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Proposal for Joint OLTCSS-Commission Strategic Planning

This document proposes the conduct of joint strategic planning around the individual recommendations that will set the course for the near future as well as establish a blueprint for future activity. Three primary documents exist that provide direction to the office and the advisory commission:

- Modernizing Michigan Medicaid Long Term Care, the final report of the Michigan Medicaid LTC Task Force
- The Model Act (Michigan Long Term Care Consumer Choice and Quality Improvement Act) appended to the TF report to serve as a basis for legislative action to implement the recommendations within a cohesive, ongoing and purposeful framework.
- Executive Order 2005-14 – issued to create the Office of Long Term Care Supports and Services, create the Michigan Long Term Care Supports and Services Advisory Commission, and establish Single Point of Entry demonstration projects. The authority to do anything to modernize long term care comes from this document.

There is a lack of clarity between the boundaries, functions and tasks assigned to each body (Office, Advisory Commission). Efforts are underway on both sides, but often disconnection and sometimes duplicative. So that the Commission may better fulfill its monitoring role and bringing forth motions for advisement, there is a need to understand what it is responsible to produce on its own, versus knowing about, understanding and supporting Office/Department/Administration (O/D/A) activities toward implementation of the individual recommendations. This is also important when individual workgroups identify issues where activity is divergent from the recommendations.

The first step toward strategic planning is to pull the recommendations, benchmarks, timelines, etc., from the various documents (identified above) and align them in a way that will allow us to track the work activities/efforts of all parties in a visible and transparent way. It is proposed that the attached Recommendations Implementation Map be considered for doing so. A separate Map will be developed for each of the Task Force recommendations. The attached example is pertinent to Recommendation #6: Consumer Participation and Education. The first three columns cross reference the strategies and action steps contained in the Task Force recommendations report with the Model Act and the Executive Order. It is envisioned that the four remaining columns will evolve to include specific reference to planned activities, goal-setting, timelines, assignments. Displaying the work in this manner will allow both the Commission and Office to frame activities with specificity, establish visible timelines and complement rather than duplicate each others' efforts. In the long run, the completed maps can serve as resource materials for public reporting and advocacy in multiple directions.

It is envisioned that the January 2009 meeting be established as a work session dedicated to furthering the mapping/strategic planning process and setting a course for future activity.

**COMMISSION PUBLIC EDUCATION-CONSUMER PARTICIPATION WORKGROUP
RECOMMENDATIONS IMPLEMENTATION MAP**

Recommendation Topics	Model Act Provisions	Executive Order Provisions	OLTCSS Activity	OLTCSS Benchmarks	Commission/ Workgroup Charges & Activity	Commission Workgroup Benchmarks
<p>1. Legislate a governor-appointed, senate-concurred Michigan LTC Commission with authorities over policy, programs, budget development participation with legislative recommendations, monitoring of spending, SPE QA development and site selection + “for all other entities in LTC”, to provide meaningful consumer oversight and accountability to the state’s reform and rebalancing of the long-term care system.</p>	<p>Section 3 Findings and Purpose 3(c)(k); Section 4 [ALL]</p>	<p>Scale <u>advisory</u> Model Act provisions per Sections III, IV and V – minus Model Act authorities</p>	<p>SPE contract establishes requirement for consumer involvement on governing board and advisory councils. Consumers involved in designing and implementing local level evaluation activities.</p>			

<p>2. Public Awareness and Education Campaign for consumers, families, professionals, the general population and others not aware of LTC options and unprepared about the array of supports and services to promote informed decisions and personal planning.</p>	<p>Section 3(1)(2)(3)(b)</p>	<p>Sections II.D.1.7. III, IV. A.1.3.5.6.</p>	<p>OLTCSS conducted Own Your Future campaign in November 2007. Second round related to LTC insurance partnership roll-out is under consideration.</p>			
<p>3. Goal: Increase awareness of SPE agencies through uniform “branding”, including launching a geo-routed toll-free phone number; develop hiring criteria and authorize hiring a social marketing firm to develop a marketing and public awareness campaign that includes SPE name and logo, print and media broadcast tactics, local SPE</p>	<p>Section 3(1)(2)(3)(b)(d)(e) Section 6(4)</p>	<p>Section V.G. I.J.</p>	<p>Toll-free number established (866-642-4582). Web site established (www.MiLongTermCare.org) Logo adopted. LTCC sites working with marketing firm to develop materials (uniform brochures, newsletter templates, press release templates, resource materials). Informal outreach conducted on an ongoing basis at local level. Strategy being developed for conduct of a formal outreach campaign with targeted messages for specific audiences:</p>			

media/outreach tool kit.			consumers, legislators, stakeholders.			
4. Goal: Increase awareness among all community-level stakeholders of the full array of supports and services as well as the opportunities for person-centered planning.	Section 3(1)(2)(3)(b)	Sections II.D.1.2. III, IV.5.6., V.F.G.I.J.				
5. Goal: Authorize continuing education for professionals on the role of the SPE, PCP and the Array; develop multidisciplinary curricula for academia and licensing-certification CEUs.	Section 3(b)(f)(3)	Sections II.D.1.2. III, IV.5.6., V.F.G.I.J.				
6. Goal: Assure all state employees involved in any aspect of LTC have mandatory training on the value of PCP and the available Array; establish criteria and authorize targeted curricula development and materials.	Section 3(b)(f)(3)	Sections II.D.1. III.1.5.6.				

<p>7. Goal: Provide an orientation to all legislators, legislative staff and executive branch officials on the value of PCP and the available Array; establish criteria and authorize targeted curricula development and materials.</p>	<p>Section 3(b)(f)(3)</p>	<p>Sections II.D.1. III.1.5.6.</p>				
<p>8. Goal: Create a K-12 education program about direct care careers and other aspects of LTC; establish criteria and authorize targeted curricula development and materials.</p>	<p>Section 5(2)(f)</p>	<p>Sections II.D.1. III.1.5.6.</p>				
<p>9. Goal: Develop and launch a comprehensive State LTC website; develop hiring criteria and hire a web design firm; include expertise on outreach tools for targeted populations, keywords and navigation</p>	<p>Section 3(1)(3)(b)</p>	<p>II.D.1.2. III, IV.5.6., V.F.G.I.J.</p>				

capacities.						
10. Goal: develop evaluation criteria for audiences and implement them around such outcome measures as completions of trainings, increases in referrals, improved consumer satisfaction with and amid the array, resulting media placement and market-changes impact.	Section 3(3)(g)	Section II.D.1.4. IV.A.2.7 V.F.G.I.				

JOINT PROPOSAL CONCEPT DEVELOPMENT
of the MDCH Office of LTC Supports and Services
and the Michigan LTC Supports & Services Advisory Commission
DEVELOPMENT SEQUENCE & TIMETABLE

- A** Populate Recommendation Implementation Maps with Final Report and Model Act Provisions
[August '08]
- B** OLTCCS assigns staff-leads for each major Final Report Recommendation
[August '08]
- C** OLTCCS staff leads meet with corresponding Commission Workgroup Chairs
- Take inventory of all related Office activities and progress.
 - Scan and inventory all Office-sponsored workgroups activity, including Consumer T.F. and progress.
 - Scan globally for implementation activity elsewhere in the Department, across the Administration and in the Legislature.
 - Compile all the above to populate right-hand columns of Implementation Maps.
 - Staff leads with Commission Workgroup Chairs perform gaps analyses, scanning for remaining Recommendations items not being addressed anywhere.
 - Staff and Commission Workgroup Chairs take a "first run" at prioritizing identified gaps amid their other Recommendation items currently being implemented or currently anticipated in State implementation.
- [August through September '08]
- D** OLTCCS staff leads and Commission Workgroup Chairs draft collaborative objectives for each Recommendation item, identifying activities to be conducted under Office and/or Commission Workgroup auspices.
[October '08]
- E** OLTCCS staff leads and Director, Commission Chair and Workgroup Chairs meet for a half-day or longer session to review all objectives drafted and thresh out duplications, implementation gaps prioritization and adjust respective objectives based on opportunities revealed for strategic Recommendation focus that jointly leverage implementation resources.
[November '08]
- F** A comprehensive implementation map is completed based on the joint Office and Commission Chairs' session decisions and presented to the full January 2009 Commission for review – presentation of final draft objectives by Workgroup Chairs and respective Office Leads – followed by Q&A, discussion and possible adoption.
[January '09]
- G** Commission Workgroups meet for briefings on their respective 2009 Objectives adopted at the full Commission and begin constructing work plans for implementation activities so assigned to the Workgroup.
[February '09]
- H** Set benchmarks, perhaps staggering update-briefings across 2009 Commission meetings, and beyond, on progress across the various sectors of the Implementation Map.
[March '09]



Michigan League for Human Services

Putting Michigan's Budget in Perspective

Presentation to the
Long Term Care Supports and Services Advisory Commission

July 28, 2008

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Senior Planning/Research Associate

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A United Way Agency

Michigan League for Human Services

Governor Granholm's Recommended 2008-2009 Budget

- First budget in many years that didn't have to address a deficit
- First budget in many years with enhancements and investments
- Governor's priorities include jobs, education, health care and public protection

Enhancements for Vulnerable Populations

- Proposed 2% increase in cash assistance grants
 - 1st since 1990
 - Maximum grant will go from \$489/mo to \$499/mo (\$3 per person/mo)
 - Approved amount: \$1 per person/month
- Increase in children's clothing allowance to \$75/child/yr
 - Was originally \$75
 - Dropped to \$25 in 2002; \$43 in 2007; school-age children only
 - Will help approximately 154,000 children
 - Approved amount: \$88 per child

Enhancements for Vulnerable Populations

Cont'd.

- Early childhood education increased by \$32 million
 - \$24 million for Great Start Readiness Program (formerly MSRP); 7,000 additional children
 - \$5 million for additional Great Start collaboratives
 - \$2.5 million for innovation grant
- Expansion of Community Based LTC Care Programs
 - Governor recommended \$12.9 million general fund
 - Legislature approved \$9.1 million general fund
- Additional \$40 million for No Worker Left Behind
 - Will help additional 6,000 workers on waiting lists
 - Approved amount: \$15 million general fund

Additional Increases

- Increases in K-12, higher education and revenue sharing
 - Foundation allowance will increase \$108 - \$216 per child to \$7,420
 - 3% increase for higher ed, with tuition restraint
 - Approved amount: 1% across-the-board
 - 4% increase for statutory revenue sharing – 1st increase since 2001

Some Spending Reductions

- \$170 million overall recommended by Governor
- \$50 million reduction in corrections
 - Legislature concurred with amount of reduction
- First time corrections budget is smaller than prior year

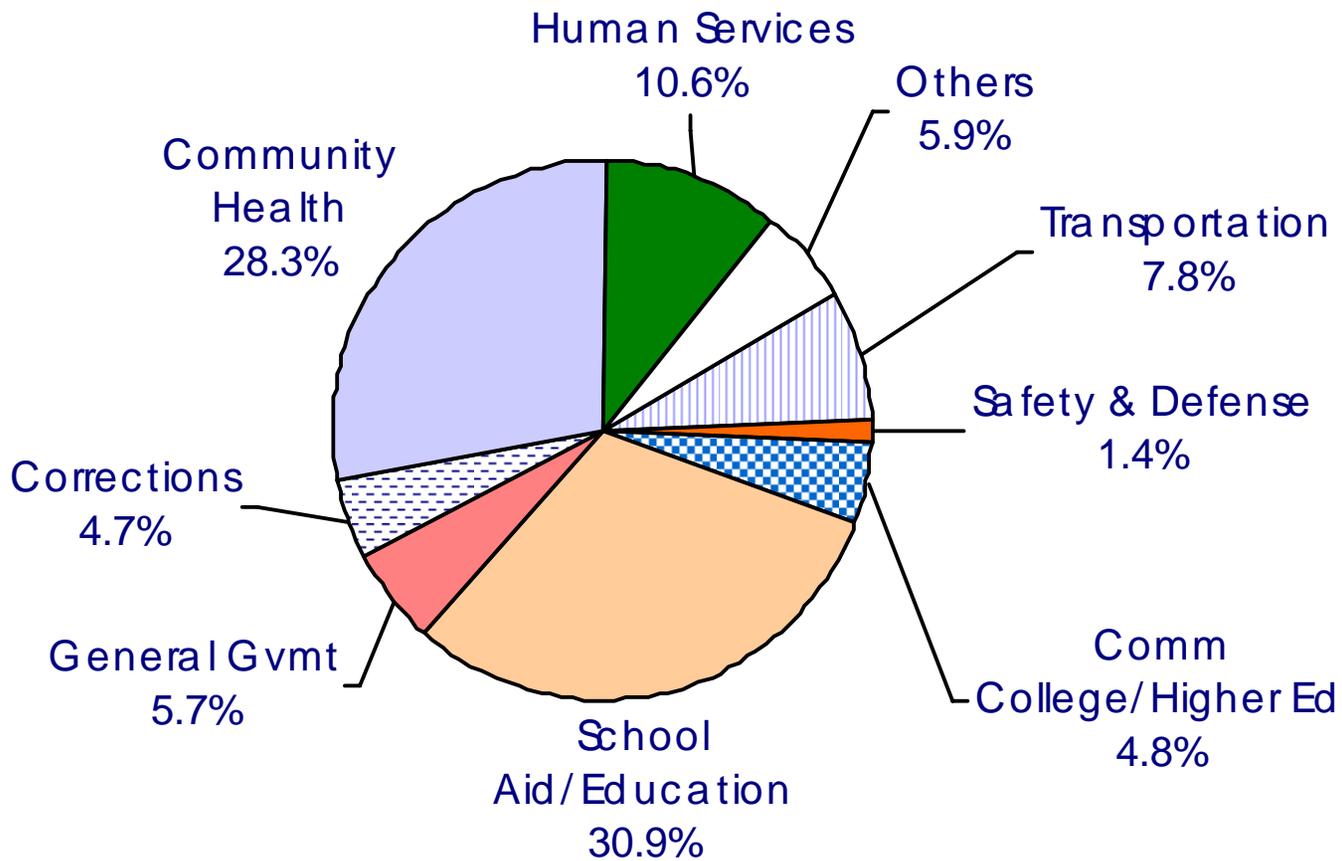
Reality Check

- Budget increases are very modest
- Very optimistic budget; revenues must hold up
 - They did not at the May Revenue Estimating Conference; reductions had to be made
- No new taxes/fees
- One time measures fund one-time initiatives

Bad News

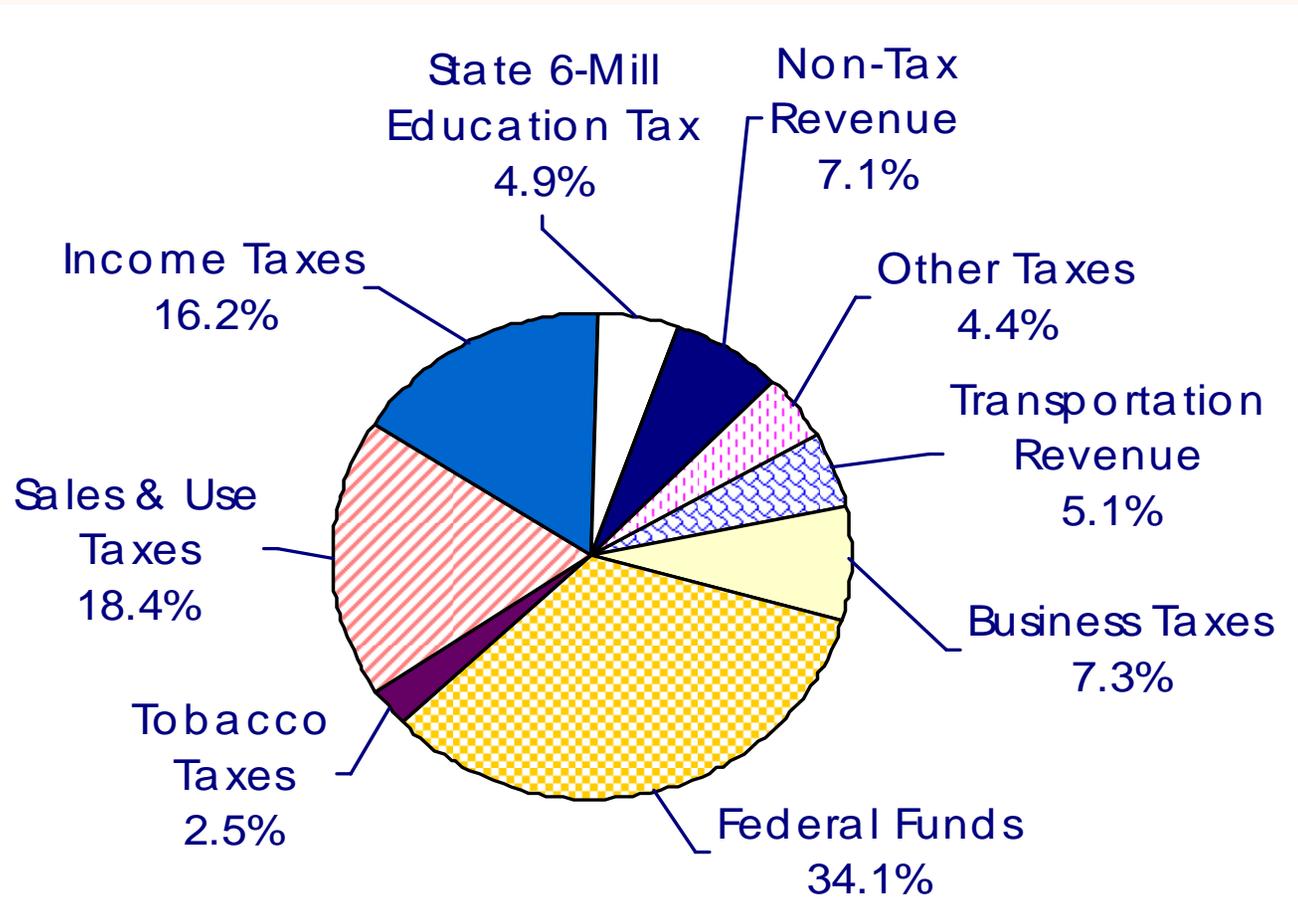
- The structural deficit remains and will materialize in 2010, if not before
- The 2008 tax increases are temporary

