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LONG-TERM CARE SUPPORTS AND SERVICES  
ADVISORY COMMISSION

November 26, 2007

LTC COMMISSION OCTOBER 22 NOTES

EXECUTIVE COMMITTEE MINUTES 10-1-07

STATE BAR ASSOCIATION, ELDER LAW SECTION,  
PUBLIC TESTIMONY - AS SUMMARIZED BY TONI  
WILSON

OLTCSS UPDATE

MICHIGAN'S LONG-TERM CARE CONNECTIONS  
POWERPOINT PRESENTATION

OFFICE-CONDUCTED COMPARISON OF NURSING  
FACILITY AND MI CHOICE COSTS IN RESPONSE TO  
THE HEALTH CARE ASSOCIATION OF MICHIGAN'S  
MONTHLY LEGISLATIVE UPDATE FOR OCTOBER 2007

PUBLIC TESTIMONY - MICHIGAN ASSOCIATION OF  
HOMES AND SERVICES FOR THE AGING - LONG-TERM  
CARE SOLUTIONS INITIATIVE

PUBLIC TESTIMONY - UNITED WAY - 211

LONG-TERM CARE SUPPORTS AND SERVICES  
ADVISORY COMMISSION  
CAPITOL VIEW - LANSING, MICHIGAN  
OCTOBER 22, 2007

NOTES

**SINCE THERE WAS NO QUORUM, THIS WAS NOT AN OFFICIAL MEETING, THEREFORE, NO MINUTES WERE TAKEN**

**COMMISSIONERS IN ATTENDANCE:** Robert Allison, RoAnne Chaney, Andrew Farmer, Connie Fuller, William Gutos , Dohn Hoyle, Yolanda McKinney

**EXCUSED COMMISSIONERS:** Christine Chesny, Linda Ewing, Jon Reardon, Hollis Turnham,

**UNEXCUSED COMMISSIONERS:** William Mania, Marsha Moers, Denise Rabidoux, Reverend Charles Williams II, Toni Wilson

**EX OFFICIO AND OTHERS IN ATTENDANCE:** Mary Ablan, Vickie Enright, Don Mussen, Michael Head, Sharon Gire

**APPROVAL OF AGENDA SEPTEMBER MINUTES** - No action was taken due to the lack of a quorum.

**REPORT OF CHAIR** – The letter of resignation from Sandra Kilde, effective October 10, 2007 (effective the date of the letter) was read. There were good reviews from the Detroit meeting and the Commission was invited back for a future meeting. Fuller noted that UPCAP and the Consumer Advisory Board would be receptive to hosting a public forum similar to the one in Detroit in the Upper Peninsula in the Spring. Farmer attended a conference in the Traverse City area on the Task Force progress. He will provide notes for distribution.

**OLTCSS DIRECTOR'S REPORT** - Head provided an update of office activities.

- LTC Connections -
  - The policy that mandates the LTC Connections to conduct the level-of-care determinations for nursing facilities takes effect November 1, 2007. The policy bulletin (MSA 07-45) is available on the DCH web site.
  - The Office is working on finalizing the LTC Connections web site. There will be a link on the DCH/LTC web site.
  - Gutos asked if a person would have an option to remain at home if they use the LTC Connections. Head indicated this would continue to be an option. Farmer will discuss further with Gutos.
- Prepaid LTC Health Plan - The Office is considering an Issues Forum, especially for this project, in the near future.
- DRA/MFP Grant - One enhancement is to expand transition services to all Centers for Independent Living.
- Person-Centered Planning Guidelines - Head is reviewing.
- State Profile - Head distributed the grant abstract. The Office will probably contract with Michigan Public Health Institute to help with the grant. Two goals are: 1) to create a state profile of the existing long-term care picture, and to identify gaps and 2) to assist in creating national benchmarks for re-balancing of long-term care systems.
- Self-Determination in Long-Term Care - It is hoped to expand this opportunity to all MI Choice waiver consumers after April 2008.
- LTC Partnerships - The summary of this project was included in the September meeting handouts.
  - Two issues are currently being addressed: 1) Agent training and 2) Inflation factor - these are requirements of the DRA, but not the Insurance Code.

- There are several subcommittees to work on this policy: Consumer Education, Data Collection, Agent Education, Marketing, Legislation and Regulation, and Estate Recovery.
- An interdepartmental agreement will be required between DHS, DCH, and DLEG (OFIS). It is hoped the qualified policies will be developed and available for sale by July 2008.
- The State Plan amendment is a preprint page that was redrafted by OFIS. It should be submitted to CMS soon.
- There are no “community-only” policies. They all contain some type of percentage of the nursing facility rate as the community allowance. It was noted that the policy holder should have a choice of settings covered by the policy.
- MI Choice services in licensed settings – the Group is compiling its findings and will be issuing a report over the next couple of months. No new money for the MI Choice waiver lowers the potential that Medicaid will support expansion to a new setting. Next step is to build cost models.

**ESTATE RECOVERY** - Curtis Hertel provided a summary of this project. As passed, the bill meets federal requirements that Michigan establish an estate recovery program.

- It only affects those estates that do not go through probate
- The basic policy is to exempt the first 50% of the average home value in the county and any income-producing property.
- Some estates will be exempt due to the remaining residents in the home.
- There is also a “hardship” exemption.
- Legislation contains many consumer protections that limit the department’s ability to collect.

The policy will be implemented after federal (CMS) approval of our estate recovery law as passed.

There was a question regarding a minimum threshold for recovery. The minimum will be if the cost of recovery is more than the recovery itself.

While implementing the new law, it is the department's intent to work with the Legislature on a voluntary estate preservation option.

**MSHDA AFFORDABLE ASSISTED LIVING** - Gary Heidel and J.T. Johnston provided an update. It was their original intent to include MI Choice slots as part of the project. When the slots did not materialize, MSHDA decided to move forward in working with developers and local service providers.

MSHDA, and an interdepartmental group, chose five proposals.

- Upper Peninsula - Community Action Group - 20 units of which 15 are affordable.
- Grand Haven - Senior Housing Developer - this is on the campus of an existing senior housing development.
- Battle Creek – Project has identified a site to start their development on.
- Detroit – 76 units, all affordable. Working with the local Public Housing Authority to obtain Section 8 housing vouchers to assist with rent.
- Grand Rapids - 55 units of which 25 would be affordable. There are 22 Section 8 vouchers. The Area Agency on Aging will work with the developer to identify and assist with individuals who wish to transition from nursing facilities. They will start building this year. They also have a contract with White & White for services.

DYNS has been contracted to provide technical assistance with program development, housing track, services and supports, and data collection and reporting.

\$300 million in gap funding has been identified for this project. Much of it is through the Low Income Housing tax credits (LIHC). Johnston will provide a written summary of her presentation.

Hoyle expressed disappointment with MSHDA's decision to use congregate settings. Hoyle said these proposals were clearly driven by the developers. Head noted that OSA and DCH supported this concept and that this was only a pilot project and would not answer everyone's needs. Farmer indicated that the Task Force recommendation was to look for every opportunity to meet the consumer's choice. It was acknowledged that obtaining the services in these developments would be the challenge. Each developer will work with their Area Agency on Aging, waiver agents, Public Housing Authorities and LTC Connections.

There was a question regarding the use of a person's credit score to obtain housing. MSDHA indicated that was not one of their policies but could be a public housing issue.

The Commission expressed a desire to partner on a broader basis with MSHDA to identify and address issues and barriers.

## **PUBLIC COMMENT -**

- MMAP – Jo Murphy, Executive Director, Medicare & Medicaid Assistance Program (MMAP) - The Senior Health Counseling Program provides free health benefits counseling to elderly persons age 65 and over and persons with disabilities age 18 and over. They are funded by CMS through the Office of Services to the Aging. MMAP stands ready to assist in the implementation of consumer education around the LTCI Partnership. Jo spoke to the need for consumer education in the area of LTC insurance, and suggested that Michigan include a requirement that

information on filing a complaint must be provided with every sale of a LTC insurance policy. Ms. Murphy noted that, in her experiences, few consumers know OFIS exists and that, on at least one occasion, the MMAP Director herself was unable to get OFIS to accept or process a formal complaint.

