

**CONSUMER TASK FORCE**  
Michigan Quality Community Care Council  
February 24, 2009  
**AGENDA**

INTRODUCTIONS

APPROVAL OF THE MINUTES

OVERVIEW OF MEDICAID FINANCIAL ELIGIBILITY FOR NURSING FACILITIES AND MICHoice - MMAP

MISSION STATEMENT CONTINUED

SYSTEM CHANGE IDEAS - CLARIFY WHAT THIS MEANS

OTHER

- PROJECT STATUS REPORTS

**REMINDERS:**

**NEXT MEETINGS:**

**April 28, 2009**

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

**June 23, 2009**

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

**PHONE IN NUMBER:** 877-873-8018, passcode 7989381

INDEX OF DOCUMENTS

CONSUMER TASK FORCE

FEBRUARY 24, 2009

EXECUTIVE COMMITTEE MINUTES

MISSION STATEMENT COMMITTEE MINUTES

DRAFT MISSION STATEMENT

OFFICE UPDATE

TALKING POINTS ON THE FUTURE OF THE OFFICE OF  
LONG-TERM CARE SUPPORTS AND SERVICES  
(DRAFTED BY MEMBERS OF THE CTF)

PROJECT UPDATES

Meeting Name CTF Executive Council Meeting		Highlights Date: January 14 Time: 3p - 4p Location: OLTCSS Conference Room	
<b>Facilitator(s):</b>		Peggy Brey	
<b>Meeting Lead:</b>		Recorder: Jackie Tichnell	
<b>Meeting Purpose:</b>		To Develop the Consumer Task Force Meeting Agenda for February	
<b>Participants:</b>		Jane Alexander, RoAnne Chaney, Jacqui Day, Laura Hall, Sharon Hall, Cindy Viars	
<b>1</b>	Welcome & Review Meeting Purpose/Objective		
<b>2</b>	Introductions		
<b>3</b>	Review Meeting Agenda		
<b>4</b>	Approve Draft Minutes from December		
<b>5</b>	Discuss Contents of February Meeting		
	Mission Statement	By Laws	
	Finance Workgroup - Chesny	Eligibility Overview (NH/Spendedown) - MMAP	
	TF Finance Recommendations	Financial Stories	
	Membership Form	Interest Form	
<b>6</b>	Determine Presenters		
<b>7</b>	Adjourn		

Discussion/Decisions:

Item	Discussion/Decisions
ByLaws	No need. Group is informal
CTF Charge	Charge is as written in manual. No ability to expand on this. However, most everything is related to the SGT grant so shouldn't be an issue. Need to assure no duplication with the Commission. The SGT goals/objectives should be compared with the vision/mission statement for consistency.
Chesny/Steinke	No need to come speak at this point. Need basic understanding first
Minutes	Ok with a few typos
Consumer Support	Consumers who work with the Commission have no way of receiving support, either money or mentoring.
SGT/TF matrix - Jane A	Not for February. Discussion for next Executive Committee meeting
Commission Task Force Workgroups	Andy should be invited to come and ask consumers to participate in the workgroups. Consumer support is an issue.
Interest Form	The purpose of this form is to "screen" new comers - what can they bring to the group, why do they want to join, know more about the members

Action Items:

Item	Action/Note	Person Responsible
Nursing Home Financing	Contact Chesny/Steinke and request a rain check for the presentation Call MMAP for a nursing home/MI Choice and spenddown presentation	Jackie Jackie
Consumer Support	Pursue methods of getting consumer support for Commission work	Jane A
CTF Interest Form	Send out reminder and another copy of form with information packet for February meeting	Jackie

<b>Meeting Name</b> CTF Mission Statement		<b>Highlights</b> Date: January 14 Time: 4p - 5p Location: OLTCSS Conference Room	
<b>Facilitator(s):</b>		Jackie Tichnell	
<b>Meeting Purpose:</b>		Discuss Consumer Task Force Mission Statement	
<b>Participants:</b>		Jane Alexander, RoAnne Chaney, Jacqui Day, Laura Hall, Sharon Hall, Cyndy Viars	
<b>1</b>	Review Meeting Purpose/Objective		
<b>2</b>	Introductions		
<b>3</b>	Review Meeting Agenda		
<b>4</b>	Review Consumer Input		
<b>5</b>	Draft Mission Statement		
<b>6</b>	Next Steps for Mission Statement		
<b>7</b>	Discuss Need for ByLaws		
<b>8</b>	Review Record: Action Items, Open Issues, Decisions		
<b>9</b>	Adjourn		

Discussion/Decisions:

Item	Discussion/Decisions
Charge	It was suggested that CTF should write a charge for the group instead of a mission and tie the charge to the grants. The charge is "what we do."
Mission	The mission statement is "who we are" and should include the charge. Include review grant development, keep track of progress of implementation, assist/identify measures/outcomes, provide input
Systems Development	Part of the CTF meeting agenda is systems development. This needs to be clarified to include glitches in the system, in implementation of policies, etc.

Action Items:

Item	Action/Note	Person Responsible
Mission	Draft a mission/charge statement for review at the next Executive Committee meeting. Mission would be: Consumer Task Force is a group of.....committed to PCP, self-determination....accomplished by review of.... Not include sharing of info as that is a by-product of the meetings, and not include specific policies like managed care as these will change over time.	Laura

## Consumer Task Force Mission Statement DRAFT

The Michigan Consumer Task Force is a consumer-driven group that aligns with advocates and state partners all committed to the principles of Person-Centered Planning, Self-Determination, and choice in long-term care options. These commitments are accomplished through using our unique knowledge and personal experience with the long-term care system to inform the work of the Office of Long-Term Care Supports and Services, particularly within grants and policies.

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After review by the Task Force members, this version was adopted. The underlined sentence was the only revision.

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# **OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES**

Update for the Consumer Task Force

February 24, 2009

**BUDGET** - The Governor's recommended budget for 2010 has been released. It is available at

[http://www.michigan.gov/documents/budget/budget20small\\_267048\\_7.pdf](http://www.michigan.gov/documents/budget/budget20small_267048_7.pdf)

**OFFICE UPDATES:** - The Office is working with the LTC Supports and Services Advisory Commission on the LTC Task Force recommendations and their interface with the Systems Transformation Grant. Progress Action Teams (PATs) have been created, one for each recommendation. Each PAT will develop a work plan with activities, outcomes, and measures that will define the recommendation and how to implement it.

The staff wishes to welcome Scott Fitton and Bob Orme to our Office. They are a welcome addition to our staff.

**LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION** - They held a retreat in January with the Office to coordinate and collaborate on the progress of the nine LTC Task Force recommendations. This was a 2-day retreat at the Holiday Inn West. Laura Hall also attended as chair of the Consumer Task Force.

**LONG-TERM CARE INFORMATION FORUM** - The Office hosted a long-term care information forum on the trend, issues, and opportunities for the elderly and person with disabilities. Maureen Mikus, Western Michigan University, and Linda Potter, UCP Michigan provided excellent presentations on the topics. Over 100 persons attended this forum.

**GRANT UPDATES** - Attached

**Consumer Principles Regarding the Future of the  
Office of Long Term Care Supports and Services**

**February 20, 2009**

**I. The vast majority of the functions of the Office must continue to be housed together.** While we understand the Department's intent to continue its commitment to long term care reform, we have heard Director Olszewski assert that the functions of the office will be absorbed in various divisions of the Department. We believe it is imperative that the Department maintain a centralized entity to coordinate the long term care reform activities that the Governor's Executive Order in 2005 delegated to the Office:

1. Administer activities to implement the recommendations of the Task Force.
2. Coordinate state planning for long-term care supports and services.
3. Review and approve long-term care supports and services policy formulated by state departments and agencies for adoption or implementation.
4. Conduct efficiency, effectiveness, and quality assurance reviews of publicly-funded long-term care programs.
5. Identify and make recommendations to the Director of the Department regarding opportunities to increase consumer supports and services, organizational efficiency, and cost-effectiveness within Michigan's long-term care system.
6. Prepare an annual report for the Director of the Department and the Governor on the progress of implementing the recommendations of the Medicaid Long-Term Care Task Force Report.
7. Oversee the implementation of the single point-of-entry demonstration programs.

Without a centralized office, we will return to the fragmented and inefficient system the Governor's Medicaid Long Term Care Task Force and the Governor's Executive Order No. 2005-14 sought to address.

- II. **The OLTCCS continues to require strong leadership wherever it is ultimately housed.** Long term care reform is complicated and challenging. To succeed, we need a strong leader with centralized staff and significant support from the Administration.
  
- III. **Consumers continue to require accountability to assure that long term care reform is moving forward consistent with the recommendations of the Governor's Medicaid Long Term Care Task Force.** The Governor created the Long Term Care Supports and Services Advisory Commission to help hold the OLTCCS accountable and to ensure continued in-put from stakeholders regarding reform efforts. If the functions of the OLTCCS are disbursed across the Department, it is unclear to whom the Commission would report, what activity it would be able to monitor, or how it would perform the eight functions set forth in the Executive Order that created it. Moreover, it would be difficult for other consumer and advocacy groups to monitor or participate in long term care reform efforts if no single person remains accountable for ensuring progress toward the Task Force goals.
  
- IV. **Consumers and their advocates require continued opportunities for in-put and a consumer should be included in any workgroup established to determine how the responsibilities of the office will be reassigned or where the Office will be housed.** The OLTCCS and Medicaid staff working on long term care issues have made unprecedented efforts to involve and inform consumers and invite consumer in-put. These efforts must continue unabated wherever the Office is housed in the future.

**CONSUMER TASK FORCE**

**FEBRUARY 2009**

**PROJECT UPDATES**

**Consumer Task Force Update**  
**February, 2009**

**Integrated (Acute and LTC) Health Plan**

At this time the thinking about a managed care waiver option for people eligible for Medicaid and Medicare as well as Medicaid only is being considered by the OLTCCSS and the Medical Services Authority. Staff are working on a new document to describe this opportunity. As a part of this effort, staff are preparing a proposal to the Center for Health Care Strategy (CHCS) to respond to a CHCS solicitation for Technical Assistance (TA). If Michigan is selected, the TA will provide guidance, training and consultation on negotiating successfully with the Centers for Medicare and Medicaid Services (CMS) to gain approval for a new waiver services program. The evaluations, experience and specific documents that other states have contributed to understanding the opportunity, challenges and best practices to implement this type of program are a ready resource to assist in the process.

**Medicaid LTC Task Force Recommendations for Money Follows the Person (MFP) and Finance**

In order to develop a better partnership with the members of the LTC Commission, OLTCCSS staff members are assigned specific Task Force recommendations to follow, document and complete actions towards full implementation. The recommendations related to MFP and Finance have been assigned to Rob Curtner. The current approach is to use a Logic Model to identify actions and measurements that support completion of the identified objectives. The linkages to the requirements for the Systems Transformation Grant are also included in this analysis. A two-day retreat between OLTCCSS staff and LTC Commission Members was held on January 27th and 28<sup>th</sup>.

**Medically Fragile Prisoners**

Staff continue to dialog with Michigan Department of Corrections (MDOC) leadership to identify potential opportunities for collaboration. This includes removing barriers to placement of individuals who meet the nursing facility level of care and who are past their early release date. The community safety and medical needs of the individuals involved are primary considerations in this discussion. The process of preparing medically fragile prisoners for release, the development of appropriate settings for LTC supports and services for these individuals and the community and cohort safety issues are all under consideration.

**MSU Duals Data Set**

The Michigan State University Institute for Health Care Studies (IHCS) has prepared a data set of individuals who utilized both Medicaid and Medicare services during 2005 and 2006 and also a comparison group of Medicaid only individuals. Staff attended a one-day overview of this project and also met with the primary researcher. Additional analysis is required to understand the opportunity with this data for summarizing and predicting benefit utilization and expense trends and practices. The project continues through September of 2009.

