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LONG-TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION
EXECUTIVE COMMITTEE
APRIL 30, 2007
MINUTES

ATTENDEES: Andy Farmers, RoAnne Chaney, Hollis Turnham, Jackie Tichnell, Gloria Lanum, Jane Church

DEBRIEFING OF LAST COMMISSION MEETING -

There was discussion regarding the depth of understanding that all Commissioners may have regarding the single points of entry. It was decided that a side-by-side comparison of SPEs should wait for at least 6 months. Since the SPEs are still trying to figure out how to accomplish their charges, it would be inappropriate to have options counselors presenting at this time. The Commissioners need to be encouraged to attend the bi-monthly SPE forums.

Chaney and Turnham are still working on the meeting for Detroit. The September meeting is the target date for Detroit. The Detroit Commissioners should be approached for possible locations and Martin Hardy of the Greater Grace Temple may also be a resource. Church will contact Hardy. It was determined that the Detroit SPE should help coordinate the meeting. It will be easier for SPE consumers to attend the meeting and provide first-hand experience.

The SPE evaluation and data work can wait for the October meeting.

MAY MEETING -

- **WORKGROUPS** - This should center on the development of workgroups. Farmer will approach various

Commissioners to act as chairs of the workgroup and discuss expectations and charges. Farmer will provide a template for the charges. Proposed workgroups and chairs include:

- Workforce - Turnham
- Prevention - Chaney
- Single Point of Entry - full Commission
- Finance - Chesny
- Quality - Slocum
- Public Education/Consumer Participation - Allison/Wilson
- Person-Centered Planning - Hoyle/Rabidoux

There was discussion regarding a workgroup on assisted living. It was determined to present this to the Commission and let them decide if there were Commissioners who were willing to put the time and effort into this subject at this time. The MIChoice Waiver Renewal Workgroup is working on the provision of waiver services in licensed residential settings. It is anticipated, given the issues involved, that the coverage will be an amendment to the waiver renewal, effective January 2008. A status report of this workgroup should be provided at the May meeting.

- **REPORT FROM MEDICAID ON THE BUDGET** - It is anticipated that the Medical Services Administration will provide an update on how the cut in provider rates will be implemented, with some specificity.

Bulletin: MSA 07-23

Distribution: All Providers

Issued: May 1, 2007

Subject: FY 07 Fee Reductions

Effective: June 1, 2007

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS), Plan First!, Adult Benefits Waiver (ABW), MIChoice Waiver, and Children's Waiver

In an effort to address budget shortfalls identified for fiscal year 2007, the Michigan Department of Community Health (MDCH) is implementing program/fee reductions effective for dates of service on and after June 1, 2007 unless otherwise noted. The specific reductions are described in the following table. Only those provider types affected by reductions are included in the table.

Due to the need to achieve significant savings during the current fiscal year, the public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the reductions. Any interested party wishing to comment on the changes may do so by submitting them in writing to:

MDCH/Medical Services Administration
 Program Policy Division
 PO Box 30479
 Lansing, MI 48909-7979
 or
 email: MSADraftPolicy@michigan.gov

If responding by email, please include "Fee Reduction Policy" in the subject line.

Comments received will be considered for revisions to reductions implemented by this bulletin.

Fee For Service Reductions

Provider/Service Type	Reduction FY 07	Exclusions/Comments
Ambulance	6% fee reduction	
Anesthesia	Reduce anesthesia conversion factor by 6%	
Chiropractic	Reduce conversion factor by 6% for RVU-based fees. Other fees to be reduced by 6%	
Clinical Laboratory	6% fee reduction	
Cochlear Manufacturers	6% fee reduction for equipment and services	

Fee For Service Reductions

Provider/Service Type	Reduction FY 07	Exclusions/Comments
Dental	6% fee reduction	Healthy Kids Dental (Delta Dental) contract excluded.
Family Planning Clinics	Reduce conversion factor by 6% for RVU-based fees. Other fees to be reduced by 6%.	A4260-A4261, A4266-A4269, J0696, J1055, J7300, J7302-J7304, Q1044, S0180, S4989, and S4993 are excluded.
Hearing & Speech Centers	6% fee reduction	
Hearing Aid Dealers	Dispensing fees reduced by 6% Repairs/modifications limited to cost plus \$18.05 (reduced from \$19.20) Supplies, accessories, and replacement batteries limited to cost plus 9.1% (reduced from 9.6%)	
Home Health	6% rate reduction in addition to FY 03 and FY 05 reductions currently in place 6% reduction in fees paid for medical supplies	
Hospice	6% rate reduction will apply to hospice services, including room and board component related to beneficiary residing in a nursing facility.	Payments to nursing facilities supported by the NF provider tax will be driven by reductions in QAS payments to NFs pursuant to this bulletin.
Hospital (Inpatient)	6% reduction for DRG payments (medical/surgical hospitals) and per diem payments (distinct part rehabilitation units/freestanding rehabilitation hospitals). Continue reductions in Executive Orders 2001-9, 2002-22, 2005-7, and Public Act 330 of 2006 for a total reduction of \$45,872,360. Lump sum adjustments for the continued reductions will be made during the 3 rd and 4 th quarters of FY 07.	MACI and capital payments are excluded.
Hospital (DSH)	Reduce \$45 million and \$5 million DSH pools by 6% (total DSH payment reduction of \$1 million).	
Hospital (GME)	Reduce FFS GME payments by 6% (total GME payment reduction of \$1,879,100).	
Hospital (Outpatient) and Outpatient Rehab Providers	Reduce MDCH APC reduction factor by 6%. Fees for wrap around codes will be reduced by 6%.	Immunization codes (90281-90399, 90476-90749; Administration of immunizations (90465-90474, G0008-G0010, G0377); Drug administration codes (90765-90799); Radioisotopes (A4641-A4642, A9500-A9700, Q3001, Q9945-Q9953, Q9955-Q9957); Injectable drugs (J0128-J9999, Q0136, Q0515, Q3025-Q3026, Q4054-Q4055, Q4079, Q4081, Q4083-Q4086, S0030, S0032, S0074, S0077, S0080, S0145-S0147, S0162, S0164, S0166-S0167, S0171, S0180, S0190-S0191, S0199, S4989) are excluded.
Maternal and Infant Health Program	Reduce conversion factor by 6% for RVU-based fees. Other fees to be reduced by 6%.	Transportation services (A0100, A0110, A0140, A0170, S0215) are excluded.
Medical Supplier/DME	6% fee reduction for items with fee screens Manually priced items limited to acquisition cost plus 17.9% (reduced from 19%) Payment for labor reduced by 6% Payments to nonenrolled providers reduced by 6%	Items provided under the Incontinent Supply Volume Purchase Contract are excluded.

Fee For Service Reductions

Provider/Service Type	Reduction FY 07	Exclusions/Comments
Nursing Facilities	6% reduction to the variable cost portion of the rate	Reductions will apply to the variable cost portion of the daily rate. QAS payments will not be based on the reduced variable cost portion. NFs specializing in mental retardation/illness are excluded from the reductions.
Optician/Dispensing Ophthalmologist	6% fee reduction	
Optometrists	Reduce conversion factor by 6% for RVU-based fees. Other fees to be reduced by 6%	
Orthotists/Prosthetists	6% fee reduction for items with fee screens Manually priced items limited to acquisition cost plus 17.9% (reduced from 19%) \$45.12 payment cap for repairs (reduced from \$48)	
Pharmacy	6% reduction to dispensing fees 6% reduction for drugs reimbursed based on AWP (14.3% for pharmacies with 1-4 stores; 16% for 5 or more stores)	
Podiatrists	Reduce conversion factor by 6% for RVU-based fees. Other fees to be reduced by 6%	
Practitioners (MD, DO, CRNA, CNM, NP, Oral Surgeons, Medical Clinics)	Reduce conversion factor by 6% for RVU-based fees. Other fees to be reduced by 6%.	Immunization codes (90281-90399, 90476-90749; Administration of immunizations (90465-90474, G0008-G0010, G0377); Drug administration codes (90765-90799); Radioisotopes (A4641-A4642, A9500-A9700, Q3001, Q9945-Q9953, Q9955-Q9957); Injectable drugs (J0128-J9999, Q0136, Q0515, Q3025-Q3026, Q4054-Q4055, Q4079, Q4081, Q4083-Q4086, S0030, S0032, S0074, S0077, S0080, S0145-S0147, S0162, S0164, S0166-S0167, S0171, S0180, S0190-S0191, S0199, S4989) are excluded. Splint/casting supplies (L0210-L8603) are excluded. Cost-settled clinics (FQHCs, LHDs, RHCs, and THC). These clinics will initially be impacted by practitioner fee reductions, however, payments will be adjusted through the cost settlement process.

Capitated Plan Reductions

Provider/Service Type	Reduction FY 07	Exclusions/Comments
Prepaid Inpatient Health Plans	6% rate reduction.	
Medicaid Health Plans	6% rate reduction.	Hospital reimbursement adjustment (HRA), pharmacy and GME components of the rates excluded.
Program of All-Inclusive Care for the Elderly (PACE)	6% rate reduction.	Pharmacy component of the rate is excluded.
MI Choice Waiver	6% rate reduction.	Portions of the MI Choice budget supported by local match or attributable to NF Transition Initiative conversions are excluded.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration

**MICHIGAN LONG-TERM CARE
SUPPORTS & SERVICES
ADVISORY COMMISSION**

OPERATIONAL GUIDELINES

**Adopted
March 26, 2007**

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Broad Priorities, Agenda Setting & Planning

1. The Executive Order establishing the Commission and the Office has the implementation of the 2005 Governor's Medicaid Long Term Care Task Force Recommendations as central to their common Charge, so it these Recommendations which frame and guide all Commission priorities, agendas and planning.
2. Whereas the strength of the Task Force Recommendations, in both depth, integration and unanimous support stemmed directly from a statewide, widely-inclusive process of stakeholders, branches of State Government and the public, the Commission should endeavor to conduct its work in a manner consonant with the Task Force process model.
3. The Commission's engagement of statewide, widely inclusive groups of stakeholders, branches of State Government and the public should seek the consolidation of other public work in progress.
4. The Commission will establish workgroups and seek involvement from stakeholders, branches of State Government, the public, and the Commission.
5. These workgroups will scan the environment for both public and private work in progress that supports the actualization of the Task Force Report.
6. The workgroups will work in concert with the Office to develop strategies and advice for the use of public and private resources to address the needs and opportunities to do so.
7. The above process and its evolving structure serves as the Commission's primary policy, priority-setting and planning resource within the Task Force Recommendations; they function as the Commission's superstructure for ongoing public participation and communications in statewide education and planning.
8. Issues brought to the Commission's attention outside of this structure, whether brought by the Office, the Legislature, Public Comment, state or national events or the media should be reviewed by Commissioners and the Office (possibly Executive Committee members, if between meetings) for alignment with Task Force Recommendations; then if applicable referred to workgroups or other public individuals or bodies for development of a Commission response within its established priorities or recommend action through the reordering of priorities.
9. Planning cycles will be established and maintained for and between the Office and the Commission, and, between the Commission and what workgroups or other ongoing initiatives it undertakes. Plans for all these entities will address each of the Recommendations but may prioritize among them from year to year across the entities and subgroups so as to maximize the policy development and advocacy..

Meeting Protocols & Management

1. Commission meetings shall benchmark progress toward goals and objectives of the Commission, and the Office, for the full implementation of the Task Force Recommendations. Commissioners and Office staff ought to be able to cite activities which serve and further such implementation at the end of each meeting – and name next steps and agenda for the next meeting to assure the Commission’s work remains on track.
2. Annual plans will map milestones of accomplishment across the yearly calendar of meetings to assure success and frame the agendas and outcomes of each meeting.
3. Annual plans will be shared with the Commission, its workgroups and the public as dynamic documents, having flexibility for adjustment of timetables according to progress or lack thereof. Revised timetables will be determined by the full Commission, either at meetings through its agenda or between meetings using the Executive Committee and/or e-mail to complete the work for distribution to workgroups and the public.
4. Annual Plans and agendas of full Commission meetings and workgroups shall be publicly posted and available at least one week before meetings, two weeks ahead is optimal. Background materials supplied to the Commission should also be posted and publicly available.
 - a. Agendas will be developed by the Chair with assistance from the Executive Committee and designated Office staff.
 - b. Minutes will be approved by the Chair with assistance from staff designated by the Office with assistance from the Executive Committee before being issued for full Commission Review and Approval.
 - c. Fully Approved Commission Minutes will be publicly posted within 14 days after each Commission meeting.
5. Staffing support and assistance from the Office to the Commission will be in accordance with the Executive Order and with the Office Memorandum dated February 26, 2007 issued to the Commission at its Retreat gathering the same day. The Office Memorandum designates Gloria Lanum of the OLTCSS as the staff person Commissioners address questions and other needs related to Commission business and issues.
6. All Commissioners agree to review agendas, draft minutes and supporting materials before meetings to foster their active participation in discussions and decision-making.
7. Executive Committee meetings are convened at the pleasure of the Chair.
8. Commission members and workgroup volunteers will be encouraged to make donations of their personal, community and organizational resources at their disposal to enhance and leverage Commission and Office activities which enhance facilitation of the broader work. Such donations may include and are not limited to additional staffing, material, logistical support and coordination, meeting facilities, personal supports assistance and communications.

9. Annual planning by all Commission-related entities will target such logistical needs as part of operationalizing and sustaining their work. Office staff and the Commission Executive Committee will inventory these resource capacities, advertise specifically identified donation opportunities to the public; the Commission may delegate management of these logistics and their coordination to a special committee.
10. When the Commission or its Chair creates workgroups or committees, those workgroups or committees will receive a specific written charge of its role and responsibilities, membership, with established deadlines for completion and submission to the full Commission for consideration. Findings or recommendations from workgroups or committees are not those of the Commission or the Chair.
 - a. The ability of the Office to staff and support workgroups and committees is likely to be limited and will be determined by the Chair and the Office Director.
 - b. Meeting protocols for workgroups and committees will follow Commission protocols as closely as possible.
 - c. Effective communications between and among the Commission and its committees and workgroups will be sought.
11. Commission members must be present, physically or electronically, to vote. Commission members who are unable to be present may have a representative attend meetings to observe and listen to proceedings.
12. Commission meetings will always include at least one time period for public comment. The Chair will manage that section of the agenda to encourage public input on all long-term care issues and to complete Commission business. (See Operational Guideline for Public Comment, page 6.)
13. Commission meetings will include input from the Office.
14. Commission decision-making processes are guided by the adopted “Consensus Defined” document (reprinted in full below). Any Commissioner who “blocks” a decision is obligated to explain his/her reasons for blocking Commission action at the time of voting. That same Commissioner is also obligated to work with the Chair or his/her designee to remove the “block” at the next Commission meeting.

CONSENSUS DEFINED

Excerpted from *True Consensus, False Consensus* by Bea Briggs
Published in the Journal of Cooperative Living, Winter, 2001

The consensus process is a decision-making method based on values such as cooperation, trust, honesty, creativity, equality, and respect. Consensus goes beyond majority rule. It replaces traditional styles of top-down leadership with a model of shared power and responsibility.

The consensus process rests on the fundamental belief that each person/organization has a piece of the truth. Each member of the group must be listened to with respect. On the other hand, individuals/organizations cannot be permitted to dominate the group.

This is not to suggest that the consensus process presupposes or automatically confers complete peace and harmony within a group. In fact, in groups that are truly diverse, differences are both a sign of health and an invitation to creativity.

Consensus is not a panacea. It will not work in every situation. In order to invoke the power and magic of consensus, these main elements must be in place:

- Willingness to share power
- Informed commitment to the consensus process
- Common purpose
- Strong agendas
- Effective facilitation.

Procedure for Determining Consensus

In the consensus process, no votes are taken. Ideas or proposals are introduced, discussed, and eventually arrive at the point of decision. In making a decision, a participant in a consensus group has three options.

- To give consent. When everyone in the group (except those standing aside), says “yes” to a proposal, consensus is achieved. To give one’s consent does not necessarily mean that one loves every aspect of the proposal, but it does mean that one is willing to support the decision and stand in solidarity with the group, despite one’s disagreements.
- To stand aside. An individual stands aside when he or she cannot personally support a proposal, but feels it would be all right for the rest of the group to adopt it. Standing aside is a stance of principled non-participation, which absolves the individual from any responsibility for implementing the decision in question. Stand asides are recorded in the minutes of the meeting. If there are more than a few stand-asides on an issue, consensus has not been reached.
- To block. This step prevents the decision from going forward, at least for the time being. Blocking is a serious matter, to be done only when one truly believes that the pending proposal, if adopted, would violate the morals, ethics, or safety of the whole group. One probably has a lifetime limit of three to four blocks, so this right should be exercised with great care. If you frequently find yourself wanting to block, you may be in the wrong group.

Consensus decisions can only be changed by reaching another consensus.

Setting & Maintaining Short Term Public Policy Priorities

1. The Task Force Final Report Recommendations and their source material in the Task Force's Full Workgroup Reports, taken together, establish the ongoing framing through which current public issues are scrutinized for their relative importance and their sequencing for Commission attention and action.
2. Public issues can be named and brought to the attention of the Commission by anyone at anytime and conveyed by any means; if by the public, as part of Public Comment and/or Commission-related workgroups and other activities.
3. Public issues receive Commission priority from Commission deliberation and action, based primarily on:
 - Whether attention and action on the issue by the Commission addresses implementation of one or more Task Force Recommendations.
 - Commission decisions about priorities and actions should be based on which of those leverage a greater number of Recommendations' implementation; the greater number of Recommendations that are advanced – or impeded – by the issue, the greater priority that Issue should receive.
 - Additional scanning of public issues for their potential Commission priority should factor in the following measures:
 - ✓ which are most achievable
 - ✓ which make the biggest impact (affect more people, longer lasting)
 - ✓ which have the most positive outcome
 - ✓ even if relatively unimportant, which simply cannot wait
 - ✓ which are totally obvious, regardless of subjectivity or objectivity
 - ✓ those not being addressed elsewhere or receive little ongoing attention
 - ✓ those on which there is higher awareness and support
 - ✓ sustainable resources are available to tackle it
 - ✓ gut instinct or intuition ~ “it just feels right”
4. Issues selected in this way for Commission Priority may be sequenced and staggered across monthly agendas and interim activities based on success rates, outcomes and available Office and Commissioner resources.
5. The sequencing and staggering of Issues evolves into a longer range Commission Agenda and provides further basis for public advocacy planning and activities.
6. Establishment of Commission workgroups and other initiatives expands the number of priorities the Commission can adopt and the potential resources available to sustain such work and advocacy.

Commission Responses to Public Comment

1. The Office of Long Term Care Supports & Services will provide, maintain and publicize contact mailing information for the public to send correspondence they wish addressed directly to the attention of Commission.
2. Any Commission member may receive public comment from any person in any form the person chooses, whether verbally, hand-written, typed, emailed or left in voicemail at any time in a given month and at Commission meetings, other public activities and other functions of Commission-related public committees, workgroups and presentations. Comments received by Commissioners between meetings should be forwarded to the Commission Secretary and the Chair; if received in writing, the recipient Commissioner should forward copies to the Commission Secretary and Chair, retaining the original until a formal written response has been mailed to the commenter.
3. Comments received between Commissions meetings will be reported by the Secretary (or in their absence, his or her Commission designee) as part of Public Comment at ensuing full Commission meetings.
4. The Public Comment portion of Commission agendas will include Commissioner questions of commenters present and Commission deliberation as needed and desired by Commissioners and Office staff.
5. Following Commission meeting adjournment, the Commission will respond promptly in writing to each comment received; the responsibility will fall primarily to the Commission Chair ; he or she may ask a Commissioner, with experience and/or expertise particularly pertinent to the comment received, to draft a response and even voluntarily sign the given response on behalf of the Commission. Copies of comments and responses will be kept on file by the Commission Secretary, with support and assistance from Office staff.
6. Written Commission responses to public comment should include as many of the following ingredients as pertinent and possible:
 - A brief recapitulation of the issues raised by the commenter.
 - A brief recapitulation of Commission questions, discussion and verbal reactions, if any.
 - A scan of federal and state laws, regulatory systems, programs and resources, including private resources, which are or might be pertinent to the issues raised and possibly appropriate to also respond; this should stem from Commission discussion wherein the Commission may choose to refer the commenter or, at the Commission's choosing, seek permission from the commenter to make related referrals of their comment as part of a Commission inquiry to the given agency(ies) or program(s); in the latter situation the Commission shares the third party's written response with the commenter while deliberating and deciding whether the agency response indicates needs for Commission advocacy action and/or policy development.