- AARP - Anita Salustro provided testimony regarding LTC Partnership Insurance. AARP draft standards were presented.

## **CLOSING COMMENTS**

- The policy regarding home help in the workplace has been submitted for public comment. It is scheduled to be issued November 1, 2007, with an effective date of December 1, 2007. CMS approved the State Plan amendment.
- Ablan distributed an Advocacy Alert regarding MI Choice and the budget. Consumers need to become more involved and vocal.

LONG-TERM CARE SUPPORTS & SERVICES  
ADVISORY COMMISSION  
EXECUTIVE COMMITTEE  
OCTOBER 29, 2007  
MINUTES

**ATTENDEES:** Andy Farmer, RoAnne Chaney, Hollis Turnham, Chris Chesny, Jon Reardon, Jackie Tichnell, Gloria Lanum, Jane Church

Since there was not a quorum at the October LTC Commission meeting, they do not need to be approved at the November meeting. Farmer and Chaney will make changes to the October notes and resend to the Office. Farmer requested the Office send a follow-up package of notes and handouts to the Commissioners, indicating they may make additions to the notes, if needed. The follow-up package should include:

- 
- October meeting notes
- Office update
- Public testimonies
- Draft memo to Hertel requesting the Commission be kept apprised of progress on estate recovery
- MSHDA Affordable Assisted Living initiative update
- Any other handouts from the October meeting

At the November meeting, Farmer will address the issue of Commissioner attendance.

The November agenda was discussed. It should include SPE and LTC Partnership updates. Church requested clarification of what to include on the SPE update. The Executive Committee suggested graphic data, not tables; what are they doing (not what will they do); how are they doing; data; six-month prospects;

clarifications of board compositions; local site evaluation measures to include MPHI. A budget update should be provided. It will be Head's decision to either include this as part of the Office update or request a presentation by MSA.

Farmer will provide a follow-up on the public testimony on LTC partnership.

Other issues:

- November 26 is the next meeting
- There is no December meeting scheduled.
- Chesny requested to attend the November meeting via phone.
- It was noted that Head would not be available for the January meeting but he requested the meeting for forward anyway. It was suggested to include Commission workgroup reports on the January agenda.

Condolences to Chris on the passing of her father.

## **As Summarized by Toni Wilson, LTC Commissioner**

### **Long-Term Care Supports & Services Advisory Commission**

#### **Public Input Hearing with Chairman Andy Farmer and Commissioner Toni Wilson**

#### **Elder Law Section of the State Bar Association of Michigan Annual Training—Crystal Mountain, Michigan**

**Oct. 10, 2007**

**4:00-5:15 p.m.**

The session opened with an update by Andy Farmer and Toni Wilson on what the Commission's charge is, what we have done so far and what we hope to accomplish through the Work Groups on finance, prevention, workforce issues, person-centered planning, quality, and public education & consumer participation. Attendees were encouraged to take part in work groups, which are just beginning to form and meet.

The topics suggested for discussion included person-centered planning and guardianship reform efforts. Discussion was very informal.

John Weir had comments on the SPE Options Counselor's role being expanded to include doing level-of-care determinations (to see if Medicaid beneficiaries qualify for nursing home level of care). He had three points:

- 1) Since the SPE's are managing the waiting lists for the waiver, John feared it might be in their best interests to limit the number of persons deemed eligible for nursing home level of care, which is a prerequisite to admission to the MI Choice program.
- 2) Doing level-of-care determinations will take away from the time available to do thorough and informative options counseling.
- 3) John said this may be a duplication of efforts, since nursing facilities already are doing LOC determinations, and other groups such as MMAP are doing Medicaid and Medicare advising, the LTC ombudsman programs and the AAA's are doing information and referral, etc.

Amy Tripp commented that LOC determinations done by nursing facilities are not objective because providers sometimes shade the results to reflect their own admission preferences in choosing who to determine eligible (if they are on the margins).

Susan Martin commented that the long-term care task force did a great job, that single point of entry is very much needed in Michigan and any problems we are having with implementation lies in the collaboration of various stakeholder groups.

Speaking to guardianship reform efforts, several attorneys said what is most needed is to educate the probate judges on the current law because it is not always being carried out as written.

An unidentified attorney commented that the Nursing Home Reform Act requires something very much akin to person-centered planning, and wondered what the difference was between the current effort and NH Reform Act's provisions. Others answered him that although they are much the same, person-centered planning is a term that comes out of the developmental disability (DD) and mental illness (MI) communities (whose care plans aren't usually covered by the NH Reform Act), and that it is strongly preferred language by those communities. Alison Hirschel stated that the new PCP concepts are far ahead of the 1987 NH Reform Act and the nursing homes

are far behind the DD and MI communities in implementing the provisions in the Act. Another attorney added that MI Choice Waiver agents usually do a much better job of person-centered planning than nursing homes.

Brad Geller commented that guardianship is a “non-person-centered plan” and the guardianship statutes need more “teeth” to make them more person-centered.

An unidentified skilled nursing facility nurse commented that the staffing reporting laws require anyone with patient contact (both nurses and aides) to be counted in the staffing reports. An RN in a SNF may have 60-90 patients to pass medications to, and therefore has no time to do direct patient care, but she (or he) are still counted as direct-care staff. She wanted to know how this could change. Andy Farmer referred her to join the Advisory Commission’s Quality work group, chaired by State Long-Term Care Ombudsman Sarah Slocum.

An unidentified person commented about home health care agency owners getting referrals from the Michigan Works! Program’s training is sending them the “worst people for these jobs”. He says the quality trained workers do not stay because many are single mothers and have child-care issues. An unidentified attorney commented that often the job conditions are the problem, not the people. They often have no health care, poor pay, bad hours, etc. which cause them to seek other employment in a short time.

Susan Martin gave another comment on the long-term care task force’s vision statement; she said funding is the biggest obstacle to providing the supports the task force had envisioned. She encouraged all attendees to pressure the legislature that their funding priorities need to change. Sue gave the Nursing Home Transition Service as an example. She said the legislature was convinced to support this program, which had a cost in the previous fiscal year of \$17 million, when it could be demonstrated that the program had saved the state \$40 million that otherwise would have been spent on nursing home care. John Weir pointed out that this is why we describe our efforts as a “rebalancing” of long-term care services and supports, because last year we spent \$1.5 *billion* on long-term care services, but only \$125 *million* on home & community-based waiver services. The waiver spending is more cost-efficient as well as most people’s preference.

Andy Farmer closed the session by informing people that the Long Term Care Services & Supports Advisory Commission had sent a letter to the legislature earlier in the year which encouraged full funding for *all* Medicaid-funded long-term care services (including skilled nursing care), and supporting tax increases to adequately support these services as needed.

John Weir then introduced Susan Martin as chief of staff for Rep. Rick Shaffer (R-Three Rivers).

OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES  
Update for the Long-Term Care Supports and Services Advisory Commission  
November 26, 2007

**BUDGET** - The budget for FY 08 has been approved.

- There is a small increase (\$5M) for MI Choice but it is unknown how this will be applied (increase rates or expansion). Transitions are paid from the nursing home line.
- There is a 10% increase in the home help line.
- There is a cut in the department's administration, usually resolved by not filling vacancies.
- There is not a rolled-up long-term care budget line.
- There is an unknown hole in the department's budget for this coming year. The size of the hole will depend largely on the State's economy over the year.
- Planning for FY09 has started. It is hoped to have a preliminary report by midNovember. It will include a proposed expansion for LTC Connections into Wayne County and along the I-75/US-23 corridor. This may be limited by the interpretation of PA 634 (Single Points of Entry).

**GRANT UPDATES**

**1. Long-Term Care Connections (LTCC) Projects –**

- The new policy implementing the level-of-care determination through the LTC Connections took effect November 1. At this point, no major issues have surfaced. It was noted that West Michigan completed 50 level-of-care determinations in two days.
- The State needs to develop a monitoring tool to assure that all level-of-care determinations are approved through the LTC Connections. MSA will be sending a letter to all nursing facilities indicating that the facility will be at risk if they bill, and are paid for, a person who has not been approved through the LTC Connections.

