

CONSUMER TASK FORCE
Michigan Quality Community Care Council
April 28, 2009
10:00 - 12:30
AGENDA

INTRODUCTIONS

APPROVAL OF THE DECEMBER MINUTES

APPROVAL OF THE FEBRUARY MINUTES

MISSION STATEMENT

CHCS TECHNICAL ASSISTANCE GRANT FOR INTEGRATED LTC PLANS

STATE PROFILE TOOL

FY 2010 DEPARTMENT OF COMMUNITY HEALTH BUDGET

PERSON-CENTERED PLANNING DEFINITION, CORE VALUES/PRINCIPLES
AND ESSENTIAL ELEMENTS

MI CHOICE AMENDMENT TO PROVIDE SERVICES IN LICENSED FACILITIES

MIG ACTIVITIES

SYSTEM CHANGE IDEAS

OTHER

- PROJECT STATUS REPORTS
- MEETINGS WITH CHAIR OF LTC SUPPORTS AND SERVICES
ADVISORY COMMISSION

REMINDERS:

NEXT MEETINGS:

June 23, 2009

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE
ROAD, LANSING, MICHIGAN 48911

August 25, 2009

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE
ROAD, LANSING, MICHIGAN 48911

PHONE IN NUMBER: 877-873-8018, passcode 7989381

INDEX OF DOCUMENTS CONSUMER TASK FORCE APRIL 28, 2009

DECEMBER MINUTES

THE FEBRUARY MINUTES

EXECUTIVE COMMITTEE NOTES

REDRAFT OF MISSION STATEMENT

STATE PROFILE TOOL

BUDGET PROCESS

OFFICE UPDATE

PERSON-CENTERED PLANNING DEFINITION, CORE
VALUES/PRINCIPLES AND ESSENTIAL ELEMENTS
(AS ADOPTED BY THE LTC SUPPORTS AND SERVICES
ADVISORY COMMITTEE)

PARTICIPATION GUIDE TO SELF-DETERMINATION IN
LONG-TERM CARE

TRIFOLD - SELF-DETERMINATION IN LONG-TERM CARE

PAT AND CO-PROJECT ACTION TEAM MEMBER LIST

SENATE DCH BUDGET MEETING SCHEDULE (MAP &
TALKING POINTS)

PROJECT UPDATES

Consumer Task Force
Michigan Quality Community Care Council
December 9, 2008 10:00 am - noon

MINUTES

ATTENDEES: Roanne Chaney, Jacqui Day, Laura Hall, Sharon Hall, Sara Harrison, Sharon Hold, Kristy List, Leah March, Suanne McBrien, Cathy McRae, Susan Steinke, Tammy Yeomans, Rob Curtner, Wendi Middleton, Jackie Tichnell, Drew Walker

APPROVAL OF THE MINUTES - Minutes were approved.

LAURA'S MEETING WITH CHAIR OF LTC SUPPORTS AND SERVICES ADVISORY COUNCIL - Meeting was a good first communication. Both parties provided information on what their group was and what it was meant to do. Andy Farmer, Chair of the LTC Supports and Services Advisory Council, indicated that many of the Commission workgroups needed consumer representation. Both parties agreed to continue to meet.

The consumer interest form was distributed. This will provide information on what the Consumer Task Force wants, what other groups members may be part of, what topics members would like to pursue. Please return the forms to Jackie.

MISSION STATEMENT CONTINUED - there was good discussion on the mission statement, vision, and guiding principles.

- Mission statement
 - Who We Are
 - Majority of the group uses LTC services
 - Represent across the State
 - Knowledgeable
 - Not led by bureaucrats
 - Vested interest by all members in improving LTC
 - Come together as a community

- Bridge between persons with disabilities and elderly
 - Advisory partners with the State
- Purpose
 - Advising each other and the public
 - Advocating for all people who use, or may use the LTC system
 - Unified vision
 - Information sharing with each other and the public
 - Evaluate and guide programs and policies
 - Broaden participation of consumers
 - Speaking up for ourselves or other people
 - Self-actualization
 - Shared experiences
 - Strengths and hopes
 - Tested
 - Track record
 - Link to the field
- Vision
 - Strong voice impacting policy and decision makers
 - Promoting system changes resulting in.....
 - Person-centered planning system that meets future needs
 - Become more diversified - geographically/culturally
 - Provide real world perspective
 - Be recognized as a resource for advocacy
 - Highly visible
- Guiding Principles (the glue that holds us together)
 - We are committed to:
 - Person-centered thinking
 - Self-direction
 - Culture change
 - Continual improvement
 - Creating positive change
 - Changing the system altogether
 - Educating everyone on life's continuum

- Value aging and disability process and educating on it
- Changing the perspective of the LTC system
- Inclusive group process
- Basic respect for human life and choices
- Fund people not programs

The Executive Committee will meet in early January to flesh out these concepts to present to the Consumer Task Force as a whole in February.

SYSTEM CHANGE IDEAS

- Susan Steinke noted that Chris Chesny was unavailable to meet with us today, but will gladly do so in February. This will be the Consumer Task Force chance to provide the Commission Finance workgroup with their recommendations.

There was much discussion regarding spenddown, nursing facilities, MI Choice, and home help. It was suggested that a neutral party (MMAF) provide a brief introduction to nursing home eligibility and spenddown before Chris Chesny talks to us. It was also suggested that Jackie distribute the recommendations for the Commission Finance workgroup.

Members should bring personal financial stories to share with Chris Chesny.

The following recommendations were made:

- Allow spenddown or patient-pay amount in MIChoice (which ever is legal)
- Change the protected income level for home help. It is way too little
- Require financial parity between programs
- Raise the income level of home help
- Hire more adult services workers. The ratio between worker and consumers is way too high
- Expand funding methodologies to expand the array of services

OTHER

NEXT MEETINGS:

FEBRUARY 24, MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

APRIL 28, 2009 MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

JUNE 23, 2009 MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

PHONE IN NUMBER: 877-873-8018, passcode 7989381

CONSUMER TASK FORCE
Michigan Quality Community Care Council
February 24, 2008
10:00 am - noon

MINUTES

ATTENDEES: Roanne Chaney, Rob Curtner, Jacqui Day, Laura Hall, Sharon Hall, Sara Harrison, Alison Hirschel, Sharon Hold, Christie List, Suanne McBrien, Cathy McRae, Susan Steinke, Cyndy Viars, Tammy Yeomans, Jackie Tichnell, Drew Walker

SPEAKERS: Jo Murphy, Jeanette Thomas

APPROVAL OF THE MINUTES - Due to other topics, the minutes were not approved.

OFFICE UPDATE: The Governor's recommended budget was released last week. With it, the Office of LTC Supports and Services will be integrated into other parts of DCH. This has raised concern with the CTF for the following reasons:

- There is no accountability for long-term care reform
- The LTC Commission was supported by, and reported to, the Office. It is unknown how this will impact the Commission
- The Office is now the central repository for coordinating grants
- We might lose the push and momentum for consumer choice

Hirschel, Steinke, Chaney, and Slocum met with Nick Lyons, Kurt Krause, and Chuck Overby from the Department to express their concerns. They offered an alternative to move the Office, in tact, into another Bureau.

The House will be receiving testimony on the DCH budget on Monday, March 1 on the 3rd Floor of the Capitol starting at 10am. Steinke will talk to the chair for accommodations regarding Spec Tran riders. Hirschel provided a handout of talking points that may be used by consumers/advocates. In addition, Hirschel, Chaney, Steinke, and Laura Hall offered assistance to those who are unable to provide, or are uncomfortable with, providing testimony before the appropriations subcommittee. The Task Force, as individual advocates, were encouraged to write the Governor, the DCH Director, and the newspapers.

Steinke will send Jacqui Day a list of contacts for advocacy.

LTC SUPPORTS AND SERVICES ADVISORY COMMISSION - The Commission held a retreat in January. Laura Hall attended as a special guest. This retreat focused on the Commission's strategic plan and communication with the Office. The Office has created 9 Project Action Teams (PATs) to correspond with the 9 LTC Task Force recommendations. These PATs will develop logic models and steps to implementing the recommendations in partnership with the Commission.

OVERVIEW OF MEDICAID FINANCIAL ELIGIBILITY FOR NURSING FACILITIES AND MICHoice - Jo Murphy, from Medicare and Medicaid Assistance Plans, provided a tutorial on the differences in eligibility for nursing homes and community-based services. It was stated that if a consumer has an option for nursing facility, they should have the option of MI Choice.

Steinke noted that she and Doug Chalgian are part of a subcommittee of the LTC Commission Finance Workgroup and will be looking at eligibility barriers.

The possible impact of early release prisoners on the long-term care system was discussed. Currently, services to these individuals are paid through Corrections with 100% state funds. Once they enter the Medicaid system, services are federally matched. There are less than 800 prisoners that could be affected by this policy. There has been no commitment as to where the savings would go, general fund or long-term care.

MISSION STATEMENT - This was discussed. Given the uncertainty of the future of the Office, it was suggested to change the reference in last sentence to "inform the work of the state as it relates to LTC.... This change was approved and the mission statement adopted by the CTF, pending approval by Office management.

SYSTEM CHANGE IDEAS

- Raise the Protected Income Level through the State legislature
- Change the rules for MI Choice to allow individuals with a spenddown to participate
- Change the financial eligibility for home help to up to at least 150% of the Federal Poverty Level. This should take some of the pressure off the MI Choice for those individual who only need home help.

OTHER

- Laura Hall and ADAPT managed to get Stabenow to co-sponsor the Community Choice Act for Michigan
- MDRC has received an anonymous donation to support consumers to attend a rally in Washington DC on the Community Choice Act. Partners in this include ADAPT, Service Employees International Union (SEIU), and the National Center for Independent Living. The rally is April 29; MDRC has enough funds to partially support about 20 people at \$500 each. This will include the rally in the morning, a legislative follow-up in the afternoon, and another follow-up later in the following month. There is also an ADAPT action going on at the same time.
- Laura continues to meet with Andy Farmer of the Commission. They are looking at ways to get information on the actions of the Commission to the CTF and ways the CTF can participate in the Commission activities.
- Project Updates
 - QCCC is working on a web page on the QCCC site for Freedom to Work with Leah March. March and Steinke will be meeting with DELEG and Michigan Rehabilitation Services on Freedom to Work.
 - Steinke also provided a clarification on the peer mentoring position that was included in the information packet.
 - Due to time restraints, the CTF was unable to review the update on the OSA waiver. This will be on the April agenda.

NEXT MEETINGS

April 28, 2009

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

June 23, 2009

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE ROAD, LANSING, MICHIGAN 48911

PHONE IN NUMBER: 877-873-8018, passcode 7989381

Meeting Name Consumer Task Force Executive Committee		Highlights: Date: April 8 Time: 1pm Location: OLTCSS
Facilitator(s):		Jane Alexander
Meeting Lead:		Recorder: Jackie
Meeting Purpose:		Develop agenda for Consumer Task Force April meeting
Participants:		RoAnne Chaney, Laura Hall, Cyndy Viars, Jane Alexander, Jackie Tichnell
1	Welcome & Review Meeting Purpose/Objective	
2	Review Agenda	
3	CHCS Technical Assistance Grant	
4	State Profile Tool	
5	Budget	
6	Next Steps	
7	Review Record: Action Items, Open Issues, Decisions	
8	Adjourn	

Discussion

Item	Discussion/Decisions
Consumer Stipends for Workgroups	There needs to be a decision on if, and how, to provide consumer support to attend Commission workshops and to what extent (transportation and/or stipends). The consumers should not be representing the CTF, but as consumers. Jane will talk to Peggy regarding this issue and where the funds should come from. Jane would like to be sure this process extends beyond Sept 30, 09. Since the Commission workshops are open meetings, there needs to be a process to limit the reimbursement for consumers, such as a budget for meetings. Jane is researching how other state departments reimburse for their consumer representatives. Jane and RoAnne will review the current status of the grant budgets for remaining consumer funds.
Future Agendas	Add PATs to future agendas. One or two PATs could be explained and input received each meeting.
CHCS Grant	This grant is due 4/20. Currently MSA is revising the grant application. Once they have approved, it will be sent to the CTF Executive Committee for input. Laura expressed concern that the CTF did not have input in this grant from the beginning. This was due to CHCS delays and CMS change in staffing.
State Profile Tool	The feds and their contractors are editing this document already. It is currently still a draft with a few sign-offs still to be obtained.
Budget	The CTF meeting is probably after the Senate hearings. Jane will get the schedule of open hearings and Jackie will send to the CTF for testimonies.
MIG	MIG is paying for consumer representation to the CTF so it should have its own permanent place on the agenda

Action Items:

Item	Action/Note	Person Responsible
Consumer Stipends	Review grant budgets, receive input from Peggy on consumer stipends and transportation costs, develop process for budgets	Jane/RoAnne
Integrated LTC	Send Laura information on what integrated LTC is	RoAnne
State Profile Tool	Obtain approval from Peggy to share Table of Contents	Jane
Budget	Get schedule of open Senate hearings	Jane/Jackie
MIG	Talk to Joe about permanent input on the agenda and items to discuss	Laura
PCP Definitions	Get definitions developed in PCP PAT	Jane

Agenda Items

Item	Note
Minutes	December and February meetings needs to be approved
Mission Statement	This will be added depending on the results of the meeting on Peggy/Jane
CHCS Grant	Jane will provide an explanation of this grant and what integrated LTC is.
State Profile Tool	Jane will provide the Table of Contents and explain what it is, the process and status of the tool
Budget	Jane will provide a simplified discussion of the budget legislative process.
MIG	Add MIG activities to future agendas - amendment to Freedom To Work legislation and SGA activity
Systems Change Ideas	Brainstorming - example, state policies on reimbursing for consumer activities on their boards, etc. What do consumers want different and what affects them
PCP Definitions	Add to agenda
Other	Add CTF chair meetings with Commission chair

Handouts for CTF Meeting

- December and February CTF minutes
- State Profile Tool Table of Contents
- Peggy's presentation to the Senate on the Office budget
- CHCS grant and explanation of integrated care and its benefits to the State Of Michigan
- Legislative budget process
- MIG documents (revised Freedom To Work legislation)? SGA amendments?
- PCP Definitions
- List of Commission workgroups

Consumer Task Force Mission Statement

Reviewed and Revised by the
Office of Long-Term Care Supports and Services
April 20, 2009

The Michigan Consumer Task Force is a consumer-driven group that is committed to the principles of Person-Centered Planning, Self-Determination, and choice in long-term care options. These commitments are accomplished through using our unique knowledge and personal experience to advise the State on the development and implementation of grants related to the long-term care system and to inform the work of the state as it relates to long-term care supports and services, particularly within grants and policies.

State Profile Tool Grant

Michigan's State Profile Tool Grant builds upon Michigan's current long-term care system transformation efforts. Developing Michigan's State Profile will produce a clear picture of the long-term care system at the current time. The Profile will help manage and assess changes and describe them to our many highly invested and engaged stakeholders. The Profile focuses on Michigan's long-term care populations of the elderly and adults with physical disabilities, while including the systems that serve adults with developmental disabilities, adults with mental illness and children. The Profile also includes a special focus on the subgroup of individuals with dementia, as a group that receives services from more than one system and may benefit from a closer examination of the service options now available and outcomes experienced.

The second portion of the grant involves contributing to the development of national balancing indicators. Michigan currently has multiple initiatives that involve the development of management and evaluation data within the long-term care system. The work on national balancing indicators will help unify the department's various efforts to produce sound management information and reports, with the useful addition of common national measures that will allow comparisons across states.

The grant goals include:

1. Better integration of the planning and management of the state's long-term care systems change initiatives.
2. Development of integrated management reports on cost, utilization, quality and outcomes.
3. Use of the State Profile and balancing indicators for describing the changing long-term care system to various stakeholder groups.
4. Development of recommendations for strengthening services and outcomes for individuals with dementia.
5. Support for consumer participation in an on-going, data-based stakeholder dialog on long-term care balancing issues.

