

INDEX OF DOCUMENTS
CONSUMER TASK FORCE
SEPTEMBER 25, 2007

EXECUTIVE COMMITTEE MINUTES

CONSUMER TASK FORCE LETTERS OF SUPPORT FOR THREE GRANTS

- **STATE PROFILE**
- **PERSON-CENTERED PLANNING IMPLEMENTATION OSA GRANT**

PROJECT UPDATES FOR MAY

OMBUDSMAN ADVISORY GROUP PROPOSAL

DRAFT CONSUMER TASK FORCE BACKGROUND MANUAL

CONSUMER TASK FORCE
EXECUTIVE COMMITTEE
JULY 24, 2007
MINUTES

IN ATTENDANCE: Laura Hall, Jacqui Day, RoAnne Chaney, Sara Harrison, Orystine Gully, Paul Palmer, Robin Ripmaster, Suanne McBrien, Jackie Tichnell

Organization of Consumer Task Force Meetings - Having the Consumer Task Force meeting, information session, and Executive Committee meeting on the same day is convenient for most people, but makes for a very long day. It was decided to keep this format.

Informational Sessions - It was suggested that the information sessions be available to a wider audience. It should be publicized more. RoAnne noted that the State Profile grant included funding for MDRC to provide education forums to consumers. In addition, the Office is planning on quarterly LTC forums. At this point, until we receive the funding for the Systems Transformation Grant, there is limited funding for expansive consumer education efforts.

The revised background manual for the Consumer Task Force has been sent to the Office staff for comments. It will be distributed to the Task Force once the Office comments are compiled and the manual rewritten.

The next information session will be on managed care. RoAnne and Norm DeLisle will provide the positive side of managed care. Susan Steinke, Wendi Middleton, and Marion Owen will provide the negative.

Agenda/Meeting Process

Possible agenda items include:

- New grants
 - PCP Enhancements

- State Profile
- Aging Grant
- Project Updates
- Consumer Introductions (Sare and Orystine)
- Consumer Comments

For the October meeting, the following items were suggested:

- Estate Recovery/Estate Preservation (this should be a session once the final bill is released. It is currently under much negotiation)
- Background manual comments

Nicole Nicholson
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Mail Stop C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

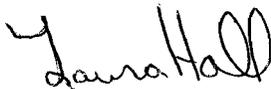
Dear Ms. Nicholson,

The Michigan Consumer Task Force wishes to express its overwhelming support for the Office of Long-Term Care Supports and Services and their application for the Person-Centered Planning Implementation grant. As a group we are comprised of primary and secondary consumers as well as advocates, serving in an advisory role to the Office of Long-Term Care Supports and Services. Therefore, as members, we have all been impacted by the long-term care system either directly or indirectly.

The Michigan Consumer Task Force has worked with the Office of Long-Term Care Supports and Service on many initiatives to improve the quality of life of people with disabilities and older adults, and we are proud of what has been achieved. However, the Task Force is also particularly excited that this grant could allow the state of Michigan to provide authentic person-centered planning to all the participants of the Mi-Choice Waiver and Single Points of Entry. This is a process that all recipients of long term care supports and services are entitled to. Furthermore, the specific focus on supporting informal caregivers and supports presents an exciting objective, one that is especially needed in Michigan.

As primary and secondary consumers and advocates of long-term care supports and services, many of us have been involved, either personally or professionally in the person-centered planning process. For some, it has fostered life-changing outcomes resulting in greater freedom and independence. Yet others are still waiting to engage in the authentic person-centered planning process. Therefore, we urge you to allow the Office of Long-Term Care Supports and Services the opportunity to implement person-centered planning among all the participants of the Mi-Choice Waiver and Single Points of Entry. In doing so, you are offering us *all* the chance at a life of greater choice and freedom.

Sincerely,

A handwritten signature in black ink that reads "Laura Hall". The signature is written in a cursive style with a large initial "L".

Laura Hall
Chair, Michigan Consumer Task Force

July 25, 2007

Nichole Nicholson
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
C2-21-15 Central Building
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Ms. Nicholson:

The Michigan Consumer Task Force strongly endorses Michigan's application for a 2007 Real Choice Systems Change grant in the category of State Profile Tool: Assessing a State's Long-Term Care System. The Michigan Consumer Task Force is a coalition of primary and secondary consumers and advocates that work in an advisory capacity for the Office of Long-Term Care Supports and Services, Michigan Department of Community Health. The Consumer Task Force strives to improve the quality of life of persons with disabilities and elders.

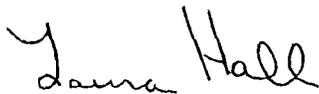
The Task Force advocates for the direction of long-term care in Michigan as expressed in the Governor's Long-Term Care Task Force Recommendations. These recommendations are being implemented through the state's establishment of single point of entry demonstration sites, developing person-centered planning and self-determination options within long-term care services, and other related efforts. It is very appropriate for the state to develop a thorough, understandable profile of its long-term care systems. Such a profile will enable Michigan to further examine and improve upon these systems. Additionally, the Task Force is especially interested in capturing the profile of two distinct and functionally separate systems: the long-term care system that serves the elder population and the mental health system that serves individuals with developmental and psychiatric disabilities.

We also support the decision to include a special focus on individuals with dementia. This growing population needs more options for services than we currently provide, so a careful examination of the population and the programs that serve it is very timely.

We have long endorsed the state's balancing efforts. While the system of community-based services needs more funding, it also needs greater flexibility in order to offer more options for individuals. We support a balancing effort that emphasizes Money Follows the Person principles, because that kind of flexibility could lead to new options for community-based care for individuals.

The Michigan Consumer Task Force has worked cooperatively with the Department of Community Health and the department has been responsive and supportive. We are confident that the Michigan could implement this grant successfully and contribute to the national balancing efforts.

Sincerely,



Laura Hall
Chair, Michigan Consumer Task Force

August 22, 2007

Sharon Gire, Director
Michigan Office of Services to the Aging
PO BOX 30676
Lansing, MI 48909

Dear Ms. Gire:

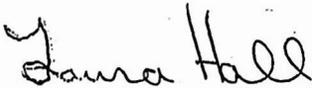
The Michigan Consumer Task Force (CTF) is pleased to write this letter of collaboration supporting the Michigan Office of Services Aging's application for the Administration on Aging Nursing Home Diversion Modernization Grant.

Michigan's Consumer Task Force began meeting in 2001 to provide input to the development and implementation of Michigan's Real Choice Systems Change grants. Michigan has received nine federal and foundation grants related to long-term care, seven of which are currently operating. The CTF reviews progress on grants and provides input to implementation issues in its monthly meetings. The members are LTC consumers, advocates and family members. Jackie Day, CTF member, served as a reviewer to select the Area Agency on Aging partners included in this grant.

OSA's involvement in the original workgroup preparing the Michigan Long Term Care Reform Task Force, their 30 plus years of advocacy experience for older adults in Michigan, their close partnering relationships with Area Agencies on Aging and local service providers and their expertise in culture change and continuous quality improvement position them to successfully implement this grant. Consumer involvement in this project, which is of paramount importance to the CTF will occur through involvement in local and state level workgroups and process action teams. We look forward to working with OSA by providing our consumer input and feedback and as our members continue to participate on workgroups.

We are pleased to be involved with this grant proposal and look forward to news of its successful award to Michigan.

Sincerely,



Laura Hall
Chair, Michigan Consumer Task Force

LTC CONNECTIONS
SEPTEMBER 2007

MSA 07-45 LEVEL OF CARE DETERMINATIONS

PROJECT UPDATE - POWERPOINT PRESENTATION
NORA BARKEY

EVALUATION UPDATE - POWERPOINT PRESENTATION
JULIE HEANY

Bulletin Number: MSA 07-45

Distribution: Hospice, Hospitals, Medicaid Health Plans, Mental Health/Substance Abuse (Prepaid Inpatient Health Plans and Coordinating Agencies), Nursing Facilities, Program of All Inclusive Care for the Elderly (PACE), MI Choice Waiver, Local Health Departments, Area Agencies on Aging

Issued: September 1, 2007

Subject: Single Point of Entry (Long Term Care Connection) Demonstration Project

Effective: November 1, 2007

Programs Affected: Medicaid

Single Point of Entry (Long Term Care Connection) Demonstration Project

The provisions of Sections 109i and 109j of Public Act 634 of 2006 amended PA 280 of 1939, authorizing the Michigan Department of Community Health (MDCH) to conduct a Single Point of Entry (Long Term Care Connection (LTCC)) demonstration project. Accordingly, MDCH has designated four pilot regional LTCC agencies that encompass thirty-six Michigan counties.

Each of the four regional LTCCs will serve as access points for individuals seeking long term care by providing information and referral for all long term care options, services and supports. The LTCCs will serve as the sole agency within each region to assess a Medicaid beneficiary's medical/functional eligibility via the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) for nursing facilities and the MI Choice Waiver program. In order to implement this policy, LTCCs will establish a memorandum of understanding with any hospitals, nursing facilities and MI Choice Program agencies located within any of the four LTCC regions.

Demonstration Project LTCC Regions and the Counties Served

The LTCC demonstration project defined in this bulletin applies **only** to providers located within the following counties, as well as the following cities surrounding the Detroit area:

Detroit/Wayne: Serves City of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

Southwest Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren

West Michigan: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Upper Peninsula: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Attached is a list of the Long Term Care Connection's regional contact information. This list, as well as additional Long Term Care Connection demonstration project information, is available on the Office of Long Term Care Supports and Services website at www.michigan.gov/lc; select Michigan's LTC Connections (Single Point of Entry) >> LTC Connections Contact Information.

Individuals living within an area served by the LTCC who are seeking long term care services outside of the area served by the LTCC are not held to the demonstration project policies.

MSA Policy Affected by LTCC Demonstration Project

The LTCC Demonstration Project modifies current LOCD policy for providers located within any of the four LTCC regions. Current LOCD policy is described in the Medicaid Provider Manual, as well as on the MDCH website at www.michigan.gov/mdch; select Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination. The following summarizes the modifications to current LOCD policy for providers located within LTCC regions.

Michigan Medicaid Nursing Facility Level of Care Determination

- Beginning November 1, 2007, all nursing facility and MI Choice Program providers located within any of the four LTCC regions will no longer conduct LOCDs (list of counties/cities located on page 1 of this bulletin).
- Beginning November 1, 2007, LTCCs will be the sole agency to conduct LOCDs for all Medicaid eligible or Medicaid pending beneficiaries residing in an area served by the LTCC who are seeking Medicaid medical/functional eligibility for Medicaid long term care programs (i.e., Medicaid reimbursed nursing facilities and MI Choice Program). The LTCC will be granted access rights to necessary medical information by way of the Medicaid provider's release form(s). The LTCC staff conducting the LOCDs must be health professionals: physician, registered nurse, licensed practical nurse, or licensed social worker (BSW or MSW) or physician assistant. Non-health professional LTCC staff may perform the LOCD with oversight by a health professional.
- Beginning November 1, 2007, LTCCs will provide a copy of their LOCD to the provider within two business days of completing it. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website (<https://sso.state.mi.us/>) under their National Provider Identifier (NPI) within two business days of receipt of the LTCC's LOCD. The MI Choice Program agency must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receipt of the LTCC's LOCD **only** if the MI Choice Program agency determines the applicant to require at least one MI Choice Program service.
- The LTCC will conduct LOCDs for all residents residing, or seeking Medicaid services, in an area served by the LTCC as follows:

New Admissions or Enrollments

The LTCC will conduct LOCDs for all Medicaid eligible beneficiaries or Medicaid pending applicants (Medicaid 'pending' status is defined as a Medicaid application that has been date stamped and registered by the Michigan Department of Human Services (MDHS)) who wish to enroll or be admitted into a Medicaid long term care program that is located within any one of the four LTCC regions whereby Medicaid reimbursement beyond Medicare co-insurance and deductible amounts will be requested as reimbursement for services rendered. The LTCC will respond within two business days from the date of contact by the beneficiary or applicant, or their representative, to schedule or to conduct the LOCD.

Change in Medical/Functional Condition of a Current Beneficiary

The LTCC may schedule and conduct a subsequent LOCD when a change in Medicaid medical/functional eligibility status is likely to occur (i.e., eligibility based on skilled rehabilitation therapies, physician involvement, treatments/conditions, etc.).

The LTCC will perform subsequent LOCDs for current residents or participants when a change in Medicaid medical/functional condition noted in the Medicaid provider's MDS, MDS-HC or medical records indicate a change in the individual's current Medicaid medical/functional eligibility status. The provider will contact the LTCC within two business days from the noted change in condition. The LTCC will conduct and provide a copy of the subsequent LOCD to the provider within five business days from the date of the provider's contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receipt of the LTCC's LOCD. The MI Choice Program agency must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receipt of the LTCC's LOCD **only** if the MI Choice Program agency determines the applicant to require at least one MI Choice Program service. If the MI Choice Program agency determines that the beneficiary does not require at least one MI Choice Program service, the MI Choice Program agency must contact the LTCC on the date the beneficiary was determined not to require at least one MI Choice Program service.

Non-Emergency Transfers of Medicaid-Eligible Residents and Participants

The provider must contact the LTCC within two business days of knowledge of a pending non-emergency transfer. Non-emergency transfers include transfers originating from a provider undergoing a voluntary closure.

Within five business days from the date of the provider's contact, the LTCC will conduct and provide a copy of the LOCDs for all non-emergency transferred Medicaid-eligible nursing facility residents who are transferred to another nursing facility who have not previously had an LOCD conducted by the LTCC. For residents who have had a previous LOCD conducted by the LTCC, the LTCC will provide a copy of the resident's LOCD to the new admitting provider within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Within five business days from the date of the MI Choice Program agency's contact, the LTCC will conduct and provide a copy of the LOCDs for all transferred Medicaid-eligible MI Choice Program participants who are transferred from one MI Choice Program agency to another MI Choice Program agency who have not previously had an LOCD conducted by the LTCC. For participants who have had a previous LOCD conducted by the LTCC, the LTCC will provide a copy of the participant's LOCD to the new agency within five business days from the agency's date of contact. The MI Choice Program agency must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

The LTCC will conduct LOCDs for financially Medicaid-eligible hospital residents seeking Medicaid long term care services as stated under the guidelines in the Memorandum of Understanding between the hospital and the LTCC.

Disenrollment of a Beneficiary from a Medicaid Health Plan

The LTCC will conduct LOCDs for financially Medicaid-eligible residents who were disenrolled beyond the forty-five days from a Medicaid Health Plan which had been paying for nursing facility services. The nursing facility must contact the LTCC within two business days from the date the resident was disenrolled from the Medicaid Health Plan. The LTCC will conduct and provide a copy of the resident's LOCD to the nursing facility within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Private Pay Residents Already Residing in a Nursing Facility

The LTCC will conduct LOCDs for current nursing facility residents who have applied for Medicaid (i.e., Medicaid 'pending' status as previously defined) as the payer for nursing facility services. The nursing facility must contact the LTCC within two business days from the date the nursing facility was informed of the resident's Medicaid pending status; if not informed of the resident's Medicaid pending status, then within two business days from the date the nursing facility received notification of the resident's determination of Medicaid financial eligibility. The LTCC will conduct and provide a copy of the LOCD within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Facility Closure and Involuntary Transfer of a Nursing Facility Resident

Any provider that is undergoing an involuntary closure and is located within any of the four LTCC regions must send a copy of the facility's 30-day notice of discontinuance (provided to the beneficiary) to the current provider's regional LTCC. The LTCC will conduct the LOCD for the Medicaid beneficiary(ies) and provide a copy to the admitting provider at the time of transfer. The new provider must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Any provider that is involved in the involuntary discharge of one or more of its residents must follow the same notification procedure outlined above. A copy of the 30-day notice of involuntary transfer that is given to the resident must be provided to the LTCC.

Emergency Transfer of a Nursing Facility Resident

Any provider located within any of the four LTCC regions that is undergoing an emergency transfer (i.e., hazardous condition: flood, fire, loss of electricity, etc.) of one or more of its residents must contact the LTCC as soon as is reasonably feasible, notifying the LTCC of the emergency transfer. Within two days of the emergency transfer, the provider must fax or provide to the LTCC a list of all the residents who were, or who are, residing with that provider who were, or who will be, transferred. The new admitting provider must conduct the Emergency Transfer LOCD within two business days from the date of the emergency transfer. The Emergency Transfer LOCD is accessed from the bottom of the LOCDs Welcome Screen in the LOCD website (<https://sso.state.mi.us/>). The new provider must also contact the LTCC within two business days from the date the new provider conducted the Emergency Transfer LOCD. The LTCC will conduct and provide a copy of the LOCDs for the emergency transferred Medicaid beneficiaries to the admitting provider within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Note: The Emergency Transfer LOCD does not determine Medicaid medical/functional eligibility; it allows for transfer of Medicaid reimbursement from the previous provider to the new provider who admitted an emergency transferred beneficiary.

Medicaid Eligibility

- Medicaid services will be reimbursed only when the LTCC's LOCD determines the beneficiary to be medically/functionally eligible OR when subsequent LOCDs conducted by the LTCC continue to determine the beneficiary as medically/functionally eligible AND when the LOCD is submitted by the provider into the LOCD website under their NPI within two business days of receiving a copy of the LTCC's LOCD.
- If there is a discrepancy of Medicaid medical/functional eligibility between the LTCC's LOCD and the medical/functional information reported on a nursing facility's MDS, the nursing facility must contact the LTCC within two business days of their signed and dated 14-day MDS (for new admissions) or within two business days of their first signed and dated MDS following the LTCC's LOCD (for current residents). If there is a discrepancy of Medicaid medical/functional eligibility between the LTCC's LOCD and the medical/functional information reported on the MI Choice Program agency's MDS-HC, the agency must contact the LTCC within two business days of their signed and dated MDS-HC.

