Conflict Free Access and Planning Workgroup Meeting Notes

Meeting Details

Meeting Name:	Conflict-Free Access and Planning
Meeting Date & location:	April 27, 2022 @ 8:30a.m. – 10:00a.m. – Teams Meeting
Call in number	Teams Meeting
Leader/Facilitator:	Remi Romanowski-Pfeiffer, Belinda Hawks
Next Meeting:	May 25, 2022 @ 8:30a.m. – 10:00a.m.

Key Discussion Points

Journey

- Wrapping up inform phase in this meeting. This is where the group gets key information. In the frame phase, there will be a greater emphasis on gathering feedback and categorizing according into criteria.
- Feedback will be gathered and documented into a feedback package.
- The workgroup was invited to continue to provide their thoughts in the workgroup feedback form. If workgroup members need access to the form, they can reach out to Remi or Josh.
- The self-assessment (previously discussed as a readiness assessment) will be introduced today.
- Is implementation achievable by March 2023? It's a difficult deadline and it may be moved, but that is the current target.

Conflict-Free Structure Review

- Firewall Structure: Where do CMHs fit into the structure? Also, existing contracts allow CMHs to be paid with Medicaid funds. Would that need to change? These are just examples. There are multiple possible configurations within this model.

Family 3 Firewall Option Discussion

- Family 3 features state oversight, but is PIHP funded.
- Note that this example focuses on funding and oversight at a high level.
    - In Family Three, the state oversees access and planning. Funding for access and planning is handled by PIHPs.
    - Oversight and funding for direct service is handled by PIHPs.
- Concern: Some workgroup participants shared concerns that oversight can be more difficult when it is separated from funding.
- Currently PIHPs handle funding, but does the state has ultimate oversight responsibility currently? Yes, but currently it's delegated. In this model, the oversight functions that are the responsibility of the state or the PIHP are more direct.
- Consideration: In this model, what are the roles and responsibilities with appeals and grievances?

- Workgroup member perspective: Oversight is related to a contractual relationship. Without a contract (including funding as consideration) there cannot be enforcement.
- Understanding history: The state no longer directly oversees providers (like in the 1970s and 1980s) due to the implementation of managed care.
- If the state has direct oversight, would there be individual contract negotiations with each entity, or would there be standardizations across the state? Standardization would be the most likely approach if we adopted this model.
- Focus on people served: Multiple workgroup members noted that it is important to think about how these "families" of structural approaches impact actual families, services, and the benefit or burdens consumers would experience. There was specific conversation around preserving the integrity of the appeals process.
- Improving on the status quo: A workgroup participant noted that there is not a great deal of consistency now in service provision from region to region. There could be advantages to a statewide approach if the right procedures and practices are put in place.
- Reviewing successes: We should look at other states to see which models have produced the best outcomes. However, it's important to understand that other states are building on history and infrastructure that may be different from what we have in Michigan.

All Structural Families: Refresher

- In Family 1, the state oversees access & planning entities while the PIHPs oversees direct service providers.
- In Family 2, the PIHP oversees access & planning entities and direct service providers.
- Consideration: Is there a model that is best at assuring that fundings gets directly to care professionals who are providing services?
- In all families, is the intention that there is no communication between access and Planning Entities and Direct Service Providers*?* These models are only illustrating funding and oversight. Coordination and communication are essential and would be preserved and promoted. These lines of connection aren't illustrated in these high-level models, but the intent is the dig into these nuances as the group progresses.
- Notable: Each of these models may have impacts on existing releases and consents. These may need to be revisited.
- Could you have a scenario where one entity provides both access and planning and direct service provision, but they don't provide bother for the same person? This might be more of a safeguard approach. However, it can be considered in the context of these families of models.
- Improving on the status quo: A member explained that COFR situations are a prime example of the challenges that routinely occur when different funders are supposed to collaborate and communicate. The member said COFR situations rarely go smoothly for the person served.
- Notable*:* According to a workgroup member, there are things a CCBHC would have to do that fall on both sides of the firewall.
- Area of concern*:* Access and planning provider organizations are currently most of the clinical professionals providing the service. It's difficult to see how the direct service providers will be monitored.

- Would there be different processes and providers for HCBS services vs. other services? Even though the rule is HCBS, we will need to think about these rules more globally due to the way organizations are structured.
    - One member noted that an area that could be challenging from this perspective is psychiatric services. Due to the unique considerations around those services, quite frequently, psychiatric services are provided by the entity that also does access and/or planning. CCBHC has implications here as well.

Frame Phase

- This is where the group will look at feasible options and evaluate based on a set of criteria, also generated from this workgroup.
- Be sure to use the available feedback mechanisms as the group explores different options.

Problem Definition in Michigan

- At the person level: There is an incentive for a service provider to determine a person eligible/ineligible or to include themselves in the plan.
- At the system level: The system does not require explicit structures to prevent an entity from acting in its own financial interest at the person level, as defined in federal rules.
- Workgroup members noted that person-centeredness and the ability of people served to make choices as freely as possible could tie into these structural considerations.
- Quality: A workgroup member noted that the state must incentivize quality to make any model work.

Design Challenge

- How might the state strengthen protections against conflict of interest in ways which prioritizes the person's experience and uses existing system structures where possible?
- Consideration: A workgroup member suggested that simplicity should be a goal or guiding principle. The current service model is very complicated and difficult to explain.