



Michigan Department of Community Health

Director James K. Haveman

Michigan's Integrated Care Demonstration Project

Wayne County Implementation Open Forum

Henry Ford Community College

June 25, 2013

Welcome and Introduction

Steve Fitton, Director, Medical Services Administration

Lynda Zeller, Director, Behavioral Health &
Developmental Disabilities Administration



Today's Agenda

- *Welcome and Introductions* – Steve Fitton/Lynda Zeller
- *Integrated Care Updates* – Susan Yontz
- *Care Bridge Presentation* – Susan Yontz/Nora Barkey
- *Stakeholder Involvement* – Roxanne Perry
- *Michigan Disability Rights Coalition Grant* – RoAnne Chaney/Alison Hirschel
- *Questions* – All
- *Wrap-Up and Next Steps* – Dick Miles



What is Integrated Care?

Integrated care is the blending of Medicare and Medicaid rules, funding streams, and benefits into a single, organized and coordinated health care service and supports delivery system for people who are dually eligible for both programs.



Background

- Contract awarded from the Centers for Medicare and Medicaid Services (CMS) in 2011 to develop a new model of care for individuals who are dually eligible for Medicaid and Medicare
- Conducted an extensive external stakeholder process
- Proposal submitted to CMS on April 26, 2012



Project Goals

The **primary goal** of integrating care and supports is to design and implement an organized and coordinated delivery system that:

- **Improves quality** of services and **enrollee satisfaction**
- Provides **seamless access** to all services for enrollees
- Creates a care and supports coordination model that **communicates** within its structures **by linking back to all domains** of the delivery system
- **Streamlines administrative processes** for enrollees and providers
- **Eliminates barriers** to home and community based supports and services
- **Reduces the cost** of providing care to the state and federal government through improved care and supports coordination, financial realignment and payment reforms



MDCH'S Commitment

- Full commitment to successful implementation
- MSA and BH&DDA working together on implementation
- Stakeholder engagement efforts to get feedback on the progress of the demonstration
- Choice and voice for enrollees



Integrated Care Updates

Susan Yontz, Director, Integrated Care Division



Updates

- Integrated Care Division
- Program Design
- Memorandum of Understanding
- Implementation Information
- Waivers
- Implementation Grant
- Medicare Selection Process
- Procurement



Integrated Care Division

- New division within the Bureau of Medicaid Policy and Health System Innovation in MSA
- Staff for the Program of All-Inclusive Care for the Elderly (PACE) incorporated into the Integrated Care Division



Program Design: Services and Coverage

Medicare and Medicaid Services covered:

- Inpatient and outpatient acute care
- Nursing facility services
- Behavioral health services
- Home and community based services
- Durable medical equipment
- Prescription drugs
- Coordination of supports and services

Integrated
Care
Organizations
(ICO)

- Provide coverage for
 - All physical health (acute and primary care)
 - Pharmacy
 - Long term supports and services

Prepaid
Inpatient
Health Plans
(PIHP)

- Provide coverage for
 - Behavioral health
 - Substance use
 - Intellectual/developmental disabilities



Program Design: Provider Network

- ICOs must meet provider network standards established in the MOU
- Cultural competency must be assured in the provider networks
- Networks must include specialists for conditions common to the population
- ICOs and PIHPs must meet accommodation standards of the Americans with Disabilities Act



Program Design: Provider Network

- ICOs will be required to reach out to current providers as networks are being developed and standards will be established for continuity of care
- Existing relationships with “out-of-network” providers will be maintained during the transition to the new program



Program Design: Performance Metrics & Evaluation

- Uniform measures will be established in the MOU and included in contracts
- Quality domains may include:
 - Access to care
 - Care transitions
 - Consumer satisfaction
 - Coordination of services and supports
 - Effectiveness of care
 - Person-centeredness
 - Quality of life



Program Design: Enrollment Process

- Extensive education and outreach prior to enrollment
- Opt-in enrollment period prior to implementation
- Phased passive enrollment of eligible individuals if they do not opt-out
- State will use its enrollment broker to ensure unbiased information is provided by trained staff
- Michigan State Health Insurance Program (Medicare-Medicaid Assistance Program-MMAP) will be used for peer to peer information assistance
- **Enrollees may change plans or opt out on a monthly basis**



Program Design: Enrollee Protections

- Clear, concise, and consistent marketing materials about the program will be developed and approved by DCH and CMS
- Choice of providers and coordinators will be offered
- ICOs and PIHPs will be required to include enrollees on governance boards
- An integrated care ombudsman role will be created



Program Design: Appeals

- The goal is a user-friendly process that incorporates and coordinates state and federal requirements from both Medicare and Medicaid
- Standard documents and language will be developed to clearly explain membership and appeal rights
- Medicare protections are to be preserved