- If a Medicaid Retrospective Review determines that the LTCC's admission or enrollment decision, or continued stay decision in the case of a current beneficiary, was in error, the provider will not be held liable to Medicaid for repayment of the beneficiary's admission, enrollment or continued stay if the nursing facility provider contacted the LTCC within two business days of the nursing facility's signed and dated 14-day MDS (for new admissions), or within two business days of the nursing facility's signed and dated MDS following the LTCC's LOCD (for current residents), or within two business days of the MI Choice Program agency's signed and dated MDS-HC, to report a discrepancy of Medicaid eligibility between the medical/functional information reported in that MDS, or that MDS-HC, and the LTCC's LOCD. The provider remains responsible for the completion of all MDS and MDS-HC reviews and for assuring that the beneficiary continues to meet the Medicaid medical/functional criteria for a nursing home stay or MI Choice Program participation on an ongoing basis.

Adverse Action Notice and Exception Review

- If the LTCC determines a beneficiary to be ineligible based on their LOCD, or no longer eligible based on any subsequent LOCD, the LTCC must issue an Adverse Action Notice and appeal options to the beneficiary on the date of the adverse action. The language in the LTCC's Adverse Action Notice must inform the ineligible beneficiary of their right to contact the MDCH peer review organization designee to request a Nursing Facility Level of Care Exception Process Immediate Review, as well as their right to a Medicaid fair hearing.

OR

- If the LTCC determines a beneficiary to be ineligible or no longer eligible based on their LOCD, or any subsequent LOCD, the LTCC may contact the MDCH peer review organization designee on the date of the adverse action to request the Nursing Facility Level of Care Exception Review on behalf of the beneficiary. If the MDCH peer review organization designee determines the beneficiary to be ineligible, the MDCH peer review organization designee is responsible for issuing the Adverse Action Notice to the beneficiary. The language in the MDCH peer review organization designee's Adverse Action Notice must inform the ineligible beneficiary of their right to a Medicaid fair hearing.

Telephone Intake Guidelines

- Beginning November 1, 2007, MI Choice Program agents located within any of the four LTCC regions may no longer conduct Michigan Medicaid Nursing Facility Telephone Intake Guidelines (TIG). Contacts made to the MI Choice Program agent are to be referred to that agency's regional LTCC. The LTCC will conduct the TIG within two business days of contact from a consumer. An Adverse Action Notice must be issued to beneficiaries who are determined ineligible based on the TIG. An Adverse Action Notice includes the beneficiary's right to request a Medicaid fair hearing.

Waiting Lists

- Beginning November 1, 2007, MI Choice Program agencies located within any of the four LTCC regions may no longer add beneficiaries or applicants to official "Waiting Lists" as defined in current MI Choice Program policy on the MDCH website at www.michigan.gov/mdch; select Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.
- On November 1, 2007, MI Choice Program Waiver agencies must forward their waiting lists to the LTCC within their region and must inform beneficiaries and applicants on their waiting lists that their point of contact from November 1, 2007, forward, is the LTCC. Until such time all beneficiaries or applicants on MI Choice Program waiting lists as of November 1, 2007, are enrolled or eliminated, MI Choice Program Waiver agencies will work in collaboration with the LTCC on enrollment or placement of the beneficiaries or applicants on the waiting lists as of November 1, 2007. The MI Choice Program agencies must continue to submit Waiting List Quarterly Summary Reports (form MSA-0812) to MDCH. The LTCC must forward to MDCH a copy of their waiting list in the format requested.

- Beginning November 1, 2007, LTCCs will maintain and be responsible for official waiting lists for all beneficiaries or applicants residing in an area served by the LTCC who are seeking long term care services. LTCCs will prioritize by category (Children's Special Health Care Services, Nursing Facility Transition, Adult Protective Services and Other) beneficiaries and applicants on their official waiting lists according to current LOCD policy on the MDCH website noted above.
- Beginning November 1, 2007, beneficiaries or applicants on MI Choice Program waiting lists that are listed under the category of "Other" will be prioritized for placement over beneficiaries or applicants on LTCC waiting lists that are listed under the category of "Other".
- Beginning November 1, 2007, beneficiaries or applicants on MI Choice Program waiting lists that are listed under the categories of Children's Special Health Care Services (CSHCS), Nursing Facility Transition and Adult Protective Services, and beneficiaries or applicants on LTCC waiting lists that are listed under the categories of CSHCS, Nursing Facility Transition and Adult Protective Services, will be placed by priority chronologically (by the date of request for services).
- When MI Choice Program waiting lists no longer contain names of beneficiaries or applicants awaiting placement, all official waiting lists will fall under the responsibility and maintenance of the LTCCs.

Freedom of Choice Form

- The LTCCs are responsible for obtaining all signatures required on the Freedom of Choice form only for LOCDs that are conducted by the LTCC. Freedom of Choice form signatures that the LTCC is unable to obtain remain the responsibility of the provider. The LTCCs and the providers must maintain a copy of the Freedom of Choice form on file, or in the beneficiary's medical record, for at least three years, even if the beneficiary was determined ineligible via the LOCD.

Continued Policy Requirements

- Providers who are not located within an area served by the LTCC (not within the demonstration project counties or cities) must continue to adhere to MSA policy requirements.
- All Medicaid providers remain responsible for assuring that the resident or participant continue to meet LOCD criteria on an ongoing basis.
- All Medicaid providers remain responsible for continuing to conduct federally required resident assessments (PASARR, MDS, MDS-HC, etc.).

Please direct any comments or questions regarding the **Single Point of Entry/Long Term Care Connection Demonstration Project** to:

Nora Barkey, Project Coordinator
Office of Long Term Care Supports and Services
Phone: (517) 335-9842
Email: MI-LTCC@Michigan.gov

Manual Maintenance

Retain this bulletin until further notice.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reinhart, Director
Medical Services Administration

Michigan Department of Community Health
Michigan's Long Term Care Connections
Long Term Care Connection (Single Point of Entry) Demonstration Projects
Contact Information

Service and Customer Calls: 1-866 642-4582

Detroit/Wayne Long Term Care Connection 313-567-5822

Serves the Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, and Highland Park

Address

Detroit/Wayne LTCC
1333 Brewery Park Blvd. Suite 160
Detroit, Michigan 48207

Director

Earlene Traylor Neal

Southwest Michigan Long Term Care Connection 269-982-7732

Serves Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties

Address

Southwest Michigan LTCC
2900 Lakeview Avenue
St. Joseph, Michigan 49085

Director

John Altena

West Michigan Long Term Care Connection 616-956-6627

Serves Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties

Address

West Michigan LTCC
3600 Camelot Dr. S.E., Suite 2
Grand Rapids, Michigan 49546

Director

Chuck Logie

Upper Peninsula Long Term Care Connection 906-786-4701

Serves Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

Address

Upper Peninsula LTCC
2501 14th Avenue South
P.O. Box 606
EsCANABA, Michigan 49829

Director

Mark Bomberg



Michigan's Long-Term Care Connections

Stakeholder Forum Update August 27, 2007

Nora Barkey

Office of Long Term Care Supports and Services



A Briefing

Today's Focus

- Evaluation
- Detroit/Wayne Long Term Care Connections
- Questions
- Break
 - Brief update: MSA Policy on LOCD and Service Update
 - Questions

TEAMWORK



Public Act 634

- Assess consumers' eligibility for all Medicaid long-term care programs utilizing a comprehensive level of care assessment approved by the department of community health
- Assist consumers in obtaining a financial determination of eligibility
- Assist consumers in developing their long-term care support plans through a person-centered planning process
- Authorize access to medicaid programs for which the consumer is eligible and that are identified in the consumer's long-term care supports plan.



Elements of Draft LOCD policy

- Within LTCC regions LOC's will be conduct by LTCC staff
- LOCD will be needed for new and change of condition
- Telephone Intake Guideline will be conducted by LTCC
- Waiting list will be transferred to LTCC

TEAMWORK



Implementation

Policy expected to be posted September 3,
2008

Training

Practice Activities

Partnership Agreements

TEAMWORK



LTCC Activities: January to June 2007

| Service | SW | Detroit | UP | WM | Total |
|----------|-------|---------|-------|-------|--------|
| I and A | 5,197 | 2,922 | 1,125 | 3,045 | 12,289 |
| C Ed | 3,086 | 7,554 | 119 | 494 | 11,253 |
| OC | 320 | 523 | 230 | 215 | 1288 |
| Outreach | 84 | 41 | 262 | 236 | 623 |



Michigan's Long-Term Care Connections

1-866-642-4582

TEAMWORK

SPE/ADRC Evaluation Update

August 27, 2007

What's happened since November?

- Evaluation Workgroup Meetings
- Development of an Evaluation Model
- Selection of Methods
- Development of Tools

Evaluation Workgroup Meetings

- Stakeholder meetings to discuss:
 - Identifying the values that shape LTCC & evaluation
 - Describing the relationship between LTCC activities and outcomes
 - Setting evaluation priorities
 - Identifying appropriate methods
 - Revising evaluation instruments & procedures

Evaluation Model

- Built around the six goals of the ADRC grant
- Links the activities of the LTCC with the outputs and outcomes of those activities
- Identifies linkages between ADRC goals and outcomes identified in PA 634 & other grants
- Suggests measures of outputs and outcomes

Methods & Measurement

- LTCC Implementation
- Consumer Outcomes
- SPE Outcomes
- Partner Outcomes
- Systemic Outcomes

LTCC Implementation

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

- Information & Assistance Interview
- Options Counseling Interview
- Service Point Data

SPE Outcomes

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

- Staff Survey
- Training Evaluation

Partnership Outcomes

Partnerships 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
- The sum of the evaluation parts

Discussion Points

- What SPE outcomes interest you most?
- What components of the evaluation do you find most intriguing and most problematic?
- Other questions, comments, and/or concerns?

Self Determination in Long Term Care Update September 2007

As of September 5, 2007, there are 90 participants enrolled.

Statewide expansion – We are waiting for CMS to approve the MI Choice renewal so we can offer self-determination statewide. In the meantime, we are focusing efforts on training the group of waiver agents, mostly from southeast MI. A day-long training on self determination to cover the basics was held August 15 and went well. The local Pioneer Coordinators are providing much of the training. September 10, we will train Supports Coordinators on individual budget and financial staff on working with fiscal intermediaries (the neutral third party that the budget for services is housed with). Our plan is to get one group up at running at a time, with there probably being three groups. The contracts with the Pioneer Sites are over September 30 and we are looking for other resources to keep them involved as mentors and trainers for the remaining 17 waiver agents.

We are taking part in the Self Determination Leadership Seminars with mental health to share information and best practices. The next one is scheduled for September 11. We are also presenting at the PCP conference in Troy September 20 to talk about the evolution of PCP in long term care.

I will be at the Cash and Counseling meeting the beginning for the last national gathering of the Cash and Counseling (Self Determination to us) states.

Independence Plus/Money Follows the Person Grants

September, 2007

- An overview description of the Pre-Paid LTC Health Care Pilot has been completed and was send to CMS. This document describes the intent, values, rationale and principles for the project. CMS sent back a series of questions and basically indicated to do the feasibility study and write and submit the waiver requests. The feasibility study which will determine key questions regarding the cost effectiveness and cost neutrality of the proposed project is just beginning.
- OLTCSS staff developed two grant proposals. One has to do with PCP training in MI Choice settings and the other is a request for Intensive Technical Assistance from the Paraprofessional Healthcare Institute to fund a Train-the-Trainer for the Consumers as Employers Curriculum. We should hear by early October if these grants will be funded by CMS.
- The Self-Determination Implementation Leadership Seminar was held on September 11th At the Lansing Holiday Inn South. The agenda included these topics; Person First Language, Developing a System for Self-Determination, Contracts and Other Documents; The Paper That Makes It Work, Building Demand for Self-Determination, Individual Budget Development, and The Why Behind the How.
- The Person-Centered Planning for Community Based Long-Term Care: Practice Guidance for the MI Choice Waiver Sites document has been through another round of revisions, based on comments from people involved in the PCP Discover Group. Many thanks to those who sent in comments to make this description on how to make PCP work for the MI Choice program's participants. A revised bibliography and an Organizational Readiness Survey have been added.

- The Independence Plus Grant will run out on September 30, 2007. The grant requires that a final report be written and all materials developed with this support be sent to CMS.

Medicaid Infrastructure Grant (MIG) Update: September 2007

There are presently 1031 Freedom to Work (FTW) participants.

On August 2, 2007, the Centers for Medicare & Medicaid Services (CMS) approved the State Plan Amendment to allow the use of personal care services in the workplace. Paul Reinhart, Michigan Medical Services Administration (MSA) Director; and Mike Head led this initiative to provide this new option to individuals using personal care services through the Home Help program. MSA is circulating a proposed policy bulletin to use in its implementation of personal care services in the work place. The projected implementation date is December 1, 2007.

Joe met with the United Way of Southeast Michigan on July 18 to discuss similarities in the MIG's efforts to explore a Michigan like "www.db101.org" site and the United Way's interest in creating an online application/information site for individuals. These two efforts are more different than alike. There will be a follow up presentation on this site on September 14, 2007, at the Radisson in Lansing. Discussions continue on how to proceed in securing annual funding for maintenance of such a site. Core members are confident that initial funding may be secured through grant sources.

The MIG & Medical Services Administration continues to look into utilizing the Balanced Budget Act of 1997 to address the aging issue in Freedom to Work Medicaid. Presently a person is no longer eligible for FTW at age 65. The BBA may allow a person to remain eligible and hopefully with the use of Social Security 1902(r)(2) disregards would be designed to continue protecting the person's Medicaid coverage as needed by "mirroring" the income and resource opportunities in FTW.

The MIG submitted its 2008 continuation grant narrative on August 23, 2007. We should learn by early November about this award. Primary

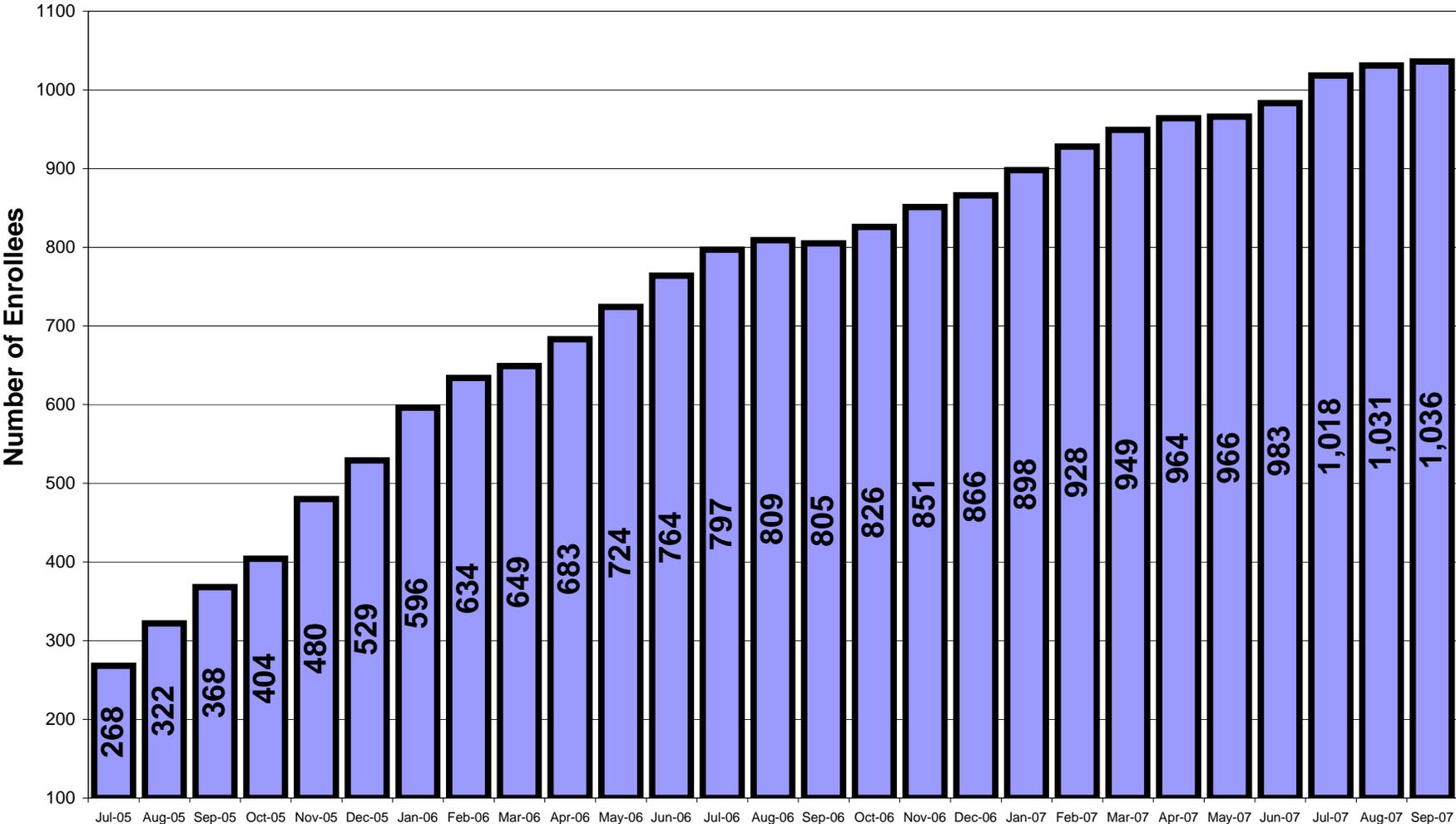
initiatives for 2008 include focusing on increasing supported and competitive employment, providing pilot funding to the four Work Incentives Planning Assistance (WIPA) projects to build capacity, building an even stronger focus on resolving issues with work incentives, further researching the disincentive created by spend down, and to determine a reliable source for employment related data.