TABLE OF CONTENTS

Assessment of the Michigan's Long-term Care System

Forward
Organization of the Profile
Key System Components

Section 1: Background

Demographics
Service Utilization Patterns
Political Factors That Shaped Michigan's LTC System

Section 2: System Administration and Management

Organizational Structure
Recent Organizational Changes
Michigan's Rebalancing and Systems Change Initiatives
Long-term Care Quality Management
Consumer Involvement

Section 3: Older Adults and Persons with Disabilities

Programs and Services – Medical Services Administration
Programs and Services – Office of Services to the Aging
Programs and Services – Department of Human Services (DHS)
Programs and Services – Centers for Independent Living (CIL)
Demographic and Utilization Trends
Components Associated with Rebalancing
Summary

Section 4: Services for People with Developmental Disabilities

Programs and Services
Demographic and Utilization Trends
Components Associated with Rebalancing
Summary

Section 5: Persons with Mental Illness

Programs and Services
Demographic and Utilization Trends
Components Associated with Rebalancing
Summary

Section 6: Services for Children

Programs and Services
Demographic and Utilization Trends
Components Associated with Rebalancing
Summary

Section 7: Unique Populations

Veterans
Persons in Correctional Facilities
Members of Native American Tribes

Section 8 Other Issues Impacting Long-Term Care

Issue One: Long-Term Care Workforce
Issue Two: Housing

APPENDICES

Appendix A - Resources/Supports for Long-Term Care Individuals

- Medical Programs
- Nutrition Programs
- Income Support
- Transportation Services
- Energy Assistance
- Vocational Rehabilitation
- Other Services

APPENDIX B - STAKEHOLDERS RECOMMENDATIONS

APPENDIX C - MICHIGAN'S INITIATIVES

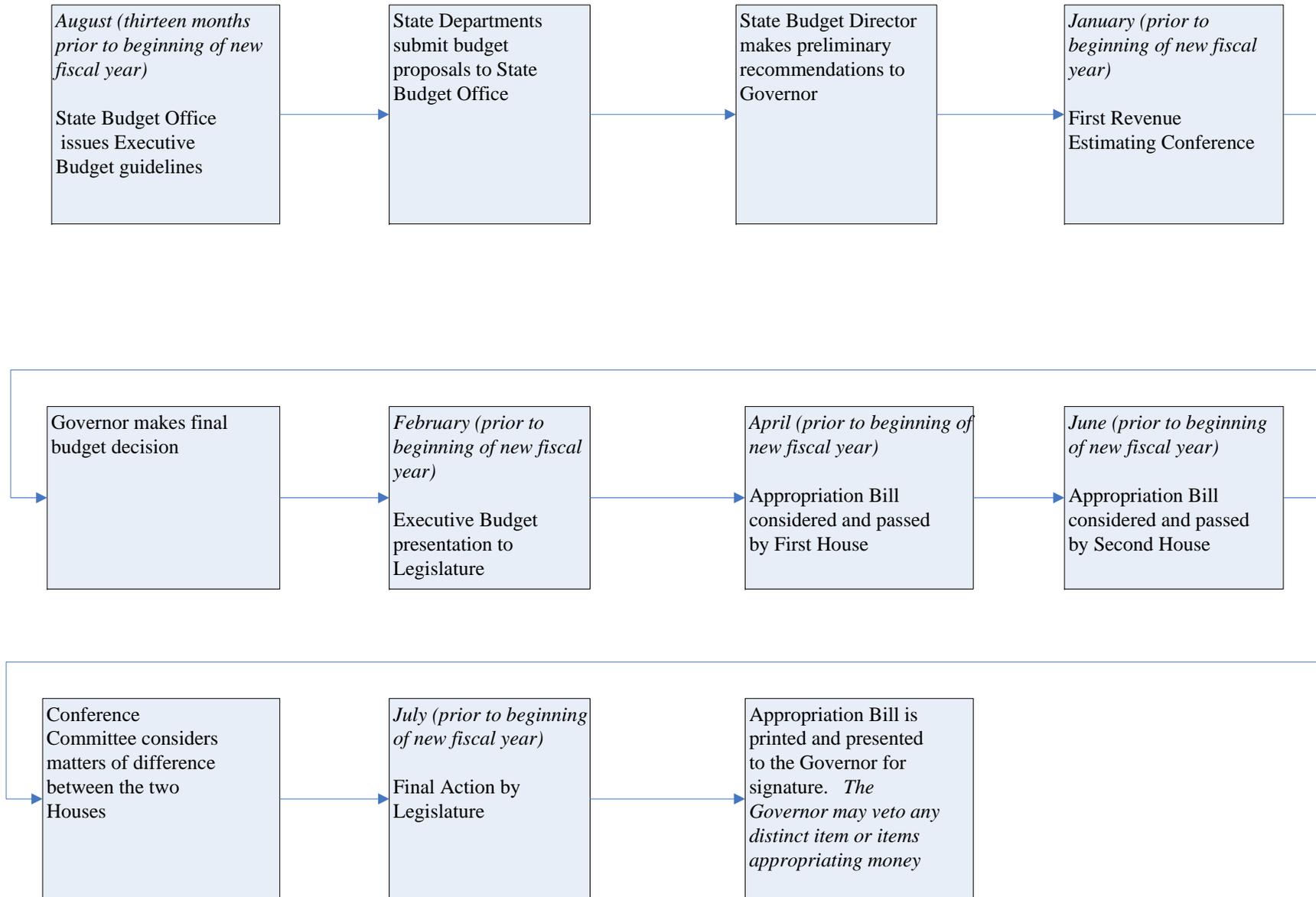
- Federal Grants for Pilot Projects
- Robert Wood Johnson Foundation grants
- Michigan's Self-Determination Initiative
- Expansion of PACE programs
- Healthy Michigan Funds

APPENDIX D - MICHIGAN'S LTC TASK FORCE REPORT - EXECUTIVE SUMMARY

APPENDIX E - GLOSSARY

APPENDIX F - ACKNOWLEDGEMENTS

State of Michigan Budget Process Flowchart



OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES

Update for the Consumer Task Force

April 28, 2009

BUDGET - The Governor's recommended budget for 2010 has been released. It is available at

http://www.michigan.gov/documents/budget/budget20small_267048_7.pdf

OFFICE UPDATES: - The Office is working with the LTC Supports and Services Advisory Commission on the LTC Task Force recommendations and their interface with the Systems Transformation Grant. Process Action Teams (PATs) have been created, one for each recommendation. Each PAT will develop a work plan with activities, outcomes, and measures that will define the recommendation and how to implement it.

The staff wishes to welcome Scott Fitton (Evaluation and Quality Improvement analyst), Bob Orme (Manager, Data Investigation and Analysis Section) and Joe Warren (Long Term Care System Transformation analyst) to our Office. They are a welcome addition to our staff.

As part of the budget proposal, Executive Order 2009-03 abolishes this office. In the FY 2010 Executive Budget proposes that the Office be integrated into other parts of the Department.

LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY

COMMISSION - A retreat was held in January with the Office to coordinate and collaborate on the progress of the nine LTC Task Force recommendations. This was a 2-day retreat at the Holiday Inn West. Laura Hall also attended as chair of the Consumer Task Force.

LONG-TERM CARE INFORMATION FORUM - The Office hosted a long-term care information forum on the trend, issues, and opportunities for the elderly and person with disabilities. Maureen Mikus, Western Michigan University, and Linda Potter, UCP Michigan provided excellent presentations on the topics. Over 100 persons attended this forum.

The next forum is scheduled for May 28. Draft items include the budget, national benchmarks, status of SPE and nursing facility transitions, the State Profile Tool Balancing Indicators and Community Choice Act.

GRANT UPDATES - Attached

**State of Michigan Definition, Core Values/Principles and
Essential Elements
of
Person Centered Planning Process for Long Term Care Supports &
Services, Settings and Programs**

Definition

"Person-Centered Planning" means a process for planning and supporting the consumer receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the consumer's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the consumer desires or requires. (PA 634 **Sec. 109i** (23) f)

Core Values and Principles

The Person-Centered Planning process is based on the following values and principles:

- Person-Centered Planning is an individualized process designed to respond to the preferences and desires of the individual.
- The person and (if desired) people important to him or her are included in planning.
- Each individual has strengths and the ability to express preferences and make choices.
- The individual's choices and preferences shall always be honored and considered.
- The person uses, when desired and available natural and community supports.
- Each individual can contribute to the community, and has the ability to choose how supports and services may help them meaningfully participate in and contribute to the community.
- Person-Centered Planning processes maximize independence, create or maintain community connections, and work towards achieving the individual's dreams, goals, and desires.
- A person's cultural background shall be recognized and valued in the planning process.
- The planning process is supportive of the person and their wishes, collaborative, reoccurring and involves an ongoing commitment to the whole person.

Essential Elements

The Person-Centered Planning process includes the following:

- *Person-Directed.* The individual controls the planning process.

- *Capacity Building.* Planning focuses on an individual's gifts, abilities, talents, and skills rather than deficits.
- *Person-Centered.* The focus is continually on the individual's life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.
- *Outcome-Based.* The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process.
- *Presumed Competence.* All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- *Information.* A PCP approach must address the individual's need for information, guidance, and support.
- *Facilitation.* Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization
- *Participation of Allies.* For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on whom they feel is important to be there to support them.
- *Health and Welfare.* The needs of the individual must be addressed in a person centered manner, strategies to address identified health and welfare needs are supported to allow the individual to maintain his/her life in the setting of his/her choice.
- *Documentation.* The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.

Guide

Self Determination in Long Term Care
Michigan Department of Community
Health

March 2009

Definitions you should know –

MI Choice waiver – a program that pays for services at home, based on specific requirements. People who get MI Choice are able to be in Self Determination in Long Term Care.

Participant – also known as a consumer, or client, is the person who is getting services in their home instead of a nursing home.

Support Coordinator – also known as a care manager or case manager, is the person who works at the agency that is helping you get services.

The Agency – is the place where the money for your services comes from. They will tell you what services you can get and how to get them. They are also called waiver agents or Area Agencies on Aging.

Traditional Services – where home health aides come from to help you at home. Their workers are paid by a home health agency. This agency is often called the **Provider**.

Self Direction – when someone chooses to hire their own workers and manage a budget for their services.

A budget – the amount of money you manage to pay for the workers and services you and your Support Coordinator decided for your plan of services.

Getting Started

Self Determination in Long Term Care is the choice to hire your own workers and services and manage a budget for your services. The option of directing your supports and services is available to anyone who is on the MI Choice waiver. You will have a Support Coordinator, also know as a Care Manager who helps you get started in this program. You should have a Person Centered Planning session (or more than one if needed) to help you decide what kind of help you need, when you need it and who you want to give it to you. Your meeting to make a plan for your care should be when and where you want with the people you choose. The Support Coordinator should give you information about how the program works, including this booklet. After you get a plan for what you need, you make a budget to cover the cost of your plan. You have help with this.

Overview and short history

Michigan has offered this choice to people who are elderly and disabled who get services from the MI Choice waiver since December 2006. More people choose this option every day. Anyone who gets MI Choice services is able to choose this option. This is part of a national movement to give people who need services at home more choices and control to stay out of a nursing home if that is what they want. Several states offer some kind of self-directed services. If you choose this option, you have help from the support coordinator and other people to make sure you are successful.

Self Determination in Long Term Care is based on four values –

Freedom to be able to live your life the way you want

Authority to control the way you get your services

Support to give you the help you need to be successful

Responsibility to follow the rules and laws and what you agree to do

The table below shows the difference between “traditional” waiver services and Self Determination

SELF DETERMINATION (SD)	TRADITIONAL WAIVER
More choice and control over services with the Person-Centered Planning process.	All services arranged with Person Centered Thinking.
Support Coordinator helps you to self-direct services you choose.	Support Coordinator, <i>directs</i> and coordinates services/supports with your input.
You are the employer of record with a fiscal intermediary paying the provider(s) for service(s).	Contracted provider agency is the employer of record with MI Choice paying the provider agency.
You can directly hire, fire, and supervise direct care workers. You can hire people <i>you choose</i> to provide services - friends, family, neighbors etc.	Provider <i>assigns</i> workers to you, and workers must work within agency hours and guidelines. You can switch provider agencies or direct care workers from contracted provider agencies.
You set your worker's rate of pay (within limits of the budget), hours, and days.	Provider agency sets workers' rate of pay, and scheduling is subject to agency guidelines/ availability.
Goods & Services available (services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan).	Gap Funds available (state funded services authorized when needed for a situation that requires immediate attention).
Individual budget is managed by you (with help) and is based on how much is needed to get the services listed in Person Centered Plan.	Support Coordinator arranges needed services, from the Person Centered Plan, with no budget.

Person Centered Planning

Everyone who gets services from the MI Choice waiver has the right to have what you need planned for in a way that is about you. What you want, what your goals are, who is in your life to help you meet your goals and what needs to happen for things to be the way you want. This is a change from looking only at what is wrong and how to fix it. With person-centered planning, the whole you (or as much of you as you want) is talked about. You direct, along with the people you care about, how services can help you reach your goals. Not all goals can be met with services paid for by government money, but sometimes there are other ways for your needs to be met, or sometimes, with the help of others, you can figure out a way to come close.

People who use home-based services, along with lots of other people including the from the state, decided that a person-centered process would mean –

- The person needing services directs the planning
- They choose when and where meeting will take place
- They choose who will be at the meeting
- They choose what will be talked about
- A plan is made based on what's been talked about
- They decide if the plan will meet their needs

It can take as little or as much time as needed. If you are already getting services, it may mean a quick look at what you are getting to see if anything is missing or no longer needed. It could mean you get the chance to talk about what isn't working and what you need to make things better.

Your plan for services, usually called a Plan of Care or Plan for Supports and Services, should lay out what kind of help you need, when you need it, how much of it you need, and who will give it to you. Your plan must also include a written "back-up plan" that says what will happen if your worker cannot or does not show up. A back-up worker can be a paid worker or an unpaid friend or family member who is willing to help in a pinch. Everyone who chooses Self Determination must have a back-up plan. Your Support Coordinator will explain what services could help you meet your goals. They also have to authorize them, so they will be paid for.

Not all services can be in your Self Determination budget– these are the ones you can direct:

Community Living Supports this is used most often for people choosing Self-Determination and is used to help people stay in the community. It blends your needs into one service.

Personal Care help with things like bathing and dressing

Home Making basic housekeeping and meals

Chore help with heavy cleaning or other chores

Respite someone to help you when your family caregivers need a break

Non-Medical Transportation to take you places in the community, NOT to the doctor

Home modifications to make your home safer, like a ramp or handrails

Private Duty Nursing a nurse that would come to your home

Goods and Services things that could make it easier for you to stay home that you can't get anywhere else. They help you need less help from a person.

Fiscal Intermediary*

This will be explained in detail later in this booklet

There are other services that may help you, but won't be part of your budget. You can still have them as part of your plan–

Adult Day program

Home Delivered Meals

Training

Counseling

Personal Emergency Response System (like a LifeLine)

Special medical equipment and supplies

If you choose Self-Determination, you choose to find, hire and manage your workers. You are also choosing the responsibility of managing the budget for your services. While there are many ways to get help with Self-Determination, in the end you are the one making the choices and making sure things are working the way you want.

You can have someone be your representative. You choose a person you trust who is willing and able to manage your workers and the budget. You do not

need a formal agreement, but the person you choose will need to sign a form saying they are willing to do this for you.

After your plan is finished, you decide what workers you want to hire and work with your Support Coordinator to decide how much to pay your workers. You should think about what kind of things they will do, how many hours you need them and if you would like to give them a raise in the future. Your Support Coordinator can tell you how much someone makes who is doing the same kind of work in your area.

There are rules about who you can't hire:

- Your husband or wife
- Your representative if you have one
- Your guardian if you have one
- Anyone under the age of 18
- People who have committed specific crimes, your Support Coordinator can explain

Anyone you hire needs to have a job application, a job description is also a good idea. There will be forms that your worker has to fill out* More about that later*

Your worker:

- Must be 18 years or older
- Has to have a criminal back-ground check
- Has to have specific training for specific kinds of work, your Support Coordinator will help explain this
- Be a person you think is able to do the work
- Must be able to communicate with you and others by reading and writing

If you are getting help from a provider agency and you want to hire a worker who works for that agency, the provider agency should not try to charge you or the workers for leaving the agency to work for you. If this happens, let your Support Coordinator know.

