

MICHIGAN LONG-TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION MEETING
Minutes of Monday, March 22, 2010
Capitol View Building, Lansing, Michigan

I. Roll Call

Members Present

Mary Ablan
Robert Allison
RoAnne Chaney – Chair
Chris Chesney – Secretary (telephone)
Connie Fuller
Dohn Hoyle
Yolanda McKinney
Jonathon Mead – Vice Chair (telephone)
Denise Rabidoux
Tom Rau
Hollis Turnham
Cyndy Viars
Toni Wilson

Members Excused

Sharon Mack
William Mania

Members Absent

Marcia Moers

Ex-Officio Members Present

Barbara Anders, Designee for DHS Director (Represented by Cynthia Farrell)
Peggy Brey, OSA Deputy Director and Designee for DCH Director
Sarah Slocum, State Long-Term Care Ombudsman

Excused

Sharon Gire, Director, Office of Services to the Aging

Absent

Dell Alston, Designee for DELEG Director

Staff

Pam McNab, Manager, Long-Term Care System Transformation Section, OSA
Gloria Lanum, Long-Term Care System Transformation Section, OSA

II. Review and Approval of January 25, 2010 Minutes

MOTION: Commissioner Ablan moved to approve the Minutes of January 25, 2010 as presented. Commissioner Fuller seconded the motion. Motion carried.

III. Review and Approval of Agenda

MOTION: Commissioner Rau moved to approve today's Agenda as presented. Commissioner Hoyle seconded the motion. Motion carried.

IV. Medicaid Long-Term Care Policy Update

Susan Yontz, Manager of the Long-Term Care Policy Section in Medicaid, reported that the overall Medicaid budget shows a dramatic increase in the number of beneficiaries served. With the passage of the new health care reform there will be even more beneficiaries as part of the program. Susan shared two letters recently issued, one sent to nursing facilities regarding Olmstead requirements and nursing facility transition work, and the other sent to Waiver Agents and Centers for Independent Living about resident rights to speak to MI Choice and CIL transition agents regarding community living opportunities. Two other letters were mailed as a notice to Hospice providers and nursing facilities of new Provider ID Number for CHAMPS.

MDS 3.0 Update – In nursing facilities there is an assessment required by CMS to be utilized for all facilities. CMS is implementing a new version of the assessment starting October 1, 2010. The new MDS 3.0 is more focused on residents answering questions instead of by nursing facility staff. Medicaid has been participating in monthly conference calls with CMS and other states for updates. Most recently there has been Train the Trainer training primarily for the Bureau of Health Systems to prepare surveyors for the 3.0 implementation. Changes are still unknown about the interactions between the new version and nursing facility level of care determinations. Another change is Section Q where a resident is asked if they want to talk to someone about living in the community. A nursing facility is required to act on the request through contact with the referral entity or agency. Susan shared that such an entity has not yet been identified.

Integrated care for dual eligibles – Susan reviewed the goals of integrated care taken from a document published by the Center for Health Care Strategies (CHCS). This initiative would focus on both physical and long-term care services for the dual eligible population. Medicaid staff is currently working with CHCS and other states on how to gain access to Medicare funding through federal statute before engaging stakeholders in the development. The passage of the recent health care reform legislation and the impact will have to be examined.

The CHAMPS billing system was implemented in September 2009. Many claims are being paid however there are still many problems with the system. One problem is the interface between DHS Bridges System and the CHAMPS System. Issues are being addressed with the patient pay amount. Medicaid continues to work with DHS and the provider community. There are some good attributes about CHAMPS and it will eventually be a good system for providers and for the state.

V. MI Choice Update

Michael Daeschlein, Manager of the Home and Community-Based Services Section in Medicaid, reported that as part of the CMS requirements, a waiver program must include quality assurance efforts. This has been done for years. Clinical reviews were previously conducted by the U of M School of Nursing. The contract was not renewed. Beginning FY 2009, a team of reviewers who have experience with the MI Choice Waiver were hired

through a contract with the Michigan Public Health Institute. The reviews are more precise resulting in more citations such as not having proper documentation in files. A report was recently sent to the DCH finance deputy director. Michael will find out if it was submitted to the legislature so that he can provide it to the Quality Workgroup.