Joe Longcor was appointed to the Social Security Administration's Work Incentives Advisory Group (WIAG) for the Chicago Region. He will be attending his first WIAG meeting on September 11 & 12, 2007.

MIG staff is attending the fall conference on September 18-20, 2007, hosted by the National Consortium for Health Systems Development held in conjunction with the Centers for Medicare and Medicaid meeting in Chicago. Jill Gerrie and Laura Hall are also attending this meeting.

There was not a joint MIG/MSA meeting in August or September due to scheduling conflicts. This meeting focuses on the issues represented in the table that has been previously distributed. Issues continue to be discussed and addressed. An updated grid will be shared in October.

Michigan FTW Enrollees September 2007



Freedom to Work Enrollment
By County
September 2007

| County Code | County Name | Beneficiary ID | County Code | County Name | Beneficiary ID |
|-------------|-------------|----------------|-------------|-------------|----------------|
| 2 | Alger | 1 | 43 | Lake | 0 |
| 3 | Allegan | 10 | 44 | Lapeer | 7 |
| 4 | Alpena | 1 | 45 | Leelanau | 1 |
| 5 | Antrim | 3 | 46 | Lenawee | 12 |
| 6 | Arenac | 3 | 47 | Livingston | 8 |
| 8 | Barry | 5 | 49 | Mackinac | 2 |
| 9 | Bay | 37 | 50 | Macomb | 58 |
| 10 | Benzie | 3 | 51 | Manistee | 3 |
| 11 | Berrien | 28 | 52 | Marquette | 9 |
| 12 | Branch | 7 | 53 | Mason | 5 |
| 13 | Calhoun | 17 | 54 | Mecosta | 7 |
| 14 | Cass | 4 | 55 | Menominee | 5 |
| 15 | Charlevoix | 7 | 56 | Midland | 15 |
| 17 | Chippewa | 10 | 57 | Missaukee | 1 |
| 18 | Clare | 4 | 58 | Monroe | 14 |
| 19 | Clinton | 5 | 59 | Montcalm | 2 |
| 20 | Crawford | 2 | 60 | Montmorency | 3 |
| 21 | Delta | 8 | 61 | Muskegon | 44 |
| 22 | Dickinson | 4 | 62 | Newaygo | 9 |

| County Code | County Name | Beneficiary ID | | County Code | County Name | Beneficiary ID |
|--------------------|--------------------|-----------------------|--|--------------------|--------------------|-----------------------|
| 23 | Eaton | 12 | | 63 | Oakland | 96 |
| 24 | Emmet | 8 | | 64 | Oceana | 2 |
| 25 | Genesee | 30 | | 65 | Ogemaw | 1 |
| 26 | Gladwin | 1 | | 66 | Ontonagon | 1 |
| 27 | Gogebic | 3 | | 67 | Osceola | 4 |
| 28 | Grand Traverse | 25 | | 69 | Otsego | 8 |
| 29 | Gratiot | 7 | | 70 | Ottawa | 23 |
| 30 | Hillsdale | 6 | | 72 | Roscommon | 8 |
| 31 | Houghton | 8 | | 73 | Saginaw | 8 |
| 32 | Huron | 5 | | 74 | St. Clair | 16 |
| 33 | Ingham | 44 | | 75 | St. Joseph | 14 |
| 34 | Ionia | 4 | | 76 | Sanilac | 6 |
| 35 | Iosco | 3 | | 78 | Shiawassee | 10 |
| 36 | Iron | 2 | | 79 | Tuscola | 3 |
| 37 | Isabella | 4 | | 80 | VanBuren | 7 |
| 38 | Jackson | 12 | | 81 | Washtenaw | 37 |
| 39 | Kalamazoo | 64 | | 82 | Wayne | 93 |
| 40 | Kalkaska | 3 | | 83 | Wexford | 4 |
| 41 | Kent | 89 | | | | |
| | | | | | TOTAL | 1036 |

Michigan Quality Community Care Council September 2007

The QC3 continues its efforts to expand the Registry Provider pool, to serve more Home Help Consumers and to make a variety of training available to Home Help Providers around the state. We had 955 unduplicated Providers on the Registry and served 715 unduplicated Consumers, as of August 31st. We have worked with several external partners, and, with their help, have been able to offer all of the trainings that we have facilitated for free. We have also been able to provide stipends for several of the trainings, lessening the impact of taking a day off, and increasing a provider's ability to attend. We have made available:

- ◆ Adult Abuse and Neglect Prevention (AANP) training. We also offered this program after a curriculum alteration, which shortened it from eight hours to four hours, and changed the name to Preventing Adult Abuse and Neglect (PAAN).
- ◆ Training through the Alzheimer's Disease Demonstration Grants to States (ADDGS) to educate Providers on working for people with dementia.
- ◆ Training for Providers on Body Mechanics, with an emphasis on Consumer safety and comfort, while still protecting the physical well being of the provider.
- ◆ Cardio-Pulmonary Resuscitation (CPR) training.
- ◆ An opportunity to attend the Michigan Alliance of Direct Support Professionals (MADSP) Conference.
- ◆ Peer Mentor training, for both Providers and Consumers, who will continue to work with the QC3, to support Providers in their work and Consumers in their role as employers.

The following statistics, on trainings, Consumers served, and Consumer Referrals, are based on services provided through the end of August 2007.

| Training | Number Trained |
|-----------------|-----------------------------|
| AANP & PAAN | 543 |
| ADDGS | 311 |
| Body Mechanics | 15 |
| CPR | 14 |
| MADSP | 12 |
| Peer Mentors | 20 Providers 5 Consumers |

Consumers and Providers by County

The highlighting denotes those counties where we have served 3%, or more, of the Home Help Consumer population.

| County # | County Name | HH Recipients | Unduplicated Consumers Served by the QC3 | % of HH Served | Providers Available |
|----------|-----------------|---------------|--|----------------|---------------------|
| 1 | Alcona | 55 | 1 | 1.82% | 1 |
| 2 | Alger | 19 | 0 | 0.00% | 1 |
| 3 | Allegan | 249 | 3 | 1.20% | 9 |
| 4 | Alpena | 151 | 1 | 0.66% | 2 |
| 5 | Antrim | 92 | 1 | 1.09% | 4 |
| 6 | Arenac | 144 | 8 | 5.56% | 7 |
| 7 | Baraga | 55 | 0 | 0.00% | 0 |
| 8 | Barry | 155 | 0 | 0.00% | 7 |
| 9 | Bay | 678 | 59 | 8.70% | 38 |
| 10 | Benzie | 66 | 0 | 0.00% | 8 |
| 11 | Berrien | 778 | 2 | 0.26% | 7 |
| 12 | Branch | 115 | 0 | 0.00% | 8 |
| 13 | Calhoun | 615 | 0 | 0.00% | 6 |
| 14 | Cass | 172 | 1 | 0.58% | 2 |
| 15 | Charlevoix | 78 | 0 | 0.00% | 3 |
| 16 | Cheboygan | 169 | 0 | 0.00% | 4 |
| 17 | Chippewa | 175 | 0 | 0.00% | 2 |
| 18 | Clare | 181 | 5 | 2.76% | 8 |
| 19 | Clinton | 108 | 3 | 2.78% | 15 |
| 20 | Crawford | 64 | 2 | 3.13% | 4 |
| 21 | Delta | 190 | 0 | 0.00% | 1 |
| 22 | Dickinson | 125 | 0 | 0.00% | 0 |
| 23 | Eaton | 264 | 12 | 4.55% | 22 |
| 24 | Emmet | 141 | 0 | 0.00% | 5 |
| 25 | Genesee | 2,577 | 65 | 2.52% | 82 |
| 26 | Gladwin | 136 | 1 | 0.74% | 10 |
| 27 | Gogebic | 40 | 0 | 0.00% | 1 |

| County # | County Name | HH Recipients | Unduplicated Consumers Served by the QC3 | % of HH Served | Providers Available |
|----------|----------------|---------------|--|----------------|---------------------|
| 28 | Grand Traverse | 196 | 0 | 0.00% | 10 |
| 29 | Gratiot | 127 | 1 | 0.79% | 2 |
| 30 | Hillsdale | 173 | 0 | 0.00% | 5 |
| 31 | Houghton | 134 | 0 | 0.00% | 0 |
| 32 | Huron | 120 | 2 | 1.67% | 2 |
| 33 | Ingham | 1,190 | 107 | 8.99% | 51 |
| 34 | Ionia | 191 | 10 | 5.24% | 11 |
| 35 | Iosco | 124 | 0 | 0.00% | 6 |
| 36 | Iron | 96 | 0 | 0.00% | 1 |
| 37 | Isabella | 280 | 2 | 0.71% | 2 |
| 38 | Jackson | 607 | 2 | 0.33% | 6 |
| 39 | Kalamazoo | 1,105 | 2 | 0.18% | 10 |
| 40 | Kalkaska | 70 | 0 | 0.00% | 0 |
| 41 | Kent | 1,834 | 33 | 1.80% | 32 |
| 42 | Keweenaw | 11 | 0 | 0.00% | 0 |
| 43 | Lake | 111 | 2 | 1.80% | 4 |
| 44 | Lapeer | 153 | 2 | 1.31% | 16 |
| 45 | Leelanau | 13 | 0 | 0.00% | 3 |
| 46 | Lenawee | 227 | 1 | 0.44% | 2 |
| 47 | Livingston | 224 | 3 | 1.34% | 7 |
| 48 | Luce | 37 | 1 | 2.70% | 0 |
| 49 | Mackinac | 41 | 1 | 2.44% | 1 |
| 50 | Macomb | 3,114 | 84 | 2.70% | 157 |
| 51 | Manistee | 183 | 0 | 0.00% | 5 |
| 52 | Marquette | 238 | 0 | 0.00% | 4 |
| 53 | Mason | 90 | 0 | 0.00% | 3 |
| 54 | Mecosta | 212 | 0 | 0.00% | 4 |
| 55 | Menominee | 150 | 1 | 0.67% | 0 |
| 56 | Midland | 382 | 1 | 0.26% | 11 |
| 57 | Missaukee | 55 | 1 | 1.82% | 6 |
| 58 | Monroe | 329 | 0 | 0.00% | 3 |

| County # | County Name | HH Recipients | Unduplicated Consumers Served by the QC3 | % of HH Served | Providers Available |
|----------|-------------------|---------------|--|----------------|---------------------|
| 59 | Montcalm | 266 | 6 | 2.26% | 12 |
| 60 | Montmorency | 59 | 0 | 0.00% | 2 |
| 61 | Muskegon | 851 | 2 | 0.24% | 13 |
| 62 | Newaygo | 294 | 7 | 2.38% | 4 |
| 63 | Oakland | 3,663 | 115 | 3.14% | 232 |
| 64 | Oceana | 151 | 1 | 0.66% | 3 |
| 65 | Ogemaw | 260 | 0 | 0.00% | 8 |
| 66 | Ontonagon | 41 | 1 | 2.44% | 1 |
| 67 | Osceola | 136 | 0 | 0.00% | 6 |
| 68 | Oscoda | 47 | 1 | 2.13% | 1 |
| 69 | Otsego | 176 | 12 | 6.82% | 12 |
| 70 | Ottawa | 270 | 4 | 1.48% | 12 |
| 71 | Presque Isle | 56 | 0 | 0.00% | 1 |
| 72 | Roscommon | 160 | 1 | 0.63% | 3 |
| 73 | Saginaw | 1,280 | 49 | 3.83% | 50 |
| 74 | St. Clair | 574 | 6 | 1.05% | 23 |
| 75 | St. Joseph | 163 | 0 | 0.00% | 2 |
| 76 | Sanilac | 193 | 2 | 1.04% | 9 |
| 77 | Schoolcraft | 72 | 0 | 0.00% | 0 |
| 78 | Shiawassee | 205 | 7 | 3.41% | 13 |
| 79 | Tuscola | 198 | 1 | 0.51% | 7 |
| 80 | Van Buren | 375 | 16 | 4.27% | 11 |
| 81 | Washtenaw | 900 | 13 | 1.44% | 25 |
| 82 | Wayne | 16,898 | 49 | 0.29% | 418 |
| 83 | Wexford | 166 | 2 | 1.20% | 12 |
| Total | | 46,863 | 715 | 1.53% | |

The number of Home Help Recipients in each county is based on figures from October 2006.

Ombudsman Advisory Group

MEMORANDUM

Date: August 17, 2007
To: Interested Parties
From: Sara Hunt, Hollis Turnham, Susan Steinke, Alison Hirschel, Doug Chalgian
Re: Final Draft Proposal to Restructure the Michigan Long Term Care Ombudsman Program (MLTCOP) **Comments due by September 17, 2007 to Ombudsmancomments@gmail.com**

The Michigan Long Term Care Ombudsman Program (MLTCOP) has existed in several formats since its beginnings in 1973 as a pilot program. The attached documents constitute a final draft proposal for the future structure of the MLTCOP. Attached are a brief narrative on Restructuring the Michigan Long Term Care Ombudsman Program; current and proposed budget information for the program; and a short description of the duties and authorities of the Long Term Care Ombudsman Program found in state and federal law.

In 2003, shortly after Governor Granholm appointed former state legislator Sharon Gire as the Director of the Office of Services to the Aging (OSA), Director Gire conducted a thorough review of the state of the MLTCOP. She found a program in disarray due to divided leadership, continuing internal discord about where the State LTCOP should be housed, and disagreement how best to carry out the mission of the MLTCOP. The program was not delivering services to residents of long term care consumers in a satisfactory way, despite the best efforts of many people working in the State and local Ombudsman offices. The program structure and lingering conflicts from the most recent shifts in distribution of state and federal Ombudsman dollars were causing public disagreements about leadership. For example, during nursing home closures, when residents are at their most vulnerable, state and local ombudsman staff were openly at odds with each other, and unable to serve residents.

This discord and service impairment led Director Gire to bring the State LTCOP part of the program inside OSA for a period of rebuilding, reflection and planning for a better functioning MLTCOP.

Ms. Gire hired Sarah Slocum on December 1, 2003 to serve as State LTCO at OSA with a charge that included analysis and planning for the best future structure of the MLTCOP. With Director Gire's approval, Ms. Slocum appointed the Ombudsman Advisory Group to assist in thinking through the optimal future home of the MLTCOP.

The members of the Ombudsman Advisory Group are:

- Sara Hunt, former Louisiana State Long Term Care Ombudsman and national Ombudsman consultant;

- Hollis Turnham, former Michigan State LTC Ombudsman, Heinz Fellow, Michigan Director of the Paraprofessional Healthcare Institute;
- Susan Steinke, formerly with AARP Michigan, Vice Chair of Governor Granholm's Long Term Care Task Force, Executive Director of the Michigan Quality Community Care Council;
- Alison Hirschel, Michigan Poverty Law Program, Coordinator of the Michigan Campaign for Quality Care, MLTCOP Legal Counsel, President of the National Citizens Coalition for Nursing Home Reform;
- Doug Chalgian, Elderlaw Attorney, former Chair of the State Bar Elderlaw and Advocacy Section, Chair of the Michigan Department of Community Health Nursing Home Certificate of Need Standard Review Committee;
- with assistance and facilitation by Peggy Brey, former Vice President of the Michigan Peer Review Organization and currently Deputy Director of OSA.

The Ombudsman Advisory Group with the assistance of attorney Kara Jennings, reviewed the Institute of Medicine Report (IOM) entitled: *Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act*. Hollis Turnham, then Michigan State Long Term Care Ombudsman, served as a member of the IOM committee which developed this report. The group also studied the report of the National Association of State Ombudsman Programs, funded by the Bader Foundation, entitled *The Long-Term Care Ombudsman Program: Rethinking and Retooling for the Future*, and the experiences and structures of other state LTC Ombudsman programs. With this background material Ms. Jennings drafted a structured set of questions for consideration by all interested stakeholders. A stakeholder input session was held on August 26, 2005, in Lansing where local ombudsmen, attorneys, area agency on aging staff, AARP, Michigan Department of Community Health and Michigan Department of Human Services, long term care provider groups and others gathered to engage in dialogue about the future structure of the MLTCOP.

The participants were very consistent in pointing out several necessary elements for a successful MLTCOP. Participants agreed an independent program is essential, as well as a program with more streamlined and understandable lines of authority. The strong consensus of participants favored a single organization to provide LTC Ombudsman services and that this entity should be external to state government. For a copy of the comments from the 2005 Input Session, please contact Sarah Slocum at slocums@michigan.gov.