**2. Long-Term Care Insurance Partnership program -**

- MSA continues to work with Office of Financial and Insurance Services on the state plan amendment.
- There are monthly meetings of the partnership group. This group has created 6 workgroups to develop the details of the policy. Most workgroups have had their initial meeting.
- Office staff participates in the monthly conference calls with CHCS.
- The target date is July, 2008.

**3. Money Follows the Person -**

**• Prepaid LTC Health Plan:**

The development of a pre-paid Long-Term Care Plan under authority of Section 1915 (b)(c) is continuing. The current tasks are to:

- conduct a Feasibility Study,
- discuss the concept paper with CMS,
- use a work-group process to complete the two waiver requests,
- plan for the administration of the waiver and
- develop the site(s) where the plan will operate.
- The new due date for the waiver request is March 31, 2008.
- Staff attended a Purchasing Institute meeting in Wisconsin with other states that are working on prepaid LTC health plans. Michigan is the most conservative in their enrollment estimates.

- **Self-Determination Implementation Leadership Seminar**  
The Seminar was held on Tuesday, November 13<sup>th</sup>. Sixty-Seven people attended this bi-monthly meeting held in Lansing.
- **Michigan Family Impact Seminar**  
On October 23<sup>rd</sup> Mr. James Verdier a Senior Fellow with Mathematica Policy Research made a presentation to a legislative forum. The event was called “Michigan Family Impact Seminar - The Future is Now: Long-Term Care Needs of Michigan Families.” This event was sponsored by the MSU Department of Family and Child Ecology, Institute for Health Care Studies, and Institute for Public Policy and Social Research. The other speaker was Lori Post from MSU who provided preliminary data from the Criminal Background Check grant. Mr. Verdier spoke on Medicaid Managed LTC: Challenges and Opportunities for State Policymakers and Low-Income Individuals.
- **The Michigan Partners for Freedom**  
The grassroots Self-Determination organization recently completed their annual report. The Michigan Partners for Freedom (MPF) Local Leaders effort has been successful at identifying and developing peer mentors in 12 communities. These local leaders are peer support resources for other consumers. The Michigan Partners for Freedom website is at: <http://mifreedom.org/home.html>

#### 4. Deficit Reduction Act - Money Follows the Person grant -

- The project manager position has been filled. Ellen Speckman-Randall started Monday, November 19. Her office is at MSA, but she will work very closely with the OLTCCS Office. She is also be the Transition Coordinator for the Office.
- Staff continues to work on the Operational Protocols.
- CMS and their data collection requirements are still being developed. CMS frequently reminds states that, by accepting the grant, they agreed to participate in the evaluation process.
- The Office will be implementing contracts with the 15 Centers for Independent Living (CILs) offices to further the nursing facility transition process. CILs will be encouraged to facilitate all transitions, not just those that are DRA eligible. CILs are funded by federal money, grants, and fund raising efforts. They are about 90% statewide. The challenge for the CILs will to obtain the required data collection for the DRA transitions.

#### 5. Self-Determination in Long-Term Care –

- **Phase- In** - The first band of waiver agents will have their final training session focusing on quality and enrollment process November 28 in Southfield. There are six agencies participating. The next training round will begin in January in Grand Rapids. It is our intent for all waiver agents will complete the training and be ready to enroll statewide by early March.
- **Robert Wood Johnson Cash and Counseling Grant** - We are in the last six months of funding from RWJ, which will be spent on providing training and technical assistance to the rest of the waiver agents. The final report will be due in April.
- **Pioneers Sites** - We will continue to work with the Pioneers to provide training and mentoring to the rest of the state. A final report and sustainability plan is due to MDCH by November 30, 2007.
- **OSA** - Self Determination in Long Term Care is working with the Office of Services to the Aging on the Nursing Facility Diversion grant. I’m helping on the training and service standards workgroup.
- The Self-Determination Leadership Implementation Seminar was held November 13 in Lansing. It included consumers telling their stories of before and after self-determination.

**6. Project Success - Technical Assistance for Training in Self-Determination -** This is small grant - \$14,000 and 500 hours of technical assistance from PHI to develop a train the trainer program for teams of waiver agent staff and consumers. We will train 10 teams to conduct training on being a successful employer. We are actively recruiting teams to be in place by January. The funding supports consumer involvement and the training costs. We are modifying a curriculum developed by PHI for use in DD community. Please let me know if you would like more information about this.

**7. Medicaid Infrastructure Grant -**

- There are 1,063 consumers on Freedom to Work.
- There is no word on the MIG Continuation Grant at this point.
- About 450 Self-Employment 101 Handbooks have been distributed. Office staff is working to get it posted on the web page.
- The Office has been working on a Power Point presentation for potential funders for the “db101.org” website and calculators.
- Staff has been meeting with various clubhouses and several ARC organizations in the state. There was a recent presentation at the International Association of PsychoSocial Clubhouses conference in Frankenmuth.
- Currently, in Freedom to Work, over 50% are mentally ill, about 12% are developmentally disabled with cognitive impairments. About 89%-90% are receiving SSDI. One barrier seems to be consumers knowing and understanding they can work and not lose their medical benefits. Freedom to Work should be considered as one step to recovery.
- The bulletin regarding home help in the workplace was issued November 1, to be effective December 1, 2007.
- Presentations are being coordinated with Erin Riehle from Project Search to meet with interested hospitals. This project is to achieve greater competitive employment successes for persons with significant disabilities.

**Office Updates:**

- The Office sent a DRA analyst position to Management and Budget. This person will either be funded as a state employee or as a contract person.
- Other positions include an Evaluation and Quality Management Unit manager, two quality analyses, a general office assistant, and the STG Project Manager.
- The Office move is still moving forward. It appears the move will occur around the second week of January.

