

Michigan Medicaid Long Term Care Task Force

MINUTES

Monday, January 21, 2005
Senate Hearing Room, Boji Tower
Lansing, Michigan

Members Present: M. Hardy, T. Wong, R. Carter, R. Chaney, S. Steinke, D. Hoyle, J. Mendez, G. Betters, T. Czerwinski, Senator Cherry, S. Gire, Representative Shaffer, J. Olszewski, J. Sutton, M. Cody, and R. Alcodray-Khalifa

Members Absent: Senator Hammerstrom and Y. McKinney

Other: Patrice Eller for M. Udow, Kirsten Fisk for Representative Gillard, Ellen Weaver, Director of the Capital Area Center for Independent Living for M. Moers, and Amy Slonim, Michigan Public Health Institute, facilitator.

Call to Order: The ninth meeting of the Medicaid Long Term Care Task Force was called to order at approximately 10:06 a.m. by chairperson R. Chaney.

Review and Approval of Agenda: A motion to approve the agenda as presented was made by J. Mendez, seconded by R. Alcodray-Khalifa. The agenda as presented was approved by a voice vote. Amy Slonim indicated that the documents containing the glossary of terms and key elements would be combined.

Review and Approval of January 10 Minutes: J. Mendez noted an error in the spelling of Micki Horst's name in the Public Comment section of the minutes. A motion to approve the January 10 minutes was made by D. Hoyle, seconded by S. Steinke. A voice vote was made to approve minutes as corrected.

Public Comment:

Carole Orth, spoke to the group about her experience placing her husband in a nursing home. She has changed facilities one time. She feels small facilities are better for her and her husband. They have a less hospital-like structure and have better communication. The people there are more aware of her husband and her family. If facilities are bigger than 75-85 then they should be structured more like a hospital in a pod setting or arrangement. Every year a team comes in to evaluate. During that process, the facility gets taken over worrying about the survey process and the residents become secondary. She recommends that good facilities only be surveyed every 15 months so that more time can be spent at poor homes. She feels that small facilities have better teams. Consumers need more information available about LTC options.

Ruth Sebaly, President of The Information Center, Inc, The Family Resource Place. Ruth wanted to speak to the Task Force about the recommendations that are being put forth by

Workgroup A which addressed the Single Point of Entry (SPE). As an Information and Referral provider and as a Waiver provider, the organization she represents supports SPEs as it relates to providing objective information and education to persons on long-term care issues and options. However, they oppose the SPE as the sole provider of Care Management and Waiver services as the current model proposes. This model goes beyond a SPE and makes it a SPE of service for Care Management and Waiver services. This model has the effect of eliminating existing client choice for those services in 8 of the 14 regions of the state.

Shawn Cannarile, citizen. She specifically wanted to address the issues of those in long-term care with dementia. The Michigan long-term care system needs to protect those who cannot make decisions for themselves. She relayed her family's situation in which her grandmother died tragically and they will never know the cause because both of her grandparents had dementia. There are multiple gaps in the current long-term care system and not enough options with persons with dementia. An individual's rights should not overpower his or her safety, nor should anyone be forced to unwanted care.

Remaining Issues:

The purpose of this meeting was to focus on the big picture of what the Task Force is proposing in terms of reform. Members have received information and reports from several workgroups, and today's discussion is for the purpose of providing Task Force members the opportunity to discuss, clarify and reach a consensus on the key elements proposed by workgroups to date. Additionally, members will work to reach consensus of the themes, identify the cross-links and inter-phases between those recommendations, to make sure that the Task Force has all of the building blocks to identify any gaps, and to agree on definitions. A definition of consensus that has been previously discussed was provided to members. This definition is: a decision that everyone is collectively willing to live with and achieve support, act as a single body in supporting the recommendations.

Revisit the Mission and Vision for the Task Force:

The Task Force took a moment to review the charge to the Task Force, and the vision statement that was agreed upon in August 2004.

Presentation of Current System:

S. Steinke presented a brief description of the current long-term care system. In the current system, contact with a family or individual typically begins with a crisis situation. Often there is no available information to help you identify resources other than a telephone book. Family Independence Agency then steps in to determine Medicaid eligibility. She noted that there are 32,000 people in nursing homes and 7,500 in the Waiver program.

General Overview of Proposed System by Task Force Report:

The Task Force and public broke out into small discussion groups. Each group was responsible for developing a picture of the system that would emerge if the recommendations made so far are implemented, and what the new system from a consumer perspective will look like. Each discussion group then presented their ideas to the Task Force.

Adjourned for lunch at 11:40 a.m.

Re-convened at 12:15 p.m.

Presentation/Agreement on Glossary of Terms and Key Elements/Themes:

The key elements from all workgroups are: 1) SPE, 2) money-follows-the-person, 3) expansion of the range of options, 4) person-centered-planning, 5) helping people stay healthy, 6) independent external ombudsman, and 7) quality management system. G. Betters indicated that funding should be added to the list. D. Hoyle indicated that education should be added to the key elements. After some discussion, the group came to consensus with adding Consumer and Professional awareness of options. J. Olszewski indicated that funding should be better described. R. Alcodray-Khalifa suggested sustainable funding. An agreement from the Task Force was to add sustainable and sufficient funding. The element of an independent external ombudsman will be incorporated into quality management.