As a result of all this work, the Ombudsman Advisory Group developed these elements for the restructuring of the MLTCOP. In finding a new "home" for the MTLTCOP, the Ombudsman Advisory Group examined the structure of the entire program – state and local elements. The goal of the attached consensus proposal is program effectiveness in serving the people of Michigan who use residential long term care services. The Ombudsman Advisory Group also considered the possibility that the MLTCOP might become the "External Advocate" recommended by the Governor's Medicaid Long Term Care Task Force, providing advocacy to people using non-residential based long term care supports and services.

The Ombudsman Advisory Group developed a preliminary draft of the Elements of the Consensus Proposal and attended meetings of the Citizens for Better Care (CBC) Board of Directors' Executive Committee and the Area Agency on Aging (AAA) Association Board of Directors to present the preliminary draft. CBC and three of the AAAs are the agencies currently housing local Ombudsman staff, and the AAAs are also the regional agencies that distribute state and federal ombudsman dollars. The Ombudsman Advisory Group met with them to make sure they had plenty of time to analyze and consider the ideas about program structure that are incorporated in the consensus proposal. The Ombudsman Advisory Group also held meetings with OSA Director Sharon Gire, Michigan Department of Community Health Director Janet Olszewski, and Office of Long Term Care Supports and Services Director Mike Head to brief them on the preliminary draft.

The Ombudsman Advisory Group believes clear lines of authority for the entire MLTCOP and efficiency of administration will result from this proposed structure. A single agency structure, rather than the current multi-party flow of authority, reporting, leadership, and funding will allow for a stronger, clearer mission and vision of program responsibilities, as well as administrative and fiscal efficiency not found in the current organizational design.

After gathering comments and input to this written Final Draft Proposal, the Ombudsman Advisory Group will make a formal recommendation to Director Gire and State LTC Ombudsman Slocum. We anticipate making this recommendation during November, 2007. We also look forward to each of your continued support and partnership with the MLTCOP as its new structure is implemented.

We welcome your comments on the attached proposal. Please send comments to us at Ombudsmancomments@gmail.com by September 17, 2007.

RESTRUCTURING THE MICHIGAN LONG-TERM CARE OMBUDSMAN PROGRAM (MLTCOP)

ELEMENTS OF OMBUDSMAN ADVISORY GROUP PROPOSAL TO MICHIGAN'S STATE LTC OMBUDSMAN AUGUST 17, 2007

In 2003, shortly after Governor Granholm appointed Sharon Gire as the Director of the Office of Services to the Aging (OSA), Director Gire conducted a thorough review of the state of the MLTCOP. She found a program in disarray due to divided leadership, continuing internal discord about where the State LTCOP should be housed, and how best to carry out the mission of the MLTCOP. The program was not delivering services to residents of long term care consumers in a satisfactory way, despite the best efforts of many people working in the State and Local Ombudsman offices. The program structure and lingering conflicts from the most recent shifts in distribution of state and federal Ombudsman dollars were causing public disagreements about leadership.. Director Gire decided to bring the State Long Term Care Ombudsman (SLTCO) office inside OSA as a temporary measure. Director Gire hired Sarah Slocum as State LTC Ombudsman and charged her with improving the program performance through training and support of local ombudsmen, and with making a recommendation for the optimal future structure of the program Outside of state government.

With Director Gire's approval, Ms. Slocum appointed an advisory panel to help think through the new structure for the MLTCOP. The Ombudsman Advisory Group is made up of Sara Hunt, Hollis Turnham, Alison Hirschel, Susan Steinke and Doug Chalgian. This group now brings forward the enclosed proposal to restructure the MLTCOP. The Ombudsman Advisory Group studied national reports on effective ombudsman programs, consulted with national expert and looked at other states' models. The State Ombudsman office contracted with an attorney, Kara Jennings, took this work and wrote a structured set of issues and questions for discussion at the August 26, 2005 input session.

The participants at the 2005 session were very consistent in pointing out several necessary elements for a successful MLTCOP. Participants agreed an independent program is essential, as well as a program with more streamlined and understandable lines of authority. The strong consensus of participants favored a single organization to provide LTC Ombudsman services and that this entity should be external to state

government. For a copy of the comments from the 2005 Input Session, please contact Sarah Slocum at slocums@michigan.gov.

As a result of all this work, the Ombudsman Advisory Group developed these elements for the restructuring of the MLTCOP. In finding a new “home” for the MLTCOP, the Ombudsman Advisory Group examined the structure of the entire program – state and local elements. The goal of the attached consensus proposal is program effectiveness in serving the people of Michigan who use residential long term care services. The Ombudsman Advisory Group also considered the possibility that the MLTCOP might become the “External Advocate” recommended by the Governor’s Medicaid Long Term Care Task Force, providing advocacy to people using non-residential based long term care supports and services.

The Advisory Group believes that clear lines of authority for the entire Ombudsman program and efficiency of administrative design will result from this proposed structure. A single agency structure, rather than the current multi-party flow of authority, reporting, leadership, and dollars, will allow for a stronger, clearer mission and vision of program responsibilities, as well as, administrative and fiscal efficiency not found in the current organizational design.

The proposal is budget neutral. No additional funds are required to accomplish this new structure, with minimal of disruption in service anticipated. A phased-in approach across regions of the state will be required to ensure no reduction of quality services occurs.

The plan also envisions that two full time employees (FTEs) in local/regional Ombudsman offices who now serve as supervisors with limited case load responsibilities would no longer have supervisory responsibilities and would be fully committed to serving consumers.

The proposal is also consumer friendly in that it creates a single agency with a single purpose: to address the needs and interests of people using Michigan’s nursing homes, county medical care facilities, hospital long-term care units, adult foster care homes, and homes for the aged. . The proposed structure addresses current key issues with program responsibilities housed in a variety of multi-purpose agencies, with different names and different outreach materials that do not sufficiently market Ombudsman services and responsibilities.

Based largely on the input from the Stakeholder meeting, the Advisory group concluded that the following elements are needed in a re-structured MLTCOP to effectively serve Michigan:

1. **The Ombudsman Program should be unified and operated by a single organization and employer.** This element
 - Creates a clear chain of leadership, management, and authority, including designation and de-designation of local ombudsman
 - Simplifies administration of the program
 - Provides for uniform recruitment, screening, supervision, compensation, and training of local/regional ombudsman staff and volunteer ombudsman

2. **A new, independent non-profit agency should be formed to operate the Michigan Long-Term Care Ombudsman Program. The new non-profit agency** will be the single employer of all state and local ombudsman staff. This non-profit must have as its sole mission: the effective operation of the Michigan Long Term Care Ombudsman Program striving toward optimum service and advocacy for long term care consumers.
 - The responsibilities of the MLTCOP as outlined in the attached sections of the Older Americans Act and the Older Michiganians Act are extensive, complex, and call for an organization singularly committed to effective individual and systemic advocacy for people using long-term care supports and services.
 - This element maximizes the agency's responsibility to provide the highest quality Ombudsman services while minimizing the pressure or distraction of providing other worthwhile services

3. **The new Long-Term Care Ombudsman agency shall have a board of directors including a majority of consumers and/or their representatives., and**

- The Board of Directors of the new Ombudsman agency will hire the State LTC Ombudsman with the approval of the Director of OSA. The State LTC Ombudsman will direct the new agency.
- The board membership will be geographically diverse and charged with ensuring an effective MLTCOP.
- **Providers of LTC and their representatives will not serve on the Board as required by state and federal law.**
- This element creates a governance structure for the program and the new agency.
- In keeping with the state’s focus on “person-directed care”, this element establishes a majority consumer voice in guiding and advising the Ombudsman program

4. **The State Long Term Care Ombudsman program and the new Ombudsman agency should not be created through a competitive bid for FY 2008 and the following two years,** so the new non-profit agency can get established. This element will minimize any disruption in LTCOP services to long term care consumers.

- The new model needs a period of concerted organizational development and stability to achieve competency, capacity and high quality individual and systemic advocacy services.

5. **State and federal Ombudsman funding should be awarded directly to the new MLTCOP non-profit agency by OSA and the AAAs.** . The required amounts of governmental funding as defined by federal maintenance of effort requirements should flow to the new agency. The single non-profit agency will provide ombudsman services with available state, federal, local and other funds raised by the new agency. Reporting and budget responsibilities to the OSA and individual AAAs shall continue in mutually accepted formats for the 17 stakeholders.

- Simplifies administration of the program for the SLTCOP, OSA, and the AAAs.

- Minimizes any perceived conflict of interests with AAAs involved in the Long-Term Care Connections, MI Choice programs, or other LTC services
- Minimizes any perceived conflict of interest with AAA-funded in-home services when and if the MLTCOP expands into non-residential based LTC consumer advocacy

6. The Director of OSA will have authority to approve the State Long Term Care Ombudsman hired by the new MLTCOP non-profit agency. The State Ombudsman will hire, lead, supervise, and manage all other staff working for the new non-profit agency.

- Complies with federal law outlining role and authority of State Agency on Aging Director over the MLTCOP and continues past practices.
- Maintains collaborative relationship between OSA and State Ombudsman needed for program effectiveness.

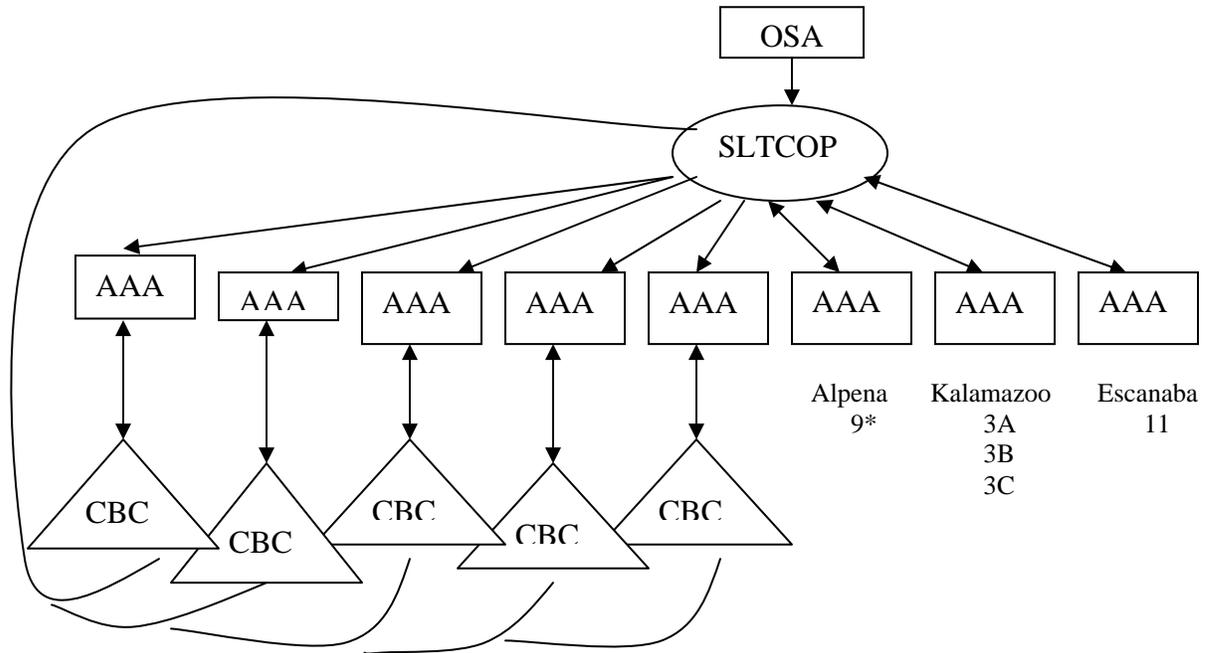
7. The Director of OSA will have authority to approve yearly grant application and work plan for the MLTCOP, and to disburse federal and state funding to the new non-profit agency through the State Commission on Services to the Aging.

- Provides direct oversight mechanisms for this federal and state mandated and funded program
- Provides another avenue to ensure program effectiveness

8. The Director of OSA retains authority to change/restructure the program, including bringing the State Ombudsman back into OSA, in the event of serious program quality or effectiveness issues.

- Complies with federal law on role and authority of OSA director
- Provides quality assurance structure as new program model and new non-profit agency develops

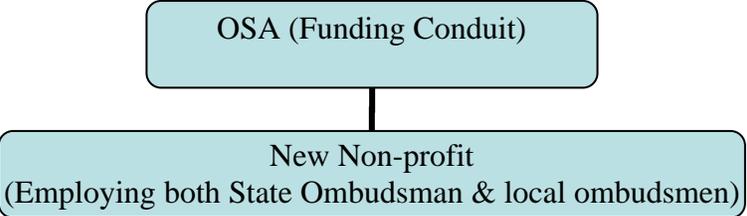
Current Michigan SLTCOP Structure
 Within OSA & Local Ombudsman Programs
 Contracted to CBC through AAAs



| | | | | |
|---------|--------------|---------|--------|---------------|
| Detroit | Grand Rapids | Saginaw | Okemos | Traverse City |
| 1-A | 4 | 5 | 2 | 10 |
| 1-B | 8 | 7 | 6 | |
| 1-C | 14 | | | |

***Numbers here refer to Area Agency on Aging regions**

Proposed Alternative
Creation of Independent SLTCOP Non-profit Agency



State Long Term Care Ombudsman Program -- Budget Neutrality 8/17/2007

This budget assumes:

1. Continuation of all governmental funding—Older Americans Act Title VII and Title III-B, Older Michigianians Act, and Medicaid funding— in keeping with maintenance of effort requirements.
2. No other funding (United Way, county millage, rent, phone, etc) currently received by local Ombudsman offices hosted by Area Agencies on Aging or Citizens for Better Care will be allotted to the new non-profit Ombudsman agency. Some of these additional resources may become available to Ombudsman services, but this budget does not assume their availability.
3. No additional funding sources, particularly from foundations or as a result of added responsibilities.
4. Eight Michigan LTC Ombudsman offices instead of the current nine offices by combining the current Okemos office and the State LTC Ombudsman office into one Lansing office.
5. Continuation of geo-routed statewide tollfree number that allows callers on a single toll free number to be routed to the responsible Ombudsman office. Other toll free numbers will no longer be needed by Ombudsman offices.
6. One full time State LTC Ombudsman, two Assistant State LTC Ombudsmen, and one support staff for the MI Ombudsman program, consistent with current SLTCOP staffing.
7. A need to create one wage and benefit structure, rather than the existing five systems, by improving base salaries of local Ombudsmen

Comparison – current SLTCO budget and proposed SLTCO budget

Revenues FY 2007 used to operate the State Ombudsman office:

| | |
|----------------------|------------------|
| Title III-B, federal | \$111,849 |
| Title VII, federal | \$487,500 |
| Federal Carryover | \$ 3,722 |
| State General Fund | \$ 11,525 |
| OSA administrative | <u>\$ 10,000</u> |
| TOTAL | \$624,596 |

| Line Item | Current SLTCO Budget FY2007 | Proposed SLTCO Budget |
|---|--------------------------------|--------------------------|
| Salary and Fringe, 4 staff | \$397,407 | \$345,800 |
| Office Supplies | 5,100 | 2,500 |
| Printing | 5,215 | 3,000 |
| Phone/Communications | 4,000 | 5,000 |
| Staff Travel | 11,200 | 10,000 |
| Trainings- local omb. | 14,000 (includes Vol. Tr.) | 10,000 |
| Training vol. | (included above) | 10,000 |
| Rent (indirect in current) | 29,100 | 20,000 |
| Legal Counsel | 10,000 | 10,000 |
| OmbudsManager data system | 0 | 22,000 |
| Equipment | 0 | 13,000 |
| Audit/bookkeeping | 0 (indirect) | 5,000 |
| Payroll Contract | 0 (indirect) | 5,000 |
| IT support contract | 8,574 | 40,000 |
| Funding sent to Local Omb. offices | 140,000 | 123,296 |
| TOTAL | 624,596* | 624,596* |

* Includes \$10,000 support from OSA administrative funds

The new non-profit will be responsible for new expenses (data system, equipment, audit/bookkeeping, payroll and IT) that have not been specifically assigned or necessary while the State Ombudsman Office has been housed in OSA.

Staffing Local Ombudsman Offices through a new non-profit agency

Revenues currently supporting local Ombudsman offices that will continue in new model

| | |
|--|------------------|
| State NHO (GF source) | \$466,475 |
| Title III-B maintenance of Effort | \$115,000 |
| Title VII funds sent to local Ombudsman offices | \$140,000 |
| Federal Medicaid match | <u>\$205,000</u> |
| TOTAL | \$926,475 |

Estimated annual cost to employ 1 full time local ombudsman

| | |
|--------------|---------------|
| Salary | \$35,000 |
| Fringe | 10,500 |
| Travel | 5,700 |
| Rent | 4000 |
| Supplies | 1,000 |
| Training | 1,000 |
| Phone | 800 |
| Equipment | 2,000 |
| TOTAL | 60,000 |

15 local Ombudsmen FTE x 60,000 = 900,000
Current Ombudsman FTEs (FY 2007) 17.1

The current Ombudsman staffing pattern of 17.1 FTE includes local Ombudsman staff with supervisory responsibilities that will be re-assigned to State Ombudsman staff. This re-assignment will allow all 15 local Ombudsman to concentrate on direct Ombudsman services.

Staffing local Ombudsman offices at 15 FTEs level is based on the most conservative financial estimates. It assumes that none of the local resources that are not required to followed the Ombudsman program (elder abuse and neglect funding, county milage funding, United Way funding, etc.) will come to the new structure. One could reasonably assume that some of the funders supporting the current Ombudsman program would continue to do so, and the program may not realize the 2.1 FTE loss that is budgeted here.

