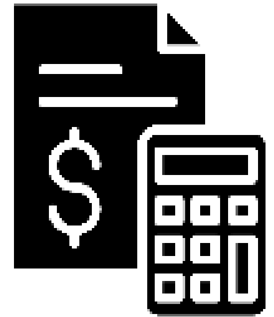
1-12-23

SCAMPER To-Do List



Budgets

- Does Minnesota still do a budget without units?
    - ✓ Anyone from **NCAPPS? N.J or CO** or ~~CA~~ (they only have 1,600 people using S-D) They have a tool that populates the budgets – takes about a year to get a budget approved, rates are low, maybe **look CA at the tool.**
    - ✓ **Maryland** – look there for rates – around $30 per hour
    - ✓ **Wisconsin**
    - ✓ **Angela got NASDDDS contact for budgets - Jeanine S. – Angela and Laura will reach out because the state is the member. Draft questions – get with Angela if you have some.**
        - **MN & Maryland – what's the deal?**
        - **Where is greater control?**
        - **Models MI can adopt?**
        - **Think about it – get back in a couple days.**
        - **Point to state that's doing it well – with good waiver language.**

- **Cannot do list – based on Federal rules – so if it's not on the list you can do it! Jan & Laura & Melissa**

- **Develop a bare minimum template for a budget report - Sheryl S. & Tonya – has a template, for the person with the budget, for the person using S-D**

- **Promote peers to assist with budgets.**

- **Develop a timeline for updating budgets.**

- **Who helps people figure out how to spend their budget? Different at different agencies. Sometimes it's the FMS, sometimes it's S-D Coordinator, it is different everywhere. Maybe look at making something consistent across the state?**

  - ✓ **There isn't a contract requirement about the process, just guidance. Should be some standards of minimums and a process to support that of what people have control over.**
  - ✓ **Supposed to be done during PCP process – when it doesn't happen then people get frustrated.**
  - ✓ **Flexibility! If you don't use money, can you put it toward something else. Without a huge process. There is concern about getting slapped by PIHP/State/Medicaid.**
  - ✓ **A document for people who are using budgets – what you can/can't do.**
  - ✓ **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 for budget information and instructions – see above.**

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  Do we like this? (might need word smithing) 4. A reduction in services from the prior PCP year is because of a reduced need

according to the person served and proof agreement and informed consent to a reduction is documented and signed in addition to the IPOS signature.

Utilization and Management

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

- Does CMS have UM rules? Look into!

- DIFs = Department of Insurance and Financial Services. Rule 66 (2020)

- MI Legislature Act 251 of 2000 Patient Right to I Review – talks about UM – read! Look under insurance!

- **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 UM? Through contracts? Appeals? Rights complaint?**
    - **Data mining – this is the original budget and this is what it is after UM? –**
        - **Then the ongoing use with cuts to the budget**

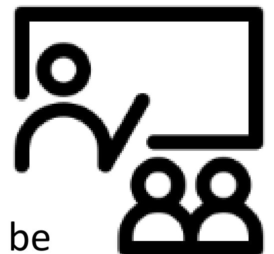
- **Cuts are happening in as little as 3 months – was sent a letter saying so.**
- **Number of noted budget changes – look at reason – in state data?**
- **Do 2-year study?**
- **Recommendation to study – take to quarterly meeting!**
- **In the future reductions may be the result of not just direct staff, but not being able to secure other providers.**

➢ **Any staff requirements for being UM staff? Social workers, SCs, supervisors, people with experience**

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

Notes from 1/11/23

Training/Education



- **Develop a cannot do list!**

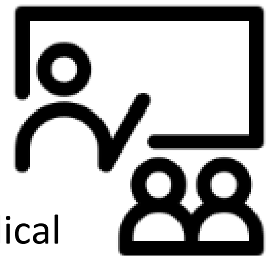
- Simplify rules – make it easier for and encourage CMHs to be creative

- 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 doing PPT presentations, sometimes FMS meets w/people.

- **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.

- **UM 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 of assessment most recently done to see if anything has changed.**

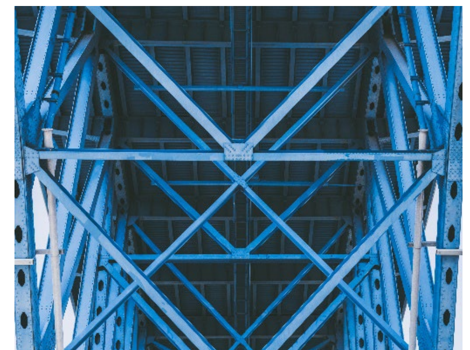
- **No oversight for UM –** how can we make that happen?

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

- **Fix audits – make a wish list – some drafts are out there – would need to be tied to waiver language – there is support at the department – Tedra, Jill, Angela, Todd, Jan, Marie**

    - ✓ **Timeline to put something together – policy out for comment in April -**

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

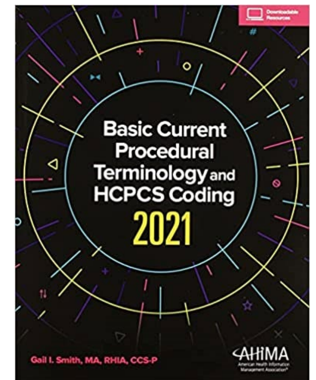


System – Infrastructure

- 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 FY 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.

- Fix audit issues!

- Edit Committee – no fun, just saying…

- **Jill talked to Pat. The plain language S-D policy will be done in April.**

- **Waiver language** will be modified during the rewrite **in 2024.**
    - ✓ Belinda talked about getting public input before they put the waiver language together. Would be 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?**

We stopped here on 3-8-23.

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

- Now (this year) is probably a good time to develop a **wish list for S-D audits**. Marie has a document she put together.

- **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.
- Rates are looked at annually – as rates get bigger, budgets will

- COLA – 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!
  - ✓ 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 that costs much more than the money saved. **Could the OIG look at this?**

From 2-1-23

- **Both plan and budget need to be signed** after it's through whatever process CMHs use (UM) to show approval.
  - ✓ Need more transparency about UM process to make recommendations.
  - ✓ Should UM be included in the plan process?
- **Compare MI process against CMS and CMHs against the state!**

System Infrastructure – Operations – done on 2-8-23

- It is hard to make changes and revisiting too often, not using portions of budget and then CMH wants to reduce it
- **Lack of use of money should not result in a reduction in budgets** – could be wise use – not looking at if the needs changed, just looking at whether the money was used. Need to analyze budget with person instead of making changes and then trying to fix.
- **Cannot do list – no reductions unless there is less need** – make as global as possible
- **Any state have budget authority added to fair hearing?**

- 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
- **Instead of talking about this is 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.
- **Training and awareness for pros and people** connects with training section
- Mediation as an opportunity for resolving issues – letting 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 –**
- Issue about "guidelines"
- Don't use appeals to fix budgets!
- Eliminate monthly budgets that reduce money based on utilization monthly not yearly.
- Mediation as an opportunity for resolving issues – letting people know

Peers

- Information about peers and who's available, steps,
- Training requirements, DD Council etc.
- Peer Support Specialists

- People with lived experience
- Family Support Specialists (SED Waiver)