Conflict-Free Access and Planning Improving Outcomes Conference





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Workgroup Website Link

https://www.michigan.go
v/mdhhs/keep-mihealthy/mentalhealth/me
ntalhealth/conflict-freeaccess-and-planningworkgroup

Single Provider Organization

Eligibility and Needs Assessment

Direct Service Delivery

Single Provider Organization

Planning Activities

(Plan Development and Monitoring)

Direct Service Delivery

Single Provider Organization

Eligibility and Needs Assessment Planning Activities

(Plan Development and Monitoring)

Direct Service Delivery

Single Provider Organization

Eligibility and Needs Assessment

42 CFR 441.730(b)

Providers responsible for evaluation of eligibility, assessment, or development of the IPOS cannot have financial interest in any direct provider.

Planning Activities

(Plan Development and Monitoring)

42 CFR 441.301(c)(1)(vi)

Providers of direct services must not provide case management or develop the IPOS. Direct Service Delivery

Single Provider Organization

Eligibility and Needs Assessment

Potential incentive for provider to determine someone eligible or ineligible.

Planning Activities

(Plan Development and Monitoring)

Potential incentive for provider to include/exclude its own services and supports in the plan.

Direct Service Delivery

What Mitigates Conflict?



"Entities that evaluate eligibility or provide case management services cannot...have a financial interest in any entity paid to provide care to the individual."*

Provider Organization A

Eligibility and Needs Assessment Planning Activities

(Plan Development and Monitoring)

Provider Organization B

Direct Service Delivery

Financial Firewall

*CMS COI in Medicaid Authorities Training (reference to 1915(i) State Plan Requirements), 2016 42 CFR 441.301(c)(1)(vi)

What is the Scope?

Scope of Requirement

Per the HCBS Final Rule, conflict-free requirements apply to all HCBS Waivers including:

- Habilitation Supports Waiver
- Children's Waiver Program
- SED Waiver
- MI Health Link
- 1115 BH Demonstration Waiver
- 1915(i)/State Plan Amendment

To avoid fragmented service plan development, MDHHS intends for the scope of implementation to include all Medicaid Behavioral Health Beneficiaries.

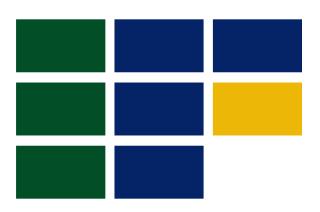
Framing the Decision



Option

What are the choices for implementation?

Options are possible ways the system might be transformed to align with Conflict-Free Access and Planning requirements. Options still need to be developed. The State has not chosen an option.



Criteria

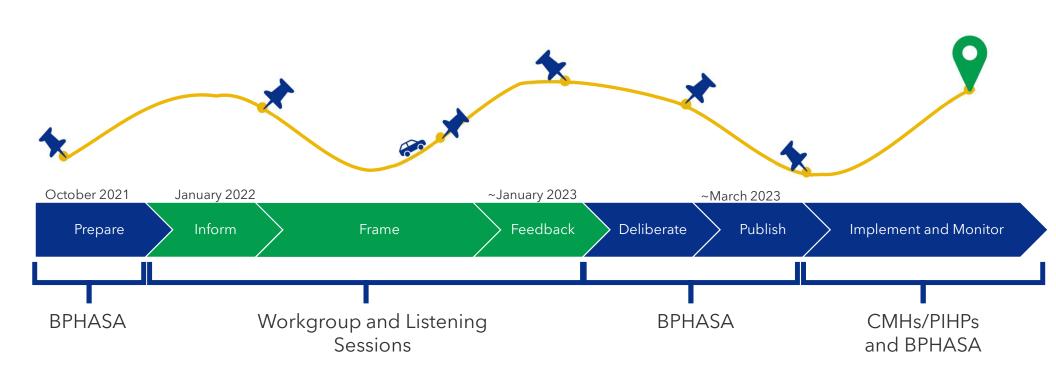
What makes a good choice?

Criteria are areas that may be impacted (positively or negatively) by changes to the system.

Concepts discussed in May Workgroup Meeting

Workgroup Journey

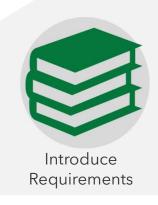
Workgroup Journey

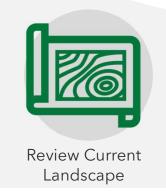


Inform

Frame

Feedback





What is the process for decision-making?

What policies are involved?

What is currently happening in the state?

What are high-level examples of implementation?

The Inform phase took place in workgroup meetings from January to April of 2022

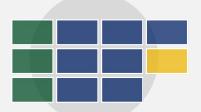
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Define Criteria



Develop Options



Evaluate Options

How is the problem defined?

What are the potential impacts of implementation?

How might we categorize those impacts?

What is most important for the state to consider?

What are the detailed options?

The Frame phase took place in workgroup meetings beginning in May

Inform

Frame

Feedback

Self-Assessment

A self-assessment was developed with workgroup members and launched in <u>May of 2022</u>. The self-assessment was intended to elicit additional feedback from workgroup members.

Workgroup members were encouraged to collaborate with content experts at their organizations to complete the self-assessment.

Questions Included...

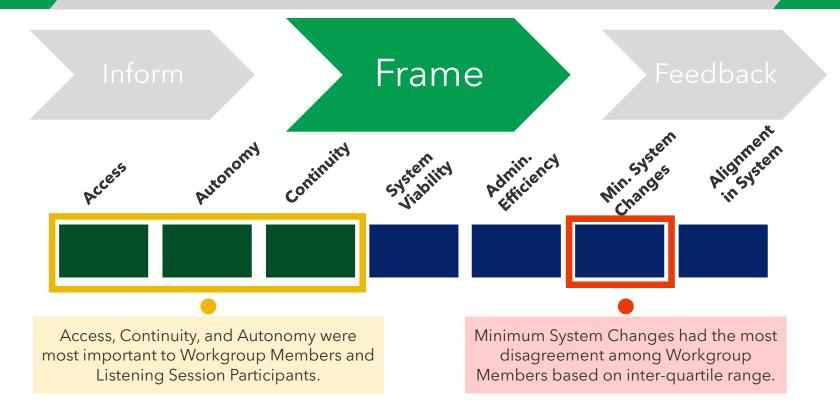
Are you an individual or an entity? Public or Private Organization?

Which duties do you directly perform?

- Eligibility Assessment and Determination
- Assessment of Need
- Planning
- Authorizations
- Direct Services

Does your organization allow...

- Relatives to provide planning or direct services
- People who are financially/legally responsible for a beneficiary to provide planning or provide direct services?



Criteria were finalized in the <u>August workgroup meeting</u>
Criteria priority was finalized in the <u>October workgroup meeting</u>
The initial listening session summary was provided in November workgroup meeting

Intorm

Frame

Feedback

What should the state know as it makes its decision?



Next Steps and Questions

- Updated timeline based on discussion with leadership
- Continued internal MDHHS discussions
- Next workgroup meeting is January