Administrative reviews are also being conducted to look for evidence of a system that supports implementation of the program. The team reviews policies, financial reports, bills, reimbursements, plan of care, transition activities, interview staff, home visits, etc. Michael noted that the MI Choice wait list management is not yet part of the review and that he will check on whether denials (people that are denied enrollment into MI Choice Waiver) are part of the administrative review. Commission Chair Chaney stated that denials for admission and services are areas that should be looked at.

The two-year quality management plan is currently being reworked to implement in 2011. For the statewide review, certain quality indicators will be selected to focus on with waiver agents including self determination option, nursing facility transitions, common consumer survey, and to ensure that each agency would have a local quality collaborative. The selection process is done with the Quality Management Collaborative.

Michigan is one of the states meeting the MFP grant benchmarks. In an effort to help other states that are struggling, CMS is offering states 100% funding match option for any additional administrative expenses the state wants to incur within MFP projects. A successful initiative is funding housing coordinator positions at each waiver agent. A proposal is being submitted to take advantage of the 100% federal match option to fund a couple of surveys and to establish a position to do some quality work on transition activities to include follow up with people who transition into licensed settings. Sarah Slocum suggested adding as part of this process a checkbox for reviewers and support coordinators to offer ombudsman services to people if they have a concern in those licensed settings. If the offer is made at least the consumer has a chance to know that there is an ombudsman available to them.

In regards to nursing facility transition activity the plan is to put more effort in staff training. The current number of transitions through February total 462 with 384 to MI Choice, 58 to other and 20 to adult home help. To fulfill the MFP grant reporting requirements a contract was initiated with the Center for Information Management to develop efficient web-based reporting and soon reports will be generated on transition activities, the MFP grant, and wait list reporting. Additional activities include working with Native American tribes and access to the waiver, and reviewing job responsibilities of support coordinators to see if some paperwork can be minimized to allow a stronger focus on person-centered planning.

VI. Community Living Program, and CLP/VD-HCBS Program, and ADRC Partnership

Bonnie Graham, Administrator of the Quality Operations Division within the Office of Services to the Aging, presented on the Aging and Disability Resource Center Partnership. The Office of Services to the Aging (OSA) and partners submitted an application to the Administration on Aging (AOA) to develop a program to take the place of the Single Points

of Entry. The goals of the Aging and Disability Resource Centers are basically the same but has a different model in terms of utilizing existing long term care resources to develop a “no wrong door” approach. There is a level commitment and enthusiasm from local communities even though there is no money associated to support the development statewide. The core functions include information and awareness, streamlined access, options counseling, person-centered hospital discharge planning; and quality assurance and evaluation. A question and information session about the ADRC Partnerships will be held on April 13, 2010 at the Michigan Historical Center. Questions can be submitted to ADRCInfo@michigan.gov. Once the local community applications are submitted back to OSA, there is an opportunity for both the Commission on Services to the Aging and the LTC Advisory Commission to review applications and make recommendations to the OSA Director Sharon Gire for final designations of emerging ADRCs.

Bonnie also presented an update on the Community Living Program (CLP) and the Veterans-Directed Home and Community-Based Services (VD-HCBS). The terms *nursing home diversion* and *community living program* are used interchangeably due to the federal government changing names half way through the process. The OSA received two grants from AOA. The first grant was awarded to develop and implement a nursing home diversion/community living program and the second grant to expand and to keep making progress on the initiative. The goals are about developing person-centered planning processes, consumer choice, self directed care, and improved access to services within the aging network. The CLP provides information and assistance by specialists who are trained in addition to providing independent living consultation (options counseling) to assist participants with planning. This program is different from the Medicaid nursing home diversion program which is more about enrollment or diversion from nursing home placement. The CLP goal is to keep people off from Medicaid and to help them utilize their own financial resources in a more efficient way that allows them more choices and flexibility to live in the setting of their choice. To date nearly 400 participants have been served through the CLP. The average age is 80.4 years. Outcomes for the Community Living Program include 83% of the people served stayed in their homes and those who moved to nursing facilities had dementia.

The other new initiative tied to the Community Living Program is the Veterans-Directed Home and Community-Based Services (VD-HCBS). The program serves veterans of any age who are at risk of nursing home placement. Michigan is one of three states to pilot this program last February. The program promotes self directed care options, the ability for eligible veterans to hire their own workers, and to obtain services outside of the VA service system. The program offers flexible service options and person-centered planning and assessment through the Area Agencies on Aging to veterans and their family caregivers. Currently 4 of the 5 VA Medical Centers are participating and nine AAAs are currently providing services and 3 more are in the process of getting approved. Some challenges include not cutting direct services as state funding declines and how to integrate this with the emerging Aging and Disability Resource Centers.