# Michigan's Long Term Care Connection

Informed Choice

Streamlined Access

Consumer Control

Long Term Care Supports and Services  
Advisory Commission

November 26, 2007

Michael J. Head

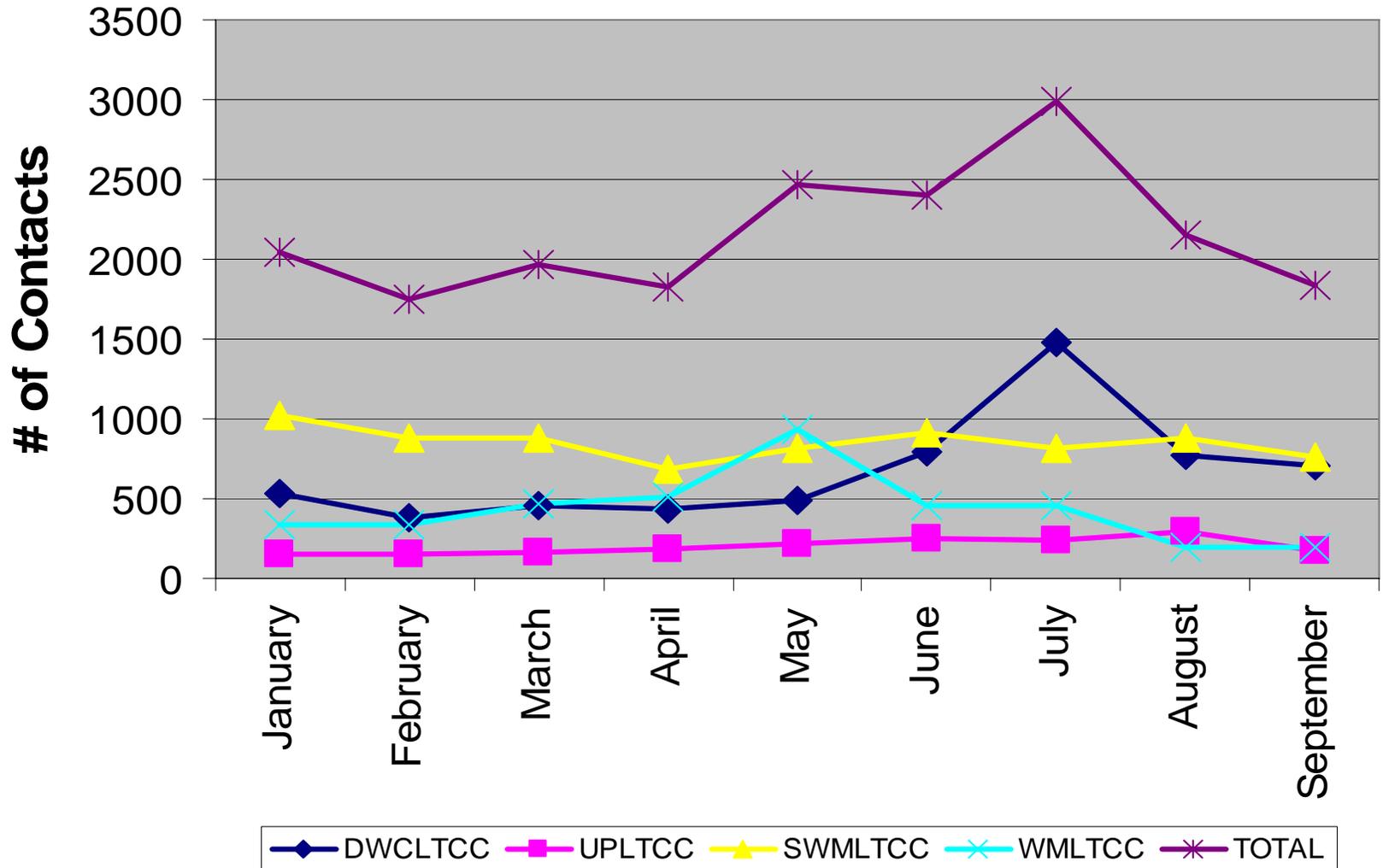
# Overview

- 1 Activities Update
- 2 Agency Organization and Change
- 3 Evaluation Design and Data Collection/Service Point
- 4 Budget
- 5 Questions

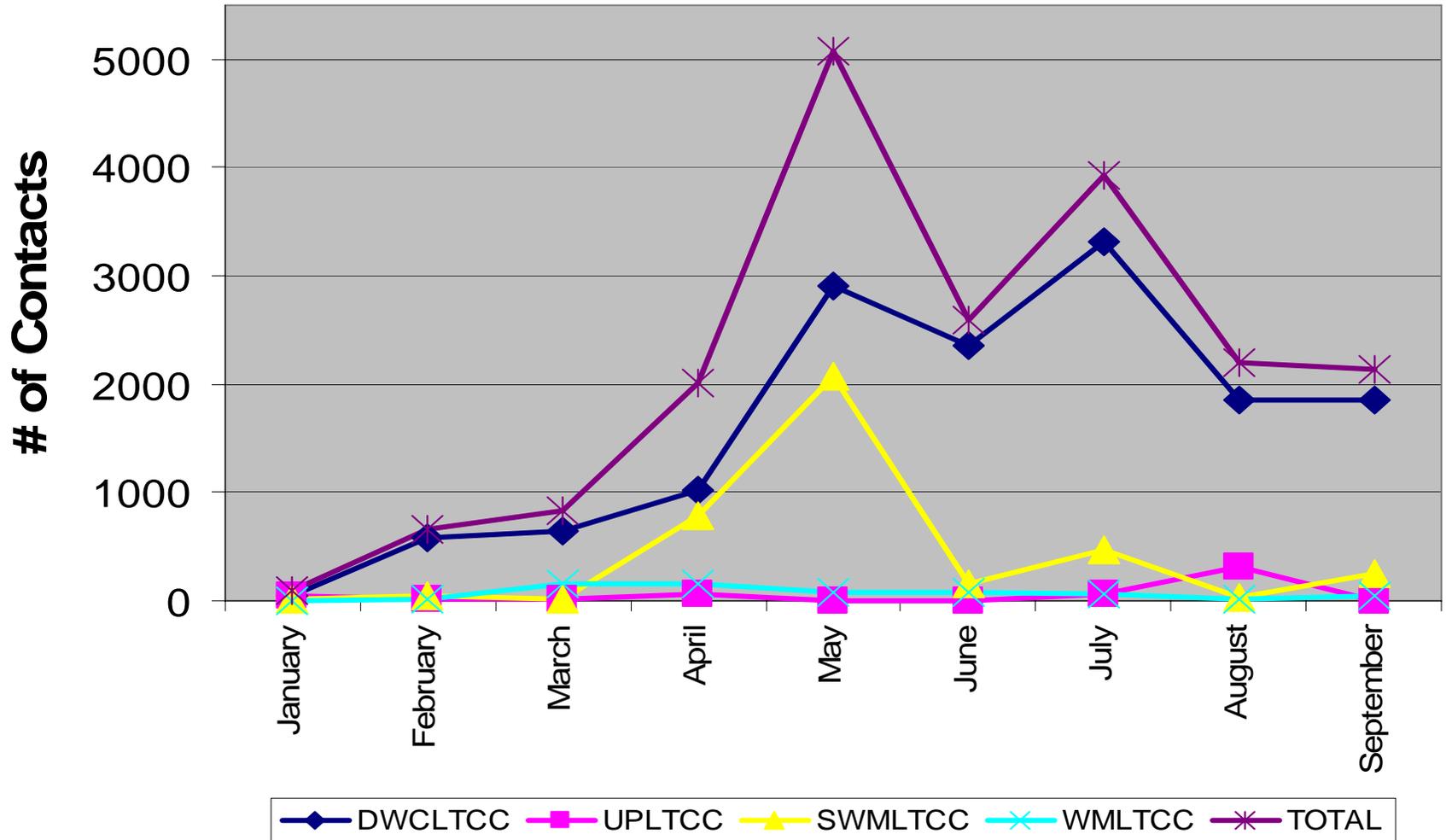
# LTCC Activity: Jan - Sept 2007

Service	SW	Detroit	UP	WM	Total
Info & Assistance	7,660	6,051	1,828	3,706	19,245
Community Education Participants	3,847	14,574	496	567	19,484
Options Counseling Cases	478	912	362	302	2,486

