



STATE OF MICHIGAN

OFFICE OF SERVICES TO THE AGING
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
ACTING DIRECTOR

Michigan Long-Term Care Supports and Services Advisory Commission Minutes

Monday, January 24, 2011

Capitol View Building, Lansing, Michigan

I. Roll Call

Members Present

Mary Ablan
RoAnne Chaney – Chair
Chris Chesney – Secretary
Connie Fuller (telephone)
Dohn Hoyle
Jonathon Mead – Vice Chair (telephone)
Denise Rabidoux (telephone)
Tom Rau
Toni Wilson (telephone)

Members Excused

William Mania
Hollis Turnham
Cyndy Viars

Members Absent

Robert Allison
Sharon Mack
Yolanda McKinney
Marcia Moers

Ex-Officio Members Present

Peggy Brey, Deputy Director Office of Services to the Aging and Designee for DCH Director
Cynthia Farrell, Designee for DHS Director
Sarah Slocum, State Long-Term Care Ombudsman
Absent: Dell Alston, Designee for DELEG Director

Staff Support

Gloria Lanum, OSA

II. Review and Approval of November 22, 2010 Minutes

MOTION: Commissioner Ablan moved to approve the meeting minutes as presented, and Commissioner Rau seconded the motion. Motion carried.

III. Review and Approval of Today's Agenda

MOTION: Commissioner Ablan moved to approve today's agenda as presented, and Commissioner Rau seconded the motion. Motion carried.

IV. MI Choice Update

Michael Daeschlein reported that the CMS quality review has started in preparation for renewal of the waiver. There are a number of research and training activities going on.

A local contact agency Q & A document is being developed. At the end of March, implementation data will be collected. An update on nursing facility transition activity was provided. For FY 2011, 188 transitions occurred plus 45 diversions. The MFP grant supports much of the infrastructure for transition activity and provides enhanced federal match for the first year of PNA services for a smaller group of people who transition when they meet certain qualifications. The grant also has a goal for self determination enrollment. The process of restructuring the CIL contracts to include outreach positions have begun.

V. Update on Skilled Nursing Facilities in Michigan

Commissioner Rau presented data that reflects how skilled nursing facilities in Michigan have been affected by changes and trends over the years. The biggest change was in 2000 when instead of being on a cost based system using the PPS (perspective payment system), it was changed to using rates based on the MDS setting rates based on acuity. This totally changed the business model. An example, back in 2000 the state of Michigan on average had approximately 3-4% of the residents were Medicare where today it's almost 20%. Different types of patients are being received such as patients needing rehab, tracs, IVs, tube feedings, etc. Before 2000, a typical 100 bed nursing home might process 5 or 6 admissions a month, and today some of those buildings are admitting 25-30 and sometimes 40 admissions a month (with equivalent numbers of discharges). This caused an increase in staff (admissions, social workers, RNs, aides, billers, and up to 3 MDS personnel, etc.) due to the number of admissions, complexity of patient needs, billing, and reporting. Using state data, there is going to be an increase of 365,000 people 65+ which is approximately 36,500 people more a year for the next 10 years. Of those, approximately 800 people per year will need skilled care. To provide skilled care, the state will need to build 8 – 100 bed skilled facilities each year for the next 10 years. That will not happen. In terms of budget, it's expensive to take care of elderly people whether they are in the hospital, a skilled building, or in the home. It isn't getting any cheaper. Bed availability has decreased and will probably decrease some more. There will be a whole lot more need for home and community based and other services.

Sarah Slocum expressed concern that she's been told by both consumers and nursing home providers that a Friday afternoon admission is more difficult than for example a Tuesday morning admission for different reasons. Sarah would like to see better coordination between facilities and hospitals and suggested that the Commission might pursue trying to suggest and push for system changes at the federal level on the hospital side. Regarding trends, Commission Chair Chaney would like to see more information about the proportion of people under 60 accessing long-term care supports and services.

VI. Public Comment

- Pat Anderson, Health Care Association of Michigan, Lansing, provided testimony to request that the Commission join HCAM in opposition to billboards sponsored by a waiver agent regarding nursing facility transition that HCAM believes imply nursing facilities are bad. The billboards carry the MDCH logo which indicates endorsement by the department.

- Renee Beniak, Michigan County Medical Care Facilities Council, Lansing, repeated the same concern regarding the nursing home billboards. The message should be about finding the right setting for the right person.

