



MI Choice Waiver Renewal Stakeholder Meeting

MINUTES

Date: Thursday, December 07, 2017

Time: 1:00PM – 4:00PM

Where: The Senior Alliance (TSA)
5454 Venoy Road
Wayne, MI 48184

47 individuals signed the attendance sheet for this meeting

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.

Cheryl Decker, Elizabeth Gallagher, and Ben Keaster 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

There was a robust discussion about MI Choice services and how they are delivered. Highlights included the following:

- A provider suggested using electronic timesheets instead of the current paperwork based system.
- The same provider suggested allowing licensed practical nurses (LPNs) to have a greater role for supervision of unskilled caregivers.
- Several attendees suggested that paying caregivers more would attract better workers and that they would stay in their jobs longer. Workers are often single mothers and if a higher paying job is available, they will take it. After losing a caregiver, it is hard to find another one that is a good fit for the participant.
- The model of AAAs is the right one and a good one
- The mother of a participant using the self-determination model indicated her son likes self-determination. She also stated that her son would not be alive without this program.
- One person raised concerns about individuals who do not have the ability to do electronic timesheets.

- A supports coordinator indicated that the MI Choice Waiver is a best kept secret. She encouraged the state to not get rid of this program and to increase the number of participants served.
- The father of a participant indicated that when his son was in the nursing facility, he was on eleven medications. After being on the MI Choice program, his son is only on two medications. He indicated that this program is a blessing. He enjoys having a supports coordinator because it brings the personal component unlike in a facility where his son was a number, not a person.
- A participant stated that she likes the program as it allows her to get out in the community and be a part of it.

Contact between Supports Coordinators and Participants

There was a lengthy discussion about contact between participants and their supports coordinators. Highlights included the following:

- Several participants and caregivers of participants indicated that the current schedule of in-home reassessments every six months and monthly calls is perfect. When problems arise outside of this schedule, the participants know how to contact their supports coordinators.
- Several participants expressed their satisfaction with the current program.
- Many stakeholders commented that the pay rate for caregivers is too low
- Participants expressed that having the in home contact with the supports coordinators leads to better health outcomes. They like the personal component of this program as compared to other programs where they feel like a number instead of a person.
- Once participant would like to continue with six month reassessments, but have another in-home visit every third month to focus on person centered planning.
- A member of the MI Choice staff indicated that in her experience participants get annoyed with too many phone calls and that following up on transportation after fourteen days is too much and redundant. The participants will call if there are problems. Making unnecessary calls to follow-up can be uncomfortable for both parties.
- A supports coordinator suggested to change the call requirement from 30 days to monthly.
- A supports coordinator indicated that the most important thing is that the supports coordinator is available when the participant calls with needs.
- Another supports coordinator suggested lower caseloads.
- The parent of a participant indicated that the MI Choice program has kept her son alive.
- Parents shared their son's story and were very appreciative of the life that support from MI Choice has helped their son live. This MI Choice participant at the age of 30 is the oldest surviving person with his diagnosis in the nation. He was not expected to live past infancy.

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

- Include telehealth services that allow remote monitoring for prevention of hospitalization, or to check blood pressure, blood sugar, weight, etc. on a frequent basis.
- A supports coordinator indicated that the biggest challenges they face in doing their job is coordinating with mental health services and greater participation in community events.

- Several attendees expressed a fear of integrated care or managed long-term services and supports ruining current system.
- A parent spoke about the quality of life the waiver program has allowed for her son. The son's supports coordinator added that helping him access resources is possible when caseloads are smaller.
- Stakeholders indicated that it would be nice to allow individuals with incomes higher than 300% of the Social Security Income level to "spend down" so that they could utilize MI Choice services.
- A stakeholder would like MI Choice to pay for recreational activities such as bowling or going to the movies since participants are low income and cannot afford these activities.
- A supports coordinator wondered about the ability to use Miller Trusts indicating that other states do this.
- A stakeholder indicated that it would be good to be able to use occupational therapist services to identify modifications in the home that could be made to improve the independence of participants. Another option would be to provide additional training to supports coordinators so that they could identify such low-cost options.
- Several stakeholders indicated that the program is wrought with paperwork and would like to get rid of some of it.
- A provider indicated that it would be nice to be able to pay for normal wear and tear on items that are worn out, but still needed – such as a microwave or broken medical equipment.
- A provider suggested that the requirement for an in-home journal be eliminated because it is not utilized and creates unnecessary paperwork.
- A supports coordinator suggested that MI Choice allow out of home respite in the nursing facility.
- A supports coordinator suggested that we create an easier way to develop the person-centered service plan. The current method is too repetitive.
- A supports coordinator suggested that the amount of paperwork provided to the participant be streamlined. Right now, they are overwhelmed with what is provided to them.
- The suggestion was made to develop standardized training for cultural competencies and other things required of supports coordinators, caregivers, and aides.
- Several stakeholders indicated that reducing MI Choice services when skilled care is in place was not fair. They felt that participants were being penalized because they had to give up their normal caregiver for one from the skilled agency. Some participants had refused skilled care because they did not want to have to change providers.