Current governmental revenues funding local Ombudsman staff and services , and local resources supporting some Ombudsman activities

Current budget for Citizens for Better Care (AAA Regions 1A, 1B, 1C, 2, 4, 5, 6, 7, 8, 10, and 14 serving offices in Detroit, Lansing, Grand Rapids, Traverse City, and Saginaw)

| | |
|--------------|------------------|
| State GF | \$373,180 |
| Title VII | \$112,000 |
| Medicaid | <u>\$164,000</u> |
| TOTAL | \$649,180 |

Local resources to Citizens for Better Care; budget is not based on continuation of these funds to new non-profit Ombudsman agency:

| | |
|---------------------------------|------------------|
| United Way, SE Michigan | \$50,742 |
| United Way Capital Area | \$ 1,400 |
| United way Saginaw | \$29,364 |
| Neighborhood Opportunity Fund | \$53,544 |
| Assisted Living grant, Kent co. | \$51,786 |
| Kent County Senior millage | <u>\$80,000</u> |
| TOTAL | \$266,836 |

Region 3-A, 3-B, 3-C Kalamazoo office; budget is based on these funds continuing to the new non-profit Ombudsman agency.

| | |
|--------------|-----------------|
| State GF | \$30,216 |
| Title VII | \$12,642 |
| Medicaid | <u>\$13,330</u> |
| TOTAL | \$56,188 |

Local resources to Kalamazoo office; budget is not based on continuation of these funds to the new non-profit Ombudsman agency:

| | |
|---------------------|----------------|
| County general fund | <u>\$8,789</u> |
| TOTAL | \$8,789 |

UPCAP, Upper Peninsula office: budget is based on these funds continuing to the new non-profit Ombudsman agency.

| | |
|--------------|-----------------|
| State GF | \$42,546 |
| Title VII | \$12,642 |
| Medicaid | <u>\$13,330</u> |
| TOTAL | \$68,518 |

Local resources to Upper Peninsula office; budget is not based on continuation of these funds to the new non-profit Ombudsman agency.

| | |
|----------------|----------------|
| In kind, Rent | \$3,000 |
| In kind, phone | <u>\$ 800</u> |
| TOTAL | \$3,800 |

Region 9 Area Agency on Aging, Alpena office: budget is based on continuation of these funds to the new non-profit Ombudsman agency.

| | |
|--------------|------------------|
| State GF | \$24,863 |
| Title VII | \$ 8,321 |
| Medicaid | <u>\$10,968</u> |
| TOTAL | \$44, 152 |

DUTIES OF THE STATE LONG TERM CARE OMBUDSMAN UNDER FEDERAL OLDER AMERICANS ACT AND STATE OLDER MICHIGANIANS ACT

Both federal and state law govern the mandated duties of the long term care ombudsman, the protections afforded the long term care ombudsman, and the designation of local ombudsmen by the state long term care ombudsman. Federal law pertaining to long term care ombudsmen is found within the Older Americans Act at U.S. Code Title 42 Chapter 35 Subchapter XI Part A subpart ii section 3058g. State law pertaining to long term care ombudsmen is found within the Older Michiganians Act at MCL 400.586g.

The **State Long Term Care Ombudsman** is empowered to advocate for residents of nursing homes, homes for the aged, adult foster care homes, county medical care facilities and hospital long term care units.

The **State Long Term Ombudsman** advocates for systemic changes in long term care. Local long term care ombudsman designated by the State Long Term Care Ombudsman advocate for individual residents and monitor local facilities.

The **State Long Term Care Ombudsman** is authorized to represent residents before governmental agencies and seek administrative, legal, and other remedies.

The **State Long Term Care Ombudsman**, pursuant to OAA section 3058g(3)(G) and OMA 400.586(3)(e) **shall:**

analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental polices and actions

recommend any changes in laws regulations, policies, and actions

facilitate public comment on laws regulations, policies, and actions

The **State Long Term Care Ombudsman**, pursuant to OAA section 3058g(3)(A) and OMA 400.586(6g)(3)(e), is mandated to work with a wide-ranging array of federal and state agencies as well as industry groups and public services entities to develop, implement and monitor changes in the long term care system. These may include:

- ✓ **Executive branch offices, commissions and agencies** such as the Federal Office on Aging, Governor's Long Term Care Task Force, Department of Community Health Medicaid Policy, Office of Long Term Care Supports and Services, Office of Services to the Aging, Department of Human Services, Department of Management and Budget
- ✓ **Legislators** at both the federal and state level
- ✓ **Regulatory agencies** such as the federal Centers for Medicare and Medicaid Services and the state Bureau of Health Systems
- ✓ **Providers** of long term care services or industry groups
- ✓ **Public interest** groups working on issues of concern to long term care consumers such as Area Agencies on Aging Association of Michigan, BEAM, Michigan Protection and Advocacy, AARP
- ✓ **Legal services providers**

The **State Long Term Care Ombudsman**, in conjunction with its **local ombudsmen designees**, shall:

identify, investigate and resolve complaints relating to actions, inactions, or decisions of providers and agencies as they affect resident health, safety, welfare or rights

provide services to residents in protecting their health, safety, welfare, and rights

inform residents about the means of obtaining provider or agency services

Recent initiatives have included working to ensure resident **choice** in where to live, daily schedule, and personal preferences through implementation of **Person-Centered Planning**, in obtaining services outside an institutional setting through **Home and Community-Based Waiver and Nursing Facility Transition Initiatives**, and in obtaining information about all available care services options through **Single Points of Entry**.

Other efforts to **support resident rights** have included participation in culture change forums and trainings on the Eden Alternative, Greenhouses, Appreciative Inquiry, and similar efforts to **improve quality of care and quality of life** in both clinical and social settings.

CONSUMER TASK FORCE

BACKGROUND INFORMATION

SEPTEMBER 2007

DRAFT DRAFT DRAFT DRAFT DRAFT

| | |
|--|----|
| INTRODUCTION | 1 |
| What is the Consumer Task Force | 1 |
| Why Was it Created | 1 |
| Why Should You Be a Part of This | 1 |
| When Does it Meet | 2 |
| Support for Consumer Participation | 2 |
| GRANTS MONITORED BY THE CONSUMER TASK FORCE..... | 3 |
| 2001 Real Choice Systems Change Grants..... | 3 |
| Independence Plus, 2003-2007 | 4 |
| Money Follows the Person Rebalancing Demonstration Grant, 2003-2008 | 4 |
| Robert Wood Johnson Foundation - Cash & Counseling Grant, 2003-2008 | 5 |
| Aging and Disability Resource Center Grant, 2005-2008 | 5 |
| Medicaid Infrastructure Grant - Freedom to Work, 2003-2009 | 6 |
| Systems Transformation Grant, 2007-2010..... | 6 |
| Deficit Reduction Act/Money Follows the Person Rebalancing Demonstration | 7 |
| Long-Term Care Prepaid Health Plan (PHP)(Pilot) | 7 |
| KEY DEVELOPMENTS IN THE HISTORY OF LONG-TERM CARE SERVICES | 13 |
| Medicaid | 13 |
| Rehabilitation Act of 1973 (Section 504) | 13 |
| First Home and Community-Based Waiver..... | 14 |
| ADAPT (Americans with Disabilities for Attendant Programs Today)..... | 14 |
| Americans with Disability Act (ADA) | 14 |
| Olmstead Decision | 15 |
| New Freedom Initiative | 15 |
| When CPIGs Fly | 16 |
| RECENT SYSTEM CHANGE DEVELOPMENTS IN MICHIGAN | 17 |
| Eager Lawsuit | 17 |
| LTC Task Force Final Report..... | 17 |
| Office of Long-Term Care Supports and Services | 18 |
| WHAT IS MEDICAID | 20 |
| General Information..... | 20 |
| Eligibility Groups..... | 20 |
| Financial Eligibility | 20 |
| Nonfinancial Eligibility | 22 |
| Eligibility Period..... | 22 |
| Health Coverage..... | 23 |
| Federal Matching Funds | 24 |
| Payment Methodologies..... | 24 |
| What is Long-Term Care? | 24 |
| Special Programs | 25 |
| Program of All-Inclusive Care for the Elderly (PACE)..... | 25 |
| Medicaid Health Plan..... | 25 |
| Prepaid Inpatient Hospital Plan (PIHP) | 26 |
| WHAT IS MEDICARE | 27 |
| General Information..... | 27 |
| Medicare Part A, Hospital Insurance | 27 |
| Medicare Part B, Medical Insurance..... | 27 |
| Medicare Part D, Prescription Drug Coverage | 28 |
| MICHIGAN’S STATE PLAN..... | 29 |

| | |
|---|----|
| What Is It..... | 29 |
| What Does It Include | 29 |
| Administration | 29 |
| Eligibility | 29 |
| Coverages..... | 29 |
| Reimbursement | 29 |
| Interagency agreements | 29 |
| Other | 30 |
| Why Is It Important..... | 30 |
| State Plan Amendments | 30 |
| WAIVERS | 31 |
| What Are They..... | 31 |
| What Types Are There..... | 31 |
| Section 1115 Research & Demonstration Projects | 31 |
| Section 1915(b) Managed Care/Freedom of Choice Waivers | 32 |
| Section 1915(c) Home and Community-Based Services Waivers | 32 |
| Combined Section 1915(b)(c) Waivers | 33 |
| What Does Michigan Have..... | 33 |
| APPENDIX A - MEDICAID COMMUNITY ATTENDANT SERVICES AND SUPPORTS | |
| ACT (MiCASSA) | 35 |
| APPENDIX B - MEETING LOCATION | 37 |
| APPENDIX C - CONTACT LIST | 39 |
| APPENDIX D - ACRONYMS AND TERMS | 45 |

INTRODUCTION

What is the Consumer Task Force

This is a group of people with a common interest in improving the Medicaid Program. They are people with disabilities, people who are elderly, family members, and advocates. State staff also helps on an “as needed” basis and helps the Task Force meetings. Members have a common interest in improving long-term care services for Michigan’s citizens, specifically around long-term care, supports, and issues with work. The Task Force is led by a consumer. The Executive Committee is made up of consumers and advocates. The Task Force gives advice to the Department on grant activities, grant development, and related policy and system change actions.

Why Was it Created

The Consumer Task Force was created to advise the State on the development and implementation of Real Choice Systems Change grants from the federal Centers for Medicare and Medicaid Services (CMS). These grants have required the State to show meaningful consumer input in the process.

Why Should You Be a Part of This

Your help on this Task Force is needed! You are the person the Department of Community Health serves, so your role can be summed up by the following advocacy slogan:

Nothing about Us, Without Us

The Task Force needs your experiences to make the Medicaid Long-Term Care Program more aware of your needs and wishes. Your voice can make a difference.

When Does it Meet

The Consumer Task Force usually meets on the fourth Tuesday of the month. Meetings are from 10:00am to noon. Lunch is not provided. At 12:30, there is an informational session, followed by an Executive Committee meeting. Your attendance at the informational session is your choice. Meetings are usually at the Michigan Association of Mental Health Boards, 426 South Walnut. (Appendix A has driving instructions to the Association.) Members may also share in the meetings by phone. The Department of Community Health/Long-Term Care website has the schedule of meetings.

<http://www.michigan.gov/ltc>.

Support for Consumer Participation

Members who are not staff of an agency may get support for the costs of participating in the meetings. This includes travel costs and costs related to additional personal care or other services (e.g., child care, respite). A stipend will be given for the member's time. Funds may also be available to support a member going to a conference that gives information or skills relevant to Task Force business. Payment for support services is through the Michigan Disability Rights Coalition (MDRC) (517) 333-2477, or toll-free at 1-800-760-4600. Please contact MDRC with questions and to get the necessary forms.

If you need any help for meetings or more information, please contact Jackie Tichnell at the Michigan Department of Community Health (517) 335-7803.

GRANTS MONITORED BY THE CONSUMER TASK FORCE

2001 Real Choice Systems Change Grants

The Centers for Medicare & Medicaid Services (CMS) awarded several states Systems Change Grants for Community Living. These grants were meant to help states build the systems needed for effective and lasting progress in community-integrated services and long-term support systems. These systems will allow people to:

- live in the most integrated community setting suited to their needs,
- have meaningful choices about their living arrangements, and
- have more control over the services they receive.

Michigan was awarded three Real Choice grants in 2001:

1. Real Choice Systems Change. The grant was used to (1) create the MI Choice Quality Collaborative, a consumer and stakeholder group that continues to give input on MI Choice quality; (2) develop the Participant Outcomes and Status Measures (POSM) tool, a quality of life survey used in the MI Choice waiver; (3) create the direct care worker registry for the Michigan Quality Community Care Council, which helps Home Help Program consumers find qualified workers; and (4) create the Consumer Cooperative model in Lifeways (Jackson) community mental health services.

2. Community-Integrated Personal Assistance Services and Supports grant. This grant was used to conduct a needs assessment of direct services workers and to help create the Michigan Quality Community Care Council (see previous grant).

3. The Nursing Facility Transition Initiative. The project had four major goals: nursing facility diversion (help consumers before they are admitted to a nursing facility), nursing facility transition (help get consumers out of the nursing facility), project evaluation, and education.

Since 2001, Michigan has been awarded the following grants:

Independence Plus, 2003-2007

The principles of Independence Plus include:

- to ensure that everyone has the opportunity to live close to their families and friends,
- to live more independently,
- to engage in productive employment and
- to promote community life."

One goal of Independence Plus is to promote self-direction. CMS defines self-direction as giving consumers the option to control and direct Medicaid funds from an individual budget. The CMS requirements for a self-directed program include:

- Person-centered planning
- Individual budgeting
- Self-directed services and supports
- Quality assurance/quality improvement (QA/QI)

Money Follows the Person Rebalancing Demonstration Grant, 2003-2008

Money Follows the Person refers to the systems that allow long-term care funds to be used as the consumer chooses. The funding would "follow" the person as his/her needs, residence, and/or programs change. Michigan's grant has been used to create methods and training for nursing facility transition

services and to create a model for a pre-paid long-term care health plan.

Robert Wood Johnson Foundation - Cash & Counseling Grant, 2003-2008

The Cash & Counseling model offers consumers more choices about how to get help at home or in their communities. The program gives frail elders, as well as other adults and children with disabilities, the option to manage a flexible budget and decide for themselves what mix of goods and services will best meet their needs. Consumers may use their funding to hire their own personal care aides as well as purchase items or make home modifications that may help them to live more independently.

Michigan's grant has been used to create self-determination options within the MI Choice waiver program. Four pioneer sites were chosen to initiate this option. The MI Choice waiver was amended in 2005 to include self-determination options such as fiscal intermediary services and independent facilitation.

Aging and Disability Resource Center Grant, 2005-2008

The Aging and Disability Resource Center (ADRC) Grant Program was developed to help:

- create a single, coordinated system of information and access (also known as "Long-Term Care Connections) for all persons seeking long term support
- to minimize confusion,
- enhance individual choice, and
- support informed decision-making.

This grant supports the needed internal structure for the Long-Term Care Connections demonstration sites.

Medicaid Infrastructure Grant - Freedom to Work, 2003-2009

(pending approval of the latest proposal)

The Medicaid Infrastructure Grant program was created to provide financial aid to help the competitive employment of people with disabilities through (a) Medicaid buy-in options, (b) improvements to Medicaid services to support people with disabilities in their job efforts, and (c) remove barriers to jobs for people with a disability.

This grant includes the following goals:

- Increasing the number of Freedom to Work/Medicaid Buy-in (FTW/MBI) enrollees.
- Conducting outreach campaigns to promote competitive employment.
- Addressing other barriers to employment.
- Increasing the capacity and sustainability of effective benefits planning
- Increasing supported employment outcomes
- Working with employers to increase competitive employment.

Systems Transformation Grant, 2007-2010

This grant will help to build a comprehensive and highly responsive long-term care (LTC) system. This system will include easy access, consumer choice and control, high quality services and outcomes, and flexible funding. The grant will build on the broad range of support for changing Michigan's long-term care services.

This grant has three goals:

- (1) enhance and improve on the work of the LTC Connections

- (2) build on the existing success of Self-Direction in Long-Term Care, and
- (3) create of a system that more effectively manages funding to comply with money follows the person principles, promote options for supported community living, and flexible payment methodologies.

Deficit Reduction Act/Money Follows the Person Rebalancing Demonstration

Michigan's project will target two populations: the elderly and adults with physical disabilities. Based on past experience, this grant will identify the barriers that limit the number of nursing facility transitions.

The strengths of the design include:

- the use of transition services already in the MI Choice waiver,
- the self-determination options in the MI Choice waiver sites,
- the additional opportunities for self-determination in personal care services in the Home Help Program,
- the use of Housing Coordinators to ensure the most access of current housing options and the development of new housing options, and
- the development of a new MI Choice waiver amendment to allow for waiver services to be provided in licensed settings.

Long-Term Care Prepaid Health Plan (PHP)(Pilot)

The main reason for this policy is that it is the right thing to do for, and with, Michigan citizens. Other key reasons are:

- Improve quality of life options for people
- To include "Money Follows the Person" within the Medicaid program

- Support consumer choice and empowerment across a full range of supports/services
- Reduce inappropriate use of nursing facilities
- Go beyond the limits of the current MI Choice Waiver
- Provide local alternatives to nursing facility closures
- Address unmet needs through reinvestment of savings
- Manage the use of limited funding

The State of Michigan plans to submit a 1915(b)(c) combination waiver application to provide managed long-term care supports and services to eligible beneficiaries in a specific area of the State. The plan is to do this as a pilot project. It is for eligible consumers who volunteer to enroll in the PHP.