FY 2008-09 Adjusted Gross Executive Recommendation (\$44 Billion)



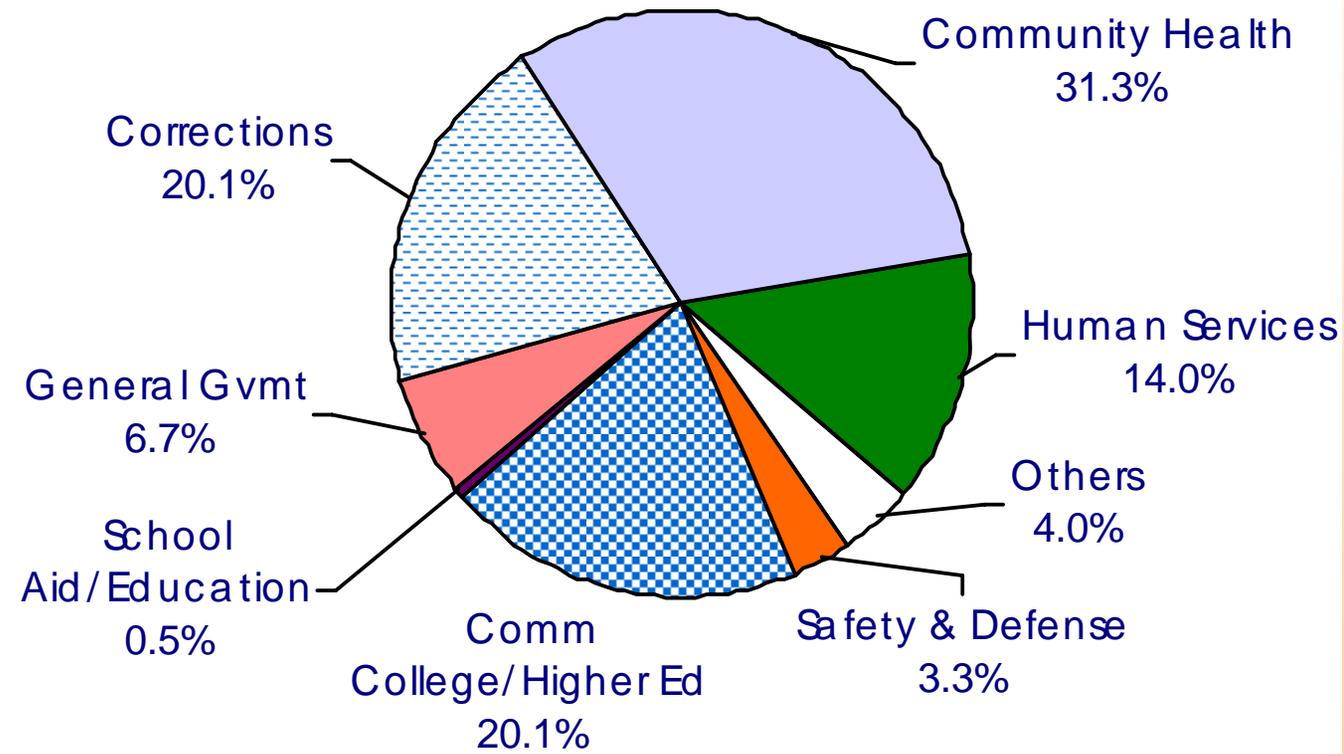
Source: FY2008-09 Executive Budget

Total Revenue by Source FY 2008-09 (\$43.3 Billion)



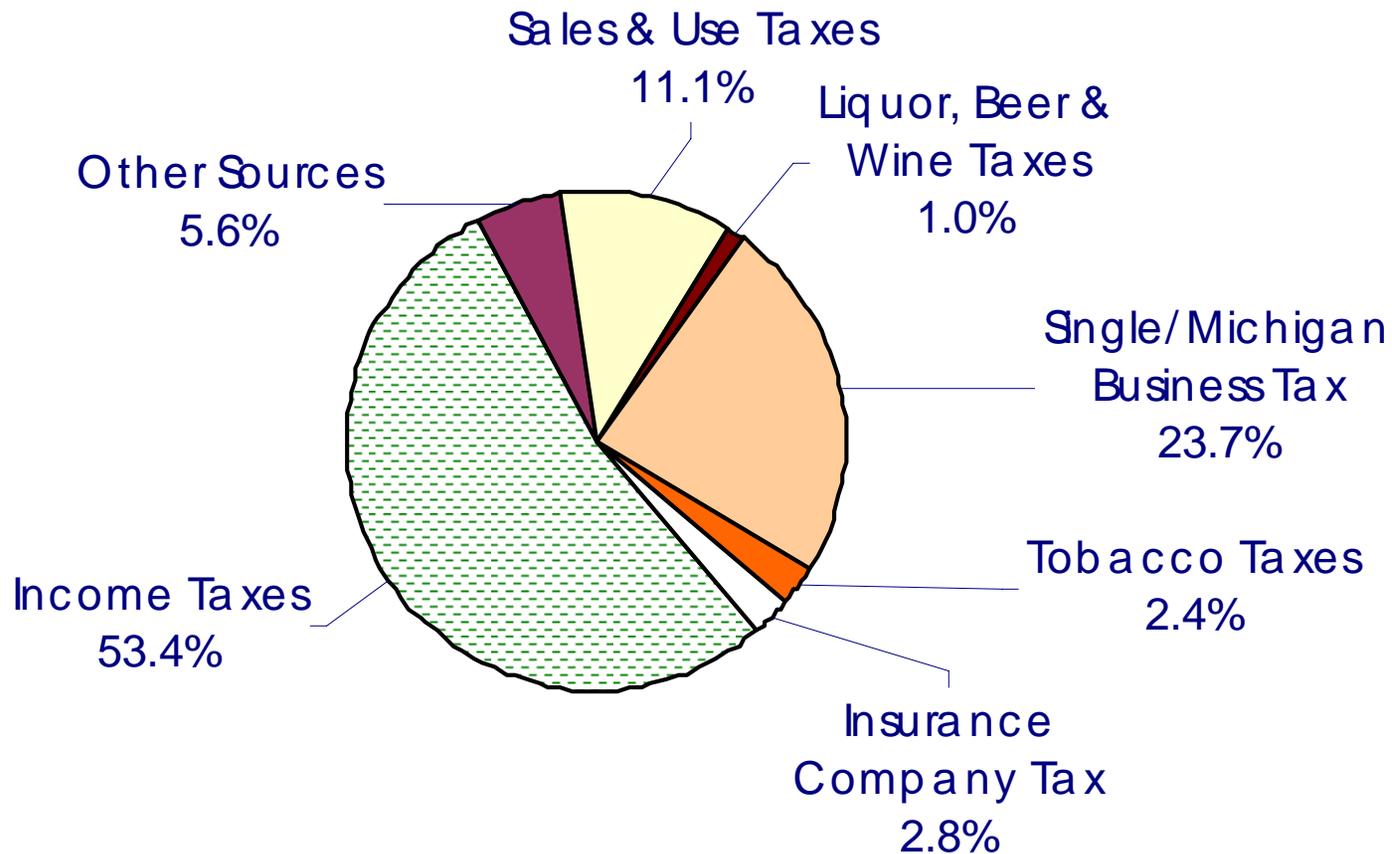
Source: House Fiscal Agency, March 2008

FY 2008-09 GF/GP Executive Budget Recommendation (\$9.8 Billion)



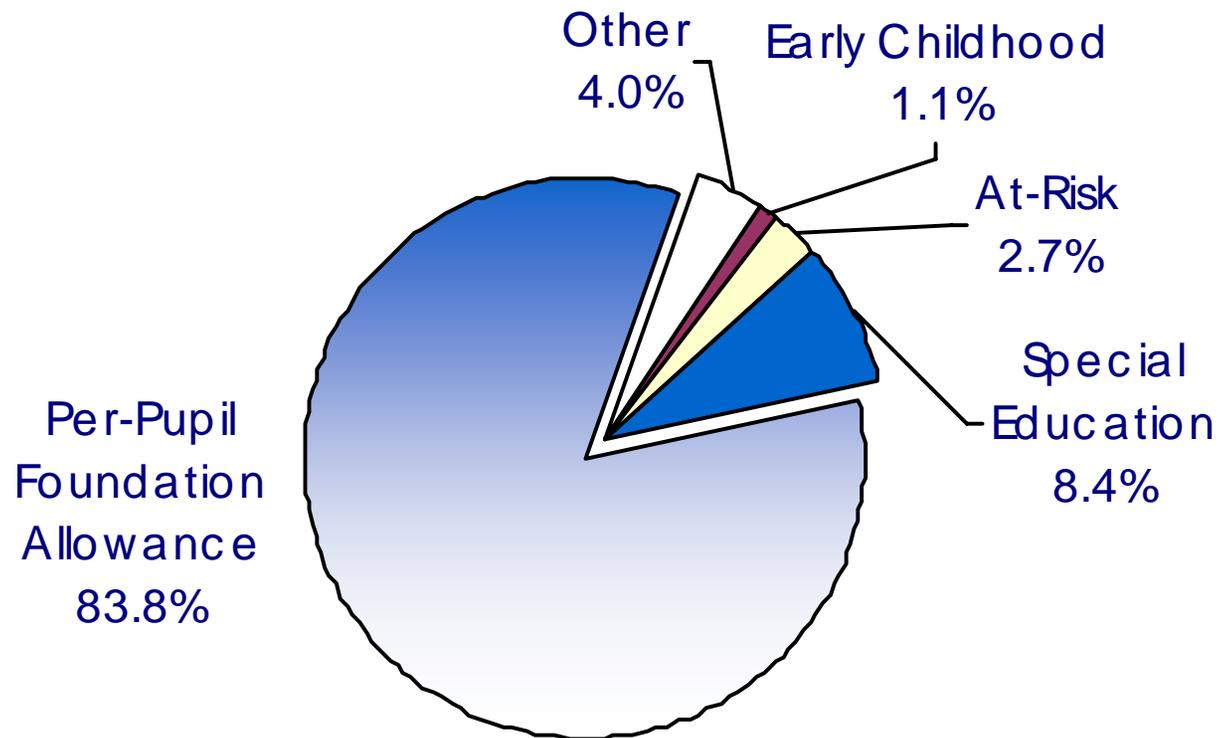
Source: FY2008-09 Executive Budget

GF/GP Revenue by Source FY 2008-09 (\$9.2 Billion)



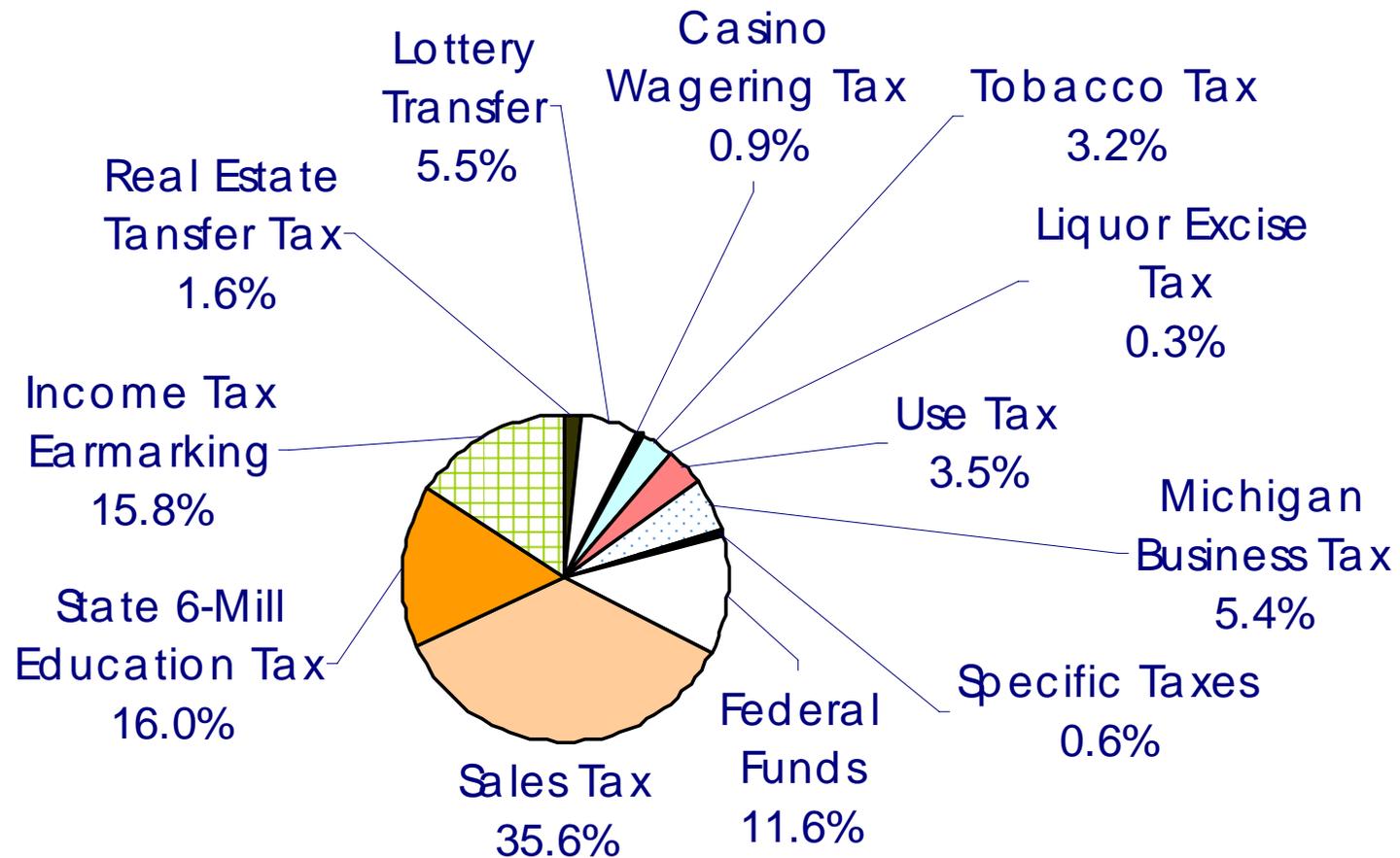
Source: House Fiscal Agency, March 2008

FY 2008-09 Executive Budget School Aid Fund Recommendation (\$11.9 Billion)



Source: FY2009 Executive Budget

School Aid Fund Revenue by Source FY 2008-09 (\$13.4 Billion)



Source: House Fiscal Agency, March 2008

The 2007 Budget Crisis

- The three headed monster
 - FY 2007 deficit of \$900 million
 - Single Business Tax scheduled to expire (\$1.2 billion)
 - FY 2008 deficit of \$1.75 billion

A Deficit of Nearly \$4 Billion!

What Would Nearly \$4 Billion in Cuts Mean?

- Cutting all funding for universities and community colleges **AND** eliminating all mental health services; or
- Eliminating all health care programs for seniors and children living in poverty **AND** releasing all 51,000 prisoners; or
- Cutting \$2,000 in per pupil aid to public schools (nearly one-fourth); or
- Cutting every department of state government by at least 10 percent.

What Did the Legislature Do?

- FY2007 budget balanced with more one-time fixes and borrowing (tobacco settlement \$)
- Michigan Business Tax (MBT) replaces the SBT; revenue neutral
- FY2008 budget “deal”
 - Partial State shutdown averted; continuation budget
 - Income tax raised (3.9% to 4.35%)
 - Sales tax expanded to some services, then repealed
 - MBT Surcharge enacted

What Did the Legislature Do?

Cont'd.

- Changes in public school employees health and retirement benefits
- Healthy lifestyle incentives for Medicaid recipients
- \$440 million in cuts to programs and services

What Does It Mean?

- Income tax increase
 - Raises additional \$760 million
 - Rate increase begins to drop in 2011
 - Flat tax is regressive
 - Graduated income tax requires vote of public

What Does It Mean?

Cont'd.

- Sales tax expansion
 - Would have raised additional \$614 million
 - Captures economic growth
 - Applied unevenly, as enacted
 - Sales tax is regressive
- MBT Surcharge goes away in 2017
- More cuts in services = more disinvestment and harm to people and communities
- Budget “deal” balances the FY2008 budget but doesn’t address the structural deficit

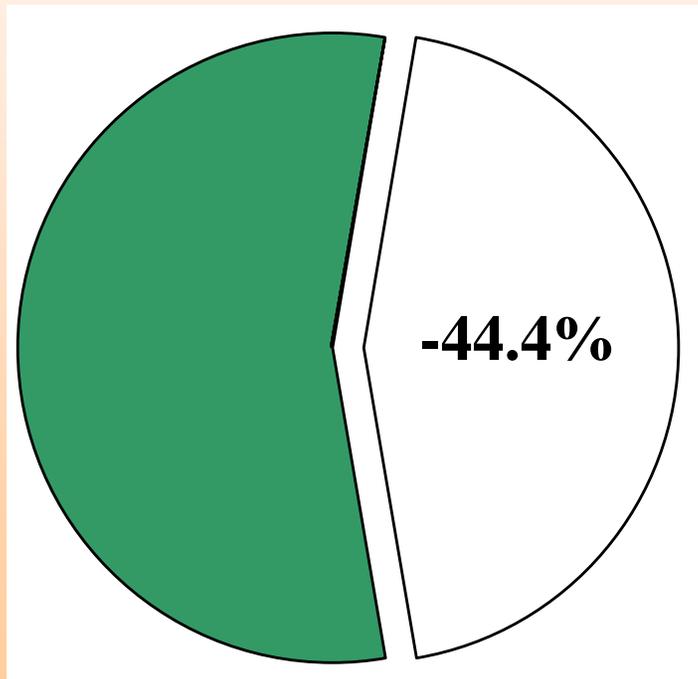
What Should We Do?

