

PROJECT PARTNERS

“Supporting the Transition of Medicaid Beneficiaries with Disabilities into Managed Care in Michigan”

September 2002



Introduction

This project provided a collaborative opportunity for state government and private and community-based organizations to enhance the health and well-being of individuals with disabilities in three communities in Michigan. Overall the project had two major goals: *Goal 1: Building Capacity*- To positively impact the quality of life for individuals with disabilities on Medicaid in Michigan by enhancing collaboration among advocates, qualified health plans (QHPs)¹, and Medicaid. *Goal 2: Specialists Serving as Primary Care Providers*- To demonstrate how QHPs can use specialists as primary care providers for individuals with disabilities, yielding enhanced care and decreased costs.

The project was funded by the Center for Health Care Strategies, Inc. (CHCS) and supported by the Michigan Department of Community Health (MDCH).

Funding for the project spanned March 1, 2000 to February 28, 2002. For more information regarding the project, contact Lynn Breer, Ph.D., at (517)324-8397.

The collaboration of project partners allowed for a strengthened network of advocates, Medicaid staff, and health plans to support the transition of Medicaid beneficiaries into managed care.

Project Overview

In order to achieve *Goal 1: Building Capacity*, the project partners employed a three-pronged strategy, however, Strategy 1 was the most reliant on partnerships. Strategy 1 involved implementing two types of curricula, *Living Well With A Disability*² (*LW*) and *Managed Care 101 (MC 101)*, for individuals with disabilities at the three participating CILs. *LW* is an interactive curriculum designed to increase self-knowledge and self-confidence, prevent secondary conditions, and foster self-advocacy for individuals with disabilities. Participants in the *LW* classes met two hours weekly for eight weeks. It was decided that *MC 101* would be delivered concurrently with *LW*. During one class session, qualified health plans (QHPs) were invited to answer questions and share information regarding health coverage.

¹QHPs are health plans that have successfully bid to serve Michigan's Medicaid population.

²*Living Well With A Disability* is copyrighted by the University of Montana Rural Institute on Disabilities.



The Center for Collaborative Research in Health Outcomes & Policy (CRHOP) at the Michigan Public Health Institute provided project oversight, acted as fiduciary, prepared project deliverables and disseminated products.

Project Partners

The key players for this project represent a variety of organizations and agencies across the state. Each partner was responsible for essential activities of the project. Table 1 presents the project partners' functions and roles for the project.

Table 1: Key Project Partners		
Project Partner	Function	Role in Project
Centers for Independent Living (CILs)	Established to empower people with disabilities to take control of their own lives	Provided <i>LW</i> and <i>MC 101</i> curricula, recruited participants
Michigan Association of Centers for Independent Living (MACIL)	State CIL organization	Organized training for participating CIL staff, provided healthcare and advocacy training sessions for staff at all CILs
Medical Services Administration (MSA)	Housed within the MDCH, manages all Medicaid programs and disperses funding	Conducted Managed Care training, provided resources to conduct recruitment
Qualified Health Plans (QHPs)	Licensed HMOs that are qualified to cover Medicaid recipients under a managed care system	Provided assistance with recruitment ideas, attended one session of <i>LW</i> to address Medicaid questions
Developmental Disabilities Institute (DDI) of Wayne State University	Provides statewide programs to enhance the lives of persons with disabilities	Responsible for evaluation of project, included pre, post, and follow-up data collection and analysis for the participants in the <i>LW</i> classes, and telephone interviews
Michigan Disability Rights Coalition (MDRC)	A non-profit organization that focuses on disability community organizing and disability policy impact work	Built and maintained a web site, built and created a listserv, and created a web-based form for anecdotes
Michigan Public Health Institute – CRHOP	A full-service research, development, and educational non-profit organization	Monitored progress, organized and facilitated meetings, conducted focus groups, served as fiduciary

CRHOP conducted telephone interviews and focus groups with the key project partners. An additional focus group was held with all project partners present. When asked to describe the most successful components of the project, 6 out of the 7 interviews/focus groups mentioned the positive relationships that developed between project partners. Many of the other responses were also related to the establishment of partnerships via the project. The following quotes are from the focus groups:

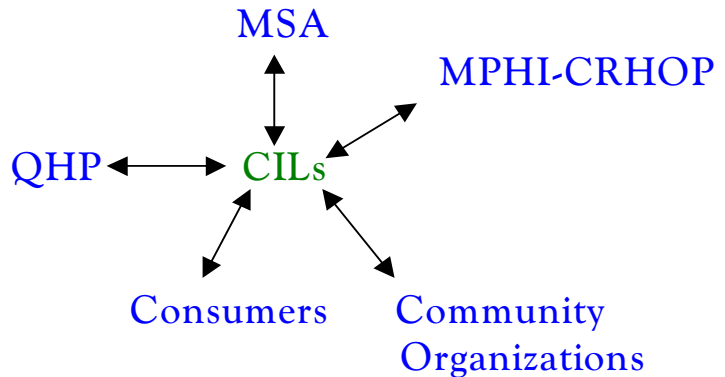
- “We [QHPs] have a really good active relationship with ours [CIL]. I have run into things and I’ve called on them and they didn’t have anything to do with the project. They were very quick to respond. We definitely benefited from getting that connection.” - QHP staff member

Strategy 2 involved enhancing and sustaining the relationship between the CILs and the QHPs at a local level. The QHPs assisted the CILs with recruitment by distributing flyers that described the *LW* program to some of their local clinics and emergency departments. In addition, the QHPs published an article about the program and how to participate in their quarterly newsletters distributed to their enrollees.

