

Michigan Medicaid Long Term Care Task Force

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****DRAFT MINUTES****
Monday, January 10, 2005
Room 210, Farnum Building
Lansing, Michigan

Members Present: J. Sutton, G. Betters, R. Carter, M. Cody, T. Wong, S. Steinke, R. Chaney, M. Moers, Representative Shaffer, J. Olszewski, D. Hoyle, T. Czerwinski, Y. McKinney, J. Mendez, M. Hardy, S. Gire

Members Absent: Senator Hammerstrom and R. Alcodray-Khalifa

Other: Patrice Eller for M. Udow, Kirsten Fisk for Representative Gillard, Denise Flannery for Senator Cherry, and Amy Slonim, Michigan Public Health Institute, facilitator.

Call to Order: The eighth meeting of the Medicaid Long Term Care Task Force was called to order at 10:04 a.m., by Chairperson RoAnne Chaney.

Review and Approval of Agenda: A motion to approve the agenda as presented was made by J. Olszewski, seconded by S. Steinke. A voice vote was made to approve agenda as presented.

Review and Approval of December 13 Minutes: A motion to approve the December 13 minutes was made by G. Betters, seconded by J. Olszewski. Approval of the minutes as presented was given by voice vote.

Introduction of Workgroup D (Workforce Development) Report: Representative Shaffer presented Workgroup D report to the LTC Task Force. He indicated that there were more than 40 members on this group. After the group identified a revised value statement, they addressed 5 aspects which would impact the workforce and divided into work parties to address these topics. The workgroups addressed issues of workforce projections, compensation, culture change, recruitment, and retention. Each workgroup met and brought its conclusions to the main workgroup for discussion and retention. The report include an alternative to the value statement and principles. Workgroup D has rewritten the originally assigned visions and values statement principles as well as proposed a definition of the LTC workforce and the focal point for activities. The workgroup recommends adoption by the full Taskforce of the altered statement, definition, and focal point of activities. The workgroup also recommends adoption of the suggested workforce definition. Each workgroup has made specific recommendations to the Taskforce regarding workforce projections, compensation, culture change, recruitment, and retention. The LTC Taskforce members will be voting

on the workgroup's report at its February 14th meeting. R. Chaney asked the Taskforce members to email comments, suggestions or concerns to Hollis Turnham or Susan Martin.

Presentation: Current Nursing Home Regulatory Oversight of Nursing Home Quality – Consumer Perspective: Chairperson R. Chaney introduced Walt Wheeler, Director of Bureau of Health Systems, and Sarah Slocum of the Long Term Care Ombudsman Office in the Department of Community Health. The purpose of this presentation was to give the Taskforce an overview of the Regulatory Oversight of Nursing Homes in Michigan, and to present information from the Ombudsman Office regarding consumer issues and perspectives. Following these presentations, there was lengthy discussion of the information presented and an opportunity for questions and answers. T Czerwinski requested information regarding the statewide average of the number of hours of individual care, and asked for information regarding the number of nursing homes that are at 4.1 hours or higher in Michigan.

As members of the Task Force had additional questions, S. Steinke made a motion to amend the agenda to request that Walt Wheeler and Sarah Slocum return at 1:30 p.m., following the period of public comment, for the purpose of continuing the discussion. The times of other presentations would be changed and that one of the presentations (Steve Bachleda and Julie DuPuis's presentation) be rescheduled to the February 14th meeting if time ran out. D. Hoyle seconded this motion. The Task Force approved the motion to amend the agenda by a voice vote.

Adjourned for lunch at 12:30 p.m.
Re-convened at 1:03 p.m.

Public Comment:

Nida Donor, Executive Director of the Citizens of Better Care. She provided information regarding her concerns related to nursing home quality of care and choices for citizens. She presented handouts to give to the Taskforce members for their review.

Monika Jackson, shared her husband's experience with nursing homes. She addressed the LTC Taskforce with her concerns about nursing home care that was provided and noted several negative experiences that she and her husband had experienced. She provided handouts and had a display of information for the Taskforce to review.

Micki Horst, a consultant for the Michigan Public Health Institute. Ms. Horst coordinates the Dementia program and works closely with the Michigan Dementia Coalition. She brought 3 recommendations to the Task Force. 1) The Taskforce should strongly emphasize in its recommendations the need for all person involved in direct care and care planning for persons with dementia to be qualified as dementia competent. The need for dementia-competent care planners and caregivers applies to both formal and informal care providers. As person with dementia are given more opportunity to reside in the community and in settings outside nursing homes, more home service providers and

family caregivers will dementia education and training. 2) As options for care expand, build safe-guards into the various care settings. Persons with dementia are at greater risk of neglect, abuse, or poor care than person without dementia, regardless where they reside. A special initiative is needed to identify and develop guidelines to assist case managers and care planners in incorporating safe-guards into the care plans for person with dementia. 3) Must continue to improve the quality of care provided in nursing homes, and particularly the care for person with dementia. The Michigan Dementia Coalition can provide further comment or input on programs, services, and recommendations at your request, and does wish to assist as changes are implemented.