Cont'd.

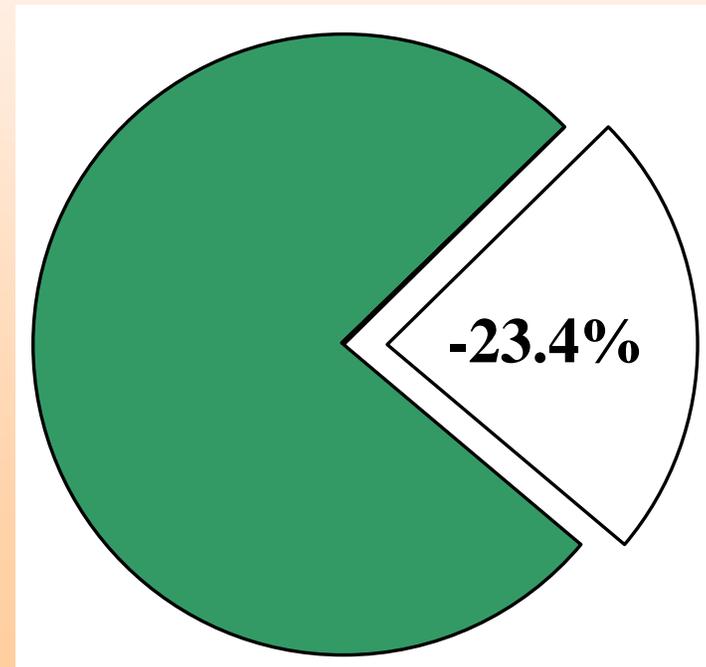
- Stop Disinvesting!

Michigan's Shifting Spending Priorities Percentage Changes as a Share of Michigan's Economy (FY1985 to FY2007)

Higher Education



Health & Human Services

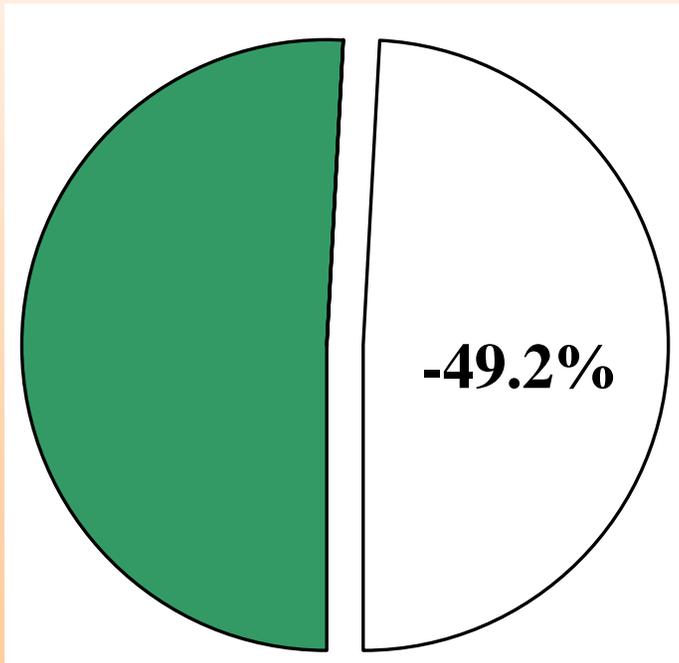


Prepared by Michigan League for Human Services

Michigan's Shifting Spending Priorities Percentage Changes as a Share of Michigan's Economy (FY1985 to FY2007)

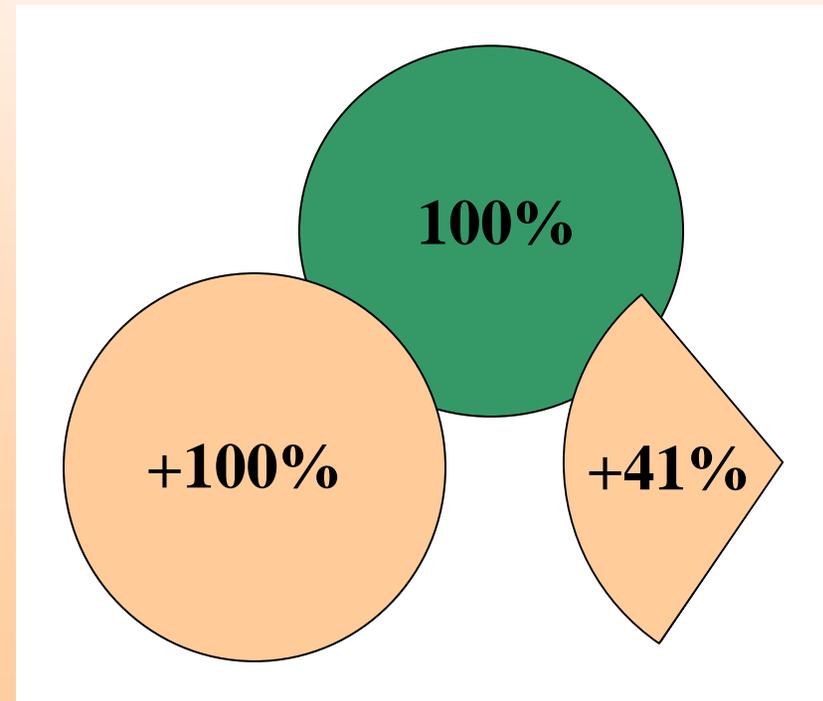
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Local Revenue Sharing



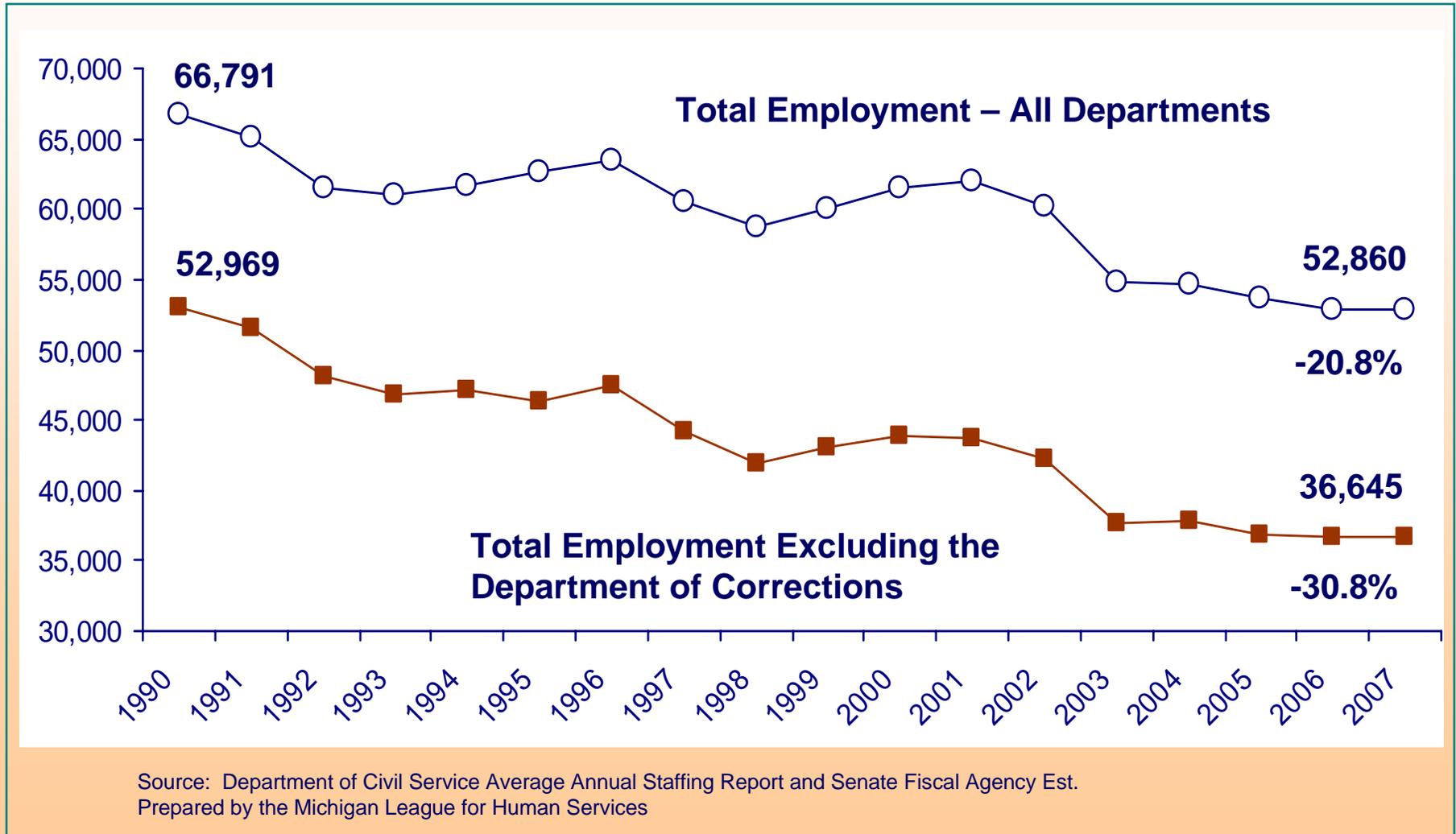
Prepared by Michigan League for Human Services

Corrections



Michigan League for Human Services

Michigan State Employment FY1990 Actual–FY2007 Estimate



Needs Continue to Increase

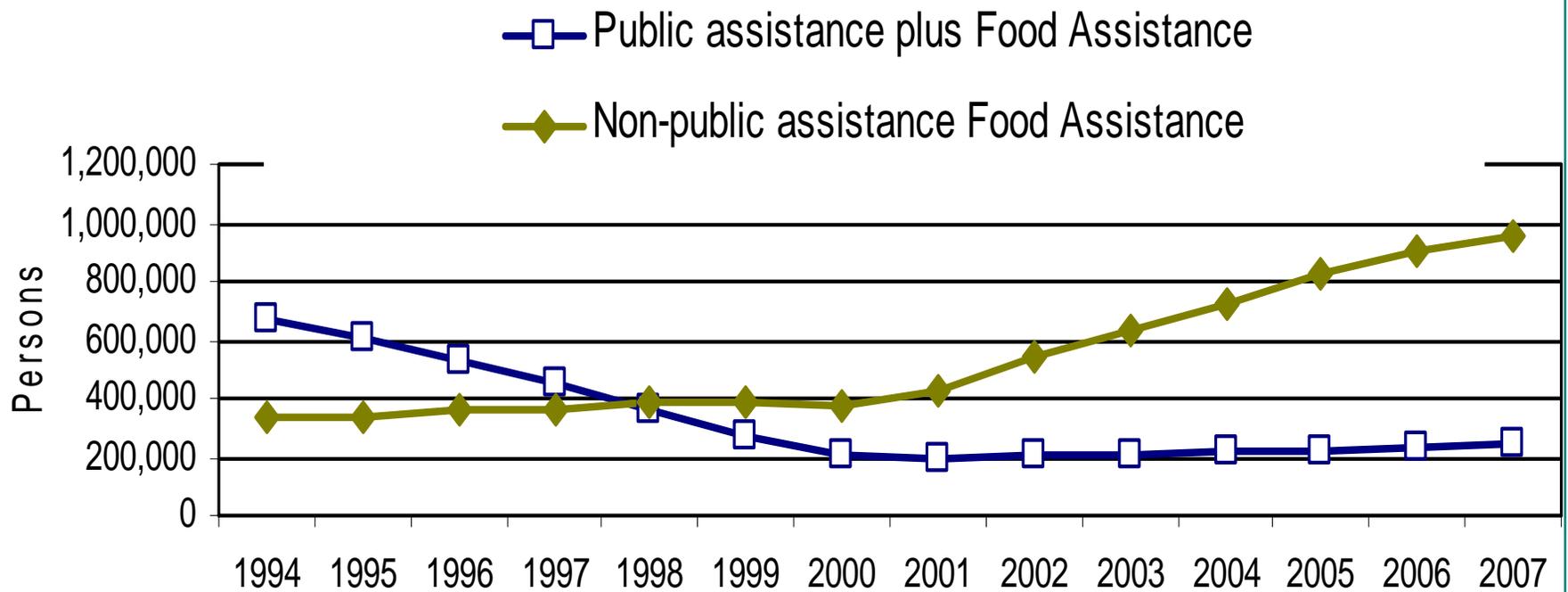
- 1.3 million Michigan residents in poverty in 2006 (13.3%)
 - Poverty level is \$16,242 for a family of three
- Michigan's family poverty rate has increased 21 percent since 2001
- Michigan's unemployment rate is the highest in the U.S.—8.5 percent in May 2008
- Households are earning less; median income below the national average

Needs Continue to Increase

Cont'd.

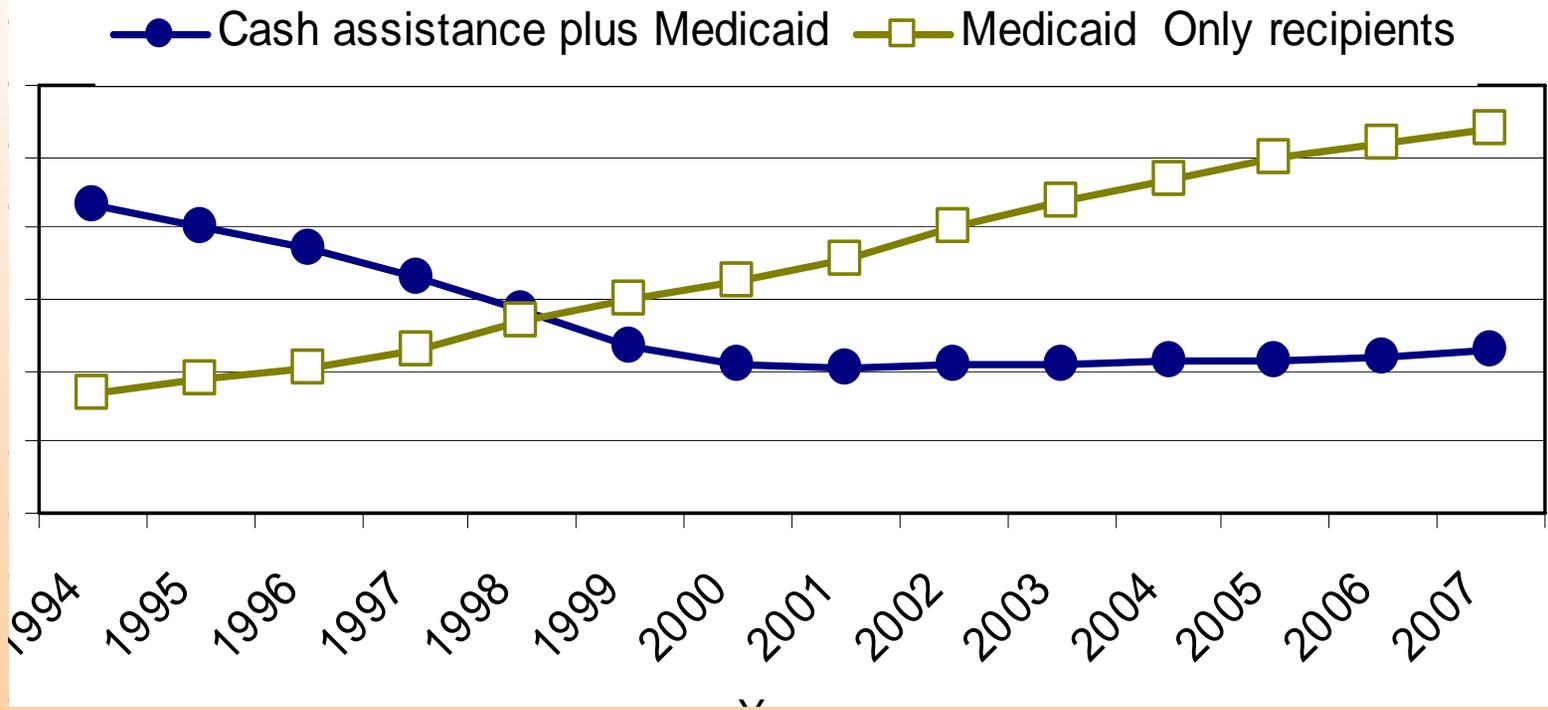
- More than 50% of renters pay more than thirty percent of income for housing (up from 40% in 2001)
- Michigan's foreclosure rate highest in U.S.
- Personal bankruptcies increasing
- Fewer employers offer health care coverage

Food Assistance Participants by Category, FY1994 – FY2007



Data Source: Michigan Department of Human Services
Prepared by the Michigan League for Human Services

Medicaid Eligibles by Category, FY1994 – FY2007



Data Source: Michigan Department of Human Services
Prepared by the Michigan League for Human Services

What Should We Do?

Cont'd.

Do Not Continue to Cut Taxes

- Michigan is not a high tax state
- Michigan ranked 25th in the nation in share of personal income for 2003-2004
- Michigan's tax burden has been steadily declining; General Fund Revenue as a share of personal income has declined by over 38 percent since 1990
- Businesses make location decisions based on availability of a skilled workforce, infrastructure and quality of life, not just on tax liability

What Should We Do?

