

MEDICAID LONG-TERM CARE SINGLE POINT OF ENTRY SERVICES PILOT PROJECTS

(FY2009 Appropriation Bill - Public Act 246 of 2008)

April 30, 2009

Section 1686: (1) The department shall submit a report by April 30, 2009 to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.

(2) In addition to the report required under subsection (1), the department shall report all of the following to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies by September 30, 2009: (a) The total cost of the single point of entry program. (b) The total cost of each designated single point of entry. (c) The total amount of Medicaid dollars saved because of the program. (d) The total number of emergent single point of entry cases handled and the average length of time for placement in long-term care for those cases. (e) The total number of single point of entry cases involving transfer from hospital settings to long-term care settings and the average length of time for placement of those cases in long-term care settings. (3) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long-term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.

**Michigan Department of Community Health
 Status Report on the Single Points of Entry Demonstration Projects
 Michigan's Long-Term Care Connections**

(Renamed Michigan's Long-Term Care Connections)
 April 30, 2009

Section 1686 (1) of Public Act 246 of 2008 requires a report on the progress of Long-Term Care Single Point of Entry pilot projects. The Long Term Care Connection was established as a result of the Governor's Executive Order 2005-14, in order to implement recommendations made by the Governor's Medicaid Long-Term Care Task Force. PA 634 of 2006 lays out specific roles that the SPE must perform. Table 1 identifies the progress.

Table 1 - SPE Progression	
Description	Date
Governor's Long-Term Care Task Force	May, 2005
Governor's Executive Order 2005-14	June 2005
Appropriation and contracts with independent entities	July 2006
Start up of Information and Assistance	Oct. 2006 to Jan. 2007
Signed PA 634 –enabling legislation	Jan. 2007
Start up of Options Counseling	Jan. to April 2007
Level of Care Determinations	Nov. 2007
Start up of SPEs included in Nursing Facility Closures	Nov. 2007
SPE Final Evaluation	May. 2009

Access to Information, Assistance and Services – The SPE established **1-866-642-4582** as the toll free phone number required by P. A. 634 of 2006. Information and assistance provided over 31,700 contacts from October 1, 2007 to September 30, 2008. Satisfaction survey results reported for FY 08 and were based on the most recent survey available. Demographic information on the consumers provides a picture of the people using the service as shown in table 2.

Table 2- Information and Assistance Consumer Survey Demographic Characteristics of Callers	
Description	
Calls made by or for a consumer	
- 60 years old or over	75 %
- Under 60 years old	17 %
- No information	8 %
Calls made by or for a consumer	
- With disability	68 %
- No disability	7 %
- No information	25 %
Total number of calls	
- New caller	56 %
- Repeat caller	31 %
- Unclear	13 %

The Information and Assistance survey results indicate that consumers find the information they receive from the SPE to be accurate, helpful and useful to them in making decisions as shown in Table 3.

Table 3- Information and Assistance Consumer Survey October 2008 to March 2009	
Question	% Agree
Received information I wanted	87
Information was clear	91
Information was accurate	89
Information was helpful	87
Understood the information received	92
Person was knowledgeable	95
Person was friendly	97
Person treated me with respect	98
Person listened carefully	94
Helped in reasonable time	92
Satisfied with assistance	88
Would call again	93
Would recommend service	92

Options Counseling: The SPEs established uniform, consistent standards, procedures and protocols to determine functional eligibility per Medicaid policy. Medicare and Medicaid benefits available to individuals are reviewed with consumers. Consumers learn about the costs for care services and settings while learning to make

the most of their resources. In FY 08, a total of 8,021 consumers received options counseling.

Table 4 indicates the results of a FY 09 survey for those receiving options counseling during FY 08. Options counseling may vary with the goals of the consumer. Some consumers are planning options for the future while others require services without delay. The survey indicates that consumers were more than satisfied with the outcome. The SPE counselor was knowledgeable, listened carefully and treated them with respect.

Table 4- Options Counseling Consumer Survey October 2008 to March 2009	
Question	% Agree
Received information I wanted	89
Information was accurate	93
Information gave me choices	86
Counselor was knowledgeable	95
Counselor listened carefully	96
Counselor treated me with respect	98
Helped me understand my care options	87
Helped me take steps to carry out plan	82
Helped in reasonable time	91
Discussed ways to pay for services	89
Helped with eligibility for LTC services	88
Satisfied with assistance	85
Would recommend this service to others	92

Level of Care Determination: Starting November 1, 2007, P.A. 634 of 2006, Sec. 109i.(17) required that the SPE’s conduct the level of care assessments for Medicaid functional eligibility to long term care programs within their regions, encompassing thirty-four Michigan counties and portions of Wayne County. Previously, nursing facilities and home and community based waiver agents (LTC providers) made eligibility decisions for clients within the SPE region. This new determination process is independent of the provider to ensure the absence of conflicts of interest. The SPEs conducted 11,292 Level of Care Determinations (LOCD) during FY08. A review of potential Medicaid savings will be included in the final independent cost benefit report.

Lower Cost Settings: The SPEs address ways to improve the fragmented LTC services when some individuals have little idea of what is available, where to find it, or what assistance they may qualify for. As SPEs provide information, individuals tend to favor lower cost placements in their own home or community. Choosing lower cost care tends to slow the expenditure of the individuals resources and forestalls the potential need for Medicaid.

Nursing Facility Transitions: SPEs also save state dollars with nursing facility transitions as individuals wish to move from a nursing facility to the community. In FY

08, the SPEs transitioned 234 individuals and also made referrals for an additional 428 individuals for nursing facility transitions.

Hospital Cases - The hospital discharge planner has continued in their role of facilitating the movement of the patient to either the nursing facility or community where the SPE can follow up so that the timeliness of the discharge is not impacted. In FY 08, hospital referrals included 109 individuals, indicating a small number of hospital referrals in three out of the four sites.

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