**State Profile Tool**  
**February 2009**

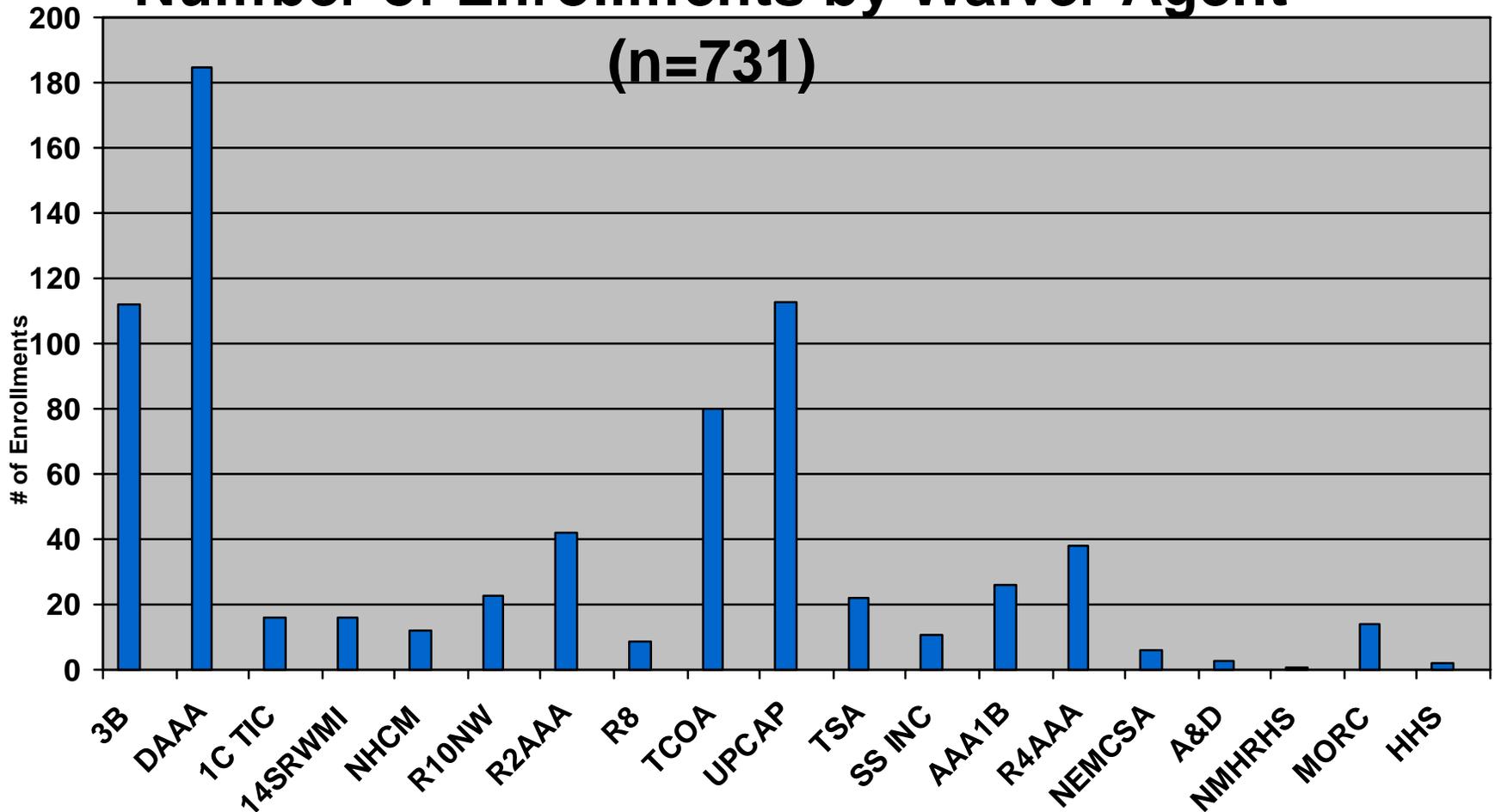
A lot of information was gathered for the profile tool. Sections were drafted, then redrafted by Michigan Disability Rights Organization. There was too much information for the report to be truly usable. The Office has Jane Church working on making sure the sections flow together and assuring the report will not be unwieldy.

The report is due to CMS the end of March. We anticipate a stakeholders meeting on March 11 to provide stakeholder input on the report.

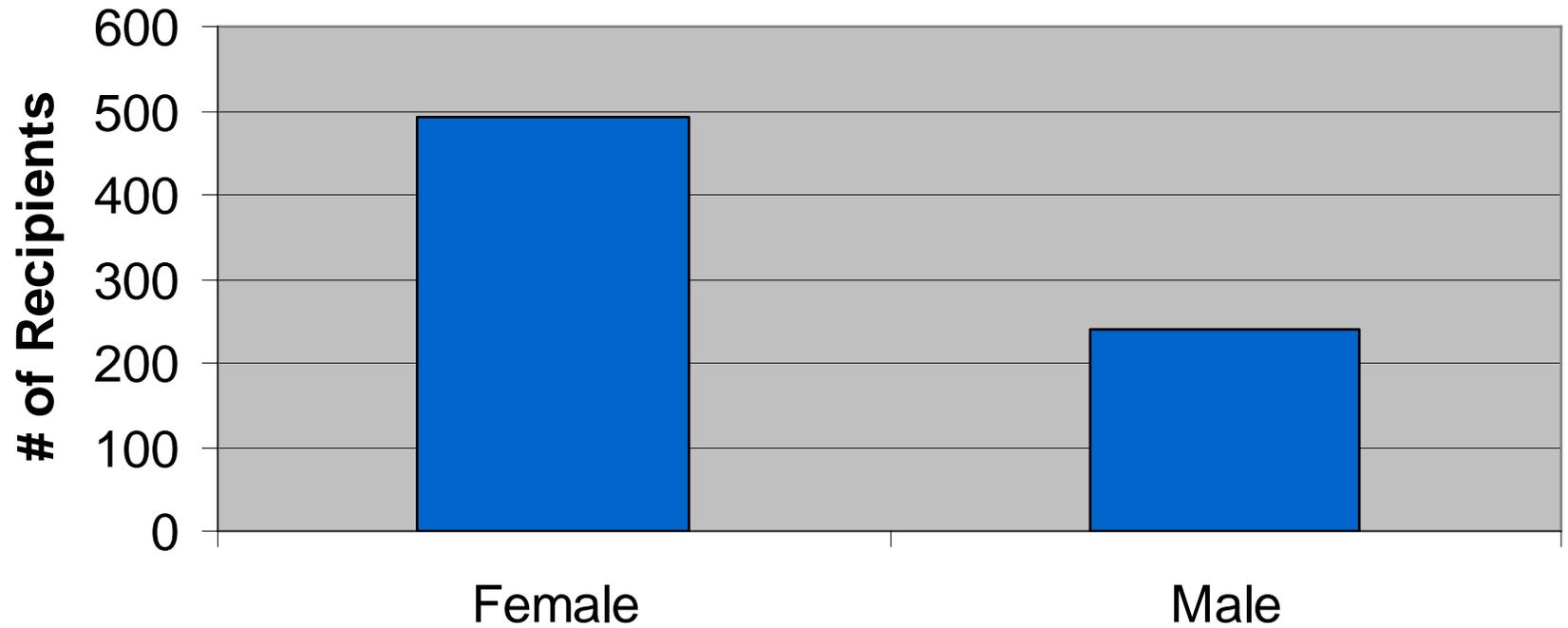
# Self Determination in MIChoice

## Number of Enrollments by Waiver Agent

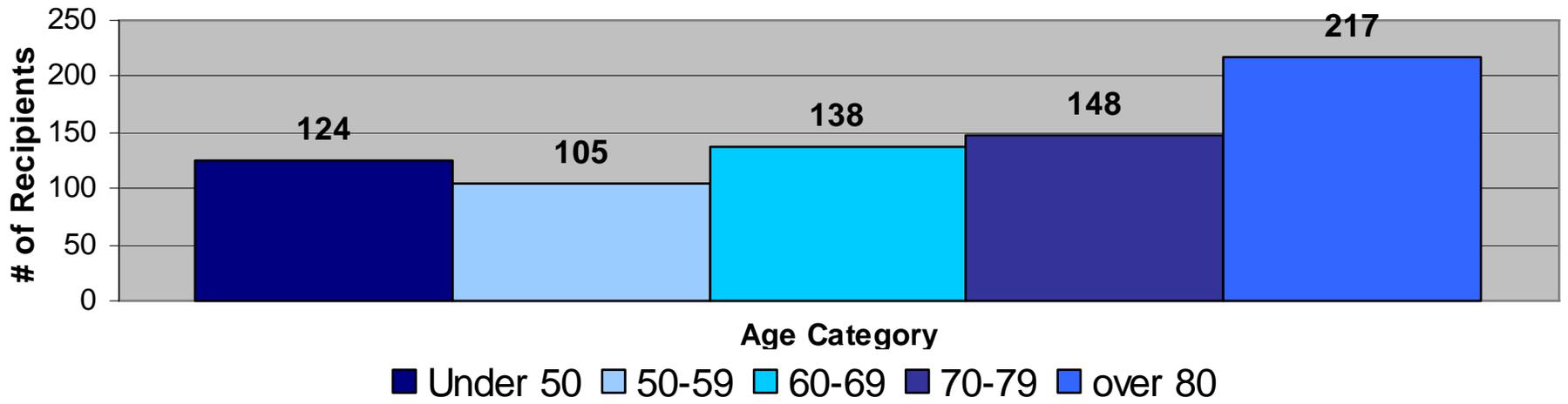
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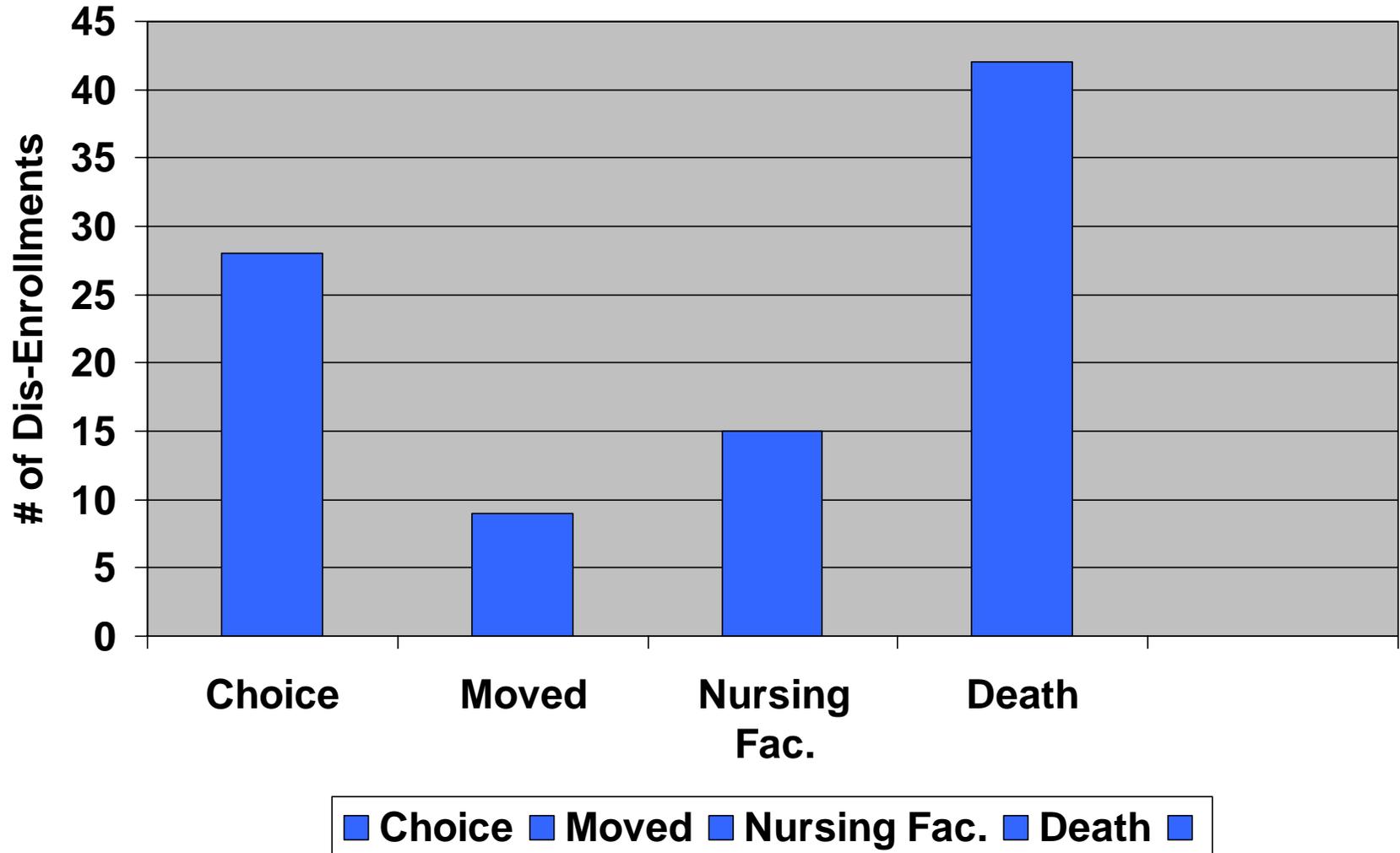
# Recipients by Gender