Use of a combined 1915(b)(c) Waiver

It has been determined that the use of a combined 1915(b)(c) waiver is one method to get the desired outcomes.

The “b” waiver allows:

- A coordination of long-term care services and supports under managed care arrangements.
- The use of efficiencies from community-based services, in lieu of the nursing facility, to meet the unmet long-term care needs in the community.
- The PHP will offer services that are not part of the State Plan. These services are funded from the savings created from the use of community-based services and other managed care efficiencies.
- The elimination of waiting lists in areas covered by the PHP.

The “c” waiver allows the State to:

- Provide services that are not normally included in the State Plan. The services will be those services that are needed to keep the consumer in the community.
- Cover a population that is not ordinarily covered by the State Plan. The financial eligibility will be equal to that of a person who is residing in such a facility, but is remaining in the community.

Access and Eligibility - Enrollment in the PHP would be voluntary for consumers. The eligibility group would consist of the elderly (aged 65 and over), and disabled (aged 18 through 64).

Services - Primary health care and mental health services will not be part of the PHP. In addition to supports coordination, the PHP will include State Plan nursing facility services and the necessary additional services to allow the participant to remain in his/her community. Other PHP services may include:

- | | | |
|--|---|---|
| • Adult Day Health | • Assisted Living | • Chore |
| • Chronic Care Management | • Community Living Supports | • Nursing Facility Transition Services |
| • Family Training/Support | • Environmental Accessibility Adaptations | • Financial Management Services |
| • Goods and Services | • Home Delivered Meals | • Home Health |
| • Home making | • Hospice | • Housing Assistance |
| • Medication Management | • Nursing Facility Services | • Counseling |
| • Peer Delivered/Operated Support Services | • Personal Emergency Response System (PERS) | • Prevention (includes wellness activities) |

- Specialized Medical Equipment and Supplies
- Training
- Rehabilitation Services
- Transportation (Non-Medical)
- Respite Care provided inside the home
- Personal Care
- Supports Coordination
- Respite Care provided outside the home
- Private Duty Nursing
- Respite in the home of another

For those counties in the PHP catchment areas, the MI Choice Waiver will become part of the Long-Term Care 1915(b)(c) waiver. PACE organizations in the waiver area will be separate from the waiver and may continue to operate outside of the waiver plan. The Long Term Care Single Point of Entry (LTC Connections) will let potential LTC consumers know of the PACE option as well as the 1915 b/c managed care option.

Once the consumer is enrolled in the PHP, supports coordination will become part of the responsibility of the PHP. The supports coordinator will not only coordinate the long-term care services, but may also coordinate the primary care services within the long-term care setting, with the consumer's permission (e.g., assure the consumer has a primary physician; be in contact with the primary physician) and, if necessary, within the framework of Medicare requirements.

Person-Centered Service Planning and Delivery - The PHP will use the experience of the mental health system, Self-Determination for Long-Term Care, and the pilot projects with the MI Choice Waiver in supporting and practicing person-centered planning (PCP). The person-centered planning process will begin at the Michigan's LTC Connection and continue through the PHP.

Self Determination of Services - Anyone choosing to enroll in the PHP must have a clear understanding of the PHP's provider network and the way the consumers can choose providers from that network. However, self-determination will also be offered to those consumers that want this option. Services and supports will have to be authorized by the PHP in accordance with funding constraints.

Consumer Rights - The consumers will use the existing Administrative Hearings Process available for all Medicaid consumers. In addition, the PHPs will be required to have their own local grievance procedures. Training on consumer rights and protections will be provided to the consumers, family members, and providers. This training will also cover consumer responsibilities.

Quality Management Strategy - Currently, DCH is piloting a quality assurance methodology that includes consumer interviewers to get consumer input to verify review findings. The Participant Outcome Status Measurement will give quality of life indicators. Any quality assurance methodology should include both subjective measures (consumer satisfaction with care and quality of life) and objective measures (health outcomes, mortality and morbidity rates, minimum data set quality indicators (MDS-QI), and other indicators appropriate for long-term care).

Reimbursement - Reimbursement will be on a prepaid capitated basis, possibly using rate cells based on factors such as age, sex, Medicaid eligibility status, region, and acuity. (Acuity refers to the level of services a person requires. The more and complex the services, the higher the acuity.)

Cost Neutrality/Cost Effectiveness - The “c” waiver must be budget neutral; for the “b” waiver, services must be cost effective.

KEY DEVELOPMENTS IN THE HISTORY OF LONG-TERM CARE SERVICES

Medicaid

The Medicaid Program was established by Congress in 1965. It is Title XIX of the Social Security Act. This act provides health care to persons who meet the financial and medical criteria. Initially, the only long-term care service that Medicaid covered was nursing facility care. (This has been referred to as the “institutional bias” of Medicaid.) Now, it also covers personal care (home help), the MI Choice waiver for the elderly and persons with disabilities, the Program for All-Inclusive Care for the Elderly (PACE), and other relatively small service options.

Also, Medicaid consumers who earned income from working generally became ineligible for Medicaid coverage. This has been referred to as the “work disincentive” of Medicaid.

Rehabilitation Act of 1973 (Section 504)

All programs, projects, and activities that are funded by federal dollars must use the following concepts--

- respect for personal dignity and responsibility, self-determination, and meaningful careers; based on informed choice;
- respect for the privacy, rights, and equal access;
- including all people in community activities, allow people to interact with everyone to the fullest extent possible in any setting, and full participation;
- support for the help of a person’s representative, if desired, or needed; and
- support for advocacy and community involvement.

First Home and Community-Based Waiver

In 1982, the federal government created the first home and community-based waiver as an alternative to nursing facilities.

ADAPT (Americans with Disabilities for Attendant Programs Today)

In 1990, ADAPT changed their focus from transportation issues to the need for community-based person care services. In 1991, ADAPT had decided to make community supports for people with disabilities its major issue. Many members of ADAPT had struggled for years to leave nursing homes and institutions where they had been warehoused. They felt it was important to work to free other people with disabilities unable to get out. ADAPT started and continues to advocate for the passage of MI CASA legislation.

Americans with Disability Act (ADA)

The Americans with Disabilities Act (ADA) was signed by the President on July 26, 1991. The ADA has the following five titles:

- Title I - Employment - prohibits discrimination in employment against people with disabilities.
- Title II - Public Services - requires that the services and programs of local and State governments, as well as other non-Federal government agencies, have their programs so they are readily accessible to and usable by people with disabilities.
- Title III - Public Accommodations and Services Operated by Private Entities - a public accommodation may not use eligibility requirements that exclude or separate people with disabilities, unless the requirements are "necessary" for the operation of the public accommodation.

- Title IV - Telecommunications - requires that telephone companies have relay services that let people with hearing impairments to communicate using a TTY or other non-voice device.
- Title V - Miscellaneous Provisions - includes information about the ADA's affect on other federal and state laws.

Olmstead Decision

In July 1999, the Supreme Court issued the *Olmstead v. L.C.* decision. The *Olmstead* requires states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The *Olmstead* decision applies to all qualified individuals with disabilities regardless of age.

New Freedom Initiative

The New Freedom Initiative (NFI) was created on February 1, 2001. This was followed by the Executive Order 13217 on June 18, 2001. The initiative is a nationwide effort to remove barriers to community living for people of all ages with disabilities and long-term illnesses. It represents an important step in working to ensure that everyone has the opportunity to learn and develop skills, engage in productive work, choose where to live, and participate in community life.

One of the grants for the New Freedom Initiative was the Money Follows the Person Demonstration Grant: These programs were part of a complete, coordinated plan to help States, along with stakeholders, to make widespread changes to their long-term care support systems. They helped States in their efforts to reduce their reliance on nursing home care while developing community-based long-term care opportunities, helping the

elderly and people with disabilities to fully participate in their communities.

When CPIGs Fly

Meaningful Consumer Involvement in Systems Change

In one of the States, during the early grant work, consumers and their advocates were upset and angry with the lack of meaningful consumer input. Consumers and advocates voiced their dissatisfaction and urged the start of the consumer committee. From that point on, a cautious partnership of consumers, state partners, and the grant staff began. (Appendix B, “When CPIGs Fly” is one result of this partnership.) Consumers should read “When CPIGs Fly” as it is the basis of their input.

RECENT SYSTEM CHANGE DEVELOPMENTS IN MICHIGAN

Eager Lawsuit

In 2003, several consumers entered into a lawsuit against the Department of Social Services (now the Department of Community Health). As a result of that lawsuit, the Department

- Opened waiver slots for FY 03
- Provided funding for FY 04
- Developed and distributed public information and educational materials about long-term care options to consumers, families, providers and other interested parties
- Used of a uniform screening tool for long-term care, including the MI Choice waiver
- Told MI Choice waiver agents to make and keep waiting lists
- Used funding for transition services

In addition, the Governor was to create a Long-Term Care Task Force to help the State develop options for expanding the home and community-based long-term care services and improving long-term care services.

LTC Task Force Final Report

The Michigan Medicaid Long-Term Care Task Force met between June 2004 and May 2005. In summary, the task force made the following recommendations:

1. Require and use person-centered planning practices all through the long-term care services. Honor the person's preferences, choices, and abilities.
2. Improve access by using "*money follows the person*" principles that let people choose where and how their services will be used.
3. Name local or regional "Single Point of Entry" (SPE) agencies for long-term care consumers. Mandate that

Medicaid applicants go through the SPE to apply for long-term care services.

4. Remove the limits on the settings for MI Choice waiver services. Add services to be funded.
5. Support, implement, and sustain prevention activities.
6. Establish a long-term care Commission. Inform the public about the available options for long-term care.
7. Establish a Quality Management System for all long-term care programs. This should include a consumer advocate and a Long-Term Care Administration.
8. Build and maintain culturally competent, respected, appropriately paid and knowledgeable long-term care workforce teams. The teams should provide high quality care in a supportive environment. They must be responsive to the person's needs and choices.
9. Use payment methods that make the most of the resources. These methods must also aid in consumer incentives, and decrease fraud.

Office of Long-Term Care Supports and Services

The Office of Long-Term Care Supports and Services was created by the Governor's Executive Order 2005-14. It is part of the Department of Community Health. In summary, the Office is charged with:

- Directing actions to carry out the Long-Term Care Task Force recommendations. Prepare a yearly report on the progress of the recommendations.
- Coordinate state planning for long-term care supports and services.
- Review and approve long-term care supports and services policy created by state staff.

- Conduct various reviews of publicly-funded long-term care programs.
- Find and suggest ways to add to consumer supports and services.
- Oversee the progress of the single point-of-entry demonstration programs.

The Office helps the Consumer Task Force with meetings and offers payment for consumer expenses, as noted above.

WHAT IS MEDICAID

General Information

Medicaid was created as Title XIX of the Social Security Act. It is a Federal/State funded program. It pays for medical services for many people with low incomes and resources.

The Centers for Medicare and Medicaid Services (CMS) is the federal agency in charge of the Medicaid Program. It makes the basic rules for the program. This includes program eligibility, services to be covered, and how the services are paid. The State must develop the specific requirements. Each State may be different in any one of these areas.

Eligibility Groups

States must include certain types of persons or groups under their Medicaid program. They may also include others.

Eligibility for the Medicaid Program is based on financial and nonfinancial factors.

Financial Eligibility

The most a person may have in income and/or resources is usually based on federal rules. Eligibility is not just based on how much money you make or what you may have in resources, such as savings. Each eligibility group has its own rules of what to count. After all calculations have been done, the earning and resources must be at or below specific levels. They are usually compared to the Federal Poverty Level (FPL), Supplemental Security Income (SSI) level, or Federal Benefit Rate (FBR).

Each person will be in one of the following eligibility groups:

- Categorically Needy - In general, this group includes:
 - Families

- Pregnant women
 - Children
 - Caretakers
 - People who get Supplemental Security Income (SSI)
 - Many people in nursing facilities.
- Medically Needy - A person is “medically needy” if he has too much income to be categorically eligible. However, his medical costs may be high. He may use his incurred medical costs to help lessen his income. These costs are subtracted from his income. If the remaining income is less than the medically needy income standard, that person may get Medicaid benefits, if all other eligibility requirements are met. This process is called “spenddown” or “Medicaid deductible.”
 - Special Groups
 - Medicare Beneficiaries - The State will pay some Medicare-related costs (such as coinsurance and deductible amounts) for certain people. This includes Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs), and Additional Low-Income Medicare Beneficiaries (ALMBs).
 - Qualified Working Disabled Individuals (QWDIs) - Medicaid may pay the Medicare Part A premium for certain disabled persons who lose Medicare coverage because of work. The Part B premium is not paid by the State for this group of people.
 - Freedom to Work (Medicaid Buy-In) - People with disabilities may work, earn more money and save more of their earnings without losing their Medicaid coverage. People with disabilities that get Medicaid through spend-down are not able to enroll in Freedom to Work. The

Substantial Gainful Activity (SGA) level still applies to people who also get Social Security Disability Insurance (SSDI). Workers with disabilities, who are 16 through 64 years old, may own a house and car and accumulate other assets up to \$75,000. And, unlimited funds may be put aside for retirement.

Nonfinancial Eligibility

The person must also meet nonfinancial factors. This includes:

- Age, depending on the eligibility group
- Residence
- Social Security Number
- Institutional Status, depending on the eligibility group
- Disability, depending on the eligibility group
- Citizenship (some documented aliens may get Medicaid coverage)

Eligibility Determinations

The Department of Community Health (DCH) creates the policies for eligibility, based on federal guidelines. However, the Department of Human Services (DHS) actually determines the eligibility.

Eligibility Period

The person must apply at DHS. This may be in-person or by mail. Some groups may apply on-line, such as Healthy Kids. Once DHS gets the completed application, eligibility will be determined. The person may be eligible up to three months before DHS actually determines eligibility. The person needs to meet the eligibility criteria for each of those three months.

Coverage usually ends on the last day of the month when the person no longer meets Medicaid eligibility requirements.

Health Coverage

The Centers for Medicare and Medicaid Services (CMS) requires States to provide many services. These are called “mandatory services.” In addition, the State may also provide other services called “optional services.”

Mandatory services include:

- Most inpatient hospital services
- Outpatient hospital
- Laboratory
- X-ray
- Family planning services and supplies
- Pregnancy-related services
- Physician services
- Medical and surgical services of a dentist
- Nursing facility services for persons age 21 and older
- Early and periodic screening, diagnosis, and treatment (EPSDT for persons under age 21)
- Most home health services

Optional services include:

- Chiropractors
- Podiatrists
- Optometrists
- Private Duty Nursing
- Therapies
- Dental/Dentures
- Pharmacy
- Nurse Anesthetist
- Screening Services
- Preventive Services
- Mental Health & Rehabilitation Services
- Inpatient Services for the Mentally Ill (IMD)
- Prosthetic/Orthotic Devices
- Eyeglasses
- Diagnostic Services
- Personal Care Services
- Targeted Case Management
- Hospice Care
- Ventilator Dependent Services
- Transportation
- Nursing Facility Services Under Age 21
- Clinic Services
- Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
- Inpatient Psychiatric Services for Under Age 21

NOTE: Michigan does not cover ALL these optional services.

Federal Matching Funds

The Medicaid Program is funded through federal and state funds. States have different matching rates based on a formula used by the Centers for Medicare and Medicaid Services. These may change every year.

As an example, a State may have a matching rate of 56%. This means that for every dollar paid by Medicaid, 56¢ comes from the federal government and 44¢ comes from the State.

Payment Methodologies

Services may be paid in a variety of ways. Some of these include:

- Fee for Service (FFS) - the provider is paid a flat fee for a specific service.
- Per Diem - this is an amount determined by Medicaid to cover all the Medicaid-covered services given in a day to one person. This is used for many nursing facilities.
- Diagnosis Related Groups (DRGs) - inpatient hospitals are paid based on the diagnosis of the person.
- Pharmacies are paid based on the cost of the drug plus a dispensing fee.

Other payment methods are used, based on the services and/or provider.

What is Long-Term Care?

Long-term care is when a person needs assistance with “activities of daily living.” Historically, this includes such things as bathing, dressing, eating, going to the bathroom, walking, remembering tasks and making decisions. Ideally, this would also include working, activities in the community, and other aspects of an integrated, meaningful life.

Special Programs

Medicaid may also choose to use one provider who is under contract with the Department to assure the consumer gets all the services in his plan of care. This method needs to be approved by the Centers for Medicare and Medicaid Services (CMS) usually through a waiver. (See WAIVERS for more information on waivers.)

Program of All-Inclusive Care for the Elderly (PACE)

(NOTE: This program does NOT need a waiver, but still needs to be approved by CMS.)

PACE provides a complete service package. This includes primary care, such as a doctor; and long-term care services and supports, such as adult day health. Medicare and Medicaid-funded services are included in the service package. The PACE provider is paid a monthly rate (capitation) from Medicare and Medicaid. The provider must assure all services are provided for that amount.

Consumers must be at least 55 years old, live in the PACE service area, and be a nursing home level of care. PACE becomes the sole source of services for Medicare and Medicaid consumers. PACE provides social and medical services usually in an adult day health center. In-home and referral services are also available.

Medicaid Health Plan

(NOTE: This program needs a waiver. See WAIVERS for more information on waivers.)

The Department of Community Health (DCH) contracts with Medicaid Health Plans (MHPs). The MHP contract includes the

population to be served, the services, the payment method and amount, and other contract conditions, such as reporting needs.

