

# INDEX OF DOCUMENTS CONSUMER TASK FORCE NOVEMBER 2007

EXECUTIVE COMMITTEE MINUTES 10-23-07

OFFICE UPDATE

PROJECT UPDATES

OSA NOTICE THAT THE LONG-TERM CARE  
OMBUDSMAN ORGANIZATION IS NOT CHANGING

NCHSD RESOURCE EXCHANGE

LONG-TERM CARE OMBUDSMANS ACTION ALERT -  
NURSING HOME CERTIFICATION OF NEED  
STANDARDS OPPORTUNITY FOR PUBLIC TESTIMONY

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CMS DESCRIPTIONS OF WAIVERS

WHAT WAIVERS MICHIGAN HAS

LEARNING DISABILITY SEMINAR

CONSUMER TASK FORCE  
EXECUTIVE COMMITTEE  
OCTOBER 23, 2007  
MINUTES

IN ATTENDANCE: Laura Hall, Jacqui Day, Sara Harrison, Colleen Widder, Suanne McBrien, Jack Vint, Jackie Tichnell

There was continued discussion regarding the presentation by MSA (Linda Kusnier).

- It was suggested that Linda return at a future date to possible provide information on trusts
- Jackie will try to find a CBC person to present their side of the Ombudsman re-organization
- Consumers need to be educated on estate recovery and divestment before it happens.
- LTC Partnerships - if you are a person with a disability, you can't get insurance anyway, so this may not affect the people who really need it.
- The divestment penalties were clarified
- The estate recovery bill, while not possibly the best bill, had to be passed before October 2007 or large penalties could be imposed by CMS. CMS may not approve the bill.
- The possible grant for a parallel tract to the Purchasing Institute - there was discussion regarding the members who would be able to participate in this, given their previous commitments.
- The Office should create a list of all the groups they want consumer on, the level of involvement and support.

Next informational session - CBC and the Ombudsman reorganization or a discussion of waivers as a back-up plan.

**OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES**  
Update for the Long-Term Care Supports and Services Advisory  
Commission  
November 26, 2007

**BUDGET** - The budget for FY 08 has been approved.

- There is a small increase (\$5M) for MI Choice intended to address the Mi Choice Waiver Wait list. It is estimated this will allow ~ 350-400 eligible individuals to be added to the MI Choice program.
- There is a 10% increase in the home help line to address the scheduled minimum wage increase and to account for higher user numbers
- There is a cut in the department's administration, usually resolved by not filling vacancies.
- The LTC appropriations were lined items (MI Choice, LTC, Home Help, SPEs, etc.) rather than included in one appropriation line, as proposed by the executive budget.
- There is a hole of perhaps \$500M in the state budget for this and next year, according to news reports. This appears to be due to declining revenues because of the State's economy.
- Planning for FY09 has started. This week the Current Services Budget (the base costs) will be finalized and transmitted to the State Budget Office.

**GRANT UPDATES**

**1. Long-Term Care Connections (LTCC) Projects –**

- The new policy implementing the level-of-care determination through the LTC Connections took effect November 1. At this point, no major issues have surfaced. It was noted that West Michigan LTCC completed 50 level-of-care determinations in two days.

- The State needs to develop a monitoring tool to assure that all level-of-care determinations are approved through the LTC Connections. MSA will be sending a letter to all nursing facilities indicating that the facility will be at risk if they bill, and are paid for, a person who has not been approved through the LTC Connections.

## **2. Long-Term Care Insurance Partnership program -**

- MSA continues to work with Office of Financial and Insurance Services on the state plan amendment.
- There are monthly meetings of the partnership group. This group has created 6 workgroups to develop the details of the policy. Most workgroups have had their initial meeting.
- Office staff participates in the monthly conference calls with CHCS.
- The target date for issuance of LTC Partnership policies is July, 2008.

## **3. Money Follows the Person -**

### **• Prepaid LTC Health Plan:**

The development of a pre-paid Long-Term Care Plan under authority of Section 1915 (b)(c) is continuing. The current tasks are to:

- conduct a Feasibility Study,
- discuss the concept paper with CMS,
- use a work-group process to complete the two waiver requests,
- plan for the administration of the waiver and
- develop the site(s) where the plan will operate.
- The projected target date for submitting the combined waiver applications is March, 2008.

- Staff attended a Purchasing Institute meeting in Wisconsin with other states that are working on prepaid LTC health plans. Michigan is the most conservative in their enrollment estimates.
- **Self-Determination Implementation Leadership Seminar**  
The Seminar was held on Tuesday, November 13<sup>th</sup>. Sixty-Seven people attended this bi-monthly meeting held in Lansing.
- **The Michigan Partners for Freedom**  
The grassroots Self-Determination organization recently completed their annual report. The Michigan Partners for Freedom (MPF) Local Leaders effort has been successful at identifying and developing peer mentors in 12 communities. These local leaders are peer support resources for other consumers. The Michigan Partners for Freedom website is at: <http://mifreedom.org/home.html>

#### **4. Deficit Reduction Act - Money Follows the Person grant -**

- The project manager position has been filled. Ellen Speckman-Randall began working in the MI Choice Waiver program unit on Monday, November 19. While she is an MSA employee, her work overlaps with that of the OLTCSS Office, which oversees the grant project. She will serve as the Transition Coordinator for MSA and the Office.
- Staff continues to work on the Operational Protocols. It is hoped that these can be submitted to CMS by the end of December.
- CMS and their data collection requirements are still being developed. CMS frequently reminds states that, by accepting the grant, they agreed to participate in the evaluation process.

- The Office will be implementing contracts with the 15 Centers for Independent Living (CILs) offices to further the nursing facility transition process. CILs will be encouraged to facilitate all transitions, not just those that are DRA eligible. CILs are funded by federal money, grants, and fund raising efforts. They serve over 90% of the state's population. The challenge for the CILs will to obtain the required data collection for the DRA transitions.

## **5. Self-Determination in Long-Term Care –**

- **Phase- In** - The first band of waiver agents will have their final training session focusing on quality and enrollment process November 28 in Southfield. There are six agencies participating. The next training round will begin in January in Grand Rapids. It is our intent for all waiver agents will complete the training and be ready to enroll statewide by early March.
- **Robert Wood Johnson Cash and Counseling Grant** - We are in the last six months of funding from RWJ, which will be spent on providing training and technical assistance to the rest of the waiver agents. The final report will be due in April.
- **Pioneers Sites** - We will continue to work with the Pioneers to provide training and mentoring to the rest of the state. A final report and sustainability plan is due to MDCH by November 30, 2007.
- **OSA** - Self Determination in Long Term Care is working with the Office of Services to the Aging on the Nursing Facility Diversion grant. I'm helping on the training and service standards workgroup.

- The Self-Determination Leadership Implementation Seminar was held November 13 in Lansing. It included consumers telling their stories of before and after self-determination.

**6. Project Success - Technical Assistance for Training in Self-Determination** - This is small grant - \$14,000 and 500 hours of technical assistance from PHI to develop a train the trainer program for teams of waiver agent staff and consumers. We will train 10 teams to conduct training on being a successful employer. We are actively recruiting teams to be in place by January. The funding supports consumer involvement and the training costs. We are modifying a curriculum developed by PHI for use in DD community. Please let me know if you would like more information about this.

**7. Medicaid Infrastructure Grant -**

- There are 1,063 consumers on Freedom to Work.
- We expect to hear in late November that we have been awarded a MIG Continuation Grant for calendar 2008.
- About 450 Self-Employment 101 Handbooks have been distributed to all Community Mental Health Services programs, all CILs and all Michigan Rehabilitation Services offices. Office staff are formatting this handbook so it can be made available on the LTC website.
- The Office has been working on a Power Point presentation for potential funders for the “db101.org” website and calculators.
- Staff has been meeting with various clubhouses serving persons with mental illness labels, and with several ARC organizations in the state to promote awareness of the Freedom to Work act and the opportunity it provides to work and not lose Medicaid benefits. There was a recent

presentation at the International Association of PsychoSocial Clubhouses conference in Frankenmuth.