### Age Distribution of Recipients



# Number of Dis-Enrollments



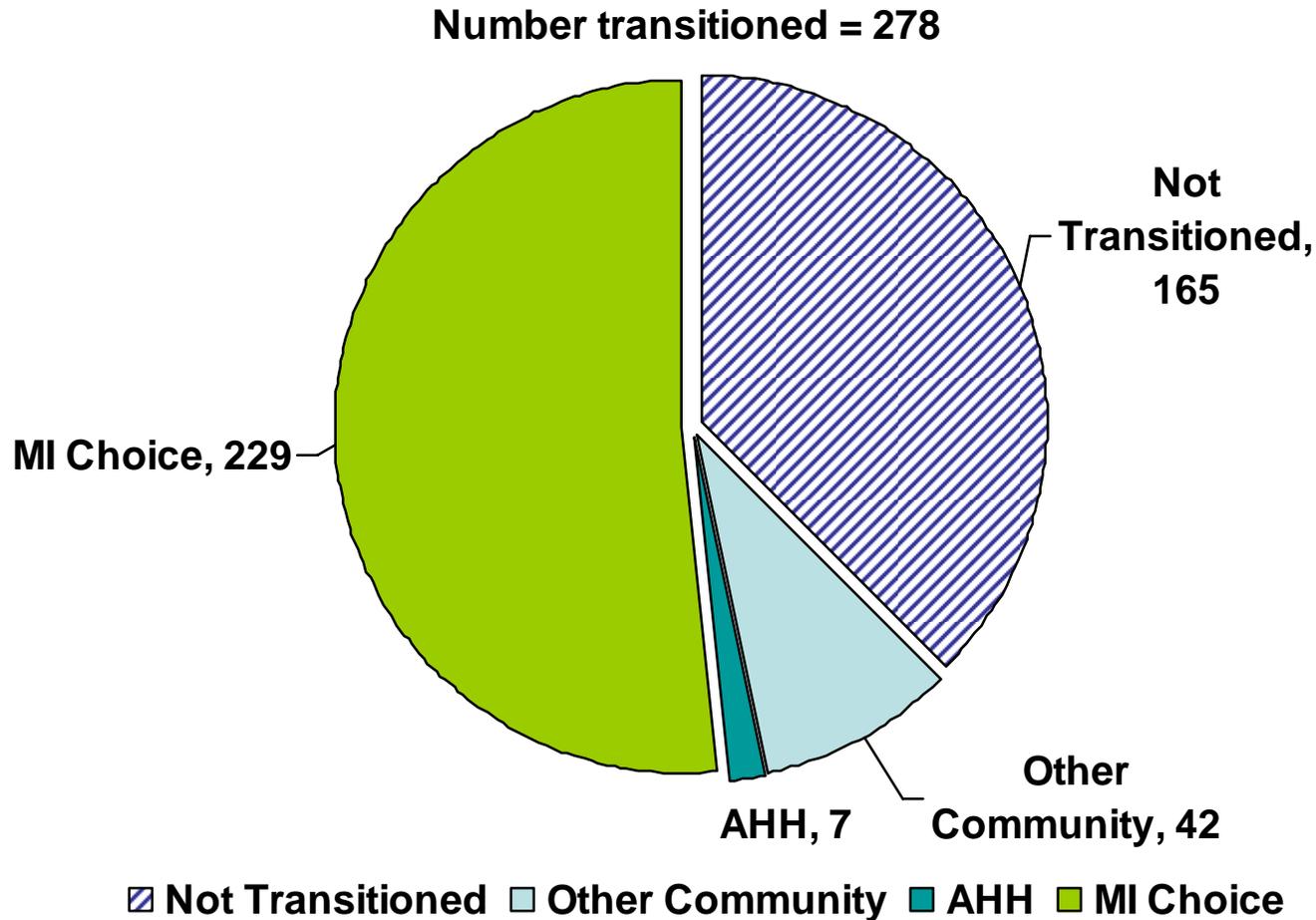
# *Waiver Agents*

- ❖ **NHCM.....12 Enrollments**
- ❖ **14SRWMI.....16 Enrollments**
- ❖ **R10NW.....23 Enrollments**
- ❖ **3B.....112 Enrollments**
- ❖ **R2AAA.....42 Enrollments**
- ❖ **AAA1B.....26 Enrollments**
- ❖ **R4AAA.....38 Enrollments**
- ❖ **R8.....9 Enrollments**
- ❖ **TCOA.....80 Enrollments**
- ❖ **TSA.....22 Enrollments**
- ❖ **UPCAP.....113 Enrollments**
- ❖ **DAAA.....185 Enrollments**
- ❖ **SS Inc.....11 Enrollment**
- ❖ **1- C TIC.....16 Enrollments**
- ❖ **A & D..... 3 Enrollments**
- ❖ **NMHRHS..... 1 Enrollments**
- ❖ **NEMCSA..... 6 Enrollments**
- ❖ **MORC.....14 Enrollments**
- ❖ **HHS..... 2 Enrollments**

