

Minutes
MI CHOICE RENEWAL STAKEHOLDER MEETING
1/20/2012, 9 a.m.-12 p.m. Capitol View Building

Financing, Funding and Eligibility

MI Choice Financing

- Some don't understand the Supports Coordination and Operations Reimbursement (SCORE) because not waiver agents.
- \$60/day for services only. Additional funding for administrative cost and supports coordination.
- Brian – SCORE background – Based on flat rate reimbursement for overhead cost that federal government did not agree with. Reimbursed Support Coordination as administration cost - it looked like more was spent on admin not Support Coordination. Need to separate Support Coordination from actual administration cost and breakout flat rate to boost participant days. New method breaks out number of participants and number of days enrolled. Acuity of population, by region, service mix by each agency. 3 additional service factors that Department of Community Health wanted to recognize: Nursing Facility Transitions, quality, and service mix. Trying to keep from going to entirely cost based report for admin because very cumbersome.
- If serving higher acuity population puts more stress on your supports coordinators and spends more admin money.
 - Has model been tested for fluctuation between agencies or annually at one agency?
 - Didn't want to create silos or huge fluctuations in amount for each Waiver Agency. There will be variations for different reasons.
- The SCORE has enabled agencies to plan for entire year; \$60/day for services is currently not high enough.
 - Would enable rate increases for providers.
- Reconvene group for consensus on policy for Waiting List.
 - Waiver Agents do not select people from anywhere on the list, they go to the person on the top of the list. If not enough funding available to enroll in Waiver, they hold off until more funding is received.
- When someone leaves Nursing Home and needs ongoing care, is that waiver funds and is it open ended?
 - Funding for Nursing Facility Transitions is added to WA base contract, and from appropriation funding set by legislature. Funding depends on amount of Nursing Facility Transitions by agency. Not open ended, when reaching end of funding, agencies need to talk to Department of Community Health to get more money or next steps that need to be taken.
- Negative impact on consumers
 - Number of housing available, reduce beds further
 - Quality of care because underfunded
 - Reduces Quality of life

- **Tabled to next meeting**
- What tools are being used across the state, or different per agency that addresses participants level of services?
 - Waiver Agents use same assessment instrument, process is guided by Person-Centered Planning, other factors are considered in plan of care. Doesn't translate into service hours or funding per hour.
 - **Tabled to next meeting**

Testimony from Willy Masengale and Gidonovan Martin “G”

- Willy – living in nursing home is a hard thing to handle. Don't always receive proper care from nursing home and want to be in place where there are more people his age, go on outings to do things, only got out once in summer for example, say they don't have enough money to take them out. Been in a hospital and nursing homes for 3 years. Room is so small that no one can come in. Have a lot of years left to live and don't want to spend the rest of life in nursing home. Would like to be home but we know that we can only get close to home. Wants to know when can get out of nursing home, because will go back home and wonder what will happen next. Can call to see if anything happens in a couple of weeks.
 - What would you do to help us get enrolled in the MI Choice program?
 - That is between Regina and the Waiver Agent, making sure our standards meet what Regina need and vice versa.
 - How much we spend on services and whether that is enough on meeting provider needs and whether the provider is meeting standards set by Department of Community Health.
 - What are your standards?
 - This one is particular is based on nurses on staff.
- G – Living in a nursing home for 12 years, first time that someone has came to me. Never had anyone to talk to at my age, no television, no fun. Feeling like I've been incarcerated for 12 years. Would like serious consideration from Department of Community Health to do more to help people in my situation. I'm very intelligent but I need help to do things. I don't want finances to be what is holding me or anyone back from opportunities to live life. I need to come out of the nursing home more than anything else in the world. Treated like you're in prison they talk at you and give little to none decision making by nursing home staff. Have 11 year old daughter, in current situation can't do any family things. If able to return to community would be able to be with my family. Sometimes I was told about these opportunities and nothing came of it. Gave lots of false hopes. Has been feeling up since meeting Regina. Regina calls nearly every day just to talk and see how I was doing. Never something I've experienced since I've placed in nursing home. Being here is the first time I've been out in a really long time. A lot more younger people in nursing home, need to understand that different services need to be considered based on age. Possibly alter assessments that have a section that takes age into consideration. System currently in place is based on elderly population and needs to be altered for younger age groups. We are all human.