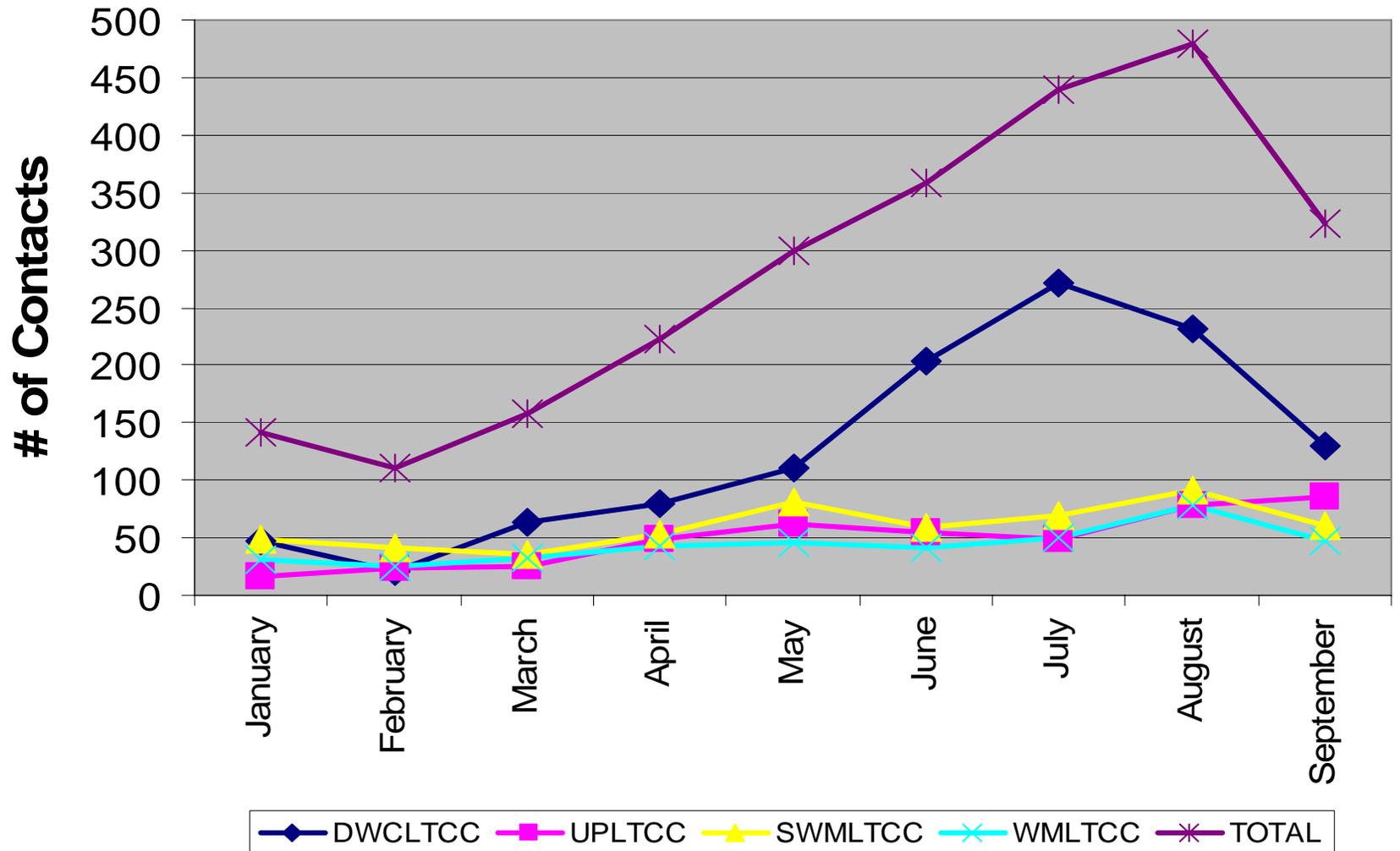
## LTCC Information and Assistance Activities: January through September 2007



# LTCC Community Education Activities: January through September 2007



## LTCC Options Counseling Cases Opened: January through September 2007



# LTCC Activities: Jan - Sept 2007

- **Emergent Cases**

- Total emergent referrals: 50

- Days from referral to assistance/placement decision

- Same day 24      One day 4      two/three  
days 4      four/ten days 9      Over 10 days 9

# LTCC Activities: January to September 2007

## ■ Hospital Cases

- 67 Hospital referrals
  - Service Same day 24
  - One day 17
  - Two/three days 14
  - Four/ten days 9
  - Over 10 days 3

# LTCC Activities: January to September 2007

- Resource Date Base
  - WMLTCC 1,829
  - SWLTCC 1,071
  - DWCLTCC 878
  - UPLTCC 667

# Activity:

## Level of Care Determination

- MSA 07 -45 policy: November 1, 2007
- 175 providers within the Four Regions
- Level of Care Tool takes from 2 to 5 hours to conduct
- November 1 to 14: 272
  - Adverse Actions:
    - DWCLTCC – 0%
    - SWMLTCC – 2%
    - UPLTCC – 12%
    - WMLTCC – 7%
- Expected requests 800 to 1,100 a month

# Organizational Issues

- Board and CAB Membership
- Organizational change

# FY 2008 Contract

The Governing Board membership must represent the cultural diversity of the community/geographic area it represents. Providers of direct service to consumers may not be members of the Governing Board nor may individual Governing Board members have a moneyed interest in the LTCC. The Governing Board must have significant (at a minimum 1/3) primary and secondary consumer representation. The Governing Board may not include greater than one-third representation by any one stakeholder entity or type of entity (e.g. Department of Human Services, Centers for Independent Living, Area Agency on Aging). These levels of representation must be complied with no later than December 31, 2007.

# FY 2008 Contract

- The LTCC must include a Consumer Advisory Board (CAB) within the organization. The chairperson for the CAB must be a primary or secondary consumer. At least 50% of CAB must be primary and/or secondary consumers. Providers may be included on the CAB but may not represent more than one-quarter (25%) of the board. These levels of representation must be complied with no later than December 31, 2007.
- A primary consumer is defined as someone who currently receives long-term care services. A secondary consumer is defined as someone who currently or within the previous three (3) years acts/(acted) as a caregiver to a person using long term care services.

# Governing Board

	Primary Consumer	Secondary Consumer	Consumer Advocate Organization Representative	LTC Services Provider	Other/Community
WM	1	2	2		3
SW	2	2	4	2	
DWC	2	3	1	0	7
UP	2	3	3	1	

# Consumer Advisory Board

	Primary Consumer	Secondary Consumer	Consumer Advocate Organization Representative	LTC Services Provider	Other/Community
WM	4	2	1	3	
SW	3	7	5	4	
DWC	6	9	6	7	
UP	7	2			

# Governing Board and Consumer Advisory Board Activities

- Detroit expanded the number of consumer representatives on the CAB
- All four CAB's have members involved in developing and in some cases conducting user surveys

# Organizational Changes

- Effective 12/1 SWLTCC Option Counselors will be employed directly by SWLTCC
- Effective 2/28 UP will separate programs to avoid conflict of interest
- 211 Call Center Changes

# Evaluation Activities

- Development of an Evaluation Model/Process
- Quality Management
- Selection of Methods and tools in 4 key areas: Consumer, SPE, Collaboration, System
- Service Point/MIS issues

# Evaluation Model

- Links the activities of the LTCC with the outputs and outcomes identified in ADRC goals and outcomes identified in PA 634 & other grants
- Suggests measures of outputs and outcomes

# Evaluation Process

- Comprehensive but not necessarily linear
- Independent
- Formative: helps address issues identified during implementation and
- Summative: identifies how well the overall program outcomes have been met

# Quality Management

Quality Management: Is the LTCC delivering services that meet the standards developed by the OLTC & its partners?

- Quality Management Workgroup
- State & Local QM Standards & Procedures
- Relationship with Evaluation Model

# Consumer Outcomes

Consumer Experience: Do consumers get what they want & need from the LTCC?

- Information & Assistance Interview
- Options Counseling Interview
- Service Point Data used for selection

# LTCC Outcomes

LTCC Staff & Service: Do staff have the training and support they need to deliver services effectively?

- Staff Survey
- Training Evaluation

# Collaboration Outcomes

Collaboration Among Agencies Serving Consumers with LTC Needs: Do they exist? What form do they take?

- Network Analysis
- Partner Survey
- Leadership Survey/Focus Group

# Systemic Outcomes

System Change: Has the LTC system begun to operate differently?

- State-level Indicators (Data Warehouse)
- Key Informants
- Cost Benefit Analysis
- Service Point/Unmet needs and preferences

# Service Point

- Off the shelf
- Web Based
- Resource Date Base
- Case Records
- Reports

# FY 2008 Staffing

## Staffing

- DWCLTCC – 24 Options Counselors with a caseload of 51 per OC
- SWMLTCC – 14 Options Counselors with a caseload of 57 per OC
- UPLTCC – 14 Options Counselors with a caseload of 38 per OC
- WMLTCC – 15.5 Options Counselors with a caseload of 45 per OC

# FY 2008 Financing

Single Point of Entry contracts were entered into with an October 1, 2007 start date. Each contract contains funding for additional staffing to meet the LOC needs. Contract amounts are:

DWCLTCC - \$4,481,000

SWMLTCC – \$2,633,000

UPLTCC – \$2,000,000

WMLTCC - \$2,635,000

# Michigan's Long Term Care Connections

**1-866-642-4582**





## MONTHLY LEGISLATIVE UPDATE October 2007

### NURSING FACILITY FUNDING.....THE FACTS

*The Cost of Caring for Michigan's Aging Senior Population in Nursing Facilities Versus Community Care*

**Long Term Care is a continuum of services and as people age they may or may not require additional assistance.** The continuum includes residential care as well as care provided in an individual's home. Specific options include skilled nursing facilities, homes for the aged, adult foster care, assisted living, home health and personal care.

