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**LONG-TERM CARE SUPPORTS & SERVICES ADVISORY  
COMMISSION  
EXECUTIVE COMMITTEE  
APRIL 24, 2008  
MINUTES**

**ATTENDEES:** RoAnne Chaney, Christine Chesney, Jane Church, Andrew Farmer, Gloria Lanum, Jon Reardon, Hollis Turnham

May 19 Draft Agenda – does it hit the mark?

Turnham concerned whether there is enough business to fill two hours as there is widespread support on the workforce development CNA curriculum standards and little discussion will be needed on this topic. Almost every major stakeholder has agreed to support the curricular standards. They have received endorsement letters from several more organizations, including TEACH (association of facility-based staff development directors, UAW, and the MI Home Health Association) but are still awaiting letters from HCAM and Hospice. Some time could be spent on discussing next steps.

Budget discussion is still important and necessary, even if budget has already been passed by the House. Concern expressed that the Commission needs to be further along than it is in having a consensus message about the LTC budget. Discussion always gets us really close, but then falls apart at the end.

Reardon requests clarification on the inequities referenced in point 2. of the Summary and Status of DCH Budget Position. Is it strictly a money thing? No. Inequities include limited service array, lack of funding for community-based alternatives, existence of a wait list for some options but not for others. Some inequities are rights based and other are based on lack of finances. Reardon suggests that points 1. and 3. (adequate funding for the entire array) are enough and that there is no need to pit one alternative against another. A clear objective understanding of what

is adequate funding in terms of rate setting is missing. Another area where discussion breaks down is to what extent does choice get tied to funding. Turnham supports the idea of trying to determine where there is and is not consensus. Is it confusion or disagreement that causes the discussion to break down.

Hollis volunteered to take the five points, review e-mail traffic and try to bring clarity to them. She will call on others (Hoyle) who were involved in the discussion for input.

Agreed-up elements of May 19 Agenda:

Usual housekeeping

Workforce development presentation on CNA curriculum

09 Budget

Public comment

Lunch

SPE review

OLTCSS update

Commission discussion & action on public comment

Closing comments

Lunch, sponsored by Jon Reardon, will consist of boxed lunches – variety of meats, veggie choices. Reardon will provide credit card information to OLTCSS staff offline.

## **Workforce Development Workgroup of the LTCSS Advisory Commission**

### **Memorandum**

**To:** Andrew Farmer, Chair LTCSS Advisory Commission and LTCSS Commissioners

**From:** LTCSS Workforce Development Workgroup by Hollis Turnham

**Date:** May 14, 2008

**Re: Improving Michigan's CNA training program**

As of May 14, the following organizations formally support the initiative in enhance Michigan's CNA training program:

Michigan County Medical Care Facilities Council  
Center on Frail and Vulnerable Elders, U of MI School of Nursing  
The Alzheimer's Association  
Hospice of Michigan  
Area Agency on Aging 1-B  
Tri-County Office on Aging  
AARP/Michigan  
Citizens for Better Care  
Michigan Long Term Care Ombudsman Program  
Healthcare Regional Skills Alliance, NW MI Council of Governments  
Michigan Dementia Coalition  
TEACH, association of facility staff development directors  
Olmstead Coalition  
Area Agencies on Aging of Michigan  
Campaign for Quality Care  
UAW  
Michigan Home Health Association  
Cassie Stern Healthcare Workers Training and Education Center, SEIU Healthcare Michigan  
Michigan Office on Services to the Aging

### **The LTCSS Commission's Workforce Workgroup asks to the Commission:**

1. Recommend that the state Legislature authorize the Michigan Department of Community Health to create a CNA training and registration program that is responsive to the state's long-term care needs and stop relying on federal minimum standards.
2. Authorize its Workforce Development Workgroup, with assistance from the Office of LTCSS, to convene a collaborative process of supportive and interested organizations and stakeholders to fashion the needed legislative concepts, based on the recommendations proposed by MDCWI and other issues as they arise and to recruit and work with legislative champions for passage of the legislation.
3. Review those legislative concepts as soon as they are developed for adoption and support for their enactment by the state Legislature and implementation by the Department of Community Health.

## Workforce Development Workgroup of the LTCSS Advisory Commission

### Memorandum

**To:** Andrew Farmer, Chair LTCSS Advisory Commission and LTCSS Commissioners  
**From:** LTCSS Workforce Development Workgroup by Hollis Turnham  
**Date:** May 15, 2008  
**Re:** LTCSS Commission participation in MDCH Task Forces on Nursing Education and Nursing Practice

In February 2008 the MDCH Task Force on Nursing Regulation completed its report. The full report can be found at [http://www.michigan.gov/documents/mdch/nurseregfinal\\_228919\\_7.pdf](http://www.michigan.gov/documents/mdch/nurseregfinal_228919_7.pdf). This Commission's Workforce Development Workgroup has an LPN/RN issue committee that, has among other activities, been monitoring the Task Force on Nursing Regulation. A copy of the Task Force recommendation are attached.

The Task Force recommends that two additional task forces be appointed—one on nursing education and the second on nursing practice. We expect these task forces to be appointed by MDCH Director Janet Olszewski soon.

