5-10-23

SCAMPER To-Do List
Budgets

- **Budget Cannot Do List** – done.
- **Budget Template** – done.
- **Promote peers** to assist with budgets.
- Develop a **timeline for updating budgets**.
- Who helps people figure out how to spend their budget? It is different at different agencies. Sometimes it's the FMS (Financial Management Services), sometimes it's S-D Coordinator, it is different everywhere. **Maybe look at making something consistent across the state? And what you can put in it. We don't want people to get an informal no.**
    - ✓ There isn't a contract requirement about the process, just guidance. **Should be some standards of minimums and a process to support what people have control over.** Consistency.
    - ✓ Supposed to be done during person-centered planning process. When it doesn't happen then people get frustrated.
    - ✓ Flexibility! **If you don't use money, you can put it toward something else. Without a huge process.** There is

concern about getting slapped by the PIHP/State/Medicaid.

- ✓ **NCAPPS group** working on flexibility - looking at where the barriers are. There is no flexibility in claims.

- ✓ **Why can't money move between line items?** It is easy for CMH to take money away.

- **Plain language, accessible** for budget information and instructions.

- A **reduction in services & budgets** from the prior person-centered planning year is because of a reduced need according to the person served. Need proof of agreement and informed consent to a reduction and need it documented and signed in addition to the IPOS (individual plan of service) signature.

Utilization and Management

- Figure out where in Michigan is Utilization and Management defined.

- Does **CMS have UM rules?** Look into this!

- Where's the oversight? Where's it supposed to be?

- **Meeting w/Department** – looking more closely at contracts, allegedly. More effort on contract compliance.

- **How to track reductions due to Utilization and Management?** Through contracts? Appeals? Rights complaint?
  - **Data mining** – this is the original budget, and this is what it is after Utilization and Management?
    - Then the ongoing use with cuts to the budget
    - Cuts are happening in as little as 3 months – was sent a letter saying so.
    - Number of noted budget changes – look at reason – in state data?
    - **Do 2-year study? Recommendation to study – take to quarterly meeting!**
    - In the future reductions may be the result of not just direct staff, but not being able to secure other providers.

- Any staff requirements for being Utilization and Management staff? Social workers, SCs, supervisors, people with experience currently are staff.

- Here is the link from Jan to NCQA information: https://www.ncqa.org/programs/health-plans/utilization-management/

- PIHPs have a regional Utilization and Management committee? For training ask Chris Ward re: U/M training!

Notes from 1/11/23

Training/Education

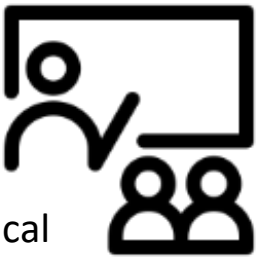
- **Develop a cannot do list!**

- **Simplify rules** – make it easier for and encourage CMHs to be creative.

- The Department is proposing broad-scale **training** for direct care workers.
    - ✓ We focus on the can't do of that – **get PIHPs to stop adding additional requirements.** But do add training that individual wants. Get rid of excessive training so people can use that money to fund what they really need.

- There needs to be **robust training for people served regarding self-directed services** (managing budgets, hiring/supervising, etc.). Some CMHs are doing power point presentations, sometimes Financial Management Services meets with people. Who does the training?

- **Training for professionals. CMH Directors and staff -** Fundamental misunderstanding of the use of Medicaid across populations – rules are different – Dave Lowe issue – that the services ARE for people to get the life they want. Problems with medical necessity – CMS medical



necessity is different across populations. **In PAS training, include the definition of medical necessity!**

- ✓ Needs to be really concrete –
- ✓ Is a lot of extra work – we need to make it easier.

- **Clarification of roles** – part of training? Is in the appendix of the policy or requirements or whatever it's called.

- **Utilization and Management and what their role is.**

- **Reciprocity** – seems to be happening in some areas – training – Improving my Practices – we have a way to go – missed opportunity.

- **The Developmental Disabilities Council is looking into why assessments are done yearly, vs. a "read" or review oassessment** most recently done to see if anything has changed. Who should ask – is this for the quarterly meeting? DD PIT?

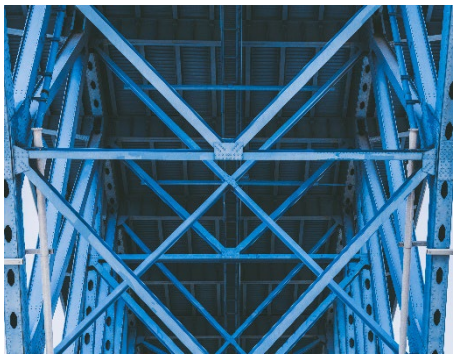
- **Follow-up on what's replacing the SIS – Talked about the problems with assessments. What about better training for less subjectivity?**

- **No oversight for Utilization and Management –** how can we make that happen?

- **Training for everyone in S-D**

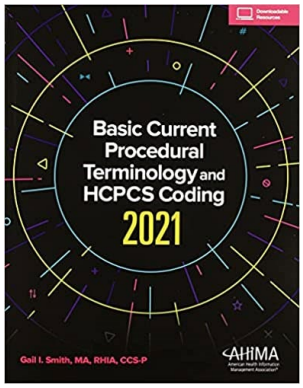
- **Fix audits – make a wish list**

- ✓ Electronic medical record **(EMR) doesn't allow much info about PCP** – doesn't support narrative **– make requirements for the EMR at the state level.**



System – Infrastructure

- **Conflict Free Access and Planning** workgroup has a new timeline. A decision on options is to be completed in August 2023.
  - ✓ Full implementation of whatever the group comes up with will be 10/24 (really in contracts for Fiscal Year '25).
- **Does Michigan have a corrective action plan with CMS regarding conflict-free services?**
- **We need to talk to other states that have combined their billing codes**. If other states have done it, we can. We need to adopt and not create. HCPCS is the Health Care Procedure Coding System.