Below is a comparison of costs and some services provided by a nursing facility verses community care:

<b>NURSING FACILITY CARE</b>	<b>COMMUNITY CARE OPTIONS</b>
24 hour skilled nursing = included Housing = included Three Meals a Day = included Daily Activities = included Transportation = included  <b>Total = \$140 per resident/per day</b> <b>State portion GF/GP = \$50</b>	MI Choice Waiver = \$42 Nurse visit (1 hour) at Medicaid Rate = \$80 Food Stamps = \$10 Meals On Wheels = \$10 Federal Housing Assistance = \$10  <b>Total = \$152 per participant/per day</b>

It should be noted that skilled nursing facility care provides 24 hour a day 7 days a week medical and personal care supervision for much more acutely ill people. Depending on the services required for in-home care it may not always be the least costly option.

No LTC option provides a comparable level of comprehensive care. It is not possible to consider home health or home and community based wavier services as legitimate substitutes for nursing facility care.

**The community based programs serve a different population based on a more limited need for medical or personal care assistance—more importantly they assume a social support structure, i.e. family and friends to supply the balance of a 24 hour period of care.**

HCAM fully supports community/home based options but it is wrong to divert funding to these programs at the expense of nursing facilities and the 42,000 residents we care for right now!

#### **HCAM CONTACT**

Please contact Melissa Samuel, Vice President of Legislative Services, if you have questions about HCAM's position on pending legislation or would like to work together to help Michigan's senior population.



## Michigan 2-1-1 Call Centers: Long-Term Care Connection Partners

The Single Point of Entry Project (SPE) for long-term care held considerable interest by Michigan 2-1-1 Call Centers. Michigan 2-1-1 Call Centers currently serve over 70% of Michigan's population with health and human service information and referral 24/7/365. Two 2-1-1 call centers are actually located within their Area Agency on Aging.

With 2-1-1 positioned as the front door for health and human services, professionally staffed and regulated by the Michigan Public Service Commission, it seemed like a natural fit to utilize this resource, where available, for the SPE / LTCC instead of establishing another 10-digit number. With several months of experience by the Michigan 2-1-1 Call Centers in providing service to the SPE/LTCC, much learning has taken place. Below is information and feedback based upon the experiences of the four call centers participating as providers with this pilot project.

1. Participation in the planning process by Michigan 2-1-1 Call Centers varied ranging from no participation at all to participation in SPE / LTCC workgroups from the onset. Some 2-1-1 Call Center's service delivery was factored into the original RFP response.
2. Integration of four Michigan 2-1-1 Call Centers into the SPE/LTCC service delivery began at different times, ranging from participation in the planning process in July, 2006 to involvement as late as June, 2007.
3. Three of the four participating 2-1-1 Call Centers provided 24/7 service to the LTCC in addition to gathering provider information and populating the resource data in Service Point. Client records were created and calls transferred either internally or externally to options counselors. One call center provided after-hours / weekend / holiday coverage. Added to this direct service provision is the participation of call centers in various workgroups related to this pilot.
4. Call Centers were asked to identify some of the lessons learned as well as barriers noted in service provision. One of the largest barriers seemed to be in the area of technology and the rolling out of a software product that was not viewed as sufficient to meet the needs of the call specialists. Feedback about ServicePoint was that it was not ready to use, was cumbersome, slow, refreshes after every field, delaying the call flow. Additional search criteria resulted in improper search results being displayed requiring numerous apologies to the caller for delays. Follow-up surveys with callers elicited complaints that directly related to the cumbersome collection of data.

Additionally, ServicePoint allows the posting of Taxonomy codes at any level which has created great discrepancies in the resource database used and viewable by all

four SPE/LTCC sites. The software also does not allow for the proper use of target terms. All of this, of course, impacts how the call specialists search for information.

Please note that Michigan 2-1-1 Call Centers utilize a different platform for their callers which is robust, fast and does not seem to generate the negative feedback that ServicePoint seems to generate.

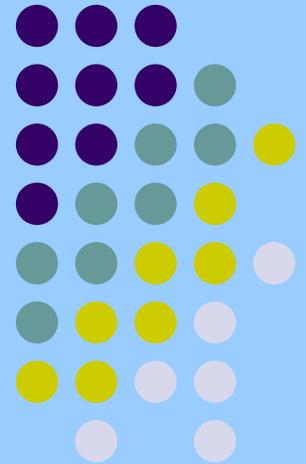
5. The volume of SPE/LTCC calls has varied by call center. The call center accepting after-hours calls received 69 calls for FY06-07. The range of calls for other call centers was from 720 calls to 2,239 calls in total (through 11/1/07). By comparison, Michigan 2-1-1 Call Centers took over 275,000 Information and Referral calls in 2006 and expect to take close to 400,000 calls in our current year (2007). A statewide Michigan 2-1-1 system projects to receive close to 1,000,000 calls annually when available statewide.
6. The future role for Michigan's 2-1-1 Call Centers, again, varies by call center. Reductions in the amount of compensation proposed for FY08 changed has impacted service delivery for two of the call centers.
  - One call center will be terminating its contract with the LTCC at the end of December. Another call center will be reducing its service delivery effective earlier this month (11/07). They will continue to determine eligibility of callers, provide information about long term care and warm transfer callers directly to LTCC at their request. The after-hours partner will continue to take information from callers who are eligible and request assistance from LTCC. The information they collect will then be passed on to the LTCC the following day. This reduction in service delivery is a reflection of the significant decrease in funding from the LTCC for 2-1-1 service delivery.
  - One of our 2-1-1 Call Centers will participate with the UPLTCC during its participation in the Caregiver Assessment Demonstration Project being conducted by Dr. Rhonda Montgomery from the University of Wisconsin – Milwaukee. Data from 2-1-1 will serve as the "community resource directory" for the demonstration project.
7. The future plans for a 2-1-1 /LTCC partnership in the four pilot sites vary by site. One 2-1-1 Call Center, that is internal to its LTCC, will feature the number 2-1-1 in their FY08 LTCC marketing campaign. Michigan 2-1-1 is here for the long-term and will be available to over 80% of Michigan's population by the end of 2008. **All sites see the utility of utilizing 2-1-1 as the front door for LTCC and all are open to partnerships and initiatives as opportunities with the LTCC arise.**
8. The Michigan 2-1-1 philosophy is to keep the client / caller in the middle of the table when designing service delivery for all callers and in this case, older adults. We need to consider the caller in every decision we make to assure quality service delivery.

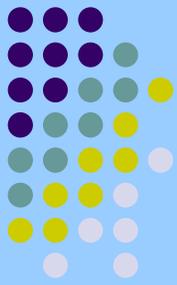


# Long Term Care Solutions Initiative

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Presented by David Gehm  
Michigan Association of Homes  
and Services for the Aging  
November 26, 2007





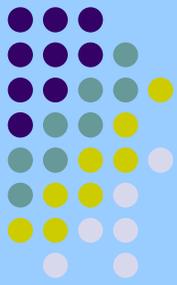
# Core Principles

A new financing system should include:

