

# Michigan



## **FY2014 TTI PROJECT:**

*Combining self-direction concepts with certified peer support workers job duties.*

## **KEY OUTCOMES:**

The Michigan Department of Health and Human Services (MDHHS) has a long history in developing and sustaining an infrastructure for self-directed care. In 1996, person-centered planning became a requirement in the Mental Health Code for all individuals served by the public mental health system. In 1997, self-direction was initiated with MDHHS implementing a policy and practice guideline that was written for adults who receive public mental health services and became a contractual requirement with the managed care organizations in the state. In recent years MDHHS has required that individuals served by the public mental health system be provided with the cost of their services and supports. These initiatives provided the foundation to enhance self-directed choices and options for persons with mental health conditions.

With the TTI funding, and technical assistance, a variety of outcomes were successfully achieved. One of the primary areas of success was employing Certified Peer Support Specialists (CPSS) as independent support brokers. The role of the CPSS included brokering an array of services incorporating person centered planning, linking and coordinating of services, assisting with employment process and financial management services, monitoring, and advocating responsibilities regarding the needs of individuals with long-term mental health and other chronic conditions, as well as substance use disorders. The highly trained workforce has natural skills and abilities to provide support brokerage and coordination of services. CPSS with a shared history of recovery and ability to gain trust and respect demonstrated that participants were more likely to want to take part in self-direction.

The TTI project provided hands on, focused agency training on self-directed care, peer to peer guidance and support, development and implementation of a roadmap for referral and role delineation between the project participant, CPSS, agency and Fiscal Intermediary. Several documents and training initiatives were developed as a final product including:

- How self-direction works;
- Independent Peer Support Broker Job Description;
- Agency specific Roadmap of the enrollment process;
- Pre planning Worksheet;

- Independent Facilitation Information;
- Emergency Contact Form;
- Creating Job Descriptions;
- Interviewing /Selecting Workers; and
- Check List for New Hires.

The Michigan team has benefited by the Learning Collaborative orchestrated by NASMHPD and Boston College. Lessons learned from other individuals and states involved in self-direction have been helpful. A private online space for regular communication among the TTI states has been developed. This additional effort will assist with the sustainability for the project.

### **Lessons Learned and Future Steps:**

Work remains ongoing in finding an appropriate pilot site, although significant work has already been done logistically to prepare for a pilot site. It has been particularly difficult finding a pilot site willing to commit to potential work with both outside funders and uncertainty regarding project evaluations. Staff retirements at potential pilot sites further complicated matters, as well as contractual and Michigan specific issues with necessary fiscal intermediaries. Several potential pilot sites have also been concerned about being “on the spot”, particularly with all the extra attention, for a potential self –direction project.

A variety of lessons were learned from the first attempted pilot, including that the pilot strengthened several past and current statewide initiatives for self-direction including the Fiscal Intermediary Service Technical Requirement which is part of the managed care contract and the Application for Participation for re-procurement of Medicaid Specialty Prepaid Inpatient Health Plans (PIHPs) which contained a recovery policy section that included self-determination as a reporting requirement.

It is anticipated that once a pilot site is selected that the pilot will create the opportunity for individuals to develop new plans that have led to self-determination arrangements that are not part of the services and supports seen in traditional services. Examples may include:

- Using Medicaid covered services for employing a CPSS to support an individual in getting a dog qualified as an Emotional Support Animal (ESA) with costs associated in keeping and maintaining the valued role of his service dog. .
- Assistance for individuals to learn how to drive to increase their ability to develop community connections and independence meeting Medicaid criteria for medical necessity.
- Obtaining a GED.
- Plans to support people to move out of foster care homes into supported housing or independent living.

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