Cont'd.

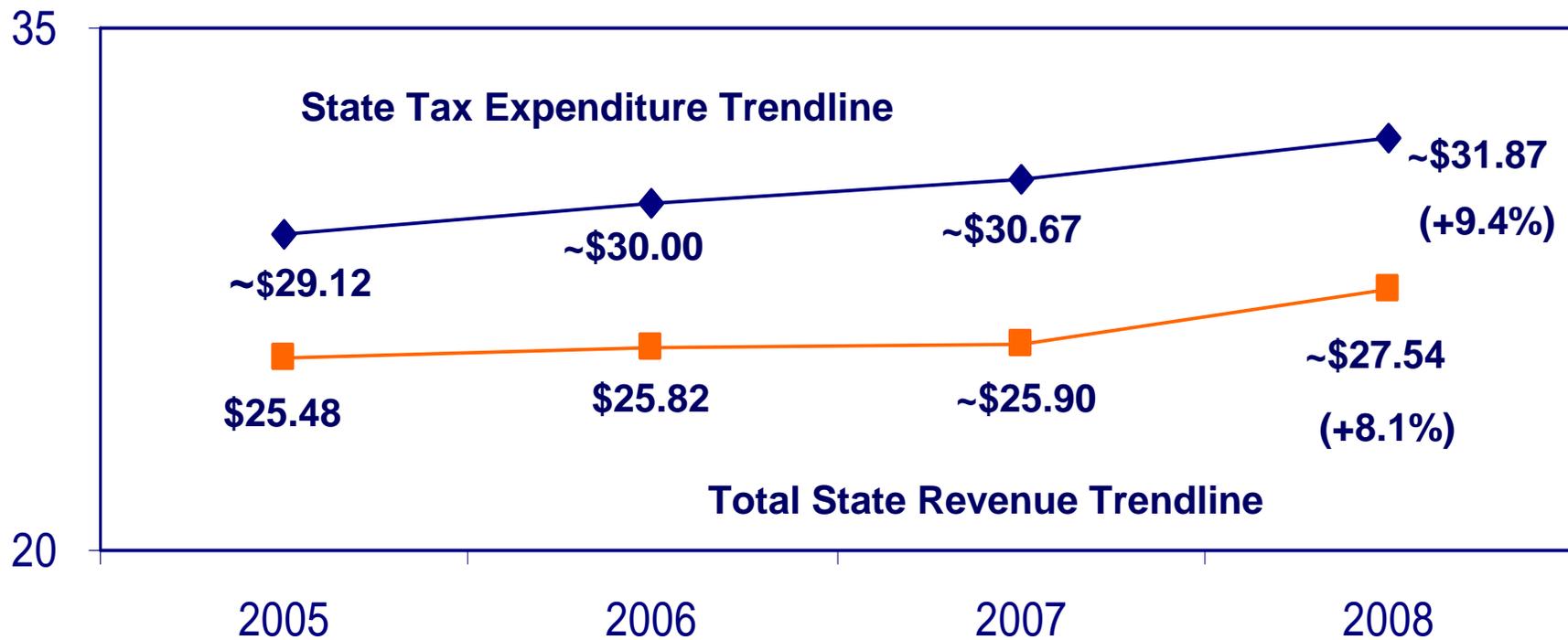
- Broaden the sales tax base to include more services
- Reform Michigan's income tax; enact a graduated income tax
- Begin to address senior tax preferences
 - Generous tax treatment; substantial pension and investment income not taxed
 - Seniors spend less on goods
 - Impact will be escalated when Baby Boomers retire

What Should We Do?

Cont'd.

- Eliminate tax expenditures by closing tax loopholes (i.e. outdated or unfair credits, exemptions, deductions and exclusions)

Estimated Michigan Revenue and Tax Expenditure Trends (\$s in Billions)



Data Source: Michigan Department of Treasury Executive Budget Appendix on Tax Credits, Deductions and Exemptions FY2005 - FY2008 and Department of Management and Budget Comprehensive Annual Financial Reports
Prepared by the Michigan League for Human Services

What Should We Do?

Cont'd.

- Begin to address corrections policies
 - Largest state-operated program
 - 30% of state employees (tripled since 1980)
 - One in five General Fund dollars
 - Incarceration rate nearly 40% higher than neighboring states
- Reinvest in programs and services important to our quality of life

All of Michigan's citizens rely upon public services in one way or another. In order to provide the services necessary for health and safety, and to enhance our quality of life, we need a revenue base for the future that is adequate, stable, and fair.



Michigan League for Human Services

The Michigan League for Human Services is a state-level policy organization focused on the needs of Michigan's low-income families and individuals. The League's activities include research, analysis, public education and advocacy. The League was founded in 1912 and is a private, nonprofit charitable organization.



Federal Stimulus Package Projected to Cost Michigan \$127 Million in Lost Revenue: Tax Code in Other Midwest States Avoids Revenue Losses Due to Bonus Depreciation

On May 16th the directors of the Michigan House and Senate Fiscal Agencies together with State Treasurer Bob Kleine, convened the semi-annual Consensus Revenue Estimating Conference to determine estimated state revenues for FY2008 and FY2009. The consensus reached by the conferees indicated that net state revenues would decline by \$60.6 million in FY2008 and by \$472.3 million in FY2009 compared to the revenue forecast issued in January. Of these revenue declines, the Conference attributed approximately 25 percent (\$127 million) to the bonus depreciation component of the recently adopted federal stimulus package. This temporary federal tax code change permits businesses to claim a 50 percent depreciation credit for capital acquisitions such as new equipment purchased in calendar 2008.

In a report released by the Washington D.C.-based Center on Budget and Policy Priorities (CBPP)

it was noted that the majority of states, including those in the Midwest region with the exception of Michigan, have taken action to avoid the loss of state revenues that would otherwise occur in association with federal tax code changes such as the recently adopted stimulus package. By taking this action the other Midwest states have, according to the CBPP, avoided the loss of an estimated \$1.5 billion in revenues as outlined in the table below.

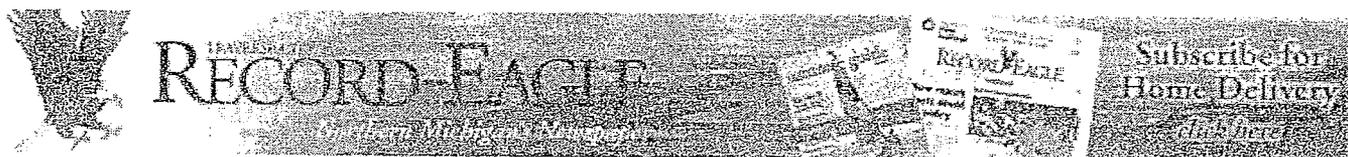
By following the lead of the other Midwest states, Michigan could reduce a significant share of the projected revenue shortfalls for FY2008 and FY2009. Taking action to preserve \$127 million in previously anticipated revenues would also significantly reduce the program reductions and/or revenue increases needed to close projected deficits as required by the Michigan Constitution.

Impact of Temporary Federal "Bonus Depreciation" on State Revenues

State	Potential Revenue Loss (\$s in millions)	Action Taken	Projected Loss (\$s in millions)
Illinois	\$390	Tax Code Precludes Loss	\$0
Indiana	\$152	Tax Code Precludes Loss	\$0
Iowa	\$ 59	Tax Code Precludes Loss	\$0
Michigan	\$127	Tax Code Permits Loss	\$127
Minnesota	\$151	Tax Code Precludes Loss	\$0
Ohio	\$201	Tax Code Precludes Loss	\$0
Pennsylvania	\$335	Tax Code Precludes Loss	\$0
Wisconsin	\$162	Tax Code Precludes Loss	\$0
Midwest Totals	\$1,577		\$127

Sources: Projected loss of Michigan state revenues taken from the May Consensus Revenue Estimating Conference report

Potential revenue losses for other Midwest states, all of whom have acted to protect revenues by decoupling, taken from a report issued by the Center on Budget and Policy Priorities entitled NEW FEDERAL LAW COULD WORSEN STATE BUDGET PROBLEMS: States Can Protect Revenues by "Decoupling".



Forum: Closing loopholes could save \$400M

By Lynn Jondahl and Don Gilmer

Fri, May 23 2008

It's time for some common sense in our budget process.

Michigan citizens were rightly disgruntled over last year's rancorous budget battle that led to a brief government shutdown Oct. 1. Now, with our economy still weak and revenues being adjusted downward again, two dozen prominent Michigan groups support closing tax loopholes as an alternative to raising taxes or cutting services.

We believe Republicans and Democrats in the House and Senate, along with the governor, are not as far apart as their combative history would suggest, at least when it comes to closing tax loopholes.

Votes in 2005 and 2007 show all but three senators and eight representatives -- none of whom were in office in 2005 -- have supported closing some tax loopholes, although the legislation to close them did not become law.

Starting with the exemptions voted on in 2005 and 2007 and adding Gov. Jennifer Granholm's proposals to close \$112 million in loopholes, we find a total of \$400 million in previously identified loopholes.

These include a sales tax exemption for pop and candy sold from vending machines. In Michigan, our public policy exempts food and beverage from the sales tax, except for food sold for immediate consumption. Candy and pop, however, are not taxed even though it's hard to believe someone plunking quarters into a vending machine for an icy Pepsi or a Snickers isn't going to immediately consume them. The state forgoes \$25 million a year in revenue for this exemption.

Another is the bad debt tobacco tax. Wholesalers are exempted from paying tobacco taxes on tobacco sold to retailers who go out of business or otherwise stiff the wholesalers. The money forgone on that tax loophole alone -- \$17.7 million -- could add nearly \$11 per school child to the foundation allowance.

Michigan also exempts international calls from sales tax. Taxing international calls the same as other long-distance calls would yield \$22 million a year -- enough to add more than \$13 per school child.

The Michigan Chamber of Commerce says closing a loophole is the same as increasing taxes on businesses. Our coalition of groups, representing education, health, seniors, children and labor, couldn't disagree more. Closing loopholes for special interests does not levy a new tax or increase an existing tax; it simply says one group will no longer be excused from paying. When an exception to a tax is made for one group, the rest of us pay more.

There is no ongoing review to determine if these deductions, credits and exemptions, some decades old, are fulfilling the public purposes for which they were created. We now exempt more than we collect: \$32 billion in exemptions compared to \$26 billion in state tax revenue.

As longtime former lawmakers we are asking for a sensible budget process. Our budget investments should not be fodder for partisan bickering. Instead, they should be the roadmap to our future with enough support for an excellent education for our children, good services for all citizens and help for the most vulnerable among us.

About the authors: Lynn Jondahl is chair of the Michigan League for Human Services. He served in the House of Representatives as a Democrat from Okeanos from 1973 through 1994, and chaired the House Taxation Committee for 12 years. Don Gilmer, who recently retired as Kalamazoo county administrator, is a former House Appropriations Committee chairman and budget director under former Gov. John Engler. A Republican from Augusta, he served in the House from 1977 through 1998.

About the forum: The forum is a periodic column of opinion written by Record-Eagle readers in their areas of interest or expertise. Submissions of 500 words or less may be made by e-mailing letters@record-eagle.com. Please include biographical information and a photo.

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Common ground for Michigan's budget

Closing loopholes offers option to cutting state services

Since 2005, members of Legislature and the governor have offered tax loophole closures that would restore more than \$400 million to the state's revenues. Tax loopholes – credits, expenditures, deductions and the like – often were passed years ago with no ongoing review of their benefits to the state. The idea of a second look at some of those loopholes has a surprisingly wide range of support that crosses party lines:

- Most recently, in 2007 the Democratic-controlled House voted to close \$332.1 million in so-called tax loopholes during budget negotiations. Those bills are pending in the Senate.
- About \$170 million over multiple years in tax loophole closures nearly became reality in 2005 when the House and Senate, both with Republican majorities, approved eight closures and Gov. Jennifer Granholm signed all but HB5107, which was vetoed. The bills were tie-barred to the vetoed bill, a Single Business Tax cut, so they did not take effect.
- In February 2005, Gov. Jennifer Granholm called for \$112 million in tax loophole closures to balance the FY 2006 budget, and has renewed her call for loophole closures since then.

The House, Senate and governor, and members and leaders of both political parties have supported ending certain tax credits or expenditures. Closing those previously identified loopholes could add more than \$400 million in revenue needed to continue state programs.

Supporting this option are:

AARP
AFL-CIO Michigan
American Federation of Teachers-Michigan
Center for Civil Justice
Michigan AFSCME Council 25
Michigan Association of School Administrators
Michigan Association of School Boards
Michigan Campaign for Quality Care
Michigan Council for Maternal and Child Health
Michigan Education Association
Michigan League for Human Services
Michigan Long Term Care Ombudsman Program

Michigan Municipal League
Michigan Nonprofit Association
Michigan Nurses Association
Michigan Primary Care Association
Michigan Protection & Advocacy Service
Michigan School Business Officials
Michigan's Children
Middle Cities Education Association
Presidents Council, State Universities of Michigan
Prevention Network Board
SEIU Michigan State Council
UAW Michigan CAP

Common ground:

Tax loophole closures supported by lawmakers and Governor

1. Decouple state business depreciation from feds: \$70 million (*H-2007*)*
2. Bad debt exemption for retailers: \$64 million (*H-2007*)
3. Air and water pollution equipment: \$44.2 million (*H-2007*)
4. Periodicals: \$35 million (*H-2007*)
5. Vending machines: \$25 million-\$25.2 million (*H-2007, Executive Budget 2005*)
6. Railroad credit: \$20 million (*Executive Budget 2005*)
7. Copyrighted Motion Pictures: \$20 million (*Executive Budget 2005*)
8. Tobacco bad debt deduction: \$17.7 million (*H-2007*)
9. Interstate trucks and trailers: \$16.4 million (*Executive Budget 2005*)
10. Communications and telephone/international calls/wide area telecommunications: \$15.4 million-\$21.9 million -\$59.8 million (*H.S.-2005, Executive Budget 2005, H-2007*)
11. Prohibit subsidiary out-of-state gains deduction: \$12.1 million (*H.S.Gov-2005*)
12. Employee meals: \$8.4 million (*H-2007*)
13. Aircraft parts: \$8 million (*H-2007*)
14. Reduce small business credit: \$5.5 million (*H.S. Gov-2005*)
15. Restrict credit/loss carry forward: \$5.5 million (*H.S. Gov-2005*)
16. Oil and gas royalty: \$5 million (*Executive Budget 2005*)
17. Eliminate insurance company exemption: \$3.3 million (*H.S.Gov-2005*)
18. Marginal wells: \$2.2 million (*Executive Budget 2005*)
19. Eliminate prison store exemption: \$0.7 -\$0.8 million (*Executive Budget 2005, H.S.Gov-2005*)
20. Eliminate driver's education vehicle exemption: \$0.6 million (*H.S.-2005*)
21. Reduce apprenticeship credit: \$0.6 million (*H.S. Gov.-2005*)
22. Water softener and water cooler exemption: \$0.5 million (*Executive Budget 2005*)

Total: \$380.1 million - \$424.8 million

Key:

- *Executive Budget 2005* – Part of Gov. Jennifer Granholm's executive budget recommendation for FY06
- *H-2007* – Passed House in 2007. Amount cited is from House Fiscal Agency analysis
- *H.S.-2005* – Passed the House and Senate in 2005. Amount cited is FY09 estimate from Senate Fiscal Agency analysis
- *H.S.Gov--2005* – passed both chambers in 2005 and signed by Granholm but was tie-barred to vetoed bill, HB 5107. Amount cited is FY09 estimate from Senate Fiscal Agency analysis

* Differs from bonus depreciation in federal stimulus package, which is estimated to reduce state revenues by a total of \$127 million in FY2008 and FY2009.

Tax Loopholes Description

2007 Total: \$332 million

In 2007, the House, led by Rep. Andy Meisner, D-Ferndale, adopted nine loophole closures as part of an effort to balance the budget. The votes were along party lines with Democrats in support. The bills are still pending in the Senate.

HB 5253 Decouple state business depreciation from feds: \$70 million

Would increase state taxable income by decoupling state business depreciation rules from federal business depreciation rules.

HB 5254/HB 5255 Bad debts: \$64 million

Would end exemption for bad debts of retailers who collect retail sales taxes.

HB 5254 Communications and telephone: \$59.8 million

Would tax international calls and wide area telecommunication services or similar services the same as interstate telephone communications.

HB 5254/HB 5255/HB5256 Air and water pollution equipment: \$44.2 million

Would end sales and use tax exemption for personal property purchases for certain water and air pollution control facilities.

HB 5254/HB 5255 Periodicals: \$35 million

Would end business exemption for periodicals mailed second class

HB 5254/HB 5255 Vending machines: \$25 million

Would end sales tax exemption for snacks and pop sold from a vending machine

HB 5252 Tobacco bad debt deduction: \$17.7 million

Would end the bad debt deduction allowed to wholesalers who collect and remit the tobacco tax. Also eliminates withholding of 1.5 percent of tax to cover administrative costs of collecting the tax.

HB 5254/HB 5255 Employee meals: \$8.4 million

Would end sales tax exemptions for restaurants providing free or reduced-cost meals to restaurant workers.

HB 5254/HB 5255 Aircraft parts: \$8 million

Would end sales tax exemption for parts and materials used in repairs/refurbishment for some passenger and cargo aircraft

2005 Total: \$43.8 -- \$170 million

Bills were approved by both House and Senate and signed by Gov. Jennifer Granholm, except 5107, which was vetoed. None went into effect because they were tie-barred to the vetoed bill. Total approved in 2005 was \$91.1 million in Single Business Tax changes and \$78.8 million in elimination of sales and use tax exemptions between FY06 and FY11.