- Consumer Choice
- Financial Responsibility
- Equitable Availability

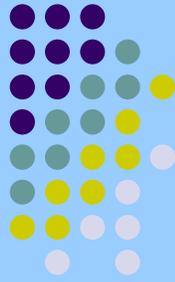
*Note that these sometimes compete*

# The Challenge

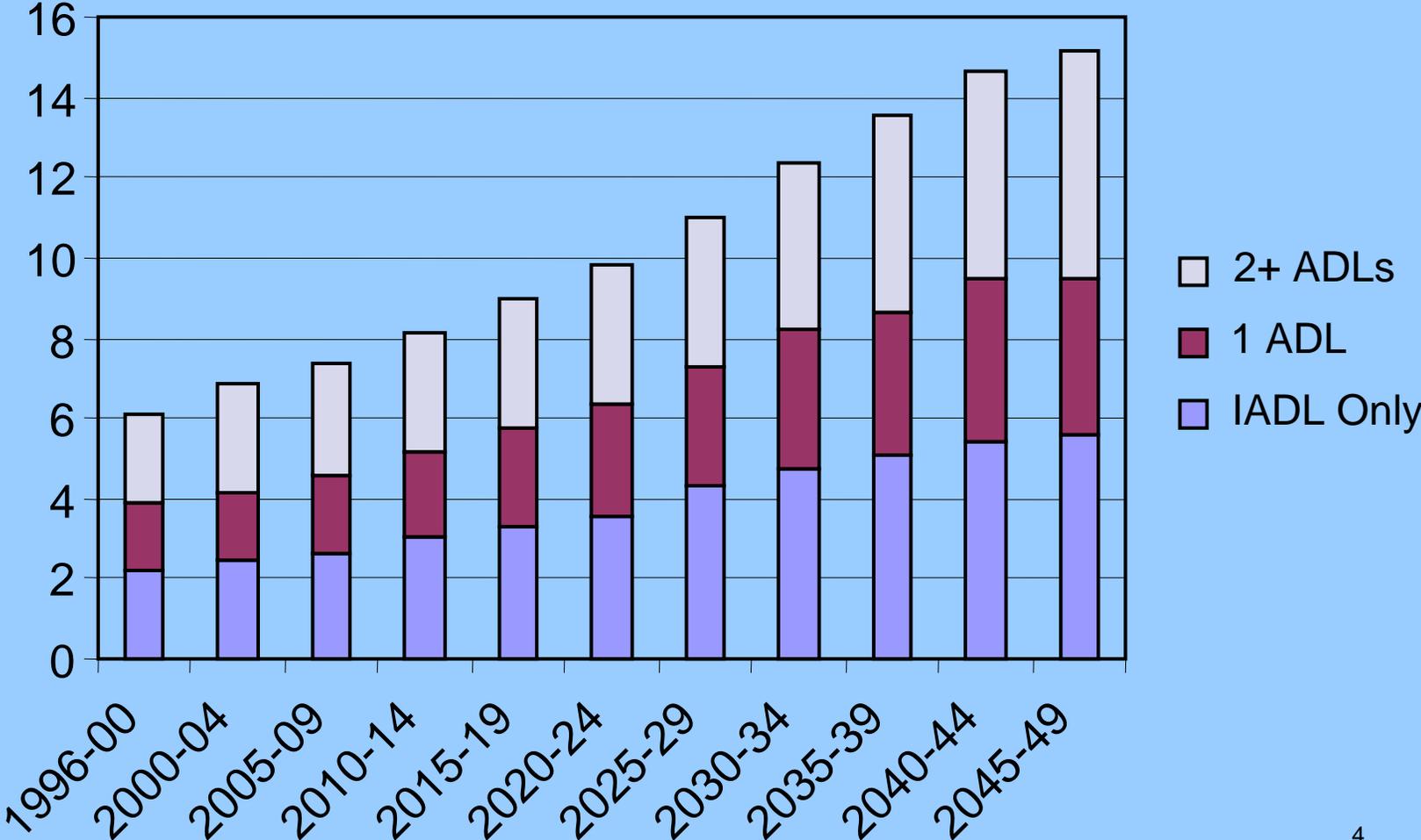


- People who need LTC will double by mid century
- Welfare model not working
- Medicaid is absolutely unsustainable
- Where will the resources come from?

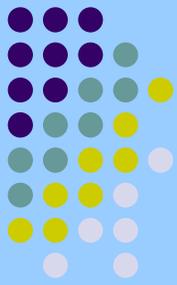
# Projected Number of Elderly with Disabilities more than Doubles



No. Elderly with Disabilities  
(in millions)

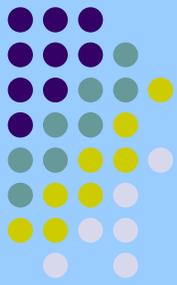


# AAHSA Financing Cabinet Recommendations



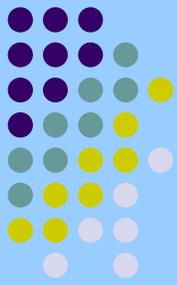
- An insurance model, not a welfare model
- Financed by premiums, not from general revenues
- Universal inclusion—everyone pays, everyone covered

# Recommendations

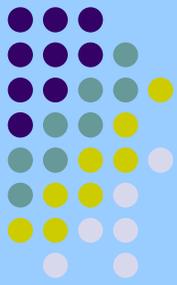


- **Benefits and payments**
  - Cash (primarily)
  - Based on assessed needs  
(higher benefit for greater need)

# Sophisticated Modeling

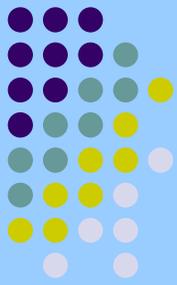


- Analyze AAHSA's initiative for a broadly available long-term care insurance plan
- Build a model to understand how such a plan might work, estimating premiums & benefits
- Provide analysis to help AAHSA further develop and refine specific proposals



# Gold Standard Data

- Disability among the 65+ population: transition probabilities estimated from the National Long-Term Care Survey (a report for the Long-Term Care Experience Committee of the Society of Actuaries, Stallard & Yee, 1999)
- Disability among the under-65 population: data provided by Dr. LaPlante based on the Survey of Income Program Participation (SIPP); and the National Nursing Home Survey
- Population and mortality estimates from the Census Bureau



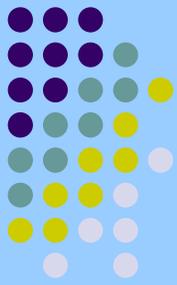
# Additional Assumptions

- **Technical**

- rate of return
- inflation rate
- wage growth

- **Programmatic**

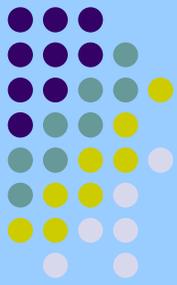
- benefits increase with wages
- benefits & premiums increase at same rate



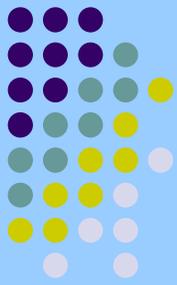
# Model Output

- Annual flow of premiums paid into and benefits paid out
- Accumulated net balance
- Premiums required to fund given set of benefits
- Number of people (total and by cohort) paying premiums, receiving benefits, and having exhausted benefits

# Multiple Scenarios Modeled

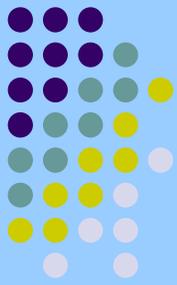


- **“Featured” scenario**
  - using our initial disability assumptions
  - using alternative disability assumptions (benchmarked to recent work from the Urban Institute)
- **Impacts of some policy changes**