- Currently, in Freedom to Work, over 50% are persons with mental illness labels, about 12% are persons with developmental disabilities including individuals with cognitive impairments. About 89%-90% are receiving SSDI. One barrier seems to be consumers knowing and understanding they can work and not lose their medical benefits. Freedom to Work should be considered as one step to recovery.
- The bulletin allowing Home Help beneficiaries to also use their benefit for personal care needs in the workplace was issued November 1, to be effective December 1, 2007.
- Presentations are being coordinated with Erin Riehle from Project Search to meet with interested hospitals. This project is to achieve greater competitive employment successes for persons with significant disabilities.

### **Office Updates:**

- The Office continues to seek approvals to fill vacant positions. These include a DRA analyst position, funded by the DRA MFP grant, the Evaluation and Quality Management Unit manager, two evaluation analysts, one funded by the System Transformation Grant (STG), a general office assistant, and also for approval to externally recruit for the STG Project Manager.
- The Office move is still pending to occur in mid-January.

CONSUMER TASK FORCE  
UPDATE OF PROJECTS  
NOVEMBER 2007

## **Long-Term Care Supports and Services Advisory Commission November 2007**

There was not a quorum present for the October 22 meeting so no official business was conducted.

Commissioner Sandra Kilde resigned from the Commission effective October 10, 2007 due to her retirement.

Michael Head provided update on:

- the new Level of Care Determination policy effective 11/01/07
- various grant activities
- the LTC Insurance Partnership

Curtis Hertel provided an update of DCH activities related to implementation of PA 374, the estate recovery legislation. As written, PA 374 affects only those estates that go through probate, exempts the first 50% of the average home value in the county and any income-producing property, allows for a hardship exemption, and contains many consumer protections that limit the state's ability to collect. DCH must submit a Medicaid state plan amendment and receive approval from CMS prior to enacting the program. It is the department's intent to continue working with the Legislature on development of a voluntary estate preservation option. Estate preservation allows an individual to pay a voluntary surcharge with their monthly mortgage payment that will insure them against future estate recovery.

Gary Heidel and J.T. Johnston from the Michigan State Housing Development Authority (MSHDA) provided an update of their affordable assisted living initiative. The projects will combine affordable units with Section 8 housing vouchers and in-home services. \$300 million in funding has been set aside for this project, most of it through low income housing credits (LIHC). Commissioner Hoyle expressed disappointment with MSHDA's decision to use congregate settings and noted that the

initiative was clearly driven by developers. Commission Chair Farmer responded that the Task Force recommendation was to look for every opportunity to meet consumer need/choice and that this responded to an identified need for affordable housing. Developers are required to work with their local Area Agency on Aging, waiver agents, and the LTC Connections. A Commissioner mentioned concern that a person's credit score was used as a criteria for renting public housing. MSDHA indicated this was not their requirement but could possibly be one at the local level. The Commission expressed a desire to partner on a broader basis with MSHDA to identify and address issues and barriers.

Public comment was provided by two individuals on the Long Term Care Insurance Partnership initiative. Jo Murphy, Executive Director of the Medicare/Medicaid Assistance Program (MMAAP) spoke to the need for consumer education and suggested that Michigan include a requirement that information on filing complaints must be provided with every LTC insurance sale. Anita Salustra, Michigan AARP, shared AARP's suggested standards for counseling, inflation protection, agent training, exchanges and trade-in guidelines, asset protection, and reciprocity.

The next Commission meeting is scheduled for November 26, 2007 from 1:00-4:30 p.m. in the MDCH Conference Center, 1<sup>st</sup> Floor, Capitol View Building, 201 Townsend in Lansing.

## **Medicaid Infrastructure Grant (MIG) November 2007**

There are presently 1063 Freedom to Work (FTW) participants.

The Medical Services Administration/MIG joint meeting was cancelled for November.

The State Plan Amendment to allow the use of personal care services in the workplace continues to move forward with a projected implementation date is December 1, 2007.

Joe has been working on a Power Point presentation for potential funders for the “db101.org” website and calculators. This has now included research into the new regulations for Employment Networks given that this may be a way to generate annual revenues to cover maintenance and growth in this endeavor. Joe is working with Jill Gerrie to polish the presentation and plans to meet with the core funding committee by mid-December.

Marty continues outreach to clubhouses and has now met with several ARC organizations. He recently presented at the International Association of PsychoSocial Clubhouses conference in Frankenmuth.

Theresa remains focused on addressing policy and procedure challenges related to the MIG/MSA issues outline shared in October. Key challenges remain transitioning people from AD Care to FTW, addressing increased UNEARNED income for current FTW enrollees, and people “aging out” of FTW.

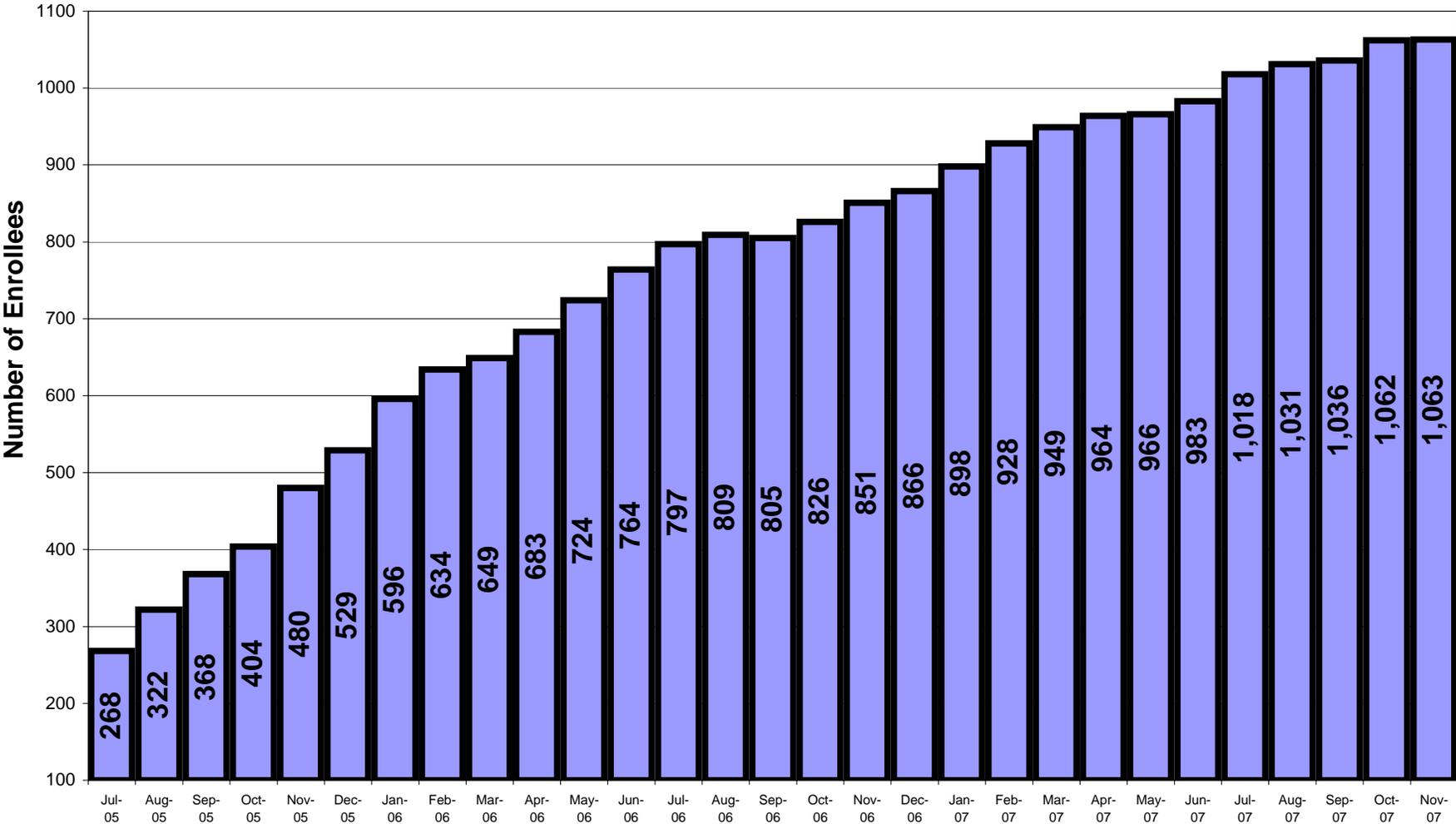
Jill Gerrie is coordinating presentations with Erin Riehle from Project Search to meet with interested hospitals. This will include joint discussions with VR, providers, Department of Ed, and the interested businesses to determine how to “braid” funding to gain greater competitive employment successes for persons with significant disabilities. Erin is scheduled to be in Michigan on January 30, 31, & February 1.