This list breaks out \$43.8 million in revenues that would be generated in FY09 if the eight loopholes were eliminated.

HB 5107 Eliminate international phone call exemption: \$15.4 million

Bill would have applied use tax to international calls, wide area telecommunication services and interstate private networks.

HB 5098 Prohibit Subsidiary out-of-state gains deduction: \$12.1 million

Bill would have prohibited deduction of gains from out-of-state subsidiaries.

HB 5108 Reduce small business credit: \$5.5 million

Bill would have increased the portion of health care benefits that were counted as compensation, among other changes.

HB 5098 Restrict credit/loss carry forward: \$5.5 million

Bill would have restricted certain business loss carry forwards.

HB 5098 Eliminate insurance company exemption: \$3.3 million

Bill would have eliminated exemption for use tax on items purchased outside of Michigan.

HB 4980 Eliminate prison store exemption: \$0.8 million

Bill would have ended sales tax exemptions for inmate purchases at prisoner stores.

HB 5098 Reduce apprenticeship credit: \$0.6 million

Bill would have eliminated business tax credit for costs associated with training apprentices.

HB 5106/HB 5107 Eliminate driver's education vehicle exemption: \$0.6 million

Bills would have eliminated sales tax exemptions for purchase or lease of vehicles used by public or parochial school driver's education classes.

Governor's Plan Total: \$112 million

In February 2005, Gov. Jennifer Granholm called for loophole closings to balance the FY 06 budget. Her nine-loophole plan would have saved \$112 million. Those loopholes were not included in resolving the FY06 deficit.

Food sold through vending machines: \$25.2 million

Eliminate the sales tax exemption of certain foods sold in vending machines so that all foods sold in vending machines are treated as food for immediate consumption.

International and certain interstate communications: \$21.9 million

Eliminate use tax exemption for wide area telecommunication services, interstate private networks, and international calls.

Railroad credit: \$20 million

Eliminate two credits for improvement and maintaining rights-of-way for railroad cars that effectively exempt railroad companies from the state utility property tax.

Copyrighted Motion Pictures: \$20 million

Eliminate sales and use tax exemption for persons leasing or purchasing copyrighted motion pictures.

Interstate trucks and trailers: \$16.4 million

Eliminate exemption of sales and use tax for trucks and trailers if 10 percent of miles traveled are outside of state.

Oil and gas royalty: \$5 million

Eliminate deduction from the income tax of certain indirect costs (such as depreciation) from adjusted gross income – which Michigan Department of Treasury views as a double exemption.

Marginal Wells: \$2.2 million

Standardize the tax rate for all oil and gas wells by eliminating lower rate for marginal wells to increase Gas and Oil Severance Tax.

Purchases made by Department of Corrections inmates: \$0.7 million

Eliminate sales tax exemption for purchases at prison stores.

Water softener and water cooler exemption: \$0.5 million

Eliminate property tax exemption on rented or leased water softeners and water coolers.

**Voted for Closing Tax Loopholes
2005 & 2007 Legislation**

SENATORS

Dist.	Party	First Name	Last Name	2005					2007
				HB 4980	HB 5098	HB 5106	HB 5107	HB 5108	All Bills
37	R	Jason	Allen	X	X	X	X	X	
6	D	Glenn S.	Anderson*	X				X	
31	D	Jim	Barcia	X	X			X	
8	D	Raymond E.	Basham	X	X			X	
24	R	Patricia L.	Birkholz	X	X	X	X	X	
12	R	Michael	Bishop	X	X	X	X	X	
18	D	Liz	Brater	X				X	
16	R	Cameron	Brown	X	X	X	X	X	
15	R	Nancy	Cassis	X	X	X	X	X	
26	D	Deborah	Cherry	X				X	
3	D	Irma	Clark-Coleman	X	X			X	
1	D	Hansen	Clarke	X				X	
33	R	Alan L.	Cropsey	X	X	X	X	X	
22	R	Valde	Garcia	X	X	X	X	X	
20	R	Thomas M.	George	X	X	X	X	X	
25	R	Judson	Gilbert II	X	X	X	X	X	
27	D	John	Gleason*	X				X	
29	R	Bill	Hardiman	X	X	X	X	X	
5	D	Tupac A.	Hunter*	X				X	
14	D	Gilda Z.	Jacobs	X				X	
28	R	Mark C.	Jansen**						
21	R	Ron	Jelinek	X	X	X	X	X	
32	R	Roger	Kahn*	X	X	X	X	X	
30	R	Wayne	Kuipers	X	X	X	X	X	
35	R	Michelle	McManus	X	X	X	X	X	
9	D	Dennis	Olshove	X				X	
13	R	John	Pappageorge**						
7	R	Bruce	Patterson	X	X	X	X	X	
38	D	Michael	Prusi	X				X	
17	R	Randy	Richardville**						
11	R	Alan	Sanborn	X	X	X	X	X	
19	D	Mark	Schauer	X				X	
2	D	Martha G.	Scott	X				X	
36	R	Tony	Stamas	X	X	X	X	X	
10	D	Michael	Switalski	X				X	
4	D	Samuel	Thomas III	X				X	
34	R	Gerald	Van Woerkom	X	X	X	X	X	
23	D	Gretchen	Whitmer*	X				X	

*Voted as representative, prior to election to Senate.

**Not in office in 2005; no Senate vote on 2007 bills.

**Voted for Closing Tax Loopholes
2005 & 2007 Legislation**

REPRESENTATIVES

Dist.	Party	First Name	Last Name	2005					2007
				HB 4980	HB 5098	HB 5106	HB 5107	HB 5108	All Bills
42	D	Frank	Accavitti, Jr.	X				X	X
32	R	Daniel	Acciavatti	X	X	X	X	X	
74	R	David	Agema*						
43	R	Fran	Amos	X	X	X	X	X	
55	D	Kathy	Angerer	X				X	X
85	R	Richard	Ball	X	X	X	X	X	
68	D	Joan	Bauer*						X
92	D	Doug	Bennett	X				X	X
25	D	Steve	Bieda	X				X	X
102	R	Darwin	Booher	X	X	X	X	X	
24	R	Jack	Brandenburg	X	X	X	X	X	
84	D	Terry	Brown*						X
52	D	Pam	Byrnes	X				X	X
67	D	Barb	Byrum*						X
87	R	Brian	Calley*						
108	R	Tom	Casperson	X	X	X	X	X	
58	R	Bruce	Caswell	X	X	X	X	X	
99	R	Bill	Caul	X	X	X	X	X	
6	D	Marsha	Cheeks	X				X	X
34	D	Brenda	Clack	X				X	X
14	D	Ed	Clemente	X				X	X
35	D	Paul	Condino	X				X	X
16	D	Bob	Constan*						X
20	D	Marc	Corriveau*						X
95	D	Andy	Coulouris*						X
8	D	George	Cushingberry, Jr.	X				X	X
75	D	Robert	Dean*						X
38	R	Craig	DeRoche	X	X	X	X	X	
17	D	Andy	Dillon	X				X	X
26	D	Marie	Donigan	X				X	X
56	D	Kate	Ebli						X
105	R	Kevin	Elsenheimer	X	X	X	X	X	
70	R	Judy	Emmons	X	X	X	X	X	
83	D	John	Espinoza	X				X	X
13	D	Barbara	Farrah	X				X	X
1	R	Edward	Gaffney	X	X	X	X	X	
45	R	John	Garfield	X	X	X	X	X	
106	D	Matthew	Gillard	X				X	X
49	D	Lee	Gonzales	X				X	X
77	R	Kevin	Green	X	X	X	X	X	
64	D	Martin	Griffin*						X
48	D	Richard	Hammel*						X
50	D	Ted	Hammon*						X
100	R	Goeff	Hansen	X	X	X	X	X	
86	R	Dave	Hildenbrand	X	X	X	X	X	
11	D	Morris	Hood III	X				X	X
61	R	Jacob	Hoogendyk	X	X	X	X	X	
22	D	Hoon-Yung	Hopgood	X				X	X
94	R	Kenneth	Horn*						
90	R	Bill	Huizenga	X	X	X	X	X	
47	R	Joe	Hune	X	X	X	X	X	
9	D	Shanelle	Jackson*						X
5	D	Bert	Johnson*						X

Dist.	Party	First Name	Last Name	2005					2007
				HB 4980	HB 5098	HB 5106	HB 5107	HB 5108	All Bills
71	R	Rick	Jones	X	X	X	X	X	
60	D	Robert	Jones*						X
41	R	Marty	Knollenberg*						
110	D	Michael	Lahti*						X
21	R	Philip	LaJoy	X	X	X	X	X	
39	R	David	Law	X	X	X	X	X	
23	D	Kathleen	Law	X				X	
18	D	Richard	LeBlanc*						X
10	D	Gabe	Leland	X				X	X
2	D	LaMar	Lemmons, Jr.	X				X	X
109	D	Steven	Lindberg*					X	X
46	R	Jim	Marleau	X	X	X	X	X	X
96	D	Jeff	Mayes	X				X	X
107	D	Gary	McDowell	X				X	X
69	D	Mark	Meadows						X
89	R	Arlan	Meekhof*						X
27	D	Andy	Meisner	X					
29	D	Tim	Melton*					X	X
33	R	Kim	Meltzer*						X
31	D	Fred	Miller	X				X	
98	R	John	Moolenaar	X	X	X	X	X	X
97	R	Tim	Moore	X	X	X	X	X	
40	R	Chuck	Moss*						
78	R	Neal	Nitz	X	X	X	X	X	
62	R	Mike	Nofs	X	X	X	X	X	
93	R	Paul	Opsommer*						
36	R	Brian	Palmer	X	X	X	X	X	
101	R	David	Palsrok	X	X	X	X	X	
19	R	John	Pastor	X	X	X	X	X	
81	R	Phil	Pavlov	X	X	X	X	X	
73	R	Tom	Pearce	X	X	X	X	X	
15	D	Gino	Polidori	X				X	
79	R	John	Proos	X	X	X	X	X	X
51	R	David	Robertson	X	X	X	X	X	
30	R	Tory	Rocca	X	X	X	X	X	
76	D	Michael	Sak	X				X	
80	R	Tonya	Schuitmaker	X	X	X	X	X	X
3	D	Bettie Cook	Scott*						X
59	R	Rick	Shaffer	X	X	X	X	X	
88	R	Fulton	Sheen	X	X	X	X	X	
103	D	Joel	Sheltrown	X				X	
65	D	Mike	Simpson*						X
54	D	Alma	Smith	X				X	X
7	D	Virgil	Smith	X				X	X
57	D	Dudley	Spade	X				X	X
82	R	John	Stahl	X	X	X	X	X	
44	R	John	Stakoe	X	X	X	X	X	
72	R	Glenn	Steil, Jr.	X	X	X	X	X	
12	D	Steve	Tobocman	X				X	
37	D	Aldo	Vagnozzi	X				X	X
91	D	Mary	Valentine*						X
104	R	Howard	Walker	X	X	X	X	X	
66	R	Chris	Ward	X	X	X	X	X	
53	D	Rebekah	Warren*						
63	R	Lorence	Wenke	X	X	X	X	X	X
28	D	Lisa	Wojno	X				X	X
4	D	Coleman	Young II*						X

*Not in office in 2005.

July 28, 2008

Long Term Care Supports and Services Advisory Commission Meeting

Good Morning Everyone:

My name is Tammy Yeomans and I am a member of the Long Term Care Work Group, held monthly at Disability Advocates of Kent County. My intent in the next few moments is raise your awareness about an issue of discrimination, that until recently, I too was oblivious. At a meeting, I learned that the Fair Housing Center of West Michigan conducted research last year on housing discrimination against seniors. Results of the research uncovered evidence of discrimination based on race within the senior community in 63% of cases versus 33% within the non-senior community. I immediately wondered what impact this is having on seniors who are transitioning from nursing facilities back into the community throughout the state.

Since that time, I have learned more information that gives me a sense of the scope of this issue.

- Most of us realize that seniors are the fastest growing segment of the population in Michigan and around the country. Furthermore, the number of older Hispanic adults is increasing at a faster rate than any other racial or ethnic in Kent County.
- 42.3% of the non-institutionalized seniors aged 65 or older in Michigan lives with a disability. And According to the Fair Housing Center, Seniors experience discrimination based on disability almost twice as much as non-seniors. In fact one out every five seniors with a disability experiences discrimination when looking for housing. This being the case, I believe it is little wonder that housing remains a major barrier to those seniors with disabilities that desire to transition out of nursing facilities.
- Few seniors pursue housing discrimination claims due to lack of knowledge, low incomes, and little access to legal resources.

At this point the issue becomes more personal. I have a friend Kathy who could not be here today and I have her permission to describe her condition as it relates to housing discrimination. Kathy has MS, uses a walker, and has a brace on her left ankle. She

moves slowly with a pronounced limp. Although she is not currently a senior, I can picture Kathy being denied housing on the basis of disability as a senior because a housing owner or manager might assume that she is “frail or fragile” and therefore unable to manage her own household. Kathy is fully capable of managing her own affairs with long-term care supports and services. In the future, I hope Kathy is not denied access to the housing that she needs.

What can be done to reduce discrimination and improve housing choice for seniors?

Fortunately, there is much that can be done. And the time to act is now.

- First, create a state wide testing program using seniors and persons with disabilities under the age of 60 as testers to uncover discriminatory housing practices and prevent continued violations. Such an initiative would educate and empower seniors and persons with disabilities to protect their own interests when shopping for appropriate housing.
- Second, require stricter enforcement of MSHDA and other community agencies that receive Community Development Block Grant monies to proactively further fair housing practices through out the state. We must not forget the impact of housing on an individual’s economic and social well being. Where a person lives dictates what opportunities and lifestyle a person will have.
- Third, and most importantly, advocate that MSHDA change it’s definition of homelessness to the broad one found in House Bill no. 6192 which defines homelessness as “Any person who does not have access to decent, affordable housing that the person controls through a rental or purchase agreement.” This change would effectively open housing programs and options for seniors who encounter barriers to finding appropriate housing.
- Lastly, encourage local public housing authorities to give preference to seniors transitioning from nursing facilities so that community re-entry is smoother, with fewer barriers to success.

In closing, we must not take the human need for housing for granted. Housing, after all, is much more than mere shelter. Decent housing provides the environment through which we experience the most intimate aspects of our personal lives: interaction with family, friends and the larger community. Housing provides us the psychological space and

safety necessary for self-expression. Our failure to address housing discrimination against seniors perpetuates the sad stereotype that seniors have no value in our society, which hurts us all. As we are often reminded from Dorothy in the Wizard of OZ "There is no place like home." I ask the Commission today to do everything it can to support fair housing initiatives and programs for seniors because the successful provision of long term care supports and services hinges on stable housing. Thank you for listening.

Sincerely,

Tammy Yeomans
6240 Woodfield Pl. SE Apt. #2
Grand Rapids, MI.49548
(616) 627-8055

My name is April Smith. I am a member of the Long Term Care Committee at Disability Advocates of Kent County, but I am really here to speak for my sister and other vulnerable people. Her name was Christina Nicole Smith, she died in 2004 at age 20.

Tina was chronically ill her entire life. Looking back on it, it was a miracle that she made it to age 20. I think for all of us, the last year of her life was the toughest. In 2004, the doctor's discovered that she had tissue growing in her windpipe and she was actually breathing through a hole the size of a very small straw. It was quickly determined that she needed to have a tracheotomy. We were told that if the surgery was not performed she would live for only 6 to 12 months. If the surgery was successful she might have as much as 5 years. In reality, even with the surgery she lived for a year.

At first, my sister was sent home. It soon became apparent however, that this arrangement wasn't going to work. Tina needed 24 hour care, her trach was constantly needing changed or suctioned, not to mention the dozens of medications she always took. It was just too much for my mom, she couldn't stay up all night and take care of Tina all day. Unfortunately, we were only able to get in-home nurses for 120 hours a year. That wasn't even enough to let my mom sleep through the night for one month.

The only choice my parents had at the time was to place her in a long term care facility.

Looking back, this must have been very scary for my sister. Tina was in special education, had emotional and developmental disabilities, she had strong social skills and was very outgoing but her judgment was terrible. It was because of her judgment that my parents sought and received guardianship. Tina was also a little person who stood only 36 inches tall. With the mindset of a 10 to 12 year old, she was a very vulnerable person.

There is one Sunday that continues to weigh heavily on my family. My memory of that day begins with my sister calling me 3 or 4 times while my parents were at church; she wanted to know when my parents were coming to visit. I told her I didn't know but I'd have them call when they got home. Tina also called my parents and was told that they'd be visiting her the next day. Finally, my sister called a couple priests from our church to visit her. When the priests arrived they called my family to let us know something terrible had happened to Tina and that we needed to come right away. It was then we realized why she'd called so much and asked the same questions, she wanted to get our attention without saying what her problem was.

When my parents arrived they found out that Tina had been violently sexually abused. We later found out that he was a 50 year old truck driver that lived near the facility. The police were called and Tina was taken to a rape crisis center. While she was waiting to be seen she began to bleed through her clothing. Afterward, she was taken to the hospital.

The police did a very limited investigation which included talking to Tina, the nurses on duty at the facility, and her abuser. They were very hostile to my mom and basically laid the blame on my sister because the guy was telling them everything was consensual. The nurses also placed the blame on my sister. This makes me sick to this day. My sister was not capable of

making a decision like that and only a man with ill-intentions would have thought she was in any position to have a sexual relationship.

It's bad enough to have to think that my sister had to spend the last year of her life away from her family, a home, and 3 cats that she loved. To know that she had to go through this terrible experience as well, just increases the guilt my parents already feel for having to place her in a long term care facility. That not one person was held responsible for what happened to Tina means that we will probably never have closure.