If created, the Task Force on Nursing Education is to review:

- A. The “educational requirements for practical nursing students” to eliminate the clinical experience in pediatrics and obstetrics and add educational emphasis in pharmacology and coordination of care. [6.1]
- B. The curriculum for practical nursing and associate degree nursing education” and to “encourage a Unified Nursing Education Curriculum” in the two programs. [6.2]
- C. Review the student to faculty ratios. [6.3]

If created, the Task Force on Nursing Practice is to review:

- A. Nursing delegation and supervision, with a special focus on LTC. [5.2]

We understand that other topics may also be broached—continuing education administration, the two online clinical placement matching services currently used in the state.

The February Task Force report does speak to the needs of the long-term health care sector and representatives from long-term care organizations were part of the membership.

Given the specific suggestions for review of practical and associate degree nursing education programs and the recommendation of the Medicaid Reform LTC Task Force to

Recommendation #11: develop health professional curricula and reform current practice patterns to reflect the changing needs of the population. Recognize the unique needs of the elderly; people with chronic health problems; people approaching end-of-life; people of all ages with disabilities; and those in need of rehabilitative and restorative services across LTC and acute care settings

it is the recommendation of the Workforce Development Workgroup that the LTCSS Commission seek seats on both the Task Force on Nursing Education and the Task Force on Nursing Practice. This request should be made to MDCH Director Olszewski as soon as possible.

## **MDCH - Task Force on Nursing Regulation Summary of Recommendations to the Director of MDCH**

**[1.2] It is recommended that the Public Health Code be changed to meet the current and future priorities and needs of the profession of nursing through increased flexibility in the utilization of the Nurse Professional Fund (NPF) and increased funding of the NPF.**

**[2.2] It is recommended that retired nurses who wish to practice nursing as volunteers should be encouraged to do so through the same Public Health Code provisions that encourage retired physicians to practice as volunteers – the Special Volunteer License and liability exemption.**

**[3.1] It is recommended that the Michigan Department of Community Health support a change in the Public Health Code and in the Michigan Board of Nursing (MBON) Administrative Rules that adds definitions for certain Advanced Practice Nursing (APN) specialties. These include Certified Nurse Midwives (CNM) and Certified Nurse Practitioners (CNP). The inclusion of definitions for these APN specialties will a) educate the public, health care employers, and health policy-makers with respect to these practitioners, and b) clarify the content and maintain the integrity of these APN specialties.**

**[4.1] It is recommended that the Governor and MDCH Director exempt MDCH-Bureau of Health Professions regulatory staff positions that are approved and that are supported by restricted funds (such as the Health Professions Regulatory Fund) from current and future hiring freezes.**

**[5.1] It is recommended that the Director of MDCH work with the Director of MDE to charge the Interagency Healthcare Workforce Coordinating Council (MDCH, MDE, MDLEG, and MDHS) with the task of effectively resolving the inconsistencies among the Public Health Code, the School Code, and MIOSHA Statutes that affect the provision of inschool healthcare for children. The relevant codes and administrative rules should be reconciled with the goal of improving the safety and quality of healthcare for children in schools.**

**[5.2-7.1] It is recommended that the Director of MDCH convene a Task Force on Nursing Education (TFNE) to make recommendations to the Director on the issues discussed in Nursing Regulatory Position Papers 5.2 through 7.1, plus such other nursing education issues as TFNE members identify as high priority and amenable to solution. It also is**

**recommended that the TFNE be followed by the convening of a Task Force on Nursing Practice (TFNP) to make recommendations to the Director on the issue discussed in Nursing Regulatory Position Paper 5.2, plus such other nursing practice issues as TFNP members identify as high priority and amenable to solution.**

**[5.2] It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education and Task Force on Nursing Practice with a substantive review of the content and implementation of Michigan statutes and rules governing the delegation of nursing tasks. The PHC and MBON Rules define nursing delegation and supervision and provide guidelines; however, *de facto* administration and practice may place nurses, their licenses, and their patients in jeopardy. Specific issues related to Long Term Care (LTC) include workplace conflicts and stresses that will worsen as the nursing shortage increases. Knowledge and understanding of delegation as a continuum of nursing processes is needed, as is the will to put patient safety before economic expediency. Education on delegation for nursing students (as part of curriculum), nurses (as a component of license renewal), nursing home administrators (as a component of license renewal), and nursing home regulators should be included in recommended solutions, in addition to potential statute and rules revisions.**

**[6.1] It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education with a substantive review of the content and implementation of Michigan rules and guidelines governing the educational requirements for practical nursing students. The MDCH Bureau of Health Professions and the Michigan Board of Nursing should change the MBON Administrative Rules and/or Nursing Education Program Review Guidelines to effectively eliminate the educational requirement for clinical experience in pediatrics and obstetrics for practical nursing students, and effectively add an educational emphasis on pharmacology and coordination of care. The existing requirement for classroom education in pediatrics and obstetrics must be maintained. This recommendation supports and reinforces the work already begun by the MBON Education Committee, Program Review Subcommittee, which should review the Guidelines for Program Review for clarity on this issue.**

**[6.2] It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education with a substantive review of the content and implementation of Michigan rules governing the curriculum for practical nursing (PN) and associate degree nursing (ADN) education programs. It is recommended that nursing education be made more efficient for students, faculty, and institutions by encouraging a Unified Nursing Education Curriculum in PN and ADN nursing education programs. The Michigan Board of Nursing (MBON) should make Administrative Rules and Education Program Review Guidelines changes that assign credits to courses in practical nurse (PN), registered nurse (RN) and PN to RN “ladder” education programs. This position paper is intended to support and reinforce the first steps toward a unified curriculum taken by the MBON Education Committee, Program Review Subcommittee and to encourage the allocation of resources in support of unified nursing education curriculum development.**