- Every written Commission response ought end with advocacy action steps and discussion of further opportunities for commenters to become involved or increase their involvement in organizing in their communities and building broad movements for further reform of long term care, especially those with the greatest pertinence to their issues and their systemic, backdrop causes.
 - Each Commission written and verbal response conveys the utmost respect and deep appreciation for every commenter's efforts – sometimes at great personal cost and even risk – to make their voice heard.
7. A brief report and analysis of total public comment received by the Commission will be prepared each year by a subcommittee of Commissioners and Office staff as part of the annual report; other than issues, the summary should also include geographical and whatever known demographic characteristics of commenters as a group, and, possible learnings for improving the breadth, depth and public accessibility to participate in comment to the Commission.

Single Point Entry Demonstration Evaluation and Monitoring

1. Commissioners shall proactively assure their own learning needs and understanding of Task Force Recommendations, Executive Order Charges, the ensuing Request for Proposals process, State Law, local needs and developments relative to Single Point Entry and Demonstrations are addressed on an ongoing basis.
2. New Commissioners shall specifically request that the Office orient them to the specifics of each Demonstration Contract executed. The orientation will include but not be limited to apprising Commissioners of important distinctions and variances between the respective Demonstration Contracts and resulting individual contract expectations of the Office of each respective Demonstration Contractor. Updates shall be provided to all Commissioners if/when specific contracts are modified and/or Office expectations change on specific contractors. For the purposes of 2007, all Commissioners shall consider themselves and be regarded as new Commissioners.
3. At least twice each year the Commission shall request of the Office status updates on each of the Demonstration Contractor's contract compliance and activities. The status updates shall include but not be limited to:
 - Basic data on client (consumer, callers, etc.) profiles.
 - Numbers of clients being served.
 - SPE Service Delivery Staffing.
 - Client outcomes.
 - Public Education, Marketing and Outreach Plans, Activities (including events, products, tools and other deliverables).
 - Governing Boards' and Consumer Advisory Board composition, status and activities.
 - Legal and financial status.
 - Community Needs Assessment tracking activities; detail on populations, unmet needs, unmet preferences and stakeholder capacity analyses on the local provider array.
 - Internal Contractor-specific quality improvement targeting and performance-tracking.
4. Commissioners may receive from any party, including SPE Demonstration Contractors, reports on SPE Demonstration activities directly to the Commission as part of Commission processes and opportunities for Public input and Comment.
5. Direct Commissioner SPE Demonstration site visitation shall be facilitated at least once yearly by the Chair and the Office; the more Commissioners visiting more sites the better; Commissioner site visitation should attempt, as a minimum, direct contact with consumers using SPE services, as confidentially authorized by the given consumers; the

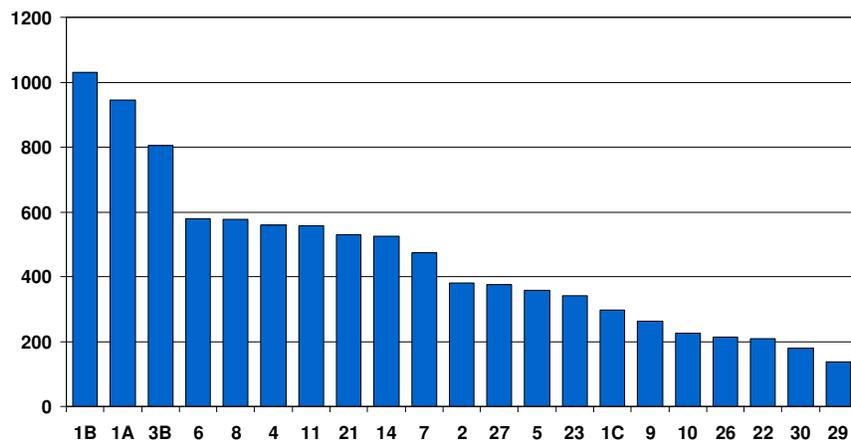
use and release of specific consumer information gained by Commissioners by such contacts, if any, shall be defined, determined and authorization denied or withdrawn at the pleasure of each specific consumer at any time; as a rule, the purpose of such Commissioner-consumer contact is not to seek such personal information but to build and maintain each Commissioner's own sensitivity and awareness of consumer experience on thematic and systemic levels.

6. The above Guidelines establish a floor of discernment for each Commissioner evaluate Task Force Recommendation on Single Point Entry and their implementation between and among each of the following: The Executive Order, the State Law, Demonstration Contractors' the Office's and Commission positions, actions and activity on record.
7. The primary Commissioner aids to this discernment are:
 - A. The Full Task Force Workgroup "A" Report document on Single Point Entry.
 - B. The full performance evaluation tool, process and document adopted by the Office following the Commission's recommendation for this.
 - C. What Commission workgroup(s) may be focusing on SPEs and the service capacities of the provider array.
 - D. Emerging Commission and public deliberations, plus local, state and national developments regarding SPEs and long term care reform.
8. Using the above, process of discernment of SPE evaluation and advocacy, the Commission's continuing recommendations in these areas should draw from at least two primary concerns:
 - redressing what distances exist and are growing, if any, between the original Task Force Recommendations for Single Point Entry versus what actually is being implemented at the State and local levels
 - what areas and operational issues of SPEs are not adequately addressed to begin with by the Task Force Recommendation, and Full Workgroup Report on SPE itself.

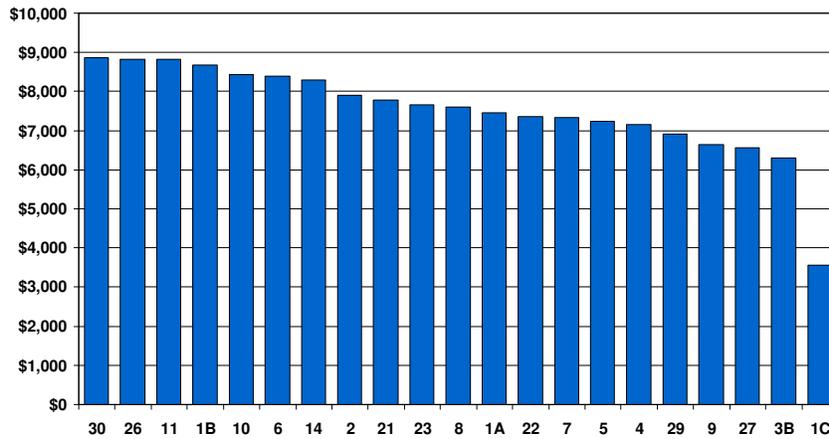
MI Choice Waiver Data

**PRESENTED BY:
Pamela McNab
APRIL 13, 2007**

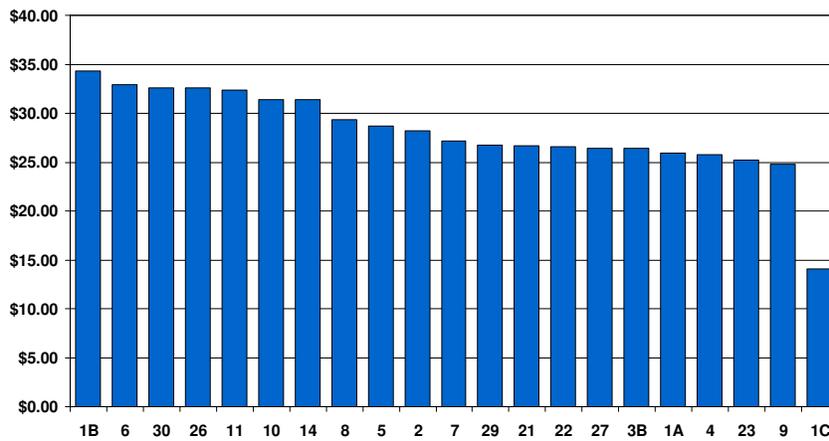
MI Choice 2005 Total Participant Enrollment by Agent



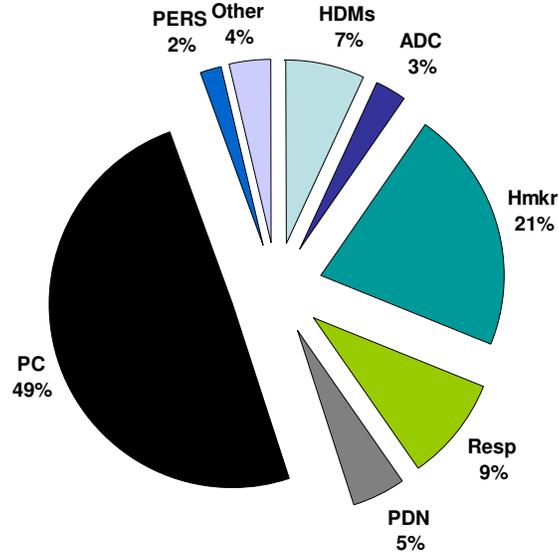
MI Choice 2005 Average Service Expenditure Per Participant



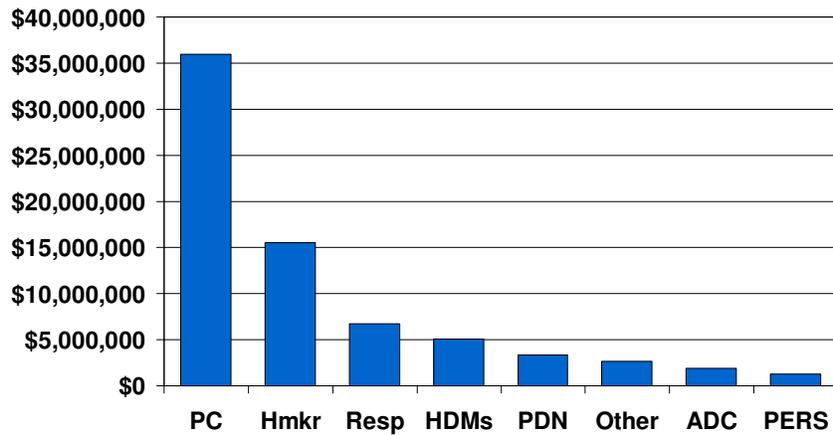
MI Choice 2005 Average Service Cost Per Day by Agent



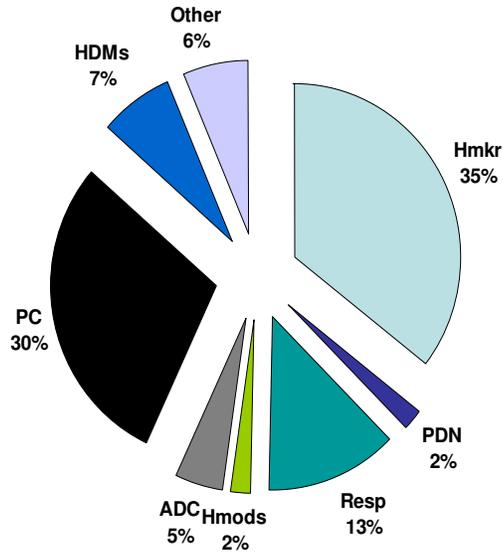
MI Choice 2005 Expenditures by Service



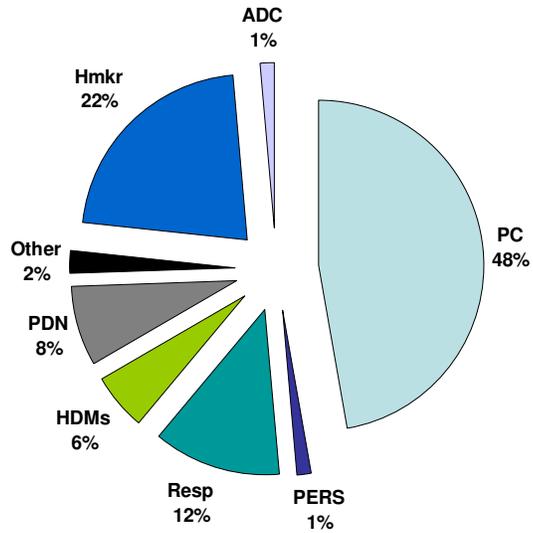
MI Choice 2005 Expenditures by Service



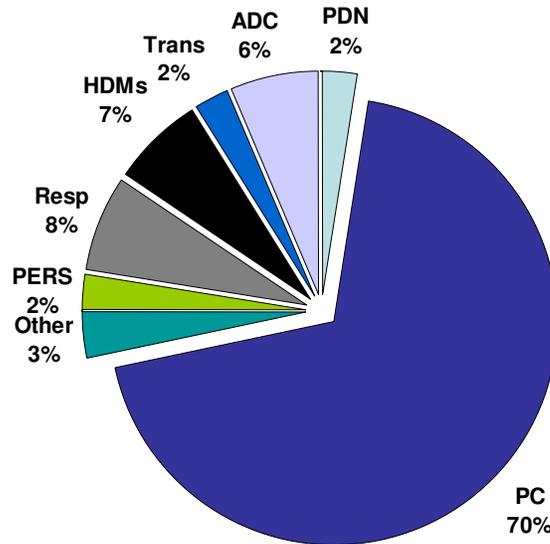
MI Choice 2005 DAAA Expenditures by Service



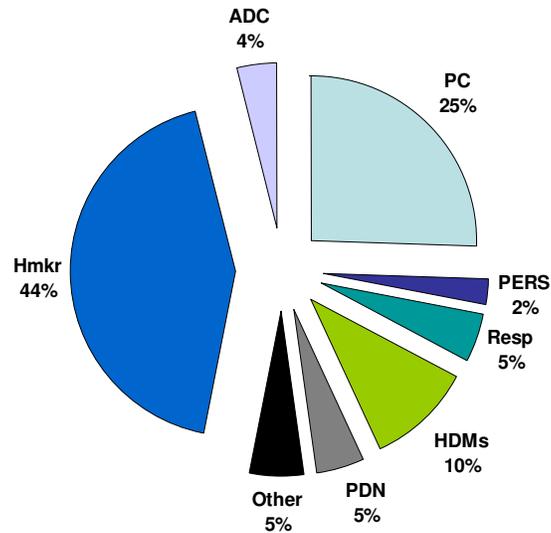
MI Choice 2005 R1B Expenditures by Service



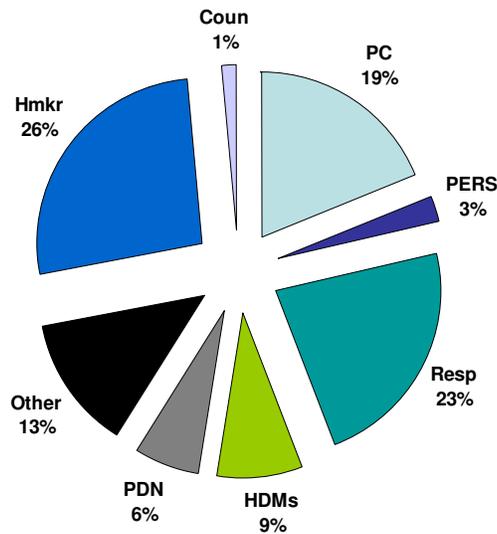
MI Choice 2005 3BBB Expenditures by Service



MI Choice 2005 A&D Expenditures by Service



MI Choice 2005 NMRH Expenditures by Service



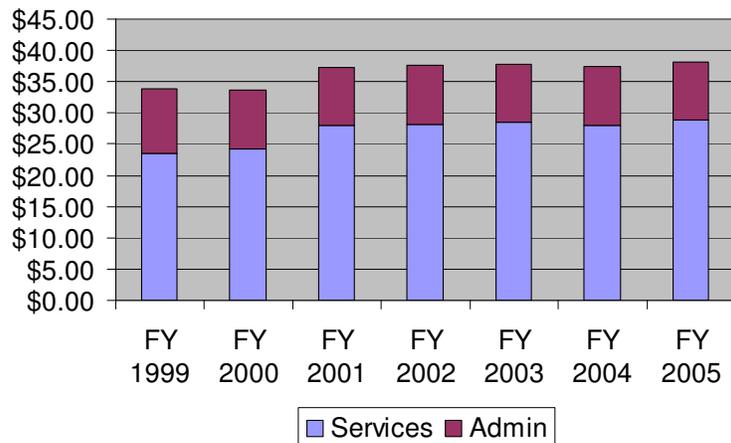
Waiver Agent Provider Codes

- 1A – Detroit Area Agency on Aging, Detroit, MI
- 1B – Area Agency on Aging 1B, Southfield, MI
- 23 – Macomb Oakland Regional Center (MORC), Clinton Township, MI
- 1C – 1C AAA Senior Alliance (TIC), Wayne, MI
- 22 – The Information Center (TIC), Taylor, MI
- 2 – Region 2 Area Agency on Aging, Brooklyn, MI
- 3B – Region 3B AAA @ Burnham Brook Center, Battle Creek, MI
- 26 – Senior Services of Kalamazoo, Kalamazoo, MI
- 4 – Region 4 Area Agency on Aging, St. Joseph, MI
- 5 – Valley Area Agency on Aging, Flint MI
- 6 – Tri-County Office on Aging, Lansing, MI
- 7 – Region VII Area Agency on Aging, Bay City, MI
- 27 – A & D Home Health Care, Inc., Saginaw, MI
- 8 – Area Agency on Aging of Western Michigan, Grand Rapids, MI
- 21 – HHS, Health Options, Grand Rapids, MI
- 9 – Northeast Michigan Community Service Agency, Inc., (NEMCSA) (AAA), Alpena, MI
- 29 – Northern Michigan Regional Health System, Petoskey, MI
- 10 – Area Agency on Aging of Northwest Michigan, Traverse City, MI
- 23 – Macomb Oakland Regional Center (MORC), Clinton Township, MI
- 30 – Northern Lakes Community Mental Health, Traverse City, MI
- 11 – Upper Peninsula Area Agency on Aging, Escanaba, MI
- 14 – Senior Resources (AAA), Muskegon Heights, MI

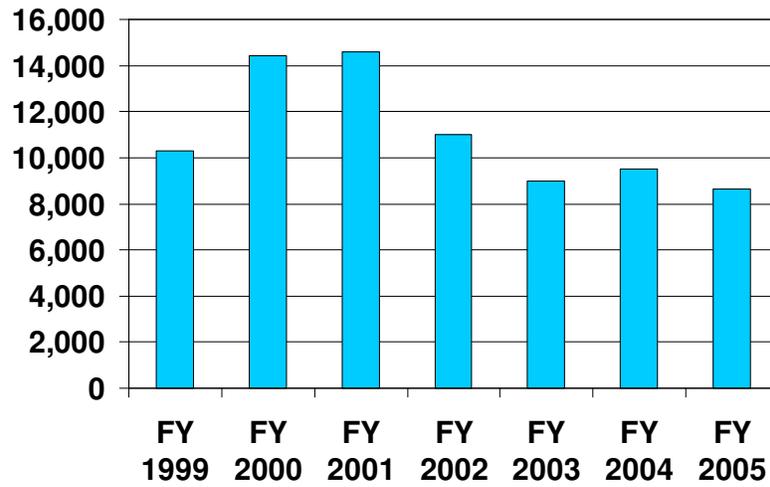
MI Choice Waiver Historical Cost Settled Cost Comparison