# Nursing Facility Transition Program

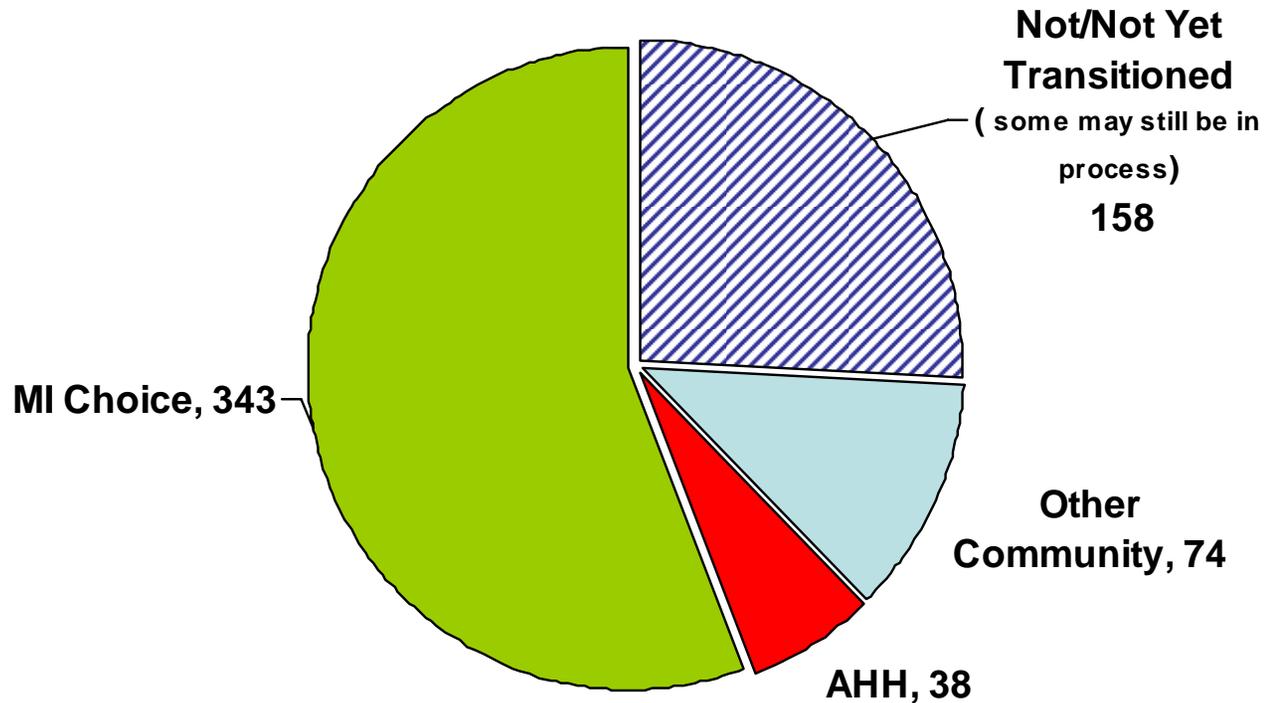
February 5, 2009

# FY 2006 NF Transition Candidates



# FY 2007 NF Transition Candidates

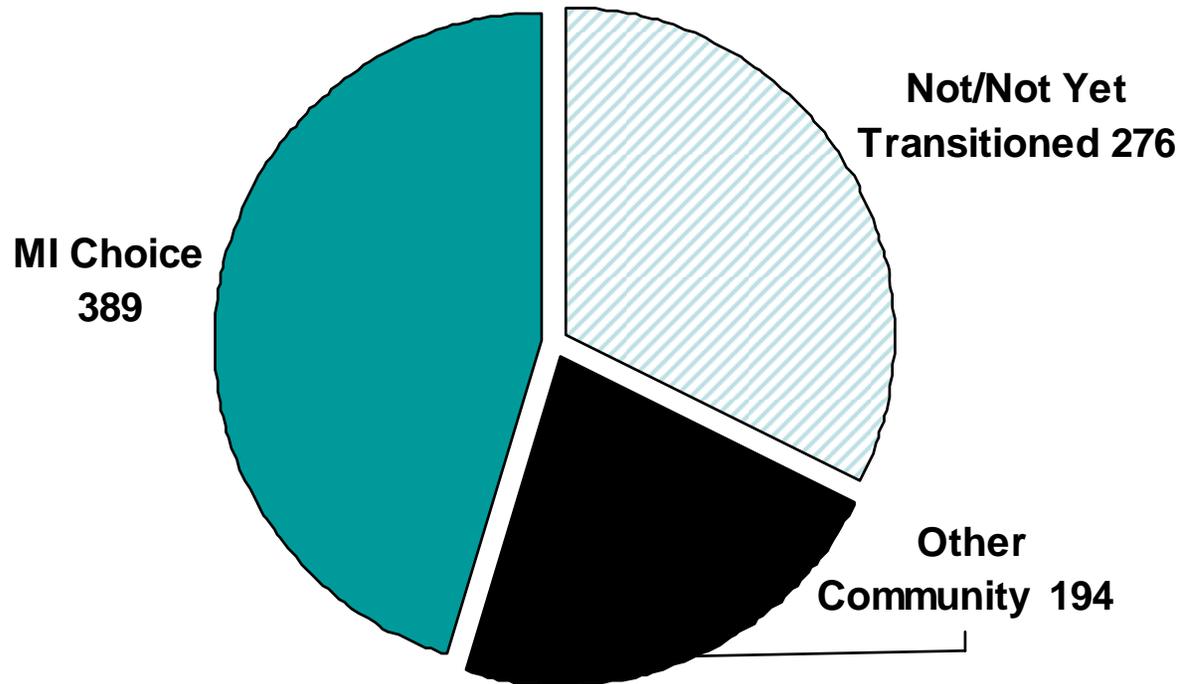
Number transitioned = 455



▨ Not/Not Yet Transitioned   ▩ Other Community   ■ AHH   ■ MI Choice

# FY 2008 Transition Candidates

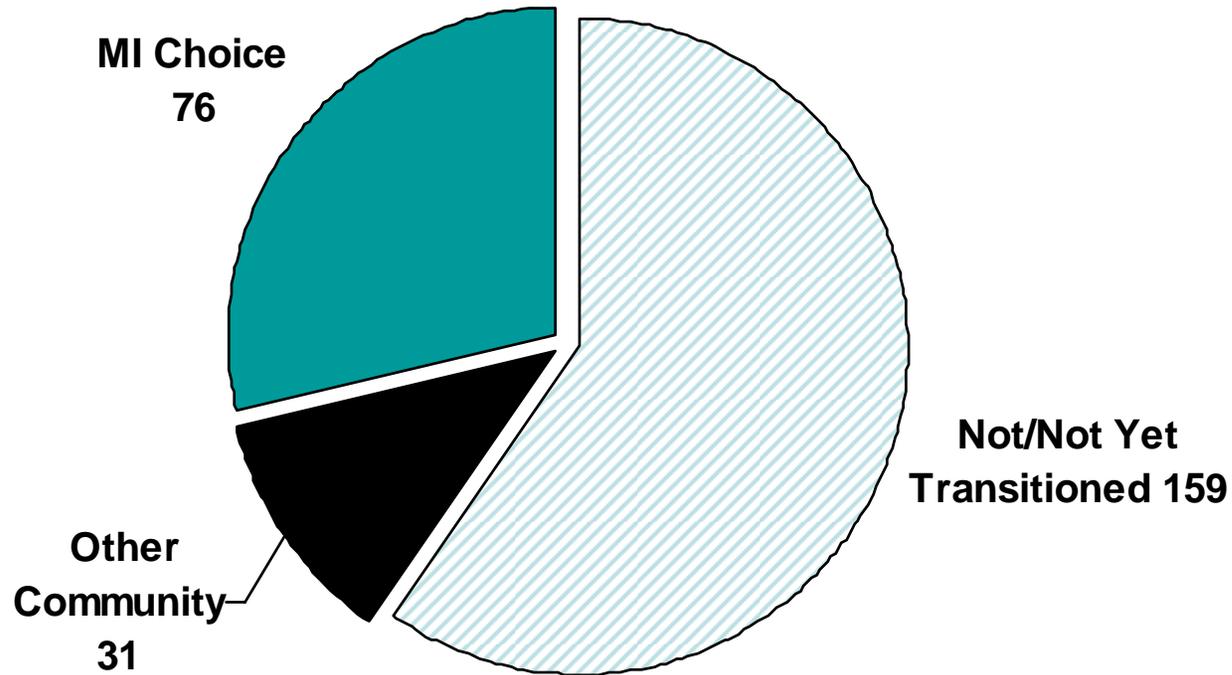
583 Transitioned



□ Not/Not Yet Transitioned    ■ Other Community (includes AHH)    ■ MI Choice

# FY 2009 1<sup>st</sup> Quarter Transition Candidates

107 Transitioned

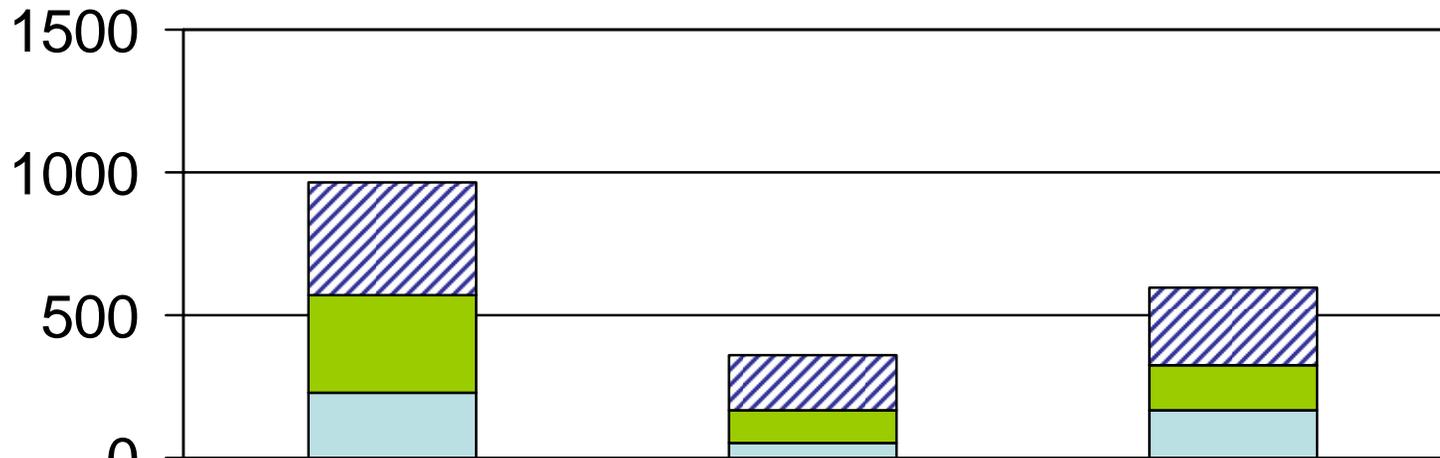


□ Not/Not Yet Transitioned    ■ Other Community (includes AHH)    ■ MI Choice

# FY '06, '07, '08 NF Transition Candidates by Program Type

MI Choice = 961

Other Community = 361

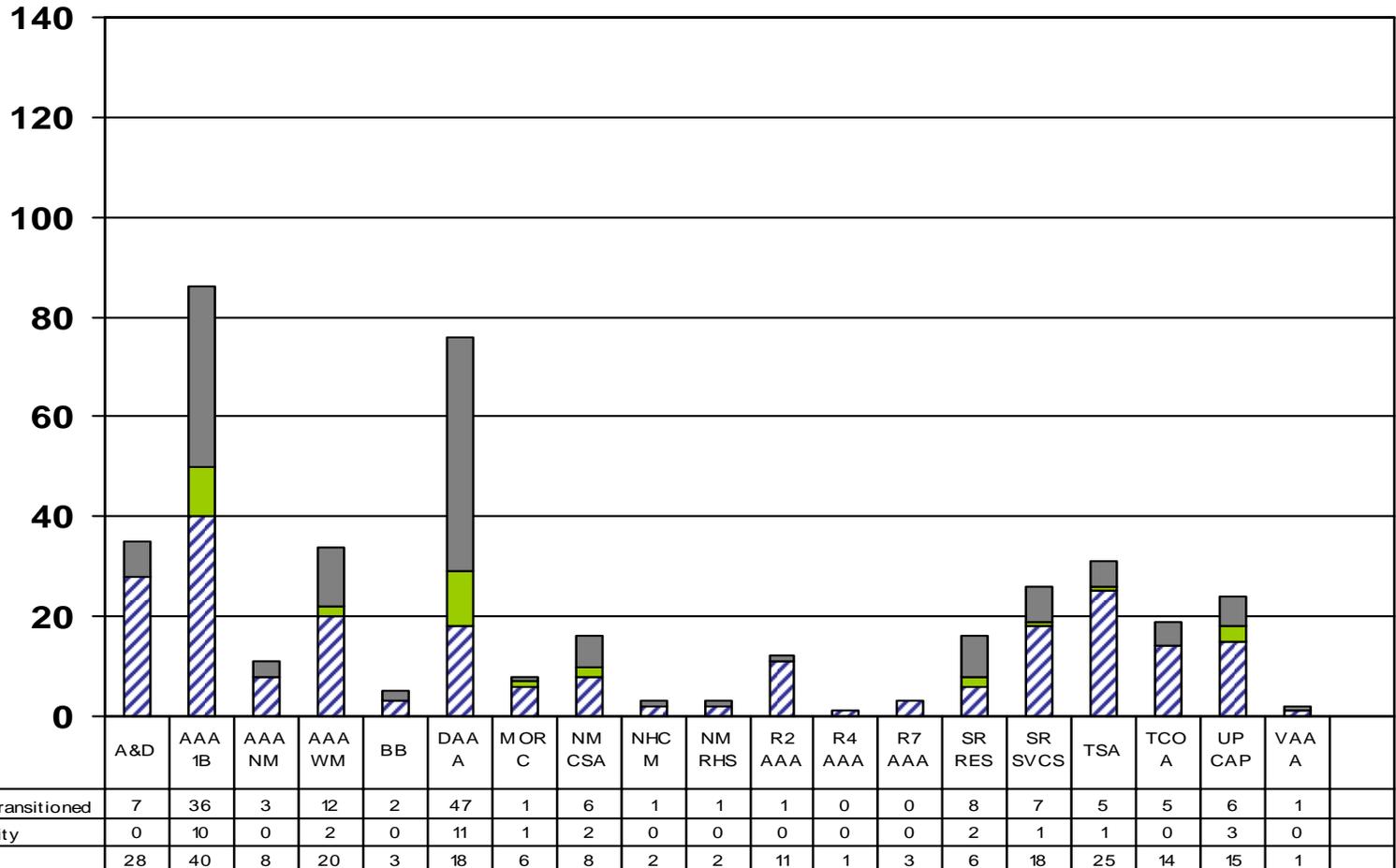


	MI Choice	Other	Not/Not Yet
■ FY 2008 *	389	194	276
■ FY 2007	343	118	158
■ FY 2006	229	49	165

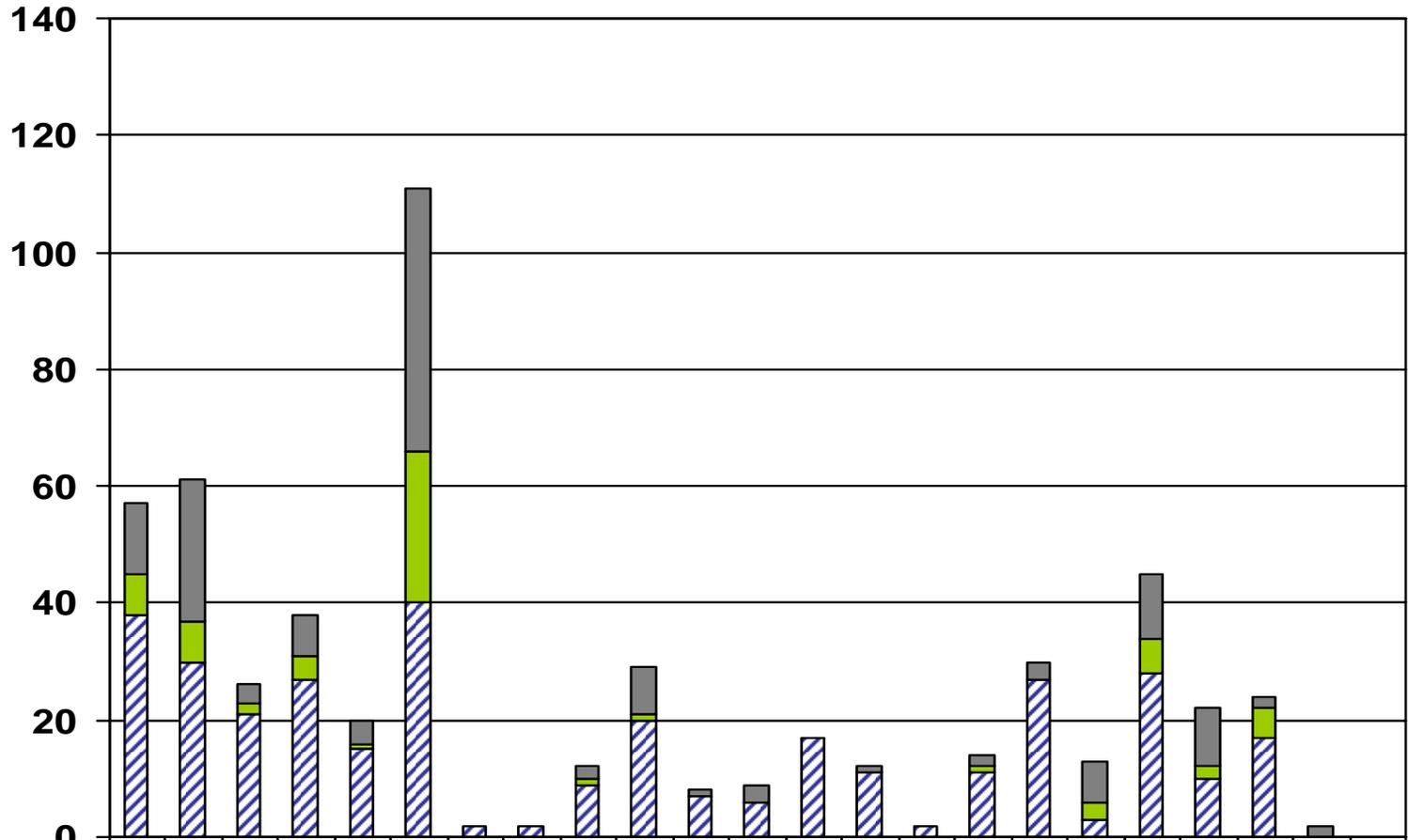
# Waiver Agent Codes

- **A&D** – A & D Home Health Care, Inc., Saginaw, MI
- **AAA1B** – Area Agency on Aging 1B, Southfield, MI
- **AAANM** – Area Agency on Aging of Northwest Michigan, Traverse City, MI
- **AAAWM** – Area Agency on Aging of Western MI, Grand Rapids, MI
- **BB** – Region 3B AAA @ Burnham Brook Center, Battle Creek
- **DAAA** – Detroit Area Agency on Aging, Detroit, MI
- **HHS R8** – Health Options, Grand Rapids, MI
- **HHS R14** – Health Options, Grand Rapids, MI
- **MORC** – Macomb Oakland Regional Center, Clinton Township, MI
- **NMCSA** – Northeast MI Community Service Agency, Inc., Alpena, MI
- **NHCM** – Northern Lakes Community Mental Health, Traverse City, MI
- **NMRHS** – Northern Michigan Regional Health System, Petoskey, MI
- **R2 AAA** – Region 2 Area Agency on Aging, Brooklyn, MI
- **R4 AAA** – Region 4 Area Agency on Aging, St. Joseph, MI
- **R7 AAA** – Region VII Area Agency on Aging, Bay City, MI
- **SRRES** – Senior Resources, Muskegon Heights, MI
- **SRSVCS** – Senior Services of Kalamazoo, Kalamazoo, MI
- **TIC** – The Information Center, Taylor, MI
- **TSA** – The Senior Alliance (AAA), Wayne, MI
- **TCOA** – Tri-County Office on Aging, Lansing, MI
- **UPCAP** – Upper Peninsula Area Agency on Aging, Escanaba, MI
- **VAAA** – Valley Area Agency on Aging, Flint, MI