**[6.3] It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education with a substantive review of the content and implementation of Michigan rules governing Student-to-Faculty ratios in clinical nursing education. Revise MBON Administrative Rule 305(4) with input from the nursing education community and clinical experience sites to create and promote a collaborative, flexible process for setting safe, evidence-based, learning-appropriate student-to-faculty ratios in all types of clinical learning situations. Student-to Faculty ratios must consider patient safety, patient acuity, and level of care required. The Rules must provide examples and guidance for institutions both seeking and providing nursing student clinical experiences, with the *proviso* that all ratios shall be lower than the current maximum of 10 to 1. Student-to-Faculty ratios should never be considered on a “one size fits all” basis. This recommendation supports and reinforces the work already begun by the MBON Education Committee, Program Review Subcommittee.**

**[6.4] It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education and Task Force on Nursing Practice with a substantive review of the content and implementation of Michigan rules governing the consistency of definitions in nursing education. The MBON Education Committee, Program Review Subcommittee and the Office of the Chief Nurse Executive should work with the nursing education community to create and implement consistent definitions and nomenclature in nursing education; the agreed-upon definitions and nomenclature must be included in the MBON Rules and periodically updated. Consistent definitions and nomenclature must be specific as to licensure and certification, as well as experience in the education of nursing students.**

**[7.1] It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education and Task Force on Nursing Practice with a substantive review of the content and implementation of Michigan statutes, rules, and policies governing the employment, role, and education of public health nurses. The Michigan Department of Community Health should advocate for funding for public health nursing positions in local health departments. The goal of such funding is to enable local health departments (LHDs) to assure that qualified public health nurses and nurse administrator positions are maintained in LHDs to perform specific programmatic functions that protect the health and safety of populations. MDCH advocacy for such funding is part of its mission to protect the health of the people of Michigan. The Michigan Department of Community Health also should advocate for restoration of funding for training in the Public Health portion of the MDCH budget, enabling local health departments to support educational and clinical experience opportunities for nursing students.**

## **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.

## 5/19/2008 DRAFT letter to members of the Michigan Legislature outlining the Commission's requests for the 2008-2009 Medicaid budget

Michigan's Medicaid Long Term Care Reform Task Force completed its work in 2005 producing a set of recommendations to recast the way that Michigan residents experience in-home and residential long-term care services. The Task Force recommended that Medicaid funding follow principles that assure supports and services are delivered to individuals in a setting that reflects a person's choice. The group also recommended that Medicaid dollars used to pay for the supports and services follow the person with the end result being greater Medicaid support of home and community based care and supports. Vital to the evaluation of the overall effectiveness of the long-term care supports and services funded by Medicaid is a quality management system to gather and analyze information and data from an unbiased perspective.

The Office of Long Term Care Supports and Services within the Department of Community Health was established and this Advisory Commission was appointed by Governor Granholm to move Task Force's recommendations forward. Substantial progress has been accomplished through securing federal grants that focus on implementing Money Follows the Person strategies, person centered planning, and strategic planning for the entire array of long-term care supports and services.

Woefully absent from a measure of progress on the 2005 recommendations is a State budget that actualizes the desires of Michigan residents to have more long-term care options. Instead, residents continue to face the limited array of services and a budget that inadequately funds the array of supports and services.

Michigan's Advisory Commission for Long Term Care Supports and Services strongly recommends the legislature take concrete steps toward assuring the Task Force recommendations are fully implemented.

To actualize the needs and preferences of Michigan's citizens the budget must:

- Restore the increased community based supports and services spending proposed in the Executive budget to match the desires of the state's residents for more long-term care options.
- Keep any funds saved from changing utilization patterns in one long-term care services within the array of Medicaid-funded Long Term Care Supports and Services.
- Keep additional funds raised through Long Term Care (nursing home) provider based fees or "QAAP" in the array of Medicaid-funded Long Term Care Supports and Services and not transferred to the General Fund.
- Assure all providers may have a reasonable operating margin, allowing for
  - Wages and benefits sufficient to recruit and retain staff to meet the needs of the clients.
  - Capital investment to improve facilities and to use technology to enhance services.
  - Reinvestment in new and improved services.
- Assure adequate Medicaid reimbursement so as to sustain a sufficient numbers of providers to secure access to that long-term care service or option throughout the State.
- Uphold the principles of:
  - Money Follows the Person
  - Person Centered Planning
- The entire array of long-term care supports and services needs adequate funding. Care, supports, and services, within the array, needed and preferred by individuals should not be denied or reduced to enable other individuals to receive the care, supports, and services they need and want in a different part of the array.
- Enhance the state's capacity for a strong Long Term Care Quality Management System, as called for in the Task Force Recommendations, so future appropriations decisions can be drawn from more credible, unbiased, and robust information.