Ways to make Self Determination work best for you –

The way most people choose to direct their care is by hiring their own workers and managing the budget for their services. Sometimes people choose to hire some of their workers and have their Support Coordinator arrange for other workers through a home help (provider) agency. It is possible to do both.

Another option is for you to work with agency that takes care of the paperwork of being an employer, but you still are in charge of the work that gets done for you. This is called an **Agency with Choice**. Your Support Coordinator will explain the ways these choices can work best for you.

Your Budget

You had a chance to talk about what is important to you. You have a plan for the services you need. You decide to enroll in Self Determination and now you are the employer of your workers and manage a budget for the costs of your services.

The next step is to make the budget for your services. The budget is based on all the costs of your services, wages for workers, taxes, workers' comp and unemployment. This is based on the hourly wage for your workers, plus the other expenses. For example, if you pay your worker \$10.00 an hour, it could cost more than \$12.00 an hour after the taxes are included. The hourly rate is multiplied by the number of hours a week, times the number of weeks in a year. Budgets are yearly. The budget can also include costs for other services that are part of your plan, like transportation or home modifications. If you get some of your services from agency, that amount will not be part of your budget. It will be paid for separately. Your budget can be changed when your needs change. Your Support Coordinator will make changes after you talk about what you need.

The Fiscal Intermediary

An important part of your budget is the fee for the fiscal intermediary. A **fiscal intermediary** is a company, often an accounting firm, who holds the money in your budget and pays the bills for you. The fiscal intermediary has a contract to give you their services. The things they do include:

- Criminal background checks on your workers
- Keeping files on your workers
- Paying the taxes and other fees for you
- Paychecks to your workers
- Sending you a monthly report showing what has been paid for you and how much money you have left
- Sending the same report to your Support Coordinator

- Helping keep track of paperwork in the enrollment meeting

The fiscal intermediaries go through an intense screening to qualify for this position. In some areas, there may be more than one to choose from. It is important that you understand your budget. It is possible to move money from one expense to another or to use less money some times and more money at other times. If your budget is over or under by 10%, you will be contacted by the fiscal intermediary and your Supports Coordinator to see what's going on and if you need help. Only the things that have been approved on your plan can be on your budget and be paid for. You or your representative will need to make sure your workers' time sheets are correct before you send them to the fiscal intermediary for payment. If you send in time sheets that you know are not true, you could be charged with Medicaid fraud.

Anytime you have questions, you can call your fiscal intermediary and expect an answer about your budget and expenses. It is important that you let them know when you change workers or go in the hospital so they can keep up on what they should be paying for. The fiscal intermediary handles many of the forms and other paperwork from enrolling in Self Determination. They will be at the meeting where things are finalized. Sometimes this is called a "kick-off" or enrollment meeting.

Enrolling

After the plan is written, the workers have been chosen, the budget put together it's time to do all the paperwork known as enrollment. The purpose of this meeting is to get all the forms filled out and answer questions. Some of the information is taken care of in advance, like the criminal background check and the job application. When the enrollment is all done, you will be the boss of your workers and have a budget to pay for them. You will be told when your budget and workers can start.

Who has to be there

- You, your representative if you have one
- Your workers; they all need to be there with proof of identity and Social Security cards, your back-up workers too, if you will be paying them
- The fiscal intermediary
- Anyone else you would like who is able to attend

Before the enrollment meeting happens, your workers should fill out the job application and the criminal background check information. The training for your workers should also be figured out by then. Your support coordinator will help with this. You should have a copy of your budget with you before the meeting. You can change your mind about being in the program anytime and a new plan will be made to get you the help you need.

The Forms-

For You

A Self Determination Agreement

This is between you and the agency your supports coordinator works for, it spells out the responsibilities of each side

An Employment Agreement

This is an agreement you have with each of your workers.

For Your Workers

Employment Agreement (see above)

Medicaid Provider Agreement – so they can get paid from government money

Federal and State W-4 (withholding tax forms)

I-9 US Justice form (proof of eligibility to work in the US)

The Fiscal Intermediary

The forms the fiscal intermediary needs filled out will allow them to pay for things for you. There are federal and state forms to be filled out.

Federal

SS-4/ Application for Employer Identification number

So taxes can be paid for your workers

2848/ Power of Attorney and Declaration of Representative

So they can pay the taxes for you

2678/Employer Appointment of Agent

So the fiscal intermediary can become your employer agent

8821/Tax Information Authorization

Lists what forms and reports the fiscal intermediary will process

State Of Michigan

518/ Registration for Michigan taxes

518A/ Liability questionnaire

151 Power of Attorney

Payroll Service Provider authorization

There maybe other forms, depending on how you set things up. These include:

Back-up plan

Training record for your workers

Other agreements you may want based on your needs

Quality

This is still a new way for people to get services at home. It is important that the state and others know how this is working and how to make it better for the people who choose it. It is also important for you to know what is working and what needs to be better about the services you are getting from your workers and the help you are getting in this program.

Your workers

You decide if the work is being done the way you want and what kind of job your workers are doing. You may want to have some kind of official evaluation or you may feel ok just talking to your workers about how things are going. You may have put money in your budget for a raise for your worker and know how you are going to decide when and how much a raise to give. If you need help with this, ask your Support Coordinator.

The Michigan Department of Community Health wants to know how this is working and if you think your life is better by choosing this option. You will be asked to answer a couple of surveys when you first enroll.

The first is a satisfaction survey. It asks questions about how the process worked for you and if you got the information and help you needed to get started. This usually happens after you have been in the program for 30 days.

The second survey is known as the POSM. That stands for participant outcome status measures. It was designed by people from the state and U of M.

This survey asks you questions about how you feel about things in your life.

You will be asked to answer this survey (you can have help filling it out if you need it), when you begin the program and after you have been in the program for a while. This way, you will know if hiring and supervising your own workers and budget makes a difference in how you feel. It will also help lead to changes in the program that may make it better.

You can say no to these surveys if you want. It won't change your services.

There may also be other ways for you to express your opinions about the services you receive and how programs work. From time to time there may be chances for you to be part of groups that review and talk about questions about services. There may be groups that give advice to the agencies that you can be part of. This will help the program improve. Again, you can always say no.

Help

Help is there for you when choosing this option and once you are enrolled. Ask anytime you are not sure what is being said or what you are supposed to be doing. Although there is a lot of paperwork at first, most of the people who choose Self Determination are happy once they get going.

Contact your Support Coordinator

For questions about –

- Your plan for services
- Your budget
- The enrollment meeting
- How to make changes to your plan, budget or stop being in the program

Contact the Fiscal Intermediary

For questions about –

- The monthly budget report
- Pay for workers, timesheets and paydays
- The forms you signed at enrollment

Talk to your workers

- about the job they are doing
- about their schedules
- about how you want things done

Other Things that may come up

Communicate with everyone when things change

You go in the hospital

You come home from the hospital

You change workers

You need help finding workers

Sometimes when you have been getting your workers from a provider agency and you want to hire that worker, the provider agency may try to charge you or the worker for leaving them and working for you. If this happens, let your Support Coordinator know.

If you feel anytime that someone is trying to make you do something you don't want, like signing a blank timesheet or a timesheet with hours not really worked, tell your Support Coordinator. If you feel threatened, or in danger, tell your Support Coordinator.

Remember, you can change your mind about being the program anytime and you will get the help you need.

If you think you are being denied the program or don't agree with a decision made by the Support Coordinator, you have the right to appeal. The Support Coordinator or someone from the agency they work for must tell you how to appeal.

SELF DETERMINATION IN LONG TERM CARE

An option for more choice and control in the MI Choice Waiver for your services at home.



Self Determination in Long Term Care gives people the ability to choose and hire their own workers and manage a budget for their services.

MI Choice Waiver

If you are interested in applying for the MI Choice waiver or are already getting services from MI Choice, you are eligible for this option. Eligibility for the MI Choice is based on income and level of physical disability. Agencies known as “wavier agents” (often an Area Agency on Aging), operate this program.

Ask for information about Self Determination and how to get started.

Self Determination

Is based on four principles:

Freedom

Authority

Responsibility

Support

It gives the option of choosing and hiring your workers and managing a budget for your services.

Your Services

These are the services available under this option:

Community Living Supports

Personal Care

Home Making

Chore

Respite

Non-medical transportation

Home Modifications

Private Duty Nursing

Goods & Services

Fiscal Intermediary

There are also other waiver services that may meet your needs, but they aren't part of this option.

Your Workers

There are some basic requirements all workers must meet. You are able to choose who your workers are, what kinds of help they provide and when they come.

Your plan, your way

Through the Person Centered Planning process, you talk about your goals and needs and work with the waiver agent to make a plan for your services that is best for you. You can invite your friends and family to be part of this.

Your budget

After your plan is made and your workers are chosen, a budget for your services will be developed. The budget includes the wages for your workers and the other related expenses, like taxes.

The budgets go through a “Fiscal Intermediary”. This is a neutral third party who will pay the bills for your services out of the budget. You will receive a monthly report from the Fiscal Intermediary about your spending.

You have some flexibility with the items in your budget and expenses to meet your needs. You can't go over the total amount, however.

Assistance

Help is there for you as you make the decision about Self Determination, when you enroll in the program and the whole time you participate.

You change your mind anytime about the program and you will still get the services you need.

For more information

Call the Long Term Care Connections
866.642.4582

Talk to your waiver agent Support
Coordinator

Visit the Michigan Department of
Community Health website:
www.mdch.gov/ltc

Modernizing Michigan Medicaid Long Term Care Task Force
Project Action Team(s) (PAT) and Commission Workgroup Meetings

The work of the implementing the Task Force recommendations requires collaborative effort and many work groups and sub committees. The OLTCSS has formed Project Action Teams to work with stake holders. Each group will develop a logic model planning documents and undertake related activities. These detailed plans will define implementation activities related to each recommendation. Communication within the office and with other stakeholders will be improved through this process.

Recommendations:	PAT participants	Next Meeting
1: Require and Implement Person-Centered Planning Practices.	Nora Barkey, (lead) Denise Rabidoux Dohn Hoyle Jane Alexander Peggy Brey Chris Chesney Michael Daeschlein Wendi Middleton Tari Muniz Bob Orme Jackie Tichnell	PAT Feb 5 th 11:00 Commission workgroup Feb 12, 2009 PCP PAT March 18 th 3:00 PM Commission workgroup April 8, 2009 10:00 AM Capital View
2: Improve Access by Adopting “Money Follows the Person” Principles.	Rob Curtner (lead) Jane Alexander Nora Barkey Peggy Brey Joanne Bump Scott Fitton Robin Mossbarger Bob Orme Ellen Speckman-Randall Jackie Tichnell Tom Rau Joe Warren	PAT March 3, 2009 PAT March 26, 2009
3: Create Single Point of Entry Agencies for Consumers	Nora Barkey. (lead) Liz Aastad Mary Ablan Jane Alexander Erin Atchue Peggy Brey Joanne Bump RoAnne Chaney Jane Church Andy Farmer Scott Fitton Pam McNab Bob Orme Sarah Slocum Jackie Tichnell Hollis Turnham Susan Yontz	Pre planning for PAT Feb 18, 2009 PAT March 4, 2009 PAT March 18, 2009 PAT April 16, OLTCSS 10:00 AM PAT May 18, OLTCSS 2:00 PM

Recommendations:	PAT participants	Next Meeting
4: Strengthen the Array of Services and Supports (Expanding the Range of Options).	Jane Church, (lead) Jane Alexander Peggy Brey Bob Orme Jackie Tichnell	Nothing scheduled at this time. Additional members being recruited and meeting schedule established.
5: Support, Implement, and Sustain Prevention Activities through (1) Community Health Principles, (2) Caregiver support, and (3) Injury control, Chronic Care Management, and Palliative Care Programs that Enhance the Quality of Life, Provide Person-Centered Outcomes, and Delay or Prevent Entry in the LTC system.	RoAnne Chaney (co-lead) Nora Barkey (co-lead) Connie Fuller Yolanda McKinney Ellen Sugrue Hyman Robert Orme Jackie Tichnell Cyndy Viars Judy Lyles Pam McNab	Commission Feb 17, 2009 Commission April 21, 2009 PAT April 7, 1:30 OLTCSS
6: Promote Meaningful Consumer Participation and Education by Creating a Long-Term Care Commission and Informing the Public about the Available Array of Long-Term Care Options.	Jane Church, (lead) Nora Barkey Peggy Brey Sharon Gire Tari Muniz Bob Orme Denise Rabidoux Jackie Tichnell Cyndy Viars Toni Wilson	Commission March 2, 2009 Commission April 6, 2009 Commission May 4, 2009
7: Establish a New Quality Management System.	Pam McNab (lead) Erin Atchue Carol Barrett Nora Barkey RoAnne Chaney Scott Fitton Tom Rau Sarah Slocum Cheribeth Tan-Shriner Jackie Tichnell Toni Wilson	Commission Feb 26, 2009 PAT March 24, 2009
8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices	Bob Buryta (Lead) Nora Barkey Peggy Brey Joanne Bump Scott Fitton Yolanda McKinney Tari Muniz Bob Orme Jackie Tichnell Hollis Turnham Charles Williams	

Recommendations:	PAT participants	Next Meeting
<p>9: Adapt Financing Structures that Maximize Resources, Promote Consumer Incentives, and Decrease Fraud.</p>	<p>Rob Curtner, (lead) Jane Alexander Nora Barkey Peggy Brey Joanne Bump Bob Buryta Chris Chesney Scott Fitton Bob Orme Denise Rabidoux Tom Rau Jon Reardon Jackie Tichnell Joe Warren</p>	<p>Commission February 23, 2009 Commission March 20, 2009 Commission April 27, 2009 Commission June 22, 2009 Commission August 24, 2009 Commission October 26, 2009 Commission December 28, 2009</p>



DATE: April 8, 2009

TO: Members of the Senate Appropriations Subcommittee on Community Health
Senator Roger Kahn, M.D., Chair Senator Deborah Cherry
Senator John Pappageorge Senator Michael Switalski
Senator Tony Stamas Senator Jim Barcia
Senator Tom George

RE: SENATE COMMUNITY HEALTH SUBCOMMITTEE MEETINGS

DATE: Thursday, April 23, 2009
TIME: 2:00 p.m. – 5:00 p.m.
PLACE: Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933
AGENDA:
1. Department Overview
2. Medicaid
3. Long Term Care Services
4. Public Testimony

And any other business to come properly before the Subcommittee.

DATE: Thursday, April 30, 2009
TIME: 1:00 p.m. – 5:00 p.m.
PLACE: Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933
AGENDA:
1. Public Health
2. Health Policy and Professions
3. Public Testimony

And any other business to come properly before the Subcommittee.

