

Progress Report on Medicaid Home and Community-Based Services Program Waiting List Management System

(FY2010 Appropriation Bill - Public Act 131 of 2009)

June 1, 2010

Sec. 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
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The Michigan Department of Community Health (MDCH) continues its effort to develop a system to monitor and analyze the individuals on waiting lists for the MI Choice home and community-based services waiver. Over the course of the past year, much has been done to refine the reporting requirements for the twenty waiver agencies and to improve the process of collecting and cleaning the data for analysis.

The department issued policy bulletin MSA 09-56 in November, 2009 which defines the revised waiting list reporting responsibilities of the waiver agencies. It establishes the individual-level information that is now collected by the department and expands the range of identification and demographic information that is submitted to the department. This is essential to provide the analytical foundation necessary for future work. The department has worked with agency staff to facilitate the transition to the new reporting structure.

MDCH is nearing the point where effective, on-going analysis will be possible. Much has been accomplished in consolidating quarterly reports from 20 waiver agencies into a single repository. Processes to clean the data from these disparate entities have been evolving as has the agencies' ability to provide requisite formats. The department is working with a few of the agencies whose reporting capabilities lag behind the group. This work is being done in a highly dynamic environment. Waiting lists continue to grow at unprecedented rates. Demands on the waiver agencies for increased services, transitioning persons from nursing facilities, and expansion into licensed residential settings have competed for staff attention.

Additional work is needed to get the waiting list data to a point where it is sufficiently clean to allow matching with outside data sources. Regardless, some information is already being gleaned from the system, albeit rather anecdotally. For example, the department is beginning to see the extent to which individuals are reported multiple times. This occurs when individuals "register" with a number of waiver agencies to get the first available opening or when agencies report a person who is taken off and re-enters the waiting list multiple times. The result is to artificially inflate the waiting list totals. The number of persons on the waiting list who have already established some degree of Medicaid eligibility is much higher than originally expected. The exact level still needs to be identified as does the level and nature of Medicaid services these people are receiving.

Significant obstacles remain. While many potential outside data sources have been identified, there is much to be done in terms of gaining access, identifying match capabilities, and developing reporting routines. Additionally, the department is working toward establishing a data warehouse in the Community Health Automated Medicaid Processing System (CHAMPS). That functionality is critical to the success of this endeavor. Finally, until such time that data systems are fully developed and integrated, analytical and reporting processes will be largely undefined.

MDCH enthusiastically continues to pursue this potentially fruitful venture. A well managed waiting list is essential to ultimate providing adequate services to elderly and disabled persons in Michigan.