**PRESENTED BY:
James Schwartz
APRIL 13, 2007**

**MI Choice Comparison of Average
Cost Per Participant Per Day After
Cost Settlement**

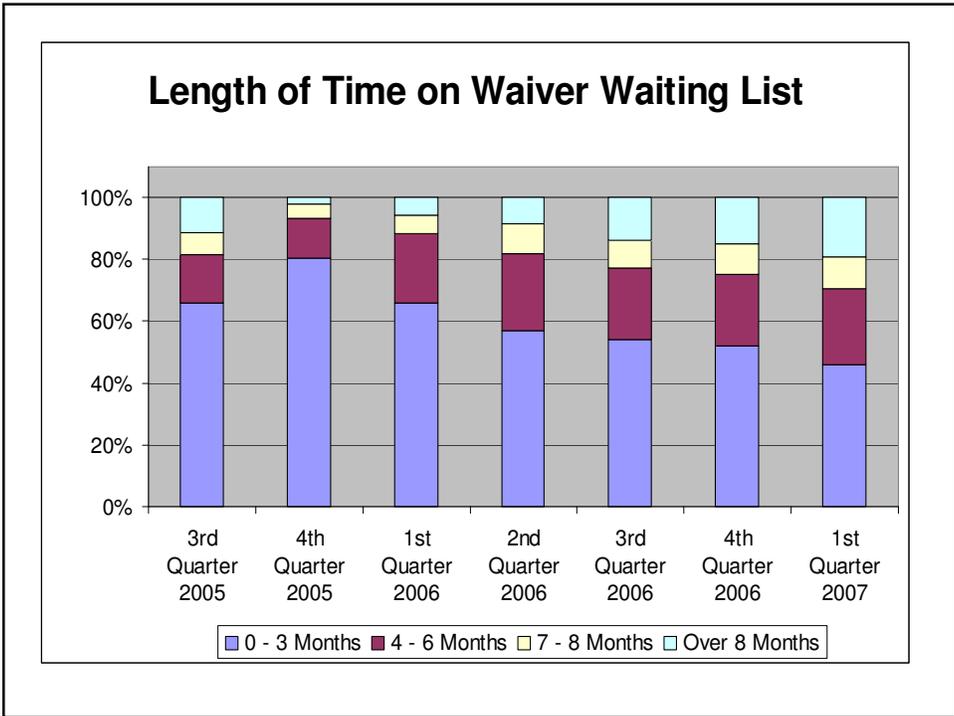
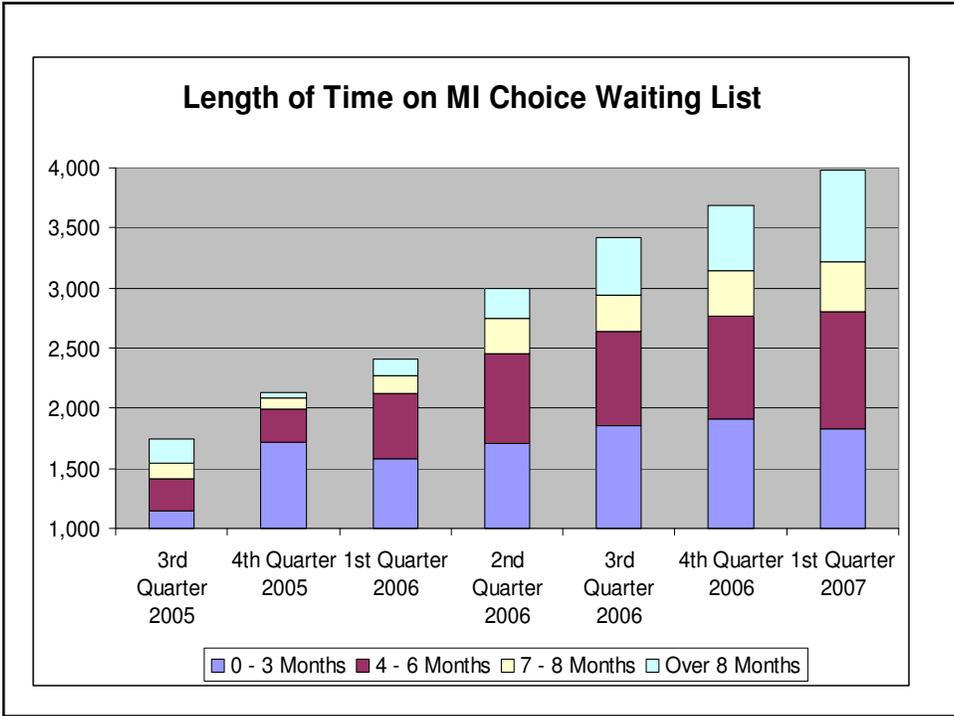


**MI Choice Comparison of Uncuplicated
Count of Participants**

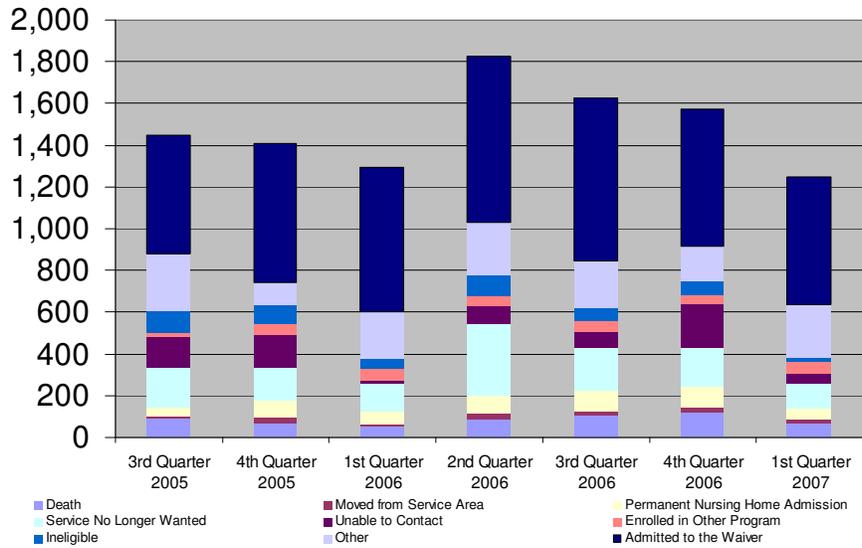


MI Choice Waiver Waiting List

**PRESENTED BY:
Michael J. Head
APRIL 13, 2007**



Reasons for Leaving MI Choice Waiting List



NFT DATA

PRESENTED BY:
Elizabeth Gallagher, MPA
APRIL 13, 2007

(*Data = All NFT Notices Received by MDCH as of 4/10/2007)

NFT Program Types

- MI Choice
 - Nursing facility residents that enroll in the MI Choice waiver program upon transition
- CMP
 - Nursing facility residents that do not enroll in the MI Choice program upon transition. These participants may utilize Adult Home Help, AFC, Assisted Living, or other community-based programs upon transition.
- Not Transitioned
 - Nursing Facility Residents assessed by a transition agent who did not transition to the community.

NFT Categories

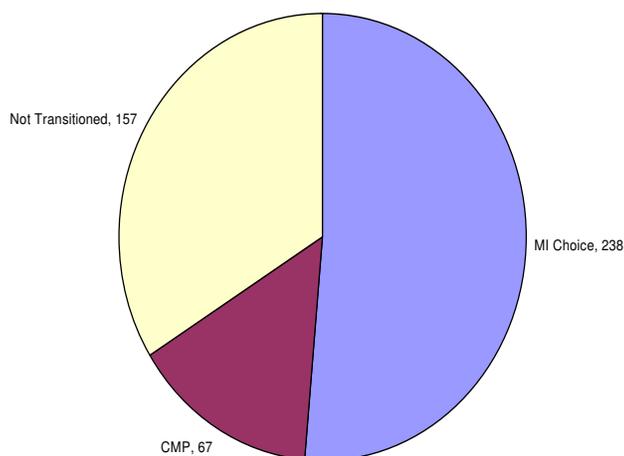
- Yes
 - Nursing facility residents that have resided in the facility for at least six months.
- No
 - Nursing facility residents that have not resided in a nursing facility for six months. (AKA Buddies)
- Exception (MI Choice only)
 - Persons who have not resided in a nursing facility for six months, but for whom MSA has approved additional MI Choice slot funding
- Diversion (MI Choice only)
 - Persons who do not reside in a nursing facility, but are at high risk of nursing facility placement without MI Choice services, and for whom MSA has approved additional MI Choice slot funding.

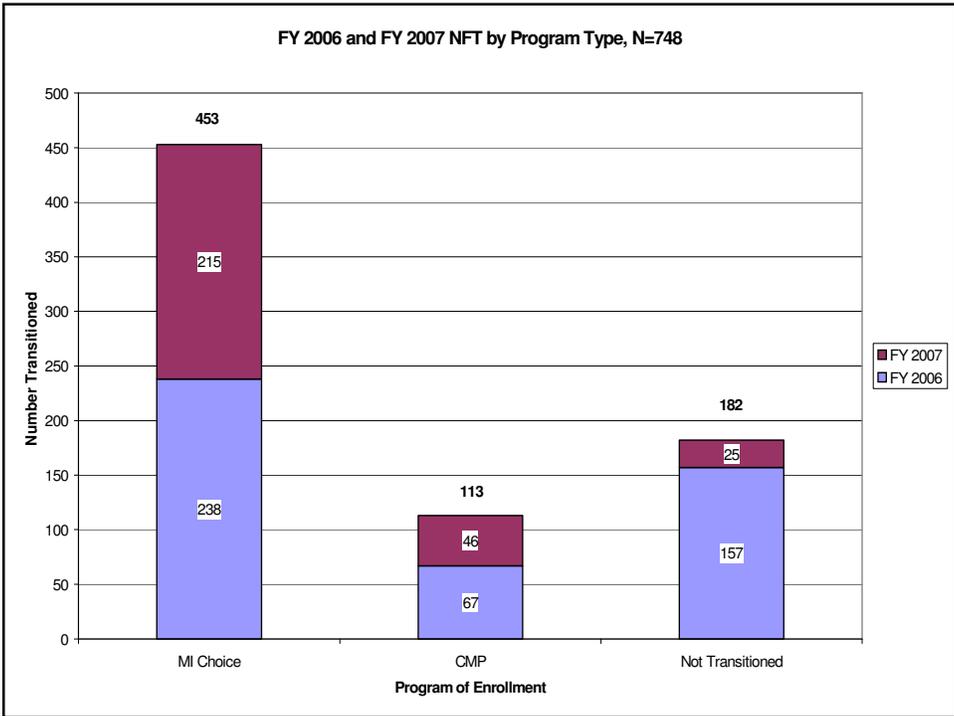
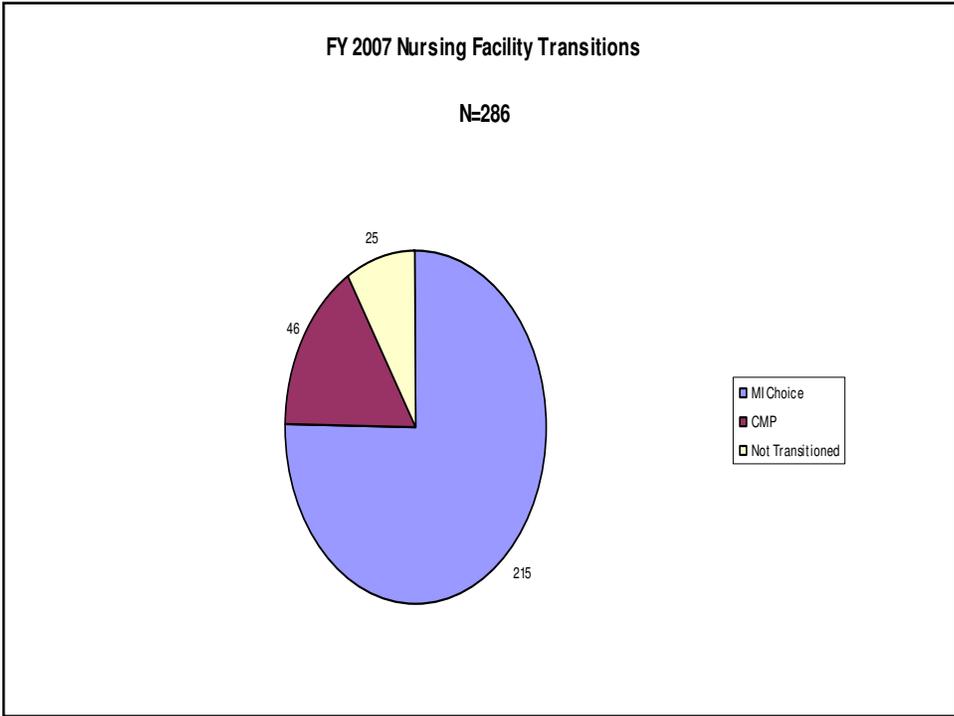
Other NFT Terms

- Transition Agent
 - A waiver agent or CIL that assists nursing facility residents to transition to a home or community-based setting.
- In Process
 - The transition agent has notified MDCH that they are working to transition a nursing facility resident, but the transition has not yet occurred.

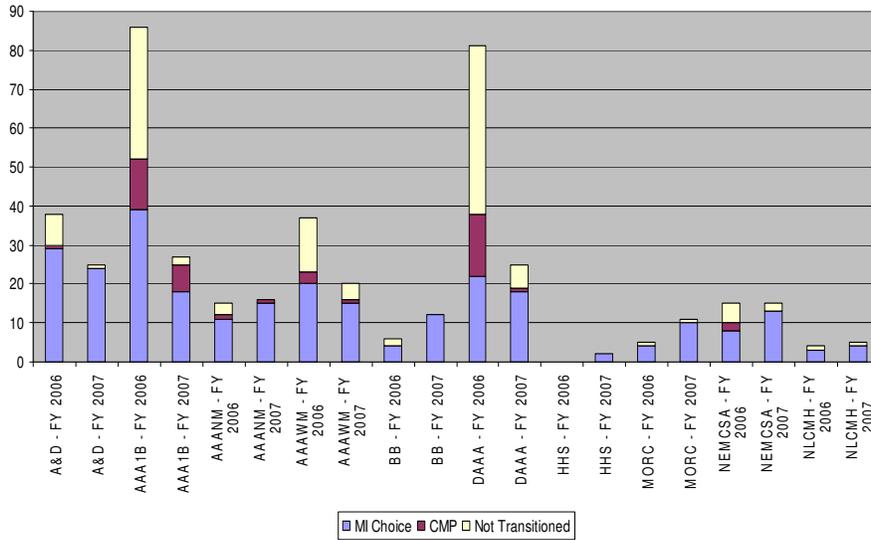
FY 2006 Nursing Facility Transitions

N=462

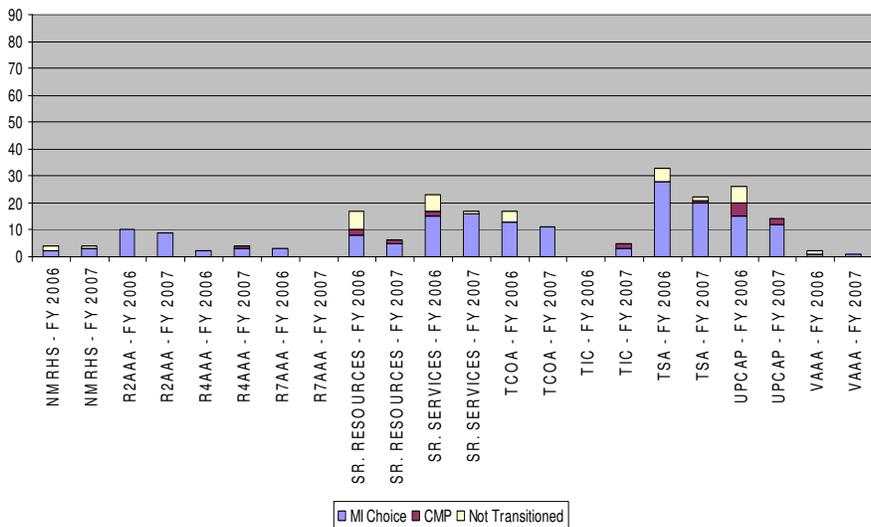




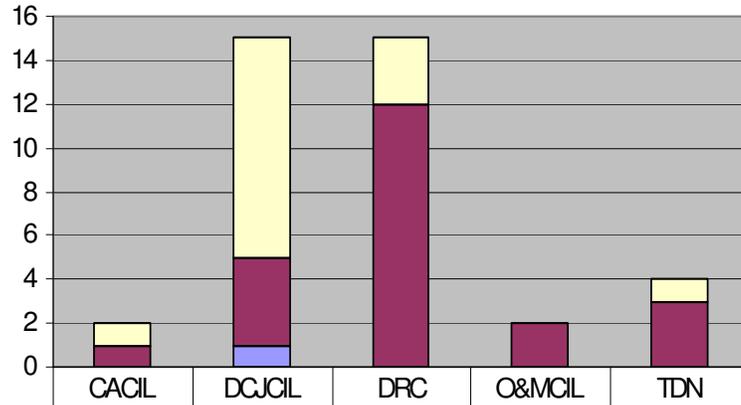
NFT Transitions FY 2006 and FY 2007 by Agent



NFT Transitions FY 2006 and FY 2007 by Agent

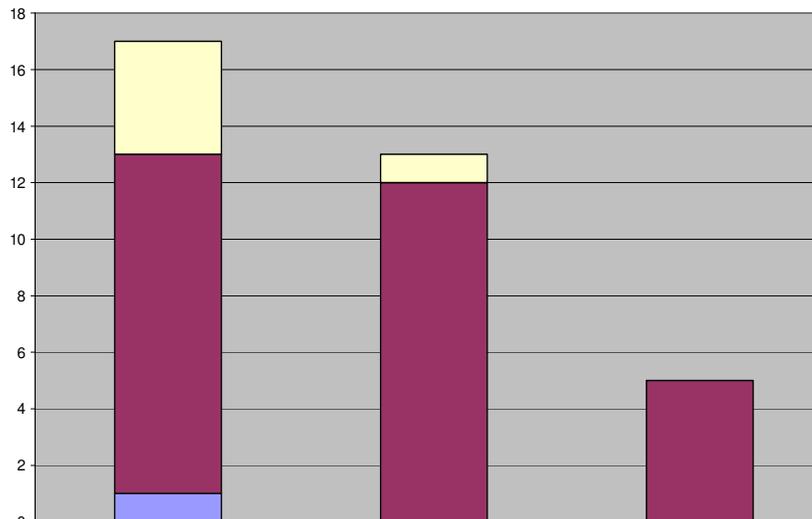


FY 2006 BY CIL, N=38

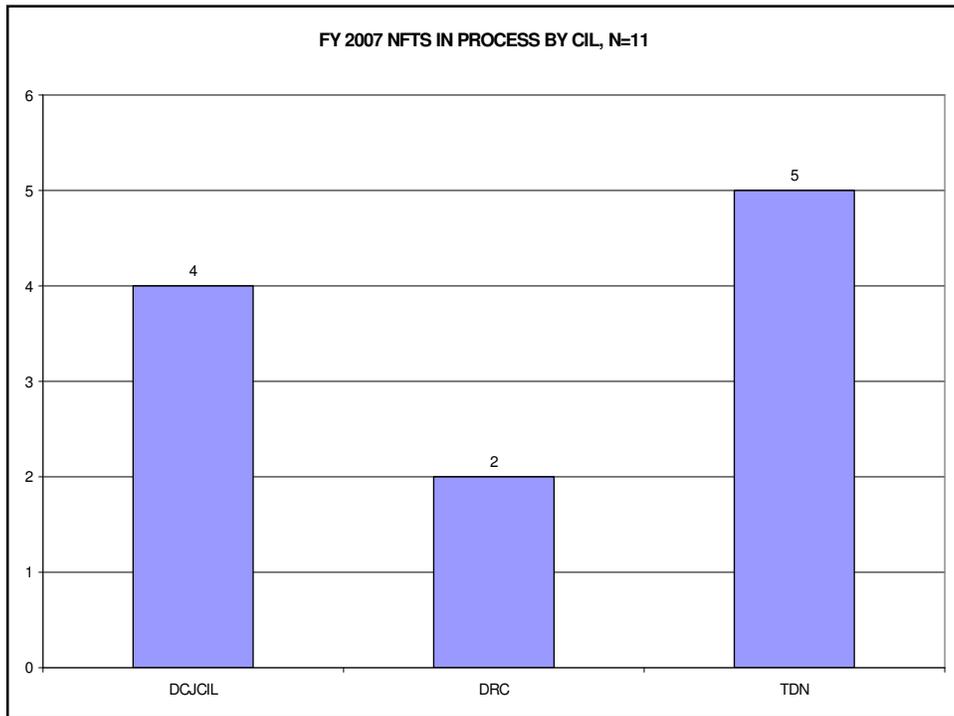
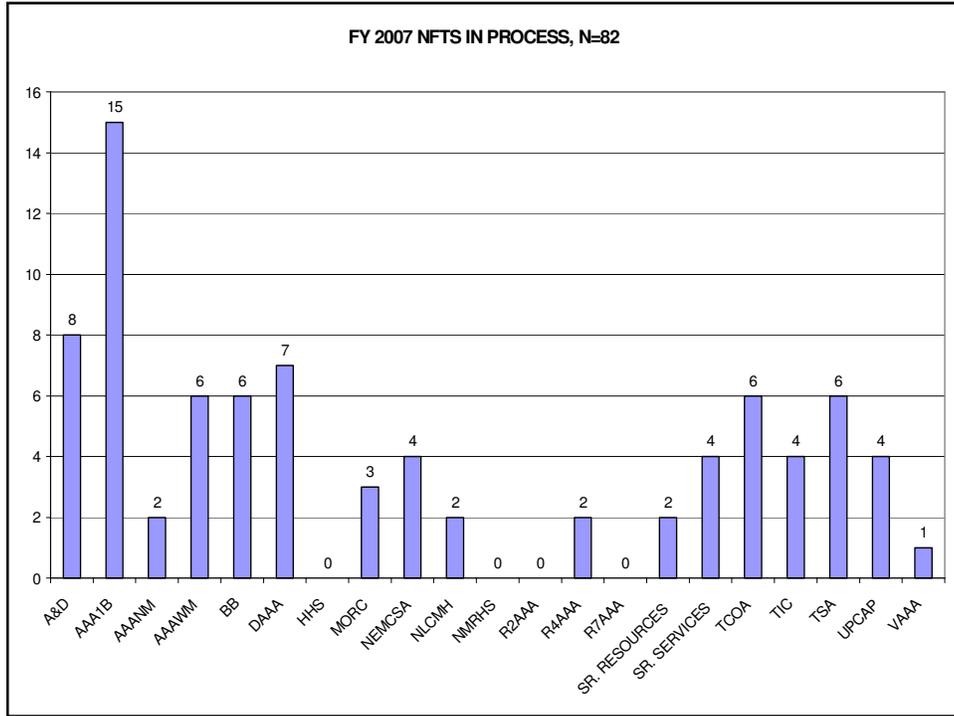