J. Hazewinkel provided the key elements and definitions for discussion under each theme. T. Wong asked that a definition of “long-term care” be included. Each of the co-chairs presented what the key elements and definition meant to their workgroup. The purpose of the activity was for Task Force members to identify common elements for consistency, and to assure that they build in the appropriate interfaces. These will serve as the foundation for the final report and help determine any barriers need to be identified. Jane Church led the discussion for this activity. Leaders of Workgroups A, C, D, and F co-chairs were involved in directing this discussion. (The “Common Threads” edited as a group during the meeting is attached.)

Rachel Richards from FIA presented material regarding adult protective services.

Next Meeting date and agenda topics:

The next meeting will be held on February 14, 2005. It will be held in the Boji Tower, Senate Hearing Room, 124 W. Allegan.

Single Point of Entry

Single Point of Entry agencies will provide information, referral and assistance to individuals seeking services and supports for long term care. Assistance will include care and supports coordination, authorizing (but not providing) Medicaid services. They also will serve as a resource on long term care for the community at large and caregivers. Use of the SPE agency is mandatory for individuals seeking to access Medicaid funded long term care programs.

A	B	C	D	E	F	G
<p>Tasks include:</p> <ul style="list-style-type: none"> - Information and referral/assistance services and supports individuals need for long term care. - Screening for functional eligibility - Facilitation of financial eligibility determination - Proactive choice counseling - Supports coordination, care planning - Transition coordination/facilitation - Locally or regionally based. - Access should be consumer-centered and 		<p>Service neutral screening, assessment, education and informed choice.</p>	<p>There is a shortage of social workers in Michigan that needs to be considered in terms of staffing SPE agencies.</p>			

user-friendly. Tools used should be universal among all SPE agencies.						
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Issues:

Mandatory for Medicaid-funded LTC programs only? Or all publicly funded programs?

Mandatory offer of LTC screening tool?

Proactive counseling should be available for private payers.

Call it something different than the SPE used in for MI/DD services

Responsibility for payment

Revise definition to reflect functional eligibility determination, financial eligibility facilitation, services flow from person centered plan.

Need to review D recommendation re: social workers.

Money Follows the Person

Money Follows the Person refers to a system of flexible financing for long-term services that enables available funds to move with the individual to the most appropriate and preferred setting as the individual’s needs and preferences change. To the individual, the movement of these funds may appear seamless. People receiving supports, not providers or program managers, drive resource allocation decisions as they move through the long-term care system. [Source “Money Follows the Person and Balancing Long-Term Care Systems: State Examples,” CMS, currently available at: <http://www.cms.hhs.gov/promisingpractices/mfp92903.pdf>]

A	B	C	D	E	F	G
<p>- Money follows the person to pay for the services and supports the consumer wants and needs.</p>		<p>- Supports and services are connected to individuals rather than to providers or settings. - Within an assessed level of need, individuals shall have a menu of services, settings and providers to choose from.</p>				

Issues:

In second line of definition, change “may” to “should” appear seamless.

Concern over second bullet under C: “within an assessed level of need” Menu should be available regardless of level of need – agreement to remove language.

Unclear whether statement refers to rate bands, acuity based reimbursement, or wide open based on pcp.

Expanding the Range of Options

Full array of long term care services and supports available across an expanded choice of settings for all consumers.

A	B	C	D	E	F	G
<ul style="list-style-type: none"> - Transition coordination and facilitation - Balancing of long term care through proactive choice counseling. 		<ul style="list-style-type: none"> - Medicaid individuals should have full access to the same range of services, supports and settings available to the general public. - Menu of services to choose from based on a person centered planning process. - Allow the provision of and Medicaid payment for specialized services and supports in licensed assisted living (AFC and HFA) facilities. 	<ul style="list-style-type: none"> - Ensure competitive wages for long term care workers. - Develop and co-sponsor statewide media campaign to enhance image of long term care workers, to attract a diverse work force representative of the diverse cultural needs of consumers receiving supports. - Develop and implement strategies to attract and recruit increased numbers of capable, committed and energetic individuals who are called to the 		<ul style="list-style-type: none"> - Support to caregivers (financial, social, emotional) - Culturally competent training of informal caregivers. - Models for chronic care management and coordination. - Assistive technology as a prevention tool. 	

			<p>opportunities of this employment sector.</p> <p>- Improve worker retention to relieve current and future worker shortages, reduce labor-turnover costs, and ensure the most continuous, high quality care and supports.</p>			

Issues:

Need to ensure culturally competent training to all caregivers

Cultural competency lacking in supports coordination

Find section from Workgroup D report to pull language re: cultural competence training for workforce

Ensure long term care insurance products provide funding for a full array of services and supports, are available to all types of consumers.

