

MEDICAID LONG-TERM CARE SINGLE POINT OF ENTRY SERVICES PILOT PROJECTS

(FY2008 Appropriation Bill - Public Act 123 of 2007)

April 30, 2008

Section 1686: (1) The department shall submit a report by April 30, 2008 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.

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

Michigan Department of Community Health Status Report on Michigan's Long-Term Care Connections

(Formerly named Single Point of Entry Demonstration Projects)

April 30, 2008

Section 1686 (1) of Public Act 123 of 2007 requires a report on the progress of Long-Term Care Single Point of Entry pilot projects. The Long - Term Care Connection (LTCC) was established as a result of the Governor's Executive Order 2005-14, in order to implement recommendations made by the Governor's Medicaid Long-Term Care Task Force. The responsibilities of the pilots have been defined by P. A. 634 of 2006 around specific goals. Given resource limitations, these goals are being phased - in over time with each step establishing a base to build upon for the future. (See Table 1.)

Access to Information, Assistance and Services

– The LTCC has established **1-866-642-4582** as the toll free phone number that was required by P. A. 634 of 2007. Information and assistance has been

Goal #1: Provide consumers, caregivers, and stakeholders with comprehensive information on long-term care options for current and future planning.

provided in over 35,600 contacts from January, 2007 to March, 2008. Satisfaction survey results reported from October, 2007

through mid March, 2008, the most recent available, indicate consumers were more than satisfied with the information and how the LTCC provided it as shown in Table 2.

Demographic information on the 12,102 LTCC consumers from October 2007 to March of 2008 provides a picture of the people using the service. Females represent at least 60 percent of the total, and more than 73% are age 60 or over. Information on the income levels is more difficult to acquire, especially on the initial contact, but we know that 43% were enrolled in Medicaid already or below poverty levels. The disability types reported include 15.2% with dementia, 51.1% with physical issues and 17.9% with more than one disability, illustrating that the LTCC staff needs to take adequate care to ensure that the caller's need for services is understood.

Table 1 - LTCC Progression	
Description	Date
Governor's Long-Term Care Task Force	May, 2005
Governor's Executive Order 2005-14	June 2005
Appropriation and contracts developed	July 2006
SPE's were named Michigan's Long-Term Care Connections	Sept. 2006
Start up of Information and Assistance	Oct. 2006 to Jan. 2007
Signed PA 634	Jan. 2007
Start up of Options Counseling	Jan. to April 2007
Level of Care Determinations	Nov. 2007
Digital Data system (MIS)	In development

Table 2- Information and Assistance Consumer Survey	
Question	% Agree
Received information I wanted	84.5
Information was clear	86.2
Information was accurate	81.5
Information was helpful	82.1
Understood the information received	89.2
Person was knowledgeable	89.2
Person was friendly	95.9
Person treated me with respect	95.3
Person listened carefully	94.0
Helped in reasonable time	90.9
Satisfied with assistance	81.9
Would call again	91.6
Would recommend service	91.6

Personalized Support For Understanding And Planning

-- The LTCC has developed a comprehensive on line resource data base with over 3,500 providers. This data base includes for profit providers as well as agency and government entities. The LTCC has made over 217 presentations to over 22,500 persons to give them the help they need for long term care planning in using their own resources, finding the help they want and controlling their own budget from January, 2007 to March, 2008.

Goal #2: Consumers explore and understand long-term care options with guidance from unbiased counselors to reach informed decisions that best meet their needs and preferences.

Navigating the System To Find Solutions

-- The LTCC's have established uniform, consistent standards, procedures and protocols to determine functional eligibility. Medicare and Medicaid benefits available to individuals are reviewed and understood for their particular situation. Consumers learn about the costs for care services and settings while learning to make the most of their resources, delaying the need for Medicaid. From October, 2007 to March, 2008 a total of 3,691 consumers received

Goal #3: Consumers receive options counseling to understand eligibility for long term care services, care settings, licensing, and financing.

options counseling. This LTC support plan may include: personal history and strengths, individual preferences and wishes, functional needs and health, financial and benefits status, informal supports from family, friends, neighbors and current services, unbiased detailed information on

an array of options, including but not limited to service environment, quality, risks, limitations, and capacity, goals and actions, and an evaluation of how available long term care options meet the identified goals.

