Michigan Department of Health and Human Services
Medical Services Administration

MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: **Wednesday, November 1, 2017**

Time: **1:00PM – 4:00PM**

Where: **Michigan Department of Health and Human Services (MDHHS)**
Capitol Commons Center (CCC) Conference Rooms E and F
400 S. Pine Street
Lansing, MI 48913

Welcome and Introductions

The MI Choice Renewal Panel is made up of the MI Choice Design Team. This Lean Process Improvement team is comprised of the following individuals: Elizabeth Gallagher of MDHHS, Weylin Douglas of MDHHS, Cheryl Decker of MDHHS, L. Alisyn Daniel-Crawford of MDHHS, Stacy Strauss of Senior Resources, and Ben Keaster of Area Agency on Aging Region II. The application renewal of the MI Choice Waiver Program provided an opportunity for the MI Choice Design Team to approach the application with a focus on continuous quality improvement.

All members of the MI Choice Design Team were present at this meeting.

This meeting is meant to get input from the attendees about how to improve the MI Choice program and what could be done to make it easier for participants to receive services in their homes and in the community. It is also important to know what is working well and should not be changed. The topics on the agenda serve as starting points, but do not have to be discussed if other topics are more relevant to those attending the meeting.

Discussion of MI Choice Services

Community Living Supports (CLS) in Supervised Settings

Attendees showed great interest in discussing the topic of MI Choice services and provided the following feedback and recommendations:

- A provider recommended the need to define the scope of service waiver agencies could provide to everyone, stating that it would be beneficial as to decrease unnecessary tasks.
- A provider requested that the Department provide guidance and define what is meant by “Usual and Customary.”
- A provider noted that Home for the Aged (HFA) provide too high of care.
- A provider expressed concern that waiver agencies cannot apply a service standard to CLS servicers because they do not align with Adult Foster Care or Home for the Aged service standards.
- An observation was made concerning a possible issue with vague licensing rules.
- A provider requested guidance from the non-licensed assisted livings.
- Reference to the Senate Bill 378 was provided. It was noted that the Bill deals with providing exceptions to HFAs, which might allow them to be non-licensed.

    - MDHHS and MI Choice Section was not consulted on this Bill.
- Providers noted several ways this Bill could impact their agencies, such as, more homes will become eligible for the exception, among other things. The waiver agencies were instructed to note any possible impact and write to the Department directly with any such concern.

Out of Home Respite

- The question was posed as to whether out of home respite should this be allowed in the nursing facilities. A waiver agent noted that most participants on Hospice go to nursing home for respite, so this would be a positive change for the participant so they would not have to disenroll from the program. Another provider noted that getting admission into a nursing home can be very complex, OBRA screens and the like, just for respite care. A third provider agreed that allowing Out of Home Respite in a nursing home would be beneficial because now they sometimes use Out of Home Respite as emergency placement when they cannot find agency staff.
- A provider inquired if Out of Home Respite were allowed in nursing homes, would there be a smoother process for level of care determinations and enrollments/disenrollments. The department replied that if we were able to use nursing homes for Out of Home Respite, we would not have to disenroll/re-enroll and explained that everything is going to change with how we enter level of care codes beginning January 1, 2018, and it should be a much smoother process.
- A provider asked if we would have to have contracts with the nursing home and if they are subject to provider monitoring. The Department responded in the affirmative to both questions.
- A provider noted that other settings to consider could be adult day care, if there is a need.

Should transportation be combined into one service?

- All attendees agreed that non-emergency medical transportation (NEMT) and non-medical transportation should be a combined service and operationally it would be beneficial for the provider and the participant.

Adding Services

- Providers noted a desire to incorporate more assistive technology options and services within the waiver program.
- When the topic of Telehealth, Telemedicine, and Telecare was brought up, a provider indicated that they would like to see where vitals & weight could be taken electronically without an in-home visit, as this would likely reduce hospitalizations.
- Another provider inquired about the possibility of including tele-services within the waiver. The Department offered a brief explanation on all of the Tele-services and asked for input on whether the program should provide equipment to do these type of services. MI Choice can't duplicate or cover what is available is other programs and Telehealth and Telemedicine are a Medicaid State Plan service.
- When discussing the possibilities of other added services, a provided said she'd like to see some of the gap-filling services put back in the waiver program, like smoke detectors, where the waiver agency would pay for the installation and the item.
- Another provider proposed the consideration of Peer Support Services, Support Orientation, with some involvement with transportation and doctor's visits on a peer-to-peer level. An attendee

added that other assistance with diabetes management, meal preparation, counseling, and financial management would be helpful.