DATE: Thursday, May 7, 2009
TIME: 1:00 p.m. – 5:00 p.m.
PLACE: Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933
AGENDA:
1. Mental Health/Substance Abuse Services
2. Office of Services to the Aging
3. Public Testimony

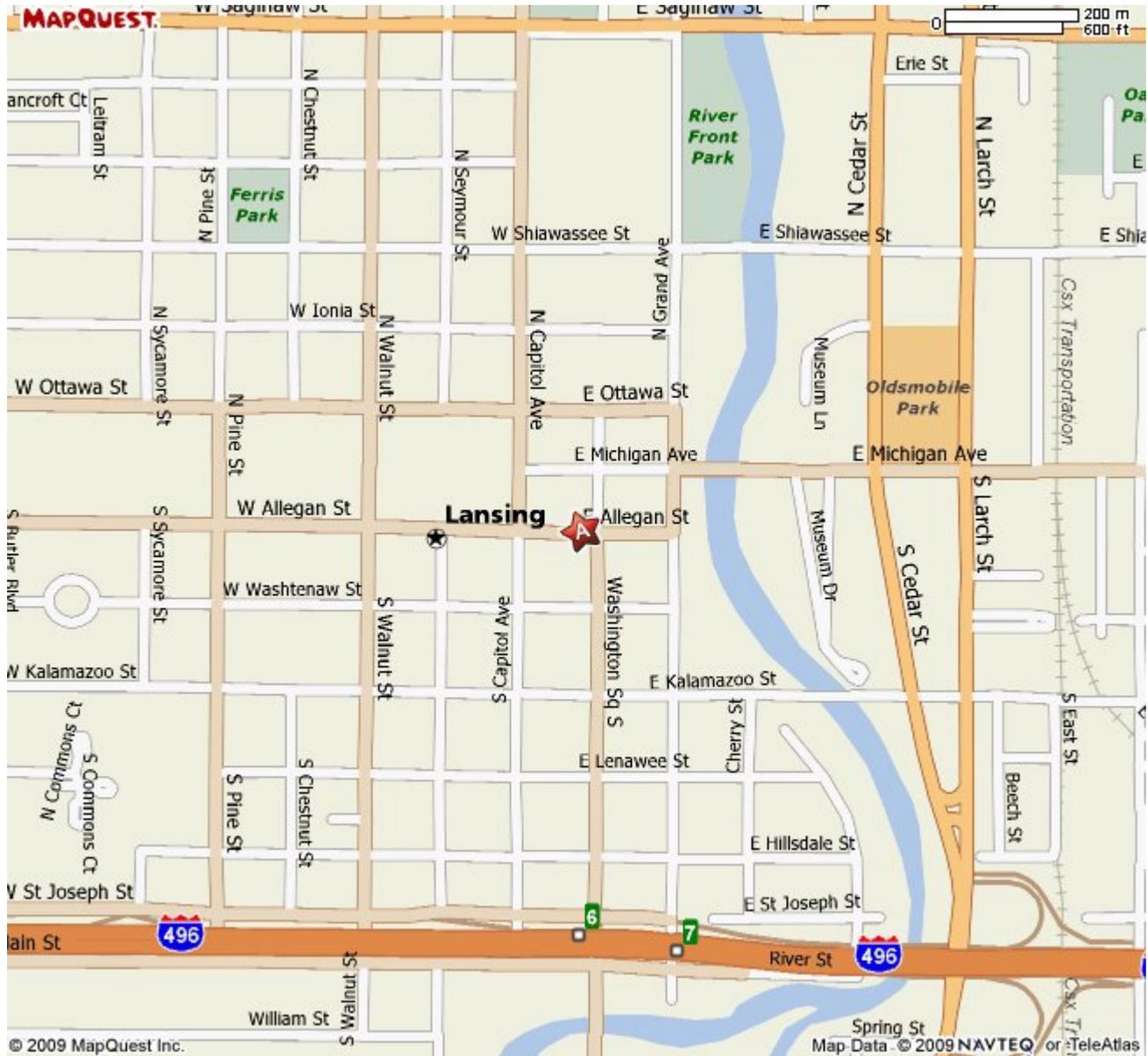
And any other business to come properly before the Subcommittee.

DATE: Thursday, May 21, 2009
TIME: 1:00 p.m.
PLACE: Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933
AGENDA: Decisions on FY 2009-10

And any other business to come properly before the Subcommittee.

c: ALL SENATORS
Senate Appropriations Committee Clerk Auditor General
Julie Wood, Office of the Secretary of the Senate (5) Senate Fiscal Agency
Pamela Fradette, Office of the Secretary of the Senate Farnum Building Manager
Legislative Service Bureau Legal Division

Senate Hearing Room
Ground Floor
Boji Tower
124 W. Allegan St., Lansing, MI 48933



**Consumer Principles Regarding the Future of the
Office of Long Term Care Supports and Services**

February 20, 2009

I. The vast majority of the functions of the Office must continue to be housed together. While we understand the Department's intent to continue its commitment to long term care reform, we have heard Director Olszewski assert that the functions of the office will be absorbed in various divisions of the Department. We believe it is imperative that the Department maintain a centralized entity to coordinate the long term care reform activities that the Governor's Executive Order in 2005 delegated to the Office:

1. Administer activities to implement the recommendations of the Task Force.
2. Coordinate state planning for long-term care supports and services.
3. Review and approve long-term care supports and services policy formulated by state departments and agencies for adoption or implementation.
4. Conduct efficiency, effectiveness, and quality assurance reviews of publicly-funded long-term care programs.
5. Identify and make recommendations to the Director of the Department regarding opportunities to increase consumer supports and services, organizational efficiency, and cost-effectiveness within Michigan's long-term care system.
6. Prepare an annual report for the Director of the Department and the Governor on the progress of implementing the recommendations of the Medicaid Long-Term Care Task Force Report.
7. Oversee the implementation of the single point-of-entry demonstration programs.

Without a centralized office, we will return to the fragmented and inefficient system the Governor's Medicaid Long Term Care Task Force and the Governor's Executive Order No. 2005-14 sought to address.

- II. **The OLTCCS continues to require strong leadership wherever it is ultimately housed.** Long term care reform is complicated and challenging. To succeed, we need a strong leader with centralized staff and significant support from the Administration.

- III. **Consumers continue to require accountability to assure that long term care reform is moving forward consistent with the recommendations of the Governor's Medicaid Long Term Care Task Force.** The Governor created the Long Term Care Supports and Services Advisory Commission to help hold the OLTCCS accountable and to ensure continued in-put from stakeholders regarding reform efforts. If the functions of the OLTCCS are disbursed across the Department, it is unclear to whom the Commission would report, what activity it would be able to monitor, or how it would perform the eight functions set forth in the Executive Order that created it. Moreover, it would be difficult for other consumer and advocacy groups to monitor or participate in long term care reform efforts if no single person remains accountable for ensuring progress toward the Task Force goals.

- IV. **Consumers and their advocates require continued opportunities for in-put and a consumer should be included in any workgroup established to determine how the responsibilities of the office will be reassigned or where the Office will be housed.** The OLTCCS and Medicaid staff working on long term care issues have made unprecedented efforts to involve and inform consumers and invite consumer in-put. These efforts must continue unabated wherever the Office is housed in the future.

CONSUMER TASK FORCE
Michigan Quality Community Care Council
April 28, 2009
10:00 - 12:30
AGENDA

INTRODUCTIONS

APPROVAL OF THE DECEMBER MINUTES

APPROVAL OF THE FEBRUARY MINUTES

MISSION STATEMENT

CHCS TECHNICAL ASSISTANCE GRANT FOR INTEGRATED LTC PLANS

STATE PROFILE TOOL

FY 2010 DEPARTMENT OF COMMUNITY HEALTH BUDGET

PERSON-CENTERED PLANNING DEFINITION, CORE VALUES/PRINCIPLES
AND ESSENTIAL ELEMENTS

MI CHOICE AMENDMENT TO PROVIDE SERVICES IN LICENSED FACILITIES

MIG ACTIVITIES

SYSTEM CHANGE IDEAS

OTHER

- PROJECT STATUS REPORTS
- MEETINGS WITH CHAIR OF LTC SUPPORTS AND SERVICES
ADVISORY COMMISSION

REMINDERS:

NEXT MEETINGS:

June 23, 2009

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE
ROAD, LANSING, MICHIGAN 48911

August 25, 2009

MICHIGAN QUALITY COMMUNITY CARE COUNCIL, 3186 PINE TREE
ROAD, LANSING, MICHIGAN 48911

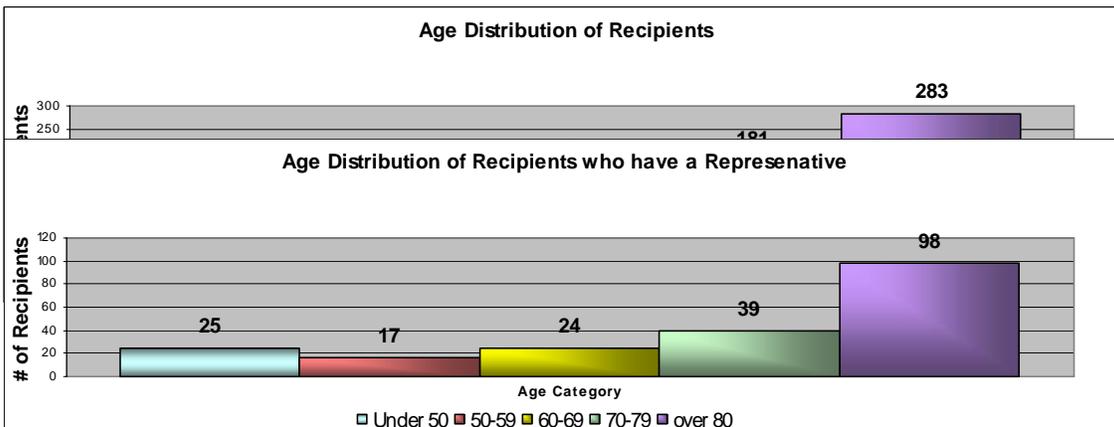
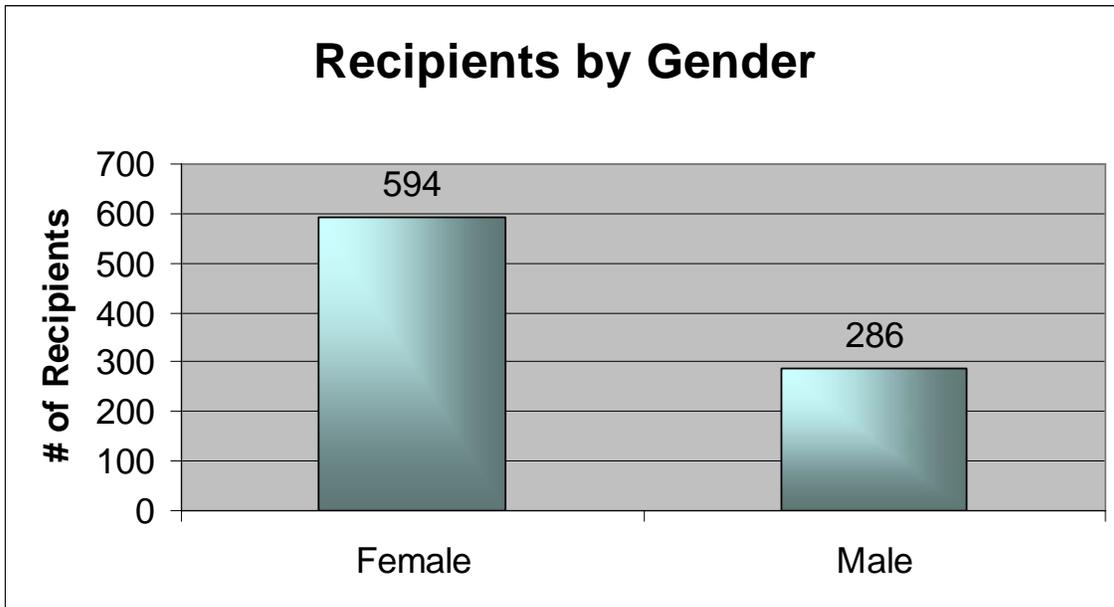
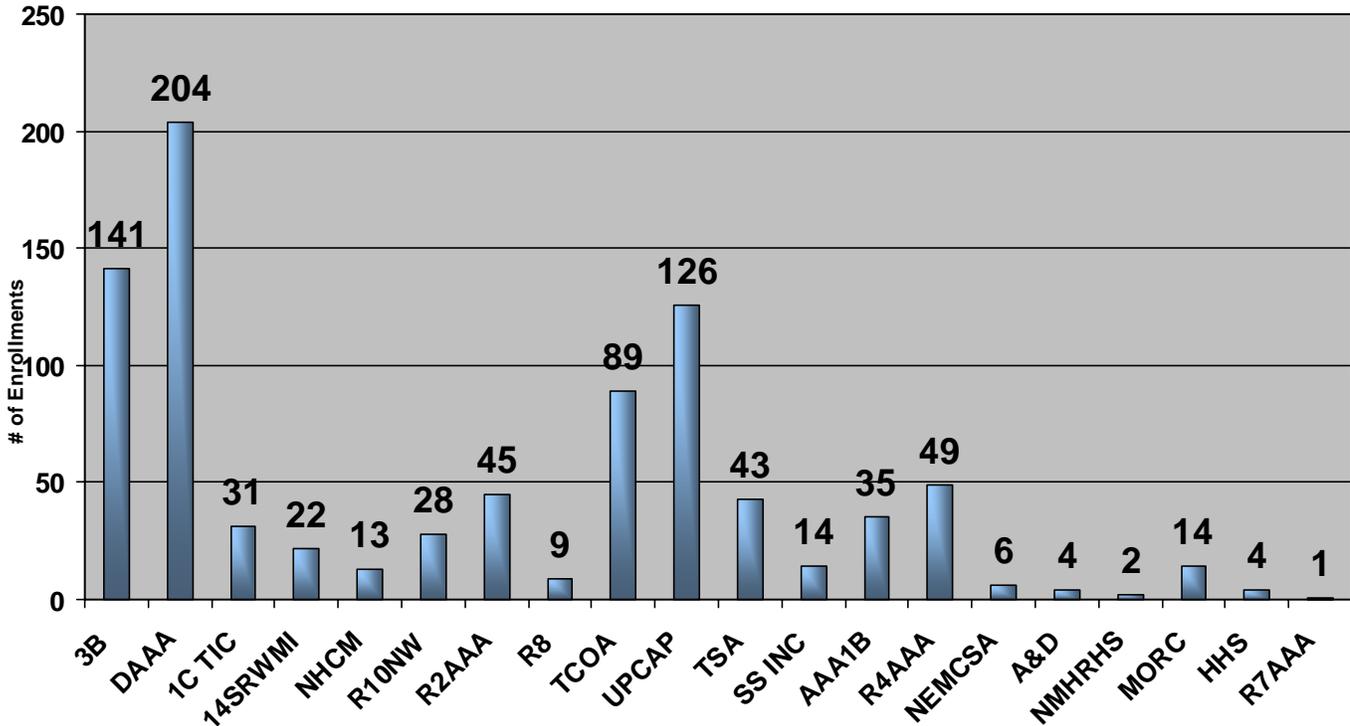
PHONE IN NUMBER: 877-873-8018, passcode 7989381

**CONSUMER TASK FORCE
PROJECT UPDATES
APRIL 2009**

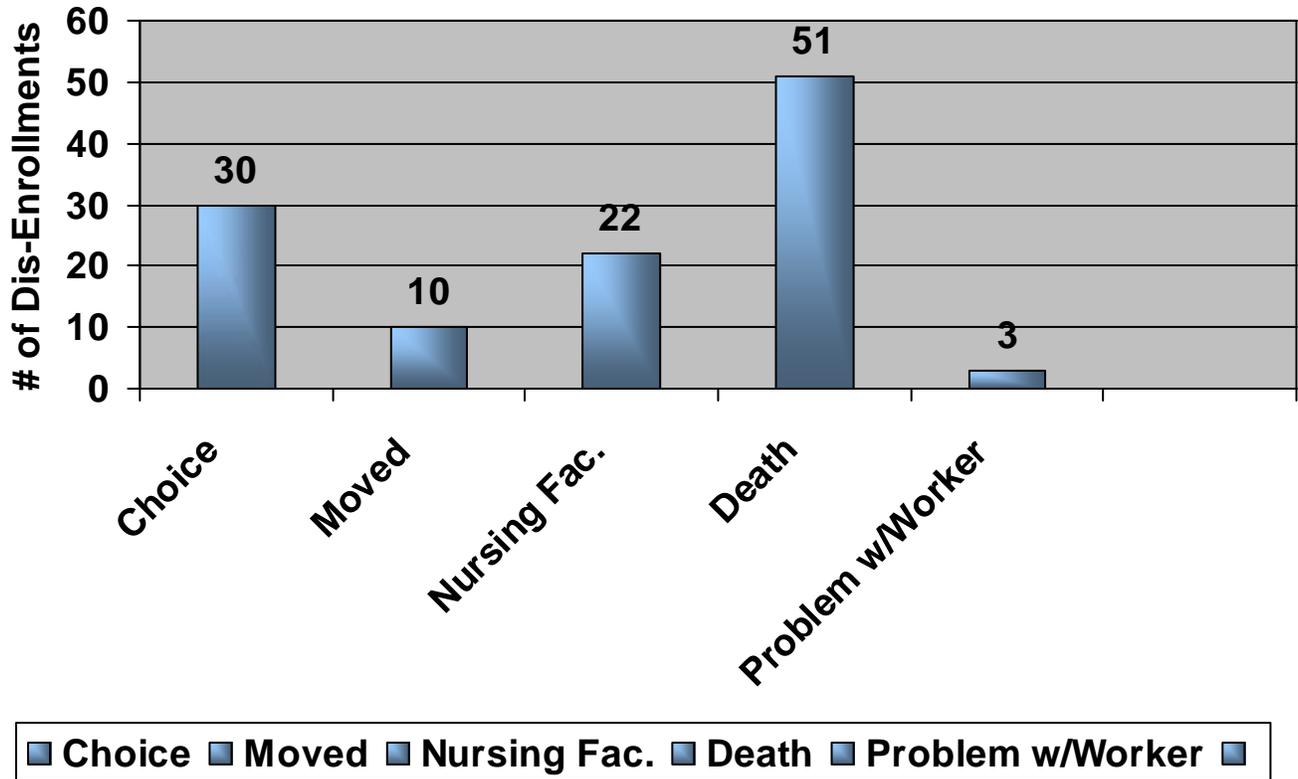
**Long Term Care Connections - Monthly Activities Report
FY08/09**