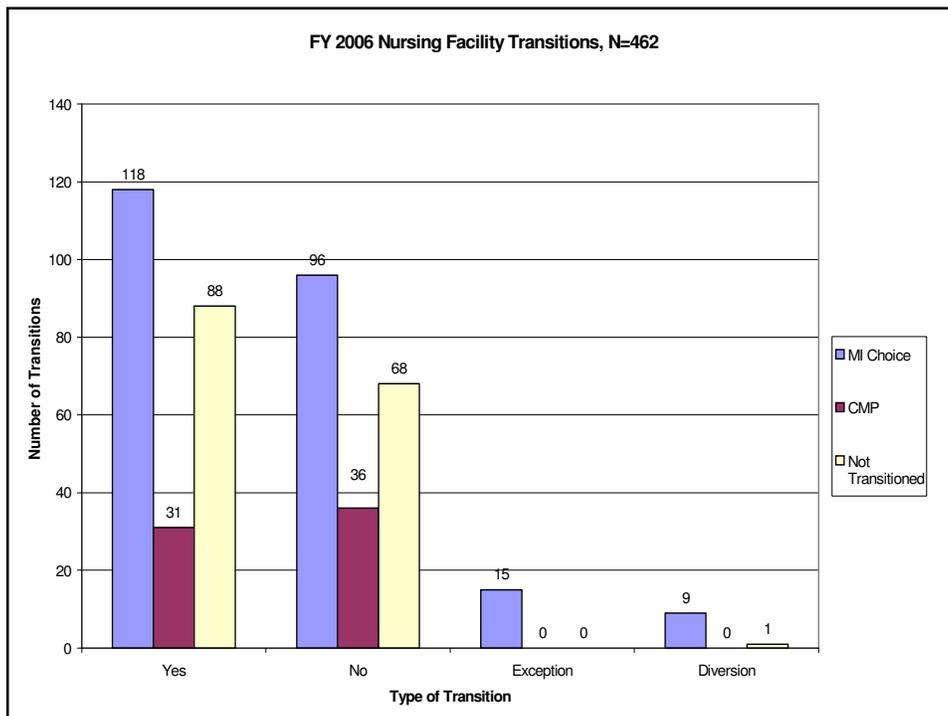
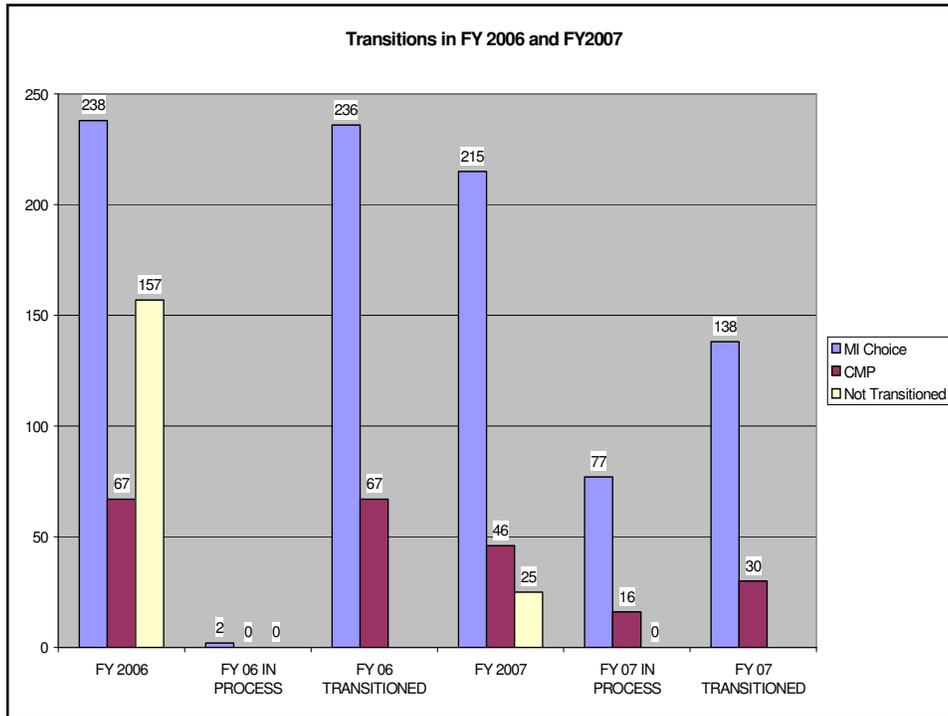
Not Transitioned	1	10	3	0	1
CMP	1	4	12	2	3
MI Choice	0	1	0	0	0

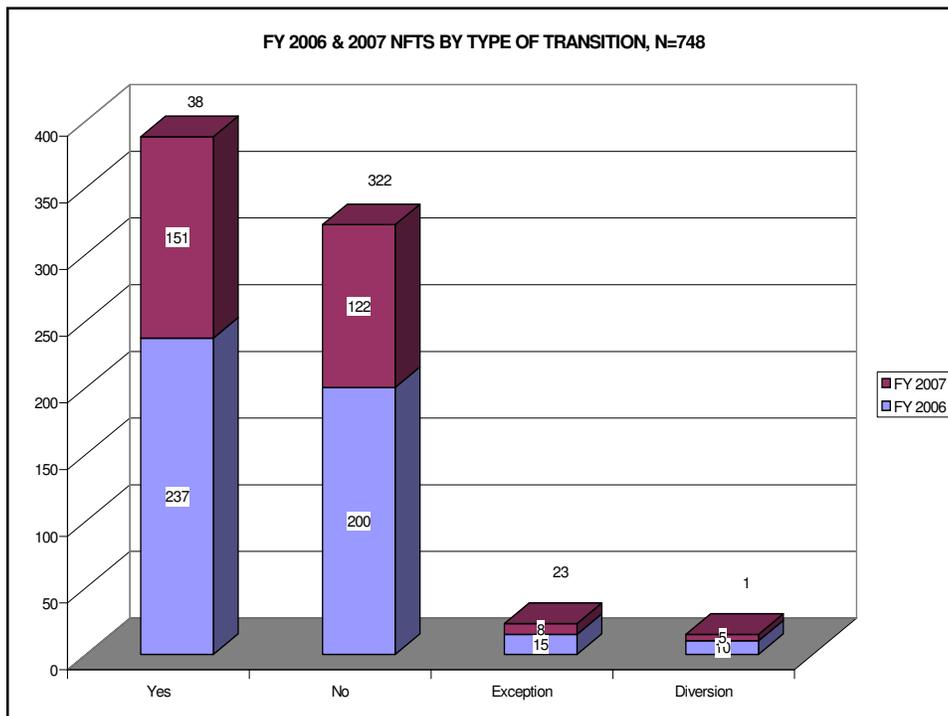
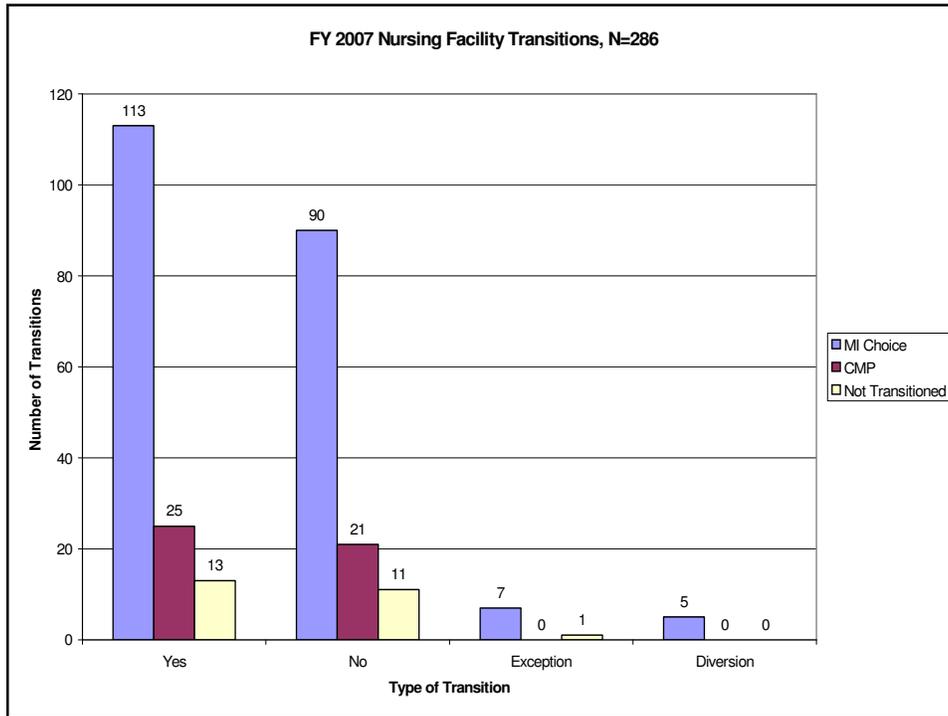
FY 2007 NFT BY CIL, N=35

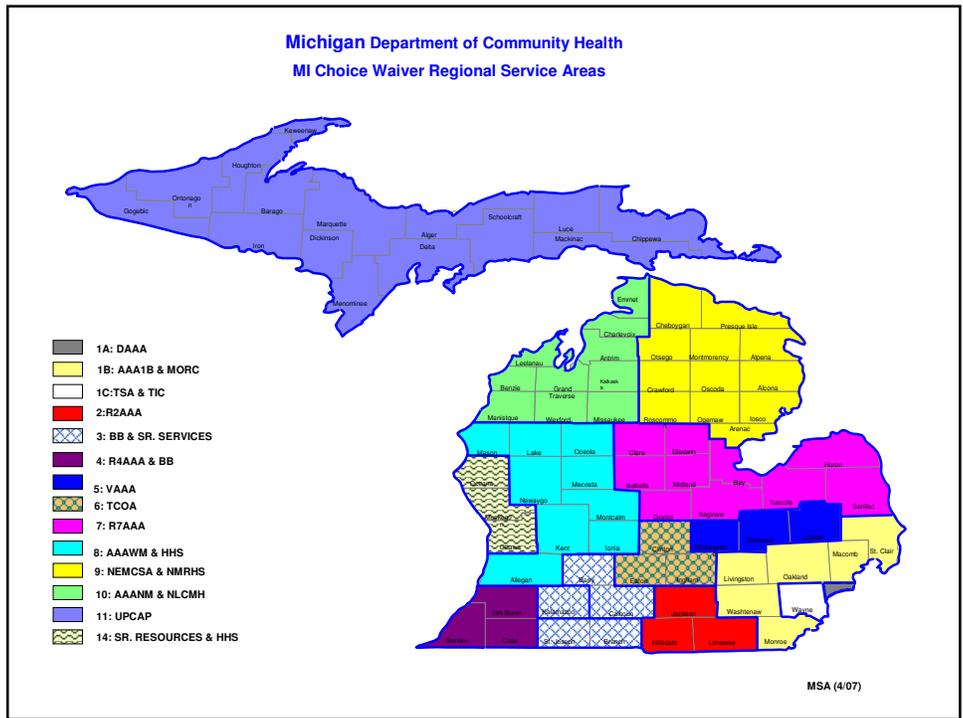
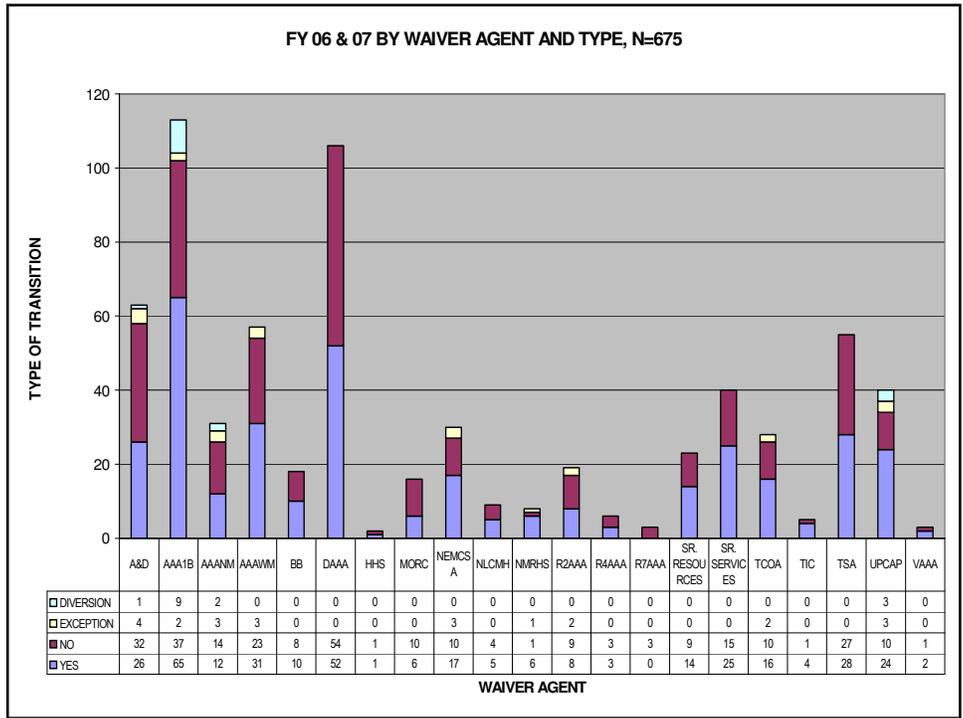


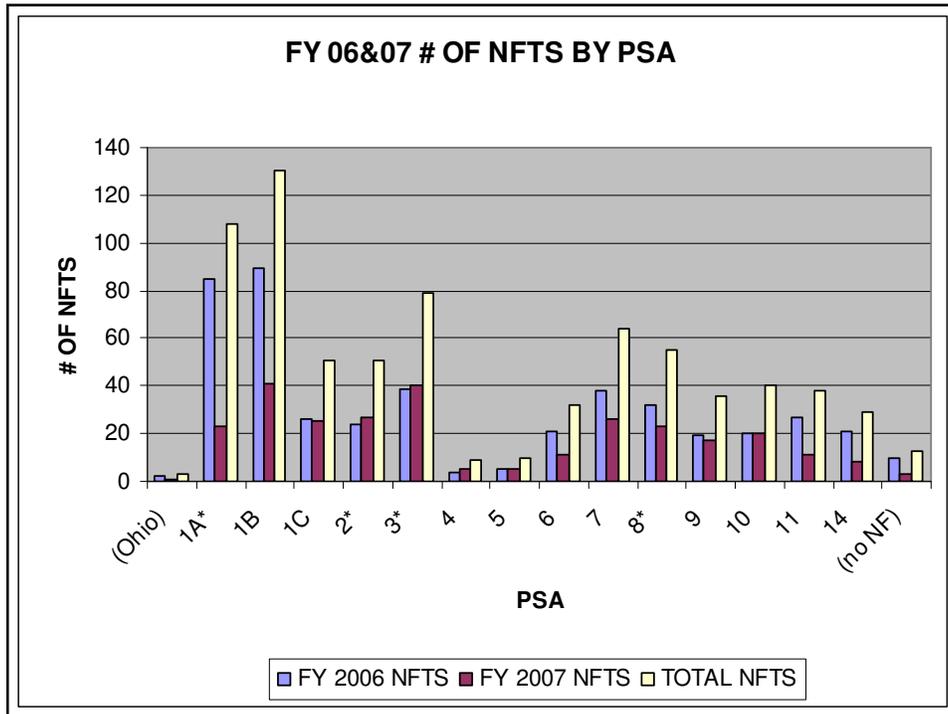
Not Transitioned	4	1	0
CMP	12	12	5
MI Choice	1	0	0







