

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

(FY2012 Appropriation Bill – Public Act 63 of 2011)

**June 1, 2012**

**Section 1689:** (1) Priority in enrolling additional individuals 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 individuals are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program. It is the intent of the legislature that when an individual is transferred from a nursing home to the home- and community-based services waiver program, the funding to cover that individual's home- and community-based services waiver program costs shall be transferred from the long-term care services line item to the Medicaid home- and community-based services waiver line item. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. (2) Within 60 days of the end of each fiscal year, 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 year. 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 program 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) The department shall maintain 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*



**Rick Snyder, Governor  
James K. Haveman, Director**

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The Michigan Department of Community Health (MDCH) continues to develop a system to collect, monitor, and analyze information on the individuals on waiting lists to receive home and community-based services through the MI Choice waiver program. Michigan is required to maintain waiting lists of individuals who are seeking MI Choice services and appear likely to qualify for the program, but cannot be enrolled into the program due to budgetary constraints. MDCH wishes to develop a program to better monitor the waiting list in an effort to understand the demand for the program and to know what other services are or might be offered to those applicants to prevent admissions to nursing facilities.

Initially, MDCH focused on collecting standardized waiting list information from the 20 MI Choice waiver agencies that operate the program. Policies were developed to define the waiting list procedures and prioritization within that system. The state began collecting and compiling quarterly reports from the waiver agencies in an attempt to build a statewide database that could then be compared to databases of other service providers to crosscheck for other supports that might already be in place. This effort proved to be difficult and highly resource intensive. Collecting, compiling, and cleaning the data left little opportunity for analysis.

In response to the difficulties experienced with that system, MDCH opted in 2010 to pursue the development of a waiting list module within the MI Choice claims submission system operated by the Center for Information Management (CIM). There are many advantages to such a system. Nearly all of the waiver agencies use the CIM system to process and forward claims to MDCH, so data transfer and security issues are already addressed. It allows for a standardized collection format which integrates with the enrollment process for the program. The system features the capacity for an applicant to be on multiple agency lists to avail them of the earliest available slot. It reduces redundant entries so that a more accurate count can be achieved, and it will allow for timely statewide reports. Waiting list information can be gleaned on a real-time basis as opposed to the quarterly reports of the previous system.

MDCH staff has worked to define the system and to coordinate with CIM to develop and to implement the module. In early 2012, the system was populated with waiting list data which was then cleaned to an operational standard. The two waiver agencies that have historically operated their own data and claims systems are using the new waiting list module. As of June 2012, the waiting list module is in full operation and is facilitating the department's efforts to monitor and understand the need for services for individuals waiting for entry into the MI Choice program.