	October	November	December	January	February	March	Totals
I & A Calls							
Long Term Care Contacts	3496	2738	2613	3342	3176		15365
Options Counseling Cases							
Options Counseling Cases Opened	588	509	416	586	560		2659
Cases Closed	250	326	447	473	368		1864
Cases Continuing Open	4938	5095	4587	4679	4767		24066
Level of Care Determinations	1276	908	800	1290	1185		5459
Planning LOCDs-UPLTCC	64	63	39	37	34		237
Total Determinations (LOC + Planning)- UPLTCC	237	189	197	227	185		1035
	October	November	December	January	February	March	
Nursing Facility Transitions (All Types)							
LTCC Initiated	62	40	39	41	37		219
Handed Off to Waiver	53	33	19	18	16		139
Handed Off to CIL	8	11	4	2	1		26
LTCC Completed	17	18	9	9	15		68
LTCC Continuing	84	37	36	29	37		
	October	November	December	January	February	March	
Needing Immediate OC Intervention	37	20	23	7	19		106

Number of Enrollments by Waiver Agent (n=880)



Number of Dis-Enrollments



NHCM.....13 Enrollments	DAAA.....204 Enrollments
14SRWMI.....22 Enrollments	SS Inc.....14 Enrollment
R10NW.....28 Enrollments	1- C TIC.....31 Enrollments
3B.....141 Enrollments	A & D..... 4 Enrollments
R2AAA.....45 Enrollments	NMHRHS..... 2 Enrollments
AAA1B.....35 Enrollments	NEMCSA..... 6 Enrollments
R4AAA.....49 Enrollments	MORC.....14 Enrollments
R8.....9 Enrollments	HHS..... 4 Enrollments
TCOA.....89 Enrollments	R7AAA.....1 Enrollments
TSA.....43 Enrollments	R5..... 0 Enrollments
UPCAP.....126 Enrollments	

Nursing Facility Transitions

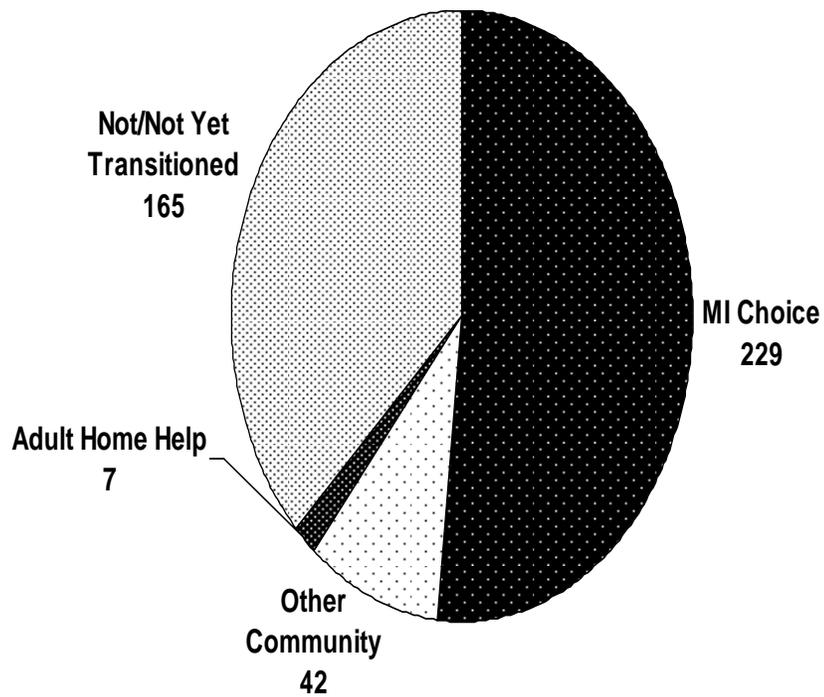
March 2009

In Millions of Dollars

1

FY 2006 NF Transitions

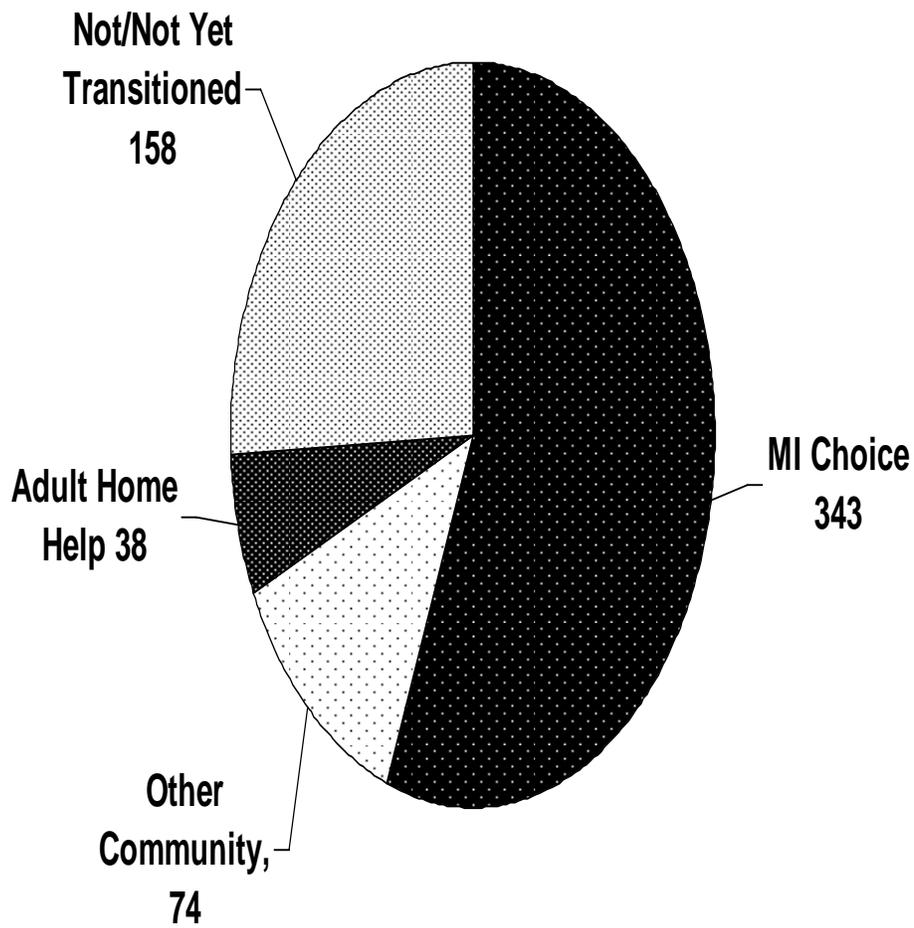
Number Transitioned - 278



In Millions of Dollars

FY 2007 NF Transitions

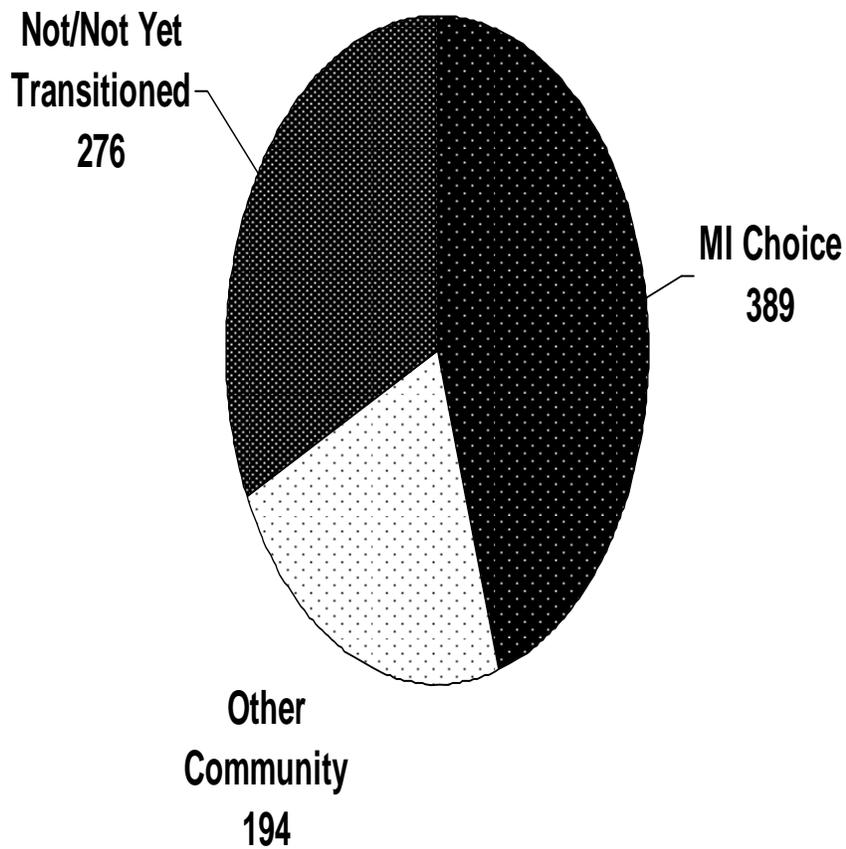
Number Transitioned - 455



In Millions of Dollars

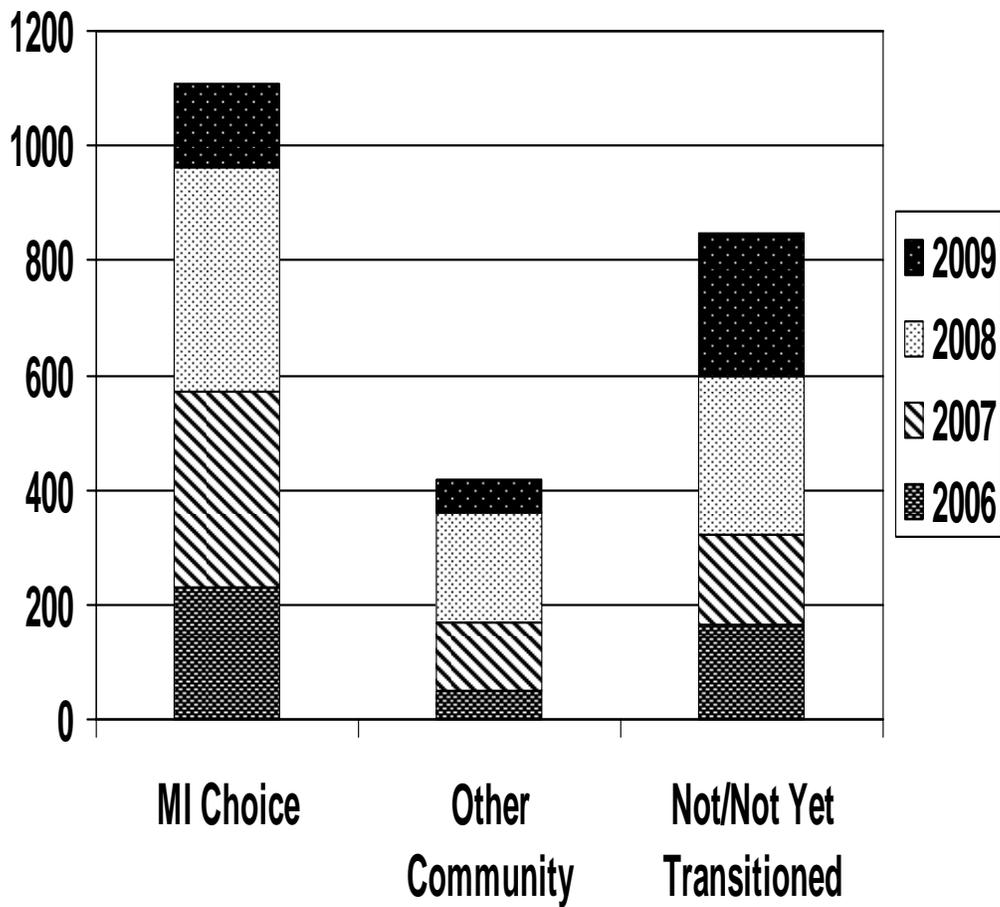
FY 2008 NF Transitions

Number Transitioned - 583



In Millions of Dollars

FY '06, '07, '08 & '09 NF Transitions by Program



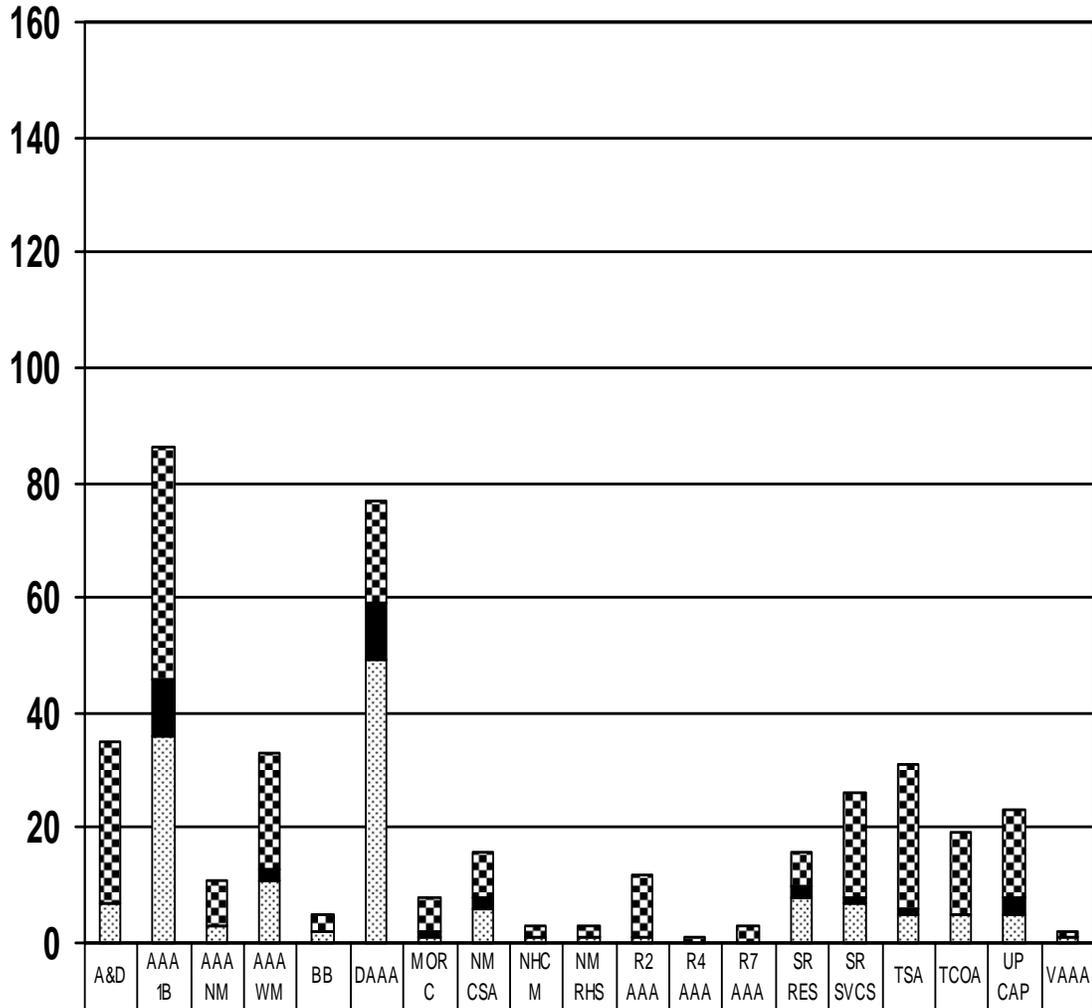
In Millions of Dollars

Waiver Agent Codes

- **A&D – A & D Home Health Care, Inc., Saginaw, MI**
- **AAA1B – Area Agency on Aging 1B, Southfield, MI**
- **AAANM – Area Agency on Aging of Northwest Michigan, Traverse City, MI**
- **AAAWM – Area Agency on Aging of Western MI, Grand Rapids, MI**
- **BB – Region 3B AAA @ Burnham Brook Center, Battle Creek**
- **DAAA – Detroit Area Agency on Aging, Detroit, MI**
- **HHS R8 – Health Options, Grand Rapids, MI**
- **HHS R14 – Health Options, Grand Rapids, MI**
- **MORC – Macomb Oakland Regional Center, Clinton Township, MI**
- **NMCSA – Northeast MI Community Service Agency, Inc., Alpena, MI**
- **NHCM – Northern Lakes Community Mental Health, Traverse City, MI**
- **NMRHS – Northern Michigan Regional Health System, Petoskey, MI**
- **R2 AAA – Region 2 Area Agency on Aging, Brooklyn, MI**
- **R4 AAA – Region 4 Area Agency on Aging, St. Joseph, MI**
- **R7 AAA – Region VII Area Agency on Aging, Bay City, MI**
- **SRRES – Senior Resources, Muskegon Heights, MI**
- **SRSVCS – Senior Services of Kalamazoo, Kalamazoo, MI**
- **TIC – The Information Center, Taylor, MI**
- **TSA – The Senior Alliance (AAA), Wayne, MI**
- **TCOA – Tri-County Office on Aging, Lansing, MI**
- **UPCAP – Upper Peninsula Area Agency on Aging, Escanaba, MI**
- **VAAA – Valley Area Agency on Aging, Flint, MI**

