



MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: Thursday, December 21, 2017

Time: 9:00AM – 12:00PM

Where: Area Agency on Aging of Western Michigan (AAAWM)
3215 Eaglecrest Drive, NE
Grand Rapids, MI 49525

*Approximately 32 individuals attended this meeting

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.

Elizabeth Gallagher and Weylin Douglas were present for this stakeholder 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 you to receive services in your homes. 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 this meeting.

Person-Centered Planning and Self-Determination

- Where does policy conflict with person-centered planning?
- What can be done to facilitate person-centered planning?
- Are participants allowed choice?
- Are participants choices supported?
- What works well with self-determination?
- Can we improve the budgeting process?
- What is confusing about self-determination?

Attendees were presented with the above questions to help generate meaningful discussion regarding person-centered planning and self-determination.

There was a lengthy discussion about MI Choice services, and how they are delivered. Elizabeth gave a brief explanation of person-centered planning and self-determination at the request of the attendees. Highlights of the discussion included the following:

- **Question:** Does person-centered planning occur only at the supports coordinator level as opposed to the provider agency level.
Response: Person-centered planning should not stop with the supports coordinator and ideally the caregivers engage the participants regarding how to do things in the home.
- An attendee shared that her mother is in the program and she has been given many choices and with care she has improved and asked for adjustments to the care plan which have been fulfilled.
- An attendee commented that the supports coordinators receive extensive person-centered planning training and that all supports coordinators are licensed professionals with either a degree in Nursing or Social Work.
- **Comment:** Person Centered Planning is used to educate the participant but he or she is able to make a choice on what they would like to do.
- **Comment:** An attendee expressed concern about provider-controlled settings and participant choice. Some are concerned about the new regulations for Home and Community Based Settings not allowing Adult Foster Care to be located on a Nursing Facility campus. Many participants use Adult Foster Care and this requirement limits their options. If the participant chooses, they should be able to live where they like.
Response: MDHHS is looking at the surveys that have been done to see about complying with the new rule. Homes on the same campus as a nursing facility are automatically under heighten scrutiny according to the rule. This does not mean they do not or cannot comply with the regulation. It does mean these settings will need to go through more steps and the Centers for Medicare and Medicaid Services must review and approve the setting as home and community based. The setting must have the properties of a “home” not an institution. This includes:
 - Allowing residents to come and go as they please,
 - Allowing visitors at any time,
 - Locked dementia units can be considered HCBS compliant if certain things are met.
 - Locks on room doors are required

MDHHS worked with the Licensing and Regulation Affairs (LARA) on clarifying and interpreting some of these regulations to assure they do not conflict with State regulations. When an Adult Foster Care is located on the same property as a Nursing Facility, it puts it in position to be looked at more closely but it can still be approved. Concerns about a setting or the regulation can be sent to HCBSTransition@Michigan.gov. The Home and Community Based Services Settings rule of 2014 was initiated by advocates. Every provider-controlled entity must be surveyed and MDHHS will inform the setting of compliance.

- **Question:** What happens to a setting that cannot become compliant? Are there options for participants that want to stay in a non-compliant home?

Response: If current providers are not willing or are unable to become compliant, MDHHS recommends that participants no longer be placed there. It is up to each waiver agency as to whether they will stop new enrollments at such a setting. Additionally, while the Centers for Medicare and Medicaid Services has extended the deadline for compliance to March 17, 2022, MDHHS is sticking to the original March 17, 2019 timeframe. MDHHS is willing to work with each waiver agency and the provider-controlled settings to help find ways to become compliant. Individuals who wish to remain in a non-compliant setting after March 17, 2022 will have options but they need to be reviewed and will be case specific.