Memorandum of Understanding

- Memorandum of Understanding (MOU) – An agreement between MDCH and CMS about how to operate and evaluate the demonstration
- Must be signed by September



MOU Components

- Assessment and care coordination plan
- Benefit design (covered services, including supplemental benefits)
- Provider network/capacity
- Financing and payment model
- Implementation strategy
- Quality and performance metrics
- Enrollment process
- Enrollee protections and appeals



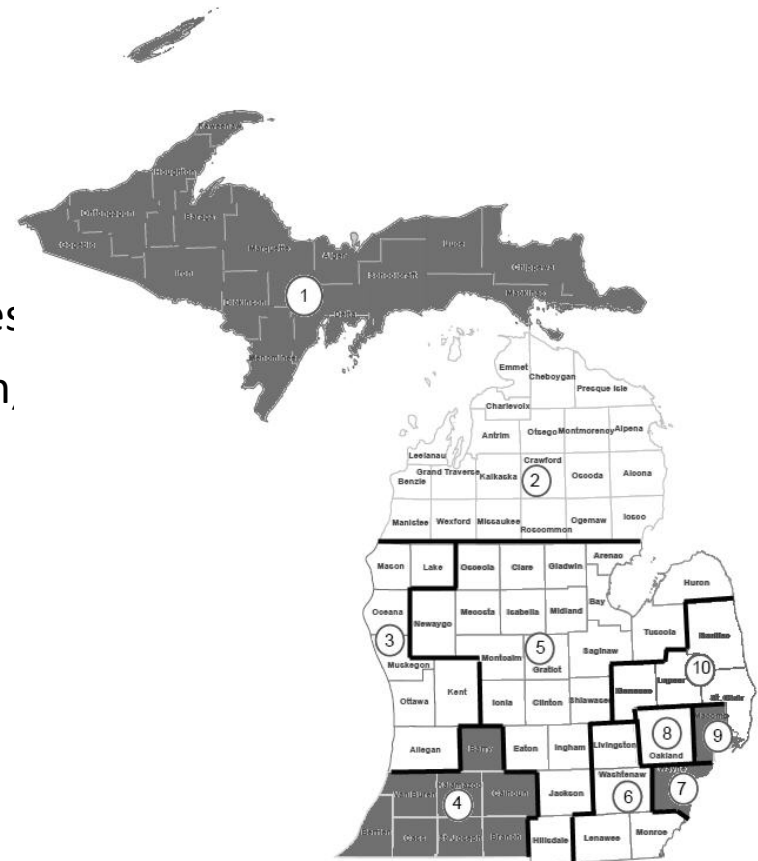
Implementation Information

- Target for implementation – July 2014
- Phased passive enrollment
- New 1915 b and c waivers specific to the demonstration
- Applied for grant funds to implement the program
- Procurement process underway
- Developing Stakeholder Advisory Group
- Continued MOU discussions with CMS



Implementation Regions

- The demonstration will be implemented in four regions in the state:
 - Region 1 (UP) – Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties
 - Region 4 (Southwest) – Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren Counties
 - Region 7 (Wayne) – Wayne County
 - Region 9 (Macomb) – Macomb County



Implementation Grant

- Michigan's grant application requested funds for the following:
 - Ombudsman program
 - Outreach and education
 - Marketing
 - Stakeholder engagement and support
 - System and technology changes and enhancements to support the demonstration
 - Evaluation including participant satisfaction



Procurement

- Potential bidders must pass the CMS procurement process, including the Model of Care requirements
- States can only consider plans that have successfully passed this process
- State RFP being drafted for release this summer



Care Bridge Presentation

Susan Yontz, Director, Integrated Care Division
Medical Services Administration

Nora Barkey, Policy Specialist, Division of Quality
Management and Planning

Behavioral Health & Developmental Disabilities
Administration



Purpose of the Care Bridge

- A care coordination framework to
 - **PROVIDE** for and support communication with the enrollee to gather screening and assessment information
 - **DEVELOP** the Individual Integrated Care and Supports Plan (IICSP) through the person-centered planning process
 - **FACILITATE** access to formal and informal supports and services
 - **COORDINATE** care and community support services
 - **ENSURE** efforts to achieve identified health and life goals



Framework Assumptions

- Care coordination across services, supports and settings
- Intensity of need varies by person
- Emphasis on maintaining existing relationships with providers
- Person is at the center of his/her integrated individualized plan



Care Bridge Practices will include:

- ICOs offer care coordination services to all enrollees in accordance with the enrollee's individual preferences and needs
- ICO training and policy based on MDCH approved person-centered principles and practice
- Information and opportunity for the enrollee to choose arrangements that support self-determination
- Process for ensuring the provision of person-centered planning and treatment approaches are collaborative and responsive to the enrollee's changing and continuing needs



Care Bridge Practices will include:

- Coordinating care across continuum of services and providing services in the most integrated setting
- Collaboration between ICO Care Coordinators and:
 - PIHP Supports Coordinator
 - Long Term Supports and Services Coordinator
 - Complex Care coordinated by Primary Care Provider



Care Coordination Process

- Care Coordination will include:
 - Initial Risk Screening
 - Assessment and reassessment
 - Initiation and monitoring the Individual Care Bridge Record (ICBR)
 - Development of Individual Integrated Care and Supports Plan (IICSP), using person-centered principles
 - Collaboration between individual and integrated care team members
 - Ongoing care coordination services, including monitoring and advocacy



Individual Care Bridge Record (ICBR)

- Secure web-based portal on which documents and messages can be posted and pushed
- Operated by ICO with access by person and Integrated Care Team (ICT)
- Used by the ICT to communicate
- Components:
 - History, issues list, lab results, medications, assessments
 - IICSP (Individual Integrated **C**are and **S**upports **P**lan)
 - Progress notes and status change



Individual Integrated Care and Supports Plan (IICSP)

- Developed with the enrollee through person-centered planning process
- The IICSP includes
 - Enrollee preferences for care, support, services
 - Enrollee's prioritized list of concerns, goals, objectives and strengths
 - Risk screening and assessment results
 - Activities for addressing concerns/goals and measures for achieving
 - Specific providers, supports and services including amount, scope and duration
 - The person(s) responsible and time lines for specific interventions, monitoring and reassessment



Summary of Care Bridge Key Features

- Assures fidelity to integrated person-centered planning across services, supports and care settings and support team members
- Integrates client level data from MDCH data warehouse
- Supported by web-based technology that maintains the IICSP accessible by person and his/her team members



Stakeholder Involvement

Roxanne Perry, Section Manager
Integrated Care Division



Stakeholder Involvement

MDCH is expanding its stakeholder engagement efforts to get feedback on the progress of the demonstration

- Quarterly Regional Open Forums
- Advisory Council
- Enrollee Participation in ICO Governance



Open Forums

- Host an open forum every quarter
- Rotate the location of the forum between the 4 regions



Advisory Council

- A new Advisory Council is being formed to operate during the Integrated Care Demonstration
- This Council will provide a structured mechanism for enrollees and stakeholders to provide input on the demonstration



Advisory Council

- Advisory Council members will represent the diverse communities within the demonstration regions
- No more than 30 members will be selected for the advisory council



Roles and Responsibilities of the Advisory Council

- Provide recommendations and feedback on the quality of services
- Assist in the development of public education and outreach campaigns
- Identify areas of risks and consequences of the proposed approach
- Review ICO and PIHP quality data and make recommendations for improvement



Roles and Responsibilities of the Advisory Council

- Work with MDCH to solicit input from stakeholders and other consumer groups
- Provide input into evaluation design and analyses of evaluation results
- Participate in the demonstration Open Forum sessions



Membership Selection

- Individuals and organization representatives will apply to serve on the Advisory Council
- MDCH will convene a team of state agency staff to evaluate all completed applications
- The evaluation team will attempt to select, at a minimum, one representative from each population within the demonstration regions



Membership Selection

- Representatives from community-based or consumer advocacy organizations
- Representatives from provider or trade associations



Membership Selection

- Submitted applications will be evaluated on:
 - Qualifications including interest, knowledge, skills, and experience
 - Experience with the population that is eligible for both Medicare and Medicaid and/or being a person who is eligible for both Medicare and Medicaid
 - Strength, clarity, appropriateness, and comprehensiveness of the responses



Membership Selection

- The evaluation team will recommend no more than 30 members to the Medicaid Director based on the selection criteria
- The Medicaid Director will make the final decisions on the appointment of Advisory Council members



Advisory Council Application

- A completed application form is required. A letter of reference is optional.
- The form will be made available online on the website
- Email INTEGRATEDCARE@michigan.gov or call Phil Kurdunowicz at 517-335-5129 if you need the form mailed to you
- The completed form can either be sent to MDCH by email or regular mail



Michigan Disability Rights Coalition Grant

RoAnne Chaney, Associate Director
Michigan Disability Rights Coalition

Alison Hirschel, J.D.

Michigan Poverty Law Program



Questions or Comments?



Wrap-up and Next Steps

Dick Miles, Director

Bureau of Medicaid Policy and Health System
Innovation



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http://www.michigan.gov/mdch/0,4612,7-132-2945_64077---,00.html