Services are paid on a “Per Member Per Month” basis. The MHP enrolls members in its health plan. The State then pays the MHP a monthly amount based on the number of members and the reimbursement “cell” the member falls in.

Reimbursement cells are determined by age, county of residence, gender, and other factors.

Prepaid Inpatient Hospital Plan (PIHP)

(NOTE: This program needs a waiver. See WAIVERS for more information on waivers.)

Most mental health services and supports are provided by a Prepaid Inpatient Health Plan (PIHP). A PIHP must be approved as a Community Mental Health Services Program (CMHSP) by DCH.

The PIHP must offer a complete array of services. This array is included in the Michigan Mental Health Code (Public Act 258 of 1974, as amended), and the PHIP contract with DCH.

The PIHP is paid based on the number of Medicaid individuals in their catchment area and the reimbursement cells the individuals fall in. This is sometimes referred to as “covered lives.”

WHAT IS MEDICARE

General Information

Medicare is a federally-funded health insurance program for:

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

It is NOT the same as Medicaid. **Medicare** is used to pay for services before Medicaid is used.

Medicare Part A, Hospital Insurance

Part A helps cover inpatient care in hospitals and nursing facilities. It also helps cover hospice care and some home health care. Consumers must meet certain conditions to get these benefits

A person cannot get Part A unless he pays the premium. For most people, this premium has been paid through payroll taxes.

Medicare Part B, Medical Insurance

Part B helps cover doctors' services and outpatient care. It also covers some other medical services, such as some physical and occupational therapy, and some home health care. Part B helps pay for covered services and supplies when they are medically necessary.

Most people pay a monthly premium for Part B.

Medicare Part D, Prescription Drug Coverage

Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating pharmacies. Medicare prescription drug coverage provides protection for people who have very high drug costs or from unexpected prescription drug bills in the future. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.

MICHIGAN'S STATE PLAN

What Is It

The State Plan is the manual that includes a complete description of the State's Medicaid Program. It must be approved by the Centers for Medicare and Medicaid Services (CMS). To get federal matching funds for its Medicaid program, each State must agree to comply with all parts of their State Plan.

What Does It Include

The State Plan has several sections:

Administration

This section names the single state agency for the Medicaid Program. It also explains how the Program is administered.

Eligibility

This section defines the eligibility groups that the State will cover. It includes descriptions of how the income and resources will be counted or not counted.

Coverages

This section describes the services that will be covered. Any limits on that coverage, such as number of hours are also included.

Reimbursement

This section describes how the services described above will be paid.

Interagency agreements

All interagency agreements are a part of the State Plan.

Other

All waivers are also part of the State Plan.

Why Is It Important

This is the manual that CMS uses when reviewing the State's Medicaid Program.

State Plan Amendments

A State Plan Amendment is the method a state uses to changes its State Plan. Every Plan Amendment must be approved by CMS.

WAIVERS

What Are They

The State Plan requires:

- Services are available anywhere in the state (statewideness)
- The consumer get services from any Medicaid-enrolled provider (freedom of choice)
- Services are given in the same amount, scope, and duration to all consumers (comparability of services).

States may wish to implement programs that do not meet these requirements. In these cases, the State may request a “waiver” to the State Plan. For example, a State may wish to try a managed care plan in a specific area of the State. This would require a waiver to statewideness and freedom of choice.

What Types Are There

The Centers for Medicare and Medicaid Services allow several types of waivers.

- Section 1115 Research and Demonstration Projects
- Section 1915(b) Managed Care/Freedom of Choice Waivers
- Section 1915(c) Home and Community-Based Services Waivers
- Combined Section 1915(b)(c) Waivers

Section 1115 Research & Demonstration Projects

This section gives the federal government the ability to approve experimental or pilot projects. Projects may include:

- Giving eligibility to persons who would not otherwise be eligible
- Providing services that are not usually covered, or

- Using a new service delivery system.

The Adults Benefits Waiver is an example of an 1115 HIFA waiver.

Section 1915(b) Managed Care/Freedom of Choice Waivers

States may request a Section 1915(b) waiver for:

- Mandatory enrollment of consumers into prepaid health plans.
- Create a “central broker” for services.
- Use cost savings to provide more services. The services are referred to as “b3” services.
- Create a “carve out” system for specialty care.

The waiver must be cost effective (cannot cost more than what the Medicaid Program would have cost without the waiver).

The Medicaid Health Plan is an example of mandatory enrollment and a central broker. The Prepaid Inpatient Hospital Plan is an example of “b3” services and a “carve out” system.

Section 1915(c) Home and Community-Based Services Waivers

This section gives the federal government approval to waive certain Medicaid rules so long-term care services may be provided in community settings.

A Section 1915(c) waiver may be used to waive:

- Statewideness - Specific areas of the State may be targeted for services.
- Comparability of Services - Not all consumers may get these services. Services may be given to one eligibility group without being provided to all groups.

- Income and Resource Rules - Persons who would only be eligible if they were in an institutional setting may be covered if living in the community.

In addition, nonmedical services may be approved. These may include such services as homemaker, adult day health, and respite care.

Services must be cost neutral - waiver costs must be at or below those of the comparable institutional costs.

The MI Choice Waiver and the Children's Waiver are examples of 1915(c) waivers.

Combined Section 1915(b)(c) Waivers

States may choose to use Section 1915(b) and 1915(c) waivers together.

- The 1915(b) waiver may require enrollment into a prepaid health plan, limiting freedom of choice , and creating a central broker.
- The 1915(c) waiver may target a specific area of the state, expand eligibility, and provide home and community-based services.

All federal rules for each program are met. For example, there are reporting requirements for each waiver. Renewal requests must be sent at different times.

The **Prepaid** Inpatient Health Plan an example of a combined Section 1915(b)(c) waiver. The Habilitation/Supports waiver is the 1915(c) waiver.

What Does Michigan Have

Michigan has many waivers. The major waivers include:

- Medicaid Health Plans - 1915(b) waiver - requires enrollment into a health plan for most consumers.
- Mental Health Prepaid Inpatient Hospital Plan - 1915(b) waiver - provides managed care of most mental health services through the Community Mental Health Programs.
- MI Choice - 1915(c) waiver - provides home and community-based services for elderly persons and persons with disabilities who meet the nursing facility level of care.
- Habilitation/Supports - 1915(c) waiver - provides home and community-based services for persons with disabilities who meet level of care for an intermediate care facility for the mentally retarded (ICF/MR)
- Children's Waiver- 1915(c) waiver - provides home and community-based services for children with disabilities (under age 18) who meet level of care for an intermediate care facility for the mentally retarded (ICF/MR)
- Adult Benefits Waiver (ABW) - 1115 Health Insurance Flexibility and Accountability (HIFA) waiver - provides health benefits for childless adult residents (age 18 through 64) with net family incomes at or below 35 %t of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid or Medicare..

APPENDIX A - MEDICAID COMMUNITY ATTENDANT SERVICES AND SUPPORTS ACT (MiCASSA)

ADAPT developed MiCASSA, which stands for Medicaid Community Attendant Services and Supports Act, which is intended to help people with disabilities on Medicaid choose whether to spend their support services money on nursing homes or on personal care attendants. MiCASSA was re-introduced in Congress. The bill calls for Medicaid funding to be used for personal assistance services and supports for people of all ages in their homes and communities, rather than only in a nursing facility.

How are community attendant services and supports defined in MiCASSA?

In MiCASSA, the term personal assistance services and supports means help with:

- Activities of daily living (basically hand-on care),
- Instrumental activities of daily living (other support services), and
- Health-related functions. These can be done through hands-on assistance, supervision, and/or cueing.
- They also include help with learning, keeping, and enhancing skills to so such activities.

These services and supports, which include back-up, are designed and delivered under a plan that is based on a functional needs assessment and agreed to by the person. Services are provided by people who are selected, managed, and dismissed by the consumer. It also includes voluntary training for the consumer on supervising attendants. Consumer choice and control are key concepts.

MiCASSA specifically states that services should be delivered "in the most integrated setting appropriate to the needs of the individual" in a home or community setting, which may include a school, workplace, or recreation or religious facility.

MiCASSA does not effect existing optional programs or waivers. It does include a maintenance of effort clause to ensure these programs are not lessened.

Our current long-term services system has a strong institutional bias. Every state that takes Medicaid funds must provide nursing home services while community based services are optional.

MiCASSA assures that a state does not need to spend more money in total for a fiscal year than would have been spent for people who are eligible for institutional services and supports. There is a lot of discussion about the people who are eligible for institutional services and would never go into the institution, but would jump at the chance to use MiCASSA. (This is called the woodwork effect.). There may be some increase in the number of people who use the services and supports at first, but savings will be made on the less-costly community based services and supports, as well as the decrease in the number of people going into institutions.

MiCASSA brings together on a consumer task force, the major stakeholders in the fight for personal assistance services and supports. In addition, the bill sets up a framework and funding to help the states transition from their current service model to more community-based services and supports.

APPENDIX B - MEETING LOCATION

Directions to the Michigan Association of Community Mental Health Boards

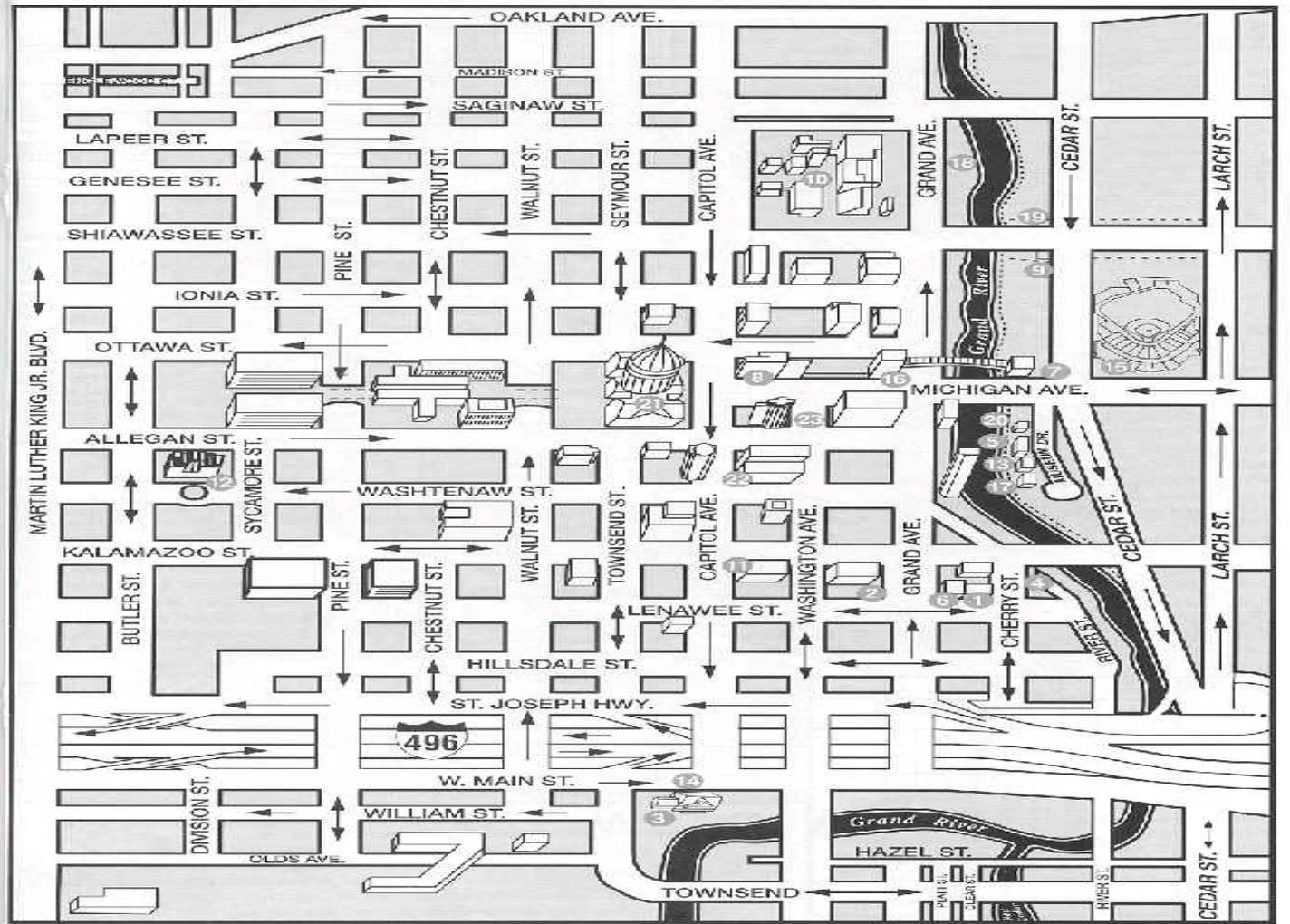
The MACMHB office is a brick, two-story building on the corner.

From the East (Flint) - I-69 to U.S. 127 South toward Lansing/Jackson (Exit 89A). Take 496 West toward Downtown Lansing. Take the Pine/Walnut Streets/Downtown exit (Exit 6). Get into one of the right-hand lanes and turn right onto Walnut Street. Go to the third street and turn left on Lenawee Street. Turn right into the first driveway.

From the West (Grand Rapids) - From 96, take 496 East toward Downtown Lansing. Take the Pine/Walnut Streets/Downtown exit (Exit 6). Go to the second light and turn left on Walnut Street. Go to the third street and turn left on Lenawee Street. Turn right into the first driveway.

From the North (Clare/Mt. Pleasant) - U.S. 127 South toward Lansing/Jackson. Take 496 West toward Downtown Lansing. Take the Pine/Walnut Streets/Downtown exit (Exit 6). Get into one of the right-hand lanes and turn right onto Walnut Street. Go to the third street and turn left on Lenawee Street. Turn right into the first driveway.

From the South (Detroit/Jackson) - U.S. 127 North toward Lansing. Take 496 West toward Downtown Lansing. Take the Pine/Walnut Streets/Downtown exit (Exit 6). Get into one of the right hand lanes and turn right onto Walnut Street. Go to the third street and turn left on Lenawee Street and turn right into the first driveway.



APPENDIX C - CONTACT LIST

| | |
|--|---|
| <p>Mary Ablan Executive Director Area Agency on Aging Assoc. of Mi. 6105 W. St., Joseph St., Ste. 204 Lansing, Michigan 48917 Phone: 517.886.1029 Fax: 517.886.1305 Email: ablan@iserv.net</p> | <p>Valarie Barnum-Yarger Executive Director Mi. Statewide Independent Living Council 417 Seymour St., Ste. 10 Lansing, Michigan 48933 Phone: 517.371.4872 Fax: 517.371.4875 Email: valarie@misilc.org</p> |
| <p>Tandy Bidinger Mi Developmental Disability Council 1033 S. Washington Ave., 3rd Floor Lansing, Michigan 48910 Phone: 517.334.7355 Fax: 517.334.7353 Email: BidingerT@michigan.gov</p> | <p>Megan Bouchard, Advocate Bouchard Unlimited PO Box 573 Hazel Park, Michigan 48030 Phone: 248.543.2696 Email: info@bouchardunlimited.com</p> |
| <p>Peggy Brey Deputy Director Office of Services to the Aging 7109 W. Saginaw, P.O. Box 30676 Lansing, Michigan 48917 Phone: 517.241.0988 Fax: 517.373.4092 Email: BreyP@michigan.gov</p> | <p>Tameshia Bridges, Analyst Paraprofessional Healthcare Institute Lansing 1325 S. Washington Ave. Lansing, Michigan 48910 Phone: 517.372.8310 Fax: 517.372.8317 Email: tbridges@paraprofessional.org</p> |
| <p>Carolyn Brown Program Manager United Cerebral Palsy/Mi. 3401 E. Saginaw, Ste. 216 Lansing, Michigan 48912 Phone: 517.203.1200 Fax: 517.203.1203 Email: cbrown@ucpmichigan.org</p> | <p>RoAnne Chaney Health Policy Coordinator Mi. Disability Rights Coalition 780 W. Lake Lansing Rd., Ste. 200 East Lansing, Michigan 48823 Phone: 517.333.2477 x319 Fax: 517.333.2677 Email: roanne@prosynergy.org</p> |
| <p>Jane Church Office of LTC Supports & Services/DCH 109 Michigan Ave. Washington Square Building, 7th Floor Lansing, Michigan 48913 Phone: 517.241.9173 Fax: 517.241.2345 Email: ChurchJa@michigan.gov</p> | <p>Vendela Collins, Executive Director Mi. Developmental Disability Council 1033 S. Washington Ave., 3rd Floor Lansing, Michigan 48913 Phone: 517.334.6769 Fax: 517.334.7353 Email: CollinsVe@michigan.gov</p> |