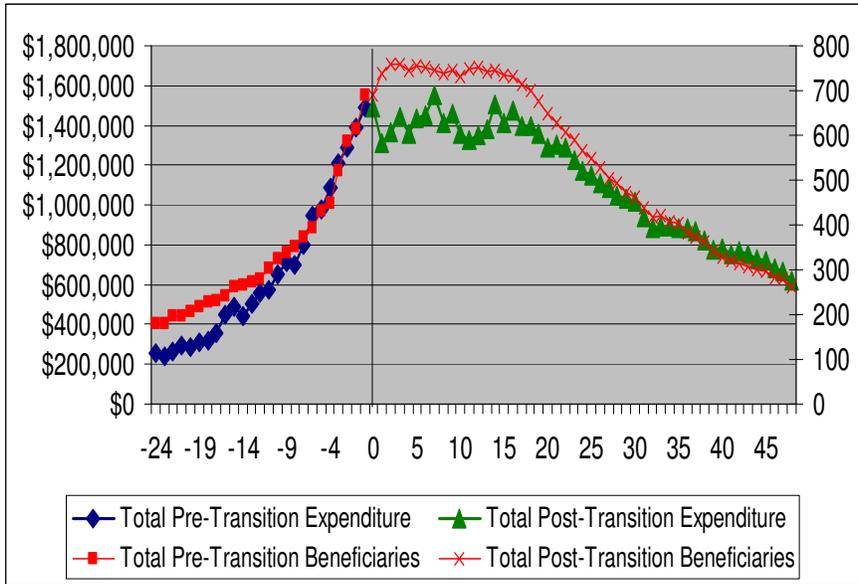




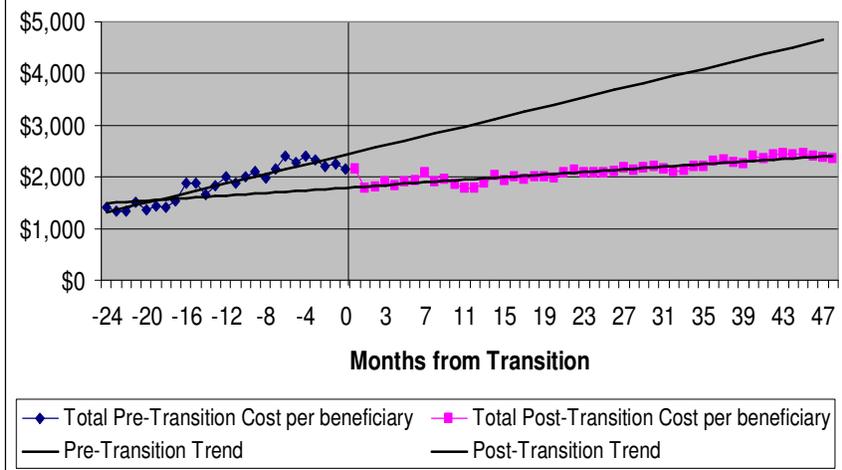
NFT Expenditure Data

PRESENTED BY:
Brian Barrie
APRIL 13, 2007

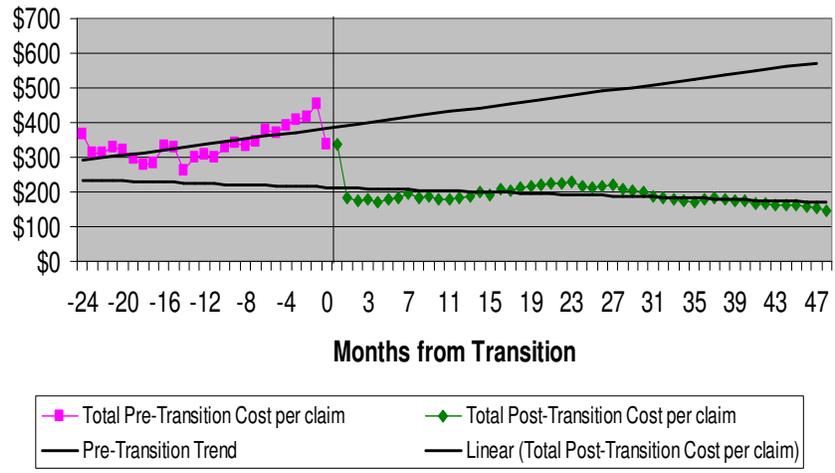
PARTICIPANT EXPENDITURE DISTRIBUTION AROUND TRANSITION DATE



Monthly Expenditure per Beneficiary - All Services



Average Cost per Claim - All Services



10th Annual Michigan Self-Determination Conference

**“KEEPING OUR CHOICES,
MAKING THEM WORK”**

June 11 & 12, 2007

**Holiday Inn South
6820 S. Cedar St.
Lansing, MI 48911**

Sponsored by

**Michigan Department of Community Health
And**

Michigan Association of Community Mental Health Boards

8:00am – 5:00pm	Conference Registration Open
8:00am – 9:15am	Continental Breakfast
9:15am – 9:45am	Welcome and Perspective - Michael J. Head, Project Manager, Michigan Department of Community Health (MDCH) - Dohn Hoyle, Executive Director, The Arc of Michigan
9:45am – 10:00am	Microenterprise Exhibits and Refreshment Break
10:00am – 11:15am	Concurrent Workshops
Employment Issues	1. “Evidence-Based Practice Supported Employment for Persons with Mental Illness” - Su Min Oh, Program Consultant, Service Innovation and Consultation Section, MDCH This presentation will offer information and resources focused on understanding Supported Employment principles and successful implementation processes. Describing the influence of a recovery philosophy and how it influences the implementation and delivery of Supported Employment.
Consumer & Self-Advocacy Track	2. “Michigan Partners for Freedom: Local Leaders: The Builders of Local Demand for Self-Determination” Facilitator - Tammy Finn, Project Coordinator, Michigan Partners for Freedom, The Arc Michigan A panel of Michigan Partners for Freedom local leaders from several communities across the state will share their strategies for building local demand for self-determination.
PCP & Community Relations Building	3. “From Person-Centered Planning to a Meaningful Life” - Kay Nye - Penny Sacksteder, Community Skills Trainer, Manistee-Benzie CMH - Kari Barker, Supervisor of Extended Care Services, Manistee-Benzie CMH This discussion will focus on building the partnership between the customer, paid staff and natural supports for individuals to enable success and a meaningful life. Identifying and acting upon a customer’s strengths and unique abilities are key to building a network of support, designed specifically for each individual. Individual stories of empowerment and success from each of these perspectives will be shared.
B & C Waivers	4. “Report on Self-Determination Standards Group” - Lisa Lepine, The Arc of Macomb
Financial & Fiscal Intermediaries	5. “The Roles of the Fiscal Intermediary” - Ellen Sugrue Hyman, Consultant, Office of Long Term Care Supports Services - Stuart Wilson, CPA / Fiscal Intermediary, Stuart Wilson, CPA The fiscal intermediary has many possible roles from serving as employer agent for participants to tracking expenses to providing support to participants. Learn about the many ways the fiscal intermediaries can provide assistance to participants.
Self-Determination in Long-Term Care	6. “Person-Centered Planning in Long-Term Care” - Tari Muñiz, Project Coordinator, MDCH This workshop will focus on the basics and the essential elements of person-centered planning specifically in the MI Choice waiver. The new PCP guidelines will be distributed.
Other	7. “Run with Your Dreams ---- Just Differently!” - Joyce Tethoff - Nancy Urban, OBRA/SD Supervisor, Saginaw County CMH Authority Do you have a dream? Run with your dream – just differently! Joyce has and you can too. Join Joyce as she shares her journey from living in her parent’s home to becoming an independent business woman residing in her own apartment in only four years. Listen while she tells how she made the decision to move out on her own, how she began her t-shirt business and how she would like to break down the stigma of mental illness and developmental disabilities.
Other	8. “Self-Determination Film Festival” Featuring consumer oriented videos from Michigan and around the country. Tiles/subjects will rotate.
11:30am – 1:15pm	Lunch and Plenary Session: “At Least I’ve Got My Health” - Brett Leake, Sit Down Standup Comedian When Brett set out to become a comedian, a reporter asked how long a man with muscular dystrophy could stand the rigors of a traveling standup comedy career. Brett predicted about seven years. That was twenty-four years ago. This is the story of a man with a progressive neuromuscular disease overcoming the limitations of his disease - even adding an additional seventeen years to his career so far - through the healing power of humor. With intelligence and understated wit, Brett’s comic routine demonstrates the humor-health connection through jokes and stories about the value of humor and managing change. "At Least I've Got My Health" tells of the soft landing achieved by this now sit down standup comic and of the mental and emotional reward humor has provided in seeing the little and big things in life as laughing matters.

1:30pm – 2:45pm
Employment Issues

Concurrent Workshops

9. “Working for a Living”

- *Manuela K. Kress, Director of Employment Advocacy, Michigan Protection and Advocacy Service, Inc.*

This presentation will provide information about services that are available to help you go to work. The workshop will include information on how to apply for services and what your rights are if you have any problems accessing services.

Consumer &
Self-Advocacy

10. “Building Circles of Support”

- *Phil Smith, Ed.D., Assistant Professor, Eastern Michigan University*

This interactive energizing presentation will assist participants to understand the essence of a support circle. Circles of support will be based on the fact that relationships are key to a good life.

PCP & Community
Relations Building

11. “Person-Centered Language: How it Changes Lives”

- *Ray Schuholz, Community Living Services*

- *Greg Marshall, Community Living Services*

- *Linda Marshall*

- *Mike Olver, Community Living Services*

This presentation will explore how the language we use can influence people to live a more fulfilled life. Ray, Greg and Linda will share their stories and challenge all of us to think about the words we use and how we can do better.

B & C Waivers

12. “Making the B-3’s Work for You”

- *Judy Webb, Director, Division of Quality Management and Planning, MDCH*

This session will cover the flexible Medicaid specialty supports and services that enable people to live independently, participate in community life, and get and maintain a paid or volunteer job.

Financial & Fiscal
Intermediaries

13. “Successful Communication Among Financial Intermediary, Supports Coordinators and Participants in Self-Determination”

- *John Carmichael, Guardian Trac*

- *Jennifer Harper, Supports Coordinator*

- *Sally Marshall, Employer*

Communication between the fiscal intermediary supports coordinator and participant is critical to supporting participant success in arrangements that support self-determination. This presentation will describe how the FI can go beyond the monthly report to facilitate communication between all parties.

Self-Determination in
Long-Term Care

14. “Self-Determination in Long-Term Care Overview”

- *Tari Muñoz, Project Coordinator, MDCH*

This workshop is about the structure of the self-determination services delivery options. The national movement and what we have done so far will be shared.

Other

15. “Keep on Rolling”

- *Brett Leake, Sit Down Standup Comedian*

Designed as a dialogue, this is a free for all discussion for operating your own business and life on the road. Brett draws on his 24 years of traveling the country as a standup comic and most recently as a sit down comic and speaker. Managing a small business and traveling with a disability takes additional time and effort – Brett recently drove 1, 800 miles roundtrip because the city he was flying into had no accessible vans available the week of his employment – but in the short and long term the work proves worth it for the sights, sounds, people and sense of accomplishment. A can’t-miss-one-stop fun stop if you have a challenge and want to hear about the trials and successes of being an independent contractor or if you have a physical disability, like to travel, and want to know where to eat, stay, and make potty.

Other

16. “Self-Determination Film Festival”

Featuring consumer oriented videos from Michigan and around the country. Tiles/subjects will rotate.

2:45pm – 3:00pm

Microenterprise Exhibits and Refreshment Break

3:00pm – 3:30pm

Plenary Session: “Person-Centered Planning from Paper to Good Lives”

- *Michael Smull, Director, Support Development Associates*

3:45pm – 5:00pm
Employment Issues

Concurrent Workshops

17. “Social Security Myth Busters”

- Tony Wong, *The Arc Michigan*
- Paul Landry

Earn more money and save more than you think without losing your Social Security medical benefits. Learn what Work Incentives Planning and Assistance projects and Community Work Incentives Coordinators are and how they can guide you to use Social Security work incentives.

**Consumer &
Self-Advocacy**

18. “Resources for Building a Bright Future”

- Lori Owen, *Self Determination Coordinator, Genesee County CMH Services*

This presentation will look at a variety of resources utilized to build bright futures. See how individuals in Genesee County have created their own unique resources and how they use local resources to live as independently as possible in their own community.

**PCP & Community
Relations Building**

19. “Making Person-Centered Planning Work in Your Program”

- Michael Smull, *Director, Support Development Associates*

The implementation of PCP without a quality assurance/quality improvement component does not provide a pathway for the actual interactions between consumers and staff to become more focused on consumer preferences over time. This interactive discussion will focus on improving the performance of PCP interactions.

B & C Waivers

20. “Self-Determination and Peer Facilitated Person-Centered Planning for Persons with Mental Illness in Kalamazoo: Roadblocks, Detours and Cruise Control”

- Sean Harris, *LBSW, Kalamazoo CMH & Substance Abuse Services*
- Tina Lauer, *Certified Peer Support Specialist, Kalamazoo CMH & Substance Abuse Services*
- Lissette Mira-Amaya, *LMSW, Kalamazoo CMH & Substance Abuse Services*
- Joe Mockbee, *Certified Peer Support Specialist, Kalamazoo CMH & Substance Abuse Services*

The Self-Determination team discusses the progress of self-directed arrangements for persons with mental illness since 2006. Learn about the steps to creating a self-directed arrangement in Kalamazoo: the barriers we have encountered, how we are overcoming them and the future. Several peers will be discussing their personal arrangements.

**Financial & Fiscal
Intermediaries**

21. “Hiring Your Own Staff”

- Scott Heinzman, *ADAPT Facilitator - Ellen Sugrue Hyman, Consultant, Office of Long Term Care Supports Services*

This presentation will describe the process of hiring, managing, and (if necessary) firing your own staff. It will provide useful tips that anyone can use to ensure that they find staff who match their needs.

**Self-Determination in
LTC**

22. “Stories of Self-Determination in Long-Term Care”

- Tammy Spigarelli, *Waiver Director, UPCAP Services, Inc*
- Heidi Starnes, *Self-Determination Project Coordinator, AAA 3B/Burnham Brook*
- Kim Taylor, *Self Determination Coordinator, Detroit Area Agency on Aging*
- Sara Aikman, *Eligibility Supervisor, Tri-County Office on Aging*

Learn who has been enrolling in this project and the difference it is making in their lives.

Other

23. “Academy of Self-Determination”

- Pat Carver, *Community Drive*

After four successful years at conducting a variety of hands-on learning at the Academy, the facility and graduates have pulled together a resource guide to share with others during this session. The Academy guidebook can be used by others who wish to develop methods of learning about self-determination and true community participation in their local communities.

Other

24. “Fun with Rhythm”

- Rob Curtner, *Drum Circle Facilitator, Health Rhythms*

Have fun playing drums and other simple instruments to “voice” your message with other participants to make music. This is about health rhythms, it’s about stress reduction, exercise, self-expression, camaraderie/support, nurturing, spirituality and music. This is achieved through a research-based protocol, developed by a neurologist and a board certified music-therapist and social worker. Research has shown this protocol can produce health benefits including: a boost to immune system, reduction in stress, and improvements in mood states.

5:00pm – 6:00pm

Rally

- *Michigan Partners for Freedom*

6:00pm – 7:30pm

Dinner Banquet

7:30pm – 9:30pm

Music & Dancing with DJ Ronnie Knapp

- 7:30am – 2:45pm** **Conference Registration Open**
- 8:00am – 2:45pm** **Microenterprise Exhibits Open**
- 7:30am – 8:45am** **Full Breakfast Buffet (A Full Breakfast Buffet will be served until 8:45am)**
- 9:00am – 9:45am** **Plenary Session: “Project SEARCH: Making the Business Case for Hiring People with Disabilities”**
- Erin Riehle, Director of Disability Services, Cincinnati Children’s Hospital Medical Center, Project SEARCH
Winner of the 2004 New Freedom Initiative and the 2004 Ohio Governor’s Employment Award, Project SEARCH is a unique collaboration between business, a community rehabilitation partner, and vocational rehabilitation. Rather than focus on the traditional “easy” jobs such as food or environmental services, Project SEARCH targets nontraditional “complex but systematic” jobs that allow people with significant disabilities to maximize their potential.
- 10:00am – 11:15am** **Concurrent Workshops**
- Employment Issues** **25. “The Experiences of Project SEARCH”**
- Erin Riehle, Director of Disability Services Cincinnati Children’s Hospital
- Matt Chapin, Associate, Cincinnati Children’s Hospital
During this workshop Erin Riehl and Matt Chapin who found employment through Project SEARCH, will talk about their experiences, why hiring people with disabilities is important in the health care field, what kinds of accommodations were made, the benefits to employers and employees, and how the program has expanded across the country and into different industries.
- Consumer & Self-Advocacy** **26. “Implementing Choice: The Support Broker’s Role in Dane County, Wisconsin’s Self-Directed Services”**
- Alexa Butzbaugh, Progressive Community Services, Inc.
When individuals direct their own services, the support broker becomes an important partner in planning, prioritizing and helping him/her purchase support. This presentation explores their partnership from the perspective of an Executive Director who formed a support broker agency.
- PCP & Community Relations Building** **27. “Person-Centered Planning and Self-Determination: A Quality Perspective”**
- Elaine Taverna, Operations Director, Community Living Services
This breakout session will discuss a quality improvement plan that focuses on positively impacting the lives of people with disabilities.
- B & C Waivers** **28. “Person-Centered Planning vs. Managed Care: Walking a Tightrope in a Hurricane”**
(repeat of workshop #34)
- Norm DeLisle, Executive Director, Michigan Disability Rights Coalition
Person-Centered Planning and Managed Care seemed to be perceived as working against each other. This workshop will provide information on how Person-Centered Planning and Managed Care work together.
- Financial & Fiscal Intermediaries** **29. “Agency with Choice”**
- Marcia Wilhelm, Self-Determination Coordinator, Macomb Oakland Regional Center, Inc.
- Kim Dembrosky, Macomb Oakland Regional Center, Inc.
- Micah Fialka-Feldman
This workshop presents the model of self determination and full inclusion for a post-high school student with cognitive disabilities at Oakland University. The collaboration between the school district and the adult serving agency, MORC will be described by the service provider, and the student. The 2006 TASH Image award winning DVD *Through the Same Door* will be shown which includes interviews with university faculty and administrators, peer tutors, friends, and family, and others. See it in action.
- Other** **30. “Advanced Directives”**
- Tim Grabowski, Department Analyst, MDCH
- Colleen Jasper, Director, Office of Consumer Relations, MDCH
Perspectives and questions that consumers may have regarding doing an Advanced Directives will be addressed. Advanced Directives and its connection to one’s recovery will be shared. The goal of completing an Advanced Directive is to avoid any hospitalization and/or avoid involuntary hospitalization
- Other** **31. “Getting Ready To Dream**
- Sherri Rushman, Oakland County CMH Authority
Learn how to change your negative thoughts into positive thoughts. You will hear three recovery stories that show how positive thoughts and actions can make your dreams come true. We will rally together into positive thoughts!

11:30am – 1:15pm

Lunch and Plenary Session: “Self-Determination...Our Story, It’s Work, but Worth It!”

- Judi Summers, Oakland County CMH Authority

Come share the experiences of Judith Summers and her family who have been pursuing ways to increase her daughter Jennifer's involvement in determining her wants, needs, hopes and dreams for about fifteen years. It has truly been an interesting ride! They have seen the wonderful difference "getting a life" has made for people that they know. It's work, but it is worth it.

1:30pm – 2:45pm

Concurrent Workshops

Employment

32. “Medicaid Freedom to Work”

- Marty Alward, MDCH

Earn a living, keep your Medicaid and plan for the future. The new “Freedom to Work” law allows persons with disabilities who work to increase earning and savings and still keep their Medicaid coverage.

Consumer & Self-Advocacy

33. “Collaborating Among Self-Advocacy Groups”

- Self Advocacy Network of Michigan (presenter TBD)

The Self Advocacy Network of Michigan is a group of self-advocacy organizations that promote self-determination, power, personal rights, freedom and choice. In this session you will learn what we've accomplished, where we're going and how you can join our efforts.

B & C Waivers

34. “Person-Centered Planning vs. Managed Care: Walking a Tightrope in a Hurricane”

(repeat of workshop #28)

- Norm DeLisle, Executive Director, Michigan Disability Rights Coalition

Person-Centered Planning and Managed Care seemed to be perceived as working against each other. This workshop will provide information on how Person-Centered Planning and Managed Care work together.

PCP Planning & Community Building

35. “Positive Collaborative Partnerships and Creative School Transition Planning”

- Lisa Ballien, Director of Community Supports, Community Living Services

A panel discussion including students with disabilities, their family members, and others invested in successful school transition planning. Presenters will encourage the audience to “think outside the box” when assisting students and their families with career development. This session will offer practical solutions for students who may be “difficult to employ” via traditional supported employment models. The option of small business development will be explored and small business owners will share their personal stories of success.

Financial & Fiscal Intermediaries

36. “Self-Determination How it Works in Real Life”

- Annette Downey, Director, Community Living Services

- David Taylor, Self-Advocate, Oakland County

Facilitator – Beth Durkee, Director of Services/DD, Allegan County CMH Services

People supported following the principles of self-determination will describe how self-determination works in their lives: from the person-centered planning process to developing their supports and services and individual budget to hiring providers and meeting challenges, you'll learn everything you need to know.

Self-Determination in LTC

37. “Person-Centered Planning in Long-Term Care”

- Sally Burton Hoyle

- Tom Springstead

See a pre-planning session in real time with Sally Burton Hoyle and a MI Choice waiver participant.

Self-Determination in LTC

38. “Supporting Participant Success”

- Ellen Sugrue Hyman, Consultant, Office of Long Term Care Support Services

This workshop will discuss ways of obtaining the support for individuals participating in self-determination arrangements.

3:00pm

Conference Adjourns

**10th Annual Michigan Self-Determination Conference
 Registration Form: Attn: Annette Pepper
 June 11 & 12, 2007 – Holiday Inn South, Lansing**

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing at least 10 business days prior to the training for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given.

REGISTRATION FEE (per person)		
The full conference registration fee provides you with a program packet, admission to all plenary sessions, workshops, 1 continental breakfast, 1 full breakfast, 2 lunches, 1 dinner, and all breaks.		
	Per Person	Consumer, Family Member, Personal Assistant
Full Conference	*\$185	*\$75
One Day	*\$95	*\$40
*CHARGES ARE BASED ON YOUR STATUS SEE BELOW		

Please Check ✓ Conference Attendance: Full Conference One Day-Monday One Day-Tuesday

***Please ✓ Your Status**

- Administrator (\$185/\$95) Advocate (\$185/\$95) Case Manager/Supports Coordinator (\$185/\$95)
 Consumer/Self-Advocate (\$75/\$40) Family/Friend (\$75/\$40) Personal Assistant (\$75/\$40)
 Professional (\$185/\$95) Other (\$185/\$95): _____

Please Check ✓ the Meals You Plan to Attend: (Meals are Included in the Cost of the Conference Registration)

- Monday Continental Breakfast Monday Lunch Monday Dinner Banquet Tues Breakfast Tuesday Lunch

Please specify the workshop numbers you plan to attend: _____

Name as Printed on Badge: _____ Title: _____

Agency: _____ Address, City, St, Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Special Needs: If You Have Special Dietary Or Physical Needs, Please Specify: _____
 Arrangements for special needs will be honored for those written requests received 10 business days prior to the conference. Clearly state your specific needs for mobility assistance, interpreters, etc. Attempts for on-site requests will be made.

In Case Of Emergency during Conference, Please Contact: _____

Daytime Phone: _____ Evening Phone: _____

Billing Address if Different Than Above (Contact): _____

Address: _____ City, St, Zip: _____

PAYMENT METHOD	
Register now to reserve your spot. Payment DOES NOT need to accompany registration form; however, payment or purchase order must be received by the day of the training. Please note that confirmation letters are NOT sent. If you require confirmation, please contact Annette Pepper at apecpper@macmhb.org or 517-374-6848.	
<input type="checkbox"/>	Check enclosed (payable to MACMHB)
<input type="checkbox"/>	Purchase Order (attached)
<input type="checkbox"/>	Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
#: _____ - _____ - _____ - _____	Exp. Date: _____/_____/_____
Signature: _____	Cardholder Phone #: _____

3 EASY WAYS TO REGISTER

ONLINE: www.macmhb.org	BY FAX: (517) 374-1053	BY MAIL: MACMHB 426 S. Walnut St., Lansing, MI 48933
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QUESTIONS? CALL MACMHB (517) 374-6848

Directions to Holiday Inn South

Located at 6820 South Cedar Street in Lansing, Michigan. Immediately off I-96 at exit 104 (Holt/Cedar Street). 18 miles to Capitol City Airport via I-96. **From Points North (Mackinac Island and Traverse City)** Take 27 South to I-69 East to 127 South to I-96 West (Grand Rapids Exit). Follow I-96 to Lansing Exit 104 (Cedar Street / Holt) and turn left at the light (Pennsylvania Ave.). Go through two lights (2 blocks) and at the 3rd light (South Cedar Street) turn left under the via duct. The Holiday Inn South will be on your right. **From point North-East (Flint, Saginaw, Bay City)** Take 69 West to 127 South to 96 West (Grand Rapids). Follow I-96 to Lansing Exit 104 (Cedar Street / Holt) and turn left at the light (Pennsylvania Ave.). Go through two lights (2 blocks) and at the 3rd light (South Cedar Street) turn left under the via duct. The Holiday Inn South will be on your right. **From Points East (Detroit & Canada)** Take I-96 West to Lansing Exit 104 (Cedar Street / Holt) and turn left at the light (Pennsylvania Ave.). Go through two lights (2 blocks) and at the 3rd light (South Cedar Street) turn left under the via duct. The Holiday Inn South will be on your right. **From points South (Cleveland, Toledo)** Take U.S. 23 North to I-96. Go west to Lansing Exit 104 (Cedar Street / Holt) and turn left at the light (Pennsylvania Ave.). Go through two lights (2 blocks) and at the 3rd light (South Cedar Street) turn left under the via duct. The Holiday Inn South will be on your right. **From points South-West (Chicago, Kalamazoo & Battle Creek)** Take I-94 East to 69 North. Follow 69 North to I-96 East to Lansing Exit 104 (Cedar Street / Holt) and turn left at the light (Pennsylvania Ave.). Go through two lights (2 blocks) and at the 3rd light (South Cedar Street) turn left under the via duct. The Holiday Inn South will be on your right. **From points west (Grand Rapids & Muskegon)** Take I-96 East to Lansing Exit 104 (Cedar Street / Holt) and turn left at the light (Pennsylvania Ave.). Go through two lights (2 blocks) and at the 3rd light (South Cedar Street) turn left under the via duct. The Holiday Inn South will be on your right.