# FY 2006 NF Transition Candidates by Waiver Agent

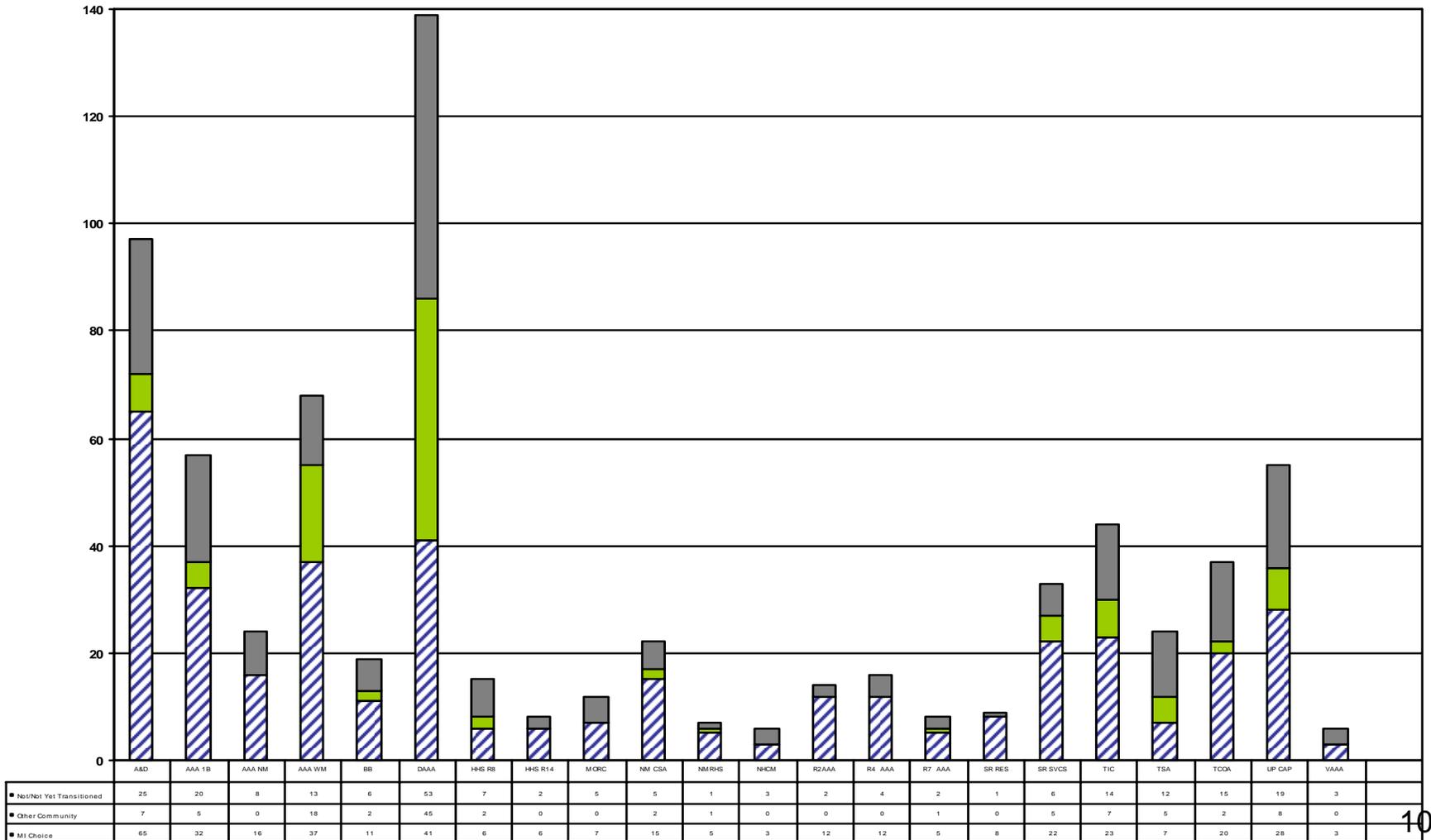


# FY 2007 NFT Transition Candidates by Waiver Agent



	A & D	AA A 1B	AA A NM	AA A W	BB	DA AA	HH S R8	HH S R14	MO RC	NM CS A	NH CM	NM RH S	R2 AA A	R4 AA A	R7 AA A	SR RE S	SR SV CS	TIC	TS A	TC OA	UP CA P	VA AA	
■ Not/Not Yet Transitioned	12	24	3	7	4	45	0	0	2	8	1	3	0	1	0	2	3	7	11	10	2	2	9
■ Other Community	7	7	2	4	1	26	0	0	1	1	0	0	0	0	0	1	0	3	6	2	5	0	
■ MI Choice	38	30	21	27	15	40	2	2	9	20	7	6	17	11	2	11	27	3	28	10	17	0	

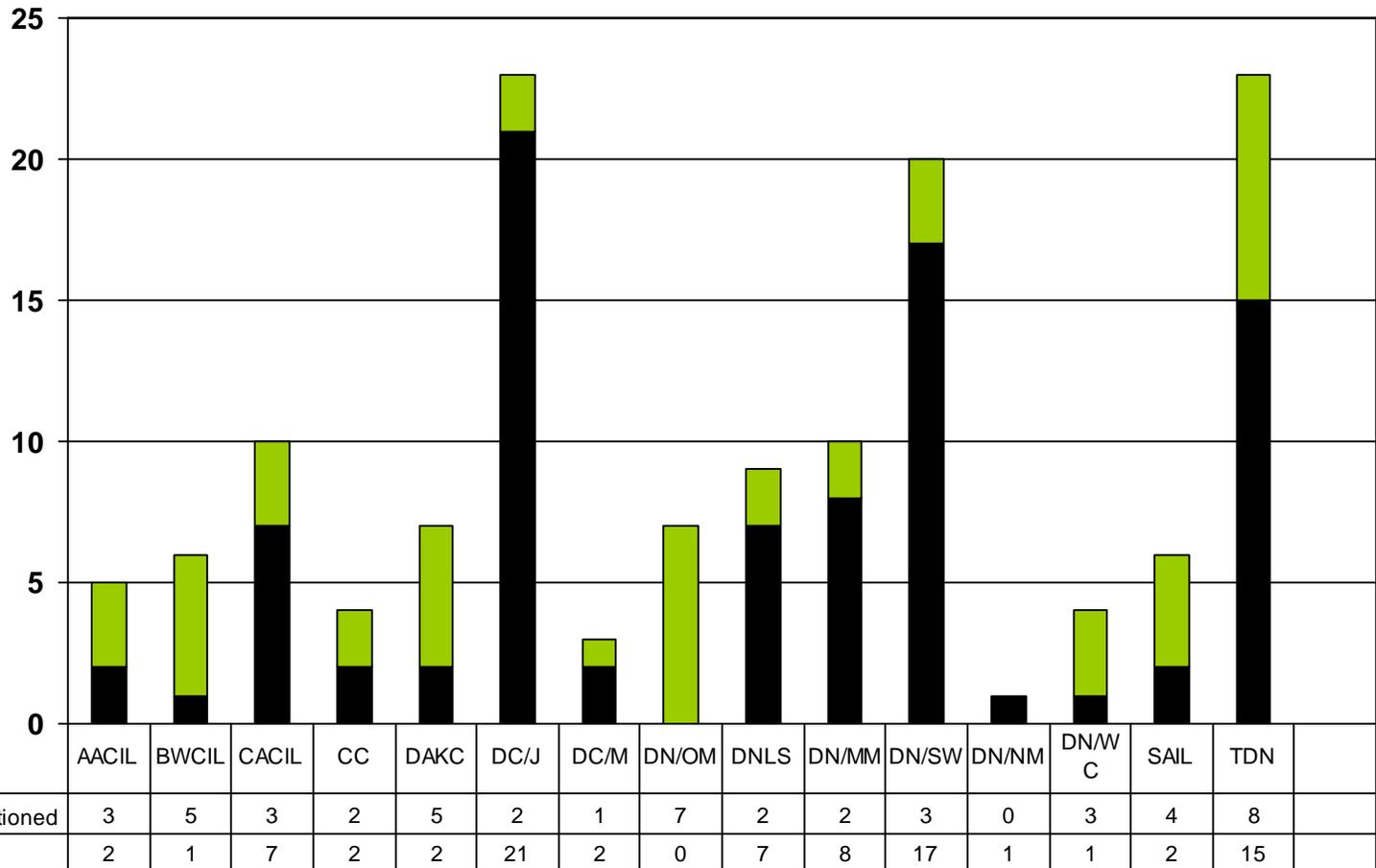
# FY 2008 NFT Transitions by Waiver Agent



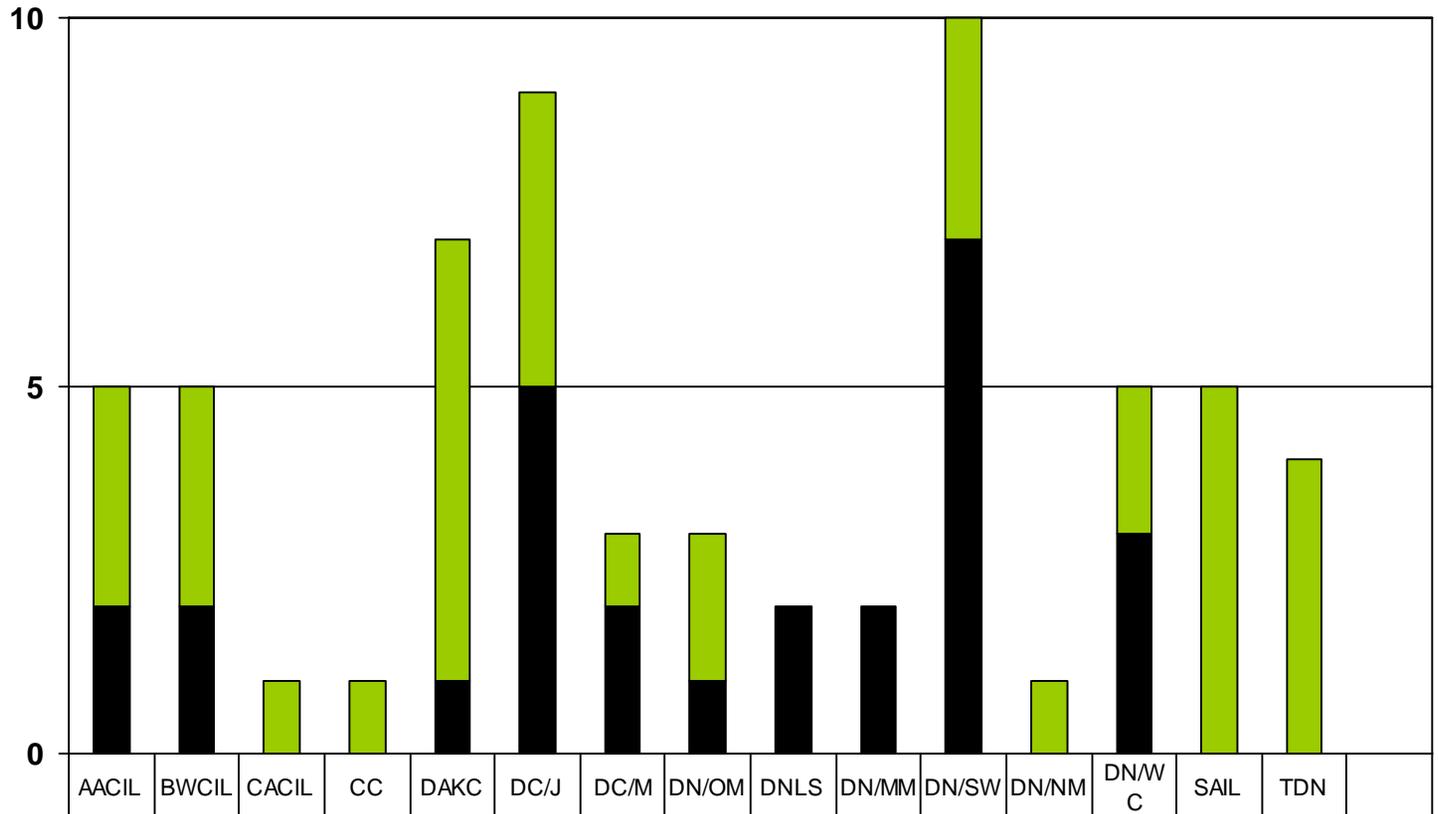
# CIL Codes

- AACIL – Ann Arbor CIL
- BWCIL – Blue Water CIL
- CA – Capital Area CIL, Lansing
- CC – Community Connections
- DAKC – Disability Advocates of Kent County
- DCJ – disABILITY Connections, Jackson
- DC – Disability Connections, Muskegon
- DNOM – Disability Network Oakland & Macomb
- DNLS – Disability Network Lakeshore
- DNMM – Disability Network Mid-Michigan
- DNSW – Disability Network Southwest Michigan
- DNN – Disability Network Northern Michigan
- DNWC – Disability Network Wayne County
- SAIL – Superior Alliance for Independent Living
- TDN – The Disability Network, Flint

# FY '08 Transitions by CIL



# FY '09 1<sup>st</sup> Quarter Transitions by CIL



■ Not Yet Transitioned	3	3	1	1	6	4	1	2	0	0	3	1	2	5	4	
■ Transitioned	2	2	0	0	1	5	2	1	2	2	7	0	3	0	0	

Medicaid Infrastructure Grant (MIG) Update  
February 13, 2009, -

There are presently 1124 Freedom to Work (FTW) participants. The DHS Bridges software program for determining public assistance eligibility was initially implemented in Calhoun County last fall. There were only 17 FTW participants in Calhoun at that time. There are now 54 FTW participants. The Bridges software hierarchy places eligible working individuals into the FTW eligibility instead of the former software which placed people into the AD Care eligibility. Barry and Eaton Counties transitioned to the Bridges software in mid-January. Ingham County is to be transitioned to Bridges software during the 2/14-16 weekend. Multiple counties are presently scheduled to transition in mid-March.

Tony Wong, Jill Gerrie, and Joe Longcor met with Medical Services Administration (MSA) on February 10, to further discuss a proposed Freedom to Work amendment. Tony and Jill met with advocates, gathered concerns, and have suggested a new draft of the proposed amendment language. Tony and Jill are trying to determine how to effectively pursue this amendment. Concern was also expressed in the following areas:

- People “aging-out” of FTW eligibility. This is likely to be more recognized now that the Bridges software. Joe will forward Logan Dreasky documents and analysis related to this challenge from other early implementing states.
- People “smoothly” transitioning into FTW from SSI’s 1619(b) Medicaid. Presently it’s awkward at best and doesn’t leave individuals confident that they will have the Medicaid coverage needed. Logan advised Joe to contact Michelle Best to discuss this challenge. Joe will collect information from Wisconsin on how this challenge was addressed and follow up with Michelle and also share with Logan.
- Due to the COLA increase from SSA outpacing the increase in the Federal Poverty Level (FPL) it is very likely that FTW (as well as AD Care and other) participants may become ineligible on April 1<sup>st</sup> when the new rates take affect. Individuals that had SSDI checks that were already near the net 100% FPL may see their checks now above the net 100% “qualifier” making them ineligible. Tony will forward a memo of this concern seeking a “disregard” to protect the FTW person’s eligibility given the intention of the law to both Paul Reinhart and Steve Fitton per Logan’s suggestion.