Freedom to Work Enrollment  
By County  
November 2007

<b>County Code</b>	<b>County Name</b>	<b>Beneficiary ID</b>		<b>County Code</b>	<b>County Name</b>	<b>Beneficiary ID</b>
2	Alger	1		42	Keweenaw	1
3	Allegan	12		44	Lapeer	8
5	Antrim	3		45	Leelanau	1
6	Arenac	3		46	Lenawee	10
8	Barry	6		47	Livingston	8
9	Bay	35		49	Mackinac	2
10	Benzie	4		50	Macomb	62
11	Berrien	30		51	Manistee	4
12	Branch	8		52	Marquette	9
13	Calhoun	17		53	Mason	5
14	Cass	5		54	Mecosta	8
15	Charlevoix	7		55	Menominee	6
17	Chippewa	8		56	Midland	16
18	Clare	4		57	Missaukee	1
19	Clinton	6		58	Monroe	18
20	Crawford	2		59	Montcalm	1
21	Delta	10		60	Montmorency	3
22	Dickinson	4		62	Newaygo	10
23	Eaton	16		63	Oakland	98

<b>County Code</b>	<b>County Name</b>	<b>Beneficiary ID</b>		<b>County Code</b>	<b>County Name</b>	<b>Beneficiary ID</b>
24	Emmet	6		61	Muskegon	39
25	Genesee	35		64	Oceana	2
26	Gladwin	1		66	Ontonagon	1
27	Gogebic	3		67	Osceola	3
28	Grand Traverse	26		69	Otsego	8
29	Gratiot	4		70	Ottawa	23
30	Hillsdale	6		72	Roscommon	8
31	Houghton	9		73	Saginaw	9
32	Huron	5		74	St. Clair	17
33	Ingham	43		75	St. Joseph	15
34	Ionia	5		76	Sanilac	6
35	Iosco	2		78	Shiawassee	10
36	Iron	2		79	Tuscola	5
37	Isabella	6		80	VanBuren	9
38	Jackson	13		81	Washtenaw	41
39	Kalamazoo	58		82	Wayne	87
40	Kalkaska	3		83	Wexford	5
41	Kent	96			<b>TOTAL</b>	<b>1,063</b>

# Michigan FTW Enrollees November 2007



**Quality Community Care Council  
November 2007**

**County Recipients, Referrals, and Providers Available**

<b>County #</b>	<b>County Name</b>	<b>HH* Recipients</b>	<b># Served</b>	<b>% of HH Served</b>	<b>DHS Referrals</b>	<b>% of HH DHS Referred</b>	<b>Providers Available</b>
1	Alcona	50	1	2.00%	1	2.00%	1
2	Alger	19	0	0.00%	0	0.00%	1
3	Allegan	251	5	1.99%	5	1.99%	9
4	Alpena	144	1	0.69%	1	0.69%	1
5	Antrim	97	1	1.03%	1	1.03%	2
6	<b>Arenac</b>	151	9	<b>5.96%</b>	9	<b>5.96%</b>	10
7	Baraga	64	0	0.00%	0	0.00%	0
8	Barry	152	0	0.00%	0	0.00%	7
9	<b>Bay</b>	692	63	<b>9.10%</b>	61	<b>8.82%</b>	56
10	Benzie	67	0	0.00%	0	0.00%	4
11	Berrien	818	2	0.24%	1	0.12%	6
12	Branch	99	0	0.00%	0	0.00%	7
13	Calhoun	620	0	0.00%	0	0.00%	6
14	Cass	172	1	0.58%	1	0.58%	2
15	Charlevoix	70	0	0.00%	0	0.00%	2
16	Cheboygan	178	0	0.00%	0	0.00%	2
17	Chippewa	173	0	0.00%	0	0.00%	2
18	Clare	182	5	2.75%	5	2.75%	5

County #	County Name	HH* Recipients	# Served	% of HH Served	DHS Referrals	% of HH DHS Referred	Providers Available
19	Clinton	114	3	2.63%	3	2.63%	14
20	<b>Crawford</b>	65	2	<b>3.08%</b>	0	0.00%	2
21	Delta	191	0	0.00%	0	0.00%	1
22	Dickinson	134	0	0.00%	0	0.00%	1
23	<b>Eaton</b>	299	12	<b>4.01%</b>	11	<b>3.68%</b>	20
24	Emmet	141	0	0.00%	0	0.00%	3
25	Genesee	2693	73	2.71%	71	2.64%	79
26	Gladwin	152	1	0.66%	0	0.00%	6
27	Gogebic	51	0	0.00%	0	0.00%	1
28	Grand Traverse	219	1	0.46%	1	0.46%	7
29	Gratiot	132	1	0.76%	0	0.00%	1
30	Hillsdale	184	1	0.54%	1	0.54%	5
31	Houghton	133	0	0.00%	0	0.00%	0
32	Huron	131	3	2.29%	2	1.53%	3
33	<b>Ingham</b>	1246	118	<b>9.47%</b>	77	<b>6.18%</b>	35
34	<b>Ionia</b>	192	12	<b>6.25%</b>	10	<b>5.21%</b>	9
35	Iosco	134	0	0.00%	0	0.00%	4
36	Iron	95	0	0.00%	0	0.00%	1
37	Isabella	266	2	0.75%	2	0.75%	2
38	Jackson	653	2	0.31%	1	0.15%	6

<b>County #</b>	<b>County Name</b>	<b>HH* Recipients</b>	<b># Served</b>	<b>% of HH Served</b>	<b>DHS Referrals</b>	<b>% of HH DHS Referred</b>	<b>Providers Available</b>
39	Kalamazoo	1130	2	0.18%	0	0.00%	7
40	Kalkaska	74	0	0.00%	0	0.00%	1
41	Kent	1905	42	2.20%	27	1.42%	51
42	Keweenaw	11	0	0.00%	0	0.00%	0
43	Lake	109	2	1.83%	2	1.83%	4
44	Lapeer	159	2	1.26%	2	1.26%	16
45	Leelanau	11	0	0.00%	0	0.00%	3
46	Lenawee	223	1	0.45%	0	0.00%	3
47	Livingston	230	3	1.30%	3	1.30%	8
48	Luce	39	1	2.56%	1	2.56%	0
49	Mackinac	38	1	2.63%	1	2.63%	1
50	Macomb	3296	92	2.79%	92	2.79%	156
51	Manistee	187	0	0.00%	0	0.00%	3
52	Marquette	232	0	0.00%	0	0.00%	3
53	Mason	100	0	0.00%	0	0.00%	3
54	Mecosta	234	1	0.43%	0	0.00%	3
55	Menominee	148	1	0.68%	0	0.00%	1
56	Midland	379	1	0.26%	1	0.26%	10
57	Missaukee	52	1	1.92%	1	1.92%	2
58	Monroe	346	0	0.00%	0	0.00%	2
59	Montcalm	268	6	2.24%	4	1.49%	12