Questions?
Contact MACMHB at
517-374-6848

Michigan Department of Community Health
Status Report on Michigan's Long-Term Care Connections
(Formerly named Single Point of Entry Demonstration Projects)
April 30, 2007

Section 1686 of Public Act 330 of 2006 requires a report on the progress of Long-Term Care Single Point of Entry pilot projects. The Single Point of Entry Project was established as a result of the Governor's Executive Order 2005-14 issued in June, 2005, in order to implement recommendations made by the Governor's Medicaid Long-Term Care Task Force. In September, 2006 the SPE's were named Michigan's Long-Term Care Connections.

Start up Activities: Contracts were established with lead agencies in the four regional areas that were awarded SPE grants in June of 2006. These agencies have worked to develop independent SPE entities. Each site has a contingent of trained and knowledgeable staff. A curriculum of training was developed to ensure that the staff is well-informed and that consistent standards are implemented across regions. All of the regions have set up local offices and hired staff to begin operations. In addition, they have established independent governing boards and consumer advisory groups. Between January and March of 2007, the SPE's held 65 stakeholder meetings, 7 SPE Governing Board meetings and 6 Consumer Advisory Board meetings.

Independent Entities: In August, 2006 the department signed contracts with four demonstration projects to initiate the single point of entry programs. One of the priorities in the contract was to create separate, independently run, consumer driven entities that are solely responsible for the operation of the single point of entry program. The department is currently in the process of re contracting with these newly created independent entities. These contracts will be implemented with fewer resources than it was originally planned. As with other state contractors, the resources available to this project have been diminished as part of the state's budget crisis. The state's freeze on hiring has been extended to the Long Term Care Connections, In addition, over the two year period of FY 07 and FY 08, the program's appropriation is expected to be reduced by \$8.7 million or 25% less compared to the initial proposal of \$34.8 million.

Mandatory Level of Care: This new law, in section 109i (17), also mandated that the SPE's serve as the sole agency within the designated area to assess a consumer's eligibility for Medicaid long-term care programs using a comprehensive level of care assessment. However, the SPE contracts had already been signed prior to the enactment of P.A. 634 at which time the SPE's were seeking a voluntary the level of care determination. The need for the SPE's to perform this new mandatory functional eligibility has been communicated to the Centers for Medicare and Medicaid Services (CMS). Policy and system changes need to be developed to perform this function and a target date for implementation of October 1, 2007 has been set.

Core Services: The implementation of SPE Core functions has been phased in over time. Beginning October 1, 2006, statewide Information and Assistance functions were initiated after being developed and refined by all four regions. In the first quarter of Calendar Year 2007, over 5,700 consumer calls were responded to for information and assistance. These calls include extensive discussions as staff worked with consumers to answer their questions which may require as many as 4 to 5 return calls. The staff use factual information to develop referrals and promote understanding of the web of services as consumers explore their options based on person centered planning (PCP). Long term care options counseling functions continue with over 300 option counseling cases opening in the first quarter of Calendar Year 2007. At the core of this PCP paradigm shift is the practice of putting the consumer in charge of their long term care life choices.

Marketing and Outreach: Marketing efforts have been made to make consumers aware of the single statewide, toll free phone number for contacting the SPE's. This number is: (866) 642-4582. The pilots are collaborating closely with the 211 phone network where it exists in the state. The Long Term Care Connection networks are reaching out to providers, nursing facilities and hospitals to develop significant working relationships required to streamline access to information and guidance. The SPE's have conducted 253 outreach activities and held 28 community education presentations in the first quarter of Calendar Year 2007. The intent of these programs is to inform consumers of their options assists them to utilizing resources more efficiently as they may choose services more closely aligned with their needs. When consumers know their options lower costs may result.

Information System: The department and pilots have focused their efforts on the development of an information system across the provider network. This web-based electronic data system required the establishment of preliminary policies and processes for SPE core functions. This system continues to be refined to ensure that the data required by P. A. 634 will be collected consistently across regions. Over the past few months, all four entities have reviewed regional access practices to determine a baseline for improvement, as well as grasp a deeper understanding of the barriers and challenges in processes as consumers attempt to access Medicaid services. In addition, the system will include a resource data base with information on providers available over the web for consumers seeking services.

Evaluation: The department has contracted with an independent evaluator to assist in the analysis of implementation and outcome issues. This evaluation plan was submitted for review to Health and Human Services (HHS) under the Aging and Disability Resource Center (ADRC) grant. The department is now finalizing outcomes and identifying measures for evaluation. This process will include stakeholders, consumer systems and a performance evaluation of the four sites.

Vision Statement: The Long Term Care Connection will be a highly-visible and trusted source of information and assistance about long-term care, aiding Michigan citizens with planning and access to needed services and supports, in accordance with their preferences.

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

May 21, 2007

1. Long-Term Care Connections (LTCC) Projects

- a. The FY 07 Appropriations Act Boilerplate Report to the Legislature due April 30, 2007, has been submitted to the Legislative Appropriations Committees.
- b. Contracts for the newly formed separate LTCC organizations in Lower Michigan have been approved by the Administrative Board. Boards of Directors for these SPE entities are in place so final contracts are expected to be transmitted for initiation effective June 1. Current contracts will be cancelled effective July 1.
- c. Implementation of the requirement in PA 634 that eligibility for LTC services be determined through the SPEs is being developed for the nursing facility Level of Care determination process. Target date for implementation is October 1, 2007. Medicaid State Plan and policy changes will be needed.
- d. Concurrent with the development of transition protocols required to be developed for the DRA Money Follows the Person grant (see item no. 5) a prototype Partnership Agreement for implementing the nursing facility transition role of the SPE entities required under PA 634 will be developed using a stakeholder work group process, with a target date for implementation being October 1.

2. System Transformation Grant Project

- a. The STG Strategic Plan draft has been reviewed by CMS and they have provided comments and made a few recommendations. They have also stated that we must

retain a Project Manager before they will authorize release of the funds for our use. Our final plan needs to be submitted by June 15.

- b. A request for an exemption to the current hiring freeze for the System Transformation Project Manager position has been submitted to the Governor's Office as part of the Department's exceptions to the hiring freeze.

3. Office Development

- a. In addition to the ST Project Manager position, an additional five requests for exemption to the hiring freeze were submitted to the Governor's Office. These include: Project Coordinator for the DRA Money Follows the Person (MFP) project supporting nursing facility transition of "long-staying" nursing facility residents, as well as the Program Evaluation position for the DRA-MFP project; the Section Manager position for the Quality Management & Evaluation Section, the Project Evaluation position for the System Transformation project, and the Project Coordinator position for the Single Points of Entry demonstration projects.
- b. Plans to move to the Capitol View Building are dependent upon approval of the lease agreement, which is still on hold.

4. Long-Term Care Insurance Partnership program

- a. Work on developing the necessary Medicaid State Plan Amendment is being initiated in June, along with related work that will involve developing proposed Insurance Code changes to incorporate the LTC Insurance Partnership option into the Code. At this point there is really nothing to relate concerning the substance to be developed for these necessary products. A more complete picture will be provided for the Commission at the June meeting.

- b. Consumer and insurance agent education and an outreach campaign are components of the grant that are targeted to be in place by July 2008.

5. MI Choice Waiver Renewal Stakeholder Forums

- a. The most recent stakeholder workgroup involved further discussions on covered service issues, as well as revisions to the waiver standards which are part of the contract.
- b. A separate work group has been meeting to examine the implications of placing into the MI Choice waiver a covered service option that will pay for special licensed residential settings (Adult Foster care and Homes for the Aged). Appendix H of the Home and Community-Based Waiver Application addresses this coverage.

6. Prepaid LTC Health Plan pilot project

- a. A joint work group composed of MSA and OLTCSS staff is meeting to finalize the framework for the necessary feasibility study for the proposed pilot project. .
- b. MSA has submitted the Concept Paper for the proposed project to CMS in order to initiate discussions about the needed federal waivers for the pilot project.
- c. A summary of the Concept Paper is being developed to use in aiding discussions with interested parties. (CMS typically expects that waiver concept papers not be shared as the expectation is that the concept elements will shift during the discussions between the state and CMS.)

7. Deficit Reduction Act - Money Follows the Person grant

- a. Work has started on the development of the Operational Protocol required by CMS. This document is due to CMS in June.
- b. Along with the protocol, the Department is moving to retain a Project Coordinator, as noted above. The position

must be brought on board before CMS will allow access to the grant funds for transitions. The use of these funds is built into the Governor's FY 08 executive budget. .

8. Other

- a. We are in the process of planning for next year's contracts for SPEs and other grant projects
- b. A statewide training process, beginning with person-centered planning training, is getting underway for this summer, in order to build local capacity for each of the remaining 17 MI Choice Waiver agent organizations to be able to offer options that support Self-Determination in Long-Term Care. The plan is to require all MI Choice Waiver agent entities to offer this option by the beginning of the upcoming fiscal year.
- c. There was a Senate Appropriations Subcommittee hearing on long-term care on Thursday, May 17.
- d. The 10th annual Michigan Self-Determination Conference will be held on June 11 & 12 at the Holiday Inn South convention center in Lansing.

Bruce Berger, PhD, RhD

Bruce Berger is Professor and Head of Pharmacy Care Systems at Auburn University. Dr. Berger is a sought-after speaker and an expert in Motivational Interviewing. His research interests include interpersonal and organizational communication and psychology and the application of these disciplines to the healthcare professional's role in treatment and adherence outcomes. Dr. Berger has written and presented over 500 papers and conducts workshops on Motivational Interviewing and Self-Deception across the country. Dr. Berger earned his BS in Pharmacy and a Masters and PhD in Social and Behavioral Pharmacy from Ohio State University.

Nancy Whitelaw, PhD

Dr. Whitelaw is the Senior Vice President of the National Council for the Aging. She has worked at the state and local aging network organizations on strategic planning, program evaluation and service system development. Dr. Whitelaw has presented at numerous national and international conferences on the topic of Evidence-Based Health Promotion activities for older adults.

Concurrent Session Presenters

Natalie Rosenfield McKee, BSW

Manager, Community Programs
"The Life Improvement Series"
Arthritis Foundation-Michigan Chapter
Troy MI

Bonnie Hafner, BSN, RN

Project Coordinator
"PATH (Chronic Disease Self-Management Program)"
Area Agency on Aging of Western Michigan
Grand Rapids MI

Margaret Haynes, BA, MPA

Director, MaineHealth Partnership for Healthy Aging
"A Matter of Balance"
Portland Maine

Susan Snyder, MS

Director, Project Enhance, Senior Services
"EnhanceFitness"
Seattle WA

AREA AGENCY ON AGING OF WESTERN MICHIGAN
1279 CEDAR STREET NE
GRAND RAPIDS MI 49503-1378

**Use of Motivational
Interviewing to Facilitate
Healthy Changes and an
Overview of Evidence-Based
Health Promotion Programs**

Friday, June 22, 2007
8:00 AM - 3:30 PM

Prince Conference Center
at Calvin College

1800 East Beltline SE
Grand Rapids MI

Presented by:

Area Agency on Aging of Western Michigan



Purpose

The role of Evidence-Based Promotion Programming is becoming increasingly significant in the overall health, well-being and quality of life for older adults. This conference will equip participants to facilitate healthy changes, using the framework of stages of change and motivational interviewing. In addition, an overview of Evidence-Based Health Promotion Programs in the State of Michigan will be featured.

Who Should Attend?

Nurses, Social Workers, Older Adult Service Providers, Care Managers, and Other Healthcare Professionals (*at all education levels*)

Continuing Education Information

Applications have been submitted to the Michigan Social Work Continuing Education Collaborative and to the Michigan Nurses Association CEAP for 5 and 5.2 continuing education contact hours respectively.

~

Participants must attend the entire session and complete a written evaluation of the program in order to be awarded contact hours, verified by a Certificate of Completion distributed at the end of the program. For more information on continuing education contact hours, contact Bonnie Hafner at the AAAWM, (616) 456-5664.

This conference is funded, in part, by the Administration on Aging grant 90-AM2810.

The oral and printed information provided for this conference do not necessarily represent the official views of the Administration on Aging.

Conference Agenda

8:00 - 8:30	Registration
8:30 - 8:45	Introduction and Overview
8:45 - 10:15	Bruce Berger
⇒	<i>Stages of Change and Motivational Interviewing</i>
10:15 - 10:30	Break
10:30 - 12:00	Bruce Berger
⇒	<i>Principles, Skills and Practice</i>
12:00 - 1:00	Lunch
1:00 - 1:30	Nancy Whitelaw
⇒	<i>Evidence-Based Health Promotion Programming</i>
1:30 - 2:15	Concurrent Sessions
⇒	<i>Arthritis Foundation-Michigan Chapter, The Life Improvement Series, Natalie Rosefield McKee</i>
⇒	<i>PATH, Bonnie Hafner</i>
⇒	<i>A Matter of Balance, Peggy Haynes</i>
⇒	<i>EnhanceFitness, Susan Snyder</i>
2:15 - 2:45	Break
2:45 - 3:15	Concurrent Sessions (<i>as above</i>)
3:15 - 3:30	Closure and Evaluation

Conference Objectives

At the end of the conference day, participants will be able to:

1. Identify key factors in assessing a person's motivation to change behavior.
2. Describe the stages of change and effective approaches for behavior change, based on this model.
3. Describe the principles and skills involved in motivational interviewing.
4. Apply the principles of motivational interviewing to daily practice.
5. Describe national trends in Evidence-Based Health Promotion (EBHP) activities for older adults.
6. Identify key components of (2) two EBHP programs available in the State of Michigan.

Registration Form

Mail Your Registration Form To:

Area Agency on Aging of Western Michigan
Attention: Dixie Stinson
1279 Cedar Street NE
Grand Rapids MI 49503-1378

Registrant's Name: _____

Address: _____

City: _____ State _____ Zip _____

E-Mail: _____

Telephone: _____ Fax: _____

Place of Employment: _____

Current Position/Job Title: _____

Please enclose payment with your registration.

Payment Method: Check
 Money Order
 Grant Funded *

* (Region 14-PATH, Single Point of Entry Staffs)

Accommodation

For questions, information, or assistance with special needs, including dietary, please contact Dixie Stinson, Area Agency on Aging of Western Michigan, at (616) 456-5664.

Fees, Cancellations, and Refunds

The cost of the conference is \$35. For this amount, participants will receive all course materials, continental breakfast, lunch and mid-afternoon snack.

Registrations must be received by Friday, June 8, 2007. Refunds for cancellations made after June 8, 2007, will not be granted.



DEPARTMENT OF COMMUNITY HEALTH
**OFFICE OF LONG-TERM
CARE SUPPORTS & SERVICES**
Overview of Activities

Senate Appropriations Subcommittee Hearing
May 17, 2007
Michael J. Head, Director



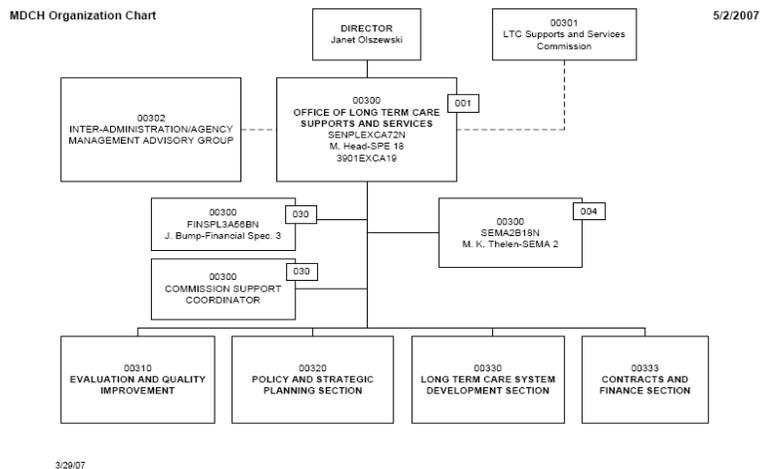
**GOVERNORS LONG-TERM
CARE TASK FORCE** May 2005

- Require and Implement Person-Centered Planning Practices.
- Improve Access by Adopting “Money Follows the Person” Principles.
- Establish Single Point of Entry Agencies for Consumers.
- Strengthen the Array of Services and Supports.
- Support, implement, and sustain prevention activities through (1) community health principles, (2) caregiver support and injury control, and (3) chronic care management and palliative care programs.
- 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.
- ***Establish a New Quality Management System***
- Michigan should build and sustain culturally competent, highly valued, competitively compensated and knowledgeable long term care workforce teams.
- Adapt Financing Structures that Maximize Resources, Promote Consumer Incentives, and Decrease Fraud.

Governor's Executive Order 2005-14 June 2005

- The **Office of Long-Term Care Supports and Services** is created within the Department of Community Health to oversee all LTC policy and coordinate and organize LTC services
- A **Long-Term Care Supports & Services Advisory Commission** composed of a majority of consumer representatives shall be formed to advise on LTC policy.
- At least **three Single Point of Entry demonstration projects** shall be developed by July 2006.

Office of Long-Term Care Supports & Services





Duties of the LTC Office

- **Administer activities** to implement the recommendations of the LTC Task Force.
- **Coordinate state planning** for long-term care supports and services.
- **Review and approve long-term care supports and services policy formulated by state departments and agencies** for adoption or implementation.
- **Conduct efficiency, effectiveness, and quality assurance reviews** of publicly-funded long-term care programs.



Duties of the LTC Office

- 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.
- **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.
- **Oversee the implementation of the single point-of-entry demonstration programs** required under Section VI.