During monthly meetings reciprocal awareness and understanding developed among all project partners. Before, during, and after these meetings, staff members asked and answered questions, shared information, made contacts, and networked. The results have been increased referrals, enhanced public awareness, improved relationships among project partners, and expanded relationships with other agencies like the Michigan Rehabilitation Services, who did not participate in the project.

CILs

“What I see as one big success is the establishment of relationships, particularly, between the CILs and the Health Plans.”
- CIL staff member



CILs developed stronger relationships. CILs now have a better understanding of consumer needs. The class structure enabled staff to intimately discuss with participants their health care needs. Participants commented that rarely had they encountered an occasion to converse with other persons with a disability about health concerns prior to this project. In addition to the delivery of the curriculum, class time allowed staff to relay information on local events and services. Furthermore, CILs have become better acquainted with the health care issues encountered by people with disabilities in general and Medicaid issues and the importance of preventative issues specifically. As a result of this project, Michigan CILs are better equipped to serve the health care needs of their clients.

Because of the extensive recruitment and marketing efforts involved in promoting this project, QHPs provided additional support. QHPs supplied CILs with a representative for class meetings and assisted with transportation needs for one CIL. Representatives from both CILs and QHPs attended most monthly meetings. This time allowed for these project partners to network, ask and answer questions, and share information. Participation in this project also resulted in increased understanding and awareness of service provision and resources for both CIL and QHP staff members.

Community organizations also assisted with recruiting potential participants. Contacts were made with other advocacy and support groups with the hopes that referrals to the project could be made. CILs are continuing to partner with these organizations to reach more people. One CIL is exploring the possibility of partnering with Michigan Rehabilitation Services to offer the *LW* curriculum. Another CIL plans to offer the *LW* curriculum through an existing multiple sclerosis support group in the community.

“QHPs are now more aware of CILs as a resource. Case managers have someplace else to call if they have a problem.”
- CIL staff member

QHPs

This project presented QHPs with the opportunity to tap into the CIL network and have greater access to the target population. Increased access allowed QHPs to work toward preventing secondary conditions and sharing information about the program with enrollees. Project interactions enabled collaborative relationships between QHPs and CILs to develop, and as a result, QHP case managers are now more comfortable calling on CILs for information and referral. Furthermore, CILs can obtain information related to insurance issues for their clients.

“I would love to enhance the relationship ... the way I plan do this would be on a case-by-case basis. I would expect that if they are serving one of our clients we would receive a call or if we were serving a client who had needs that could be met through the CIL that we would refer the client to them.” -QHP staff member

MSA

Staff from MSA, which houses the Medicaid program, conducted training for all CILs in *Managed Care 101*. Medicaid staff commented that many people have perceptions of MSA being a large, impersonal bureaucracy and this inhibits MSA's ability to reach the target population. By using the CILs as an intermediary, MSA was able to provide their consumers with information related to their benefits in a nonthreatening environment.

Sustainability

CILs will continue to offer the *LW* classes, opening up enrollment to a greater population of individuals with disabilities. In addition, the CILs have recognized the value and importance of providing healthcare advocacy for clients. They will continue to prioritize health related issues. Finally, the project partners are dedicated to maintaining their relationships with project partners and strengthening relationships with other community agencies. The following quotes were expressed at a focus group held with all project partners.

- “Involvement in health care issues, including prevention, consumer empowerment, is going to continue to be a priority area for CILs. We will be reporting outcomes for the foreseeable future and we may try to get a better handle on tracking those outcomes with the costs and benefits.” -MACIL representative
- “We’re making it part of our continued outreach strategy for 2002 to find other ways to work with adults with disabilities. We want to continue working with the CILs, we’ve established some relationships and we think we have a lot to learn by maintaining those relationships.” -MSA staff member

Recommendations

Project partners reported learning a great deal from this project. They identified a number of issues that should be considered when planning future efforts. Community buy-in is essential for the success of the implementation of health promotion curriculum for this target population. Physicians, support groups, and community organizations that are informed and supportive of the effort can make referrals to the class.

Projects involved with this target population require extensive recruitment efforts. Project partner morale, particularly for partners who are not reimbursed for their time, can suffer if such efforts are not productive. Moreover, low morale can decrease the overall momentum of the project. Strong partner buy-in will ensure that issues such as staff turnover will not slow the implementation of the project.