County #	County Name	HH* Recipients	# Served	% of HH Served	DHS Referrals	% of HH DHS Referred	Providers Available
60	Montmorency	59	0	0.00%	0	0.00%	1
61	Muskegon	897	1	0.11%	1	0.11%	17
62	Newaygo	291	7	2.41%	7	2.41%	5
63	<b>Oakland</b>	3787	125	<b>3.30%</b>	119	<b>3.14%</b>	236
64	Oceana	152	1	0.66%	1	0.66%	4
65	Ogemaw	272	0	0.00%	0	0.00%	6
66	Ontonagon	48	1	2.08%	1	2.08%	1
67	Osceola	151	0	0.00%	0	0.00%	4
68	Oscoda	41	1	2.44%	1	2.44%	1
69	<b>Otsego</b>	182	12	<b>6.59%</b>	9	<b>4.95%</b>	7
70	Ottawa	276	6	2.17%	5	1.81%	15
71	Presque Isle	55	0	0.00%	0	0.00%	1
72	Roscommon	168	1	0.60%	1	0.60%	1
73	<b>Saginaw</b>	1348	54	<b>4.01%</b>	52	<b>3.86%</b>	66
74	St. Clair	596	6	1.01%	6	1.01%	27
75	St. Joseph	193	0	0.00%	0	0.00%	1
76	Sanilac	203	2	0.99%	2	0.99%	9
77	Schoolcraft	68	0	0.00%	0	0.00%	0
78	<b>Shiawassee</b>	232	9	<b>3.88%</b>	9	<b>3.88%</b>	13
79	Tuscola	193	1	0.52%	1	0.52%	7
80	<b>VanBuren</b>	372	18	<b>4.84%</b>	16	<b>4.30%</b>	12

<b>County #</b>	<b>County Name</b>	<b>HH* Recipients</b>	<b># Served</b>	<b>% of HH Served</b>	<b>DHS Referrals</b>	<b>% of HH DHS Referred</b>	<b>Providers Available</b>
81	Washtenaw	950	15	1.58%	13	1.37%	35
82	Wayne	17850	55	0.31%	18	0.10%	437
83	Wexford	170	2	1.18%	2	1.18%	8
<b>Total</b>		<b>48949</b>	<b>792</b>	<b>1.62%</b>	<b>662</b>	<b>1.35%</b>	

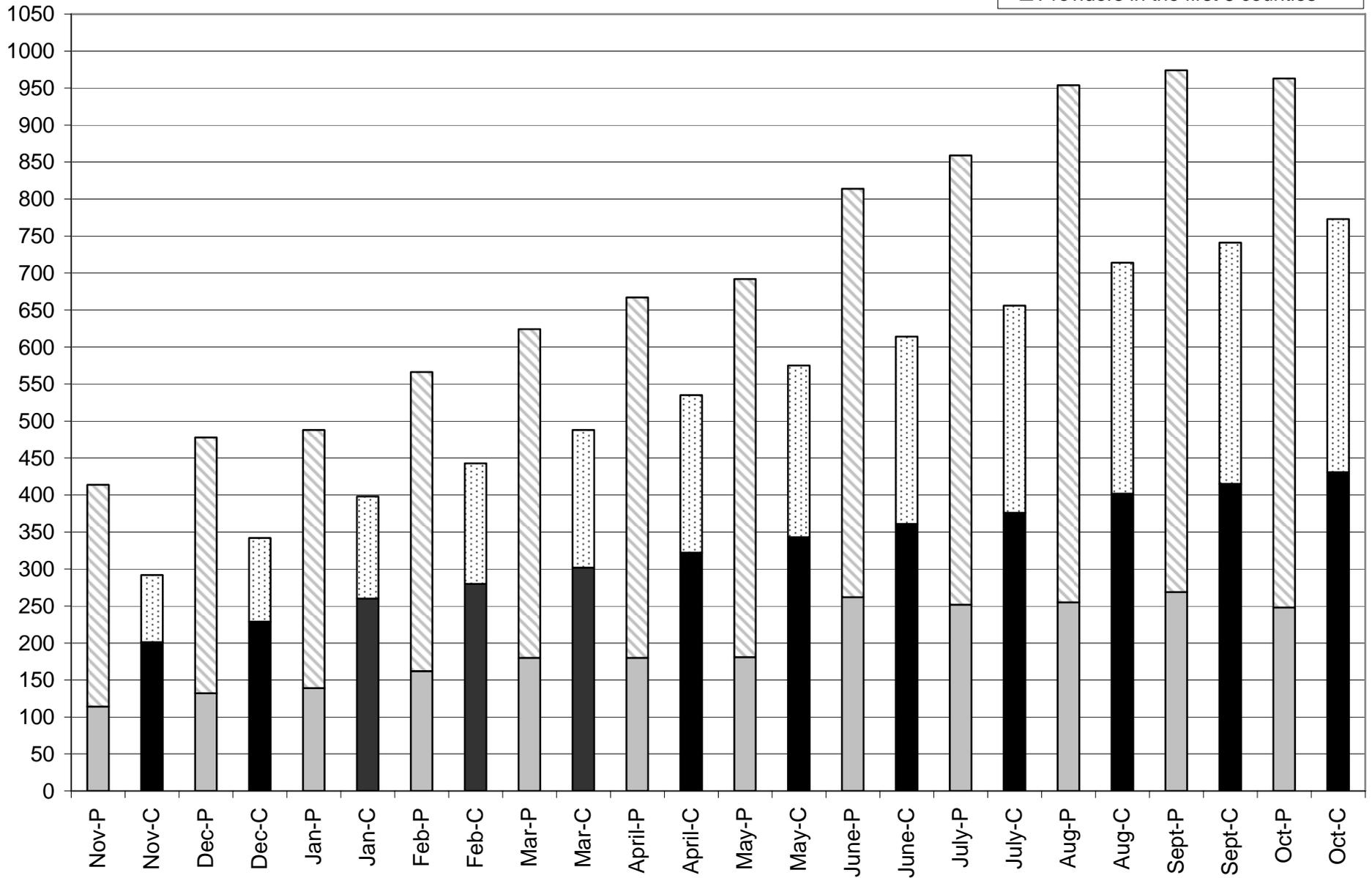
Percentage of Consumers served, referred by  
DHS.

83.59%

*\*Numbers based on data  
from July, 2007.*

### MQCCC - Growth from Nov 06 - Oct 07

- ▨ Consumers in the rest of the state
- Consumers in the first 8 counties
- ▨ Providers in the rest of the state
- ▨ Providers in the first 8 counties





## **Money Follows the Person 2003 Grant**

### **November 2007**

1. The development of a pre-paid Long-Term Care Plan under authority of Section 1915 (b)(c) is continuing. The current tasks are to:
  - a. conduct a Feasibility Study, discuss the concept paper with CMS,
  - b. use a work-group process to complete the two waiver requests,
  - c. plan for the administration of the waiver and
  - d. develop the site(s) where the plan will operate.
  - e. The new due date for the waiver request is March 31, 2008.
  
2. The Self-Determination Implementation Leadership Seminar was held on Tuesday, November 13<sup>th</sup>. Sixty-Seven people attended this bi-monthly meeting held in Lansing. The program for the event was Sally Burton-Hoyle provided an overview of the Person-Centered Planning process and worked with a consumer to model/demonstrate the questions and methods of a pre-planning meeting, Staff and consumers from two other regions presented overview of the transition from group home living to Self-Determined Arrangements, with information concerning the PCP, Plan of Service, Individualized Budget and outcomes from the consumer point of view. As a part of the introductions, participants spoke to their perception of current training needs to support Self-Determination. These training needs will become the basis for future seminars.
  