In Millions of Dollars

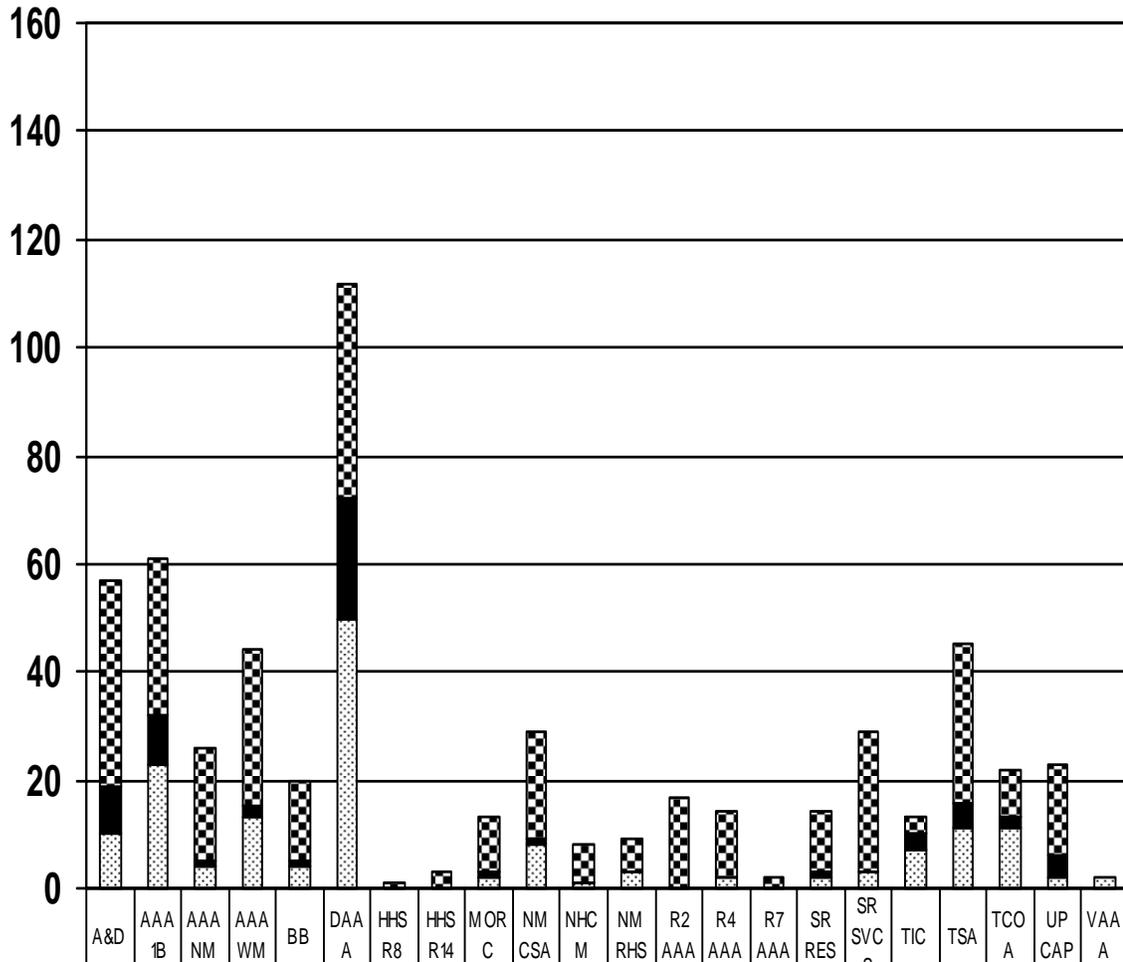
FY 2006 NF Transition Candidates by Waiver Agent



MI Choice	28	40	8	20	3	18	6	8	2	2	11	1	3	6	18	25	14	15	1
Other Community	0	10	0	2	0	10	1	2	0	0	0	0	0	2	1	1	0	3	0
Not/Not Yet Transitioned	7	36	3	11	2	49	1	6	1	1	1	0	0	8	7	5	5	5	1

In Millions of Dollars

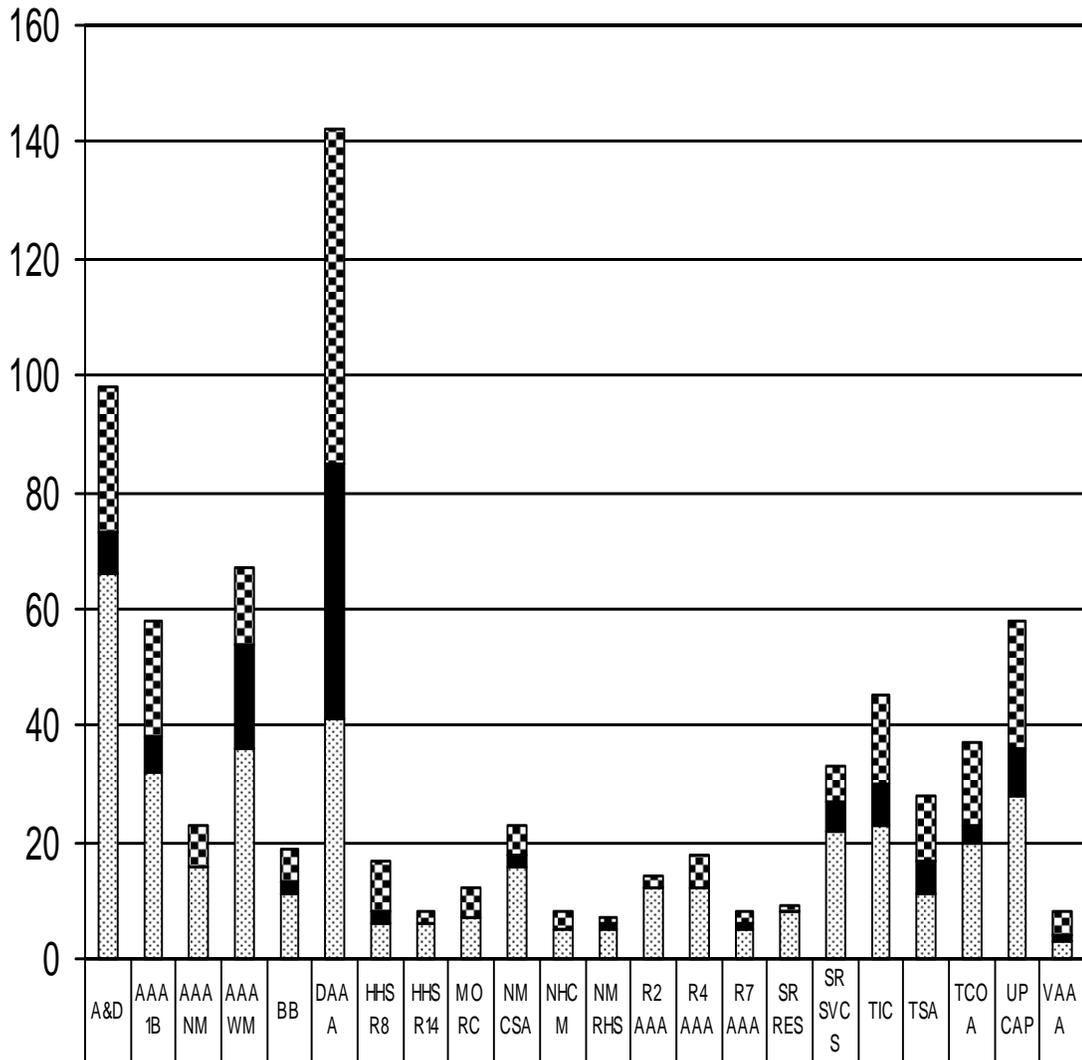
FY 2007 NF Transition Candidates by Waiver Agent



MI Choice	38	29	21	29	15	40	1	3	10	20	7	6	17	12	2	11	26	3	29	9	17	0
Other Community	9	9	1	2	1	22	0	0	1	1	0	0	0	0	0	1	0	3	5	2	4	0
Not/Not Yet Transitioned	10	23	4	13	4	50	0	0	2	8	1	3	0	2	0	2	3	7	11	11	2	2

In Millions of Dollars

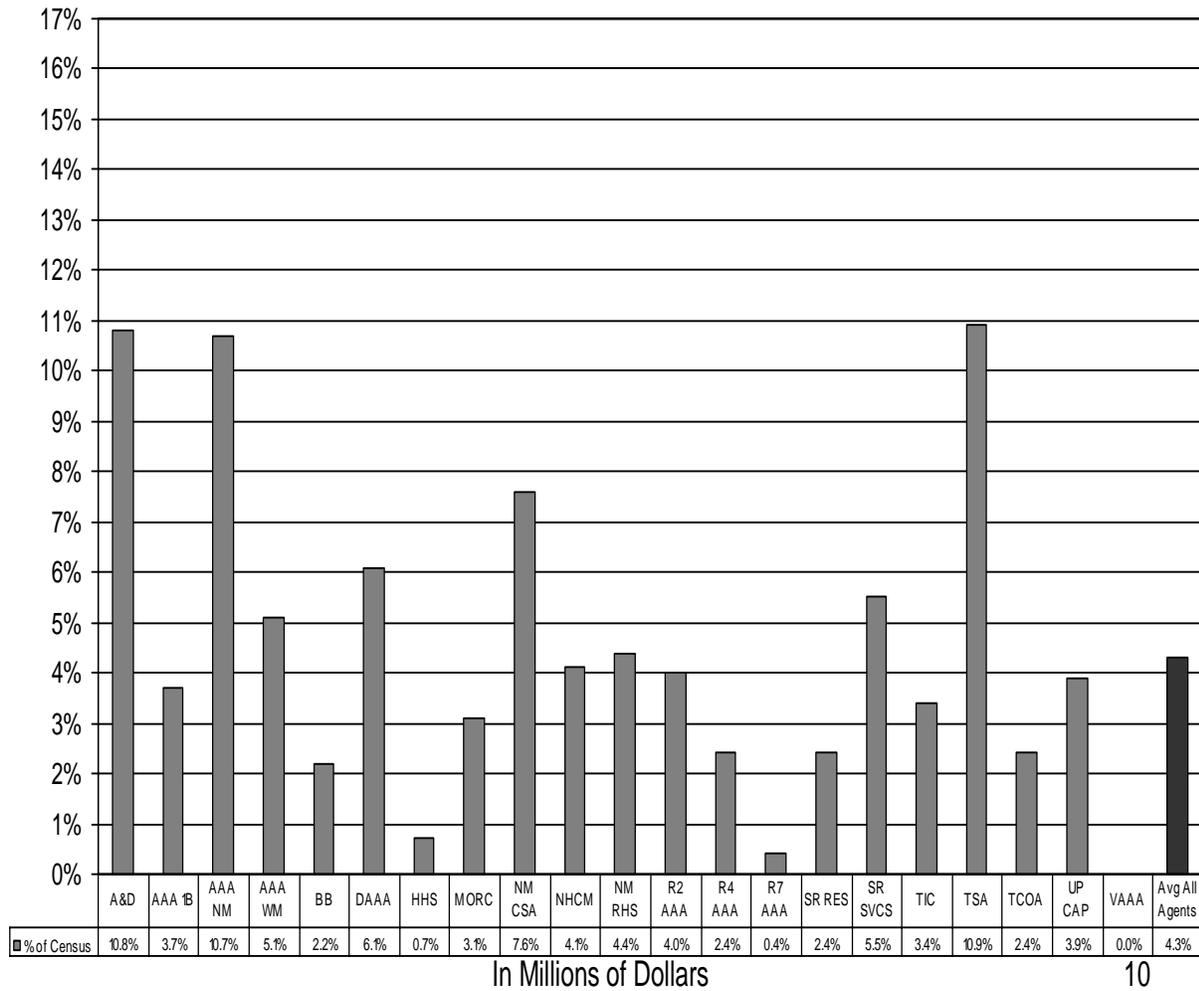
FY 2008 Transition Candidates by Waiver Agent



