

REPORT ON COST/SAVINGS FOR SINGLE POINT OF ENTRY

(FY2007 Appropriation Bill - Public Act 330 of 2006)

September 30, 2007

Section 1686: (1) The department shall submit a report by April 30, 2007 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, 2007: (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) It is the intent of the legislature that funding for single point of entry for long-term care end on September 30, 2008. (4) 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*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Single Point of Entry (SPE) Boilerplate Reporting Requirements
(As outlined in P.A. 330 of 2006, Section 1686 (2))

This report is provided to meet the boilerplate reporting requirements included in the Department of Community Health (MDCH) Appropriations Act (P.A. 330 of 2006, Sec. 1686 (2)). Subsection (2) requests a report to the legislature on SPE costs, Medicaid savings, and hospital and emergent cases. The SPE is also referred to as the Long Term Care Connection (LTCC).

Subsections (2) (a) and (b) requests a report on the total cost of the single point of entry program and the total cost of each designated single point of entry.

The total estimated SPE costs through FY 07 are \$9.3 million as shown in the table below.

Table 1 - Total Estimated SPE Costs, FY 06 & FY 07

Description	FY 06	FY 07	Total Cost
Detroit/Wayne LTCC	\$589,600	\$3,247,800	\$3,837,400
Southwest Michigan LTCC	\$263,600	\$1,919,000	\$2,182,600
UPCAP LTCC	\$82,200	\$1,170,000	\$1,252,200
West Michigan LTCC	\$150,700	\$1,712,600	\$1,863,300
Statewide Costs		\$187,000	\$187,000
Total Expenditures *	\$1,086,100	8,236,400	\$9,322,500

***Note:** Actual expenditures were available for FY 06 and most of FY 07. Given that the report was due before the year end cost data was complete, the total includes an estimate. Full-year projections can't be made for what the SPE needs to operate from the data for this period as the SPE phase-in has been irregular.

Subsection (2) (c) requests the total amount of Medicaid dollars saved because of the program.

Medicaid savings can not be quantified this early in the demonstration given that the SPE's have not reached that phase of the project at this time. A review of potential Medicaid savings will be included in the evaluation phase of the demonstration. Over time the SPE and associated changes in service use are expected to reduce the growth of costs that might have otherwise occurred, due to the steady increase in long term care demand.

Subsection (2) (d) requests 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.

Of the 17,600 telephone contacts between January and August, 2007, 54 consumers faced an urgent need for long term care placement from January to August, 2007. Our current definition includes a situation defined by the consumer as a long term care need requiring immediate attention.

Data on date of placements has not been collected but will be included in FY 08 data collections. Table 2 below provides time frames from when the person was referred to when a placement decision was made.

Table 2 - Time Intervals for SPE Emergent Case Placement Decisions

Time Interval Description	Emergent Cases
Total emergent referrals	54
Days from referral to placement decision	
Same day	24
One day	4
2 -3 days	4
4 to 10 days	9
Over 10 days	9

Note: Data was available for 50 cases on the length of time from referral to when a placement decision was made.

Subsection (2) (e) requests 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.

Out of the 2,500 option counseling cases, hospitals referred 83 persons to the SPE from January to August, 2007, representing about 3% of total cases. Sometimes, hospitals are referring patients to the SPE after they have been discharged. Post placement hospital referrals occurred in 13% of the cases. Table 3 below provides time frames from when the person was referred to when a placement decision was made.

Table 3 - SPE Placement Decisions and Time Intervals from Hospital Referral to Placement Decisions

Time Interval Description	Hospital Cases
Total hospital referrals	83
Hospital referred after placement	11
Days from hospital referral to placement decision	
Same day	24
One day	17
2 -3 days	14
4 to 10 days	9
Over 10 days	3

Note: Data was available for 78 cases on the length of time from referral to when a placement decision was made.