- Edit Committee – no fun, just saying…
- **The plain language S-D policy will be done in May.**
- **Waiver language** will be modified during the rewrite **in 2024.**
  - ✓ Lyndia doing sessions. Would be done in 2024 – application due in 2025.

- There are no extra funds to pay for separate S-D Coordinators at CMHs. The state could require it but might not happen. According to Jan, "How you spend money reflects your values". It was felt the **state still needs to say it** even CMHs don't comply.

- **Raise pay & benefits** - Make it easier to attract workers and independent Supports Coordinators (frozen salaries, etc.) –

  - ✓ **Set rate at agency rate. Can this go into the site review? Maybe in desk the review piece?**

  - ✓ **Require COLA** (cost of living adjustments) increases. Would probably need to go to the legislature for money.

- **Home Help discrepancy issue**. Again, the waivers are being rewritten in 2024.
  - ✓ This is a long-standing issue. Combine the money – it is the same dollar. Or supplement the Home Help rate. Since departments were combined this year, this should be easier.

- Cost of Living Adjustments – across the board – rates are established with Milliman, but the state doesn't require CMHs/PIHPs to use it.
  - ✓ **How do we hold people accountable for paying low rates** across the board? The rates should go up to the maximum minus the 7% (whatever the risk rate is in the

current contract). Probably requires the Department and the legislature.

- **Eliminate units!** A unit driven life is not realistic! Daily rates are no longer available for most activities. The EDIT group at the Michigan Department of Health and Human Services made this happen. (no outside input) It was difficult to get the modifier for self-directed services. We want to look at making person-centered planning better too.

  ✓ Is there an opportunity in 2024? Ottawa is doing things on the back-end budget-wise. **We want to promote doing this!**

  ✓ **Needs to start at the state.** They could say we are going to have you do S-D without units. Then it becomes a contract compliance issue. Maybe use this as a demonstration?

  ✓ We need the Office of Inspector General (OIG). They are always looking for fraud, waste, and abuse. Is there a report by population? Looks to see. Is there really fraud?
    - Discussed the amount of money CMHs spend on Utilization & Management reviewing plan budgets and whether it costs much more than the money saved. **Could the OIG look at this?**

- **Both the plan and budget need to be signed** after it's through whatever process CMHs use (UM) to show approval.

- ✓ Need more transparency about Utilization and Management process to make recommendations.

- ✓ Should Utilization and Management be included in the plan process?

- **Compare Michigan process against CMS and CMHs against the state!**

System Infrastructure – Operations

- It is hard to make changes and revisiting too often. Not using portions of budget due to staffing issues and then CMH wants to reduce it.

- **Lack of use of money should not result in a reduction in budgets** – could be due to wise use – not looking at if the needs changed, just looking at whether the money was used. Need to analyze budget with the person instead of making changes and then trying to fix afterward.

- **Cannot do list – no reductions unless there is less need** – make as global as possible.

- **Does any state have budget authority added to fair hearing? What needs to change? It's about how people can use their budget… it can't be appealed. Need stronger language in policy or waiver.**

- People that are trusted can be used to facilitate person-centered plans.

- **Encourage the use of Support Brokers**

- **DEI and ableism** – using the DEI effort to point out ableism to professionals. Problems with perceptions of people with disabilities and managing budgets. Person-centered thinking.

- **Instead of talking about what we can give you at the beginning of the process, start with need**? Stop talking about the services/hours first, talk about what kind of life a person wants first. Doing person-centered planning correctly would eliminate this.

- Mediation as an opportunity for resolving issues – **Let people know.**

- **Who can you go to? What's the chain of command?** (To get things resolved.)

- **Quarterly meeting** – who can people go to when there is a conflict. Contract (best place), licensing group, rights, customer service (not all up to speed) – **use plain language to put together a description of what people can do. Maybe a checkbox.**

- Don't use appeals to fix budgets! **Shouldn't have to go to appeals to resolve budget issues.** Should be part of the due process rights.

Peers – add recommendation around these issues –

- Not enough peers in an area – peers trying to work with too many people – 2 peers in Oakland County, 1 in Wayne County – ridiculous! Remote work – transportation, etc. telehealth and the in-person requirement – peer mentors can still use telehealth, added 5/23. Stephanie was told to hold off until an official notice has gone out. Watch out… Jan's hot under the collar! 😊 Should be up to the individual!
- Brett and Tracey had a meeting with Medical Services Administration to advocate for an L letter regarding all of this.
- **Talk to Pam to have other peers able to provide remote services.**
- Information about peers and who's available, steps, - Not available everywhere & the demand might not be able to be met, CLS high demand in Oakland and Wayne not enough workers,

- Training requirements, DD Council etc. – they have to receive services at some point from CMH to be a peer

- Peer Support Specialists – People who work in the Mental Health side.

- Recovery Coaches – folks with substance use

- Parent Support Partner – SED only at this point

- Youth Peers – SED waiver – very young - 18-26

- Peer Mentors

- People with lived experience to be a peer