

HOME AND COMMUNITY-BASED WAIVER PROGRAM REPORT

(FY2010 Appropriation Bill - Public Act 131 of 2009)

February 28, 2010

Section 1689: (1) Priority in enrolling additional persons in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall use screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program. (2) Within 60 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal quarter. The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes. (3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including, but not limited to, adult home help, food assistance, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year. (4) It is the intent of the legislature that the department shall revise any policies, guidelines, procedures, standards, and regulations in order to limit the self-determination option with respect to the home- and community-based services waiver program to those services furnished by approved home-based service providers meeting provider qualifications established in the waiver and approved by the centers for Medicare and Medicaid services.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
FY2010 BOILERPLATE REPORTING REQUIREMENT
Section 1689(2)**

**Progress on Medicaid Home and Community-Based Services Program
FY2010 First Quarter Report**

The table below identifies the requisite information for each MI Choice Waiver agency for the first quarter of Fiscal Year 2010. The data highlight a number of notable trends. The MI Choice program is now serving 2,400 more participants than in the first fiscal quarter of a year ago and the apparent cost of serving those individuals has risen some 30%. In the meantime, there are now an additional 1,700 more people waiting for waiver services than there were a year ago. These are just some of the changes occurring as the new fiscal year begins.

The number of persons on waiting lists of the MI Choice agencies now stands at 5,394, surpassing last quarter's high water mark by some 500 persons. That figure is nearly 50% higher than a year ago. The recent availability of MI Choice services in adult foster care (AFC) homes is likely the chief factor in the increase. An aging population and the ongoing depressed economic climate in the state are also coming into play. The average length of stay for applicants on the waiting list is about five months, though nearly half of those on the waiting list have been on for three months or less.

One of the reasons cited for revamping the waiting list data collection process last year was to ascertain the ability of the applicants on the list to sustain themselves with existing supports while waiting for a waiver slot to open. An early indicator of that capability is that only 6% of the applicants who were removed from the list during this quarter were admitted to a nursing facility. Three times that number are removed for refusing waiver services when they are offered. While more analysis is needed, this seems to refute the idea that many of those awaiting services are at imminent risk of a nursing facility placement or in immediate need of complex care.

Net cost savings from persons transitioned from nursing facilities to the MI Choice waiver program is estimated to be nearly \$11.5 million in the first quarter, though actual savings might be higher if nursing facilities exhibited the same cost escalation as the waiver program. This estimation is based on numbers from the end of Fiscal Year 2009.

Michigan Department of Community Health
 Medical Services Administration
 Boilerplate Report 1689 (2)
 FY 2010 - First Quarter

Region	Waiver Program	FY 2010 Allocation	FY 2010 Expenditures	Number Served	Participant Days	Cost per Day	Persons Transitioned YTD	Days Transitioned YTD	Calculated Savings	Wait List
1A	Detroit AAA	16,481,950	5,195,923	987	87,859	59.14	139	11,012	1,380,912.10	1,484
1B	AAA 1-B	19,096,524	1,485,573	957	27,585	53.85	117	9,930	1,297,708.23	1,253
	MORC	5,640,389	1,240,288	339	28,774	43.10	22	1,641	232,095.71	102
1C	Senior Alliance	5,016,235	1,636,115	284	23,416	69.87	59	4,615	529,194.35	155
	The Information Center	4,195,604	1,094,031	221	17,661	61.95	63	4,539	556,453.46	145
2	Region 2 Area Agency on Aging	6,693,064	2,170,282	438	34,744	62.46	66	4,529	552,877.93	206
3	Burnham Brook Center	9,990,955	2,861,919	587	49,650	57.64	55	4,111	521,678.20	114
	Senior Services	4,226,432	1,644,320	257	20,979	78.38	56	4,353	462,117.39	82
4	Region IV AAA	6,946,518	2,092,077	538	44,166	47.37	33	2,302	315,768.78	80
5	Valley AAA	6,113,676	1,831,136	309	26,016	70.39	21	1,369	156,278.19	197
6	Tri-County Office on Aging	10,285,043	3,506,900	528	45,195	77.59	71	5,409	578,466.23	104
7	Region VII AAA	6,605,632	2,221,737	433	36,323	61.17	21	1,402	172,970.18	72
	A & D Home Health Care	8,374,415	1,553,736	452	23,475	66.19	160	12,222	1,446,512.49	168
8	AAA of Western Michigan	10,018,376	2,200,569	523	29,796	73.85	113	8,970	992,848.70	41
	Region 8									347
14	Home Health Services, Inc.	9,714,412	2,993,255	1,615	49,720	60.20	68	4,681	582,025.09	49
	Senior Resources	7,268,489	2,135,790	453	37,583	56.83	34	2,190	279,687.93	384
	Region 14									0
9	NEMSCA	6,462,179	1,701,880	329	28,317	60.10	51	3,972	494,271.71	148
10	AAA of Northwest Michigan	3,758,861	1,107,292	201	15,237	72.67	39	3,244	362,902.28	112
11	Northern Lakes Community Mental Health Authority	2,976,301	1,017,695	148	12,427	81.89	24	1,627	167,005.27	91
	Upper Peninsula AAA	8,906,849	2,921,561	473	39,148	74.63	41	3,180	349,518.24	60
Total		158,771,904	42,612,079	10,072	678,071	62.84	1,253	95,298	11,431,292.44	5,394
Nursing Facilities		1,593,808,300	303,463,390	Not Available	Not Available	Not Available				

**MI Choice Waiting List
Total by Quarter**