- Should not expect that opportunities to leave and be somewhat independent are not an option for you.
- Would like to know if he can be on Medicare and Medicaid. Has been in a nursing facility a long time.
 - A few comments thinking the answer is yes.

Questions sparked from Willy and G's comments.

- Have nursing home employees helped with finding a place for you to move too?
 - Regina Campbell is the only one that has presented a place for them to live. A few Adult Foster Care homes have come and shown pictures. They seemed like a nursing home and Regina's home seemed like an actual home.
- Can Department of Community Health look at a 1915(b)(c) waiver? Tennessee has this with Tennessee Care, a program for vent dependent individuals.
 - All options are on the table right now. Department can look at different waiver options.
 - (b) waiver is part of a managed care model, pays a capitated rate, not fee-for-service.
 - (c) waiver provides eligibility flexibility and is an addition to state plan services.

Supports Coordination

- 2 funding options – currently funded as admin expense, other option is to fund it as a service cost.
 - Would capture 63% if we change to service versus 50% as admin cost.
- If changed to service who would authorize services, supports coordinators or agencies?
 - Should stay with agencies.
- How would this impact waiver agents that do not provide direct service?
 - Not certain – quality and staff issues.
- Support that this should stay as administration service.
Need to be discussed at next meeting.

MI Choice Eligibility - financial

- Case mix – different reimbursement rate based on RUGs – blending acutities based on rug scores
- Would this change contracted amount per waiver agent?
 - Would be another way to operate, not change contracted amount.
- Is historical case mix data being used or is real time data being used to make up funding?
 - Use historical data, further explanation needed from Actuarial.
 - Monetary increases for people who have more needs, in nursing home does a provider get more money if person's condition gets worse.
 - Not something that should be encouraged.
- What factors or considerations are taken into effect when determining on raising daily cap or using case mix?

- Case mix brings in a lot of complexity. Look at who you are serving and what you could be serving in the future.
- The MDS and the RUGS scores are not a good measurement on how to apportion acuity and determine reimbursement.
- Use case mix for aggregate groups or go to a capitated reimbursement system for MI Choice.
- Special Memorandum of Understanding funding ranges from \$150 to \$500.
 - Do we look at an across the state as a standardized funding.
 - Simplified funding streams.
- Department of Human Service lag time prevents Level of Care Determination documentation that was previously done to be used when DHS finally responds to application.
- Spousal allowance – was testimony that a person wouldn't qualify for MI Choice without a spend-down, but spend-down would make it difficult for spouse to live in community.
 - Spousal impoverishment is also an issue.
- Centers for Medicare and Medicaid Services informed states of disregarded income.
 - For anybody applying for MI Choice.
 - Look at Louisiana – can disregard portion of income and leave spousal amount so spouse has money. Not sure what cost implications are.
- Have Department of Human Service present at February 3rd meeting. There is staff to caseload issues, and level of expertise is not there because of early retirements.
 - Not something that should be discussed at waiver renewal. Medicaid director meets with Department of Human Service director on this issue and a list of other issues.

Funding

- Why can't money being spent on people in the Nursing Home actually follow people that leave the Nursing Home? Why are they given less money?
 - If you look at Department of Community Health budget, section 1689 addresses MI Choice priorities. If person leaves Nursing Home and enrolls in MI choice that the Nursing Home dollars would actually follow the person. Barriers are keeping this from happening at the Legislative level.
 - Funding would flow easier if MI Choice was an entitlement, which would need to be a part of integrated care.
- Making any program an entitlement is not the solution, Legislator will always be in charge of funding and restrict options.
- Funding should be irrelevant when determining if people need to be in the Nursing or in the Community.

Final Meeting – Extension of Residential Services, requirements of nursing oversight (requirement is currently competency of homemaking oversight, needs to be revisited. Waiver Agents also want clarification). Discuss supports coordination as a service.