3. On October 23<sup>rd</sup> Mr. James Verdier a Senior Fellow with Mathematica Policy Research and the former Medicaid Director for Indiana made a presentation to a legislative forum. The event was called “Michigan Family Impact Seminar – The Future is Now: Long-Term Care Needs of Michigan Families.” This event was sponsored by the MSU Department of family and Child Ecology, Institute for Health Care Studies and Institute for Public Policy and Social Research. The other speaker was Lori Post from MSU who provided preliminary data from the Criminal Background Check grant. Mr. Verdier spoke on Medicaid

## Managed LTC: Challenges and Opportunities for State Policymakers and Low-Income Individuals.

4. The Michigan Partners for Freedom grassroots Self-Determination organizing organization recently completed their annual report. The Michigan Partners for Freedom (MPF) Local Leaders effort has been successful at identifying and developing peer mentors in 12 communities. These local leaders are peer support resources for other consumers.

In total, fourteen community training events and three local leader training events were conducted in sixteen communities throughout Michigan. In addition, MPF presented at total of nine conferences, six statewide and three county conferences. The day-long community training sessions included an overview of Self-Determination, how to implement the tools of Self-Determination (individual service budget, independent facilitation, fiscal intermediary and person-centered planning), participation in a group learning activity and showing the Self-Determination video developed by MPF which highlights the lives of four individuals with SD arrangements. A total of one thousand one hundred seventy eight people attended the trainings and conferences, far exceeding expectations. Of these 1178 participants, 576 were consumers, 363 were staff members and 179 were families or allies. The Michigan Partners for Freedom website is at:  
<http://mifreedom.org/home.html>

## **Self Determination in Long Term Care November, 2007**

**Phase- In** - The first band of waiver agents will have their final training session focusing on quality and enrollment process November 28 in Southfield. There are six agencies participating. The next training round will begin in January in Grand Rapids. We will do three day-long sessions that will cover the Self Determination principles and process, individual budget development, contracting and working with fiscal intermediaries, enrollment process and quality management. It is our intent for all waiver agents will complete the training and be ready to enroll statewide by early March. The coordinators from the Pioneer Sites conduct much of this training.

**Cash and Counseling grant** - We are in the last six months of funding from RWJ, which will spent on providing training and technical assistance to the rest of the waiver agents. The final report will be due in April.

**Pioneers Sites** - We will continue to work with the Pioneers to provide training and mentoring to the rest of the state. A final report and sustainability plan is due to MDCH by November 30, 2007.

**OSA** - Self Determination in Long Term Care is working with the Office of Services to the Aging on the Nursing Facility Diversion grant. I'm helping on the training and service standards workgroup.

## **Project Success November 2007**

This is small grant - \$14,000 and 500 hours of technical assistance from PHI to develop a train the trainer program for teams of waiver agent staff and consumers. We will train 10 teams to conduct training on being a successful employer. We are actively recruiting teams to be in place by January. The funding supports consumer involvement and the training costs. We are modifying a curriculum developed by PHI for use in DD community. Please let me know if you would like more information about this.

**State Profile Grant  
November 2007**

Nothing to report at this time

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**Systems Transformation Grant  
November 2007**

Nothing to report at this time

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**DRA/MFP Grant  
November 2007**

Ellen Speckman-Randall, the Project Director, started November 19. We anticipate submitting the Operational Protocol in December and hope to begin implementation in January or February, depending on the CMS review process.

The MDCH will be contracting with each of the 15 Centers for Independent Living (CILs) to conduct nursing facility transition services. The contracts will begin December 1. These are performance-based contracts that pay CILs for conducting assessments, providing support coordination, achieving successful transitions, and providing follow-along support. While this is not part of the MFP grant, it contributes to the overall direction of supporting consumer choice and independence.

## **Nursing Home Diversion Project November 2007**

This grant is designed to re-design the infrastructure of Older American's Act-funded programs to institute person-centered planning and self determination specifically for those over 60 who are at risk of nursing home placement and who are not Medicaid eligible in order to avoid spend down and nursing home placement.

Since receiving the grant on October 1, OSA has met internally several times and also with the three partner agencies, namely the 1-B Area Agency on Aging (Macomb), the Tri County Office of Aging (Ingham, Eaton, Clinton) and the Area Agency on Aging of Western Michigan, Inc (Kent) to discuss the grant project and a timeline and workgroups have been established and will be meeting in late November and early December. The workgroups are 1) Targeting, 2) Standards and Policies and 3) Training and Outreach. An additional workgroup, the AIS/Financial (Aging Information Systems) workgroup will focus on data gathering and analysis and grant reporting. This project will be implemented using the PDSA (Plan, Do, Study Act) methodology and will include collaborative learning sessions for all interested aging network members.

More updated information will be shared at the meeting on November 27, 2007.

Subject: Ombudsman Advisory Committee Recommendations

Date: Wednesday 21 November 2007 15:07

From: "Sharon Gire" <[gires@michigan.gov](mailto:gires@michigan.gov)>

Dear Ombudsman Advisory Committee:

Thank you for your recommendations related to the future of the State's Long Term Care Ombudsman (SLTCO) program. The processes you used to gain stakeholder input was very inclusive and thorough. Your analysis of the current status of the program and what the program could look like based on efficiency, accountability and quality is impressive.

The goal of achieving the maximum quality services for the frail, elderly consumers and the disabled, served by this program must be our guiding principles. We will strive to achieve this goal while being mindful of the current environment in which we operate.

The public comment provided regarding the proposed recommendations revealed both support and opposition. Based on my review of the recommendations and the provided input, I feel there are several concerns with the proposal. I am concerned that the plan will not be cost neutral and creates many unknowns regarding start up costs. The proposal also conflicts with the executive policy to competitively bid contracts.

Therefore, my decision is to continue to operate the SLTCO portion of the program within state government and to continue the local Ombudsman program funneled through the AAAs. I am committed to initiating changes with the goal of improved quality, stronger accountability and streamlining procedures. Sarah Slocum and I will be working with the local stakeholders to develop plans to achieve these goals.

Thank you again for all of your hard work. Your dedication to the program and consumers is appreciated.

Sincerely,

Sharon L. Gire, MSW, Director

Michigan Office of Services to the Aging

**Subject:** [www.nchsd.org!](http://www.nchsd.org)

Dear NCHSD State Partners: Your patience has been rewarded at last -- the brand new re-designed NCHSD website is open for business! Please visit the site at [www.nchsd.org](http://www.nchsd.org) to explore its new look and improved features:

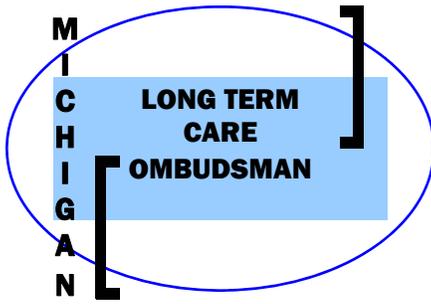
- the Resource Exchange where you'll find the latest news, events, reports and technical assistance tools
- Hot Topics pages that organize everything from teleconference notes to policy briefs around the issues you're interested in
- State Partners pages that display all the articles, products and reports for each NCHSD member state
- an enhanced Library with better options for fast and easy searches
- Conference pages with one-click access to all the presentations and materials from our annual meetings
- and much more!

They are still in the process of adding documents to the site, so if you have any trouble finding something don't hesitate to contact Sara Salley

([ssalley@hadvocates.org](mailto:ssalley@hadvocates.org)).

Also, please email Sara if you have news, work product or a job opportunity from your MIG to share -- we would love to post it on the site!

You'll hear more about the new website when we announce its launch to the wider employment supports community in December. In the meantime, please visit the site soon and tell us what you think.