The Project Search steering committee met on January 9 to further clarify principles and standard expectation documents to help provide direction to Michigan communities interested in starting a Project Search initiative. Joe and Jill co-presented on Project Search at a Transition Conference held in Lansing on February 5<sup>th</sup>. Jill Gerrie is the coordinator of this steering committee.

Recent MIG related activities:

- Established a Google group to continue the evolution of a Michigan's Work Incentives Counseling Network as an outgrowth of a retreat held at the Leaven Center in early December.
- A 2-day planning session was held on December 8 & 9 to address developing a Michigan specific benefits planning web-portal and calculators. The Council of Michigan Foundations and United Way MI attended this meeting to discuss how this endeavor will complement present work to expedite and improve the application (pre-eligibility) process for individuals. Although supportive, the Council of Michigan Foundations is presently very challenge to assist Foundations in meeting current commitments. Jill and Joe created a one page "concept paper/funding request" to send to the Council on January 13<sup>th</sup>. There has not been a response yet. Sue Eby with MDCH is also talking to potential funders.
- Increasing business opportunities for Michigan businesses owned by persons with disabilities. Initial meeting with the MI Business Leadership Network, the Abilities Fund, and Doug Spade & Mike Clements to discuss a national initiative to advance marketing/supplier opportunities and ultimately employ more people with disabilities. This meeting is scheduled for February 18<sup>th</sup>.

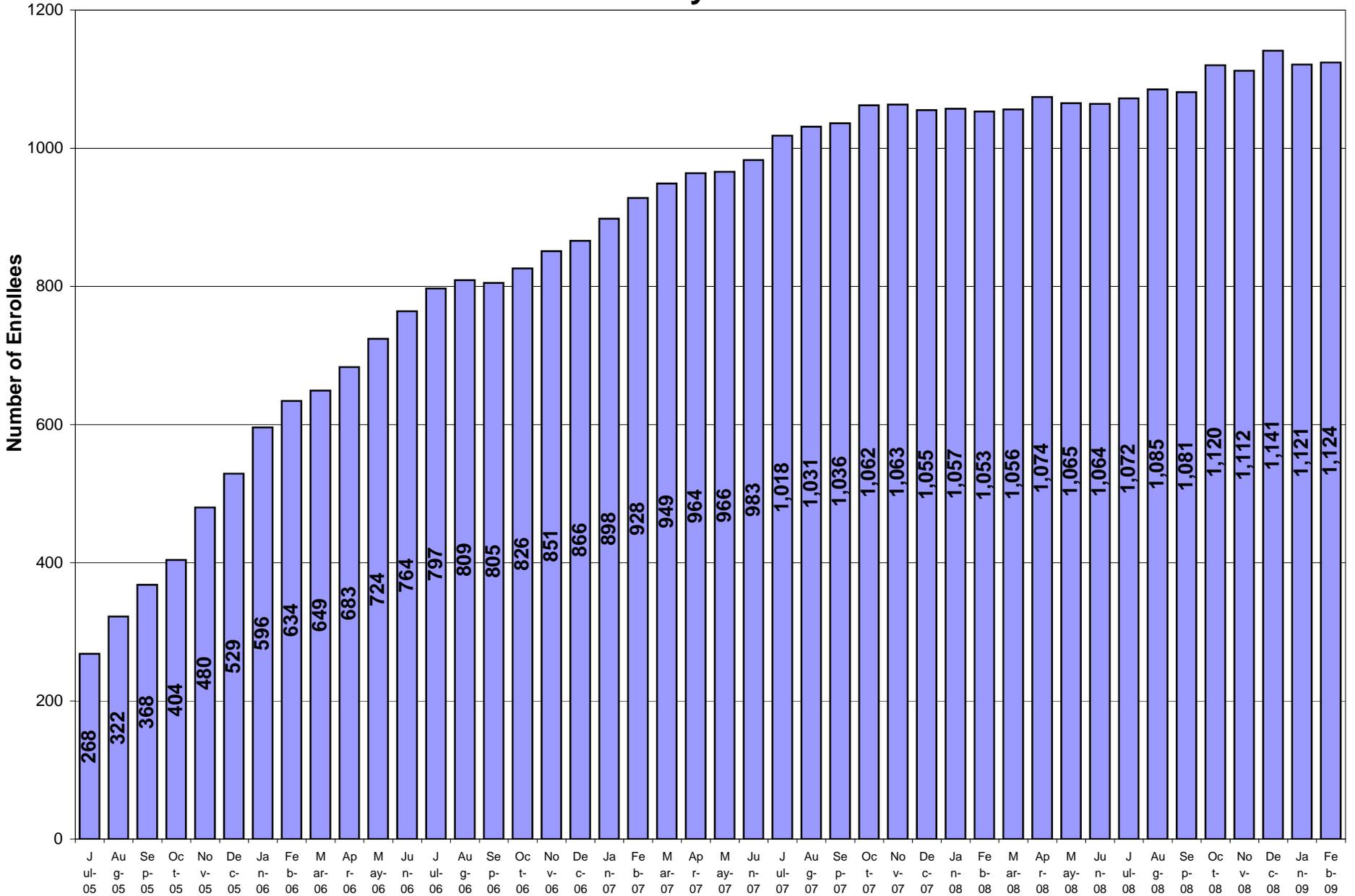
Freedom to Work  
Monthly Enrollment by County - February 2009

County Code	County Name	COUNT Ben IDs	County Code	County Name	COUNT Ben IDs	County Code	County Name	COUNT Ben IDs
1	Alcona	3	29	Gratiot	3	61	Muskegon	43
2	Alger	1	30	Hillsdale	6	62	Newaygo	4
3	Allegan	14	31	Houghton	7	63	Oakland	104
4	Alpena	6	32	Huron	5	64	Oceana	2
5	Antrim	4	33	Ingham	50	65	Ogemaw	4
6	Arenac	5	34	Ionia	1	66	Ontonagon	1
7	Baraga	1	36	Iron	2	67	Osceola	2
8	Barry	5	37	Isabella	3	69	Otsego	7
9	Bay	32	38	Jackson	15	70	Ottawa	26
10	Benzie	3	39	Kalamazoo	59	71	Presque Isle	2
11	Berrien	29	40	Kalkaska	2	72	Roscommon	2
12	Branch	6	41	Kent	101	73	Saginaw	11
13	Calhoun	54	44	Lapeer	8	74	St. Clair	11
14	Cass	4	45	Leelanau	2	75	St. Joseph	11
15	Charlevoix	6	46	Lenawee	11	76	Sanilac	2
16	Cheboygan	2	47	Livingston	8	77	Schoolcraft	1
17	Chippewa	13	48	Luce	1	78	Shiawassee	14
18	Clare	4	49	Mackinac	1	79	Tuscola	5
19	Clinton	5	50	Macomb	65	80	VanBuren	4
20	Crawford	1	51	Manistee	5	81	Washtenaw	39
21	Delta	14	52	Marquette	16	82	Wayne	89
22	Dickinson	7	53	Mason	3			1,124
23	Eaton	25	54	Mecosta	8			
24	Emmet	7	55	Menominee	5			
25	Genesee	37	56	Midland	15			
26	Gladwin	1	58	Monroe	18			
27	Gogebic	3	59	Montcalm	4			
28	Grand Traverse	22	60	Montmorency	2			



# Michigan FTW Enrollees

## February 2009



December 08

**Michigan Quality Community Care Council  
Consumers, Referrals, and Providers,  
by County**

County #	County Name	HH* Consumers	# Served as of 01/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 12/30/08	Increase in # Served	Percent Increase	Providers Available
1	Alcona	42	1	2.38%	1	2.38%	1	0	0.00%	1
2	Alger	24	0	0.00%	0	0.00%	0	0	0.00%	1
3	Allegan	250	7	2.80%	6	2.40%	7	0	0.00%	6
4	Alpena	127	1	0.79%	1	0.79%	1	0	0.00%	0
5	Antrim	99	1	1.01%	1	1.01%	1	0	0.00%	2
6	<b>Arenac</b>	170	21	<b>12.35%</b>	21	<b>12.35%</b>	20	1	5.00%	15
7	Baraga	50	0	0.00%	0	0.00%	0	0	0.00%	0
8	Barry	169	1	0.59%	1	0.59%	0	1	0.00%	5
9	<b>Bay</b>	727	113	<b>15.54%</b>	108	<b>14.86%</b>	110	3	2.73%	60
10	Benzie	78	0	0.00%	0	0.00%	0	0	0.00%	2
11	Berrien	798	3	0.38%	1	0.13%	3	0	0.00%	4
12	Branch	114	0	0.00%	0	0.00%	0	0	0.00%	4
13	Calhoun	662	0	0.00%	0	0.00%	0	0	0.00%	2
14	Cass	173	1	0.58%	1	0.58%	1	0	0.00%	3
15	Charlevoix	81	1	1.23%	1	1.23%	1	0	0.00%	0
16	Cheboygan	174	1	0.57%	1	0.57%	1	0	0.00%	1
17	Chippewa	173	0	0.00%	0	0.00%	0	0	0.00%	0
18	<b>Clare</b>	180	8	<b>4.44%</b>	7	<b>3.89%</b>	8	0	0.00%	1

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

December 08

**Michigan Quality Community Care Council  
Consumers, Referrals, and Providers,  
by County**

County #	County Name	HH* Consumers	# Served as of 01/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 12/30/08	Increase in # Served	Percent Increase	Providers Available
19	Clinton	124	2	1.61%	2	1.61%	2	0	0.00%	16
20	<b>Crawford</b>	64	3	<b>4.69%</b>	1	1.56%	3	0	0.00%	0
21	Delta	218	0	0.00%	0	0.00%	0	0	0.00%	0
22	Dickinson	134	0	0.00%	0	0.00%	0	0	0.00%	0
23	<b>Eaton</b>	282	19	<b>6.74%</b>	17	<b>6.03%</b>	16	3	18.75%	14
24	Emmet	130	0	0.00%	0	0.00%	0	0	0.00%	0
25	<b>Genesee</b>	2796	112	<b>4.01%</b>	110	<b>3.93%</b>	110	2	1.82%	75
26	Gladwin	153	1	0.65%	0	0.00%	1	0	0.00%	0
27	Gogebic	52	0	0.00%	0	0.00%	0	0	0.00%	0
28	Grand Traverse	212	2	0.94%	1	0.47%	2	0	0.00%	6
29	Gratiot	136	1	0.74%	0	0.00%	1	0	0.00%	2
30	<b>Hillsdale</b>	190	6	<b>3.16%</b>	6	<b>3.16%</b>	6	0	0.00%	6
31	Houghton	135	0	0.00%	0	0.00%	0	0	0.00%	1
32	<b>Huron</b>	129	5	<b>3.88%</b>	5	<b>3.88%</b>	4	1	25.00%	9
33	<b>Ingham</b>	1277	168	<b>13.16%</b>	118	<b>9.24%</b>	165	3	1.82%	38
34	<b>Ionia</b>	216	18	<b>8.33%</b>	16	<b>7.41%</b>	18	0	0.00%	6
35	Iosco	133	0	0.00%	0	0.00%	0	0	0.00%	5
36	Iron	96	0	0.00%	0	0.00%	0	0	0.00%	0

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

December 08

**Michigan Quality Community Care Council  
Consumers, Referrals, and Providers,  
by County**

County #	County Name	HH* Consumers	# Served as of 01/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 12/30/08	Increase in # Served	Percent Increase	Providers Available
37	Isabella	276	4	1.45%	3	1.09%	4	0	0.00%	1
38	Jackson	699	4	0.57%	3	0.43%	4	0	0.00%	6
39	Kalamazoo	1150	2	0.17%	0	0.00%	2	0	0.00%	8
40	Kalkaska	76	0	0.00%	0	0.00%	0	0	0.00%	1
41	<b>Kent</b>	1982	79	<b>3.99%</b>	59	2.98%	78	1	1.28%	32
42	Keweenaw	13	0	0.00%	0	0.00%	0	0	0.00%	0
43	Lake	106	3	2.83%	2	1.89%	3	0	0.00%	2
44	Lapeer	159	2	1.26%	2	1.26%	2	0	0.00%	16
45	Leelanau	15	0	0.00%	0	0.00%	0	0	0.00%	2
46	Lenawee	249	1	0.40%	0	0.00%	1	0	0.00%	8
47	Livingston	229	4	1.75%	4	1.75%	4	0	0.00%	3
48	<b>Luce</b>	34	2	<b>5.88%</b>	2	<b>5.88%</b>	2	0	0.00%	0
49	<b>Mackinac</b>	33	1	<b>3.03%</b>	1	<b>3.03%</b>	1	0	0.00%	0
50	<b>Macomb</b>	3634	146	<b>4.02%</b>	143	<b>3.94%</b>	144	2	1.39%	172
51	Manistee	189	0	0.00%	0	0.00%	0	0	0.00%	3
52	Marquette	212	0	0.00%	0	0.00%	0	0	0.00%	3
53	Mason	109	0	0.00%	0	0.00%	0	0	0.00%	3
54	Mecosta	253	1	0.40%	1	0.40%	1	0	0.00%	6

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.