# “Featured” Program Design

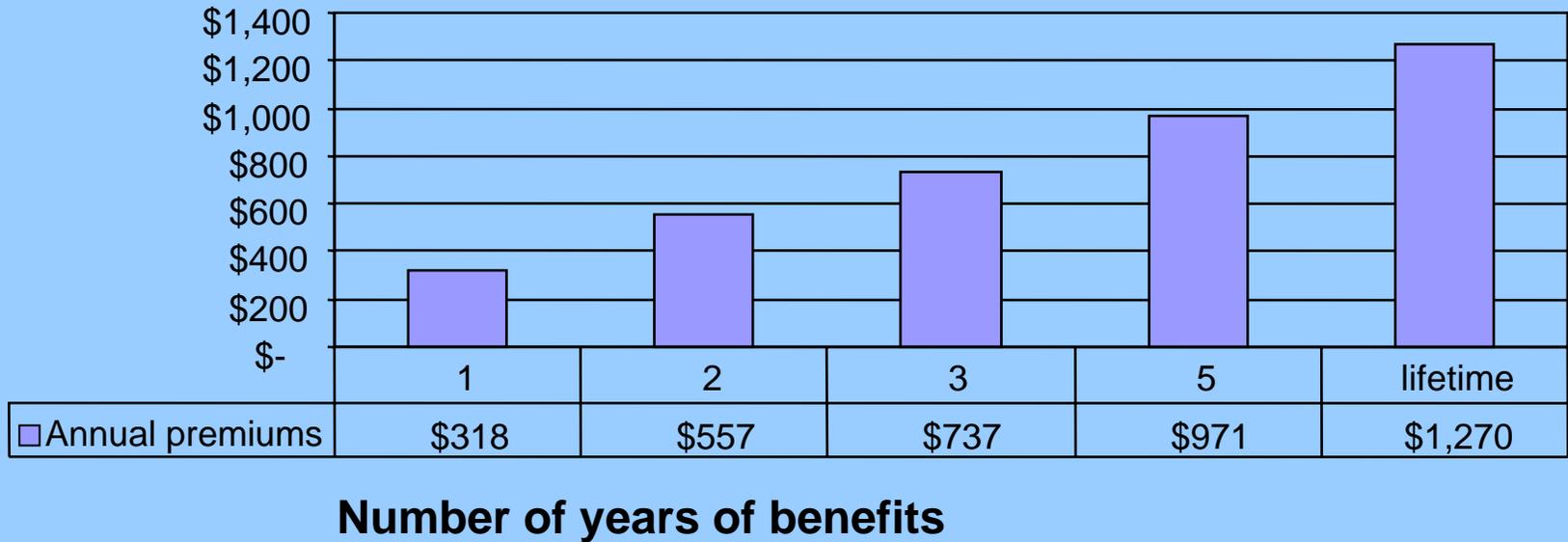
- **Beginning in 2011**
- **Mandatory participation**
  - everyone aged 21+ in 2011
  - every 21-year-old added to the program each year
  - pay premiums until disabled or dead
- **Benefits**
  - \$75 per day (in 2011 \$)
  - years of benefit ranging from 1 year to lifetime
  - vesting period of 5 years
- **Benefit trigger: 2+ ADLs**
- **Premiums calculated to keep the program fully funded for 75 years**



# Estimated Premiums

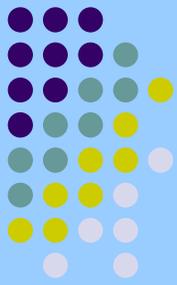
Annual premiums (2007 dollars)

### Annual premiums by number of years of benefits



Source: The Moran Company

# Alternative Disability Assumptions



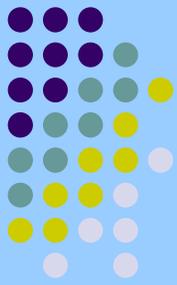
Annual premiums (2007 dollars)

Annual premiums by number of years of benefits  
With alternative assumptions on disability



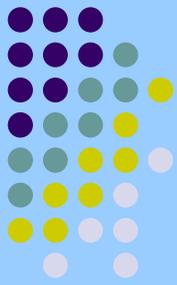
Number of years of benefits

Source: The Moran Company



# Other Scenarios Modeled

- **Vesting period example**
  - longer vesting period reduces premiums (doubling to a 10-year vesting leads to approximately 13% reduction in premiums)
  - shorter vesting period increases premiums
  - no vesting period means funds are drained immediately (private LTC insurance can offer no vesting because of underwriting)
- **Participation example**
  - excluding current seniors reduces premiums ~7%
  - excluding baby-boomers also reduces premiums an additional 8% (15% off the original 21+)
- **Other alternatives can also have impacts**

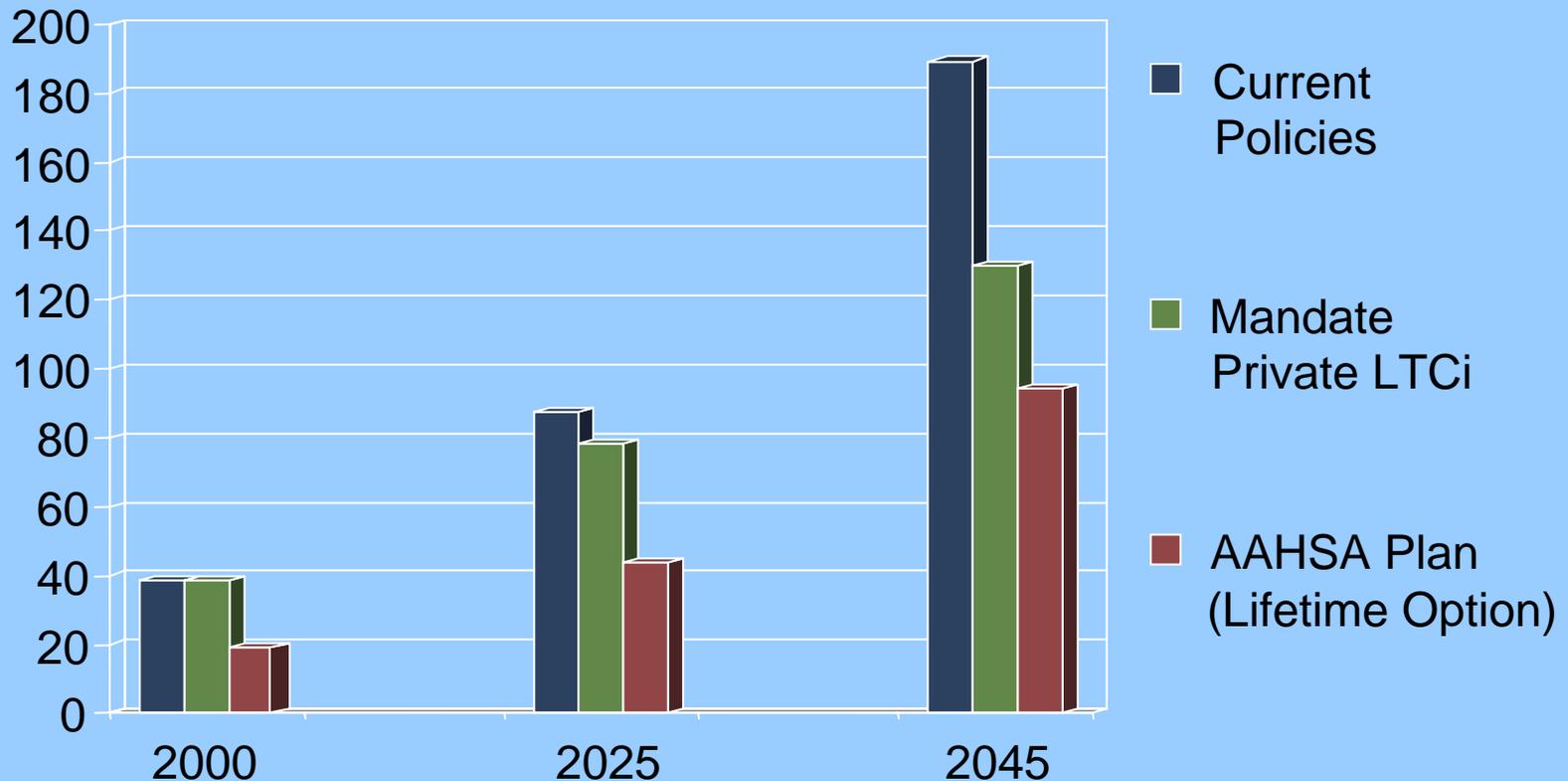
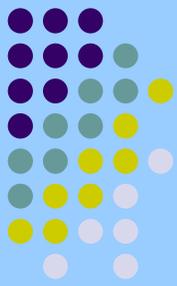


# Potential Effect on Public Funds

**Assuming the program in operation in 2005**

<b>Number of Benefit Years</b>	<b>Estimated Medicaid Spending Displaced from Existing LTC Expenditures (\$billions)</b>
1	11.4
2	20.3
3	27.1
5	36.3
Lifetime	47.7

# Medicaid Costs for 65+ (in Billions of US Dollars)



# Thank You

**For more information, contact:**

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