



Let Your Voice Be Heard

The MDCH Plan for Dual Medicare-Medicaid
Beneficiaries

Michigan's Dual Eligible Planning Grant

- MDCH awarded a \$1M planning grant by feds to develop integrated care pilot model for Dual Eligibles
- Purpose:
 - To develop a plan that blends Medicare & Medicaid funding streams and benefits into a single, cohesive system

Michigan's Dual Eligible Planning Grant

- Goals:
 - To have fully integrated Medicaid & Medicare program rules and funding with shared savings (state and national)
 - To implement an organized and coordinated service delivery system across all service domains

Who are the Dual Eligibles?

- People who are eligible for coverage and benefits thru Medicaid **AND** Medicare
- Receive care in multiple settings
 - HMOs (physical healthcare and behavioral healthcare)
 - Long-Term Care Settings (nursing home care and other long-term care needs)
- Seniors
 - Low Social Security income, also qualify for SSI

Who are the Dual Eligibles?

- Individuals receiving CMH services who are disabled with multiple functional impairments
 - **Developmentally Disabled** and Medicare-eligible through a parent
 - **Disabled due to mental illness** with sufficient work history to qualify for Medicare
 - **Disabled child with SED** with eligibility through a parent

Who are the Dual Eligibles?

- Represents most vulnerable individuals with complex developmental, physical and mental healthcare needs
- Most Dual Eligibles require the highest amount of support to ensure **community inclusion** and **independence**

Who are the Dual Eligibles?

- Approximately 970 individuals*
- 38% received crisis intervention*
- 8% received hospitalization*
- 19% of total individuals served by LifeWays*

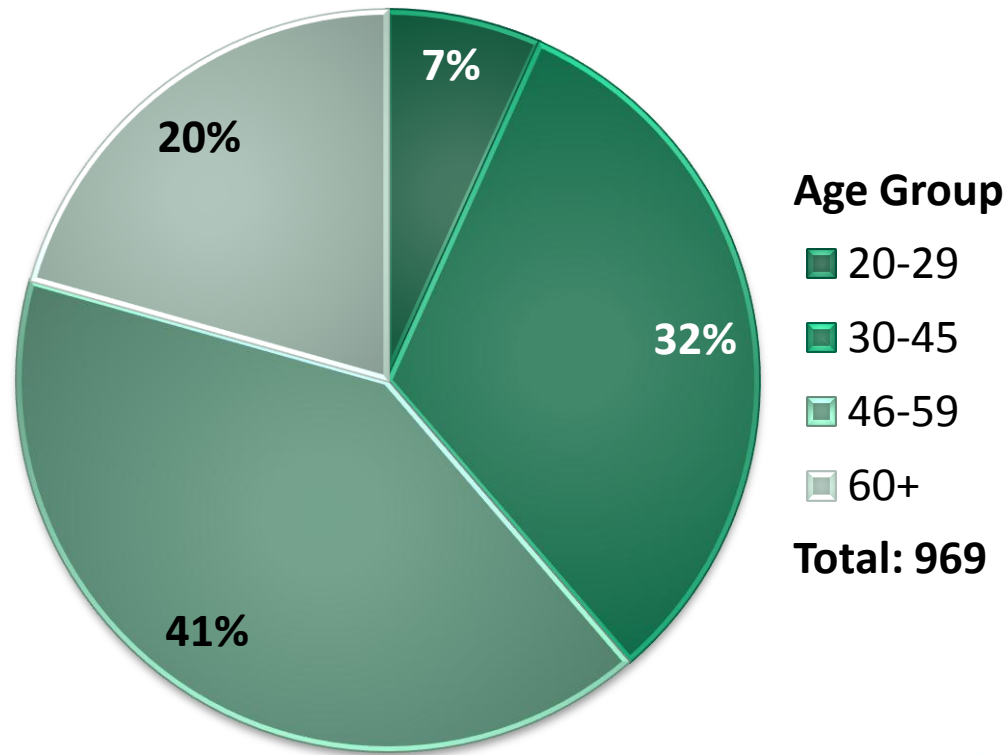
* *October 1, 2010 – present*

Who are the Dual Eligibles?

- Of the 119 individuals using a self-determination arrangement, 73 individuals (61%) are Dual Eligibles
- **71 of LifeWays' Dual Eligibles are living in supported independent living (SILP) arrangements, which were created locally and may not be available without local administration**