- An attendee suggested getting rid of Supports Brokerage for self-determination as no one uses it.
- A mother of a self-determined participant is expressed concerns about the waiver agency going away or going to Managed Care, and what it would mean for her son. She had concerns she did not receive first letter regarding the stakeholder meetings for the MI Choice Waiver Renewal, and is scared her son is going to lose all his services. The Department explained this is a renewal of the MI Choice Waiver with the Centers for Medicare and Medicaid Services that happens every five years. This was a routine event and the program is in its 25th year, and there was no current anticipation of the program ending.
- A provider asked why they are required to distinguish MI Choice Nursing from Private Duty Nursing (PDN). The Department responded that MI Choice is meant to be preventative and PDN is continuous and ongoing. MI Choice Nursing occurring once a week for an hour didn't meet the definition for the Centers for Medicare and Medicaid Services.
- An attendee made a suggestion about adding services along the line of Health Promotion/Disease Prevention such as smoking cessation, weight management, etc.
- A provider brought up the topic of Pain Management and the Opioid crisis.
- A provider suggested the need for more services focused on the caregiver.

Provider Qualifications

- Must be willing to enroll in CHAMPS per the Center for Medicare and Medicaid Services' Managed Care Rule
- Must be able to communicate with the participant.
- Must be competent and confident in performing tasks required for the individual.
- Must be 18 or older.
- Are additional requirements needed?
- Should some requirements be removed?

Attendees were presented with the above information regarding provider qualifications for the MI Choice Waiver program. With this knowledge, attendees were asked whether additional requirements were needed and whether some requirements should be removed. The following were the attendees' feedback:

- An attendee noted that all care providers should be able to earn a livable wage.
- A provider reported problems with Provider Monitoring like Supervisory Visits with AFCs/HFAs
- A provider noted that it has become difficult to get providers to contract anymore because of all the hoops they are required to jump through.
- A provider asked if the Department could look at rates every 6 months because rates are causing waiver agencies not to be able to secure an adequate provider network.
- A provider asked for more clarification on Criminal History Screenings and length of ban.

Self-Determination Discussion

- Are provider qualifications adequate?
- Must be 18 or older
- Must be able to communicate with the participant
- Must be trained in universal precautions
- Must have First Aid/CPR knowledge, unless a Do Not Resuscitate order in place.
- Should more services be self-determined?
- How can we make self-determination easier for participants?

Several guided questions were introduced to the attendees regarding the self-determination option. Based on some of the above self-determination qualifications, attendees were asked whether there should be more services under this option and how can we make the option easier for participants. The following feedback and recommendations were provided:

- A provider reported difficulty with determining which members of the participant's family are appropriate to provide care if they are also managing the participant's finances.
- The parent of a self-determined participant stated that she appreciates the option of family caregivers as she feels they are more loyal than agency workers.
- A participant asked if there was a limit for how much waiver agencies can pay the worker.
- There were concerns expressed about the amount of time taken to complete paperwork for self-determination. A provider noted that it could take about 90 minutes to do the "kick-off" meeting with all of the paperwork, then all of the paperwork goes back and forth before services actually start.
- A provider mentioned that it defeats the purpose of self-determination that we receive citations for not having training records on file for self-determination participants, if they are managing their own care, they should be responsible for these records.
- A provider stated that their agency is very dependent on self-determination and looks forward to any resources that can be provided.
- It was noted that at some point, all self-determination providers will have to be enrolled in CHAMPS.

Electronic Visit Verifications

Based on the 21st Century Cures Act, all "personal care" service providers will need to use an Electronic Visit Verification system by January 1, 2019. The attendees were asked to weigh in on what this requirement should look like for MI Choice. Feedback provided is as follows:

- An attendee suggested that caregivers she supervised could easily manipulate telephonic visit verifications and also many times participants would not allow caregivers to use their phones.
- An attendee suggested that the Department survey the statewide provider network to see what systems are currently being used and what the options are.
- It was noted that the Department should not mandate a statewide system, and allow waiver agencies to implement what works in their area; especially with the cost.

Open Discussion & Other Topics

Other feedback presented themselves that were not on the agenda and are listed below.

- A provider mentioned the strict requirements of the waiver program and asked why there was a requirement to do 30-day calls. A supports coordinator for the waiver program stated that there is too much focus on auditing rules and instead we should focus more on the participant's experience.
- A provider brought up the use of a Care Transitions program and asked if there was a way to implement it with the waiver. The Department noted that Care Transitions goes in lines with the MI Capable program has done.

Next Steps

- Attendees were instructed on how to access information regarding the renewal online.