LTC Office – Current Activities

- Implementing the **Single Point of Entry demonstration projects**
- Developing policy and guidance for **person-centered planning in long-term care** programs
- Expanding capacity to assure **options for consumer self-determination** across the MI Choice Waiver program
- Initiating work on the **Federal Deficit Reduction Act (DRA) – Money Follows the Person option** to promote transition opportunities for nursing facility residents who are “long-stayers”



LTC Office – Current Activities

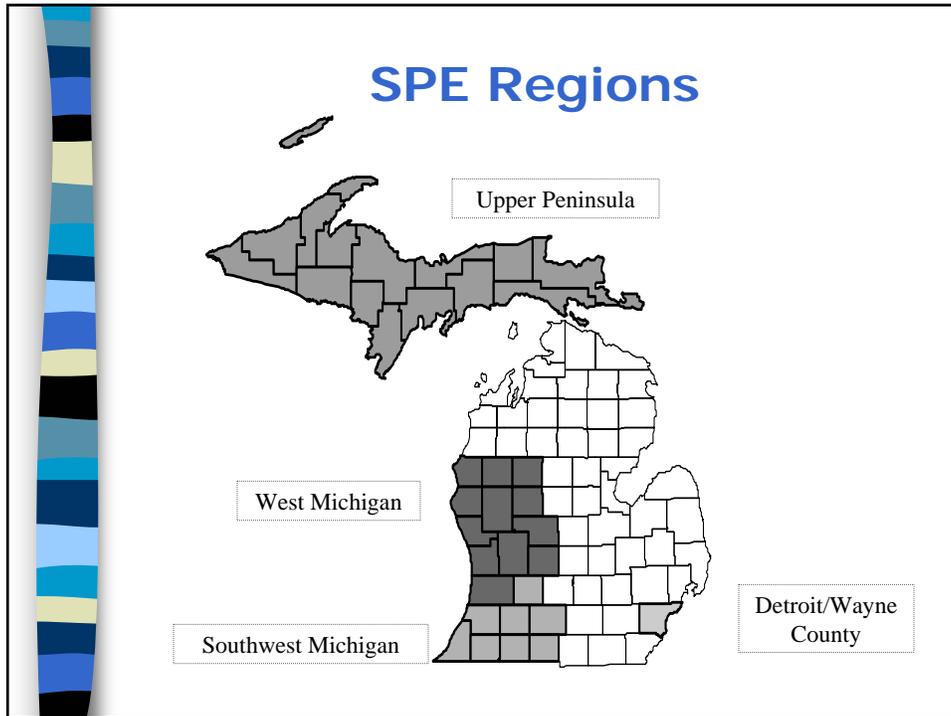
- Developing the **Michigan Long-Term Care Insurance Partnership** option provided for under the Deficit Reduction Act
- Developing plans for promoting **models to support quality improvement methods** for nursing facilities
- Developing a **prepaid long-term care health plan pilot program** model for potential implementation
- Developing options for assuring **specialized care in licensed community residential settings** (Adult Foster Care and Homes for the Aged) as part of the MI Choice Waiver program
- Website: <http://www.michigan.gov/ltc>

Long Term Care Connections

Michigan's Single Points of Entry

Long Term Care Connection (LTCC)

...a highly visible and trusted source of information and assistance about long term care, aiding Michigan residents with planning and access to needed services and supports, in accordance with their preferences



-
- ### Anticipated Impacts
- Consumers exercise informed choice.
 - Consumers maintain quality of life.
 - The LTC system is responsive to consumer needs.
 - Coordinated service delivery.
 - Improved quality services
 - Cost-effectiveness: LTC costs are less than they would otherwise be



MI Choice Waiver Renewal

- Array of covered services
- Payment methodology
- Self-determination
- Quality management
- Nursing facility transitions
- Financial Eligibility



Timeline

- Current Waiver program expires on 9/30/07
- Renewal application must be submitted to CMS by 6/30/07
- Waiver writing must begin in April
- Key front-end issues need to be talked through by April 2007
- Other issues may continue in discussion beyond April but some affecting the renewal will need to conclude by mid-May
- Ongoing implementation-oriented discussion may be continued beyond the application target date



MI Choice Waiver Renewal Covered Services

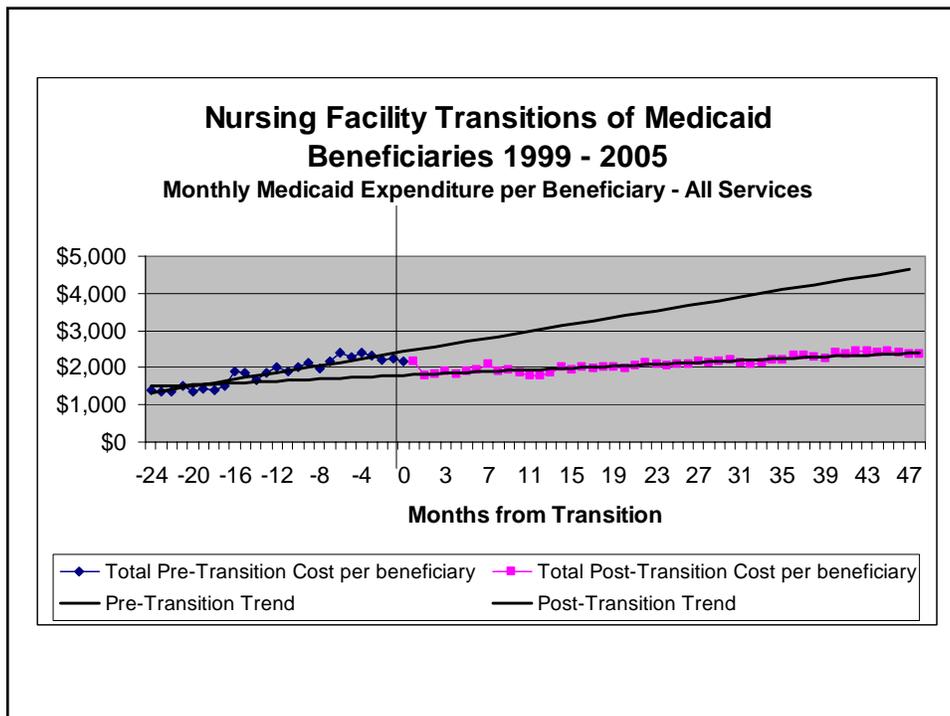
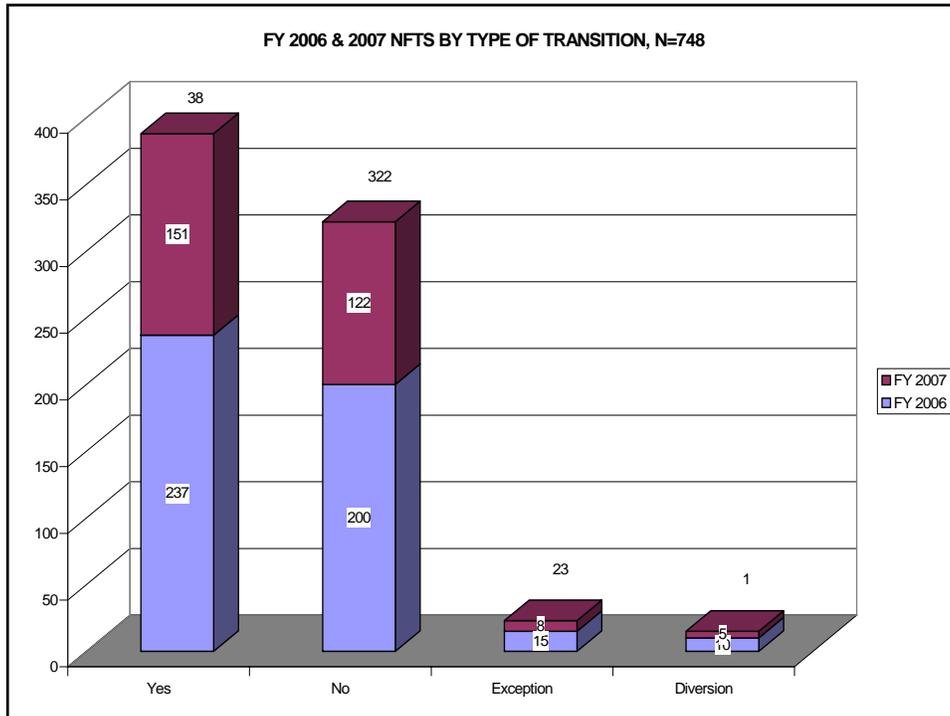
Consider developing an option for providing specialized payment for services provided in licensed community residential settings

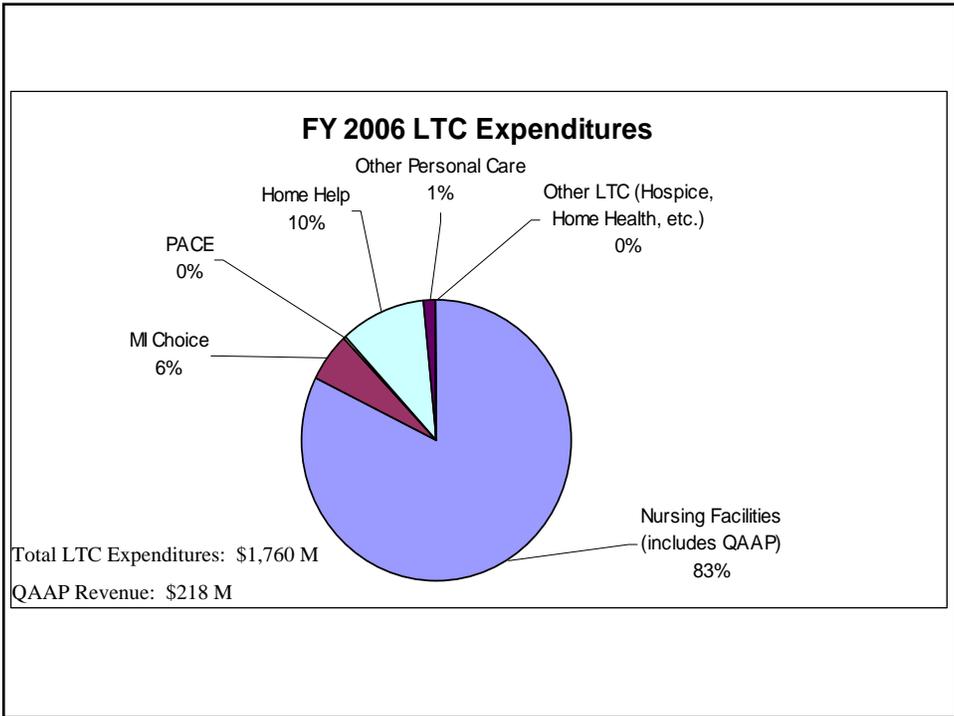
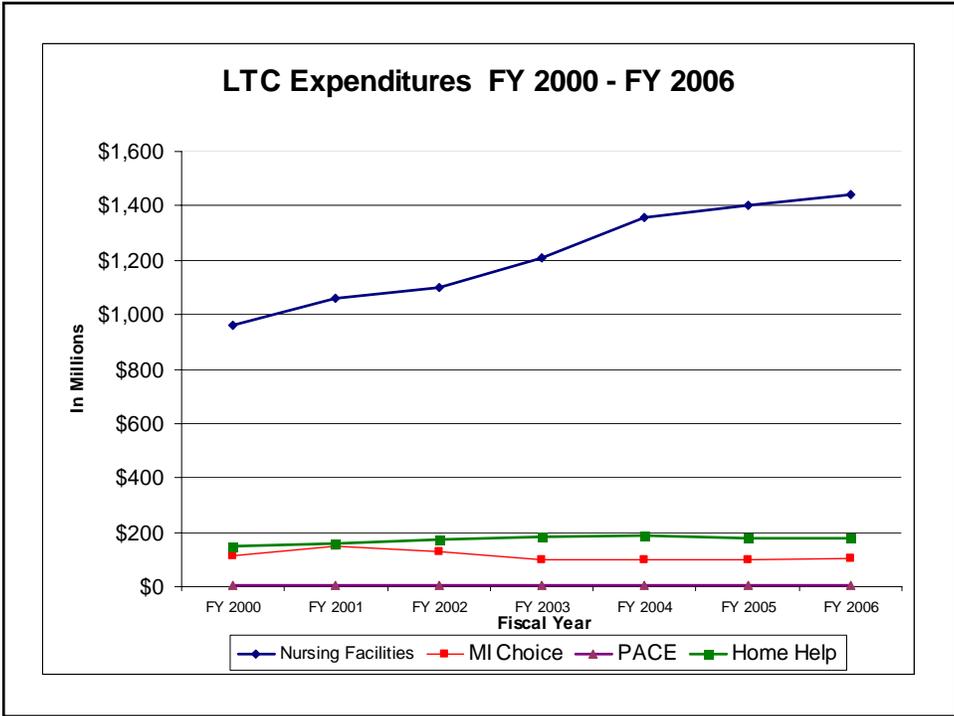
- Need to establish intermediate choices between home and nursing facility – preserve life relationships and community connections
- Focus on individuals requiring supervision, companionship, prompting, protection, personal care (e.g. those with memory impairment)
- Wrap-around services to complement basic services (room/board/supervision)
- Must define provider qualifications and other criteria aimed at promoting individualization, home-like environment, supportive relationships (e.g. size, location, quality monitoring)



Senate Questions

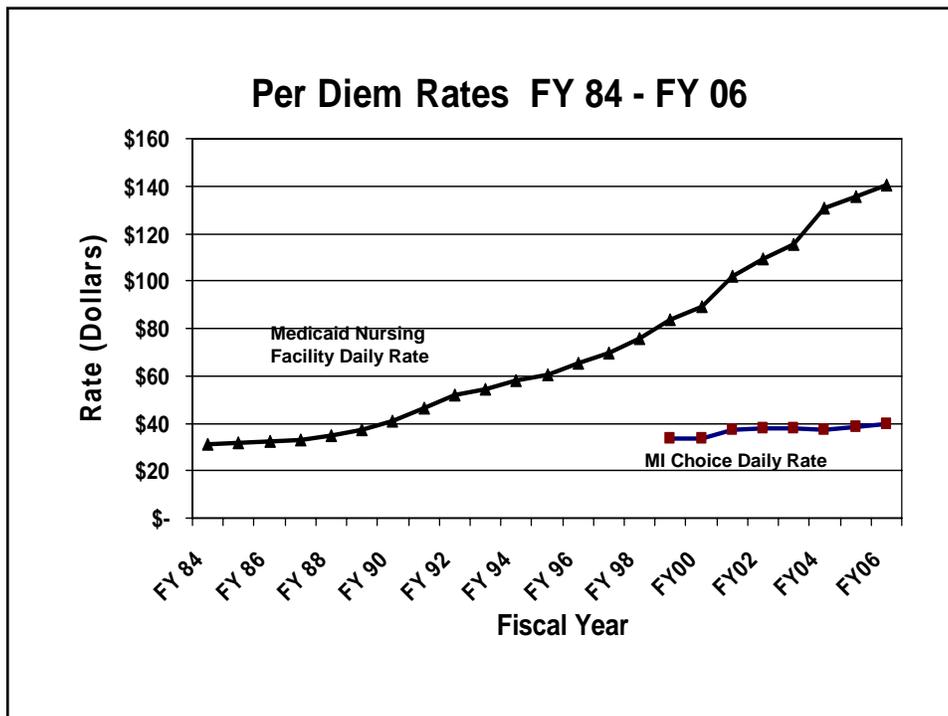
- The FY 2007-08 Executive Recommendation recognizes receipt of a “Money Follows the Person” Federal grant.
 - How will recipients for services provided through the grant be selected?
 - What is your view of the impact of greater flexibility in how long-term care dollars can be spent per client?



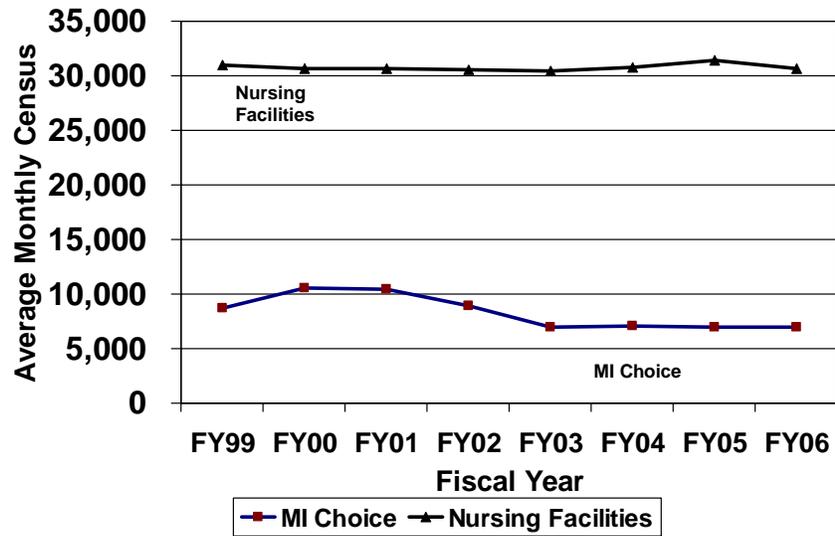


Senate Questions

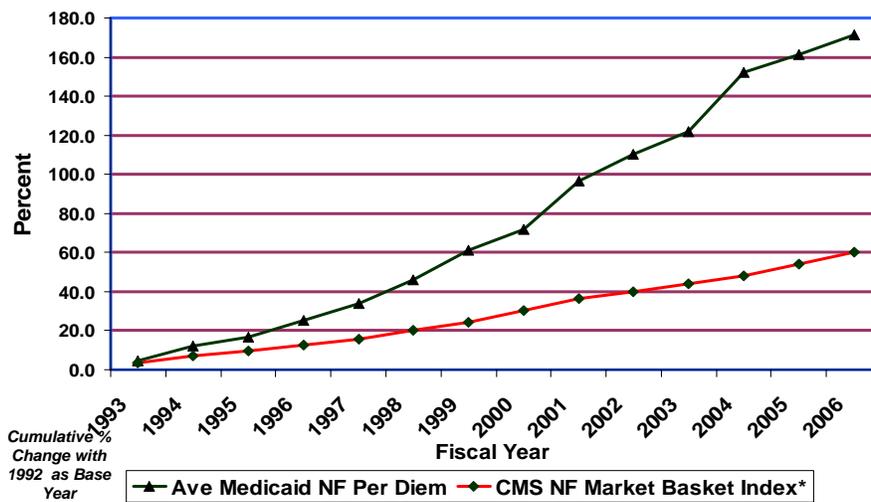
- The Executive Recommendation includes a modification in how nursing home rate adjustments are calculated.
 - Are you concerned about the long-term competitiveness of Medicaid reimbursement to nursing homes?
 - What changes would you recommend that could blunt the financial impact of this change in rate setting?



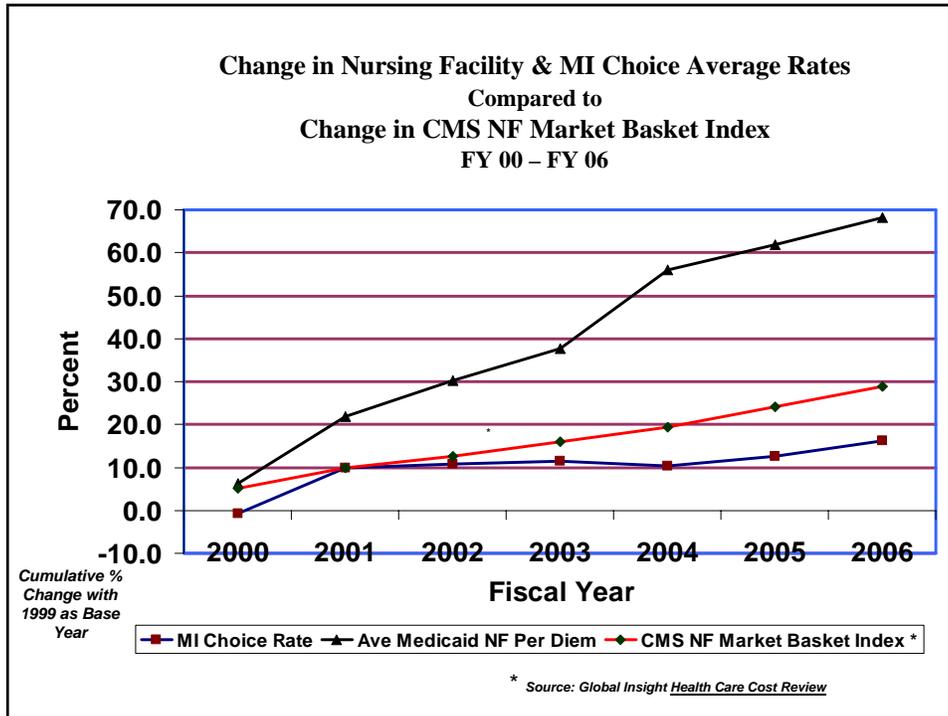
Average Monthly Census: Nursing Facilities & MI Choice Waiver Beneficiaries



Change in Nursing Facility Average Rates Compared to Change in CMS NF Market Basket Index FY 93 – FY 06

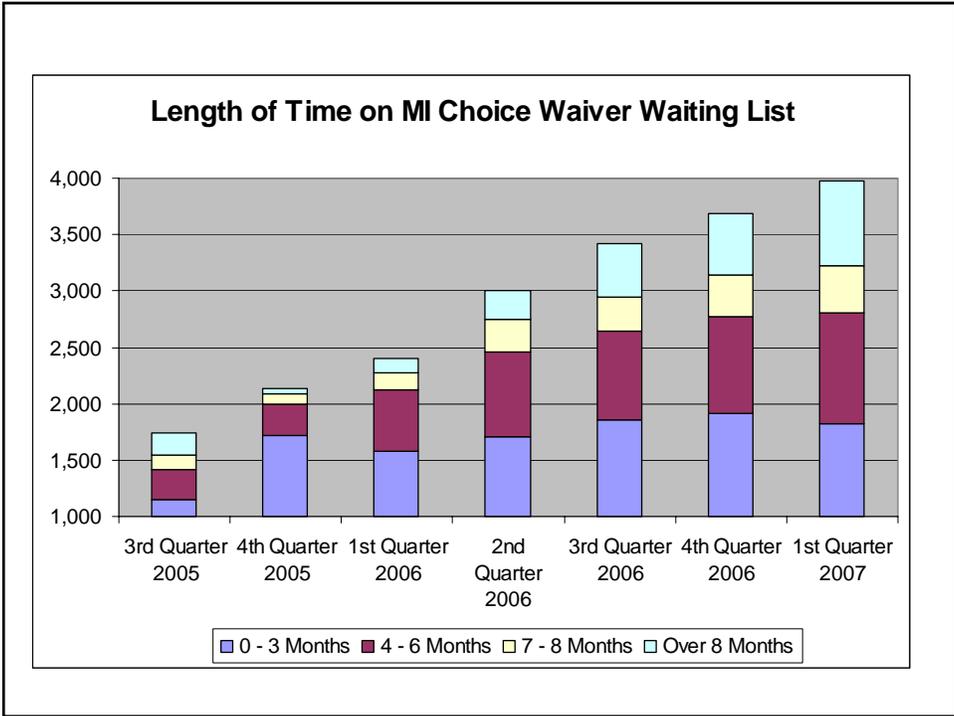


* Source: Global Insight Health Care Cost Review



Senate Questions

- The Executive Recommendation includes a significant increase in the funds available for the provision of MIChoice services.
 - How many additional people, do you estimate could be served through MIChoice if the increases in the Executive Recommendation were enacted?