- A long discussion about the benefits and concerns of the Home and Community Base Settings rule ensued. Comments included:
 - An attendee expressed a concern that there will be a shortage of homes available when this rule is enforced.
 - A provider stated that sometimes they want to comply; however, they have limited means to do so.
 - An attendee wondered if there will be more nursing facility beds for people who reside in a setting that does not meet requirements.
 - Providers should advocate to make amendments to rule so that more people can live in these homes. There is significant expense to the homes to become compliant. Homes will need to choose if they want to participate.
- The conversation then turned to the benefits of home and community based services in general and how to improve them in Michigan. Comments included:
 - An Adult Day Health provider and family caregiver offered that sometimes the home part becomes overshadowed by the facility side. We need to provide more information about what the home services can provide. Encourage family living options with supports.
 - Another service provider stated that funding is not adequate to provide the home and community based services structure necessary to pay for qualified caregivers and retain them. Providers are setting limits on how many MI Choice participants they can afford to serve. It's still less expensive than a nursing facility. A provider is concerned about rates that are given to caregivers and there are lot of other jobs that are higher paying making it hard to retain good staff.
- An attendee asked about the waitlist. The Area Agency on Aging of Western Michigan gave information on its current wait list. Usually a participant can be assessed within a week or two. However, to enroll it depends on the work that needs to be done such as applying for Medicaid. Also, finding a provider for the participant's care can be difficult and add a time delay.
- **Question:** What oversight is provided to assure care is being provided in the Self-Determination option? Is fraud more prevalent?
Response: The supports coordinator retains responsibility to assure services are in place just as they do with a traditional provider.
- **Question:** Is self-determination Medicaid funded or private pay?

Response: Medicaid covers self-determined services, but with a budget that is worked out between the participant and waiver agency. In self-determination participants find workers themselves; however, the workers cannot be legally responsible for the participant. There is concern about oversight with the self-determination option as far as making sure that workers are doing his or her job appropriately and not committing fraud. Some have raised concern about participants being reluctant to turn in self-determination workers that they chose to hire. However, if a participant misuses self-determination it can be taken away.

- **Question:** Do plans of care differ or change between home setting and assisted living, and if so, which setting is more expensive?
- **Response:** Yes, the person-centered service plan may change in a different setting because MI Choice doesn't pay for usual and customary services required in a licensed assisted living setting. The State does not know which setting is more costly because there are too many variables to account for differences in the cost of the plan of services.
- An Adult Foster Care provider offered that the psycho/social benefit of an assisted living is very important and should not be lost in looking at the cost of services in this setting.
- An attendee provided testimony about her mother using self-determination. She stated ten hours of services a week were enough to delay going to a memory care unit for year.

Supports Coordinators & Participant Contact

- How often should SCs contact participants?
- How often should reassessments be conducted?
- Should there be more frequent contact upon enrollment?
- Is there a better way to communicate with participants?

Attendees were provided an overview of the current requirements of participant contact for supports coordinators and were asked if changes were needed. Below is some general feedback that was provided.

- A supports coordinator supported a change to the required assessment every 180 days and doing more in person person-centered planning review and adjustment.
- An attendee thought it a good idea to allow the individual to control the amount of contact. Staff also are concerned that client interaction was better before the highly regulated assessment process with higher job gratification and participant satisfaction.
- A provider shared that the minimum standard should remain as in the monthly contact. Steady communication is key and they would not lessen this requirement.
- An attendee recommended the use of a form or other mechanism for the providers to communicate changes issues to the waiver agency since they go into the home up to daily.
- **Question:** Can a participant call a supports coordinator at any time?
Response: Yes, the participant should be able call at any time.
- **Question:** What is the response time for the supports coordinator to call the participant?
Response: The Area Agency on Aging of Western Michigan's standard of promptness is 24 hours, and many times it is done before that.
- **Question Posed to Audience:** Is conducting the assessment every 180 days effective? The assessment is about 15 to 17 pages and takes about two hours to complete. What

would be the impact of making it annually instead of every 180 days and doing person centered planning in person every 180 days instead of focusing on the tool.

Audience Response: There was a general consensus that less paperwork and more emphasis placed on the participant would be beneficial. It was noted that a significant change would still be cause to do another IHC assessment.

- A comment was made the providers and direct care workers should have more involvement with the participant's plan of care.
- A recommendation to change the 30-day call requirement to a monthly call between the supports coordinator and participant.

What Improvements or Changes Can We Make to Serve You Better?