# Action Alert

## Nursing Home Certificate of Need Standards Under Review

Michigan regulates the supply of nursing homes through a process called Certificate of Need (CON). Historically, the standards for CON have not included a review of past performances. Now, a committee of providers, consumer advocates, and others are proposing new standards. The standards would do the following:

- Set a bottom line for basic health and safety before a nursing home owner or corporation can build, renovate, or buy a nursing home.
- Only bar providers with very serious compliance issues. Problems like decertification, loss of license, bankruptcy, having more than two times the state average number of citations in two consecutive surveys would block providers from expanding.
- Require the state to consider all nursing homes with common ownership or control when conducting a CON review.
- Not count building-related citations against the provider. If the building is the problem, the new standards are not a barrier to fixing the building.
- Require nursing home owners to pay any Quality Assurance Assessment Program (QAAP) (provider tax) and Civil Money Penalty (CMP) fines before expanding.

**Please come and support these standards** by giving testimony on the need to require basic health and safety standards in our nursing homes. The Nursing Home Standard Advisory Committee will take testimony during its November 28, 2007 meeting, 9 AM – 1 PM, Conference Room A of the Capitol View Building, 201 Townsend, Lansing, MI.

If you have any questions, please call Sarah Slocum at 517-335-0148

**Project  
Success!**

## *20 Very Special People Are Needed!*

**10-Session Train-the-Trainer Program  
for Pairs of Agency and MI Choice Participant Co-Trainers  
*to Prepare Them to Support Individuals in Self-Determination as  
Successful Employers of Personal Assistants***

### **Hotel in Lansing**

Monday - Wednesday, March 3 - 5, 2008 ★ Sessions 1 - 3

**Choosing the Life You Want &  
Exploring If Self-Determination is For You!**

Tuesday - Friday, April 1 - 4, 2008 ★ Sessions 4 - 7

**Finding, Selecting and Hiring Your Personal Assistants**

Tuesday - Thursday, May 6 - 8, 2008 ★ Sessions 8 - 10

**Supervising Your Personal Assistant**

*As a result of this training, participants will be prepared to*

- ★ Provide in-services, formal training and one-on-one coaching in the skills and nuts and bolts knowledge needed to support the practical and emotional needs of participants who are finding, selecting and supervising their own staff – for both participants and agency staff
- ★ Act as advocates of informed choices for participants and self-direction
- ★ Support their organizations in dialogue and development of the changes needed



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Agencies that sponsor co-trainers in this program will gain internal capacity to help participants and staff explore the benefits and challenges of self-direction - and build the skills and supports they need to make it successful.

## *Are You One of the 20 Very Special People We Need?!*



# **10-Session Train-the-Trainer Program** **for Pairs of Agency and Participant Co-Trainers** *Who Will Support Individuals in Self-Determination in being* **Successful Employers of Personal Assistants**

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**March 3-5** – Sessions 1 – 3 ★ **April 1-4** – Sessions 4 – 7 ★ **May 6-8** – Sessions 8 – 10

**Each Session will be 5.5 hours, with Lunch and Breaks Provided**

First Days: 11:00 – 4:30 or 11:30 – 5:00 ★ Other Days: 10:00 – 3:30 or 9:30 – 3:00

**To participate, you must be pairs of agency staff and self-directed individuals who:**

- Have a passion for reaching out to consumers and agencies to promote thoughtful consideration of self-direction and real support for those who choose to pursue it.
- Are connected to an agency or organization that will provide administrative, outreach and logistic support for hosting Consumers as Employers training programs.
- Have experience as employers of personal assistants or as supports coordinators of consumers.
- Are able to understand and use the curriculum, which is written at a 7-8<sup>th</sup> grade level, so that you are able to teach effectively.
- Communicate clearly with an audience and individuals.
- Are able to manage – or be able to arrange accommodations or supports to manage – the physical demands of instruction, e.g. flip charting, hand outs, etc.

*☺ Informal teaching and presentation experience is highly desirable ☺*

**Sponsoring agencies must be ready to** provide administrative, outreach and logistic support for hosting Consumers as Employers training programs – of all types and lengths...

- Agencies must support Trainers in delivering Sessions 1 & 2 to internal agency staff and board members after the training session in March and before the end of May
- Agencies must support trainers in delivering not-less-than 7 trainings in 2008.

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**Deadline for registration: Friday, January 25<sup>th</sup>, 2008**

If you would like to join in this Train-the-Trainer Program, please send an application to:

**Tari Muniz**, *Project Coordinator*, MDCH Office of Long Term Care Supports and Services

[MunizT@michigan.gov](mailto:MunizT@michigan.gov) ★ (517) 335-5671

*Feel free to call for additional information or to discuss your involvement*

This program is being presented with the support of the Center for Medicaid & Medicare Services.

# CMS Descriptions of Waivers

## 1115 Waiver Research and Demonstration Projects

**PURPOSE:** Section 1115 of the Social Security Act provides the Secretary of Health and Human Services with broad authority to authorize experimental, pilot, or demonstration project(s) which, in the judgement of the Secretary,(are) likely to assist in promoting the objectives of (the Medicaid statute).

### FEATURES

- **GENERAL FEATURES:** flexibility under section 1115 is sufficiently broad to allow States to test substantially new ideas of policy merit. States commit to a policy experiment that will be evaluated. Section 1115 should demonstrate something that has not been demonstrated on a widespread bases, the specific research/demonstration finding will be drawn from the projects results.
- **ELIGIBILITY/ADDITIONAL SERVICES:** the authority provides flexibility, under the Secretary's discretion, for the provision of services which are not otherwise matchable, allows for the expansion of eligibility for those who would otherwise not be eligible for the Medicaid program.
- **EVALUATION/REPORTING REQUIREMENTS:** CMS maintains the responsibility to evaluate the project. This includes: state specific and cross-state analyses of impact on utilization, insurance coverage, public and private expenditures, quality, access, and satisfaction.
- **TIME:** States can discuss potential demonstration project concepts with CMS early in the process. Projects are generally approved to operate for a five year period.
- **HEALTH CARE REFORM DEMONSTRATIONS:** State can expand managed care to include HMOs, partially capitated systems, primary care case managers, or other variations. Oftentimes savings are achieved from managed care arrangements and used to finance coverage to individuals previously ineligible for Medicaid.
- **FINANCIAL:** the demonstration must be **budget neutral** over the life of the project (generally 5 years), and is subject to OMB, CMS, and Departmental approval. The demonstrations cannot be expected to cost the Federal government more than it would cost without the waiver.

# Project Success

## Application for Train-the-Trainer Program

March 3 – 5<sup>th</sup>, April 1 – 4<sup>th</sup>, and May 6 – 8<sup>th</sup>, 2008

Holiday Inn South, Lansing

**Due January 25, 2008 ■ To be completed agency and Training Team**

1. Name \_\_\_\_\_

2. Organization \_\_\_\_\_

3. Position \_\_\_\_\_

4. Address \_\_\_\_\_

\_\_\_\_\_

5. Work Phone \_\_\_\_\_ 6. Cell Phone \_\_\_\_\_

7. Fax \_\_\_\_\_ 8. Email \_\_\_\_\_

9. Please describe how your agency will provide administrative, outreach and logistic support for hosting Consumers as Employers training programs of varying types and lengths:

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10. Please outline your plan for having your Training Team deliver Sessions 1 & 2 of "Consumers as Employers" training to internal agency staff and board members after the training session in March and before the end of May.

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11. Please outline your plan for supporting trainers in delivering not-less-than 7 trainings in 2008.

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12. Please provide any additional information regarding your agencies interest in and readiness to carry out the goals of Project Success:

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# Project Success

## Individual Trainer Application – One of Two

Please complete this application and the Skill and Comfort Level Assessment to give us basic information about your experience and interests. Feel free to use other paper if needed.

1. Name \_\_\_\_\_

2. Agency Affiliation and Position \_\_\_\_\_  
\_\_\_\_\_

3. Address \_\_\_\_\_  
\_\_\_\_\_

4. Day Phone \_\_\_\_\_

5. Cell Phone \_\_\_\_\_

6. Fax \_\_\_\_\_

7. Email \_\_\_\_\_

8. Can you commit to attending all ten days of the Train-the-Trainer (a requirement)?  Yes

9. **Please describe your experiences as a trainer.** Include formal and informal training.

