

LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY
COMMISSION
CAPITOL VIEW - LANSING, MICHIGAN
JANUARY 28, 2008
MINUTES

COMMISSIONERS IN ATTENDANCE: Robert Allison, RoAnne Chaney, Christine Chesny, Linda Ewing, Andrew Farmer, Connie Fuller, William Gutos, Dohn Hoyle, William Mania, Yolanda McKinney, Marsha Moers, Denise Rabidoux, Jon Reardon, Hollis Turnham, Toni Wilson

EXCUSED: Sharon Gire

EX OFFICIO AND OTHERS IN ATTENDANCE: Mary Ablan, Jane Alexander (for Michael Head), Sarah Slocum

I. ORGANIZING OURSELVES

A. INTRODUCTIONS

B. APPROVAL OF NOVEMBER MINUTES - There were no corrections to the minutes. Motion to approve minutes by Turnham, seconded by Chaney. Motion passed by voice vote.

C. APPROVAL OF AGENDA - Motion to approve the agenda by Reardon, seconded by Allison. Motion passed by voice vote.

D. REPORT OF CHAIR – There is no news on the reappointments of those Commissioners whose terms expired December 2007. Expiring members will continue to operate in an official capacity until otherwise notified. Representative Schafer responded to the Commission’s letter on federal matching funds. Farmer has contacted the Office to coordinate a meeting with the Representative. Two Congressional resolutions adopted the Commission’s language from their letter to advocate for the federal matching funds issue. Farmer thanked Turnham, Chaney and the Finance chairs (Chesny, Reardon) for their assistance in creating the letters.

II. PUBLIC COMMENT:

- Suanne McBrien stated that Fulton Manor in Grand Rapids was decreasing each aide's shift by 15 minutes. She was told by the nursing facility this was the result of state budget cuts. Farmer indicated the Commission would check into this situation and respond to her.

III. COMMISSION WORKGROUP REPORTS & DISCUSSION

A. FINANCE - Reardon and Chesny presented. Finance has established subgroups to address issue areas, and provided a brief report on activities of each subgroup. The MA/MC Match subgroup reported on the potential risk to Michigan's reimbursement rate because of GM's increased contributions to pension plans, which is projected to decrease Michigan's FMAP by \$61 million/year for three years. This is due to how federal rules consider the GM contribution and can be addressed by Congressional action at the federal level. They reported good participation and a need for significant education on a variety of issues. They meet every other month at 1:00 at the Michigan Home Health Association in East Lansing. The next meeting is February 11. The Chairs thanked the Department and Bob Orme, Medical Services Administration for his assistance, and also thanked the Michigan Home Health Association for the meeting space and support needs.

B. CHRONIC CARE MANAGEMENT AND PREVENTION - Chaney and Ablan presented. They suggest renaming the subcommittee Health Promotion, Chronic Care Management and Caregiver Support. February 14 is their next meeting. This group has done a lot of self-educating on issues. Additional participation and staff support is needed.

The workgroup suggests that focus should be placed on those at risk, those with, and those suffering exacerbation of chronic conditions. Staff from the Mental Health and Substance Abuse Administration noted the following programs need to be added to the list of existing programs:

- 4 wraparound pilot programs for persons with dementia'
two for aging persons using an Alzheimer's grant from the

state, and two using funds from the mental health block grant.

- Michigan Dementia Coalition has a Caregiver Coalition Support Group.

Mental Health also has experience with Adult Caregiver Education and Support using general fund dollars. Neither the OLTCSS nor MSA has much involvement in this issue, with the SPE initiative being the single place where the OLTCSS might be involved. Work is being done primarily by Aging and DCH Chronic Disease Division.

Chesny offered the support of the Home Health Association and the research they've done in the recent past on palliative care quality of life measures and chronic care management. She noted that the Home Health Association. She offered to assist in a presentation to the Commission workgroup.

It was suggested that caregivers need to be identified as a risk group, and strategies developed to support them. Caregivers need as much training as possible but also need motivation such as health care for themselves and their families.

Single disease management is not effective. Model needs to change from reactive to proactive, with effort on keeping individuals as healthy as possible.

Chaney shared information on a new CDC grant received by DCH/Public Health. The grant focuses on health promotion for people with disabilities, and is intended to address the disparity in health outcomes between citizens with and citizens without disabilities. The initial meeting is March 26, 2008 and strategic planning will start in April.

C. WORKFORCE - Turnham presented and thanked the Department of Labor and Economic Growth for their participation and support and the Tri-County Office on Aging for the use of their meeting rooms. Slocum offered the Office of Services to the Aging conference rooms, with free parking, as alternative meeting space.

It was noted that the Task Force on Nursing and the Board of Nursing are looking at uniform care and curriculum for RNs and LPNs. The current curriculum is over 20 years old. The CNA curriculum is also outdated. Home health agencies and home care workers are not licensed. However, if providing Medicare-funded services, aides must have 75 hours training, testing and certification. Home care workers funded by MI Choice must meet provider requirements established in the service standards. There are no standards in place for nonagency home help staff. It is left to the consumer to direct the staff in how the consumer wants the services provided.

D. PERSON-CENTERED PLANNING - Hoyle and Rabidoux presented. Workgroup has focused on gaining knowledge, determining goals and objectives, and creating mechanisms for ongoing discussion. There is a need for significant education and a lack of training available. As a next step, four nursing facilities have volunteered to serve as test sites for developing a template to enable the provision of PCP in a facility setting. Representative Jones (Eaton County) has legislation on the floor regarding guardianship reform that needs revision. A guardianship subgroup has been formed to conduct an analysis and draft a Commission response. They are meeting next meeting of the guardianship subgroup is February 18 at the Office of Services to the Aging. Hoyle thanked Evangelical Homes for their assistance and support with this workgroup. The next meeting of the full PCP workgroup is March 13, at Arc Michigan.

E. EDUCATION - Wilson and Allison presented. This workgroup is considered as the public relations arm of the Commission. The scope of this workgroup is still being defined. Next steps include meeting with the OLTCCS staff for purposes of information gathering, to see what LTCCs are doing to educate, especially in the area of discharge planners and emergency room staff.

F. QUALITY - has not yet met.

IV WORKGROPUS MOVING FORWARD

A. IDENTIFICATION OF KEY LEARNINGS FOR ALL WORKGROUPS - Farmer asked each Commission their thoughts after the workshop presentations

B. CLOSING COMMENTS - Farmer briefly noted a few topics for the coming year:

- The Commission as an advocacy body
- Ballot proposal on health coverage
- Workgroup recommendations with a focus on legislation and data collection
- Adjusting monthly meeting schedule to facilitate workgroup meetings
- Alignment and integration of the Commission and the Office
- Detroit meeting, possibly in September with public hearings in the morning. Possibly have issues/questions on long-term care for the presidential candidates.
- A Long-Term Care Connections update in April

C. ADJOURN - Motion to adjourn by Turnham. Reardon seconded. Motion passed by voice vote.