Tina deserved to live out the last year of her life with dignity and safety. If she couldn't be at home she should've been able to trust the people taking care of her. All patients deserve that.

GINDY VIARS

Mike Smith is a quadriplegic, 48 years old.
For the last 15 years he has been in and out of nursing homes all over the area.

Kent Community Hospital

He was in for 3 months in a 4 person room
He was watching a movie the nurse didn't approve of, Single White Female.
The nurse was rough with him when sticking him with a needle.
The RN's wore gloves, the LPN's & aides did not wear gloves.
He thinks he contracted MRSA in his wound there.

Intensiva in Muskegon, (part of Hackley Hospital.) 1998 / 1999

He was not getting catheterized regularly
They wanted him to catheterize himself on a clinitron bed while laying on his back.
Pee was being dumped all over the bed regularly.
This caused bladder infections and a lot of pain and his blood pressure went way up.
His normal 90/60 and his pressure went up to 160/140

Metron Lamont

One of his room mates threw feces around so he had to change rooms.
At least one time he had a wet bed that housekeeping didn't take care of for quite a while.
They sent him home and within 4 hours he was in the emergency room.
He had sepsis and almost died.
They had him in the cardiac unit because they thought it was a heart attack.

Heartland Nursing home, East Beltline, 2007.

The Metropolitan hospital wound clinic declared his wound healed.
The nursing home manager and nurses declared his wound was healed.
They kept him there until his Medicaid ran out.
5 days before he went home they put him on a regular bed.
They didn't turn him enough and the wound opened up again.
He noticed drainage from the wound but the nurse denied it.
He called the doctor and the doctor said trust the nurse.
This complaint was sent to the state.
This happened 10/28/2007 and the state is still investigating.

July 28, 2008

Long Term Care Commission Meeting

My name is Sharon Hall, thank you for being here today and allowing me to present my testimony.

My mother was vulnerable to mental abuse, manipulation and fear. She was stressed, under a lot of pressure; mentally she was depressed and showed signs of dementia. She passed away 1 year ago June 9,2007 at the age of 65.

Surely this occurs with some people working as Personal Assistance and family members. You see my mother had not known of resources available to her since her retirement. You and I know that some seniors can be stubborn and think that they need no help with there daily chores of living. What I am asking that their needs to be a third party between family members and Personal Assistants to assist in monitoring and alleviate the mental *& physical* abuse, manipulation and fear that our seniors face today.

Thank you.

WMLTCC O.C.

Good Morning,

First thank you for traveling here to West Michigan and taking the time to ~~hear~~ see how the Long Term Care program you envisioned is being carried out so successfully here in West Michigan.

My name is Mary Rynbrand and I am an option counselor. As an option counselor, I also view myself as an advocate for my consumers, hence the reason for me to be ~~standing~~ ^{sitting} before you today.

This morning you are going to hear testimonies from family members and consumers, but I want to share how ^{has an} OC has served just a few consumers who are unable for a variety of reasons to tell their own stories.

These individuals have acknowledged that their quality of life has improved, ~~but~~ it is because of services WMLTCC has made aware to them, that this has occurred. ~~has been able to occur~~ ^{has been able to occur} happen

As human beings we each measure quality of life in a different way. The people I will shortly reference are not greedy individuals who believe society owes them something. They are everyday people with very real needs.

First let me tell you about Mr. Smith, (not his real name). Mr. Smith is an 83 year old, twice widowed male with no children. When I first met Mr. Smith this past December, ~~after his nurse suggest he call,~~ he stated he wanted my help ~~to move to a nursing home, preferable the one his first wife died at,~~ ^{moving him to.} ~~His first wife died @ a nursing home~~

After speaking with consumer on the phone and meeting him in his apt, I learned he had some realistic concerns regarding his health.

With his permission I arranged for Visiting Physicians to come to his apt. to see him. After completing a battery of tests, at his apt, medication was prescribed for his soaring blood pressure. As pain in his feet had been a long standing issue preventing him from getting a good night's sleep medication was used to address this problem too. Visiting physicians were also able to arrange for home health care services to assist with physical therapy. I assisted Mr. Smith in applying for Medicaid.

Meals on Wheels were eventually arranged for Mr. Smith.

As Mr. Smith has macular degeneration and is HOH I went to the Deaf and HOH center and obtained a telephone with amplifier so he could see the flashing light and hear the phone when it rang, thus enabling him to have phone conversations with distant relatives, as well as those in the area. I also was able to put his name on the list for a fire/smoke alarm for the HOH.

Mr. Smith's name was also added to the waiting list for care management and Medicaid waiver services.

A few months later Mr. Smith ^{began} ~~was~~ using oxygen for sleeping and we discussed NH placement being an option

In April, Mr. Smith was no longer interested in NH placement. As a matter of fact he declined waiver services when they were offered to him. He felt someone else could benefit from them more, as his niece was helping him.

A follow up conversation just last month with consumer indicated he was doing well, ~~and looking forward to my phone call in three months.~~ He promises to call if a need arises.

Next, is Mrs. Smith, (again not her real name.) ~~is~~ a 74 year old female who was referred for OC by her friend. Mrs. Smith when I met her in November was hearing voices and believed the apt. complex she was living at had installed cameras and were watching her. It was obvious that Mrs. Smith was suffering from delusions and hallucinations. Consumer was not sleeping due to this paranoia thus was forgetting to take her medication, which was detrimental as she was a diabetic.

It was determined that Gerontology Network Services were providing some ^{assistance} ~~services~~, but were unable to meet her numerous ^{assessments} needs. After obtaining permission from consumer and establishing a person-centered support plan we were able to refer consumer for mental health services.

Other services provided were assistance in applying for Medicaid,
Go Bus Transportation
Medication reviews with psychiatrist,
Assistance with moving to a different apartment
And supportive therapy.

WMLTCC

Mrs. Smith

With strong advocacy from OC and GNS ^{to receive} consumer was able to retain caseworker and mental health services from GNS.

~~As of May consumer continues to receive CM services and is doing well in her apt.~~

Now I realize these are only two specific examples of consumers I have assisted, but I have helped 74 consumers in the past 10 months. Since Oct 1, WMLTCC has opened 1049 cases in our 12 counties. Of those 1049 cases 990 are still open in which ~~some~~ OC ~~is~~ providing assistance.

~~is~~ being provided.

When I started speaking I referenced quality of life. OC have the opportunity to improve the quality of life for consumers in a variety of ways as I have shared. Though they may seem simple they have a significant impact on quality of life.

I thank you for listening.

Response to the Long Term Care Advisory Commission Questions

1. How is stakeholder participation factored in? (Stakeholders include consumers, nursing facilities, service providers, family caregivers, etc).

Stakeholder participation will be inclusive of all groups noted above (Detroit base and untraditional) and will be factored in several ways including: work groups for development of recommendations to the State. Participation in surveys, focus groups and interviews.

2. How will transparency of this project be played out? (i.e. project status updates on the DAAA website, stakeholder input, etc)

Work completed by the DAAA Project Team, DAAA Partners and input from Stakeholder groups will be compiled in a progress report. Project status updates will be done via sending a quarterly progress report to the Finance/Contract Manager of the Office of Long Term Care Supports and Services. Also, the DAAA and Cassie Stern Training Center (SEIU) Project Teams will meet monthly with Peggy Brey and other team members from her office. We will not post any project status updates on the DAAA website.

3. Status of the project management team (Peg can update on this).

Hiring of the DAAA (internal) project team is complete. Staff consists of a Project Manager, Outreach Coordinator, Planning Assistant and Administrative Assistant. The contract teams are the Cassie Stern Healthcare Workers Education & Training Center (SEIU); Plante & Moran; Urban Consulting Group; and the University of Michigan.

4. What is meant by “pooling licenses with groups of proprietary facility owners”? – this was on page 6, slide 3, bullet 3 of Peggy Brey’s handout (material provided by DAAA).

Pooling licensees with groups of proprietary facility owners, re-incorporation and changing venues of care should be considered as a means of rewarding long time providers in Detroit who continue to do the work they have done, in many cases, for generations. In some cases there may be a facility that is a poor performer in some areas and it could be partnered with a facility that is a stronger performer. This would allow the facility with some deficiencies to continue to exist and to have a partner in performance improvement. New

venues of care could be created with public-private partnerships, shared risk, increased Medicaid reimbursement, and higher quality of care for the vulnerable population.

5. Please elaborate on the text on the same slide, “Explore incentives for reducing excess bed capacity”.

According to the study done by Plante and Moran, the majority of Detroit skilled nursing facilities are reimbursed under the Medicaid limit for operating expenses. A high number of facilities experienced un-reimbursed but allowable costs due to low occupancy because Medicaid imputes an 85% occupancy level rule to facilities in determining the allowable cost. Medicaid has further limitations on specific classifications of cost (referred to as support) and some providers experience un-reimbursed cost due to this issue. De-licensure of beds would mitigate this issue and has been utilized by a few providers. Some facilities are hesitant to reduce bed capacity based on the belief that some providers will soon close, providing future opportunities for improved census at their buildings. If there are homes that consistently are not fully reimbursed because of the 85% occupancy rule, it would be prudent to look at the numbers of excess beds to see if it would make the homes fiscally more viable to reduce their beds.

DAAA is exploring various options to right size capacity with the least harm to consumers and providers.

6. Please provide information on what partnerships and /or relationships have already been negotiated or needs to be negotiated between DAAA, Plante & Moran, and these other organizations.

Partnerships have been negotiated between the following organizations:

- Urban Consulting Group, LLC
- SEIU's Cassie Stern Healthcare Workers Education & Training Center
- University of Michigan
- Plante & Moran

Partnerships to be formed are with all the Detroit nursing homes, various city of Detroit departments that oversee senior health and wellness, health systems within the metro area, medical providers, professional training partners, consumer and senior advocacy groups, professional and private

caregivers from the community, financial institutions and lenders, labor unions, and local clergy.

7. Please discuss the objective related to “specialty nursing facilities”. There was some concern over “why” there would be these type of facilities based on the past experience for people with disabilities.

The primary objective related to specialty nursing facilities is related to the large numbers of residents already located in the facilities who have similar care needs. Hopefully this would also help the facilities maximize their reimbursement.

Most facilities have a resident population who is mentally ill, disabled, or suffer from chronic disease. These facilities are pressured to accept non-traditional patients, principally the mentally ill. As noted in our study “The Least Among Us” one example would be When facilities have clinical case-mixtures that include younger, mentally-ill residents; this may lead to lower Medicaid reimbursement rates. Although younger, active, mentally-ill residents have fewer or less costly medications and medical procedures, such patients are often more labor-intensive for the staff and, therefore, actually more expensive to care-for than many frail elderly patients. In addition, the time and attention demanded by younger, active patients can distract the attention of the nursing staff away from more medically intensive, elderly patients.

8. Please elaborate on the plan to have training on caring for “ex-offenders”. There was some discussion on what is the definition of ex-offender for this project. Also, is the training for the care of the “resident” or for the NF worker?

The definition of an ex-offender for this project is any individual that has been incarcerated for a period of time. The plan is for SEIU's Cassie Stern Education & Training Center to provide specific training for direct care workers on how to care for an individual that has been incarcerated. The Cassie Stern Training Center is in the process of developing a training module on this issue.

9. Could you discuss your data in terms of the actual percent of individuals with mental illness and ex-offenders? There was discussion among the commissioners that this issue may go beyond the city of Detroit.

At this point we do not have specific data on the actual percentage of individuals who have mental illness or who are ex-offenders. During the study data will be collected on the number and percentage of individuals who are mentally ill. We are still looking in on how to collect data on the exact number of individuals who have been incarcerated.

10. How are current CNAs and other people being recruited and compensated, if at all, to attend the training classes, both the CNA classes and the skills classes?

Currently the Cassie Stern Education & Training Center is going to recruit CNAs that are already employed in a nursing home in the city of Detroit. Also the Cassie Stern Center will provide training to the general public who are interested in becoming a certified nursing assistant. Student stipends will only be given to nursing assistants who are currently employed by a Detroit nursing facility for attending the training.

11. The project describes a more complex resident population in Detroit homes. Can we see some data that describes those differences and challenges?

The study "The Least Among Us: An Analysis of Medicaid-Intensive Nursing Homes in Detroit and the Patients That They Serve" details the methods used and gives information in much greater detail. The study can be found online at www.daaa1a.org under the "Demographics and Research" tab. It is noted in the study that a high proportion of the nursing home resident population consist of young adults with a variety of physical and mental diagnoses who are intermixed with frail or disoriented elderly, mentally-ill, developmentally disabled, or younger chronically ill adults with diagnoses such as M.S., Parkinson's Disease, HIV-AIDS and other conditions.

12. The project outlines objectives of intense technical assistance and training to homes and leadership around care delivery, management, leadership, and financial issues based on several assessments and studies of facility operations. Are these services going to be offered to all Detroit homes? A timeline for these steps would be helpful.

Yes, this service will be offered to all 38 nursing homes located in Detroit. The project plan is to provide this service over the next 12 months. Please note: earlier reports noted there were 44 nursing homes in the city of Detroit. Since 2002, six nursing homes have closed in the city. (Closed Nursing Homes: Alpha Annex Nursing Center, Arnold Home, EB James Nursing Center, LaSalle Nursing Home, Rosewood Living Center, and Friendship Manor Nursing Home)

Long Term Care Supports and Services Advisory Commission



Finance Workgroup Report



Finance Workgroup

- **Case Mix Reimbursement**

- **HCAM project**

- **Evaluation of current reimbursement model**
- **Information gathering- other states**
- **Cost reimbursement premise**
 - **Plant- fixed rate**
 - **per bed per day**
 - **Operations –cost and price mixed**
 - **Direct- RUGs type**
 - **Administrative- priced**



Finance Workgroup

- **Case Mix Reimbursement**
 - **OLTCSS**
 - **Guiding principles development**
 - **Budget neutrality**
 - **Don't destroy industry**
 - **Don't destroy department**
 - **Next Step**
 - **Long Term Care Forum**
 - **Nursing home stakeholders**
 - **Need**
 - **Other stakeholder input**
 - **Consumer input**
 - **Unified Assessment Tool Contract**

Finance Workgroup

- **Long Term Care Insurance**
 - **Present state**
 - **3 Policy types**
 - **Traditional - \$/day**
 - **Cash- monthly stipend based on historic premium**
 - **No cash value**
 - **Asset based-annuity –**
 - **Tax implications**
 - **Cost ranges**
 - **55 y.o.- \$2725**
 - **65 y.o.- \$3750**
 - **75 y.o.- \$5900**
 - **Benefit**
 - **2 ADL trigger**
 - **Waiting periods**



Finance Workgroup

➤ **Role for the Commission**

- **Partnership**

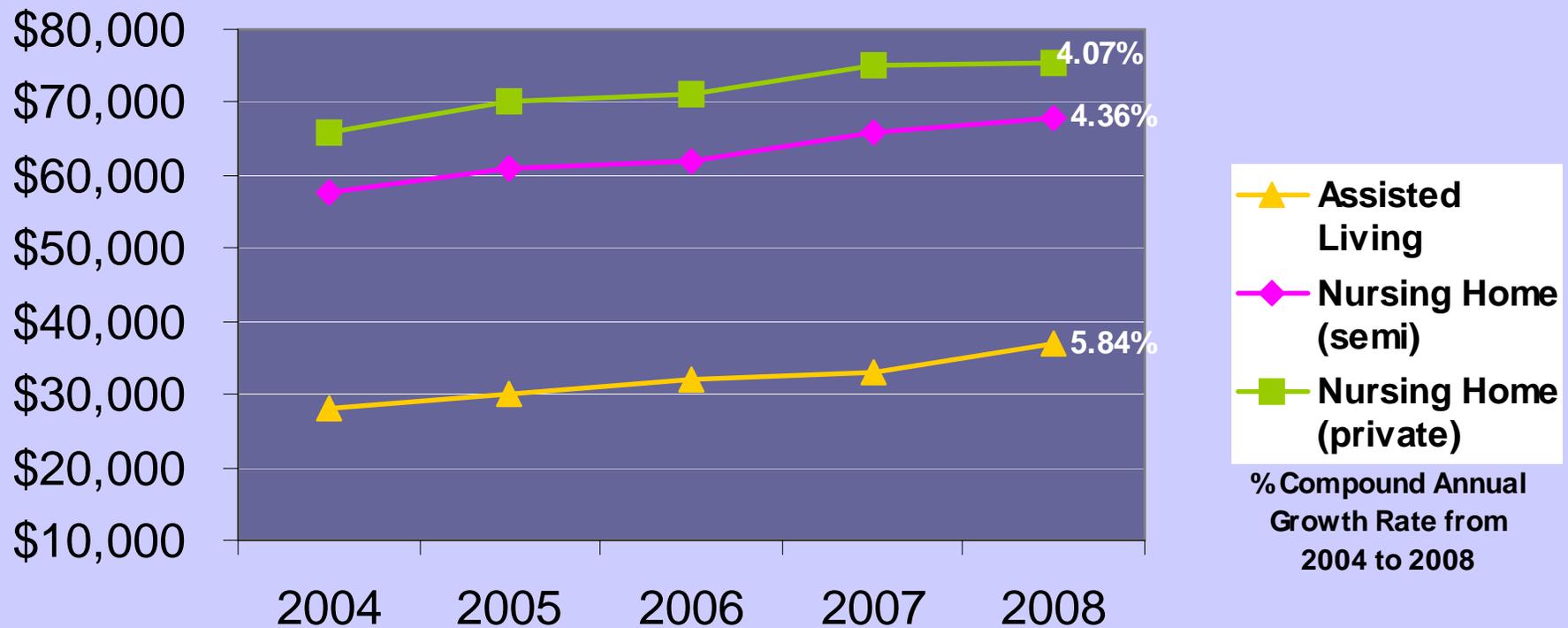
- **Vehicle for affordable premiums**
- **Vehicle for protecting the insured**
- **Vehicle for protecting Michigan Medicaid**

