

Modernizing Michigan Medicaid Long-Term Care Toward an Integrated System of Services and Supports

**Recommendation # 6: Promote Meaningful
Consumer Participation and Education by
Creating a Long-Term Care Commission and
Informing the Public about the Available
Array of Long-Term Care Options.**

Strategies and Actions

A:

Creation of the Commission

B:

Ongoing Public Education

One: Commission

Recommended Action:

Create a Michigan Long-Term Care Commission to provide meaningful consume oversight and accountability to the state's reform and rebalancing of the long-term care system.

Strategies / Action Steps

All stakeholders will have meaningful roles in the ongoing planning, design, implementation, and oversight efforts to achieve the Recommendations of the Michigan Medicaid Long-Term Care Task Force and the long-term care efforts of the state. Consumers, families, and their representatives will be the principal participants

Commission Membership

The commission shall consist of twenty-five members appointed by the governor. Commission membership shall consist of fourteen consumers, of which at least fifty percent are primary consumers and of those primary consumers, at least fifty percent shall be users of Medicaid services, the remainder comprised of secondary consumers and consumer organization representatives, seven providers or provider organization representatives, three direct care workers and one member with expertise in LTC research from a university. Overall commission membership shall also reflect the geographic and cultural diversity of the state.

Commission Membership

One representative each from the SPE network, the State Long-Term Care Ombudsman, the designated protection and advocacy system, the Department of Community Health, the Department of Human Services, and the Department of Labor and Economic Growth, all of whom shall serve in non-voting supporting roles as ex-officio members. Staff shall be provided and shall serve as resources to the commission and shall assist the commission as needed.

Voting member terms shall be three years, staggered to ensure continuity and renewable under the appointment process. If a vacancy occurs during the term of a voting member, the governor shall appoint a replacement to serve out the remainder of the term and shall maintain the same composition for the commission as set forth in sec.

Commissioners are entitled to receive a stipend, if not otherwise compensated, and reimbursement for actual and necessary expenses while acting as an official representative of the commission as defined by commission policies and procedures. Commission policies and reimbursement shall establish and practice full accommodation to individual support needs of commission members, including their direct care and support workers or personal assistants, support facilitation or other persons serving them as secondary consumers.

The governor shall designate one person from among the consumer membership to serve as a chairperson of the commission, who shall serve at the pleasure of the governor.

Authority

Policy and Programs

In partnership with the executive branch and the appropriate department or designated long-term care entity, the Commission will develop and recommend policy regarding all LTC programs including the public awareness and education campaign.

Budget

In partnership with the executive branch and the appropriate department or designated long-term care entity, the Commission will participate in the development of the budget for Michigan's LTC system that implements established policy and meets demonstrated consumer preferences and needs. The commission will make recommendations regarding the same to the legislature.

Authority

The Commission will continuously monitor spending and budget implementation including how well expenditures match policy decisions and initiatives based on demonstrated consumer preferences and needs.

Performance and Quality of Single Point of Entry Agencies

The Commission will help develop and approve quality assurance measures for monitoring the efficiency, effectiveness, and performance of local initiatives including local oversight of and consumer involvement with the SPE agencies. Once the LTC commission is established, it will work with DCH or the LTC administration in the selection and oversight of the agencies. Using the evaluations and feedback from the performance and quality assurance monitoring done by the department, the Commission will make recommendations to improve the operational performance of SPE agencies and shall make its report and recommendations for improvement to the single point of entry system available to the legislature and the public.

The Commission will play a similar role for all other entities in LTC including new initiatives involved in rebalancing the system.

Benchmarks

1. Passage of authorizing legislation creating LTC Commission.
2. Appointment of Commission members.
3. Reporting by Commission members, both consumers and others that they have the information and support to effectively carry out the Commission's duties.
4. Surveys of consumers using the SPE agencies to demonstrate that the available services and supports and opportunities for consumer choice and control correspond with what they need and want.

B. Public Awareness and Education Campaign

Recommended Actions

Educate consumers, families, service providers, and the general population about the array of long-term care options available so that consumers can make informed choices and plan for the future.

