
OVERVIEW

The adult services worker has a critical role in developing and maintaining partnerships with community resources. To facilitate these partnerships the adult services worker will:

- Advocate for programs to address the needs of clients.
- Emphasize client choice and quality outcomes
- Encourage access and availability of supportive services.
- Work cooperatively with other agencies to ensure effective coordination of services.
- Coordinate available resources with residents in a licensed setting to develop a service plan that addresses the full range of client needs.

MI Choice Waiver

The MI Choice Home and Community based waiver program may provide additional services to individuals living in licensed Adult Foster Care Homes (AFC) and Home for the Aged (HA) facilities when the residence meets the Federal requirements for home and community based settings.

MI Choice is administered by a local waiver agency in many counties. For a listing of MI Choice waiver agencies, refer to BEM 106.

If a client in the AFC/HA needs more services than what is usual and customary at the AFC/HA or if the client meets the nursing facility level of care, but chooses to remain in their current residence; adult services may contact the local waiver agency to make a referral for the individual.

The waiver agency will assess the individual to determine if they qualify for the MI Choice program. The waiver agency will need to contract with the AFC/HA before the individual can be served in the setting.

The adult services worker will:

1. Assist the client in making informed choices about the most appropriate services program between Adult Community

Placement (ACP) personal care and MI Choice waiver services.

2. Assist the client in contacting the local MI Choice waiver agency.
3. Assist the client in applying for MI Choice waiver services if chosen.

MI Health Link- Integrated Care Demonstration Pilot Program

Effective March 1, 2015 and continuing through 2018, the Michigan Department of Health and Human Services (MDHHS), in partnership with the Centers for Medicare and Medicaid Services (CMS), have implemented a new capitated managed care program, called **MI Health Link**. This program will integrate into a single coordinated delivery system all physical health care, pharmacy, long term supports and services, and behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid.

The goals of the program are to improve coordination of supports and services offered through Medicare and Medicaid, enhance quality of life, and improve quality of care.

Individuals who are eligible to participate are those who are age 21 or older, eligible for Medicare and Medicaid, and reside in one of the four demonstration regions:

- Region 1- Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft.
- Region 4- Barry, Berrien, Branch, Calhoun, Kalamazoo, St. Joseph, and Van Buren.
- Region 7- Wayne.
- Region 9 - Macomb.

CMS and MDHHS will contract with managed care entities called Integrated Care Organizations (ICOs) to provide Medicare and Medicaid covered acute and primary health care, pharmacy, dental, and long term supports and services (nursing facility and home and

community based services). The Michigan Prepaid Inpatient Health Plans (PIHPs) in the four demonstration regions are responsible for providing all Medicare and Medicaid behavioral health services for individuals who have mental illness, intellectual/developmental disabilities, and/or substance use disorders.

The MI Health Link program does not cover hospice services. If MI Health Link enrollees require hospice services, they must disenroll from the MI Health Link program and receive the hospice services through original Medicare and Medicaid.

Individuals will have an opportunity to select the ICO in which they enroll, using the ICO provider networks and drug formularies to assist in making choices. If an ICO is not selected prior to the passive enrollment effective date, individuals will be assigned to an ICO, but will have the option to switch ICOs after enrollment if there is another ICO option in the region.

Level of Care Codes for MI Health Link program

MDHHS has developed level of care codes specific to the MI Health Link program. These codes are as follows:

- 03: Individual meets Nursing Facility Level of Care, lives in the community, and participates in the MI Health Link HCBS home and community based services waiver program.
- 05: Resident of any nursing facility or hospital long term care unit (private or county owned) that is not a County Medical Care Facility.
- 07: General population in the community
- 15: Resident of a County Medical Care Facility

Michigan Enrolls

Michigan ENROLLS is the enrollment broker for the MI Health Link program. Michigan ENROLLS does **all enrollments, disenrollment and requests to opt-out** for MI Health Link.

Only phone calls are accepted.

Call Michigan ENROLLS toll-free at **1-800-975-7630**. TTY users may call 1-888-263-5897. The office hours are Monday through Friday (except holidays) 8 AM to 7 PM ET.

Client questions or concerns:

- Medicare/Medicaid Assistance Program (MMAAP) at 1-800-803-7174.
- Medicaid Beneficiary Help Line (Monday through Friday 8 AM to 7 PM) at 1-800-642-3195.
- Email: INTEGRATEDCARE@michigan.gov.

[For more information see the Michigan Department of Health and Human Services \(MDHHS\)/Doing Business with MDHHS/Health Care Providers/MI Health Link](#)

RESOURCES

Traumatic Brain Injury (TBI)

Traumatic Brain Injury (TBI) clients whose care cost would exceed the ACP Title XIX personal care supplement amount should be referred to a local MI Choice waiver agency. The waiver agency may be able to supplement the usual and customary services provided at the AFC/HA with MI Choice services. Refer to the MI Choice Waiver section above.

Resource information is also available from the Brain Injury Associate of Michigan at:

- 1-800-772-4323
- Website [Brain Injury Association of Michigan at www.biami.org](http://www.biami.org).

Food Stamps

Some residents of nonprofit AFC homes may be eligible for food stamps. A facility must be licensed for 16 or fewer residents and be nonprofit as determined by the IRS. Eligible residents must be blind or disabled and receiving benefits under Title II (RSDI) or Title XVI (SSI) of the Social Security Act. Interested providers should contact Food Stamp eligibility specialists for specific information. See **BEM-615, Group Living Facilities** and **BEM-617, FAP in Nonprofit Group Living Facilities**.

Hospice Services

Act 194 (Public Acts of 1996) exempts an AFC licensee who is providing care to a resident who is enrolled in a licensed hospice program from being in non-compliance with the continuous nursing care prohibition.

Medicaid will reimburse enrolled hospice providers for services to MA recipients who are residents of AFC facilities or Home for the Aged (HA) facilities. When a Medicaid resident becomes eligible for these covered hospice services in either an AFC or HA facility, the provider will notify the local adult services worker or case manager.

Note: Since Title XIX funds are used for the hospice services, the personal care supplemental payment must be switched to state funding.

In order to switch the Title XIX payment to state funds, the physician's certification date must be removed from ASCAP. ASAP will automatically pick up the new authorization and pay from state funds.

Volunteer Services

Utilizing volunteers can greatly enrich the lives of AFC residents and currently a wide variety of programs are providing services throughout the state. ACP adult services workers are encouraged to develop programs in conjunction with the volunteer services coordinator.

Generally programs are of two types:

- Groups.
- Individual.

Select activities that allow residents to participate in community events, help maintain old ties (church affiliations, club activities) and help reduce deterioration.

A creative exploration of all types of local events may reveal new ideas. For instance, residents might be able to attend monthly professional theater productions or sporting events free of charge.

Each community offers its own special set of resources that can be accessed to meet resident needs.

Brochure

Adult Foster Care DHS Publication 371. This pamphlet may be very helpful in providing agencies and individuals with general information about this specific resource in the continuum of care.