December 08

**Michigan Quality Community Care Council  
Consumers, Referrals, and Providers,  
by County**

County #	County Name	HH* Consumers	# Served as of 01/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 12/30/08	Increase in # Served	Percent Increase	Providers Available
55	Menominee	151	1	0.66%	0	0.00%	1	0	0.00%	1
56	Midland	348	1	0.29%	1	0.29%	1	0	0.00%	12
57	Missaukee	45	1	2.22%	1	2.22%	1	0	0.00%	1
58	Monroe	377	0	0.00%	0	0.00%	0	0	0.00%	3
59	Montcalm	268	6	2.24%	4	1.49%	6	0	0.00%	9
60	<b>Montmorency</b>	61	2	<b>3.28%</b>	2	<b>3.28%</b>	0	2	0.00%	1
61	Muskegon	943	3	0.32%	3	0.32%	3	0	0.00%	8
62	<b>Newaygo</b>	296	10	<b>3.38%</b>	10	<b>3.38%</b>	10	0	0.00%	11
63	<b>Oakland</b>	3853	175	<b>4.54%</b>	164	<b>4.26%</b>	171	4	2.34%	199
64	Oceana	155	4	2.58%	1	0.65%	4	0	0.00%	6
65	Ogemaw	278	0	0.00%	0	0.00%	0	0	0.00%	5
66	Ontonagon	43	1	2.33%	1	2.33%	1	0	0.00%	0
67	Osceola	152	0	0.00%	0	0.00%	0	0	0.00%	4
68	Oscoda	52	1	1.92%	1	1.92%	1	0	0.00%	1
69	<b>Otsego</b>	173	18	<b>10.40%</b>	14	<b>8.09%</b>	18	0	0.00%	3
70	<b>Ottawa</b>	272	12	<b>4.41%</b>	10	<b>3.68%</b>	12	0	0.00%	9
71	Presque Isle	48	0	0.00%	0	0.00%	0	0	0.00%	0
72	Roscommon	182	1	0.55%	1	0.55%	1	0	0.00%	2

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

# **Michigan Quality Community Care Council**

## **January 2009**

### **Registry Related Items**

In last month's report, there were some enhancements requested for the Registry. The first one was to pull an automatic report from the Registry on people hired in each county from the Registry. Dave, the Systems Administrator, has written the code to be able to pull it each month. It is not a report on the Registry but it is automated.

The Registry Management Associates have been working with Kristy List, Recruitment and Outreach Associate, to target specific areas for Provider recruitment through the Michigan Works website.

### **Quality Management and Social Solutions Software**

ETO/Social Solutions staff demonstrated the quality management software this month. Susan and Cathy McRae will be trained as the Site Administrators in the second week of February. This software allows us to connect our activities, such as recruitment, outreach, training, and referrals, to our short and long term goals including: getting our message out, Consumer and Provider satisfaction, workforce growth and retention.

### **Consumer and Provider Peer Mentor Programs**

We had a staff meeting to look at our Provider and Consumer peer mentoring programs as well as training. We reviewed the locations of our current Provider Peer Mentors in order to target recruitment in underserved or unserved areas. For Provider Peer Mentors, we are targeting the following counties: Arenac, Bay, Saginaw, Macomb, Allegan, VanBuren, Washtenaw, Ingham and Oakland. If there is a super Provider in a county not listed, staff have been encouraged to go ahead and refer.

In the Consumer Peer Mentoring Program, the recruitment pieces have gone to many agencies, groups, coalitions and organizations. We have already had calls and emails about the program. During the staff discussion, however, we identified another need for Consumer Peer Trainers for a new Provider/Consumer Team taught curriculum for which we are doing a Train the Trainer in the spring. For this position, the requirement for the length of time a person will have had to have used personal assistance is less than for Peer Mentors. We hope this will increase the number of trainers we have.

## **Training**

The new evaluations and surveys have been launched at trainings. Since October we have hosted the following trainings:

2 - Culture of Cleaning

2 - Meal Planning and Shopping

1 - Food Safety

3 - Level 2 Dementia

2 - Sessions (which is one full training) Consumers as Employers

## **Marketing and Outreach**

Kristy and Dave continue to make enhancements to the website. The latest enhancement is a section at the top of the first page that thanks the agencies who referred consumers to us the prior week. Also, our web hits have increased quite a bit thanks to the Office of Long Term Care Supports and Services as well as the Office of Services to the Aging both of which added links to our website this month.

The partnership page is continually updated. We will be adding a page just on Freedom to Work sometime in February. Susan is part of a project called Building Alliances for Disability Leadership. Our team is focused on increasing awareness of the Freedom to Work program. The website page is part of that project.

December 08

**Michigan Quality Community Care Council  
Consumers, Referrals, and Providers,  
by County**

County #	County Name	HH* Consumers	# Served as of 01/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 12/30/08	Increase in # Served	Percent Increase	Providers Available
73	Saginaw	1389	96	6.91%	90	6.48%	93	3	3.23%	79
74	St. Clair	587	7	1.19%	6	1.02%	7	0	0.00%	18
75	St. Joseph	189	2	1.06%	2	1.06%	0	2	0.00%	2
76	Sanilac	216	2	0.93%	2	0.93%	2	0	0.00%	9
77	Schoolcraft	68	0	0.00%	0	0.00%	0	0	0.00%	0
78	Shiawassee	257	20	7.78%	20	7.78%	20	0	0.00%	8
79	Tuscola	192	1	0.52%	1	0.52%	1	0	0.00%	12
80	VanBuren	365	41	11.23%	38	10.41%	41	0	0.00%	11
81	Washtenaw	1010	30	2.97%	26	2.57%	30	0	0.00%	20
82	Wayne	18729	118	0.63%	72	0.38%	106	12	11.32%	348
83	Wexford	177	3	1.69%	3	1.69%	3	0	0.00%	5
<b>Total</b>		<b>50862</b>	<b>1301</b>	<b>2.56%</b>	<b>1119</b>	<b>2.20%</b>	<b>1261</b>	<b>40</b>	<b>3.17%</b>	

**Percentage of Consumers served, referred by DHS. 86.01%**

*\*Numbers based on data from July, 2008.*

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.



Michigan Quality Community Care Council  
January 20, 2009

The Michigan Quality Community Care Council (QC3) is expanding its Consumer Peer Mentoring Program as well as developing a team of Consumer Trainers to present workshops to Consumers and Providers of Home Help. Our goal is to enhance Consumers' skills and confidence as employers of Home Help Providers through one-on-one mentoring and workshops.

QC3 is currently accepting recommendations and applications for potential mentors and/or trainers, specifically individuals who -

- have the skills and abilities to successfully choose and direct their personal care support services and
- are comfortable working with others, both individually and in a group setting.

The individual must be willing to

- provide mentoring services within their county and outside their county using phone or email contact

**and/or**

- facilitate workshops up to 2 hours away from their home.

Applications will be accepted from interested Consumers until April 1, 2009. As applications are received, interviews will be held and references contacted. Six to eight participants will be invited to participate in the Mentoring training which will be held over 5 days (one day per week) beginning mid-April and ending in May 2009. Potential Trainers will be invited to attend training at a time still to be determined.

Enclosed are

- Peer Mentor position description,
- Trainer position description, and
- an Application form for interested individuals to complete and return to our office.

You may duplicate these materials if you have multiple individuals who are interested.

If you would like more information or have questions please contact me at 1-800-979-4662, extension 103 or by email at [jbrisbo@mqccc.org](mailto:jbrisbo@mqccc.org).

Sincerely,

Jean Brisbo  
QC3 Support Services Coordinator

# **Michigan Quality Community Care Council**

## **Consumer Peer Trainer**

### **Position Description**

Michigan Quality Community Care Council's (QC3) Consumer Peer Trainers will contribute to our efforts to support consumers in finding, selecting and supervising Providers so that they can receive the best possible Home Help services and enjoy quality relationships. Peer Trainers will deliver presentations and training to Consumers and/or Providers of Medicaid Home Help. Trainers serve as role models and may assume a variety of responsibilities in supporting QC3's mission.

**Responsibilities** may include the following.

1. Deliver supportive services to other Consumers through co-facilitating training sessions.
2. Deliver supportive services to Providers through co-facilitating training sessions.
3. Serve as advisor to the QC3 staff by:
  - providing feedback on operational challenges with Providers;
  - identifying and proposing additional Consumer and Provider training, supports and referrals.
4. Assist with public relations and outreach, e.g. participate in a conference workshop, as part of a team.

#### **Minimum Qualifications:**

1. Must require a Personal Assistant/Provider **or** have used a provider of supports and services at some time.
2. Knowledgeable about independent living philosophy. Demonstrated capacity for independent living.
3. Supportive of consumer-directed supports and services.
4. Positive reports from at least one past or current Provider. Two additional references will be required.
5. Strong communication skills (verbal *or* written) and reliable communication access.
6. Access to reliable transportation (let us explain the options available to you).
7. Supportive of the Medicaid Home Help program & QC3 policies.
8. Good organizational and problem solving skills.
9. Absolute respect for diversity, ethnicity, class, sexual orientation, religion & gender.
10. Participate in a Train the Trainer series for each workshop/training to be delivered.

#### **Trainings may include:**

1. Consumers As Employers
2. Communication and Problem Solving

#### **Skills, Abilities, and Qualities Pertinent to the Consumer Peer Trainer Position:**

1. Strong connection to the community of people with disabilities who employ Home Help Providers/Personal Assistants:
  - a. Promotes independent living in all activities.
2. Good assessment and observation skills:
  - a. Ability to be nonjudgmental with other Consumers .

- b. Ability to see many sides of a situation.
3. Good interpersonal, relational and communication skills:
  - a. Ability to learn and use problem solving skills.
  - b. Displays good listening skills.
  - c. Able to adapt to unique circumstances and personalities of Consumers and Providers.
  - d. Ability to ask for help/assistance .
  - e. Demonstrates the ability to be self-reflective.
4. Demonstrates the ability to work as a member of a team:
  - a. Maintains a good relationship with QC3 staff and other Peer Mentors and Trainers.
  - b. Provides positive and constructive critical feedback to other Peer Mentors and Trainers, QC3 staff, Consumers and/or family members, and Providers.
5. Flexibility:
  - a. Ability to respond in emergent situations.
  - b. Willingness and ability to be accessible by phone or other communication device on a regular basis.
6. Knowledge of QC3 policy, procedures and culture:
  - a. Demonstrates knowledge of policies and procedures.
  - b. Understanding of resources and options with QC3.
7. Ability to work independently and in potentially stressful situations:
  - a. Ability to handle stressful situations in a calm manner.
  - b. Self-directed and able to follow instructions.
  - c. Good organizational and time-management skills.
8. Conducts her/himself professionally in all Peer Trainer related activities.
9. Maintains confidentiality in relation to all Consumers, Providers and documentation.

**QC3 offers Consumer Peer Trainers the following:**

1. Mileage and/or transportation reimbursement for required or agreed upon activities, e.g., trainings, meetings.
2. Per hour pay for required and agreed upon activities.
3. Reimbursement for Provider/Personal Assistant time needed to assure Peer Trainer's participation in program activities.

## **Michigan Quality Community Care Council**

### **Consumer Peer Mentor Position Description**

Michigan Quality Community Care Council's (QC3) Consumer Peer Mentors will contribute to our efforts to support consumers in finding, selecting and supervising Providers so that they can receive the best possible Home Help services and enjoy quality relationships. Peer Mentors will deliver presentations and training, provide coaching and informal counseling to consumers, identify consumer needs that require new initiatives, and participate in project activities. Mentors serve as role models and may assume a variety of responsibilities in supporting QC3's mission.

**Responsibilities** may include the following.

1. Perform mentoring services to Mentees, as assigned. This may include
  - responding to phone calls & other communications from Mentees;
  - providing in-home coaching, as requested by Mentees.
2. Deliver supportive services to other Consumers, such as
  - responding to referrals from Registry Management Associates and DHS staff regarding Consumers expressing challenges with Providers or experiencing high turnover;
  - assisting with orienting new Consumers;
  - co-facilitating training sessions for Consumers (including future Peer Mentoring Training);
  - hosting a Consumer networking/support group in your home county.
3. Serve as advisor to the QC3 staff by:
  - providing feedback on operational challenges with Providers;
  - identifying and proposing additional Consumer and Provider training, supports and referrals.
4. Assist with recruitment and outreach, e.g. by participating in Introductory Sessions for Consumers and Providers.
5. Assist with public relations and outreach, e.g. participate in a conference workshop, as part of a team.