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10. Please describe your experiences with participant self-direction.

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11. You must have the following qualifications to participate in the TTT. Please describe why you believe that you *do* have them.

- a. Have a passion for reaching out to consumers and agencies to promote thoughtful consideration of self-direction and support for those who choose to pursue it.

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- b. Are connected to an agency or organization that will provide administrative, outreach and logistic support for hosting Consumers as Employers training programs.

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- c. Have experience as employers of personal assistants or as supports coordinators of consumers.

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d. Are able to understand and use the curriculum, which is written at a 7-8<sup>th</sup> grade level, so that you are able to teach effectively.

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e. Communicate clearly with an audience.

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f. Are able to manage – or be able to arrange accommodations or supports to manage – the physical demands of instruction, e.g. flip charting, hand outs, etc.

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12. **What interests you in participating in the Consumers as Employers Train-the-Trainer program?** Please provide as much detail as you would like.

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## Skills and Comfort Level Assessment

To help us understand your background, skills and style as a trainer, please complete the following survey. For each area, rate yourself on a scale of 1-10, where 1 = very low; 10 = very high. *Feel free to comment on the back of the page.*

### Comfortable leading groups

1 2 3 4 5 6 7 8 9 10

### Enjoy teaching

1 2 3 4 5 6 7 8 9 10

### Comfortable using interactive training or group facilitation techniques

1 2 3 4 5 6 7 8 9 10

### Interested in learning new ways of teaching and working with groups

1 2 3 4 5 6 7 8 9 10

### Comfortable participating in self reflection and development activities

1 2 3 4 5 6 7 8 9 10

### Comfortable with change

1 2 3 4 5 6 7 8 9 10

### Use good listening skills

1 2 3 4 5 6 7 8 9 10

### Effective as a self-determined participant or agency support person

1 2 3 4 5 6 7 8 9 10

### Comfortable with using skills to lead participation self-determination

1 2 3 4 5 6 7 8 9 10

# Project Success

## Individual Trainer Application – Two of Two

Please complete this application and the Skill and Comfort Level Assessment to give us basic information about your experience and interests. Feel free to use other paper if needed.

1. Name \_\_\_\_\_

2. Agency Affiliation and Position \_\_\_\_\_

\_\_\_\_\_

3. Address \_\_\_\_\_

\_\_\_\_\_

4. Day Phone \_\_\_\_\_

5. Cell Phone \_\_\_\_\_

6. Fax \_\_\_\_\_

7. Email \_\_\_\_\_

8. Can you commit to attending all ten days of the Train-the-Trainer (a requirement)?  Yes

9. **Please describe your experiences as a trainer.** Include formal and informal training.

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10. Please describe your experiences with participant self-direction.

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11. You must have the following qualifications to participate in the TTT. Please describe why you believe that you *do* have them.

- a. Have a passion for reaching out to consumers and agencies to promote thoughtful consideration of self-direction and support for those who choose to pursue it.

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- b. Be connected to an agency or organization that will provide administrative, outreach and logistic support for hosting Consumers as Employers training programs.

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- c. Have experience as employers of personal assistants or as supports coordinators of consumers.

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- d. Be able to understand and use the curriculum, which is written at a 7-8<sup>th</sup> grade level, so that you are able to teach effectively.

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- e. Communicate clearly with an audience.

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- f. Be able to manage – or be able to arrange accommodations or supports to manage – the physical demands of instruction, e.g. flip charting, hand outs, etc.

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**12. What interests you in participating in the Consumers as Employers Train-the-Trainer program?** Please provide as much detail as you would like.

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## Skills and Comfort Level Assessment

To help us understand your background, skills and style as a trainer, please complete the following survey. For each area, rate yourself on a scale of 1-10, where 1 = very low; 10 = very high. *Feel free to comment on the back of the page.*

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1 2 3 4 5 6 7 8 9 10

### Enjoy teaching

1 2 3 4 5 6 7 8 9 10

### Comfortable using interactive training or group facilitation techniques

1 2 3 4 5 6 7 8 9 10

### Interested in learning new ways of teaching and working with groups

1 2 3 4 5 6 7 8 9 10

### Comfortable participating in self reflection and development activities

1 2 3 4 5 6 7 8 9 10

### Comfortable with change

1 2 3 4 5 6 7 8 9 10

### Use good listening skills

1 2 3 4 5 6 7 8 9 10

### Effective as a self-determined participant or agency support person

1 2 3 4 5 6 7 8 9 10

### Comfortable with using skills to lead participation self-determination

1 2 3 4 5 6 7 8 9 10

**Agreed to By:**

**For DCH OLTCSS:**

\_\_\_\_\_  
Tari Muniz  
Program Coordinator

\_\_\_\_\_  
Date

Maureen Sheahan  
MI Training and Organizational  
Development Specialist

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Agency:**

\_\_\_\_\_  
Name of the Organization

\_\_\_\_\_  
Name and Title of CEO/COO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Trainer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and title of Trainer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Project Success** has been made possible by a Technical Assistant (TA) grant to DCH OLTCSS to support self-determination efforts and ensure that participants who choose self-direction have the information needed to be successful as employers and supervisors. Project Success is being carried out in coordination with the Office on Services to the Aging (OSA).



# PHI Michigan

## “Consumers as Employers” Train-the-Trainer Program

### Overview of Sessions & Goals

**Instructors:** Maureen Sheahan, *PHI Michigan Training and Organizational Development Specialist*  
Darlene Kauffman, *PHI Training Associate*

#### **Session 1 of the Train-the-Trainer Program**

WORKSHOP I: Leading the Life You Want as a Consumer

Module 1: Getting Started: Exploring Your Needs and Preferences

**Goal:** To increase consumers’ self-awareness of their personal assistance needs and preferences in order to help them effectively screen, hire, and supervise their personal assistants (PAs) or to enhance their relations and ability to articulate their needs and preferences with their PAs, families and agencies.

#### **Session 2 of the Train-the-Trainer Program**

WORKSHOP II: Introduction to the Consumer-Directed Model

Module 2: Understanding the Consumer-Directed Option – Is It Right for You?

**Goal:** To help participants explore the concepts of choice, preference, rights, and responsibilities in obtaining personal assistance services for themselves.

#### **Session 3 of the Train-the-Trainer Program**

WORKSHOP III: FINDING & HIRING PERSONAL ASSISTANTS

Module 3: Finding Personal Assistant Candidates

**Goal:** To increase participants’ knowledge and skill in recruiting and pre-screening personal assistance staff, prior to beginning the interview process.

## **Session 4 of the Train-the-Trainer Program**

WORKSHOP III: FINDING & HIRING PERSONAL ASSISTANTS

MODULE 4: Preparing to Staff: Making a Staffing Plan,

Developing a PA Schedule, and Interviewing Candidates

**Goal:** To assist participants in determining their staffing needs and in developing the communication skills needed to interview candidates effectively.

## **Session 5 of the Train-the-Trainer Program**

WORKSHOP III: FINDING & HIRING PERSONAL ASSISTANTS, continued...

Module 5: Hiring Personal Assistants

**Goal:** To provide participants with the knowledge and skills needed to evaluate final candidates, make job offers, and politely turn down those who are not qualified.

## **Session 6 of the Train-the-Trainer Program**

WORKSHOP IV: SUPERVISING PERSONAL ASSISTANTS

Module 6: Introduction to Basic Supervisory Skills: Active Listening

**Goal:** To introduce consumers to the role of supervision in the consumer-directed model, and to help consumers begin developing active listening skills that are essential to effective supervision.

## **Session 7 of the Train-the-Trainer Program**

WORKSHOP IV: SUPERVISING PERSONAL ASSISTANTS, continued...

Module 7: Supervisory Skills II: Self-Awareness,

Self-Management, and Constructive Feedback

**Goal:** To introduce consumers to three basic skills necessary for effective supervision: self-awareness, self-management, and constructive feedback.