- Different services
- Paperwork
- Responsiveness
- Education
- Opportunities to participate in the community
- Employment

Suggestions made by the attendees are as follows:

- Michigan can educate families so that they know more about supports at the start of their caregiving journey. This will allow them to stretch care longer, and institute more preventative services. Most people don't contact us until there is a crisis.
- Paperwork tends to get in the way of person centeredness.
- Information is key. Shouldn't be in a position of applying for waiver just to fund assisted living. Best case is to get on waiver earlier.
- Also need to look at private sector more like Tandem 365 which is funded by insurance agencies. (Note: Tandem 365 navigators refer to and depend on publicly funded services).
- Physicians are very challenging regarding education. They tend to tell patients they need "24 hour care" so people automatically assume they need to go to a nursing facility or move out of home. State could help promote/educate. Is there a Michigan medical society? Can MDHHS provide presentations to their professional organization or conference to educate them on community based services.
- Providing transportation to doctor appointments is important.
- Provide hotline at state level for hospitals and doctors' offices to call.
- Streamline information at state level with regard to all the various potential benefits available including Veterans Administration, MI Choice, Adult Home Help, etc.
- Area Agency on Aging of Western Michigan does Family Caregiver University classes and the attendance continues to increase. This grassroots effort is key to helping people keep people home.
- When someone calls for information, providing a direct phone transfer is good but also need to provide the direct number to caller in case they get disconnected.
- State spends money advertising children's programs. Need to do this for disabled adults and older adults as well.
- Telehealth as a service. Would this help connect the home and community based services option better with physicians? VA is beginning to do this now.

- Skilled agencies use telehealth under Medicare. It is also under Medicaid. MI Choice can't duplicate that but it is mostly for primary care. Maybe MI Choice could offer daily monitoring which is not covered now under the state plan.
- Physicians would not want all of that information, so there would need to be a protocol for who would get information and act on it. Family? Supports coordinator? Caregiver?
- Note we do not act like a skilled agency we don't do direct nursing care or see people all the time or intervene immediately.
- The Region 8 quality collaborative tries to meet in many different community settings and sometimes this serves to highlight some of the barriers that exist in the community for persons with disabilities. Where are the buses for example, where are barrier free places etc. What can be done to promote better participation in the local quality collaborative?
- Community living supports are very task oriented – maybe more flexibility in the standards to allow for variety of uses of the service.
- Workforce – state could help with providing training, and supporting and encouraging workforce development and skills mastery. Competence and recognition of importance of that role.
- Federal government is encouraging employment for persons with disabilities. Usually technology based works for some. Higher income from employment may make them ineligible for Waiver.
- Clients have technology needs – computers & internet connection
- Would like to see increase in use of Adult Day Health including personal care on site
- Some current services are limited because of lack of caregivers example two person transfers, one hour visits are not accepted (due to time and mileage) etc.
- Could there be incentives on state level for caregivers at agency like support for education like a certified nursing assistant or nursing.
- MDHHS website is not easy or conducive to finding information about the program. Info is kind of tucked away under multiple clicks.
- Wish MI Choice had a spend-down like community Medicaid. So many are just over the income limit.
- The assessment itself could be pared down. There is likely much that is redundant. And much that is focused on regulation rather than on participant.
- A provider noted that they see an increase in Adult Protective Services referrals.
- Hoarding is being seen more and more as a barrier to getting services in place. Could add services to assist. Approach similar to what is being undertaken by Kent County Hoarding Task Force. May be able to use MI Choice services but may also look at possible tweaks or additions that are more focused on unique circumstances found in hoarding situations.
- Get word out so that can enroll in MI Choice before there is a crisis.
- Support of early education on long term services and supports options, avoid crisis situations.
- Stronger families created with support options.
- Case managers and discharge planners in hospitals need to be knowledgeable about home and community based services options.
- Hotline for state to give to families regarding home and community based services options.

- Michigan does not have a one-stop shopping for all services. Streamline information flow instead of the current spider web.
- Support person with more hands on assistance for all programs.
- State needs to advertise the MI Choice program.
- Flexibility in service standards (intermittent requirement).
- The Grand Rapids Quality Management Collaboration develops a newsletter 2-4 times per year to send to stakeholders.
- Hard to get caregivers. More opportunities through state to provide education to workers.
 - Basic care, transfers, dementia, wound care.
 - Need to master the skill to remain employed as home care worker
 - Feel competent in what you are doing to stay employed.
- Access to technology based utilities. Need computers and internet access to work.
- Employers need flexibility. When employment and income are too high, should be a way to cost share to remain eligible for MI Choice.
- Job coaching as new service
- Employment is a good idea, we should do things to support it in MI Choice.
- Lifts at home – otherwise 2 caregivers needed.
- Can't send someone in home for an hour for \$10.00. Need to reimburse at higher rate.
- Subsidized housing navigation – providing lists is not enough support from the housing specialist.