#### **Minimum Qualifications:**

1. Must require a Personal Assistant/Provider of support services.
2. Experience with Providers other than family members.
3. Experience with and knowledge of Medicaid Home Help system.
4. Knowledgeable about independent living philosophy. Demonstrated capacity for independent living.
5. Positive reports from past Providers; two references will be required plus one personal reference.
6. Strong communication skills (verbal *or* written) and reliable communication access.
7. Access to reliable transportation (let us explain the options available to you).
8. Knowledgeable about and supportive of the Medicaid Home Help program & QC3 policies.
9. Good organizational and problem solving skills.
10. Absolute respect for diversity, ethnicity, class, sexual orientation, religion & gender.
11. Able to commit 10 hours a month (average) for a minimum of one year.
12. Participate in an initial Consumer Peer Mentor training (approximately 25 hours).

#### **Skills, Abilities, and Qualities Pertinent to the Peer Mentor Position:**

1. Strong connection to the community of people with disabilities who employ home help Providers/Personal Assistants:
  - a. Demonstrates an ability to effectively manage a Home Help Provider.
  - b. Shows a positive attitude about being an employer with the need to use a home help Provider.
  - c. Promotes independent living in all activities.

2. Good assessment and observation skills:
  - a. Ability to be nonjudgmental with other Consumers .
  - b. Ability to see many sides of a situation.
3. Good interpersonal, relational and communication skills:
  - a. Ability to learn and use problem solving skills.
  - b. Displays good listening skills.
  - c. Able to adapt to unique circumstances and personalities of Consumers and Providers.
  - d. Ability to ask for help/assistance .
  - e. Demonstrates the ability to be self-reflective.
4. Demonstrates the ability to work as a member of a team:
  - a. Maintains a good relationship with QC3 staff and other Peer Mentors.
  - b. Provides positive and constructive critical feedback to other Peer Mentors, QC3 staff, Consumers and/or family members, and Providers.
5. Flexibility:
  - a. Ability to respond in emergent situations.
  - b. Willingness and ability to be accessible by phone on a regular basis.
6. Knowledge of QC3 policy, procedures and culture:
  - a. Demonstrates knowledge of policies and procedures.
  - b. Understanding of resources and options with QC3.
7. Ability to work independently and in potentially stressful situations:
  - a. Ability to handle stressful situations in a calm manner.
  - b. Self-directed and able to follow instructions.
  - c. Good organizational and time-management skills.
8. Conducts her/himself professionally in all Peer Mentor related activities.
9. Maintains confidentiality in relation to all Consumers, Providers and documentation.

**QC3 offers Consumer Peer Mentors the following:**

1. Mileage reimbursement for required or agreed upon activities, e.g., trainings, meetings.
2. Per hour pay for required and agreed upon activities.
3. Reimbursement for Provider/Personal Assistant time needed to assure Peer Mentors participation in program activities.

**Michigan Quality Community Care Council**  
**CONSUMER PEER MENTOR (CPM) OR TRAINER**  
**(CPT)**  
**APPLICATION FOR POSITION**

PLEASE RETURN TO THE QC3

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Work Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Cell Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Best Times to Reach You:**

**Best Way to Reach You:** \_\_\_\_\_

**Position you are interested in:**  Peer Mentor  Peer Trainer

**Please describe why you are interested in this position:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Using our Position Description as a reference, please describe why you are qualified to for this position:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Michigan Quality Community Care Council CONSUMER PEER MENTOR (CPM) OR TRAINER (CPT)**

**APPLICATION FOR POSITION, PAGE 2**

I have \_\_\_\_\_ years of experience with providers other than family members.

I have knowledge of the *Medicaid Home Help* program. Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have access to reliable transportation.

I can make at least a one year commitment.

I would like to make a commitment for \_\_\_\_\_ years.

I can be available at least 10 hours a month.

I could be available up to \_\_\_\_\_ hours per month.

I am able to attend the initial **Training**, which will be held at the QC3 Office in Lansing.

**For potential Peer Mentors:** Please provide us with the names of two providers or personal assistants who have worked for you as references AND one personal reference.

**For potential Peer Trainers:** Please provide us with the name of at least one provider or personal assistant AND two personal references.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email (if available): \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email (if available): \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email (if available): \_\_\_\_\_

Please return completed applications to:  
**QC3**  
3186 Pine Tree Road  
Lansing, MI 48911

or FAX to: **Att: Jbrisbo at 517.485.0588**  
or submit this form electronically to:  
**jbrisbo@mqccc.org**

**Long Term Care Connections - Monthly  
FY08/09**

**Long Term Care Connection**

Submitted by:  
Force

	October	November	December	January	February
<b>I &amp; A Calls</b>					
Long Term Care Contacts	3496	2738	2613	3342	
<b>Options Counseling Cases</b>					
Options Counseling Cases Opened	588	509	416	586	
Cases Closed	250	326	447	473	
Cases Continuing Open	4938	5095	4587	4679	
Level of Care Determinations	<b>1276</b>	<b>908</b>	<b>800</b>	<b>1290</b>	
Planning LOCDs-UPLTCC	<b>64</b>	<b>63</b>	<b>39</b>	<b>37</b>	
Total Determinations (LOC + Planning)- UPLTCC	237	189	197	227	
	October	November	December	January	February
<b>Nursing Facility Transitions (All Types)</b>					
LTCC Initiated	93	40	39	41	
Handed Off to Waiver	35	33	19	18	
Handed Off to CIL	25	11	4	2	
LTCC Completed	12	18	9	9	
LTCC Continuing	124	37	36	29	
	October	November	December	January	February
Needing Immediate OC Intervention	37	20	23	7	
<b>Consumer Advisory Board</b>	<b>Sites Report @ end of Fiscal or Per Request</b>				
Number of Board Members					
Number of Meetings FY08/09					
<b>Governing Board</b>					
Number of Board Members					
Number Meetings FY08/09					
<b>Stakeholder Board/Council</b>					
Number of Members					
Number of Meetings FY08/09					
# of Number of Partnership Agreements					

# MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION

## MEMBERS

Andrew Farmer, Chair  
Lansing

Robert Allison  
Royal Oak

RoAnne Chaney, Secretary  
East Lansing

Christine Chesny  
Bay City

Linda Ewing  
Grosse Pointe

Connie Fuller  
Rock

William Gutos  
Grand Rapids

Dohn Hoyle  
Brighton

Cyndy Viars  
Grand Rapids

William Mania  
Southfield

Yolanda McKinney  
Southfield

Marsha Moers  
East Lansing

Denise Rabidoux  
Detroit

Jon Reardon  
Saginaw

Hollis Turnham, Vice Chair  
Lansing

Rev. Charles Williams II  
Detroit

Toni Wilson  
Waterford

## ***YOU'RE INVITED!***

***PLEASE JOIN US IN CONTINUING STATE LONG TERM CARE  
REFORM IMPLEMENTATION POLICY DEVELOPMENT AND  
ADVOCACY  
BASED ON THE 2005 MICHIGAN MEDICAID LONG TERM CARE  
TASK FORCE FINAL REPORT RECOMMENDATIONS\****

TOPIC	WORKGROUP CHAIRS	EMAIL & PHONE#
Finance & Maximizing Resources	Commissioner Jon Reardon Commissioner Chris Chesny	<a href="mailto:jonrreardon@netscape.net">jonrreardon@netscape.net</a> (989) 754-1419 <a href="mailto:chris.chesny@Midmichigan.org">chris.chesny@Midmichigan.org</a> (989) 633-1401
Chronic Care Management & Prevention	Commissioner RoAnne Chaney	<a href="mailto:roanne@prosynergy.org">roanne@prosynergy.org</a> (517) 333-2477 x 319
Workforce Development	Commissioner Hollis Turnham	<a href="mailto:Hturnham@PHInational.org">Hturnham@PHInational.org</a> (517) 327-0331
Person Centered Planning	Commissioner Denise Rabidoux Commissioner Dohn Hoyle	<a href="mailto:rabidoux@evangelicalhomes.org">rabidoux@evangelicalhomes.org</a> (313) 836-5306 <a href="mailto:dhoyle@arcmi.org">dhoyle@arcmi.org</a> (517) 487-5426
Quality Management System	Commissioner Sarah Slocum Commissioner Toni Wilson	<a href="mailto:slocums@michigan.gov">slocums@michigan.gov</a> (517) 335-0148 <a href="mailto:Tono22@yahoo.com">Tono22@yahoo.com</a> (248) 682-0018
Public Education & Consumer Participation in the System	Commissioner Cyndy Viars	<a href="mailto:Cyndy.v@dakc.us">Cyndy.v@dakc.us</a> (616) 949-1100 ext 225
INQUIRIES ABOUT WORKGROUPS	Commission Chair Andrew Farmer	<a href="mailto:afarmer@aarp.org">afarmer@aarp.org</a> (517) 267-8921

Please feel free to contact any of the people above directly for information on subject matter, agendas, meeting schedules, locations, related volunteer opportunities, and, tell them if you wish to be added to their workgroup information distribution list. Joining multiple workgroups is allowed and encouraged! Be advised no arrangements are currently planned for participation via teleconferencing and indicate to each given Chair (or Co-Chair) whether you wish to participate by email only. Every effort will be made to make Workgroup meetings widely and fully accessible. Distribute this invitation flyer and spread the word to all other networks and communities you are involved in to make these Workgroups as strong as possible and improve their results!

For more information on Michigan's Long Term Care Supports & Services Advisory Commission, \*copies of *Modernizing Michigan Medicaid Long-Term Care -- Toward an Integrated System of Services and Supports* and other information on the many efforts to reform long term care undertaken through the Michigan Office of Long-Term Care Supports and Services, go to <http://www.michigan.gov/ltc>.



# Nursing Home Diversion Grants 1&2

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- OSA NHD1 Grant - \$500,000 (10/01/07-3/31/09)
  - Help older persons at imminent risk of nursing home placement, but not eligible for Medicaid, to avoid institutionalization and spend-down to Medicaid;
  - Review aging network policies/standards and procedures to identify and remove barriers to increased choice, flexible spending, PCP and SD;
  - Help people spend their own resources for their care more wisely

# Nursing Home Diversion Grants 1&2

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- Prepare aging network for Project 2020.
  - Use culture change methods to embed PCT/PCP and SD into aging network services;
- NHD2 - \$650,000 (10/01/08 – 3/31/10) continues to allow OSA to re-engineer and modernize federally-funded aging programs to:
  - Help older persons at **imminent risk** of nursing home placement, but not eligible for Medicaid, to avoid institutionalization and spend-down to Medicaid



# Nursing Home Diversion Grants 1&2

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- **Serve Veterans of any age at risk of nursing home placement and their caregivers, in partnership with the Veteran's Health Administration**
- Help people spend their own resources for their care more wisely
- Allow flexibility in policies governing use of federal/state funds so that services may be **provided quickly**

# Nursing Home Diversion Grants 1&2

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- NHD1 Partner Agencies:
  - **1-B Area Agency on Aging – AAA 1-B** (Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw)
  - **Tri County Office on Aging – AAA 6** (Ingham, Eaton and Clinton)
  - **Area Agency on Aging of Western Michigan – AAA 8** (Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola)
  - Michigan Disability Rights Coalition
  - Office of Long Term Care Supports and Services

# Nursing Home Diversion Grants 1&2

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## □ NHD2 Partner Agencies

- NHD1 AAA's 1-B, 6 and 8, and Michigan Disability Rights Coalition, Office of Long Term Care Supports and Services plus:
- **The Senior Alliance – AAA – 1C** (all of Wayne County except city of Detroit, Gross Pointe, Gross Pointe Farms, Parks, Shores, Woods, Hamtramck, Harper Woods and Highland Park)
- Region 3-A – Kalamazoo County Human Services Department

# Nursing Home Diversion Grants 1&2

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- **Region 3-B – Area Agency on Aging** (Barry and Calhoun Counties)
- **Branch-St. Joseph, Area Agency on Aging – AAA 3-C**
- **Region IV Area Agency on Aging - AAA 4 –** (Berrien, Cass and Van Buren Counties)
- **UP Area Agency on Aging, Upcap Services, Inc – AAA 11** (the whole UP)
- **Veteran’s Administration**



# Nursing Home Diversion Grants 1&2

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- 4 Workgroups
  - Targeting
  - Policy/Service Standards
  - Training and Outreach
  - Evaluation and Information Technology
    - All workgroups include partner agencies and consumers, co-creating project objectives, activities and evaluation methods

# Nursing Home Diversion Grants 1&2

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- Accomplishments to-date:
  - Targeting criteria developed - evolving
  - Person-centered I& A methods being tested (collaborative learning session to review new methods scheduled in March)
  - 300 aging network staff (I&A, care manager and leadership teams) trained
  - Draft PCP core capacities for independent living consultation developed

# Nursing Home Diversion Grants 1&2

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- 4 ILC's (Independent Living Consultants) assisting clients
- 170 clients enrolled in NHD
- VA "Pilot within the Pilot" begun – Battle Creek Veteran's Health Center and 5 AAA Regions in its catchment area – Veteran's is purchasing community based services through self-direction only for qualifying veterans
- Plan for Training for NHD2 in process