- **Guiding Principles**

- **Inflation protection at correct levels**
- **Consumer Education**
- **Consumer Protection**

Genworth Financial Cost of Long Term Care Study- 2008

Annual Costs of Facility Based Care- National Findings



Genworth Financial Cost of Long Term Care Study- 2008

Hourly Costs of Home Based Care- National Findings





Finance Workgroup

➤ Inflation Protection

- **Future Purchase Options**

- **Premium**

- **Increases over time**

- **Increase tied to benefit increases**

- **Key to success**

- **Option to increase must be taken**

- **Level of increase must match inflation**

- **Doesn't continue when benefit accessed**



Finance Workgroup

➤ Inflation Protection

• Automatic Compound Inflation

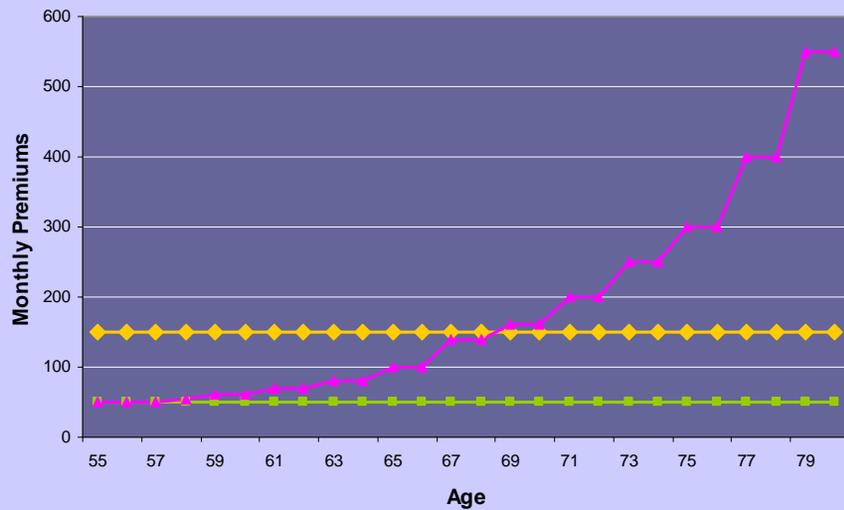
➤ Premium accounts for inflation

- Inflation rates vary 3-5%

➤ Key to success

- Inflation rate set high enough
- Premiums are paid consistently with the increase
- Short and fat

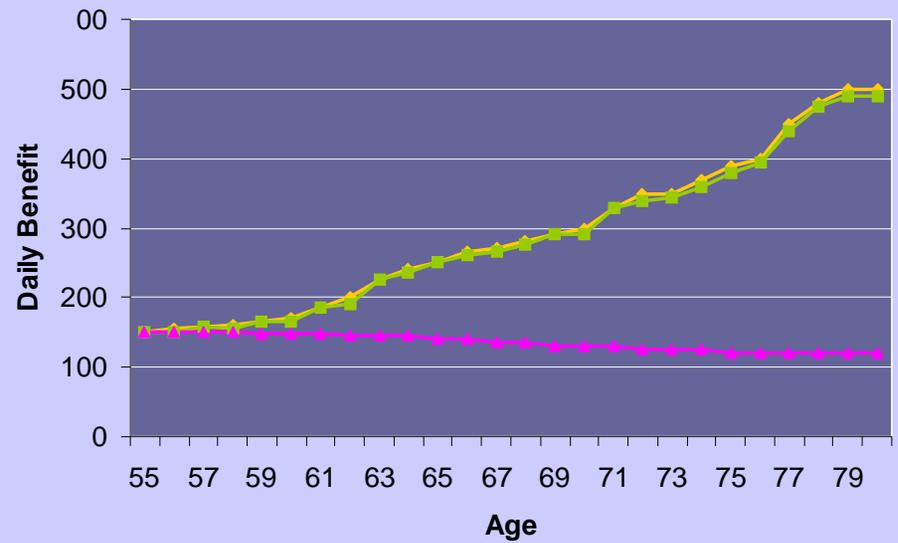
Issue Age 55



ACI

FPO - with

FPO - without





Finance Workgroup

➤ **Conclusions**

- **Partnership Advocacy**

- **Inflation Protection at least 5%**
- **Agent Education**
- **Consumer Education**

Michigan Department of Community Health

FY 2009 Budget for Long Term Care Services

Office of Long Term Care Supports and Services

Long Term Care Commission Meeting
July 28, 2008
Grand Rapids, MI

Peggy J. Brey, ACSW
Interim Director, OLTCSS

Specialized Residential Care

Legislative Action - \$7,054,550 Increase in
Home and Community Based Services
appropriation line

- Slots in licensed Adult Foster Care or Homes for the Aged to support special needs care
- For consumers needing 24 hr support and supervision that cannot be provided at home
- Adds home and community based services option that most states now have
- Targeted for development within SPE areas
- Can provide community option for those otherwise requiring NF care

MI Choice Waiver Wait List

Legislative Action - \$10,001,900 Increase in Home and Community Based Services appropriation line

- Allows MI Choice Wait List to be reduced
- Expansion targeted:
 - One-half in SPE areas
 - One-half in non-SPE areas

3

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

Legislative Action - \$4,050,000 Increase in Program for All-Inclusive Care for the Elderly appropriation line

- PACE is managed health and long-term care for frail elders (Medicaid and Medicare)
- Expand PACE into Muskegon and Calhoun counties
- Adds to PACE option now available in Wayne and Kent counties

4

Affordable Assisted Living

Legislative Action - \$1,277,500 Increase in Home and Community Based Services appropriation line

- Partner project with MSHDA
- Allows “aging in place” for elders
 - When needs increase, waiver services maintain person in his/her apartment
 - Offers additional housing option for NF transitionees
- AAL can provide, if necessary, round-the-clock monitoring and assistance
- A “Housing with Services” model
- SPE’s provide a “front door” for services access

5

Annualize Adult Home Help Wage Increase

Legislative Action - \$10,892,400 Increase in Adult Home Help appropriation line

Annualized the funding provided to raise the minimum wage funding in the Adult Home Help program to \$7.50 per hour.

6

Personal Care Supplement

Legislative Action - \$1,344,000 Increase in Personal Care Services appropriation line

Increases the Personal Care Supplement from \$184.38 to \$192.38 per month.

7

Increase the Quality Assurance Assessment Retainer

- Increases QAAP retained by State from \$39,900,000 to \$53,893,700 million
- “Locks in” retained revenue at 14.9% by statute.

8

FY 2009 Department Appropriation Legislative Actions

Section Number	
Department of Community Health (PA 246 of 2008)	
Sec. 265	<p>(1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies of the submission.</p> <p>(2) The department shall provide written or verbal quarterly reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>
Sec. 272	<p>(1) The department shall make efforts to implement the results of the study of current policies and allocation methodologies specified in section 272 of 2007 PA 123. These efforts to encourage administrative efficiencies shall apply to the following entities:</p> <ul style="list-style-type: none"> (a) Local public health departments. (b) CMHSPs. (c) Substance abuse coordinating agencies. (d) Area agencies on aging. <p>(2) The department shall consult with at least the following applicable organizations in implementing the results of the study:</p> <ul style="list-style-type: none"> (a) The Michigan association of community mental health boards. (b) The Michigan association for local public health. (c) The Michigan association of substance abuse coordinating agencies. (d) The area agencies on aging association of Michigan. <p>(3) The department shall submit a report on its efforts to implement the results of the study to the senate and house appropriations subcommittees on community health, the senate and house committees on health policy, the senate and house fiscal agencies, and the state budget director by April 1, 2009.</p>
Sec. 282	<p>(1) The department, through its organizational units responsible for departmental administration, operation, and finance, shall establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities:</p> <ul style="list-style-type: none"> (a) Coordinating agencies on substance abuse, Salvation Army harbor light program, and their subcontractors that receive payment or reimbursement from funds appropriated under section 104. (b) Area agencies on aging and local providers, and their subcontractors that receive payment or reimbursement from funds appropriated under section 118. <p>(2) By May 15 of the current fiscal year, the department shall provide a written draft of its proposed definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>
Sec. 706	<p>When hiring any new nursing home inspectors funded through appropriations in part 1, the department shall make every effort to hire qualified individuals with past experience in the long-term care industry.</p>
Sec. 708	<p>Nursing facilities shall report in the quarterly staff report to the department, the total patient care hours provided</p>

Section Number	
	each month, by state licensure and certification classification, and the percentage of pool staff, by statelicensure and certification classification, used each month during the preceding quarter. The department shall make available to the public, the quarterly staff report compiled for all facilities including the total patient care hours and the percentage of pool staff used, by classification.
Sec. 714	The department shall report to the legislature on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. The report shall consist of the number of allegations filed by consumers and the number of facility-reported incidents. The department shall make every effort to contact every complainant and the subject of a complaint during an investigation.
Sec. 718	The department shall gather information on its most frequently cited complaint deficiencies for the prior 3 fiscal years. The department shall determine whether there is an increase in the number of citations from 1 year to the next and assess the cause of the increase, if any, and whether education and training of nursing facility staff or department staff is needed. The department will implement any training indicated by the study. The department shall provide the results of the study to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by May 1 of the current fiscal year.
Sec. 1003	Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers.
Sec. 1401	The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home services, shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX.
Sec. 1403	<p>(1) The office of services to the aging shall require each region to report to the office of services to the aging home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:</p> <ul style="list-style-type: none"> (a) The recipient's degree of frailty. (b) The recipient's inability to prepare his or her own meals safely. (c) Whether the recipient has another care provider available. (d) Any other qualifications normally necessary for the recipient to receive home-delivered meals. <p>(2) Data required in subsection (1) shall be recorded only for individuals who have applied for participation in the home-delivered meals program and who are initially determined as likely to be eligible for home-delivered meals.</p>
Sec. 1404	The area agencies and local providers may receive and expend fees for the provision of day care, care management, respite care, and certain eligible home- and community-based services. The fees shall be based on a sliding scale, taking client income into consideration. The fees shall be used to expand services.
Sec. 1406	The appropriation of \$5,000,000.00 of merit award trust funds to the office of services to the aging for the respite care program shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. The use of the funds shall be for direct respite care or adult respite care center services. Not more than 9% of the amount allocated under this section shall be expended for administration and administrative purposes.
Sec. 1413	The legislature affirms the commitment to locally based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. Local counties may request to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that

Section Number	
Sec. 1416	<p>county pursuant to office of services; to the aging policies and procedures for area agency on aging designation. The office of services to the aging shall adjust allocations to area agencies on aging to account for any changes in county membership. The office of services to the aging shall ensure annually that county boards of commissioners are aware that county membership in area agencies on aging can be changed subject to office of services to the aging policies and procedures for area agency on aging designation. The legislature supports the office of services to the aging working with others to provide training to commissioners to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, other than access services, unless the agencies receive a waiver from the commission on services to the aging. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.</p>
Sec. 1417	<p>The legislature very strongly affirms its commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.</p> <p>The department shall provide to the senate and house of representatives appropriations subcommittees on community health, senate and house fiscal agencies, and state budget director a report by March 30 of the current fiscal year that contains all of the following:</p> <p>(a) The total allocation of state resources made to each area agency on aging by individual program and administration.</p> <p>(b) Detail expenditure by each area agency on aging by individual program and administration including both state funded resources and locally funded resources.</p>
Sec. 1601	<p>The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.</p>
Sec. 1602	<p>Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty level, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(i) and (m) of title XIX, 42 USC 1396a.</p>
Sec. 1606	<p>For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>
Sec. 1620	<p>(1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.50 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less.</p> <p>(2) For fee-for-service recipients who do not reside in nursing homes, effective April 1 of the current fiscal year, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, effective April 1 of the current fiscal year, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's usual or customary cash charge, whichever is less.</p> <p>(3) The department shall require a prescription copayment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.</p> <p>(4) It is the intent of the legislature that if the department realizes savings as a result of the implementation of average manufacturer's price for reimbursement of multiple source generic medication dispensing as imposed pursuant to the federal deficit reduction act of 2005, Public Law 109-171, the savings shall be returned to</p>

Section Number	
	<p>pharmacies in the form of an increased dispensing fee for medications not to exceed \$2.00. The savings shall be calculated as the difference in state expenditure between the current methodology of payment, which is maximum allowable cost, and the proposed new reimbursement method of average manufacturer's price.</p>
Sec. 1641	<p>An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>
Sec. 1651	<p>(1) Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420.</p> <p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR part 418.</p>
Sec. 1680	<p>Payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program shall be continued.</p>
Sec. 1681	<p>From the funds appropriated in part 1 for home- and community-based services, the department and local waiver agents shall encourage the use of family members, friends, and neighbors of home- and community-based services participants, where appropriate, to provide homemaker services, meal preparation, transportation, chore services, and other nonmedical covered services to participants in the Medicaid home- and community-based services program. This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law.</p>
Sec. 1682	<p>(1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p> <p>(2) The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p> <p>(3) The department is authorized to provide civil monetary penalty funds to the disability network of Michigan to be distributed to the 15 centers for independent living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their own homes.</p> <p>(4) The department is authorized to use civil monetary penalty funds to conduct a survey evaluating consumer satisfaction and the quality of care at nursing homes. Factors can include, but are not limited to, the level of satisfaction of nursing home residents, their families, and employees. The department may use an independent contractor to conduct the survey.</p> <p>(5) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.</p>
Sec. 1683	<p>The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention.</p>
Sec. 1684	<p>(1) Of the funds appropriated in part 1 for the Medicaid home- and community-based services waiver program, the payment rate allocated for administrative expenses for fiscal year 2008-2009 shall continue at the rate implemented</p>

Section Number	
Sec. 1685	<p>in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</p> <p>(2) The savings realized from continuing the reduced administrative rate shall be reallocated to increase enrollment in the waiver program and to provide direct services to eligible program participants.</p>
Sec. 1686	<p>All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.</p> <p>(1) The department shall submit a report by April 30 of the current fiscal year to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.</p> <p>(2) In addition to the report required under subsection (1), the department shall report all of the following to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies by September 30 of the current fiscal year:</p> <ul style="list-style-type: none"> (a) The total cost of the single point of entry program. (b) The total cost of each designated single point of entry. (c) The total amount of Medicaid dollars saved because of the program. (d) The total number of emergent single point of entry cases handled and the average length of time for placement in long-term care for those cases. (e) The total number of single point of entry cases involving transfer from hospital settings to long-term care settings and the average length of time for placement of those cases in long-term care settings. <p>(3) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.</p>
Sec. 1688	<p>The department shall not impose a limit on per unit reimbursements to service providers that provide personal care or other services under the Medicaid home- and community-based services waiver program for the elderly and disabled. The department's per day per client reimbursement cap calculated in the aggregate for all services provided under the Medicaid home- and community-based services waiver is not a violation of this section.</p>
Sec. 1689	<p>(1) Priority in enrolling additional persons in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall use screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program.</p> <p>(2) Within 60 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the</p>

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Sec. 1690	<p>associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal quarter. The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes.</p> <p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including, but not limited to, adult home help, food stamps, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>
Sec. 1691	<p>(1) The department shall submit a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year, to include all data collected on the quality assurance indicators in the preceding fiscal year for the home- and community-based services waiver program, as well as quality improvement plans and data collected on critical incidents in the waiver program and their resolutions.</p> <p>(2) The department shall submit a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year, to include all data collected on the quality assurance indicators in the preceding fiscal year for the adult home help program, as well as quality improvement plans and data collected on critical incidents in the adult home help program and their resolutions.</p>
Sec. 1695	<p>The funding increase provided in fiscal year 2006-2007 for the adult home help program shall be passed through to adult home help workers subject to the following conditions:</p> <p>(a) Adult home help workers providing care under the adult home help program shall receive a wage of at least \$7.50 per hour in all counties, effective April 1, 2008.</p> <p>(b) The department, in conjunction with the department of human services, shall revise any policies, rules, procedures, or regulations that may be an administrative barrier to the implementation of the wage adjustments described in this section.</p>
Sec. 1710	<p>(1) The department shall evaluate the impact of implementing a case mix reimbursement system for nursing facilities. The department shall consult with representatives from the department, the health care association of Michigan, the Michigan county medical care facilities council, and the Michigan association of homes and services for the aging.</p> <p>(2) The department shall provide a progress report to the senate and house appropriations subcommittees on community health and to the senate and house fiscal agencies by August 1 of the current fiscal year.</p>
Sec. 1718	<p>Any proposed changes by the department to the MIChoice home- and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health 30 days prior to implementation of the proposed changes.</p> <p>The department shall provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing</p>

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	<p>When the department or its agent reduces, suspends, terminates, or denies adult home help services. If the department takes action to reduce, suspend, terminate, or deny adult home help services, it shall provide the beneficiary or applicant with a written notice that states what action the department proposes to take, the reasons for the intended action, the specific regulations that support the action, and an explanation of the beneficiary's or applicant's right to an evidentiary hearing and the circumstances under which those services will be continued if a hearing is requested.</p>
Sec. 17720	<p>The department shall continue its Medicare recovery program.</p>
Sec. 17721	<p>The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15 of the current fiscal year. Included in its report shall be recommendations for policy and procedure changes regarding whether any funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual, after the date of Medicaid eligibility and patient pay amount determination, shall be considered as a countable asset and recommendations for a mechanism for departmental monitoring of those funds.</p>
Sec. 17728	<p>The department shall make available to qualifying Medicaid recipients, not based on Medicare guidelines, freestanding electrical lifting and transferring devices.</p>
Sec. 17732	<p>The department shall assure that, if proposed modifications to the quality assurance assessment program for nursing homes are not implemented, the projected general fund/general purpose savings shall not be achieved through reductions in nursing home reimbursement rates.</p>
Sec. 17741	<p>The department shall continue to provide nursing homes the opportunity to receive interim payments upon their request. The department shall make efforts to ensure that the interim payments are as similar to expected cost-settled payments as possible.</p>
Sec. 17759	<p>The department shall implement the following policy changes included in the federal deficit reduction act of 2005, Public Law 109-171:</p>
	<ul style="list-style-type: none"> (a) Lengthening the look-back policy for asset transfers from 3 to 5 years. (b) Changing the penalty period to begin the day an individual applies for Medicaid. (c) Individuals with more than \$500,000.00 in home equity do not qualify for Medicaid. (d) Utilize the Medicaid false claim act, 1977 PA 72, MCL 400.601 to 400.613, to collect an enhanced state share of damages collected from entities that have been successfully prosecuted for filing a fraudulent Medicaid claim.
Sec. 17774	<p>The department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by March 1 of the current fiscal year a report that details all of the following:</p>
	<ul style="list-style-type: none"> (a) Expenditure of money follows the person funds to date. (b) Estimated general fund savings generated through use of money follows the person. (c) Total number of individuals receiving services through the money follows the person grant.
Sec. 17775	<p>(1) The department shall study the feasibility of using managed care to deliver Medicaid long-term care services. The study shall focus upon the following:</p>
	<ul style="list-style-type: none"> (a) If there is a sufficient number of organizations interested in providing these services. (b) The extent of services provided through Medicaid managed long-term care.