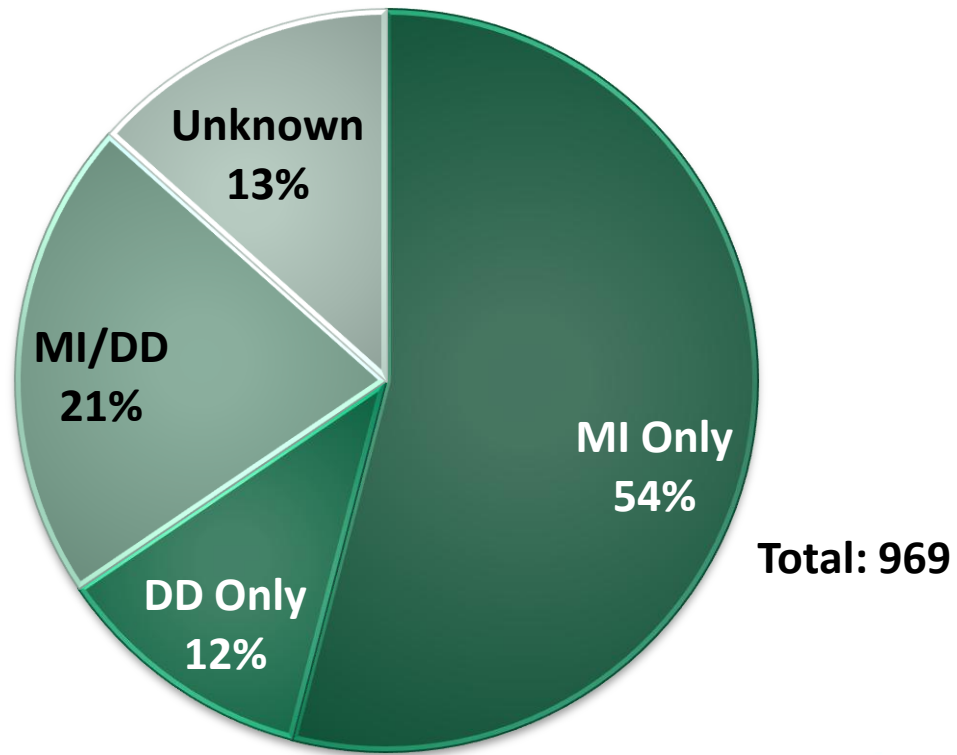
Who are the Dual Eligibles?

Number of Individuals Served by LifeWays (by age)



Who are the Dual Eligibles?

Number of Individuals Served by LifeWays (by dx)



Who are the Dual Eligibles?

- Characteristics of Dual Eligible CMH Consumers:
 - Disability results from cognitive impairment or severe and chronic mental illness
 - Very low income
 - Complex care: both primary healthcare and behavioral healthcare needs that require detailed planning and close monitoring
 - Probable concerns with housing, food/diet, access to healthcare, lack of transportation, vulnerability to abuse/neglect/exploitation, criminal justice involvement, substance abuse

Who are the Dual Eligibles?

- Types of Conditions/Diagnoses:
 - Autism
 - Behavioral Challenges
 - Developmental Disability
 - Schizophrenia
 - Schizoaffective Disorder
 - Bipolar Disorder
 - Depression
 - Complex co-occurring physical healthcare conditions
 - Personality Disorders with a co-occurring Axis I diagnosis

Who are the Dual Eligibles?

- Types of CMH Services:

- Medication Review
- Community Living Supports
- Case Management (Adult)
- Supports Coordination (Adult)
- Psychiatric Evaluation
- Treatment Planning
- Individual Therapy
- Enhanced Living Services
- Assertive Community Treatment
- Personal Care
- Self-Determination Arrangement
- Behavioral Management Review
- Injection
- Skill-Building
- Enhanced Pharmacy
- Triage & Referral
- Assessment: Nursing or Nutrition
- Crisis Intervention
- Clubhouse (PSR)
- Drop-In Center Attendance
- Assessment & Intake
- Supported Employment

Funding for Services

- **Medicaid:** covers majority of CMH services using capitated funding
- **Medicare:** covered services billed Fee for Service (FFS) at allowable amounts
 - Psychiatric visits
 - Injections
 - Traditional outpatient services

Michigan's Concept for Integrated Care

- The intended purpose:
 - With the development of an integrated care system for Dual Eligibles, **Michigan seeks to create a delivery model that will improve the health care experience** for beneficiaries **while reducing inefficiencies and aligning incentives** for providers
 - It is anticipated that integrated care will provide plan enrollees with a **seamless delivery system** offering a full spectrum of services

Michigan's Concept for Integrated Care

- The intended purpose:
 - It will **eliminate fragmentation** currently experienced by beneficiaries in the existing fee-for-service model
 - Dual Eligibles will have the benefit of working with a **single care coordinator** to assist in accessing the supports and services identified in a person-centered plan of care
 - The **existing barriers** to home and community based services **will be eliminated** as incentives will align for beneficiaries to receive the services they need in the setting of choice

Michigan's Concept for Integrated Care

- The intended purpose:
 - **Providers will experience administrative efficiencies** by working with a single administrative system and payer source, instead of dealing with multiple entities for authorization and payment of services
 - In an integrated model, providers will have more opportunity to work with enrollees **to eliminate redundancies** in service and **improve quality** through better care coordination
 - The **incentives for providers to provide the right care at the right time will be enhanced** through an integrated system

Michigan's Concept for Integrated Care

- Covered services will include:
 - All acute care benefits currently covered by Medicare
 - Pharmacy benefits
 - Behavioral health services
 - All long-term care benefits provided through Medicare and Medicaid, including short term rehabilitation and long-term nursing facility care
 - All home- and community-based services currently provided under a 1915 (c) waiver
 - Home health services, hospice, personal care services and care for ventilator dependent beneficiaries.