# Michigan's Long Term Care Connections

Informed Choice  
Streamlined Access  
Consumer Control

Nora Barkey  
Michigan Department of Community Health:  
Office of Long Term Care Supports and  
Services  
Chuck Logie , WMLTCC



# Mile stones....

Governor's Long-Term Care Task Force: **May 2005**

Governor's Executive Order 2005-14: **June 2005**

Legislative Appropriation to create four demonstration projects resulting in contracts: **July 2006**

Information and Assistance: start up **October 2006 to January 2007**

PA 634: signed **January 2007**

Options Counseling: start up **January to April 2007**

Level of Care Determinations: **November 2007**

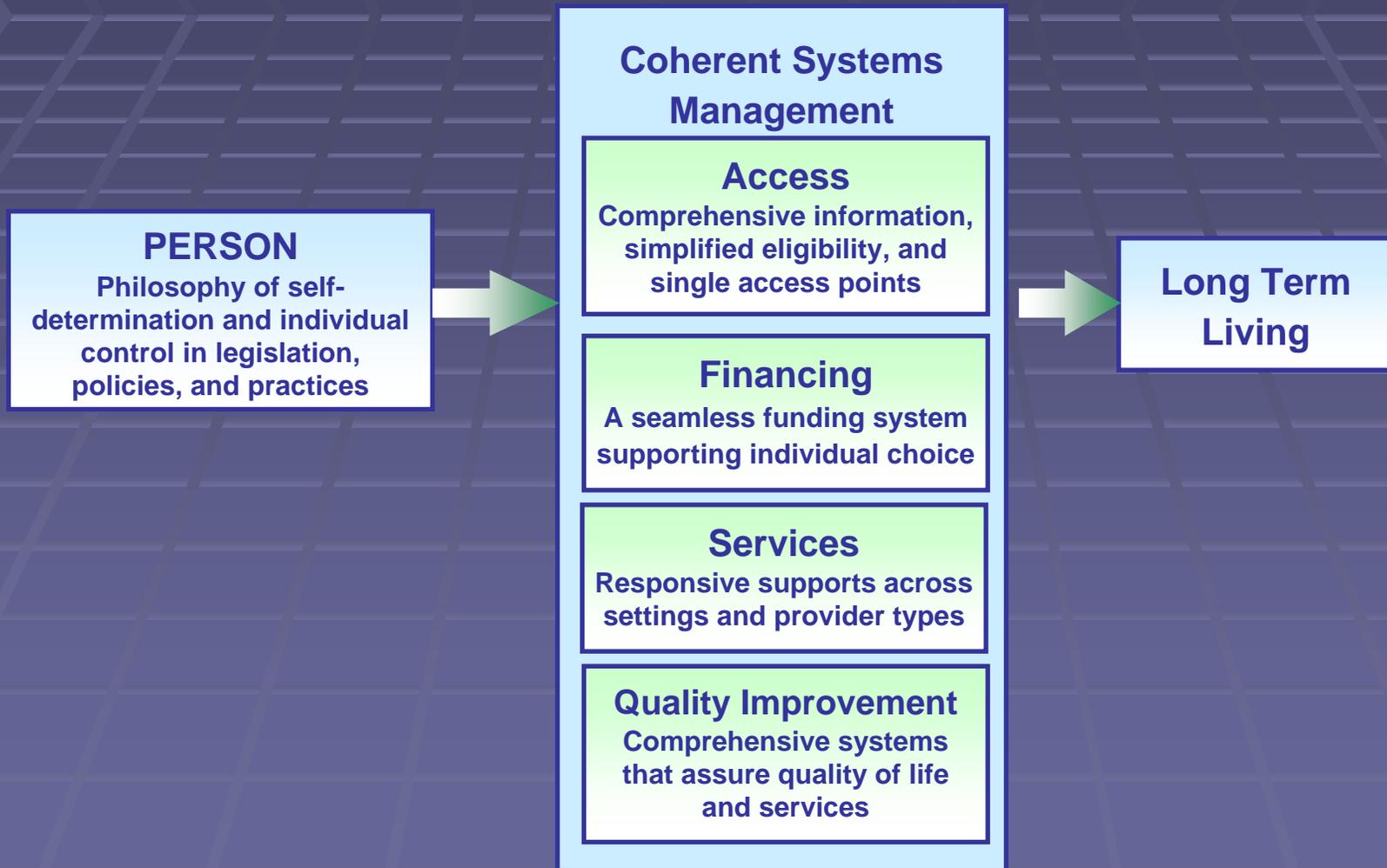
MIS system: in development

# Why do we need the LTCC?

Michigan Medicaid Long-Term Care task Force report noted:  
“Fragmentation across programs, confusion among consumers and their families seeking access”

- No single place to go for comprehensive information and assistance
- Existing systems, providers and care networks are not well integrated
- Maze of programs difficult to navigate
- Costs of LTC are increasing and population is increasing
- Most people do not plan well for their LTC needs
- People can get “stuck” in LTC settings

# Key Building Blocks



# MI is working from and implementing a tested and successful model

- The national leaders in long term care have used ADRC/single entry point models.
- The states with the greatest success at promoting home and community based services have used single entry point models.

