



**Michigan Association of**  
**COMMUNITY MENTAL HEALTH**  
**Boards**

**Necessary Elements to Ensure Success for the State's Plan to Improve**  
**Integrated Care for Persons with Dual Eligibility**

January 6, 2012

**1. Build On the Proven Performance of Michigan's Current Managed Care System**

- a. The best and most cost efficient way to adequately provide care for dual eligibles with multiple chronic conditions is to use the current care managers with the demonstrated expertise – Health Plans for physical health-related conditions, Area Agencies on Aging for aging-related conditions, CMHSPs/PIHPs for behavioral health and developmental disabilities-related conditions.
- b. Keep the care payments tied to the care managers. Any other system either limits or delays access to services and adds additional administrative costs.
- c. Maintain all the service arrays and provider networks available to persons under Michigan's current waivers.
- d. Pursue opportunities to improve physical and behavioral health/developmental disabilities care integration through implementation of health homes for persons with chronic health conditions.

**2. Align and Simplify Administration Requirements Across both Medicaid and Medicare**

- a. Simplify and coordinate enrollment requirements across Medicaid and Medicare.
- b. Simplify and consolidate grievance and appeals processes into a uniform, accessible, and credible process across Medicaid and Medicare.
- c. Align reporting requirements and outcome expectations across Medicaid and Medicare.

**3. Implement on a Phased and Regional Basis, and Reinvest any Savings to Improve and Expand Community-Based Services**

- a. Plan should be implemented as a demonstration project, with consideration of implementation by geographic region or subpopulations.
- b. Plan should ensure that any savings that result from this initiative should be reinvested into community-based services.