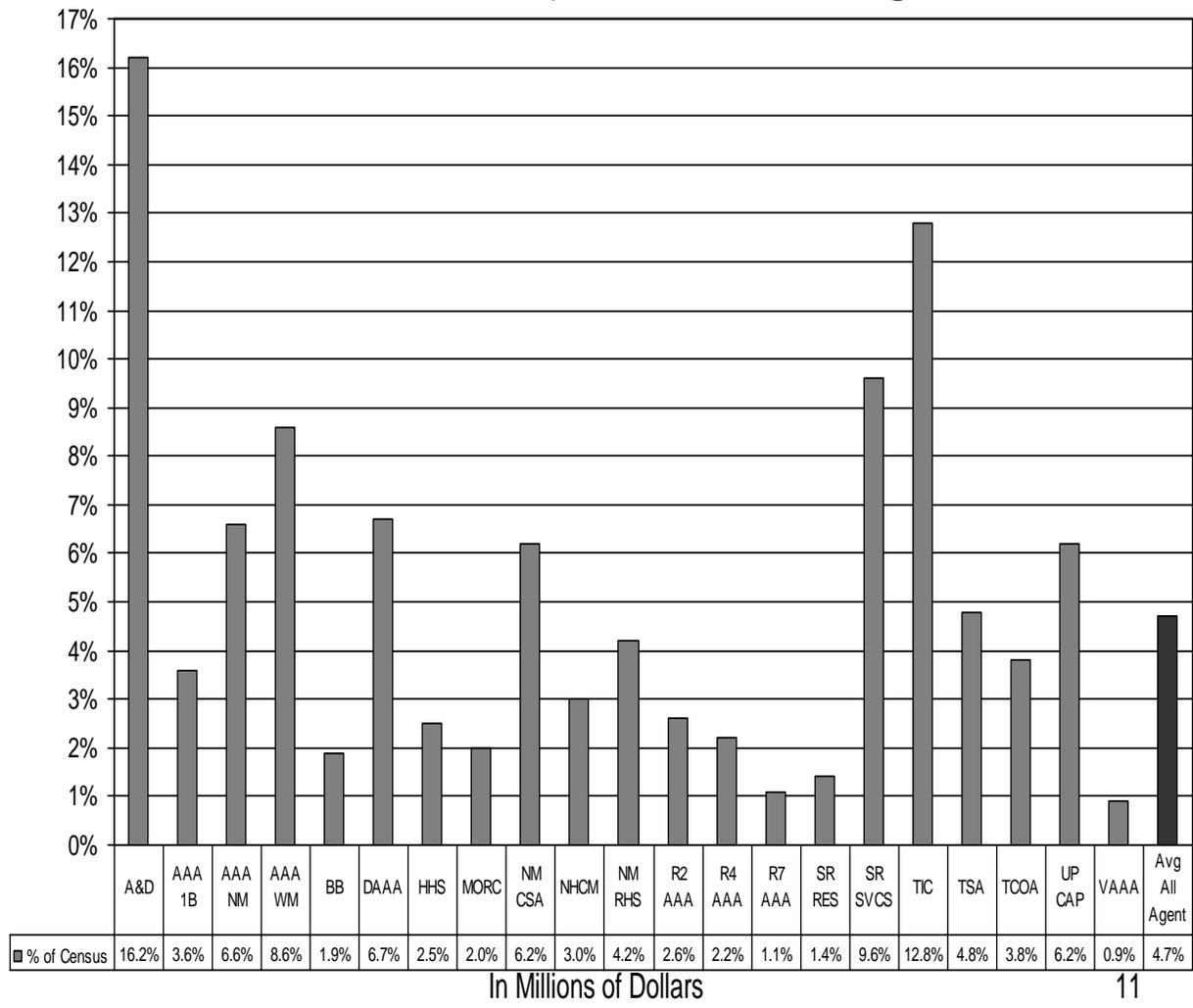
Not/Not Yet Transitioned	25	20	7	13	6	57	9	2	5	5	3	1	2	6	2	1	6	15	11	14	22	4
Other Community	7	6	0	18	2	44	2	0	0	2	0	1	0	0	1	0	5	7	6	3	8	1
MI Choice	66	32	16	36	11	41	6	6	7	16	5	5	12	12	5	8	22	23	11	20	28	3

In Millions of Dollars

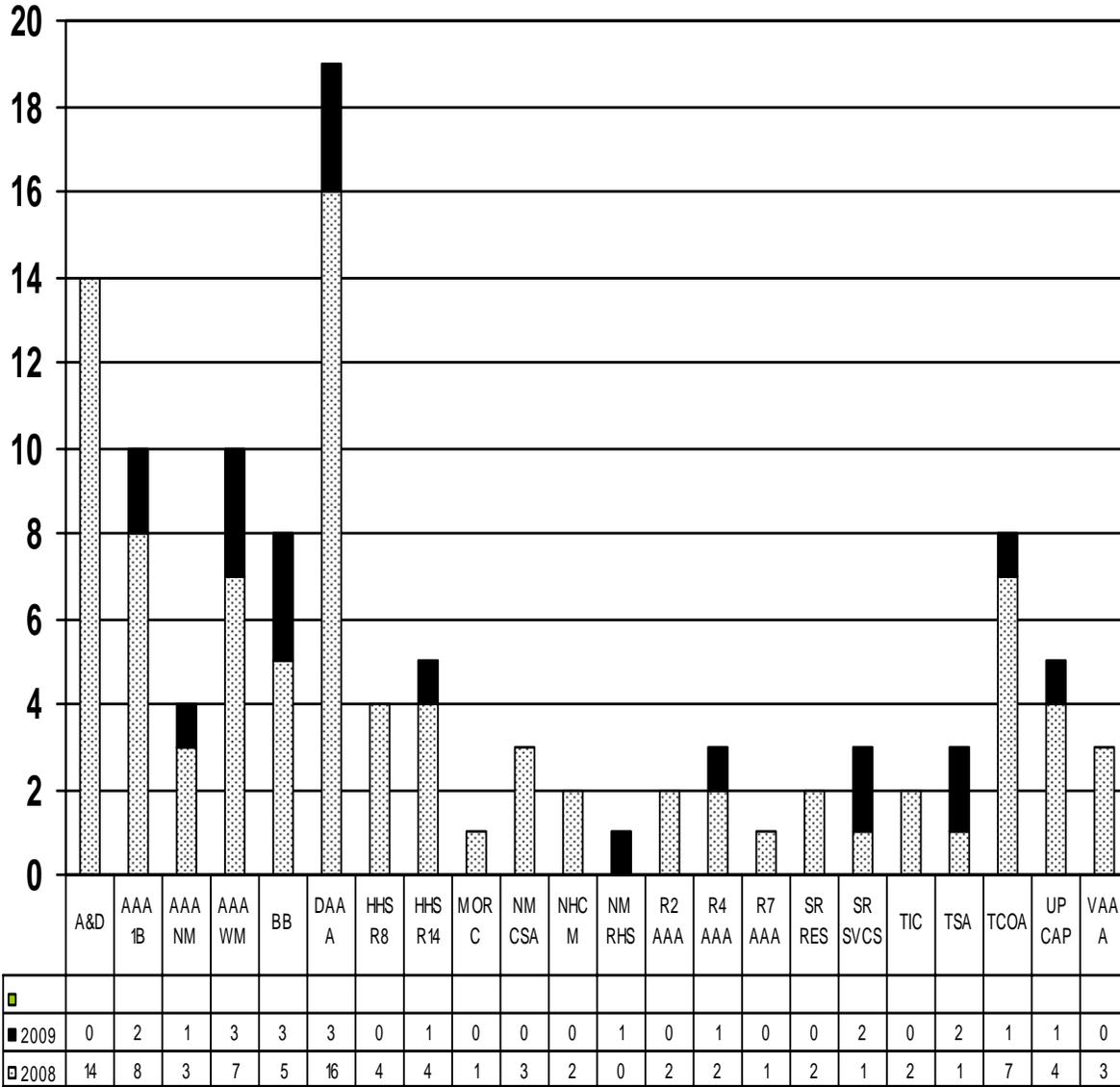
FY 2007 NF Transitions as a Percent of Census by Waiver Agent



FY 2008 NF Transitions as a Percent of Census by Waiver Agent

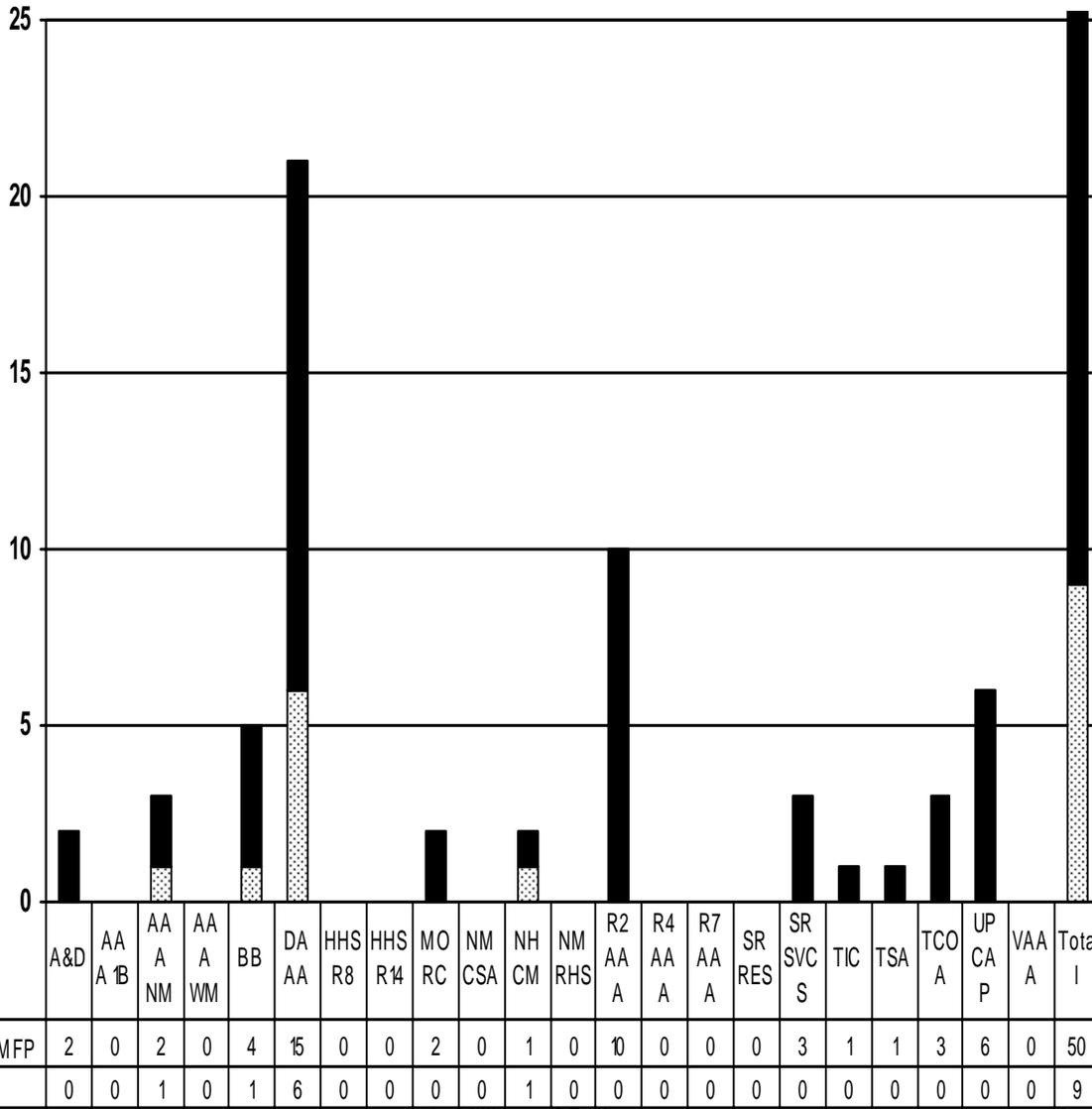


CY 2008 & 2009 MFP Transitions by Waiver Agent



In Millions of Dollars

FY 2008 MFP and Non-MFP Transitions Selecting Self-Determination by Waiver Agent

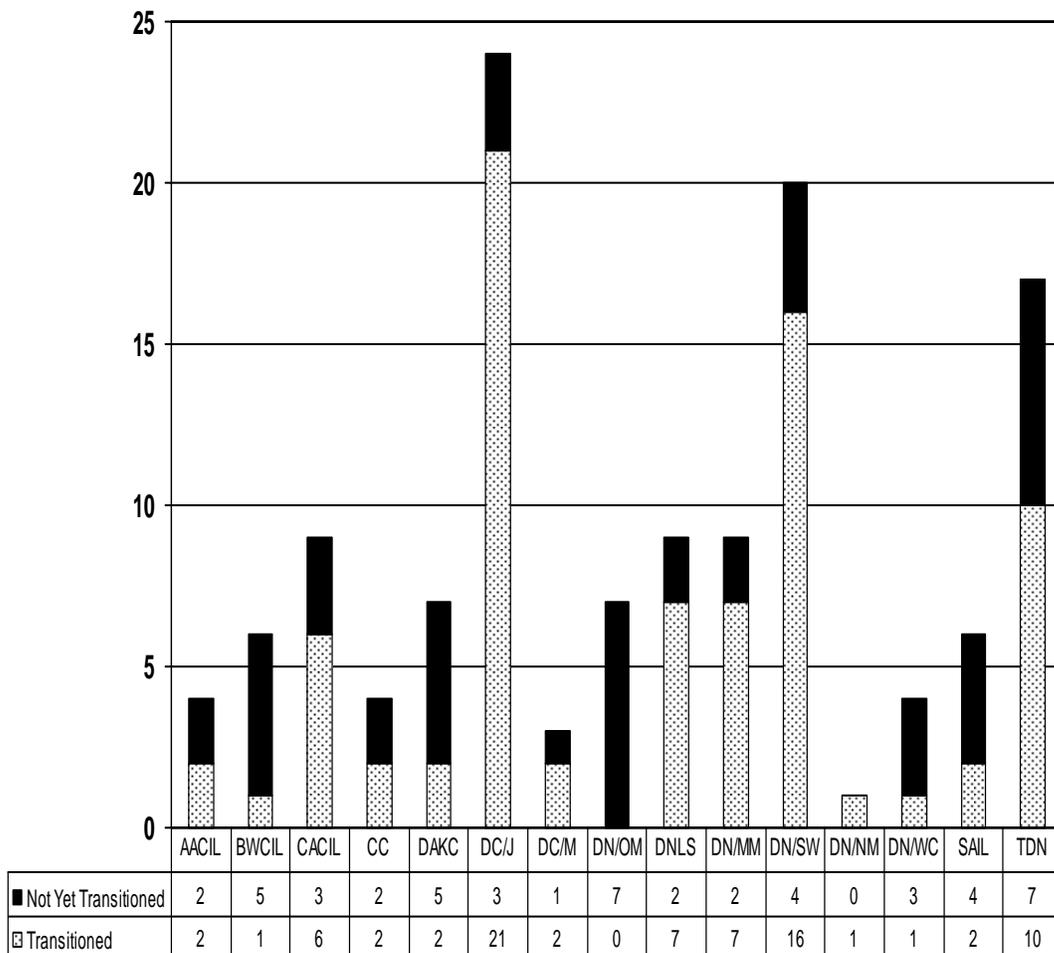


In Millions of Dollars

CIL Codes

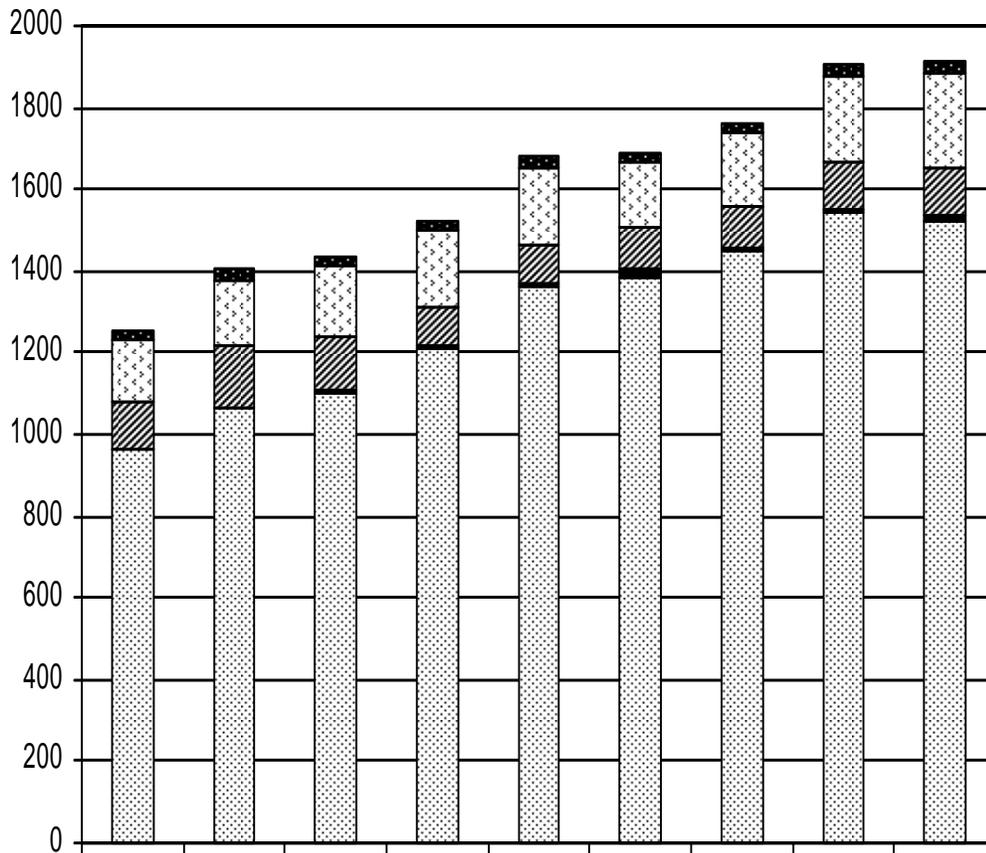
- AACIL – Ann Arbor CIL
- BWCIL – Blue Water CIL
- CA – Capital Area CIL, Lansing
- CC – Community Connections
- DAKC – Disability Advocates of Kent County
- DCJ – disABILITY Connections, Jackson
- DC – Disability Connections, Muskegon
- DNOM – Disability Network Oakland & Macomb
- DNLS – Disability Network Lakeshore
- DNMM – Disability Network Mid-Michigan
- DNSW – Disability Network Southwest Michigan
- DNN – Disability Network Northern Michigan
- DNWC – Disability Network Wayne County
- SAIL – Superior Alliance for Independent Living
- TDN – The Disability Network Flint

FY '08 Transitions by CIL



In Millions of Dollars

Long Term Care Spending in Michigan FY 2000 - 2008



	2000	2001	2002	2003	2004	2005	2006	2007	2008
■ Personal Care Supplement	26.4	27	26.8	26.4	25.8	23.1	22.9	30.5	31.4
▣ Adult Home Help	148.8	158.3	172.2	185.2	187.8	160.5	181.9	214.8	226.7
▨ MI Choice	115.8	151	128	98.6	98.8	98.2	102.8	114	120.7
■ PACE	3.9	4.5	6.5	5.6	6	23.1	6.1	7.5	9.5
▣ Nursing Facility Care	960.5	1062.9	1103.7	1208.6	1360.1	1385.2	1447.7	1542.5	1524.2

In Millions of Dollars

Medicaid Infrastructure Grant (MIG) Update April 20, 2009

There are presently 1148 Freedom to Work (FTW) participants. The DHS Bridges software program for determining public assistance eligibility has now been implemented in Calhoun, Barry, Eaton, and “western MI below I-94.” Genessee and Kent Counties should “roll out” April 21st. Oakland & “northern MI including the UP” will roll out May 19. The “eastern” counties will roll out on June 16. Macomb and Wayne Counties will roll out August 11. As these counties roll out it is likely that FTW enrollment will increase as FTW is higher in the hierarchy than the “AD Care” category where many individuals that work, but meet the FTW criteria are presently enrolled.