B. The goals of the public awareness and education campaign are:

1. Increase awareness of the SPE agencies through uniform “branding” of local agencies throughout the state (with uniform naming and logo, a single web site, and a geo-routed toll free number).
2. Increase awareness among consumers, prospective consumers, providers, faith-based communities, other community organizations, neighbors, friends, and family members of LTC services that consumers can choose from the array of LTC supports, determine their needs through the person-centered planning process, and have the option to control and direct their supports.
3. Authorize continuing education for professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) on the role of the SPE agency, the value of the person-centered planning process, the array of long-term supports available, and options for consumers to direct and control their supports. These professionals can direct individuals to the single point of entry and support them in making informed choices and planning for their future.
4. Assure that state employees involved in any aspect of LTC are provided mandatory training on the value of the person-centered planning process, the array of LTC supports available, and options for consumers to direct and control their supports.
5. Provide an orientation to legislators and their aides and officials in the executive branch on the value of person-centered planning, the array of long-term supports available, and options for consumers to direct and control their supports.
6. Create an educational program for children K-12 to learn about career opportunities in direct care and other aspects of LTC, and the components of the new LTC system (the array of long-term care supports available, the value of the person-centered planning process, and options for consumers to direct and control their supports) so that children can share this information with their family members.

B. Strategies / Action Steps

- 1. Develop criteria for and authorize hiring of a social marketing firm to develop a marketing and public awareness campaign that includes the following components:
Uniform identity including name and logo for the single point of entry agencies;
Public awareness campaign that includes radio and television public service announcements, print ads, brochures, and other appropriate educational materials; and
Local media and awareness tool kit that single point of entry agencies can use to outreach to and raise awareness among all stakeholders.**
- 2. Develop criteria for and authorize hiring of a web design firm and an expert in creating materials for the targeted populations (e.g., seniors and people with a variety of disabilities) to design an informative, user friendly web site that can serve as a single point of information regarding LTC in Michigan. This web site will maintain the look, name, and logos developed for the marketing and public awareness campaign. The web site will include comprehensive information on LTC, have well-developed keywords and navigation capabilities, and be linked to major search engines and other relevant web sites in a way that makes them easily accessible.**
- 3. Establish criteria for and authorize the development of curricula for education of professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) that can be included in academic programs and continuing education requirements for licensing and/or certification and will be implemented over time.**
- 4. Establish criteria for and authorize development of a variety of training and educational materials targeted to the specific groups described above (state employees involved in long term care, legislators and their aides, and children K-12).**

B. Benchmarks

- 1. Development of campaign materials including radio and television public service announcements, print ads, brochures, and other appropriate educational materials.**
- 2. Dissemination of campaign materials:**
 - a. Measured by number of media placements and numbers of materials distributed.**
 - b. Measured by the impact as identified by consumers, family members, and professionals that interact with the Single Point of Entry agencies.**
- 3. Development of curricula targeted to the identified professional and educational groups.**
- 4. Implementation of curricula targeted to the identified professional and educational groups.**
- 5. Measured by the number of individuals that complete a curriculum or other educational program.**
- 6. Measured by the referrals to the SPE by the professionals.**
- 7. Measured by consumer reporting of the content of the professional interaction (i.e., if and how the professional made a referral to the SPE and whether the professional described the potential for consumer choice and control).**

UPDATE ON THE WORKGROUP ON PUBLIC EDUCATION AND CONSUMER PARTICIPATION

The committee has spent time prioritizing the issues it feels are most important for the Advisory Commission on Long Term Care Supports and Services to focus on:

- 1. Increasing awareness of SPEs.**
- 2. Public awareness and education campaign to promote informed decision making and personal planning.**
- 3. Increase community stakeholders and consumers awareness of the full array of supports and services and PCP.**
- 4. Develop a comprehensive state LTC website (it was noted that there is already one, and the group had a presentation) They will be making recommendations for possible addition.**

UPDATE ON THE WORKGROUP ON PUBLIC EDUCATION AND CONSUMER PARTICIPATION

- 5. Authorize continuing education for professionals on SPE, PCP, and develop multi-disciplinary curricula for CEUs/CMEs.**
- 6. Recommend Commission develop meaningful consumer oversight and accountability.**
- 7. Assure all state employees involved in any aspect of LTC have mandatory training on PCP.**
- 8. Provide orientation to legislators et al on PCP, the array of services...**
- 9. Develop and implement evaluation criteria**
- 10. Create a k-12 education program about direct care careers.**