# Vision

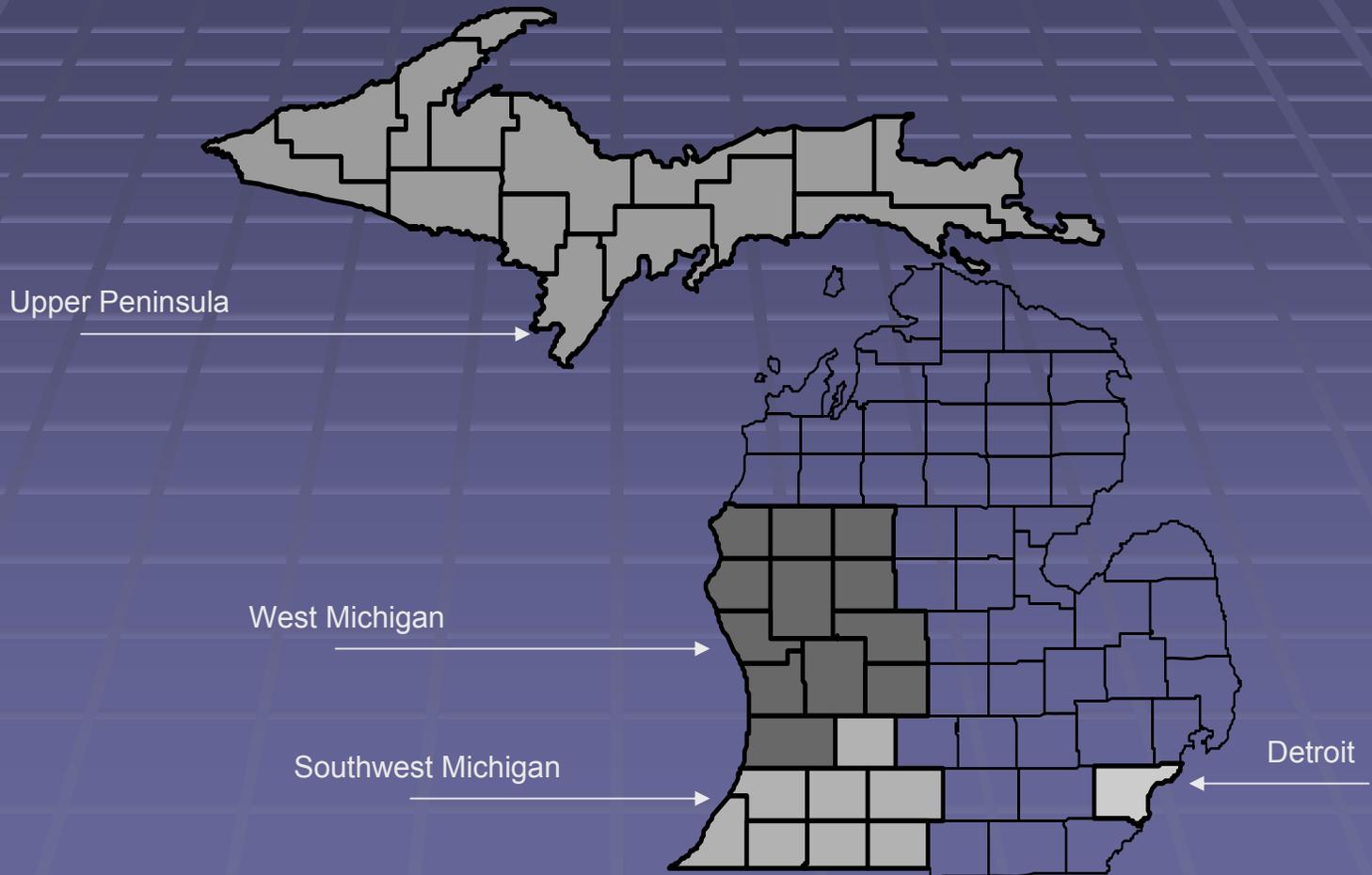
Each Long Term Care Connection site is a highly visible and trusted source of information and assistance about long term care, aiding Michigan residents with planning and access to needed services and supports, in accordance with their preferences.

# Access To Information – Assistance - Services

Goal #1 - Provide consumers, caregivers and stakeholders with comprehensive information on long-term care options for current and future planning.

- Four LTCC Demonstration Projects
- Toll Free number
- Information and Assistance provided in over 33,000 contacts (calls, visits)

# SPE DEMONSTRATIONS: Michigan's LTC Connections



# Four Demonstration Sites

## ■ Detroit

- Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

## ■ Southwest Michigan

- Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties

## ■ Western Michigan

- Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties

## ■ Upper Peninsula

- Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

# Calls – Oct 2007 to March 2008

- Number ▪ 13,698
- Type of callers
  - Consumer ▪ 31%
  - Caregiver ▪ 23%
  - Professional ▪ 18%
  - Other ▪ 26%
  - No Information ▪ 1.5%

# Calls made for consumer

- 60 or older
  - Under 60 years of age
  - No information
- 74%
  - 16%
  - 10%



# Reported Needs

## October 2008 thru March 2008

(caller can have more than one need identified)

- Options Counseling and/or Level of Care Determination ■ 53%
- Basic needs/meals/housing ■ 30%
- HCBS including PACE ■ 25%
- Nursing facilities assisted living ■ 10%

# Understanding & Planning

Goal #2 – Consumers explore and understand long-term care options with guidance from unbiased counselors.

- Resource Data Base with over 3,500 providers. Data Base includes for profit business as well as agency and government entities.
- 217 presentations to over 22,500 persons
- Long term care planning-using your resources, finding help you want, controlling your own budget.

# Information and Assistance Survey Results

- Received Information I wanted 84.5%
- Understood the information 89.2%
- Person treated me with respect 95.3%
- Used information to make decisions 75.4%

# PA 634

- Sec 109i 4)a Provide consumers and any others with unbiased information promoting consumer choice for all long-term care options, services, and supports.