## **Sessions 8 - 10 of the Train-the-Trainer Program**

**Sessions 8 through 10 of the Train-the-Trainer Program** are devoted to **Training Practicum and TTT activities with Training Team Participants.**

**Goal:** To prepare participants to confidently and effectively use adult learner centered methods to present curriculum and support consumers in pursuing self-determination and being successful as employers of their personal assistants.

## 1915(b) FREEDOM OF CHOICE WAIVERS

**PURPOSE:** Section 1915(b) of the Social Security Act provides the Secretary may **waive** such requirements of section 1902(other than subsection (s))(other than sections 1902(a) (13)(E) and 1902(a)(10)(A) insofar as it requires provision of care and services described in section 1905(a)(2)(C)).

### FEATURES

- **GENERAL FEATURES:** States are permitted to waive **statewideness**, **comparability of services**, and **freedom of choice**. 1915(b) waivers are limited in that they apply to existing Medicaid eligible beneficiaries, authority under this waiver can not be used for eligibility expansions. There are four 1915(b) Freedom of Choice Waivers:
  - (b)(1) mandates Medicaid Enrollment into managed care
  - (b)(2) utilize a "central broker"
  - (b)(3) uses cost savings to provide additional services
  - (b)(4) limits number of providers for services
- **WHY A 1915(b) WAIVER?** In order to:
  - Mandatorily enroll beneficiaries into managed care programs
  - Create a "carveout" delivery system for specialty care-for example: Managed Behavioral Health Care Plan
  - Create programs that are not available statewide
  - Provide an enhanced service package--this allows the State to provide additional services to Medicaid beneficiaries via savings from managed care product
- **1915(b) WAIVERS ARE LIMITED IN SCOPE:** The State cannot use them to serve beneficiaries beyond Medicaid State Plan Eligibility
- **PROCESS OF APPLICATION:** Once CMS receives the application for a 1915(b) waiver (submitted by the State Agency), the program will be deemed approved unless it is acted upon within 90 days. The waiver programs are approved for 2 year periods, and can be renewed on an ongoing basis.
- **REQUIREMENTS:** A 1915(b) waiver program cannot negatively impact beneficiary access, quality of care of services, and must be cost effective (cannot cost more than what the Medicaid program would have cost without the waiver).
- **EVALUATION/REPORTING REQUIREMENTS:** 1915(b) waivers do not carry the evaluation requirements necessary for 1115 waivers, however, an independent assessment is due for the first two waiver periods.

# Home and Community-Based Services Waiver Program

## Program Design

The home and community-based services (HCBS) waiver program, section 1915(c) of the Social Security Act (the Act) is the Medicaid program alternative to providing long-term care in institutional settings.

States have the flexibility to design HCBS waiver programs to meet the specific needs of defined groups. Federal regulations permit HCBS waiver programs to serve the elderly, persons with physical disabilities, developmental disabilities, mental retardation or mental illness. States may also target HCBS waiver programs by specific illness or condition, such as technology-dependent children or individuals with AIDS, as well as persons with acquired or traumatic brain injury. States can make home and community-based services available to individuals who would otherwise qualify for Medicaid only if they were in an institutional setting. In other words, individuals receiving services under an HCBS waiver program must meet either a hospital, nursing facility or intermediate care facility for persons with mental retardation level of care.

States may offer a variety of services to participants under an HCBS waiver program and are not limited to the number of services that can be provided. States may use an HCBS waiver program to provide a combination of both traditional medical services (i.e. dental services, skilled nursing services) as well as non-medical services (i.e. respite, case management, environmental). There are no specific services that must be offered in an HCBS waiver program. Additionally, there is no limit on the number of services that can be offered under a single waiver program as long as the waiver retains cost-neutrality and the services are necessary to avoid institutionalization.

Under section 1915(c) of the Act, States may request waivers of certain Federal requirements in order to develop Medicaid-financed home or community-based treatment alternatives. The three requirements that may be waived are in section 1902 of the Act and deal with statewideness (1902(a)(1), comparability of services (1902(a)(10)(B)) and community income and resource rules for the medically needy (1902(a)(10)(C)(i)(III)).

## **Section 1915(b)/(c) Waiver Programs**

Increasingly, States are expressing an interest in providing long-term care services in a managed care environment or using a limited pool of providers. In addition to providing traditional long-term care State plan services (e.g., home health, personal care, institutional services), many States are proposing to include non-traditional home and community-based "1915(c)-like" services (e.g., homemaker services, adult day health services, respite care) in their managed care programs. There is no authority under 1915(b) to cover individuals in a special eligibility category (the 42 CFR 435.217 group) who are only Medicaid eligible through a link to a 1915(c) waiver. For these reasons, several States have opted to simultaneously use authorities of the 1915(b) and 1915(c) programs to provide a continuum of services to disabled and/or elderly populations. In essence, States use the 1915(b) authority to limit freedom of choice, and use the 1915(c) authority to provide the home and community-based services and expand Medicaid eligibility to the 435.217 group.

### **Concurrent 1915(b)/(c) Programs:**

States can implement 1915(b) and 1915(c) concurrent waivers *as long as all Federal requirements for both waiver programs are met.*

- States must submit a separate application for each waiver type and satisfy all of the applicable requirements.
- States must demonstrate cost neutrality in the 1915(c) waiver and cost effectiveness in the 1915(b) waiver.
- States must also comply with the separate reporting requirements for each waiver.
- Because the waivers are approved for different time periods, renewal requests must be prepared separately and submitted at different points in time.

Meeting these separate requirements is somewhat cumbersome for States, and can be a potential barrier for States that are considering going forward with such a program. However, the ability to develop an innovative managed care program that integrates home and community-based services with traditional State plan services is appealing enough to some States to outweigh the potential barriers.

Michigan's Medicaid Prepaid Specialty Mental Health and Substance Abuse Services and Combination 1915(b)/(c) Medicaid Prepaid Specialty Services and Supports for Persons with Developmental Disabilities program was approved in June 1998. Michigan's program "carves out" specialty mental health, substance abuse, and developmental disabilities services and supports, and provides these services under a prepaid shared risk arrangement.

## **What Waivers Does Michigan Have**

Michigan has many waivers. The major waivers include:

- Medicaid Health Plans - 1915(b) waiver - requires enrollment into a health plan for most consumers' primary health care.
- Mental Health Prepaid Inpatient Hospital Plan - 1915(b) waiver - provides managed care of most mental health services through the Community Mental Health Services Programs.
- MI Choice - 1915(c) waiver - provides home and community-based services for elderly persons and persons with disabilities who meet the nursing facility level of care.
- Habilitation/Supports - 1915(c) waiver - provides home and community-based services for persons with disabilities who meet level of care for an intermediate care facility for the mentally retarded (ICF/MR)
- Children's Waiver- 1915(c) waiver - provides home and community-based services for children with disabilities (under age 18) who meet level of care for an intermediate care facility for the mentally retarded (ICF/MR)
- Adult Benefits Waiver (ABW) - 1115 Health Insurance Flexibility and Accountability (HIFA) waiver - provides health benefits for childless adult residents (age 18 through 64) with net family incomes at or below 35% of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid or Medicare.

If you or anyone you know would like to attend just email Alicia Rouse at: [arouse@camw.net](mailto:arouse@camw.net) and specify a time. Thank you,

On Monday December 10, 2007 a speaker will be here from the Learning Disabilities Association in Grand Rapids, speaking at 10:30 a.m. and 1:30 p.m. I only have a few people currently signed up, and if I do not get more attendees I will have to cancel the seminar altogether. Learning disabilities are hidden disabilities, in which the disability it is not in plain view. Hidden disabilities are very hard to recognize, making it difficult for staff members to direct customers to the appropriate agencies. Please, come to the seminar and learn ways in which you can identify characteristics of learning disabilities and ways to work around them.

Thank you,  
Alicia Rouse

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