Carolyn Lejuste, Olmstead Coalition. She came to the LTC Taskforce to discuss quality LTC services. The question she raised is how to pay a workforce that will be able to sustain their own lives and their own families while serving individuals and families who receive LTC Services. The coalition believes that the answer rests in rebalancing the LTC system. The Olmstead Coalition represents people with disabilities, people who are aging, the direct care workforce that serves the long term care community, and the general public. Participants include advocates from nonprofit organizations and within local and state government. The Coalition supports a LTC rebalanced system that is based on a concept called “Money Follows the Person”. This model does not mean that the cost of nursing home beds would automatically be given to a person returning to the community. Nor would it be the amount a person who is seeking supports would automatically receive. Money Follows the person describes a system in which each person who meets the financial qualifications for LTC support would be evaluated using the same screening tool. The screening tool would determine the individual’s unique needs and determine an amount of money that would be needed to support those needs. Such a universal tool would assure consistency across the state and offer to the person needing supports the opportunity to choose were they would like those supports to be delivered. Each person could choose a nursing home or they could choose to live in the community with the supports they need. She stated that if all LTC money were to be disengaged from program silos – Medicaid money, OSA money, FIA, and DCH special programs – and put into one pot, there would be an opportunity to serve people according to their needs, provide a strong and consistent system of care management and pay caregivers a wage that would support a stable employment and bring continuity and quality to the services and to the lives of people dependent on our public LTC system.

MI Choice Quality Management Planning Committee: Description and Update:

Chairperson R. Chaney introduced Pam McNab, Medical Services Administration, Department of Community Health to discuss MI Choice Quality Management Planning. A powerpoint presentation, and handouts, were given to discuss the evolving quality improvement strategies that are being implemented in the MI Choice Waiver. It is occurring with all other real choice systems grants that the State of Michigan including money follows the person, rebalancing money, along with other departmental other quality activities.

Updates on Other Workgroups:

Workgroup A, chairman S. Steinke indicated that the group will meet Friday, January 14, 2005, at 1pm. The location is to be determined.

Workgroup B, J.Christensen presented an update. There are 4 subgroups; financing single point of entry, financing and other incentives, funding mechanisms, and maximizing resources. The subgroups have been meeting over the last month to develop preliminary recommendations to report back to the full workgroup. They are reviewing the preliminary recommendations that all of the other workgroups have made that might have implications of funding and try to figure out how it fits together. The finance group met as a full workgroup on December 10th. They plan to meet again on January 18, 2005. The Incentives subgroup has discussed the issues of estate recovery and estate preservation and took back consensus recommendations to report back to full Finance workgroup. Other subgroups have been making similar progress in sorting out these various issues.

Workgroup C, chairman S. Gire indicated that group is working on a time to meet again. Jane Church has attended the Workgroup B sub-committee meeting to clarify the intent of the services list. The group will have another meeting to clarify any other language issues and believe that the efforts are primarily completed and are serving as a basis for the finance workgroups activity.

Workgroup E, chairman D. Hoyle indicated that the group has met 2 times now and have an ambitious schedule over the next month. One question they are struggling with is exactly what the words “meaningful consumer participation and oversight” mean or what this would look like.

Workgroup F, chairman R. Chaney indicated the group has reworked the work plan and the operational steps and took the Taskforce’s feedback and tried to redraft to make more continuity. It was distributed by email and she is waiting for feedback. Once feedback is received, it will be presented to the full Taskforce.

Workgroup G, chairman M. Cody indicated that they also have a ambitious schedule. They have completed work on suggested language for a Single Point of Entry model statute. There is a meeting of the entire workgroup this week. In that meeting they will discuss a recommendation concerning the definition of assisted living that will deal with the issue of MI Choice services. They will also be hearing from a subcommittee that has drafted proposed language for a statue that would establish a vision for LTC in Michigan. There is ongoing work on creating an entity that would be responsible for statewide LTC, very likely within the Department of Community Health. Another subcommittee is looking at the issue of quality. They have reports due back from members on Medicaid eligibility and recommendations concerning advocacy.

Discussion: Agenda for January 21, 2005 Meeting (Location: Boji Tower, Senate Hearing Room): This meeting is to allow the Taskforce to sit back and look at the “big picture” and to review all of the suggestions or preliminary recommendations that have

been made to date. Suggestions were made for the workgroup co-chairs to have communication before January 21, 2005 to discuss how to present the material so that it is similarly organized in a way that all Task Force members will be able to easily discuss all of the reports. The co-chairs could present the critical elements of reports from each of their group. R. Carter suggested that flow charts be used to present the information. M. Hardy suggested that a diagram or flow chart would show the areas of similarities, concerns, or areas needing to be considered. Leaders of workgroups A, C, D, F will present their reports to the full Task Force using flow charts. Additionally, a related undertaking will be to discuss a number of examples/scenarios that describe how individuals currently find themselves dealing with a need for long term care supports and services. Members volunteered to identify 5 different scenarios that would be presented at the meeting. Each of these will describe an individual/family in need of LTC, what would typically happen in the current system, and what would change if recommendations made for changing the current system were implemented. As the meeting will be designed to generate member discussion and to begin making decisions, no presentations or other business will be scheduled for the meeting on January 21. However, J. Christensen suggested that a period for public comment be included on the agenda. Members agreed that this should occur, but suggested that it not be scheduled in the middle in order to facilitate uninterrupted discussion. A half hour period for public comment will be scheduled in the morning at the start of the agenda

Next Meeting Date and Agenda Topics: Steve Bachleda's presentation on Geographical Distribution of Nursing Facilities, Adult Foster Care, and Homes for the Aged in Michigan.

Executive Committee call will take place on Tuesday, January 18, 2005 at 9:00 a.m.

The next meeting is scheduled for February 14, 2005. It will be held at the Boji Tower, 124 W. Allegan St. Senate Hearing Room, Ground Floor.

A motion to adjourn the meeting was made by S. Steinke, seconded by M. Hardy.

The meeting was adjourned at 3:25 p.m.