Table 3 indicates the results of a survey of those receiving options counseling. Options counseling may vary with the goals of the consumer. Some consumers are planning options for the future while others require services without delay. The survey indicates that consumers were more than satisfied with the outcome. The LTCC counselor was knowledgeable, listened carefully and treated them with respect.

Table 3- Options Counseling Consumer Survey for April, 2008	
Question	% Agree
Received information I wanted	100.0
Information was accurate and gave me choices	100.0
Counselor was knowledgeable, listened carefully and treated me with respect	100.0
Helped me understand my care options	95.7
Helped me take steps to carry out plan	95.2
Helped in reasonable time	95.6
Discussed ways to pay for services	81.9
Helped with eligibility for LTC services	95.3
Satisfied with assistance	95.7
Would call again	91.3

Starting November 1, 2007, P.A. 634 of 2006, Sec. 109i.(17) required that the LTCC's conduct the level of care assessments for Medicaid functional eligibility to long term care programs within their regions, encompassing thirty-four Michigan counties and portions of Wayne County. Previously, nursing facilities and home and community based waiver agents made eligibility

decisions for clients within the LTCC region. This new determination process is independent of the provider to ensure good decisions by the consumer. The LTCC has conducted over 5,063 Level of Care Determinations (LOCD) from November, 2007 through March, 2008. The LOCD rate when conducted independently by LTCC's is lower than previous trends resulting in an estimated nursing facility cost savings of (\$5.8) million gross in FY 09.

With the creation of the LTCC, the aged and disabled have an ally as the LTCC works with providers such as the nursing facility, waiver, and community. The LTCC's have forged partnership agreements by establishing them in over 75% of MI Choice Waiver and nursing facilities in the 4 regions. This partnership method ensures distinct roles that are streamlined and seamless so that people don't get lost in the system.

Emergent Cases - Of the over 16,217 Information and assistance contacts between October 2007 and March, 2008, 134 consumers faced an urgent need for long term care placement over the same time period. The definition includes a situation, defined by the consumer, as a long term care need requiring immediate attention.

In over 50% of the cases, immediate support was needed from the LTCC for services such as options counseling or a LOCD, home delivered meals and the state Medicaid Waiver program. Table 4 indicates how the consumers learning about the availability of urgent help.

Table 4 Emergent Cases	
Referral From:	% of Cases
Community Agency	23.1%
Doctor or health professional	7.5%
Family, friend or neighbor	7.5%
Nursing Facility	23.9%
Hospital	5.2%
Community supports*	6.0%
Other	9.7%
Unknown	17.2%
*Community supports include HFA/AFC/Assisted living, subsidized housing, internet, radio, television, senior center and school.	

Hospital Cases - The hospital discharge planner has continued in their role of facilitating the movement of the patient to either the nursing facility or community where the LTCC can follow up so that the timeliness of the discharge is not impacted. Out of the 3,691 total option counseling (OC) cases opened from November, 2007 to March, 2008, hospital referrals resulted in 17 option counseling plans or 0.5 percent of total OC cases during the same period.

Consumer Makes Informed Decision -- Consumers achieve control with the right information, at the right time to make their decisions. The Options Counselor works with the consumer to help them understand their options and make choices. As shown in Table 3, they were helped to understand their care options, ways to pay for care and carry it out within a reasonable time frame. Consumers receive support and assistance in paper work, allowing Medicaid to process requests more quickly. Over 256 persons have been assisted with the transition from nursing facility back to the community. Persons who contact the LTCC are receiving the

Goal #4: Consumers make informed choices for residential settings and care services that best meet their needs and preferences based on objective information, counsel and support.

assistance the demonstration program was designed to provide. Consumers are making informed choices, have streamlined access and increased control.