

# **DRAFT - AFFORDABLE ASSISTED LIVING**

## ***Introduction and Background***

### ***Introduction, Values & AAL Philosophy***

- Discuss aims and intent - new LTC option focused on consumers who can no longer remain home and who qualify for but do not prefer a nursing facility. The purpose of this 1915 (c) Waiver for Michigan is to implement a specialized form of housing with services for Medicaid eligible consumers allowing consumer choice and control over a flexible range of community-based services and supports.
- NOTE – to be explored - This waiver will also provide community based services to qualifying residents of licensed residential care (LRC) settings; Adult Foster Care and Homes for the Aged.
- Values – people should be empowered to control what service they receive and the location of care. Person centered planning is the basis of planned services and supports, etc. MI's AAL and licensed homes should permit residents to age in place serve as viable consumer options within the larger LTC system.
- AAL Philosophy - To provide a community-based long term care program in a home-like apartment style residence that facilitates self direction, person centered planning and managed risk to maximize tenant independence, dignity, privacy and aging in place in an accessible environment.

### ***Background***

- Discuss aging in place committee, request for concept papers, steering committee, etc. Discuss integrated approach among engaged state agencies. Include stakeholder event.
- Discuss Money Follows the Person, NFT, SPE, task force, etc.
- Define current LTC system and pertinent issues.

### ***Description and Status***

- Discuss current project and progress.
- Discuss the Steering Committee and decision making process
- Discuss housing development status and agency agreements with the 5 sites selected.

### ***Outcomes***

- Improve quality of life options for LTC consumers
- Reduce unnecessary use of nursing facilities
- Go beyond constraints of the current MI Choice Program (1915(c) Waiver)
- Extend Money Follows the Person concepts
- Support Aging in Place

- Other

### ***1915(c) Waiver Components***

- Discuss waiver components – age 55 and older who meet Medicaid functional (nursing facility level of care) and financial (300% of SSI and  $\leq$  \$2,000 assets) eligibility requirements. Spousal impoverishment rules apply to participants/residents with a community spouse, geographies to be included to waive state-wideness requirements.
- List service(s) requested; use service cluster approach – AAL = personal care and services, homemaker, chore, attendant care, companion services, medication oversight, therapeutic social and recreational programming, devices and supplies and includes 24- hour on-site response staff to meet scheduled or unpredictable needs
- Define a tiered service payment model
- Coordination with other waivers (MI Choice, Pre-paid health plan), other funding sources (OSA, senior millage, foundations), PACE, AAAs, DHS, CILs, nursing facilities and SPEs.
- Coordinate with direct care worker initiatives for MI Choice self determination, fair market private pay, other
- Process for consumer input
- Purpose and use of the concept paper, etc.

## **Planning Principles and Goals**

### ***Planning Process***

Discuss lack of housing with services option in the current system in regard to choice, person centered planning, personal control, aging in place, etc.

### ***Planning Principles***

- Services and supports should be community-based and should promote independence, community integration, and participation in community life
- Consumers will be engaged in the planning process
- Person-centered planning should drive planning for services and supports.
- Consumers have choice of providers regardless of housing operator's provider arrangements or whether the residence is licensed (LRC) or unlicensed.
- Other

### ***Goals***

- Obtain approval for 1915(c) waiver
- Pilot AAL services and supports in five sites
- Broaden the array of community based services in licensed homes (LRC).
- Assure high quality supports and services.
- Demonstrate cost neutrality and cost effectiveness.
- Consumers have expanded and viable LTC opportunities to choose from.
- Other

## **The Plan**

### ***Project Design***

Outline MI AAL model and provide AAL and service(s) definition(s):

- Provide description of approved provider and supports coordination models.
- Discuss other, third party services that will be accessible such as home health, therapies, hospice, etc
- Provide the number of consumers to be served.
- Define methods to assure appropriate array of services and supports,
- Define methods to assure consumer choice of providers in both licensed and unlicensed settings.
- Provide estimated cost of new additional supports and services necessary for the consumer to remain or return to the community,
- other

### ***Waiver Administration and Operation***

#### **Administration – Department of Community Health (DCH)**

Discuss DCH responsibilities, MSA & OLTCSS roles, allocation of funds, quality management and process improvement efforts, other. Describe MSHDA’s role contributing to the administration of the project (QM, housing codes, regulations). Define the roles of other partner organizations including OSA and DHS.

#### **Operation -**

Define provider and service delivery workflow as consumers navigate through the program(s). Discuss consumer enrollment and the intake process.

### ***Participant Services and Supports***

- ***Participant-Centered Service Planning and Delivery***  
Define the PCP process and participant satisfaction program.

- ***Participant Direction of Services***

Self Determination in Long Term Care (SDLTC) is a program that supports Medicaid waiver participants in directing the services and supports they receive. This model of self-directed supports empowers program participants to act as the primary causal agent in planning and directing their own care through management of an individualized service budget. Participants work with MI Choice Supports Coordinators in developing a plan for services, develop a budget and secure the providers of services.

Once the service plan is authorized by the MI Choice waiver agent, a pre-payment is made to a fiscal intermediary. Participants submit reports to the intermediary when services are provided and payment is dispersed to individual workers and/or service provider agencies. The intermediary reports provider activities to the waiver agent for client tracking and accounting activities.

The program exceeds the current choices offered in the waiver; normally participants are offered a flexible budget allowance to purchase needed services at times preferred and they also frequently hire and supervise direct care workers.

- ***Participant Rights***

Discuss Administrative Tribunal process for Medicaid participants and local grievance processes.

- ***Participant Safeguards***

Discuss responsible entity to monitor participant safeguards, commit to develop quality management programs, etc. Discuss risk management strategies.

- ***Quality Management Strategy***

Discuss using the CMS Framework as a basis, MDS, POSM, evaluation, other

### ***Financial Accountability***

Discuss provider payment and fiscal monitoring processes.

- ***Cost Neutrality/Cost Effectiveness***

Provide assurance

- ***Data Collection and Reporting***

Define standardized data collection and reporting across all demonstration sites.

### ***Personal Outcomes for Participants***

#### ***Person-Centered Planning/Self-Determination Outcomes***

- People have a broad array of service and support options

- People are treated with dignity and respect
- People are satisfied with services and supports
- People choose their services and supports
- People choose their daily routine
- other

***Community Integration Outcomes***

- People have community integration opportunities and access to community goods and services.
- People choose where and with whom they live
- People remain connected to family and other informal supports
- other

***Health and Safety Outcomes***

- People are free from abuse and neglect
- People reside in safe environments
- People receive services and supports appropriate to their needs and preferences.
- Other

## **Evaluation**

***Elements***

***Develop and implement a comprehensive evaluation strategy***

- ***Participant Satisfaction & Expectations***
- Discuss Participant Outcomes Satisfaction Measurement instrument and process for interview and data collection.
- Discuss evaluation process to determine whether consumer expectations are met with housing and services.

***Assisted Living Minimum Data Set Analysis***

- Provide AAL participant demographic, social and health profile and compare with MI Choice, PACE and nursing facility consumer profiles.
- Compare MI consumer data with other states using the MDS-AL assessment.

***Cost Review***

- Compare AAL cost with all other LTC programs by demonstration region.

***Policy & Improvement Recommendations***

- Provide recommendations concerning code, licensing and policy
- Create mechanisms for ongoing program modification and improvements