“Hard Times”

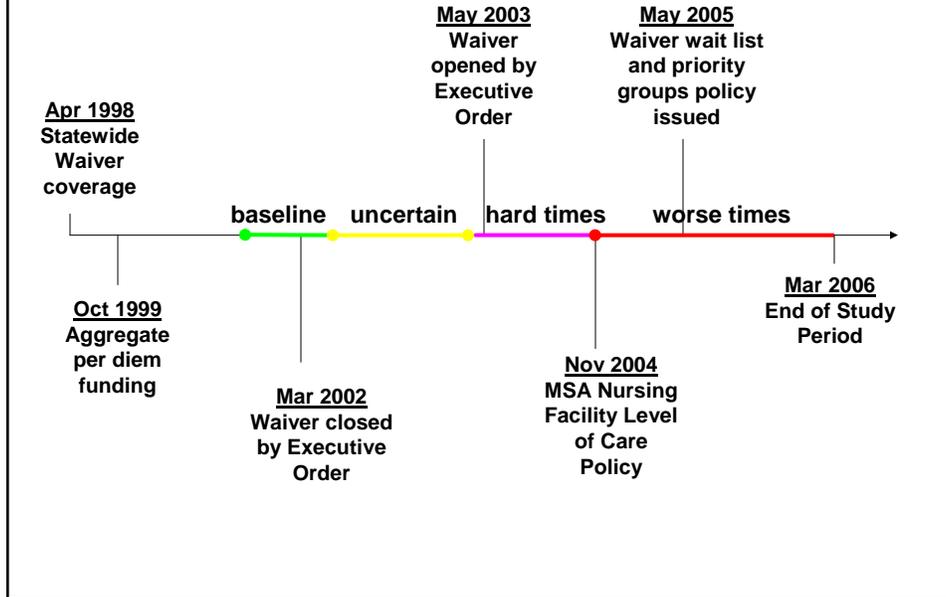


Excerpted from a Preliminary Study* of the
Effects of Reduced Purchasing Power
in Michigan's MI Choice Waiver

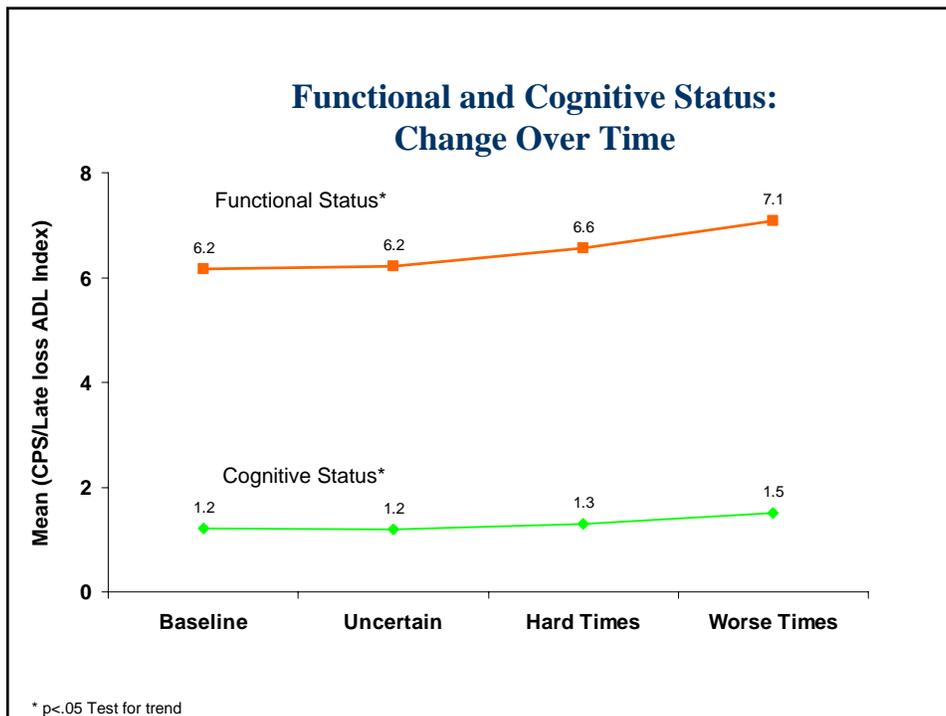
Brant Fries, Ph.D
University of Michigan Institute of Gerontology

* Funded by: National Institute on Disability and Rehabilitation Research

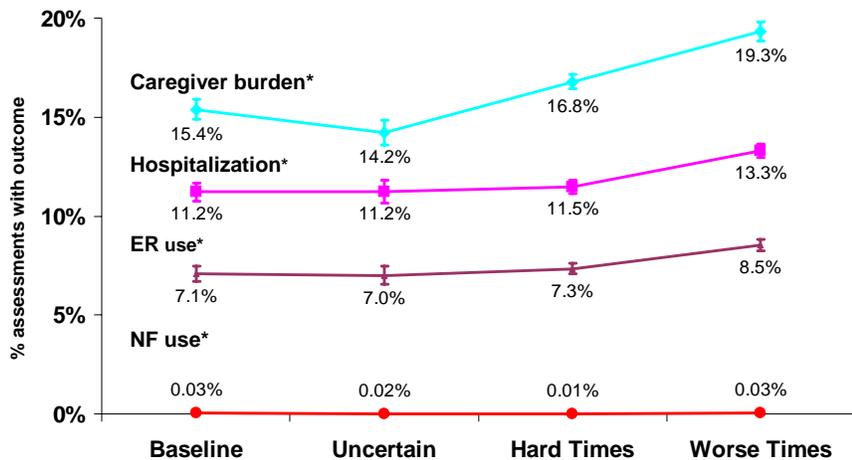
Definition of Time Periods



Functional and Cognitive Status: Change Over Time

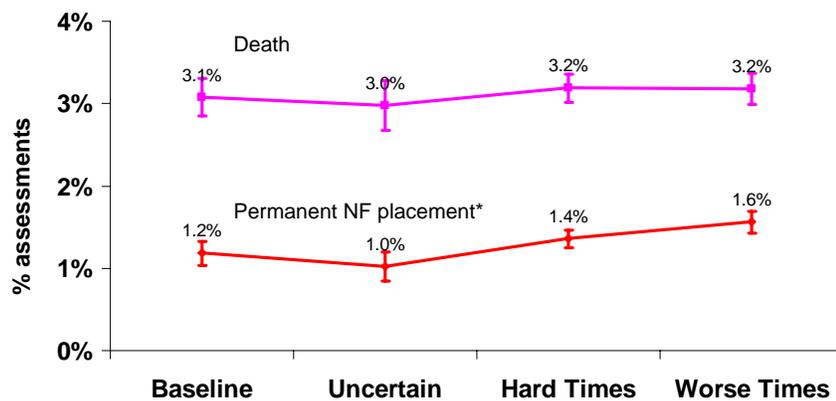


Adverse Interim Outcomes (1)



Error bars= 95% CL; *MH Chi-Sq and Test for Trend are significant (p<.05)

Adverse Final Outcomes (2)



Error bars= 95% CL; *MH Chi-Sq and Test for trend are significant (p<.05)

DRAFT Progress Report on Task Force Recommendations
Prepared 5/23/2007

Recommendation # 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.

Recommended Strategies by the Medicaid LTC Task Force	Progress of state agencies and policies	Next Steps Suggestions/Questions	Timeframes
1. Convene a broad-based coalition of aging, disability, and other organizations.	<p>OSA/DCH-CDIC: The mission of the Healthy Aging Initiative: By 2008, Michigan has a framework for a sustainable public/private infrastructure that implements and evaluates recommended actions to improve the health and well-being of older adults.</p> <ul style="list-style-type: none"> • The Healthy Aging Initiative in partnership with OSA focuses on adults ages 43 and older (Boomers and Seniors); • OSA also serves all adults with disabilities. • Many older adults and Boomers will serve on the Healthy Aging Steering Committee and will participate in regional healthy aging coalitions around the state. • One of the primary goals of the Initiative is to increase and support the implementation of chronic care management and assistance throughout the state for all persons with disability and chronic conditions. 		
2. Review community resources and needs (including prevention, chronic care, and caregiver supports).	<p>OSA Strategic Plan: Goal V-F. LIVABLE COMMUNITIES STRATEGY: Ensure the availability of information, training, technical assistance and advocacy regarding livable communities.</p> <p>Indicators: Goal V-F, Indicator 1: By 9/30/07, a “Communities for a Lifetime” Tool Kit will be available electronically and in</p>	-Review and monitor the developing SPE databases for local and regional resources	

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	<p>hard copy. Goal V-F, Indicator 2: By 9/30/07, demographic data on older adults will be available and distributed as requested by businesses, community organizations and state/local governments. Goal V-F, Indicator 3: By 9/30/07, recruit at least three (3) communities to complete an “Elder Friendly” assessment. Goal V-F, Indicator 4: By 9/30/07, a baseline of senior centers that begin a certification process will be established. Goal V-F, Indicator 5: By 9/30/07, the number of senior centers identified as a focal point in AAA Multi-Year and Annual Implementation plans for community activities for older adults, including “young” seniors will increase from the number in FY 2006.</p> <p>Regional Healthy Aging Coalitions will assess community needs for prevention, chronic care and caregiver supports and implement the recommendations of the Healthy Aging State Plan to address those needs. The 16 regional Coalitions cover all 83 counties in Michigan.</p> <p>The “Communities for Lifetime” and “Elder Friendly” assessment tools look at policies and the community environment.</p> <p>WOW is operated by Civil Service – the website lists events related to healthy lifestyle by county. The Surgeon General’s website is MI Steps Up, it links to community assessment tools, but not resources by county.</p> <p>The Tobacco Quitline is a free service available to the</p>	<p>-Develop strategies to include in consumer assessments: prevention, chronic care and caregiver supports? -Determine municipality participation rates.</p>	
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	uninsured.		
<p>3. Identify existing local, culturally competent strategies to address prevention, chronic care needs, and substance abuse.</p>	<p>OSA Strategic Plan: II-B. CULTURAL COMPETENCY AND TARGETED OUTREACH STRATEGY: Ensure that minority, disabled and socially isolated older adults have access to culturally appropriate services. Indicators: Goal II-B, Indicator 1: By 9/30/07, older minority, Hispanic and rural older adults will receive aging network services at a rate that is 1.5 times the percentage of total older minority, Hispanic and rural populations as reported in the 2000 U.S. Census. Goal II-B, Indicator 2: By 9/30/07, OSA brochures and materials for public distribution will be available in large print or by tape for the visually impaired and electronically in languages for members of minority and ethnic groups that comprise 10% of the Michigan population or more. Goal II-B, Indicator 3: By 9/30/07, sustainability plans will be developed for each of the AAAs administering Older Refugee Outreach Programs. Goal II-B, Indicator 4: By 9/30/07, OSA staff will be surveyed to establish a cultural competency development plan to build capacity within OSA.</p>	<p>- How can these cultural competency strategies be developed and implemented at the local level for prevention, chronic care, and caregiver support programs?</p>	
<p>4. Develop and support programs to address prevention, chronic care, and caregiver supports.</p>	<p>Public Health: Division of Chronic Disease and Injury Control: Public health prevention and chronic care programs include:</p> <ul style="list-style-type: none"> ➤ Cardiovascular ➤ Cancer ➤ Osteoporosis ➤ Diabetes ➤ Injury Prevention ➤ Arthritis ➤ Dementia 		

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	<ul style="list-style-type: none"> ★ Michigan Steps Up Program, that promotes physical activity, healthy eating, and tobacco cessation. Some recommendations for people with disabilities and older adults are included but more needs to be added. ★ Chronic Care Management for cancer survivors who do not need palliative care; cancer survivorship is much broader than palliative care. (The DCH Cancer Program can provide more detailed information in this area if needed.) <p>Division of Health, Wellness and Disease Control:</p> <p>OSA Strategic Plan: V-A. FALLS AND SERIOUS INJURY STRATEGY: Increase awareness of information about the frequency of falls among older adults.</p> <p>Indicators: Goal V-A Indicator 1: By 9/30/06, have collections of promising practice fall prevention literature and web-based information available to the aging network and general public. Goal V-A, Indicator 2: By 9/30/06, include up-to-date fall prevention information within at least two statewide or regional trainings provided by the aging network, AAAs, Michigan State Housing Development Authority (MSHDA), or other housing organizations.</p>	<p>-Talk with Loretta Davis-Satterla (241-0854), director of this division. Her area deals with sexually transmitted disease and AIDS. Her area also is responsible for Minority Health and Disparity Reduction.</p>	
<p>5. Promote the use of culturally competent caregiver training on injury prevention, rights and benefits, and person-centered planning.</p>	<p>OSA: Healthy Aging Initiatives trying to incorporate informal caregivers.</p> <p>-Expand use of the PATH program (Stanford Chronic Disease Self-Management Program) which has already shown success in the Western Michigan AAA area. There is currently a statewide coalition to expand available programs.</p> <p>-Diabetes Outreach Networks are available statewide to</p>	<p>-There seems to be little to no initiatives targeted directly to informal caregivers. What has to happen to change this?</p> <p>- Strengthen supports for self-management which is the key to chronic</p>	

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	<p>provide consumer and professional education and support. They are also involved with the development of the PATH program.</p> <ul style="list-style-type: none">- There is an existing network of diabetes support groups statewide. There exists training for support group leaders, since the best leaders are peers.	<p>conditions management. The following are possible areas of focus:</p> <ul style="list-style-type: none">-Expand use of peer support groups for individuals and caregivers.-Include, within the growing "211" statewide helpline network, information about available health care services by community.-Some existing services and programs for people with diabetes or pre-diabetes could be made more available in senior centers, for example.- Expand services for LTC consumers to include palliative and hospice care. Recommendation #5 includes "...Palliative Care Programs that Enhance Quality of Life..." yet there isn't anything included that addresses palliative care. Public Health recommends adding a section re: Provide pain and symptom relief via palliative and hospice care, thereby allowing for a peaceful death, less visits to ER's, ICUs, and hospitals, and lower	
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		<p>health care utilization costs.</p> <p>- Studies show that palliative and hospice care allow for better quality of life outcomes than do more aggressive / curative types of treatment during the last six months of life. For a reference source, see Dartmouth Atlas study on severe chronic illnesses and medical care utilization and costs: http://www.dartmouthatlas.org</p>	
<p>6. Develop wrap-around protocols for caregiver/consumer support needs.</p>	<p>OSA Strategic Plan: II-F. DEMENTIA SERVICES STRATEGY: Increase the capacity of the aging network to serve older adults with dementia, as well as their caregivers. Indicators: Goal I-F, Indicator 1: By 9/30/07, aging network providers will participate in the local dementia wraparound projects. Goal I-F, Indicator 2: By 9/30/07, AAA staff will know and participate in the Academic Detailing Project for physicians. Goal I-F, Indicator 3: By 9/30/07, AAA staff will be included as members of the Michigan Dementia Coalition. Goal I-F, Indicator 4: By 9/30/07, OSA will provide program information and resources to dementia activities, including the Dementia Coalition, DCH dementia block grant review and the AoA dementia grant. Goal 1-F, Indicator 5: By 9/30/07, OSA National Family</p>	<p>- Are there plans for sustaining this initiative or spreading wrap-around protocols beyond dementia?</p>	

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	<p>Caregiver Support Program data will reflect additional family members of people with dementia using respite or day care services.</p>		
<p>7. Develop a public health caregiver support model.</p>		<p>How can this be initiated?</p>	
<p>8. Create initiatives and incentives to support caregivers.</p>	<p>OSA Strategic Plan: II-C. CAREGIVER STRATEGY: Provide resources to support services that extend the time caregivers, including those involved in kinship care, are able to care for their loved ones. Indicators: Goal II-C, Indicator 1: The number of caregivers provided respite from their care-giving responsibilities as compared to the number of estimated caregivers in Michigan. Goal II-C, Indicator 9: By 9/30/07, each PSA will have all five categories of caregiver services available as authorized by the Older Americans Act.</p>		
<p>9. Identify and promote the use of elements of established models for chronic care management and coordination (e.g., Wagner or ACOVE model).</p>	<p>OSA Strategic Plan: I-B. HEALTH PROMOTION STRATEGY: Promote evidence-based health and wellness activities that reduce the incidence of chronic disease, early death and disability. Indicators: Goal 1-B, Indicator 1: By 9/30/07, the statewide Senior Physical Activity and Wellness Committee will meet on a quarterly basis and oversees Senior Health and Fitness Day and the Active Options Database. Goal 1-B, Indicator 2: By 9/30/07, the number of AAAs offering health and wellness programs will increase by two (2). Goal 1-B, Indicator 3: By 9/30/07, A PATH infrastructure is developed through appointed regional coordinators with classes offered on a regular basis. Goal 1-B, Indicator 4: By 9/30/07, Each PSA sends at least one (1) person to training for evidence-based</p>		

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	<p>programs. Each PSA offers at least 1 evidence-based program per year.</p> <p>Goal 1-B, Indicator 5: By 9/30/07, there will be an increase in the number of “hits” on the health promotion web pages on MISeniors.net.</p> <p>Goal 1-B, Indicator 6: By 9/30/07, three PSAs will offer at least one (1) Stanford Chronic Disease Self-Management Program.</p> <p>Goal 1-B, Indicator 7: By 9/30/07, each PSA will offer at least four (4) evidence-based programs per year, in addition to the Stanford Chronic Disease Self-Management Program.</p> <p>Public Health: The Primary Care Consortium Strategic Plan Implementation Goal: all clinicians, patients, payers, purchasers, and policy-makers will collectively accept and support health promotion as the foundation for delivery of primary care health services in Michigan. (includes Ed Wagner model for chronic care.)</p>	<p>-Review and monitor outcomes after the goals have been implemented.</p> <p>- How can these initiatives report and spread results?</p>	
<p>10. Create incentives for implementing culturally competent chronic care models and protocols.</p>	<p>OSA: 16 AAAs have licenses to teach Wagner model Wagner model of chronic care and self-management.</p>	<p>- Are AAA’s consulting with the Federally Qualified Health Centers in their areas regarding their populations and services and work with disparate groups?</p>	
<p>11. Develop and implement chronic care protocols, including, but not limited to:</p> <ul style="list-style-type: none"> a. medication usage. b. identifying 	<p>Public Health: The Primary Care Consortium Strategic Plan Implementation Goal: all clinicians, patients, payers, purchasers, and policy-makers will collectively accept and support health promotion as the foundation for delivery of primary care health services in Michigan.</p>	<p>-Review and monitor outcomes after the goals have been implemented.</p> <p>-These specifics are beyond the scope of the current PCC. Once system barriers have been successfully resolved (end</p>	

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<p>abuse and neglect, caregiver burnout/frustration.</p> <p>c. caregiver safety and health.</p>		<p>of 2010), it will be very appropriate to address these issues.[from Public Health]</p>	
<p>12. Promote the use of Assistive Technology (AT) for consumers and direct care workers/caregivers as a prevention tool.</p>	<p>New Older Americans Act references.</p> <p>The AAAs and OSA are consulting with the state's AT Project and working to develop more activities on promoting the effective use of AT.</p>		
<p>13. Investigate grant opportunities to pilot chronic care management models.</p>	<p>Several grants.</p>	<p>Can a list be developed?</p>	

Every 72 seconds someone in America develops Alzheimer's.

Prevalence

According to the newly released *Alzheimer's Disease Facts and Figures 2007*, there are now more than 5 million people in the United States living with Alzheimer's disease. This number includes 4.9 million people over the age of 65 and between 200,000 and 500,000 people under age 65 with early onset Alzheimer's disease and other dementias. This is a 10 percent increase from the previous prevalence nationwide estimate of 4.5 million.

State Prevalence - based on state estimates for 2000, population projections from the U.S. Census Bureau, and state-specific adjustments for gender, race, education and mortality:

Michigan Alzheimer's disease 180,000 by 2010

Mortality

Alzheimer's disease is the 7th leading cause of death for people of all ages, and the 5th leading cause of death in people age 65 and older.

Number of Deaths Due to Alzheimer's Disease and Rate per 100,000 Population, 2003:

Michigan 2,133 deaths 21.2 %

The Economic Value of Caregiving

Almost 10 million Americans are caring for a person with Alzheimer's disease or another dementia. This figure constitutes about 29 percent of all caregivers of people aged 60 and older. Caregivers of people with Alzheimer's disease make significant personal investments of time and energy in caring for their loved ones. A total of approximately 9.8 million caregivers of people with Alzheimer's and other dementias provided care worth almost \$83 billion in 2005.

Number of Alzheimer and Dementia Caregivers, Hours of Unpaid Care and Economic Value of the Care, 2005:

Michigan 364,631 314,749,741 hrs \$3,078,252,463

See the full report and state by state comparisons at www.alz.org