agency for enrollees directly employing workers to assure compliance with payroll tax and insurance requirements;
2. Ensures compliance with requirements related to management of public funds, the direct employment of workers by enrollees, and contracting for other authorized supports and services;
3. Facilitates successful implementation of the self-determination arrangements by monitoring the use of the budget and providing monthly budget status reports to each beneficiary and ICO; and
4. Offer supportive services to enable beneficiaries to self-determine and direct the supports and services they need.

The beneficiary uses budgeted funds to purchase home and community based services authorized in the IICSP and chooses the staff to work with him/her. The FI helps the enrollee to manage and distribute funds contained in the individual budget. The FI can also assist with training the beneficiary and providers, as necessary, in tasks related to the duties of the FI including, but not limited to, billing processes and documentation requirements.

When a waiver member is using an FI, their Individual Integrated Care and Supports Plan (IICSP) should include:

1. The enrollee's individual budget and the waiver services that the enrollee will buy using the budget.
2. Documentation about what responsibilities the enrollee wants the Fiscal Intermediary to have.
3. Documentation that the individual has chosen to participate in an arrangement that supports self-determination.

Additional information related to the HCBS Fiscal Intermediary service can be found in the [MI Health Link Minimum Operating Standards](#).

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## Education Opportunities

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[DirectCourse online training](#) is hosting free, virtual, full-length screenings of the (2) below documentaries written and directed by the [University of Minnesota's Institute on Community Integration](#), a federally designated University Center for Excellence in Developmental Disabilities.

Please note these advocacy films do not offer CEUs.

**“Of the Community”**

This film follows the lives of 8 individuals with intellectual and developmental disabilities in their journey to true community living! It also warns service providers of unconscious institutional mindsets that can threaten good intentions.

**October 25, 2022 @ 1:00pm – 2:00pm (EST) – [register now](#)**

**“Invaluable: the unrecognized profession of direct support”**

A multi-perspective documentary depicting the critical juncture the United States is facing where national and state strategies must be implemented to secure the direct support workforce and save our systems from regression.

**October 28, 2022 @ 1:00pm – 2:00pm (EST) – [register now](#)**

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MSU College of Nursing Lifelong Education will be presenting the **2022 Case Management Conference** Tuesday October 25, 2022. The conference will be virtual and includes continuing education contact hours for nurses, social workers and certified case managers. Click [here](#) for additional details and to register.

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## Beneficiary Health and Welfare

Elder Sexual Abuse is a difficult topic to discuss, but is necessary when working with older adults because, unfortunately, it happens more than one thinks. Elder sexual abuse includes any type of sexual contact or sexual penetration with an older adult who, because of diminished mental capacity or health issues, cannot communicate the disapproval of

behavior against them or cannot consent to the activity. Unfortunately, perpetrators seek out potential victims who they perceive as easy to overpower and manipulate.

Elder Sexual Abuse is an underreported crime due to an individual's inability to report because of physical or mental capacity, fear of retaliation from the abuser, fear of losing their caregiver and being placed in an institution, feeling ashamed of what has occurred or worried if they report the abuse the perpetrator will get in trouble (especially if this is a loved one the older adult cares about). Approximately 70% of elder sexual abuse occurs in nursing homes, but can happen anywhere and does! Elderly women are six times more likely than men to be sexually abused and only 30% of sexual abuse crimes are reported to authorities.

Sexual abuse in older adults is likely to cause physical and psychological trauma which can lead to a decline in functioning and overall wellbeing. Michigan.gov has outlined the physical and behavioral signs that may indicate Sexual Abuse has occurred:

### **Physical signs**

- Unexplained Sexually Transmitted Disease (STD) or infection
- Increased difficulty walking or sitting for a long time
- Bruising around the breasts, genitals or inner thighs
- Pain when urinating or moving the bowels
- Bloody, stained or tattered undergarments
- Unexplained vaginal or anal bleeding

### **Behavioral signs**

- Agitation, anxiety, inability to focus or abrupt change in mood
- Withdrawing from family, friends or social situations
- Anxiety or fears about bathing or using the restroom
- Changes in eating habits or refusing to eat
- Having an unusual relationship with a caregiver that seems to have sexual elements involved
- Displaying symptoms of Post-Traumatic Stress Disorder (PTSD)

- Suicide attempts
- Nightmares or other sleep problems
- Experiencing trouble swallowing or an unusual fear of objects near the mouth
- New fear of specific places or people
- Refusal to discuss events with others
- Negative view of his or her body, especially the genital area

Sexual abuse of an older adult is one of the critical incident types required to be reported to MDHHS, as well as APS, and if the abuse occurred in a nursing facility, report to the Department of Licensing and Regulatory Affairs (LARA).

Michigan Adult Protective Services 24-hour hotline: **855-444-3911**

To File a Complaint with LARA: **800-882-6006**



## Resource Link

### Guardianships and Power of Attorneys in Michigan

A surrogate decision maker is an individual that has the power to make decisions for someone else who does not have the capacity to make their own decisions. Surrogate decision making requires legal authority. Two mechanisms for gaining such authority in Michigan are power of attorney (POA) and legal guardianship. A POA is a legal document that allows you to appoint an agent to act on your behalf in certain matters, such as financial or healthcare. A person can set up a POA and name an agent to handle their affairs *before* anything happens to them. This gives people the choice in who should oversee their affairs. A POA must be a durable POA in order to stay in effect when the person who set it up becomes legally incapacitated. A guardian is a court-appointed person who's given authority to manage the health care decisions for someone who is no longer able to make those decisions on their own.

In the fall of 2021, MI Health Link (MHL) hosted a presentation by Doug Chalgian of Chalgian and Tripp Law Office PLLC on Guardianships and Power of Attorneys in Michigan. The presentation contained a wealth of information about these important

topics. We received positive feedback about the direct applicability of the information to the work MHL care coordinators do on a daily basis to support their members.

A recording of the presentation can be accessed [here](#). Within the presentation link you can also download the presentation slides as well as guardianship forms and related instructions.

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## 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: When entering a Home and Community Based (HCBS) waiver enrollment in CHAMPS, does the ICO need to upload durable power of attorney (DPOA) and guardianship paperwork?**

**A: Yes, when entering a Home and Community Based (HCBS) waiver enrollment in CHAMPS for an enrollee with a DPOA or guardian, the DPOA and guardianship papers must also be uploaded to CHAMPS. The ICO should ensure prior to uploading these documents that they are not expired. Additionally, the DPOA must include an activation form signed by two physicians, and the letters of guardianship/authority must include the judge's signature. A screenshot of the court docket can not be accepted.**

Please send any questions for future bulletins to [Integratedcare@michigan.gov](mailto:Integratedcare@michigan.gov)

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# 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](mailto:Integratedcare@michigan.gov)



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## 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](#).

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