

**MEDICAID LONG TERM CARE TASK FORCE  
MEETING AGENDA**

Senate Hearing Room, Boji Tower

Monday, February 14, 2005

9:30 a.m.-- 3:35 p.m.

9:30 a.m.	Informal Gathering and Networking	All
10:00 a.m.	Call to Order & Introductions	RoAnne Chaney, Chair
10:05 a.m.	Review and Approval of Agenda	Members
10:10 a.m.	Review and Approval of January 21 Minutes	Members
10:15 a.m.	Recent Developments in Medicaid Funding	Paul Reinhart
10:45 a.m.	Presentation: Recommendations and innovations for: <ul style="list-style-type: none"><li>• improving quality in nursing homes,</li><li>• diversifying LTC product lines (home care, greenhouse, assisted living, respite, etc.)</li><li>• supporting more consumer direction, choice, and person-centered care and supports.</li></ul>	Jerry Betters HCAM, MAHSA and CMCF Council
11:45 a.m.	Presentation: Nursing Facility Transition Initiative	Sue Eby MDCH Community Living Division and David Youngs, DYNS Services Inc.
12:15 a.m.	Presentation: Geographical Distribution of Nursing Facilities, Adult Foster Care, and Homes for the Aged in Michigan	Steve Bachleda, Julie DuPuis
12:30 p.m.	Break (TF members pick up lunches)	
1:00 p.m.	Presentation: Mayor Kwame Kilpatrick's Dying Before Their Time Task Force's Policy Recommendations	Christine Beatty, Chief of Staff and Mr. Paul Bridgewater, Detroit Area Agency on Aging
1:15 p.m.	Public Comment	
1:45 p.m.	Workgroup E (Education and Meaningful Consumer Participation and Oversight) Report	Dohn Hoyle
2:15 p.m.	Workgroup G (Legislative and Regulatory Reform) Report	Mark Cody et al
2:45 p.m.	Workgroup D (Workforce Development) Final Vote	Rep. Shaffer
3:15 p.m.	Updates	

- ♦ Other Workgroups (chairs)
- ♦ Report Outline (J. Hazewinkel)

3:30p.m. Next meeting date and agenda topics

- Schedule additional meeting(s)?
- March 14, 2005 Task Force Meeting
- Set date and time of Executive Committee Conference Call

3:35 p.m. Adjourn

**Vision Statement adopted at the August 9, 2004 meeting:**

*Within the next ten years, Michigan will achieve a high quality, easily accessible system of publicly and privately funded long-term care supports. These supports will include a full array of coordinated services available wherever an individual chooses to live and will be mobilized to meet the needs of each person with a disability or chronic condition, of any age, who needs and wishes to access them.*

*The arrangement and type of care and supports for each person will be determined by that person. Person-centered planning, which places the person as the central focus of supports and care planning, will be used to determine all facets of care and supports plans. Each person, and his or her chosen family, friends, or professionals, will initiate or re-start the process whenever the person's needs or preferences change.*

Name
Workgroup A: <b>Single Point of Entry and Person-Centered Planning</b>
Workgroup B: <b>Financing</b>
Workgroup C: <b>Continuum Development</b>
Workgroup D: <b>Workforce Development</b>
Workgroup E: <b>Education and Meaningful Consumer Participation and Oversight</b>
Workgroup F: <b>Chronic Care</b>
Workgroup G: <b>Legislative &amp; Regulatory Reform</b>

## Charge to the Task Force:

The Task Force is advisory in nature and shall:

1. Review existing reports and reviews of the efficiency and effectiveness of the current mechanisms and funding for the provision of Medicaid long-term care services in Michigan and identify consensus recommendations.
2. Examine and report on the current quality of Medicaid long-term care services in Michigan and make recommendations for improvement in the quality of Medicaid long-term care services and home-based and community-based long-term care services provided in Michigan.
3. Analyze and report on the relationship between state and federal Medicaid long-term care funding and its sustainability over the long term.
4. Identify and recommend benchmarks for measuring successes in this state's provision of Medicaid long-term care services and for expanding options for home-based and community-based long-term care services.
5. Identify and make recommendations to reduce barriers to the creation of and access to an efficient and effective system of a continuum of home-based, community-based, and institutional long-term care services in Michigan.