# Independent Entity: Governance

- Governing Board: Providers of direct service to consumers may not be members of the Governing Board nor may individual Governing Board members have a moneyed interest in the LTCC/SPE Agency. The Governing Board must have significant primary and secondary consumer representation.

# Principles and Values of Person Centered Thinking

- Person Directed
- Capacity Building—Presume Competence
- Participation of Allies
- Informed Choice

# Navigating System to Find Solutions

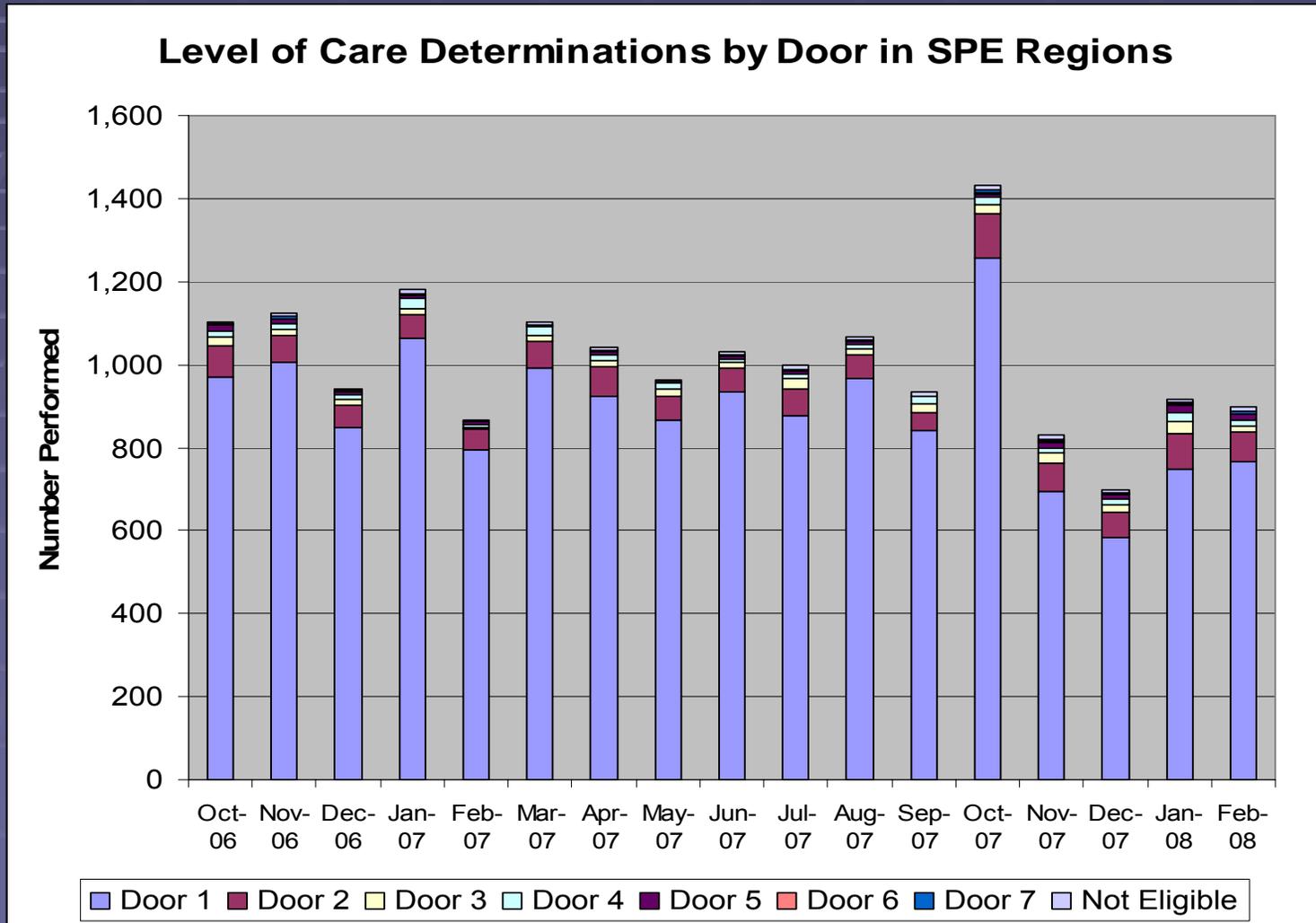
Goal #3 – Consumers receive options counseling for long-term care services, care settings, licensing, financing and benefit eligibility.

- Uniform, consistent standards, procedures and protocols are in place to determine functional eligibility.
- Medicare and Medicaid benefits are reviewed and understood.
- Consumers learn costs for care services and settings while learning to make the most of their resources.
- Conducted over 5,000 Level of Care Determinations (Nov 07-March 08)

# PA 634

- Sec 109i 4(c) Assess consumers' eligibility for all Medicaid long-term care programs utilizing a comprehensive level of care assessment approved by the department of community health.
- Sec 109i (17) A single point of entry agency for long-term care shall serve as the sole agency within the designated single point of entry area to assess a consumer's eligibility for Medicaid long-term care programs utilizing a comprehensive level of care assessment approved by the department of community health.

# LOC by "door"



# Consumer Makes Information Decision

Goal #4 – Consumers make informed choices for residential settings and care services that best meet their needs and preferences, based on objective information, counsel and support.

- Consumers achieve control with the right information, at the right time to make their decisions.
- Over 8,000 persons received Options Counseling.
- Over 256 persons assisted with transition from Nursing Facility back to the community.

