

**MI Health Link Region 4 Stakeholder Forum**  
**Radisson Hotel, Kalamazoo**  
**Questions and Answers**  
*October 14, 2014*

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The following set of questions was collected at the public forum on the state's plan to integrate care for individuals who are eligible for both Medicare and Medicaid on October 14, 2014 in Kalamazoo. Answers have been developed to help stakeholders better understand the purpose and development of the program. This document should be regarded as a "work in progress" that will be continuously updated as additional questions arise and more information becomes available.

**GENERAL QUESTIONS**

- 1) What is different with MI Health Link in terms of administrative structure?**  
**There are several health plans and PIHPs and administrative structures.**  
**There does not seem to be a streamline of administrative structure.**

Very early on in the planning process for MI Health Link, the Michigan Department of Community Health (MDCH) held stakeholder meetings to obtain information and ideas as to the best ways to approach the MI Health Link program. Based on the feedback received in these stakeholder meetings, it was decided that Integrated Care Organization (ICOs), also known as MI Health Link health plans, would be responsible for providing Medicare and Medicaid physical health and long term supports and services through a managed care capitated payment arrangement. Additionally, it was decided that the PIHPs would contract with the Integrated Care Organizations (ICOs) and continue to provide services related to behavioral health, intellectual/developmental disability, and substance use disorders so as to not disrupt supports and services that are currently working for people. It was also decided that the PIHPs would also provide any mild to moderate Medicare behavioral health services. In the current system, Medicare and

Medicaid benefits existed separate from one another, but the MI Health Link program will offer much more care coordination than there is now. The ICOs and PIHPs are expected to work together and take the necessary steps to ensure individuals' needs are met.

- 2) What will happen with the people who have Medicare and spend down for Medicaid when they meet their spend down? How will these individuals be served? May the protected income figure be changed sometime to match current times?**

Individuals with spend down are not eligible for the MI Health Link program.

- 3) Medicare does not cover transportation to doctor appointments. Will MI Health Link cover transportation? When you have both Medicare and Medicaid, which program do you use for transportation services?**

Yes, there is a transportation benefit with the MI Health Link program. Emergency and non-emergency medical transportation will be provided for everyone who needs it. If you qualify and have a need for the home and community-based services offered through the MI Health Link HCBS waiver program, you may be able to receive non-medical transportation to help you access other activities you enjoy in the community.

- 4) Will home care type services be available for nursing home residents who no longer meet NFLOCD?**

Yes, home care will be available for individuals who need it. The MI Health Link health plans (or Integrated Care Organizations (ICOs)) will be able to help you arrange Personal Care Services if you need help with activities of daily living (eating, bathing, dressing, personal hygiene, toileting, grooming, transfers, mobility) and instrumental activities of daily living (shopping, meal preparation, transportation, managing finances, medication assistance,

phone use, laundry and other household tasks). You may also be able to receive Home Health services (in-home nursing care, physical therapy, and/or occupational therapy) if you qualify for them.

**5) What will happen related to the HCBS Final Rule residential and non-residential settings?**

The federal government requires the MI Health Link HCBS home and community-based service program to be in compliance with the HCBS Final Rule from the beginning of service delivery. All new waivers approved after March 17, 2014 are required to be in compliance from the beginning. Existing waivers are allowed a transition period of five years for settings to come into compliance with the HCBS Final Rule. The HCBS Final Rule requires states to ensure that residential and non-residential settings used by individuals who are participants of waiver programs such as the MI Health Link HCBS, MI Choice waiver, and Habilitation Supports Waiver (HAB waiver) are truly home and community-based and do not isolate participants from the community. MDCH is currently working to develop a plan for how to assess and address any compliance issues that currently exist for residential and non-residential settings.