Person Centered Planning

A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

[Source: Michigan Mental Health Code, MCLA 330.1700 (g)]

A	B	C	D	E	F	G
<ul style="list-style-type: none"> - SPE utilizes PCP principles and practices throughout its functions. - Build in as much control and choice for the consumer as possible through PCP. - Consumers have ability to change supports coordinators if and when they feel it is necessary to do so. - Independent 		<ul style="list-style-type: none"> - A consumer chosen supports coordinator that follows consumer throughout a full range of services delivery systems, settings and options. - Review and revise regulations and enforcement protocols in all licensed settings to promote person-centered 	<ul style="list-style-type: none"> - Develop and implement strategies that value the contributions of direct care workers as part of the LTC team. - Develop a K-12 age appropriate curricula and teaching modules about aging, impact of disability and emphasizing the career ladder opportunities in long term care. - Develop health professional curricula and reform current practice patterns to reflect the changing needs of the population. - Create financing 		<ul style="list-style-type: none"> - Act to support, implement and sustain prevention activities that . . . enhance quality of life, provide person centered outcomes and prevent unnecessary hospitalization or institutionalization. 	

facilitation optional based on consumer preference.		care.	mechanisms that support an environment for cultural change and diversity within the work force.			
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Issues:

In definition, replace the word “choices” with options.

Current definition assumes options are laid out. Definition honors individual’s choices.

Concern...person centered planning for individuals with dementia. Healthy tension between choice and ensuring health and safety

Terminology: liberty-driven safety.

Fundamental issue: barring severe dementia, individuals have right to choose

Designation of patient advocate

Consider recommending spin-off group to study and define ethical and legal liability issues related to allowing individuals to make choice.

Training is key

Helping People Stay Healthy

Support, implement and sustain prevention activities through community health principles, caregiver support, injury control, chronic care management and palliative care programs that enhance the quality of life, provide person centered outcomes and prevent unnecessary hospitalizations or institutionalization.

A	B	C	D	E	F	G
		<ul style="list-style-type: none"> - Prevention and wellness are expected and funded services. - Service continuum to include assistive technology, telemedicine. 	<ul style="list-style-type: none"> - Provide comprehensive affordable health care coverage for workers and their families. - Reduce rates of injury and exposure to hazardous materials to protect the current workforce and to encourage new workers to join the LTC workforce because of the sector's safety record. 		<ul style="list-style-type: none"> - Healthy aging – preventive and chronic care for all age groups - Local public health entities engaged in prevention/chronic care - Healthy communities (inclusive of prevention and chronic care) - Public health caregiver support model - Caregiver injury prevention - Models for chronic care management and coordination - Assistive technology as a prevention tool 	

Issues:

Assistive technology has budget implications.

It's a solution in prevention, not the problem.

Should this be part of the LTC system or rather a system that LTC should collaborate with

Independent External Ombudsman

A	B	C	D	E	F	G
- There should be an outside advocate on behalf of what the person wants.		- Independent external ombudsman to advocate on behalf of consumers.				

Issues:

Quality Management System

A quality long term care experience is an individual evaluation. While consumer assessment of the quality of their experience is key, performance measures, regulatory assurance of health and safety standards, and state oversight are also critical elements of quality.

A	B	C	D	E	F	G
<ul style="list-style-type: none"> - System needs to be based on a standard set of criteria set by the State. - Required appeals process with both internal and external components as well as monitoring and resolution. - Quality assurance function focused on the SPE that emphasizes but is not limited to measures of consumer satisfaction. - Functional eligibility determination will be located in SPE as long as there is aggressive state oversight and quality assurance. 		<ul style="list-style-type: none"> - Consumer trumps all is overriding principle; additional critical elements include: performance measures, regulatory assurance of health and safety standards, and state oversight. - Current enforcement of regulations for licensed facilities inadvertently creates barriers to providing care that improves the consumer's quality of life and individual choice options. - Independent external ombudsman to advocate 	<ul style="list-style-type: none"> - Improve long term care worker job retention to relieve current and future worker shortages, reduce labor-turnover costs, and ensure the most continuous high quality care and supports. 		<ul style="list-style-type: none"> - Culturally competent training of informal caregivers 	

<ul style="list-style-type: none"> - Separation of service authorization and service provision. - Outside advocate. 	<ul style="list-style-type: none"> on behalf of consumers. - Due process. - Assessment and evaluation 				
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Issues:

Workgroup G will assist in expanding definition.

If we have an SPE regulated by the state, why do we need an external ombudsman.

External advocates result in more consumer control, charged specifically to advocate on behalf of the consumer.

Ongoing role of supports coordinator is strongest form of advocacy.

Heard testimony from dementia coalition and TBI association as to importance have having competent direct care staff. Workers should be competent to provide care as needed by the consumer.

Any thought given to how QM system would interface with PCP. Needs to link with PCP process. Part of standards and criteria.

WHAT'S MISSING

Benchmarks missing – how will we know we've achieved success

Number of individuals projected to move through the SPE.

Workgroups have done an admirable job setting the course – finance workgroup has the hard job of drawing some lines. Potential exists for violating some of the core elements.

Would like to do this again when other work groups report out. Brought clarify to different work group activities.