# Options Counselors Expectations

- Listen
- Provide accurate and current information about the private and public benefits within the region.
- Present factors to be considered by the consumer— advantages and disadvantages of programs and benefits in respect to quality, compatibility with chosen lifestyle and residential setting, outcomes of most importance to the consumer, cost, available resources, etc.
- Provide information and technical assistance about accessing benefits.

# Options Counselor work with consumer to develop the Long-Term Care Support Plan

## PLANS INCLUDE:

- History and strengths
- Individual preferences and wishes
- Functional needs/health
- Financial and benefits status
- Informal supports (family, friends, neighbors) and current services
- Options—unbiased detailed information on an array of options, including but not limited to service environment, quality, risks, limitations, and capacity
- Goals and Actions
- Evaluate how available long term care options meet identified goals

# Option Counselor Survey results

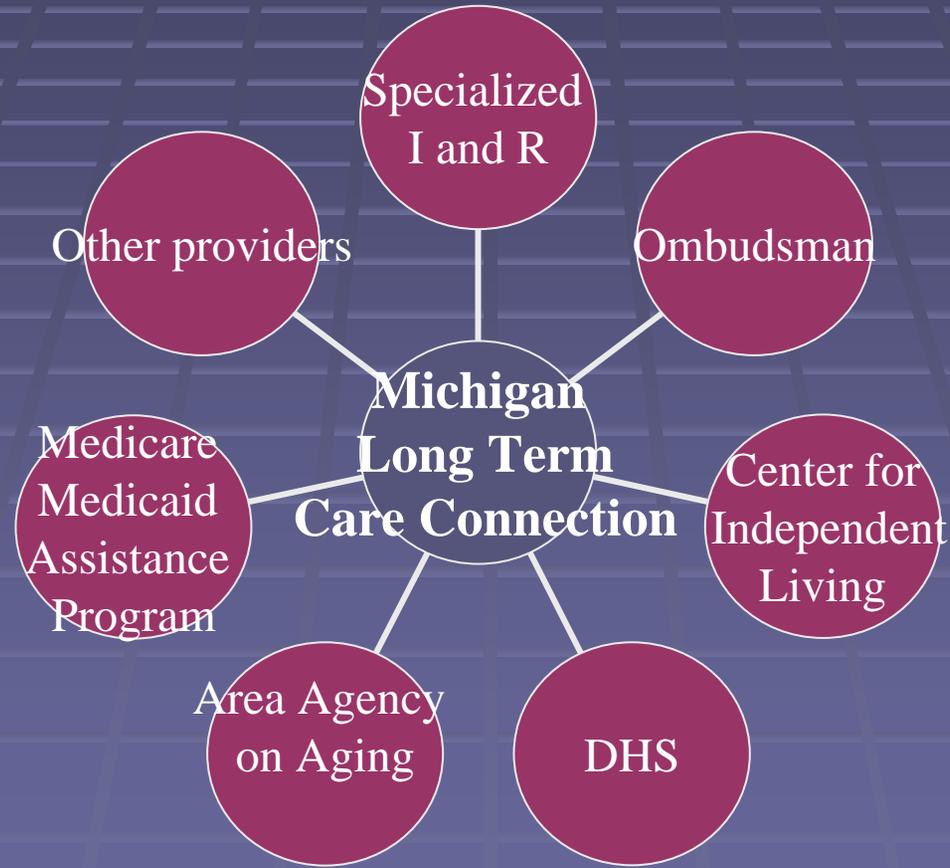
- The LTCC helped me figure out what I want my life to be like ■ 90%
- The LTCC helped me set my care goals ■ 86%
- The LTCC helped me learn how to advocate for myself ■ 90%
- MY OC presents me with a range of choices ■ 95%
- My OC discussed ways to pay for services ■ 82%

# Moving from fragmentation to an understandable system

Goal #5 – The LTCC program creates an efficient, effective and responsive centralized hub to access long-term care services; the program capitalizes on the human and technical synergies of all stakeholders to meet the immediate and future long-term care needs of Michigan consumers.

- Vested partnerships generate system-wide thinking, system-wide improvements and system-wide efficiencies.
- Operational efficiencies and effectiveness contributes to flexibility.
- Flexibility contributes to continuous process improvement.