If a MI Health Link enrollee qualifies for home and community-based services through the MI Health Link HCBS waiver, the residential setting in which the enrollee lives will be evaluated prior to approval for the waiver. Individuals who participate in the HAB waiver (a waiver program that existed prior to March 2014) and are also participating in the MI Health Link program will fall under the five year settings transition period mentioned above so the settings will not be an issue for the MI Health Link program – individuals may remain in their current residential setting and receive the same HAB waiver services they receive now while enrolled in MI Health Link. If individuals are MI Choice participants and would like to enroll in MI Health Link, they must first disenroll from MI Choice. Individuals enrolled in MI Choice will not be passively enrolled in MI Health Link. The individual will be encouraged to not

disenroll from MI Choice until MDCH determines whether his or her needs can be met through MI Health Link. The individual must contact Michigan ENROLLS, the State's enrollment broker, to enroll in MI Health Link. When that contact is made, and prior to disenrollment from MI Choice, the individual will be referred to the MI Health Link staff at MDCH to coordinate whether or not the individual would qualify for home and community-based services through the MI Health Link HCBS waiver so continuity of care may be maintained. MDCH will look at the individual's current waiver services, nursing facility level of care determination, and whether the residential setting is in compliance with the HCBS Final Rule. If the individual appears to be a good fit, the residential settings complies with requirements, and his or her needs can be met through MI Health Link, MDCH will discuss with the individual his or her options to either remain in MI Choice or to disenroll from MI Choice and enroll in MI Health Link.

**6) If individuals in a nursing home have a patient pay amount, will they be able to join MI Health Link?**

Yes, the patient pay amount will be the same. The enrollee will be required to pay the patient pay amount to the nursing home.

**7) Will Minimum Data Set (MDS) 3.0 data be used? How will the MDS data be incorporated into the Individual Integrated Care and Supports Plan (IICSP), Level I and Level II Assessments?**

Yes, the care coordinator may request a copy of the MDS assessment information to use during completion of the Level I and Level II Assessments as needed.

**8) Will information sharing be electronic only?**

It will be both electronic and paper. Some parts will be paper, some electronic.

**9) Will enrollees need to reenroll every year?**

No, they would not. Any assessments will have to be completed every year or at least updated every year.

**10) Are Healthy Michigan Plan enrollees eligible for MI Health Link?**

No, because you must have both Medicare and Medicaid to participate in MI Health Link. If you are enrolled in the Healthy Michigan Plan, you cannot have Medicare. Therefore, Healthy Michigan Plan enrollees are not eligible for MI Health Link.

**11) Has there been any consideration of having visiting physicians in the plans' network?**

At this time, it is not required for the plans although they are free to make that available if they choose to do so. One of the ICOs has said they intend to offer this service.

**12) If an enrollee wants to move into a home in a high crime area, may he or she? Are individuals allowed to take informed risks if they choose?**

Yes. This really is not something MDCH or MI Health Link health plans (ICOs) can control. The care coordinators should educate people about risks, but they cannot keep the person from living in the high crime area.

**13) What if people do not have a phone to communicate with the care coordinator?**

Individuals and their care coordinator may work out amongst themselves any communication arrangement that works for the enrollee.

**14) Will ICOs have training on what person-centered planning really is?**

Yes, the ICOs and all care coordinators will be trained in person-centered planning by experienced trainers.

**15) Can someone at the PIHP or CMH help counsel an enrollee if they have nobody else who can help?**

Yes. If an individual is currently working with someone from a PIHP or CMH and is comfortable with that person, he or she may continue to work with and get information from that person. The PIHPs and CMHs are required to work with the ICO to ensure the individual's needs are met.

**16) Have the SNF/NF rates been released?**

The rates for nursing homes have not yet been released.

**17) Where are care coordinators located?**

Care coordinators will be based in the offices of ICOs or another location as determined by the ICO.

**18) Is self-determination in MI Health Link the same as behavioral health self-determination?**

Self-determination practice and training will be based on the MDCH Behavioral Health and Development Disability Administration (BH&DDA) Technical Advisory, but may include some differences, making it specific to MI Health Link.

**19) Where can people learn about plan benefits?**

Individuals will be able to compare MI Health Link health plan benefits through Medicare Plan Finder and by calling the Michigan Medicare/Medicaid Assistance Program (MMAP) for health plan options counseling.

**20) How many people are dually eligible for Medicare and Medicaid in Southwest Michigan?**

As of April 2014, there were 21,696 dually eligible individuals.