| | |
|---|--|
| <p>Michael Daeschlein Program Manager Office of LTC Supports & Services/DCH 109 Michigan Ave. Washington Square Building, 7th Floor Lansing, Michigan 48913 Phone: 517.335.5106 Fax: 517.241.2345 Email: DaeschleinM@michigan.gov</p> | <p>Jacqui Day, Advisor 2115 Forest Ave. Lansing, Michigan 48910 Phone: 517.241.0393 (CACIL) Fax: 517.241.0438 (CACIL FAX) Email: none</p> |
| <p>Norman DeLisle Executive Director Michigan Disability Rights Coalition 780 W. Lake Lansing Rd, Ste. 200 East Lansing, Michigan 48923 Phone: 517.333.2477 x317 Fax: 517.333.2677 Email: ndelisle@prosynergy.org</p> | <p>Sue Eby Housing Specialist Supportive Housing/DCH 320 S. Walnut St. Lewis Cass Building Lansing, Michigan 48913 Phone: 517.241.7060 Fax: 517.335.9067 Email: EbyS@michigan.gov</p> |
| <p>Ian Engle Mi. Quality Community Care Council 1115 S. Pennsylvania Ave., Ste. 203 Lansing, Michigan 48912 Phone: 800.979.4662 Email: iengle@mqccc.org</p> | <p>Andrew Farmer Associate State Director AARP/Mi. 309 N. Washington Square, Ste. 110 Lansing, Michigan 48933 Phone: 517.267.8921 Fax: 517.482.2794 Email: afarmer@aarp.org</p> |
| <p>Jill Gerrie Director of Systems Change Disability Network/Mi. 1476 Haslett Rd. Haslett, Michigan 48840 Phone: 517.339.0539 Fax: 517.339.0805 Email: jill@dnmichigan.org</p> | <p>Clark Goodrich, Advisor ADAPT/Michigan 4634 N. Brendon Dr., Apt. 7 Grand Rapids, Michigan 49502 Phone: 616.656.0356 Email: weaselADAPT@gmail.com</p> |
| <p>Orystine Gully, Advisor 500 S. Pine St., Apt. 417 Lansing, Michigan 48933 Phone: 517.485.0619 Email: none</p> | <p>Laura Hall, Advisor Disability Network/Mi. 1476 Haslett Rd. Haslett, Michigan 48840 Phone: 517.337.3098 Email: halllau2@msu.edu</p> |

| | |
|--|--|
| <p>Gina Hanson Program Supervisor Rebecca & Gary Sakwa Adult Daycare Ctr Alzheimer's Association Greater Mi. Chapter 20300 Civic Center Dr., Ste. 100 Southfield, MI 48076 (248) 351-0280, ext. 266 Direct (248) 996-1035</p> | <p>Sara Harrison, Advisor Board Member Mi. Quality Community Care Council 500 S. Pine St., Apt. 403 Lansing, Michigan 48933 Phone: 517.484.6857 Email: none</p> |
| <p>Michael J. Head Director Office of LTC Supports & Services/DCH 109 Michigan Ave. Washington Square Building, 7th Floor Lansing, Michigan 48913 Phone: 517.335.0276 Fax: 517.241.2345 Email: HEAD@michigan.gov</p> | <p>Helen Hicks Executive Director Citizens for Better Care Southeastern Mi. 4750 Woodward Ave., Ste. 410 Detroit, Michigan 48201 Phone: 800.833.9548 x235 Email: hhicks@cbcmi.org</p> |
| <p>Alison E. Hirschel, Esquire Michigan Poverty Law 5886 Highgate East Lansing, Michigan 48823 Phone: 517.324.5754 Fax: 517.333.4339 Email: hirschel@umich.edu</p> | <p>Dohn Hoyle Executive Director The Arc Mi. 1325 S. Washington Ave. Lansing, Michigan 48910 Phone: 517.487.5426 Fax: 517.487.0303 Email: dhoyle@arcmi.org</p> |
| <p>Ellen Sugrue Hyman, Consultant Office of LTC Supports & Services/DCH 109 Michigan Ave. Washington Square Building, 6th Floor Lansing, Michigan 48913 Phone: 517.505.5840 Fax: 517.913.5907 Email: ellensh@comcast.net</p> | <p>John M. Jokisch Mental Health & Substance Abuse /DCH 320 S. Walnut St. Lewis Cass Building Lansing, Michigan 48913 Phone: 517-335-0244 Email: JOKISCH@michigan.gov</p> |
| <p>Lisa Knapp Program Director Disability Network/CACIL 1048 Pierpont, Ste. 9/10 Lansing, Michigan 48911 Phone: 517.241.0393 Email: lknapp@cacil.org</p> | <p>Carolyn LeJuste, Ph.D. Mi. Disability Rights Coalition 780 W. Lake Lansing Rd., Ste. 200 East Lansing, Michigan 48823 Phone: 517.333.2477 x321 Fax: 517.333.2677 Email: clejuste@prosynergy.org</p> |

| | |
|--|--|
| <p>Suanne McBrien, Advisor 338 E. Saginaw St. East Lansing, Michigan 48823 Phone: 517.203.4647 Email: flower4647@sbcglobal.net</p> | <p>Cathy McRae Administrative Assistant Mi. Quality Community Care Council 1115 S. Pennsylvania Ave., Ste. 203 Lansing, Michigan 48912 Phone: 800.979.4662 x105 Fax: 517.485.0588 Email: cmcrae@mqccc.org</p> |
| <p>Tommy Meadows, Advisor ADAPT/Mi. 19833 Tireman Detroit, Michigan 48228 Email: Tommymeadows@hotmail.com</p> | <p>Wendi Middleton Associate Division Director Research, Advocacy & Prog Development Office of Services to the Aging 7109 W. Saginaw, P.O. Box 30676 Lansing, Michigan 0 Phone: 517.373.4071 Fax: 517.373.4092 Email: MiddletonW@michigan.gov</p> |
| <p>Marsha Moers Community Advocacy Coordinator Disability Network/CACIL 1048 Pierpont, Ste. 9/10 Lansing, Michigan 48911 Phone: 517.241.0393 Email: mmoers@cacil.org</p> | <p>Cherie Mollison Director, Research, Advocacy & Prog Development Office of Services to the Aging 7109 W. Saginaw, P.O. Box 30676 Lansing, Michigan 48909 Phone: 517.373.4072 Fax: 517.373.4092 Email: MollisonC@michigan.gov</p> |
| <p>Tari Muñiz Project Coordinator Office of LTC Supports & Services/DCH 109 Michigan Ave. Washington Square Building, 7th Floor Lansing, Michigan 48913 Phone: 517 335.5671 Fax: 517.231.2345 Email: MunizT@michigan.gov</p> | <p>Marion Owen Executive Director and Program Director Region VI Tri-County Office on Aging 5303 S. Cedar St., Ste. 1 Lansing, Michigan 48911-3801 Phone: 517.887.1440 Fax: 517.887.8071 Email: OwenM@tcoa.org</p> |

| | |
|--|--|
| <p>Paul Palmer, Advisor 505 Townsend, Apt. 106 Lansing, Michigan 48933 Phone: 517.428.1078 Email: PPalmer471@aol.com</p> | <p>Yuself Seegars Independent Living Specialist Disability Network Wayne Blue Water Centers for Independent Living 5555 Conner, Ste. 2075 Detroit, Michigan 48213 Phone: 313.923.1655 Fax: 313.923.1404 Email: Yuself@BWCIL.org</p> |
| <p>Sarah Slocum Long-Term Care Ombudsman Office of Services to the Aging 7109 W. Saginaw, P.O. Box 30676 Lansing, Michigan 48917 Phone: 517.335.0148 Fax: 517.373.4092 Email: SlocumS@michigan.gov</p> | <p>Verna Spayth, Advisor 824 Stimson Ann Arbor, Michigan 48104 Phone: 734.327.4667 Email: spath@att.com</p> |
| <p>Charles Steadman, Advisor 19833 Tireman Detroit, Michigan 48228 Phone: 313.441.4522 Email: none</p> | <p>Susan Steinke Executive Director Mi. Quality Community Care Council 1115 S. Pennsylvania Ave., Ste. 203 Lansing, Michigan 48912 Phone: 800.979.4662 x106 Fax: 517.485.0588 Email: ssteinke@mqccc.org</p> |
| <p>Aimee Sterk Mi. Disability Rights Coalition 780 W. Lake Lansing Rd., Ste. 200 East Lansing, Michigan 48823 Phone: 517.333.2477 Email: aimee@prosynergy.org</p> | <p>Jackie Tichnell Grant Specialist Office of LTC Supports & Services/DCH 109 Michigan Ave. Washington Square Building, 7th Floor Lansing, Michigan 48913 Phone: 517-335-7803 Fax: 517.241.2345 Email: TichnellJ@michigan.gov</p> |

| | |
|--|--|
| <p>Hollis Turnham Michigan Policy Director Paraprofessional Healthcare Institute Lansing 5013 Applewood Dr. Lansing, Michigan 48917 Phone: 517.327.0331 voice Fax: 517.327.0331 Email: Hollis@paraprofessional.org</p> | <p>Esther VanHammen, Advisor Summer 8413 Deadstream Rd. Honor, Michigan 49640 Phone: 231.325.2307 Email: none Winter 2110 Leonard St. NE Grand Rapids, Michigan 49505 Phone: 616.458.6210 Email: none</p> |
| <p>Jack Vint, Advisor 2415 N. Aurelius Road, Unit #36 Holt, Michigan 48842 Phone: 517.694.3063 Email: 8902j@msn.com</p> | <p>Marva L. Ways, Advisor 26823 S. River Park Dr. Inkster, Michigan 48141 Phone: 313.277.0390 Fax: 313.274.5661 Email: mlways@aol.com</p> |
| <p>Kate White, Esquire Elder Law of Michigan, Inc. 3815 W. St. Joseph St., Ste. C200 Lansing, Michigan 489317 Phone: 517.853.2375 Fax: 517.372.0792 Email: kwhite@elderslaw.org</p> | <p>Colleen Widder, Advisor 2010 Holmes, Apt. 110 Lansing, Michigan 48910 Email: widderkid@yahoo.com</p> |
| <p>Quintin Williams Center for Community Access, Inc. 13501 Lenore Redford, Michigan 48239 Phone: 313.832.4783 Email: iam40ish@netzero.com</p> | <p>R. Anthony Wong Director of Advocacy Arc Mi. 1325 S. Washington Ave. Lansing, Michigan 48910 Phone: 517.487.5426 x130 Fax: 517.487.0303 Email: tony@arcmi.org</p> |

APPENDIX D - ACRONYMS AND TERMS

Introduction:

Acronyms and professional jargon are not necessary for conducting Consumer Task Force meetings. Members should expect that common, clear language will be used in all discussions. Speakers who excessively use acronyms and jargon should be advised to translate their terms into language that is fully accessible.

| | |
|--------------|--|
| AA | Alcoholics Anonymous |
| AAA | Area Agency on Aging |
| AARP | American Association of Retired Persons |
| ABW | Adults Benefit Waiver |
| ADAAG | Americans with Disabilities Act Accessibility Guidelines |
| AAAAM | Area Agency on Aging Association of Michigan |
| ADA | Americans with Disabilities Act |
| ADAPT | Americans with Disabilities for Attendant Programs Today |
| ADD | Attention Deficit Disorder |
| ADHD | Attention Deficit Hyperactivity Disorder |
| ADLs | Activities of Daily Living |
| AFC | Adult Foster Care |
| ALMB | Additional Low-Income Medicare Beneficiaries |
| ARC | Advocacy Organization for Parents/People with Disabilities |
| ASL | American Sign Language |
| ASM | Autism Society of Michigan |
| AT | Assistive Technology |
| BCBSM | Blue Cross/Blue Shield of Michigan |
| BFD | Barrier Free Design |
| BI | Brain Injury |
| BIA | Brain Injury Association |
| CAA | Community Action Agency |

| | |
|--------------|---|
| CBC | Citizens for Better Care |
| CIL | Center for Independent Living |
| CMH | Community Mental Health |
| CMS | Centers for Medicare and Medicaid Services |
| CP | Cerebral Palsy |
| CRC | Council of RICC Chairpersons |
| CSR | Consumer Service Record |
| CTF | Consumer Task Force |
| | |
| DCH | Department of Community Health (oversees Michigan's long term care programs) |
| DD | Developmental Disability |
| DDC | Developmental Disabilities Council (also MDDC) |
| DDI | Developmental Disabilities Institute, Wayne State University |
| DELEG | Department of Labor and Economic Growth |
| DHS | Department of Human Services (formerly FIA, Michigan's social service agency) |
| DCW | Direct Care Worker |
| DN/M | Disability Network/Michigan (formerly MACIL) |
| DOJ | Department of Justice |
| DRA | Deficit Reduction Act |
| | |
| EEOC | Equal Employment Opportunity Commission |
| EI | Emotionally Impaired |
| ENP | Emergency Needs Program |
| | |
| FA | Family Assistance |
| FCC | Federal Communications Commission |
| FFP | Federal Financial Participation |
| FFS | Fee for Service |
| FIA | Family Independence Agency (now DHS - Michigan's social service agency) |
| | |
| FHA | Fair Housing Authority |
| FPL | Federal Poverty Level |

| | |
|----------------|---|
| FSN | Family Support Network |
| FY | Fiscal Year |
| GF/GP | General Fund/General Purpose |
| HAB | Habilitation Waiver (Used under Community Mental Health for people with developmental disabilities) |
| HFA | Home for the Aged |
| HI | Hearing Impaired |
| HIFA | Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO | Health Maintenance Organization |
| HCBS | Home and Community-Based Waiver |
| HUD | Housing and Urban Development |
| IADLs | Instrumental Activities of Daily Living |
| ICF/MR | Intermediate Care Facility for people with mental retardation |
| I&R | Information and Referral (Specialist) |
| IL | Independent Living |
| ILP | Independent Living Plan |
| IPS/IPP | Individual Plan of Service/Independent Program Plan |
| JFA | Justice for All (a disability rights list serve) |
| LTC | Long-Term Care |
| LTCC | Long-Term Care Connections |
| LTCOP | Long-Term Care Ombudsman Program |
| LTCSSAC | Long-Term Care Supports and Services Advisory Commission |
| MA | Medical Assistance (Medicaid) |
| MACIL | Michigan Association of Centers for Independent Living-now DN/M |
| MCB | Michigan Commission for the Blind |

| | |
|------------------|--|
| MCDC | Michigan Commission on Disability Concerns |
| MCQC | Michigan Campaign for Quality Care |
| MD | Muscular Dystrophy |
| MQCCC | Michigan Quality Community Care Council |
| MQC3 | Michigan Quality Community Care Council |
| MDRC | Michigan Disability Rights Coalition |
| MFP | Money Follows the Person |
| MH | Mental Health |
| MHP | Medicaid Health Plan |
| MI | Mental Illness |
| MiCASSA | Medicaid Community Attendant Services & Supports Act |
| MI Choice | Michigan's Home and Community-Based Service Waiver |
| MIG | Medicaid Infrastructure Act |
| MIWorks! | Michigan Works |
| MPAS | Michigan Protection and Advocacy Service |
| MS | Multiple Sclerosis |
| MSA | Medicaid Services Administration |
| MSHDA | Michigan State Housing Development Authority |
| NA | Narcotics Anonymous |
| NASW | National Association of Social Workers |
| NF/NH | Nursing Facility/Nursing Home |
| NFTS | Nursing Facility/Home Transition Services |
| NHTS | Nursing Facility/Home Transition Services |
| NFTI | Nursing Facility Transition Initiative |
| OCR | Office of Civil Rights |
| OLTCSS | Office of Long Term Care Services and Supports |
| OT | Occupational Therapist |
| PA | Personal Assistant |
| P & A | Protection and Advocacy |
| PACE | Program of All-Inclusive Care for the Elderly |

| | |
|--------------------|---|
| PAS | Personal Assistant Services |
| PASS | Plan to Achieve Self-Sufficiency |
| PCP | Person-Centered Planning |
| PDS | Physical Disability Services |
| PHA | Public Housing Authority |
| PIHP | Prepaid Inpatient Hospital Plan |
| PT | Physical Therapist |
| QMB | Qualified Medicare Beneficiaries |
| RCSC | Real Choice Systems Change (Federal grant) |
| SCHIP | State Children’s Health Insurance Program (Title XX, T20) |
| SCI | Spinal Cord Injury |
| SDA | State Disability Assistance |
| SGA | Substantial Gainful Activity |
| SILC | State Independent Living Council |
| SLMB | Specified Low-Income Medicare Beneficiaries |
| SPE | Single Point of Entry |
| SSI | Social Security Income |
| SSDI | Social Security Disability Insurance |
| SSA | Social Security Administration |
| STG | Systems Transformation Grant |
| TA | Technical Assistance |
| Title XVIII | Medicare |
| Title XIX | Medicaid |
| Title XX | State Children’s Health Insurance Program |
| TWWIIA | Ticket to Work and Work Incentives Improvement Act |
| UCP | United Cerebral Palsy |

CIL Organizational Acronyms

| | |
|---------------|---|
| CILs | Centers for Independent Living: |
| AACIL | Ann Arbor CIL (Ann Arbor area) |
| BWCIL | Blue Water CIL (Port Huron Area) |
| CACIL | Capital Area CIL (Lansing Area) |
| CC | Community Connections (Benton Harbor Area) |
| DN/MM | Disability Network Mid-Michigan (Midland Area) |
| DAKC | Disability Advocates of Kent County (Grand Rapids Area) |
| DC | Disability Connection (Muskegon Area) |
| DRC | Disability Resource Center (Kalamazoo Area) |
| DN/WCD | Disability Network/ Wayne County-Detroit (Detroit area) |
| dC | disAbility Connections (Jackson area) |
| DN/L | Disability Network/Lakeshore (Holland Area) |
| DN/NM | Disability Network/Northern Michigan (Traverse City area) |
| DN/OM | Disability Network/Oakland- Macomb (Oakland-Macomb county area) |
| SAIL | Superior Alliance for IL (Marquette area) |
| TDN | The Disability Network (Flint Area) |