

Minutes
MI CHOICE RENEWAL STAKEHOLDER MEETING
1/6/2012, 9 a.m.-12 p.m. Capitol View Building

Residential Services and Dementia Care

Review of stakeholder process to date

RESIDENTIAL SERVICES

- Data from “MI Choice in Licensed Settings” slide of PowerPoint doesn’t capture everyone. Diversions are the people who were enrolled in MI Choice to avoid going into a nursing home. Transitions are the people who moved from a nursing home to MI Choice in a licensed setting. The slide is missing those people who are either already in a Home For the Aged (HFA) or Adult Foster Care (AFC) on MI Choice or who move to an HFA or AFC while already on MI Choice.
- Michigan Department of Community Health (MDCH) might want to poll agencies to determine true percentages for MI Choice participants in licensed settings.
- Get definitions of licensed and unlicensed settings.
- Minimum Data Set (MDS) data showed that 17% of people in MI Choice waiver have activities of daily living (ADL) needs and Cognitive Impairment that exhausts family members who provide support.
- MDCH to follow up with Department of Human Services (DHS) about family providing financial support for family member and DHS saying that puts them over income and are kicked off Medicaid.
 - Can’t generate income up to or over \$2,000 that would be cause to be removed from Medicaid.
 - Also ask about endowments from charities.
 - Section 8 approval to cover uncovered services in HFAs/AFCs.
 - DHS is tracking physical location and not care services.
 - Can bill supplemental services that you cover to DHS and be reimbursed.
 - Need training on income, and supplemental services while working with DHS.
- Handicap accessibility issues with HFA/AFCs.
- AFCs lose \$1000-\$1500 for people who come in on MI Choice.
- Smaller AFCs that want to take MI Choice participants are financially unable to because of size of facility, may not be able to have a back up to cover loss from taking MI Choice participant.
- Folks in the Upper Peninsula (UP) are not interested in going to affordable living situations, prefer places out of their price range. Need final decision from MDCH on covering room and board.
- Need DHS standard definition on usual and customary care.
- Even the definition of Residential Services is confusing and contradictory. May need clarification.
- Reimbursement rates for the same AFC are different between Waiver Agencies.

- No standardized guidance on what reimbursement rates are.
- Exception requests for transitioning into AFC for services that MI Choice will provide, will get response that what is being requested is usual and customary care. There isn't a standard definition.
- Misconception that MI Choice will come in and cover the expenses that "usual and customary care" can't.
- Concern over standardizing rates could move us away from person centered planning.
- Some AFCs create preferences on which Waiver Agent they want to work with based on reimbursement rate.
- Running into problems where people can't afford to stay in Assisted Living long, so AFCs are losing people to cheaper homes.
- \$60/day cap is the lowest in the country, the cap prevents choice of services.
 - Financial constraint for a Waiver Agency, but not a factor on where people will be transitioned to.
 - Affects the number of people that can't be served.
- Happy to have Residential Services as an option despite all of the problems.
- Waiver agents reject settings if they are of low quality. If a setting is poor, waiver agencies won't contract with them.
- People who are transitioned into an AFC sometimes want to move into an apartment.
- Many people use licensed setting as a step-down unit before moving to their own residence. Moving from a nursing home previously where they and everything done for them. The licensed setting allows them to slowly get used to being more independent.
- Barrier to AFC placement: Being slightly over income. And spousal allowance. State pays more for person to be placed in a Skilled Nursing Home and won't pay less for an AFC home. State should cover room board for AFC residents.
- Better communication between Waiver Agencies and AFC/HFA, for better understanding of each program and service offerings.
- Definition of Residential Services may be the key – not necessarily the payment variability but the inconsistency in applying rules.
- Assessment tool is based for home-based care. May need an assessment tool unique to residential services. Waiver agencies may currently each have their own Residential Services tool, but it is not consistent across the state.
- MDCH prohibited from setting provider rates, that is left up to the Waiver Agents.

DEMENTIA/ MEMORY CARE

- Dementia Coalition is developing a new strategic plan. Also developed a dementia competency guide. Guide and more resources available on website.
- Endangerment, health and safety should be top priority when introducing legislation.
- Continuity – Cannot remember current events, most cases is 10-15 minutes memory span. Familiarity is very important.

- Quality of Care – If abused by someone, people with dementia are at risk of not remembering the abuse ever took place or unable to articulate a problem. At high risk of being taken advantage of. Need to be in a very secure location with people of high integrity.
- Waiting list needs to be reduced to 0. Waiting list doesn't allow a person continuity of care. Due to waiting list, mother was moved twice which was traumatic for her.
 - Size of waiting list is a funding issue, how it is managed is a policy issue.
- Expertise on how to stay in the waiver program needs to be improved. Waiver agents need more information on policies and rules on how to keep people eligible (especially financially).
- Memory care is not predictable – Unable to predict when a person will need assistance. 24-hour care is almost a necessity.
- Service may not be paid by units, but for a 24-hour service. Perhaps adding on units of care as capacity decreases for functional ability. The difference between “cueing” and “total assist”.
- Waiver agent assessments of what a person may need in an AFC may not always be accurate and can ask for an appeal from service plan.
 - Communication between AFC/HFA and Waiver Agent needs to be improved, oftentimes office staff at HFA/AFC don't know each person's situation and are asked direct questions about participants and accurate answers are not given.
 - Assessment and service standards don't capture everything that it should. Needs to be reviewed.
 - Licensed setting that provides memory care has to meet certain standards to show that setting can provide those services.
- Memory services would include: redirection, cueing, some hands on, ongoing risk assessment and management.
- Staff needs to be trained and skilled in dementia competencies.
- Lock down, security, safety-proofing are all important factors in caring for people with memory issues.
- Interventions for behavior management cost \$200 per month in a facility and are another part of caring for people with dementia.
- When someone says a facility provides “memory care” in HFA/AFC it is a fairly loose term. Although the facility does have to meet additional standards related to training and how they provide care and services to this population. But not a specific license or certification they receive.
- Memory care isn't just in a facility – its also in home and community.
- Discuss what needs to be built into provider contracts for dementia care. Training requirements.
- What can realistically be done with dementia? Should this be in a separate waiver like TBI? What is in the CMS application?
- Differentiate ADL needs between physical impairment and cognitive impairment.
- Move Dementia Care topic to open February meeting for more discussion.