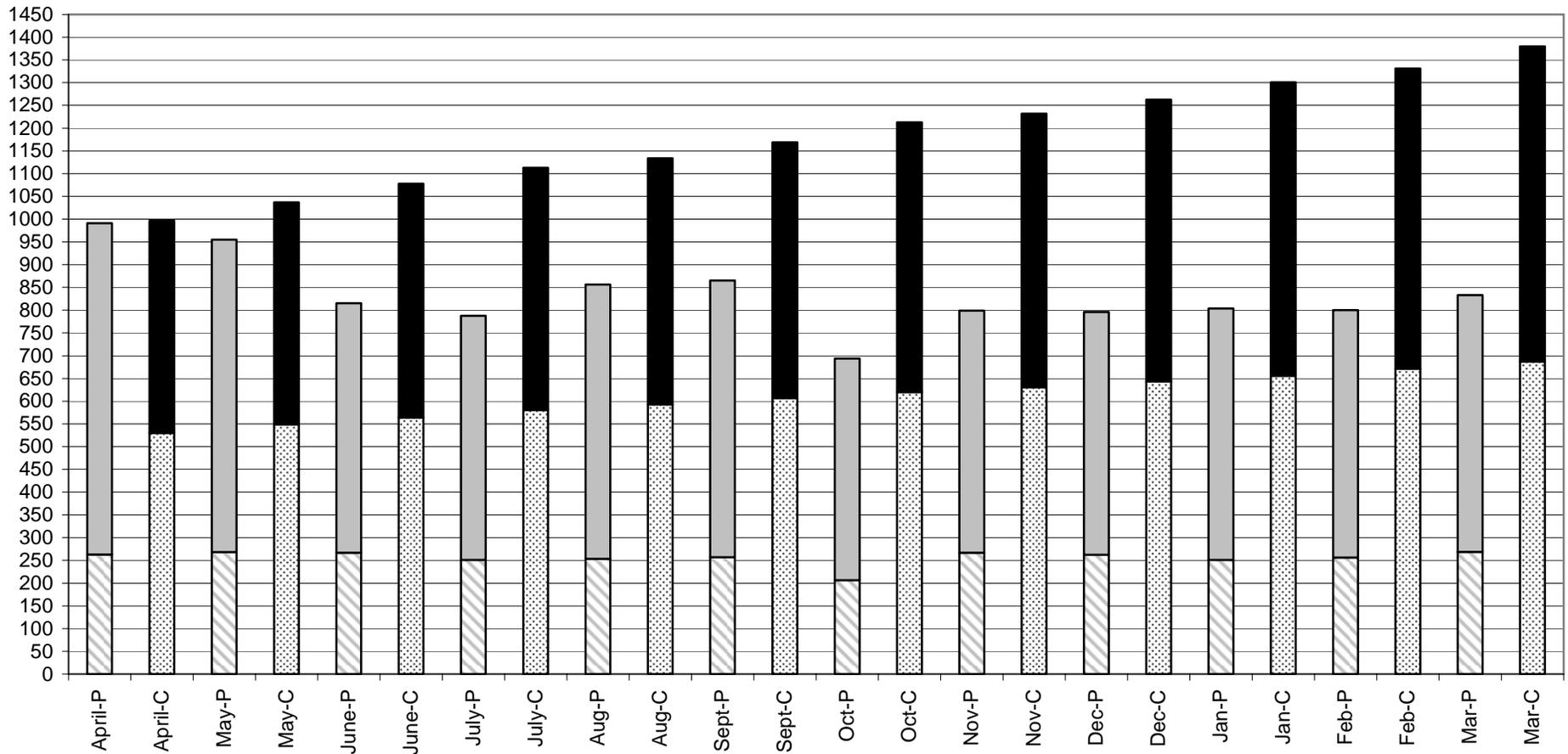
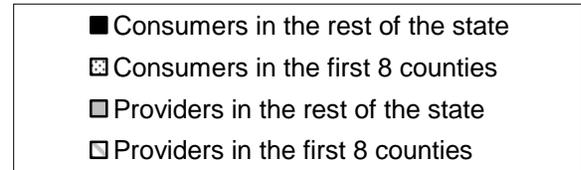
Tony Wong, Jill Gerrie, and Joe Longcor met with Ed Kemp and Logan Dreaskey with Medical Services Administration (MSA) on April 14, to further discuss a proposed Freedom to Work amendment. There was very little discussion about the proposed amendment as Ed and Logan await direction from administration. Ed and Logan will contact Joe, Tony, and/or Jill about a meeting date. Joe has forwarded information on how Connecticut utilized the Balanced Budget Act of 1999 to “mirror” it’s Medicaid Buy-in program (FTW comparable) so that when individuals “age out” at 65 they do not forfeit all that they have gained resources/assets. Joe also shared insights with Michelle Best at DHS on how to “smooth” the transition from SSI Medicaid to FTW eligibility. Tony shared key concern about people losing Medicaid coverage as the Bridges software is “rolled out” and that he and others have no contact to help a person in critical situations. MSA noted that they are not presently able to access the DHS database as they formerly were able to under the old DHS software. Tony is going to write an e-mail to Steve Fitton at MSA per Ed’s encouragement.

The Project Search interest continues with about 15 or more communities in MI striving to start initiatives. Jill Gerrie is the coordinator for the Project Search statewide workgroup.

The workgroup that met at the Leaven Center in December reconvened on April 6 & 7 to review benefits planning presentations by six different authors. Preferred slides were selected and the group is striving to “merge” these slides into a simple, consistent presentation that may be adopted as a solid “introductory” training across MI. This group will be referred to as the Benefits Planning Sustainability workgroup. They hope to trial this presentation by late June.

The MIG plans to move forward and fund the development of a Michigan specific “db101.org” benefits to work calculator to assist with future benefits planning. This web accessible site is expected to be available to Michigan citizens by January 1, 2010.

**Michigan Quality Community Care Council
Growth Over a Year
Mar 08- Feb 09**



February 09

Michigan Quality Community Care Council Consumers, Referrals, and Providers, by County

County #	County Name	HH* Consumers	# Served as of 03/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 02/28/09	Increase in # Served	Percent Increase	Providers Available
1	Alcona	42	1	2.38%	1	2.38%	1	0	0.00%	0
2	Alger	24	0	0.00%	0	0.00%	0	0	0.00%	1
3	Allegan	250	7	2.80%	6	2.40%	7	0	0.00%	6
4	Alpena	127	1	0.79%	1	0.79%	1	0	0.00%	0
5	Antrim	99	1	1.01%	1	1.01%	1	0	0.00%	1
6	Arenac	170	24	14.12%	24	14.12%	22	2	9.09%	15
7	Baraga	50	0	0.00%	0	0.00%	0	0	0.00%	0
8	Barry	169	1	0.59%	1	0.59%	1	0	0.00%	5
9	Bay	727	119	16.37%	113	15.54%	116	3	2.59%	70
10	Benzie	78	0	0.00%	0	0.00%	0	0	0.00%	1
11	Berrien	798	3	0.38%	1	0.13%	3	0	0.00%	2
12	Branch	114	0	0.00%	0	0.00%	0	0	0.00%	4
13	Calhoun	662	0	0.00%	0	0.00%	0	0	0.00%	2
14	Cass	173	1	0.58%	1	0.58%	1	0	0.00%	2
15	Charlevoix	81	1	1.23%	1	1.23%	1	0	0.00%	0
16	Cheboygan	174	1	0.57%	1	0.57%	1	0	0.00%	1
17	Chippewa	173	0	0.00%	0	0.00%	0	0	0.00%	0
18	Clare	180	8	4.44%	7	3.89%	8	0	0.00%	18
19	Clinton	124	3	2.42%	3	2.42%	3	0	0.00%	14
20	Crawford	64	3	4.69%	1	1.56%	3	0	0.00%	1
21	Delta	218	0	0.00%	0	0.00%	0	0	0.00%	0
22	Dickinson	134	0	0.00%	0	0.00%	0	0	0.00%	0

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

February 09

**Michigan Quality Community Care Council
Consumers, Referrals, and Providers,
by County**

County #	County Name	HH* Consumers	# Served as of 03/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 02/28/09	Increase in # Served	Percent Increase	Providers Available
23	Eaton	282	19	6.74%	17	6.03%	19	0	0.00%	14
24	Emmet	130	0	0.00%	0	0.00%	0	0	0.00%	0
25	Genesee	2796	120	4.29%	117	4.18%	115	5	4.35%	94
26	Gladwin	153	1	0.65%	0	0.00%	1	0	0.00%	8
27	Gogebic	52	0	0.00%	0	0.00%	0	0	0.00%	0
28	Grand Traverse	212	2	0.94%	1	0.47%	2	0	0.00%	5
29	Gratiot	136	2	1.47%	0	0.00%	2	0	0.00%	2
30	Hillsdale	190	6	3.16%	6	3.16%	6	0	0.00%	6
31	Houghton	135	0	0.00%	0	0.00%	0	0	0.00%	0
32	Huron	129	6	4.65%	6	4.65%	5	1	20.00%	8
33	Ingham	1277	176	13.78%	126	9.87%	171	5	2.92%	34
34	Ionia	216	18	8.33%	16	7.41%	18	0	0.00%	6
35	Iosco	133	0	0.00%	0	0.00%	0	0	0.00%	5
36	Iron	96	0	0.00%	0	0.00%	0	0	0.00%	0
37	Isabella	276	4	1.45%	3	1.09%	4	0	0.00%	6
38	Jackson	699	4	0.57%	3	0.43%	4	0	0.00%	5
39	Kalamazoo	1150	2	0.17%	0	0.00%	2	0	0.00%	6
40	Kalkaska	76	0	0.00%	0	0.00%	0	0	0.00%	1
41	Kent	1982	82	4.14%	61	3.08%	80	2	2.50%	54
42	Keweenaw	13	0	0.00%	0	0.00%	0	0	0.00%	0
43	Lake	106	4	3.77%	3	2.83%	3	1	33.33%	1
44	Lapeer	159	5	3.14%	5	3.14%	4	1	25.00%	16

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

February 09

**Michigan Quality Community Care Council
Consumers, Referrals, and Providers,
by County**

County #	County Name	HH* Consumers	# Served as of 03/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 02/28/09	Increase in # Served	Percent Increase	Providers Available
45	Leelanau	15	0	0.00%	0	0.00%	0	0	0.00%	1
46	Lenawee	249	1	0.40%	0	0.00%	1	0	0.00%	8
47	Livingston	229	4	1.75%	4	1.75%	4	0	0.00%	3
48	Luce	34	2	5.88%	2	5.88%	2	0	0.00%	0
49	Mackinac	33	1	3.03%	1	3.03%	1	0	0.00%	0
50	Macomb	3634	150	4.13%	146	4.02%	150	0	0.00%	153
51	Manistee	189	0	0.00%	0	0.00%	0	0	0.00%	3
52	Marquette	212	0	0.00%	0	0.00%	0	0	0.00%	3
53	Mason	109	0	0.00%	0	0.00%	0	0	0.00%	2
54	Mecosta	253	1	0.40%	1	0.40%	1	0	0.00%	4
55	Menominee	151	1	0.66%	0	0.00%	1	0	0.00%	0
56	Midland	348	1	0.29%	1	0.29%	1	0	0.00%	16
57	Missaukee	45	1	2.22%	1	2.22%	1	0	0.00%	4
58	Monroe	377	0	0.00%	0	0.00%	0	0	0.00%	2
59	Montcalm	268	6	2.24%	4	1.49%	6	0	0.00%	7
60	Montmorency	61	2	3.28%	2	3.28%	2	0	0.00%	1
61	Muskegon	943	3	0.32%	3	0.32%	3	0	0.00%	8
62	Newaygo	296	10	3.38%	10	3.38%	10	0	0.00%	6
63	Oakland	3853	186	4.83%	175	4.54%	179	7	3.91%	185
64	Oceana	155	4	2.58%	1	0.65%	4	0	0.00%	4
65	Ogemaw	278	0	0.00%	0	0.00%	0	0	0.00%	6
66	Ontonagon	43	1	2.33%	1	2.33%	1	0	0.00%	0

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.

February 09

**Michigan Quality Community Care Council
Consumers, Referrals, and Providers,
by County**

County #	County Name	HH* Consumers	# Served as of 03/31/09	% of HH Served	DHS Referrals	% of HH DHS Referred	# Served as of 02/28/09	Increase in # Served	Percent Increase	Providers Available
67	Osceola	152	0	0.00%	0	0.00%	0	0	0.00%	6
68	Oscoda	52	1	1.92%	1	1.92%	1	0	0.00%	1
69	Otsego	173	19	10.98%	15	8.67%	18	1	5.56%	3
70	Ottawa	272	12	4.41%	10	3.68%	12	0	0.00%	11
71	Presque Isle	48	0	0.00%	0	0.00%	0	0	0.00%	0
72	Roscommon	182	1	0.55%	1	0.55%	1	0	0.00%	4
73	Saginaw	1389	100	7.20%	94	6.77%	98	2	2.04%	101
74	St. Clair	587	7	1.19%	6	1.02%	7	0	0.00%	17
75	St. Joseph	189	2	1.06%	2	1.06%	2	0	0.00%	2
76	Sanilac	216	2	0.93%	2	0.93%	2	0	0.00%	9
77	Schoolcraft	68	0	0.00%	0	0.00%	0	0	0.00%	0
78	Shiawassee	257	21	8.17%	21	8.17%	20	1	5.00%	7
79	Tuscola	192	1	0.52%	1	0.52%	1	0	0.00%	13
80	VanBuren	365	41	11.23%	38	10.41%	41	0	0.00%	9
81	Washtenaw	1010	29	2.87%	25	2.48%	29	0	0.00%	19
82	Wayne	18729	142	0.76%	96	0.51%	126	16	12.70%	301
83	Wexford	177	3	1.69%	3	1.69%	3	0	0.00%	6
Total		50862	1380	2.71%	1193	2.35%	1333	47	3.53%	

Percentage of Consumers served, referred by DHS. 86.45%

**Numbers based on data from July, 2008.*

Highlighting counties where 3% or more of the Home Help population has been served by the Registry and/or referred by DHS.