# The HUB



# Collaboration

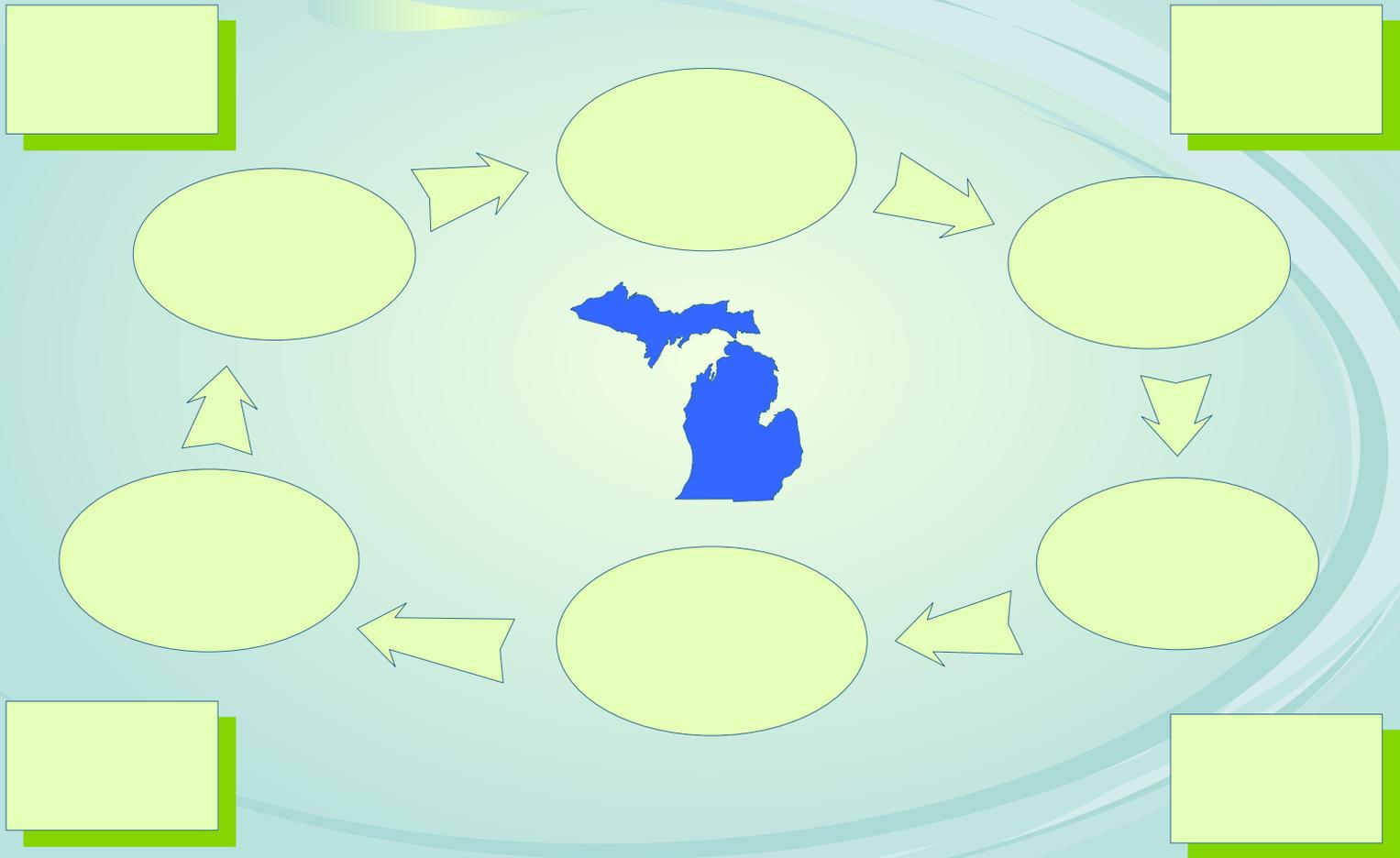
- Partnership Agreements between over 75 % of MI Choice Waiver and NF in the 4 regions.
- Increased collaborative efforts to find accessible and affordable housing for persons wishing to leave Nursing Facilities.

# New and Improved Services

Goal #6 – Effective working partnerships with local stakeholders build the capacity to identify, evaluate and respond to unmet and changing consumer needs, fostering continuous improvement for long-term care system change.

- LTCC looks to the future
- Data system will collect unmet needs and consumer preference

# Michigan SPE Project Teams



Michigan

# Planning and Collaboration: An Inclusive Process

## ■ State Level Planning

- Interdepartmental workgroup
- Monthly Seminar for Demonstration Sites
- Stakeholders Open Forum
- Workgroups
  - Function Definition
  - MIS
  - Training
  - Quality management and Evaluation

## ■ Local

- Governing Board
- Advisory Board
- Local Partners
- Collaborative Agreements
- Systems Mapping
- Customer Feedback
- Local Report

# Michigan's Long Term Care Connections



**1-866-642-4582**

**<http://www.michigan.gov/ltc>**

**[www.michltc.com](http://www.michltc.com)**

**[BarkeyN@michigan.gov](mailto:BarkeyN@michigan.gov)**

# OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES

Update for the Long-Term Care Supports and Services Advisory Commission  
April 22, 2008

**BUDGET** - The budget has passed the Senate. Senate Bill 1094 is the Appropriations bill. The link to this bill is: <http://www.legislature.mi.gov/documents/2007-2008/billengrossed/Senate/pdf/2008-SEBS-1094.pdf> . LTC programs are included in Medical Services appropriation unit. See pages 16-18 for the line item.

It is now at the House. It is House Bill 5815. (Since they have not met on this bill yet, it is the Governor's recommended appropriations.) For a schedule of the Committee meetings, go to [http://www.legislature.mi.gov/\(S\(10xp4j45lsact355t5n1mgzg\)\)/mileg.aspx?page=CommitteeMeetings](http://www.legislature.mi.gov/(S(10xp4j45lsact355t5n1mgzg))/mileg.aspx?page=CommitteeMeetings)

## OFFICE UPDATES:

- The Office will be interviewing for the Evaluation and Quality Manager.
- Erin Atchue has been hired as the new Long-Term Care Connections Project Associate, effective March 24. She will be assisting Nora Barkey with this project.
- Robin Mossberger joins the office as the Deficit Reduction Act/Money Follows the Person Evaluation and Data Analyst.
- Michael Daeschlein will be leaving the office for a new position as Director, Administrative Support and Contract Development Section, Medical Services Administration