Michigan's Concept for Integrated Care

- Those eligible for the plan will be enrolled, but consistent with Medicare rules, individuals will retain the ability to opt out if they choose to do so.
- The current vision is that the state will contract with one or more entities to administer the program under an acuity-based capitation arrangement. Risk will initially be shared between the state and the contracted entities, with full risk eventually transferred to the contractors. A robust care coordination program is the hub of the delivery model, with each enrollee having a health home focused on person-centered care.

Michigan's Plan for Integrated Care Includes the Following Elements:

- **All core Medicare and Medicaid services provided** with the potential for additional social supports
- **A comprehensive provider network** available across the continuum of services so that participants are assured choice within the network
- **A standardized assessment tool** to identify participant needs

Michigan's Plan for Integrated Care Includes the Following Elements:

- **Person-centered medical homes** to ensure access to care
- **Family caregiver involvement**
- **Strong home and community based service options**
- **A single care coordinator** to assist development of person-centered plans of care based on choice and to assist participant navigation of the health care system

Michigan's Plan for Integrated Care Includes the Following Elements:

- **Plan performance metrics** to evaluate effectiveness
- **Quality management strategies** and measurements unavailable in the current fee-for-service model
- **Data sharing** amongst providers across the continuum of care to enhance care coordination
- **Mandatory enrollment** with the ability to opt out
- **Consumer protections**, including grievance and appeal processes that meet the standards required by both Medicare and Medicaid

Let Your Voice Be Heard!

- The time for action is **NOW**
- Forums have already been held, but feedback is still *welcome and encouraged*
- Email: integratedcare@michigan.gov

Why CMH?

Important Points to Communicate

- **Getting integrated healthcare planning “right” is critical** to persons with behavioral health disorders and developmental disabilities
 - As a group, these individuals have the most complex care needs of persons served by our system.
 - As a result, the Medicaid expenditures for the specialty services for these persons was almost 50 % of the total Medicaid expenditures for specialty mental health and developmental disabilities services statewide.

Why CMH?

Important Points to Communicate

- CMH has reduced the state's reliance on state institutional care from over 29,000 to less than 800 persons. This success is based on a system that provides:
 - A **person-centered, team-based approach** to care, including putting individuals and families at the center of care planning and decision making.
 - A **broad range** of available **clinical and community living supports** services are available that are critical to consumers success.
 - **Effective local decision making**, collaboration, planning and involvement.

Why CMH?

Important Points to Communicate

- CMH has reduced the state's reliance on state institutional care from over 29,000 to less than 800 persons. This success is based on a system that provides:
 - A **primary, active care management function, with experience** serving Dual Eligibles, that assists them not only with accessing and managing their healthcare needs, but social supports and services.
 - *Individuals with these disabilities have not been historically served or served well within the broader healthcare provider community.*

Why CMH?

Important Points to Communicate

- **CMH already meets most of the desired proposed program elements** outlined by the state
- **CMH already has the infrastructure in place** to meet the needs of Dual Eligibles
- **CMH is already well underway in the planning and implementation of integrated healthcare models**

Why CMH?

Important Points to Communicate

- **Only CMH has the expertise and track record** of successfully helping the highest risk and most vulnerable individuals within a capitated funding environment
- **Only CMH has the clinical and treatment experience** to help those coping with the most severe behavioral healthcare and developmental issues

Why CMH?

Important Points to Communicate

- **CMH has been an advocate, support and champion** for individuals with behavioral health problems for decades and cares deeply about its most vulnerable consumers
- **CMH understands the needs of Dual Eligibles** and can be trusted to continue to deliver appropriate, effective services while improving efficiency

Ideas for Communicating Effectively

- Be Solution-Focused
 - **Focus on why you think CMH is the best** entity to continue to manage and provide services to Dual Eligibles
 - **Focus on current value, effectiveness and progress** made in the current system
 - **Focus on the positive changes** that, if applied to the CMH system, would make it the most effective manager/deliverer of services in the new integrated healthcare world

Talking Points to Use in Your Emails

- CMH is already participating in and developing effective integrated care models for their consumers
- The current CMH system is effective at reducing cost, managing medical necessity and utilization and continues to make strides in efficiency
- The current CMH system maintains low senior executive salaries/benefits by comparison, as well as low overall administrative costs

Talking Points to Use in Your Emails

- The current CMH system already provides evidence-based practices and models to address comorbidities and reduce cost
- The CMH system has an effective grievance, appeal and recipient rights process and safeguards in place
- CMH's person-centered planning focus supports maximum safety, support and quality of life for Dual Eligibles

Talking Points to Use in Your Emails

- The CMH system effectively supports and faithfully services Dual Eligibles who are the most severely impaired, most challenging to treat and are considered the least able to contribute to their healthcare needs/costs