



11-9-22

Budget Authority Workgroup Agenda

1. Welcome

Jan Lampman, Pat Carver, Courtney Trunk, Heather Hallett, Stephanie Laird, Todd Koopmans, Tayler McQuay, Melissa Frash, Sheryl Stumbaugh, Tonya Lawrence, Laura Demeuse, Tedra Jackson, Jill Gerrie, Sheryl Kuenzer



2. S.C.A.M.P.E.R. Review

Substitute (any parts for more affordable or effective alternatives?)

- **Professionals for peers** (people with lived experience) in Information & Assistance for example, have peers more involved in the meetings (add)
- **Unit rates for total cost of services**
- Substitute **Supports Coordinators** for people without a financial stake in what you get for services – **without conflict of interest**
- **Current education for robust, good education**
- **Utilization Management for something different**

Combine things? Mix things together to create something new?

- Combine all of the money to be used in a more flexible way -get rid of the 15-minute increments
- Billing codes



- Combine process to make changes and adjustments to budget and services – needs to be similar, can't be different steps, make it less complicated

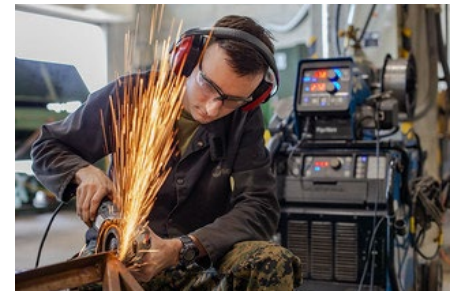
Adapt – transform product?

- System advocacy – people still think S-D is not for everyone – as more agencies are going to contracts there's a lack of education regarding S-D being for everyone. **Adapt the information coming from the Department** – clear messaging regarding S-D for everyone
- DEI (Diversity, Equity, Inclusion) – combine with above to push



Modify - Change it? Put to another use? Reach a wider audience? Useful somewhere else?

- **Training needs modification** and standardization, with core competencies – so no matter where you live Supports Coordinators, Direct Care Workers meet the same competencies
- Don't make it difficult to become a worker by requiring so much training. **Modify requirements for training.**
- **Equal respect for workers** employed by agencies and those hired directly
- **Raise pay & benefits**
 - Make it easier to attract workers and independent Supports Coordinators (frozen salaries, etc.)
- **Built in increase in wages** (in CMH/PIHP contracts) could be directed by the Department, also include employee related expenses (for example Electronic Visit Verification and cell phones), especially for directly employed people
- **SD Coordinators do more education with people before and during S-D**



- **Every CMH has an S-D Coordinator** with the same knowledge base.
- **Brokers who can come in and help with S-D**
- **Clarify roles**
- The **way budgets are done** – make a basic list of extra add-ons, like paid time off and other things that can be added into the budget to make it easier to do and understand
- **Make budgets easier to understand**, from the reports received to the process
- **True Self-Direction wouldn't be tied to units it would be a whole budget**, so if I chose to give someone a raise, I could do that by looking at my whole budget
- **Rules around what you can do with a budget** (therapeutic horse riding, other community-based options, etc.) Modify or clarify language, simplify rules to show you can use budgets for these things
- **Training/reference book** for folks directing their services in plain language version of technical requirements – not long
 - Arc Handbook
- **Circle of Supports information** – how you can pick the people you would like around you
- **Modify the waiver language** and then...
- **Modify messaging from the Department**

Put to Another Use or Expand

- What if people doing traditional process participate in the development of their budget?



Expand understanding of budget beyond S-D to those receiving traditional funding. People can then think about whether or not they are getting the life their budget is paying for.

- **Make traditional services budgets as transparent as those you get with self-directed services**
- **Person-Centered Planning - expand so it's actually happening**
- **Have peers more involved in meetings**
- **Get everyone understanding everything, get everyone on the same page with regard to understanding self-directed services.**
- **Utilization and Management (UM) could be used to make sure people get enough services** instead of checking to see if they get too many.
- **No wrong door** – no age limitations, etc. to receiving self-directed services
- **Utilization Management could be used to be back-up staff for people**
- **Change the name and purpose of Utilization and Management** – because of the mindset that comes with it.
- **People in Utilization and Management don't know the people for whom they are making decisions. It's all paperwork driven – (problems with that poor writing, assessments, etc.) Must meet the people for whom they are making decisions about their services!**

Eliminate – get rid of something

- **Bad attitudes**
- **Diagnosis dictating services**, eliminate the false connection between diagnosis and services.
- **Get rid of too many training requirements**
- **Get rid of units**
- **Start with what is needed** – not the rate systems



- Tiered system Utilization and Management uses is unfair – not person-centered. **Each person should be determined separately.**
- **Get money out of the process** of getting services, **at the beginning at least.** More focus on things needed and then talk about the cost.
- **Stop micromanaging budgets,** people can't anticipate everything they will need.
- **Shouldn't have to get approval of changes & and requirement of 6-month budgets.**
- **Units!** A unit driven life is not realistic!
- **Eliminate monthly budgets that eliminate money based on utilization monthly not yearly.**

Reverse what would happen if you did the exact opposite – did in reverse sequence

- **CMHs should understand that budgets are plans and must be flexible** and that under/overspending per month is natural.
- **Utilization and Management decisions should go back to the person for their approval.** No signature on plan until satisfied and final with budget included. People are signing plans without the budget. **People are supposed to sign their budgets** according to Laura, but that isn't happening.
- **People who are not getting the budget they agreed to are told to go to appeal** if they are not satisfied or happy. That is not what this is about. Appeals threatening – if you don't sign this... what about an outside/independent opinion?
 - **Don't use appeals to fix budgets!**
- **Messaging regarding signatures for plans and signatures for budgets needs work.**



- **Don't look at utilization monthly, but yearly.**
- Losing units (hours) based on the lack of staff – stop it!
The system needs to ask why hours or units weren't used.
The system never adds back the in-kind support provided due to lack of staff.
- **In the state site review process, first focus on quality of life, not compliance.**

Laura talked about the codes – combining codes to make it easier to move money in budgets around. Other states have done this. Share the information from another state and engage NADDSS or someone else.

We talked about where some of the recommendations would go... DD PIT, would need a change in waiver language, or to be made more accessible. It was decided that a smaller group would get together and categorize each recommendation.

3. Update on Ottawa Community Mental Health

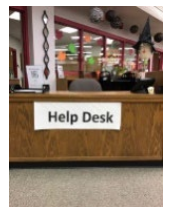
Things are rolling along. The third meeting was scheduled for 11-15-22.



4. MDHHS Update – Laura sent in advance



5. Help Desk Update – Heather sent in advance



6. S-D Table - Jill

Jill and Stephanie will connect to improve the table's accessibility.

7. Other – Thank you to Courtney for putting the infographic together! Infographics will go on the webpage. The survey results were presented at a quarterly meeting with the Department. Angela asked them to think about what they might want to know. We may do a new survey in February. It is good to put on the webpage, so people see that their feedback is used and valuable. Thank you to Angela for doing the surveys so well!!!!!!



8. Future Meeting Schedule – 10:30 a.m. – noon

☀ **12/14/22**

