

State Profile for the Capitated Financial Alignment Demonstration

Michigan: MI Health Link	
Dates	
Memorandum of understanding signed date	April 3, 2014
Opt-in enrollment start date ¹	March 1, 2015–May 1, 2015
Passive enrollment start date ¹	May 1, 2015–July 1, 2015
Enrollment	
Covered population	<ul style="list-style-type: none"> Age 21 and older; Had not previously disenrolled from Medicaid managed care due to Special Disenrollment, receive Children's Special Health Care Services, elect hospice services; and, Living in the Upper Peninsula, and the following ten counties Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, and Wayne
Number eligible	105,000
Number enrolled as of April 2016	33,161
Percent of eligible that opted out as of April 1, 2016	<ul style="list-style-type: none"> Not available
Payment	
Number of participating plans	7
Savings percentage range	1–4%
Number of rating categories	3
Other risk mitigation strategies	<ul style="list-style-type: none"> Medical loss ratio Risk corridors
Benefits	
Expanded benefits	<ul style="list-style-type: none"> Home and community-based services² Adaptive medical equipment and supplies Community transition services Fiscal intermediary Personal emergency response system Respite
Carved out benefits	<ul style="list-style-type: none"> Mental health and substance abuse
Required community involvement	<ul style="list-style-type: none"> Not specified
Care Coordination	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> Not specified
Number of days to establish individualized care plan	<ul style="list-style-type: none"> Within 90 days of enrollment
Education requirements for care coordinator	<ul style="list-style-type: none"> Care coordinators must be licensed in Michigan as a registered nurse, nurse practitioner, physician assistant, or bachelor's or master's prepared social worker
Care coordinator caseload requirements	<ul style="list-style-type: none"> Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> For enrollees in habilitation supports waiver or receiving prepaid inpatient health plan services, plans must maintain current providers, existing care plans, and prior authorizations for 180 days For all other enrollees, plans must maintain current providers, existing care plans and prior authorizations until authorization ends or 180 days Home health and state plan personal care services continue for 90 days Enrollees in nursing facilities may remain in that facility through plan contract, single case agreement, on out-of-network basis for duration of demonstration or until enrollee chooses to relocate. For enrollees receiving MI Choices home and community-based waiver services, plans must maintain current providers and level of service for 90 days unless changed during the person-centered planning process
Consumer Protections	
Integrated Medicaid and Medicare appeals process	<ul style="list-style-type: none"> No
Organization acting as ombudsman	<ul style="list-style-type: none"> Michigan Elder Justice Initiative and the Counsel and Advocacy Law Line

Notes:

¹Opt-in and passive enrollment start dates had varying start dates by county or region.

²In Michigan, home and community based waiver services and items are only available to enrollees who meet nursing facility level of care criteria and for whom these services are included in the enrollee's care plan. The supplemental benefits (detailed in the above table) are provided to enrollees who meet established criteria and for whom the benefits are included in the enrollee's care plan.



Sources:

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