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	<p>(c) Estimated changes in Medicaid long-term care expenditure associated with implementing managed care for these services.</p> <p>(2) The department shall report the results of this study to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p> <p>(3) The department shall also provide a progress report on ongoing efforts to implement long-term managed care pilot programs to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>
Sec. 1777	<p>From the funds appropriated in part 1 for long-term care services, the department shall permit, in accordance with applicable federal and state law, nursing homes to use dining assistants to feed eligible residents if legislation to permit the use of dining assistants is enacted into law. The department shall not be responsible for costs associated with training dining assistants.</p>
Sec. 1781	<p>The department may conduct a pilot project to demonstrate improvements in the efficiency and effectiveness of the plan first program, long-term care programs, and other programs as identified by the department. In conducting the pilot project, the department shall consult with other affected programs and agencies. In conducting the pilot, the department or its designee shall have direct access to the department of human services eligibility, budget, and registration systems for purposes of initial processing, including taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete processing of the application, and assuring the information contained on the application form is complete. To the extent practical and desirable, trusted third-party data sources may be accessed to verify income and asset information during the financial eligibility determination process. The department shall issue a report to the legislature summarizing the results of the pilot project and recommendations for the future.</p>
Sec. 1783	<p>Effective October 1, 2008, the department shall permit the enrollment of individuals dually eligible for Medicare and Medicaid into Medicaid health plans if those health plans also maintain a Medicare advantage special needs plan certified by the centers for Medicare and Medicaid services.</p>
Sec. 1789	<p>The department shall study whether the current nursing home occupancy ceiling is adequate and shall recommend whether to retain the ceiling at 85% or to lower it. The department shall report its findings and recommendations to the state budget director, senate and house appropriations subcommittees on community health, and senate and house fiscal agencies by April 1, 2009.</p>
Sec. 1793	<p>The department shall consider the development of a pilot project that focuses on the prevention of preventable hospitalizations from nursing homes.</p>
Sec. 1805	<p>From the funds appropriated in part 1 for personal care services, beginning October 1, 2008, the department shall increase the monthly Medicaid personal care supplement paid to adult foster care facilities and homes for the aged that provide personal care services to Medicaid beneficiaries by \$8.00.</p>
Sec. 1809	<p>The department is authorized to spend and distribute quality assurance assessment funds as appropriated in this act. The department is authorized to retain funds from the hospital quality assurance assessment program and the long-term care quality assurance assessment program as follows:</p> <p>(a) Hospital quality assurance assessment program retainer of \$117,500,000.00.</p> <p>(b) Long-term care quality assurance assessment program retainer of \$53,893,700.00.</p>
Department of Corrections (PA 245 of 2008)	

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Sec. 403	<p>(1) By April 1, 2009, the department shall provide a report on prisoner reintegration programs to the members of the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director. At a minimum, the report shall include all of the following information:</p> <ul style="list-style-type: none"> (a) Allocations and projected expenditures for each project funded and for each project to be funded, itemized by service to be provided and service provider. (b) An explanation of the objectives and results measures for each program. (c) An explanation of how the programs will be evaluated. (d) A discussion of the evidence and research upon which each program is based. (e) A discussion and estimate of the impact of prisoner reintegration programs on reoffending and returns to prison. (f) A progress report on applicable results of each program, including, but not limited to, the estimated bed space impact of prisoner reintegration programs. <p>(2) The department shall provide quarterly reports on January 1, 2009, April 1, 2009, July 1, 2009, and September 30, 2009 to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on the status and recidivism levels of offenders who participated in the MPRI and have been released. The data should be broken out by the controlling sentence for the following 4 offender types: drug, nonassaultive, assaultive, and sex.</p> <p>(3) By September 30, 2009, the department shall report to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director a comparison of the overall recidivism rates and length of time prior to prison return of offenders who participated in the MPRI with those of offenders who did not. The report should disaggregate the information by each site in order to compare the practices and success rates of each site.</p> <p>(4) The department shall include prisoners nearing their maximum sentence in the prison phases of the MPRI.</p> <p>(5) The MPRI shall include programming on understanding conditions of parole, and each offender's transition accountability plan shall include a plan for following conditions of parole. The department shall ensure that each offender understands his or her conditions of parole prior to release from prison.</p> <p>(6) The department shall provide biannual reports to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on parolees who participated in the MPRI and have tested positive for substance abuse in the previous 6 months. The report shall include any sanctions imposed by the department in response to the positive substance abuse test. Notwithstanding the reporting deadlines established in this subsection, the department shall monitor trends in substance abuse test results and any sanctions imposed for MPRI parolee participants and immediately notify the senate and house subcommittees on appropriations, the senate and house fiscal agencies, and the state budget director of any significant changes to those trends.</p> <p>(7) The department shall provide biannual reports on December 1, 2008 and May 1, 2009 to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on parolees who participated in the MPRI and have a diagnosis of mental illness or received mental health treatment while in prison. The report shall include the number of offenders successfully referred to the local community mental health agency, by county, and number of parolees participating in treatment for mental illness, by county.</p>

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Sec. 812	<p>(8) The department shall ensure that each prisoner develops a transition accountability plan at intake in order to successfully reenter the community after release from prison. Each prisoner's transition accountability plan shall be reviewed at least once each year to assure adequate progress. The department shall develop a plan to implement this section and shall report quarterly to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on the progress of the implementation of the plan.</p> <p>(1) It is the intent of the legislature that the department continue to provide the department of human services with a monthly list of prisoners newly committed to the department of corrections. The department and the department of human services shall enter into an interagency agreement under which the department of human services provides the department of corrections with monthly lists of newly committed prisoners who are eligible for Medicaid benefits. The department shall assist prisoners who may be eligible for Medicaid benefits after release from prison with the Medicaid enrollment process prior to release from prison.</p> <p>(2) The department shall provide the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director with regular updates on the utilization of Medicaid benefits for prisoners.</p>
Department of Human Services (PA 248 of 2008)	
Sec. 224	The department shall approve or deny a Medicaid application for a patient of a nursing home within 45 days after the receipt of the necessary information.
Sec. 225	The department shall develop a rapid redetermination process for nursing home residents whose Medicaid stay is greater than 90 days. This process shall be implemented not later than September 30, 2009.
Sec. 307	<p>(1) Of the money appropriated in part 1 for demonstration projects, \$200,000.00 shall be distributed as provided in subsection (2). The amount distributed under this subsection shall not exceed 50% of the total operating expenses of the program described in subsection (2), with the remaining 50% paid by local United Way organizations and other nonprofit organizations and foundations.</p> <p>(2) Money distributed under subsection (1) shall be distributed to Michigan 2-1-1, a nonprofit corporation organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code, 26 USC 501(c)(3), and whose mission is to coordinate and support a statewide 2-1-1 system. Michigan 2-1-1 shall use the money only to fulfill the Michigan 2-1-1 business plan adopted by Michigan 2-1-1 in January 2005.</p> <p>(3) Michigan 2-1-1 shall report annually to the department and the house and senate standing committees with primary jurisdiction over matters relating to human services and telecommunications on 2-1-1 system performance, including, but not limited to, call volume by community health and human service needs and unmet needs identified through caller data and customer satisfaction metrics.</p>
Sec. 423	<p>(1) From the money appropriated in part 1 for crisis prevention and senior food aid projects, the department shall allocate \$75,000.00 to support ongoing efforts in Barry County to provide programs to women or children, or both, facing crisis situations as a result of domestic violence or abuse.</p> <p>(2) From the money appropriated in part 1 for crisis prevention and senior food aid projects, the department shall allocate not less than \$100,000.00 to assist this state's elderly population to participate in the food assistance program. The money may be used as state matching funds to acquire available United States department of agriculture funding to provide outreach program activities, such as eligibility screen and information services, as part of a statewide food stamp hotline.</p>

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Sec. 604	<p>(3) Of the funds appropriated in part 1 for crisis prevention and senior food aid projects, the department shall allocate \$25,000.00 for a food aid outreach project in Muskegon County and \$25,000.00 for a food aid outreach project in Kent County.</p>
Sec. 605	<p>(1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:</p> <p>(a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.</p> <p>(b) A person with a physical or mental impairment which meets federal supplemental security income disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.</p> <p>(c) A resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance abuse treatment center.</p> <p>(d) A person receiving 30-day postresidential substance abuse treatment.</p> <p>(e) A person diagnosed as having acquired immunodeficiency syndrome.</p> <p>(f) A person receiving special education services through the local intermediate school district.</p> <p>(g) A caretaker of a disabled person as defined in subdivision (a), (b), (e), or (f) above.</p> <p>(2) Applicants for and recipients of the state disability assistance program shall be considered needy if they:</p> <p>(a) Meet the same asset test as is applied to applicants for the family independence program.</p> <p>(b) Have a monthly budgetable income that is less than the payment standards.</p> <p>(3) Except for a person described in subsection (1)(c) or (d), a person is not disabled for purposes of this section if his or her drug addiction or alcoholism is a contributing factor material to the determination of disability. "Material to the determination of disability" means that, if the person stopped using drugs or alcohol, his or her remaining physical or mental limitations would not be disabling. If his or her remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the person may receive state disability assistance. Such a person must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or through vendor payments. For purposes of this section, substance abuse treatment includes receipt of inpatient or outpatient services or participation in alcoholics anonymous or a similar program.</p> <p>(4) A refugee or asylee who loses his or her eligibility for the federal supplemental security income program by virtue of exceeding the maximum time limit for eligibility as delineated in 8 USC 1612 and who otherwise meets the eligibility criteria under this section shall be eligible to receive benefits under the state disability assistance program.</p>
Sec. 606	<p>The level of reimbursement provided to state disability assistance recipients in licensed adult foster care facilities shall be the same as the prevailing supplemental security income rate under the personal care category.</p> <p>County department offices shall require each recipient of family independence program and state disability assistance who has applied with the social security administration for supplemental security income to sign a contract to repay any assistance rendered through the family independence program or state disability assistance program upon receipt of retroactive supplemental security income benefits.</p>

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Sec. 607	The department's ability to satisfy appropriation deductions in part 1 for state disability assistance/supplemental security income recoveries and public assistance recoupment revenues shall not be limited to recoveries and accruals pertaining to state disability assistance, or family independence assistance grant payments provided only in the current fiscal year, but shall include all related net recoveries received during the current fiscal year.
Sec. 608	Adult foster care facilities providing domiciliary care or personal care to residents receiving supplemental security income or homes for the aged serving residents receiving supplemental security income shall not require those residents to reimburse the home or facility for care at rates in excess of those legislatively authorized. To the extent permitted by federal law, adult foster care facilities and homes for the aged serving residents receiving supplemental security income shall not be prohibited from accepting third-party payments in addition to supplemental security income provided that the payments are not for food, clothing, shelter, or result in a reduction in the recipient's supplemental security income payment.
Sec. 609	The state supplementation level under the supplemental security income program for the personal care/adult foster care and home for the aged categories shall not be reduced during the fiscal year beginning October 1, 2008 and ending September 30, 2009. The legislature shall be notified not less than 30 days before any proposed reduction in the state supplementation level.
Sec. 685	<p>(1) Not later than March 1, 2009, the department shall report to the senate and house appropriations subcommittees with jurisdiction over the department budget, and to the senate and house appropriations subcommittees with jurisdiction over the department of community health budget, on the number of recipients that applied for Medicaid coverage, the number of recipients that were approved for Medicaid coverage, and the number of recipients that were denied Medicaid coverage. The report shall describe these statistics for the fiscal year ending September 30, 2009 and summarize department programs to assist persons in applying for Medicaid.</p> <p>(2) Not later than March 1, 2009, the department shall report to the senate and house appropriations subcommittees with jurisdiction over the department budget, and to the senate and house subcommittees with jurisdiction over the department of community health budget, on the number of applicants for home help services. The department shall give a summary report on the number of approved applications, denied applications, pending applications, and the number of applications in which the applicant was eligible for nursing home services.</p>
Sec. 1005.	The department shall implement a performance-based licensing model that will assure compliance with department policy and statutory mandates. This model will prioritize licensing activities based on risk to the vulnerable children and adults residing in or receiving services from licensees.
Sec. 1006.	The department shall assess fees in the licensing and regulation of child care organizations as defined in 1973 PA 116, MCL 722.111 to 722.128, and adult foster care facilities as defined in the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737. Fees collected by the department shall be used exclusively for the purpose of licensing and regulating child care organizations and adult foster care facilities.
Department of Labor and Economic Growth (PA 251 of 2008)	
Sec. 404	(1) Of the funds appropriated in part 1 for vocational rehabilitation independent living, all general fund/general purpose revenue not used to match federal funds shall be used for the support of centers for independent living that are in compliance with federal standards for such centers, for technical assistance to centers, by existing sites to assist in serving underserved areas, and for projects to build capacity of centers to deliver independent living services. Applications for such funds shall be reviewed in accordance with criteria and procedures established by

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	<p>the statewide independent living council, the Michigan rehabilitation services unit within the department, and the Michigan commission for the blind. Funds must be used in a manner consistent with the priorities established in the state plan for independent living. The department is directed to work with the Michigan disability network and the local workforce development boards to identify other competitive sources of funding.</p> <p>(2) As a condition of receipt of funds appropriated in part 1, the statewide independent living council and the Michigan disability network shall jointly produce a report providing the following information:</p> <p>(a) Results in terms of enhanced statewide access to independent living services to individuals who do not have access to such services through other existing public agencies, including measures by which these results can be monitored over time. These measures shall include:</p> <p>(i) Total number of persons assisted by the centers and a comparison to the number assisted in the previous year.</p> <p>(ii) Number of persons moved out of nursing homes into independent living situations and a comparison to the number assisted in the previous year.</p> <p>(iii) Number of persons for whom accommodations were provided to enable independent living or access to employment and a comparison to the number assisted in the previous year.</p> <p>(iv) The total number of disabled individuals served by personal care attendants and the number of personal care attendants provided through the use of any funds appropriated in part 1 administered by a center for independent living and a comparison to the number served in the previous year.</p> <p>(b) Information from each center for independent living receiving funding through appropriations in part 1 detailing their total budget for their most recently completed fiscal year as well as the amount within that budget funded through the vocational rehabilitation independent living grant program referenced in part 1, the total amount funded through other state agencies, the amount funded through federal sources, and the amount funded through local and private sources.</p> <p>(c) Savings to state taxpayers in other specific areas that can be shown to be the direct result of activities funded from the vocational rehabilitation independent living grant program during the most recently completed state fiscal year.</p> <p>(3) The report required in subsection (2) shall be submitted to the subcommittees, the fiscal agencies, and the state budget director on or before January 30.</p>
<p>Department of Military Affairs (PA 214 of 2008)</p>	<p>Sec. 602</p> <p>The Grand Rapids veterans' home and the D. J. Jacobetti veterans' home, together with the department and the department of management and budget, shall produce and deliver to the senate and house of representatives appropriations subcommittees on state police and military affairs an annual written report. The report shall include an accounting of member populations and bed space available; a description and accounting of services and activities provided to members; financial information; current state nursing home licensure status; the steps required for Medicaid certification, including a listing of any personnel, equipment, supplies, or budgetary increases required; and whether or not steps are being taken toward Medicaid certification. The annual report shall be submitted to the senate and house of representatives appropriations subcommittees on military affairs no later than February 1, 2009.</p>

July 22, 2008

Mr. Andrew Farmer
Michigan Long-term Care Supports & Services Advisory Commission
109 W Michigan Ave
Lansing, MI 48933

Thank you . . .

. . . for contacting me about this important issue. I appreciate that you have taken the time to communicate your views and concerns with me.

I understand your concern about the importance of this federal healthcare legislation. Should related legislation come before the U.S. Senate for a vote, I will keep your views in mind, and share your thoughts on this issue with my colleagues who serve on the Senate Finance Committee.

Thank you again for contacting me. Please continue to keep me informed about issues of concern to you and your family.

Sincerely,

Debbie Stabenow

United States Senator

DS:rr