The Commission will table this concern until Michael Daeschlein meets with the waiver directors. There is a federal requirement under the MFP grant for the waiver program agents to conduct outreach for nursing facility transition services. The creation of the billboards was a result of this requirement.

VII. Commission Action

The March and May 2011 Commission meetings will be held at the Michigan Home Health Association (MHHA), 2140 University Park Drive, Suite 220, Okemos, MI 48864. The July meeting will be held at the Capitol View Building, 201 Townsend Street, Lansing, MI 48913. The September and November meeting location is yet to be determined.

VIII. Medical Services Administration – Steve Fitton, Senior Deputy Director

Mr. Fitton reported that DCH will submit a contract proposal to the federal Center for Medicare and Medicaid Innovation for the integrated care initiative to provide services for dually eligible individuals. There is an opportunity for 15 state program design contracts up to \$1 million each. States that successfully complete the program design contract will be eligible to proceed to the implementation phase. Chuck Milligan and numerous parties expressed interest in offering to provide expertise. If Michigan is awarded a planning contract, a process to solicit input from interested stakeholders will be coordinated. There was discussion regarding the number of dual eligibles (200,000) and Commissioner Rau calculated the state would receive approximately 1.3 billion per month from Medicare (@ \$6,500 per individual monthly). Chair Chaney asked Director Fitton if he could acquire for the March meeting how many of the 200,000 people with dual Medicare/Medicaid eligibility are receiving Medicaid long-term care supports and services.

IX. Grants Updates – Office of Services to the Aging (OSA)

Systems Transformation Grant - Wendi Middleton, Program and Partnership Development Division Manager, shared that OSA started a new project, Person-Centered Hospital Discharge Planning to train hospital discharge planners involved in MPRO's MI Starr Care Transitions Project on person centered planning. The MDCH PCP intranet training for staff is scheduled for mid-February. Requests have been received to use the training outside state government. The Office is exploring whether this can be accomplished and what the cost would be. Work continues on the PCP universal curriculum. At the February 3rd meeting, discussion will take place on the need for a progressive training on PCP. The October 2010 determining change conference was a huge success. OSA is looking forward to partner again with the Center for Self-Determination on another conference possibly in 2012. As part of the integrated care initiative, OSA wants to see that PCP and consumer choice are embedded into the program.

State Profile Tool Grant – Wendi shared that the workgroup meets tomorrow.

Aging and Disability Resource Centers – Scott Fitton reported that 3 ADRC's were designated emerging and 1 pre-emerging ADRC. Another applicant, the southeast Michigan group, is getting ready for the review process. The Standards and Definitions workgroup has adopted definitions for I&A, options consulting, benefits consulting, futures planning, and no-wrong door. A framework has been developed to start the options consulting standards. The IT workgroup continues to work with ACRO, the technical support group. The resource database will soon be ready for populating information.

X. Commission Discussion

Cynthia Farrell, DHS designee, clarified discussion about ILS cases. Active ILS cases currently aged 18-59 are at 61% of the caseload; Aged 60 and above is 39%. What was previously reported were the referrals from last year. ILS Referrals from last year: 65% were between the age of 18-59 and 35% were 60 and older.

Adult Protective Services Statistics:

Harm Types for FY 2010 for substantiated cases were:

62% self neglect

36% neglect

18% financial exploitation

11% physical abuse

9% emotional abuse

2% sexual abuse

The reason the % is higher than 100% is that a referral may have more than one harm type identified.

Of those APS referrals, 63% were aged 60 and over

Women represented 59% of those APS referrals

Cynthia also reported that the 56 new adult services workers allocated for FY 2011 is no longer on the table.

Suggested March Agenda Items:

- Invite DCH Director Olga Dazzo for a meet & greet
- Integrated care initiative update
- Aging trends accessing LTCSS (Brian Barrie and Cynthia Farrell for Home Help)
- A presentation on Medicare- and Medicaid-covered home health services
- Standing items – DHS-APS, MI Choice, Medicaid LTC Policy, and Grant Updates

XI. Adjournment – There being no further business, the Chair declared the meeting ended.

MOTION: Commissioner Hoyle moved to adjourn the meeting, seconded by Commissioner Rabidoux. The motion carried, and the meeting was adjourned.