VII. Public Comment – None

VIII. Executive Committee Report

Commission Chair Chaney met with DCH Director Olszewski to ask how the Commission can help her and what was doable for the Commission. The Director focused on person-centered planning and encouraged that the Commission meet with the new administration. The other part of the Executive Committee conference call was preparing the agenda for today.

IX. Update on the Systems Transformation Grant and Project Action Teams

Pam McNab provided an update for new Commissioners on the Systems Transformation Grant. The website and resource data base from the closed Single Points of Entry program were successfully integrated with the new ADRC Partnership grant. A caregiver training will be held in June for AAAs as part of health promotion activities. Soon, a person-centered planning training will be available for all Department of Community Health employees. Pam also highlighted the importance of the integrated care model that Susan Yontz reported on and whether there is existing mechanisms within CMS that would allow the states to participate in the model for individuals dually eligible for Medicare and Medicaid. Once a mechanism is agreed upon that will allow this to happen, the Finance and MFP Workgroup will reconvene. The STG work products can be viewed on the following website: www.michigan.gov/ltc. The annual report will be available once it's approved by CMS. Pam also provided a handout that updates the status of project actions teams and LTC Commission activities since October 1, 2009. The LTC information forums will be resurrected with the first one scheduled for April 26, 2010.

X. State Profile Tool Update

Jane Church provided an update of the State Profile Tool (SPT) grant. The purpose of the grant is to develop a profile of Michigan's publicly-funded LTC system. The profile will be used to assist CMS to develop national indicators that will be used to assess all states in the progress of balancing their LTC systems. A balanced LTC system is an adequate and reasonable array of options to choose from. The grant period is October 1, 2007 through September 30, 2010. A no-cost extension will be requested due to the delay in implementing some activities. Also, as part of the grant, Michigan will participate in a special project to develop indicators that focus on the volume, compensation, and stability of the direct care workforce. The contractor, PHI, is in the process of exploring the different ways that Michigan is currently collecting, analyzing, and reporting workforce data. The next meeting of the Stakeholder Advisory Committee is April 23, 2010. The Committee is currently brainstorming around Michigan specific indicators beyond the national requirements. A proposal was made to share the proposed indicators with the Commission for input and suggestions on what kinds of data should be reported to the public on a regular basis.

XI. Status of Commission Workgroups and Direction of the Commission

Commission Chair Chaney asked the workgroup chairs to provide an update on the workgroup direction.

Finance Reform – Commissioner Chesny

The workgroup is not meeting and is suspended until the integrated care for dual eligibles moves forward. A previous inventory on the task force recommendations related to finance was conducted and many of them have been resolved or about legislation. Chris will do another review and report back.

Prevention – Commission Chair Chaney

The workgroup is meeting every other month. The workgroup is working on priorities around the PATH project (Personal Action Towards Health) and promoting assistive technology.

Quality – Ex Officio Member Sarah Slocum and Commissioner Wilson

The workgroup has not been meeting. Sarah has been working with Pam McNab and the quality project action team where the work is continuing. A list is being compiled on what quality measures exist now whether it's regulatory or policy driven including best practices and consumer surveys. Sarah will meet with Pam and Commissioner Wilson to review workgroup priorities and report back to the Commission.

Person-Centered Planning – Commissioners Rabidoux and Hoyle

The workgroup has been meeting. Various subcommittees have been combined into one workgroup. Currently, the focus is on developing the core curriculum and education. The workgroup is creating an online training module to include the core values and principles of person-centered planning. A final draft will be completed soon.

Public Education and Consumer Involvement – Commissioner Viars

The workgroup is meeting. Currently the workgroup is looking at a peer support model and consumer participation to review the best way to carry out the workgroup charge and task force recommendation. An idea is to have a public education and consumer involvement charge as part of every workgroup. The workgroup will develop a proposal for the full Commission to ask DCH Director Olszewski to sanction the value of involving consumers and have department administrations when writing grants to include funding to support consumer participation and to include consumers on various committees. Further updates will be reported back to the Commission.

Workforce – Commissioner Turnham

The workgroup is meeting. The first three recommendation strategies is work developed at DELEG. Under Peggy Brey's leadership and the Chief Nurse Executive, Jeanette Klemczak, discussions have started around workforce training and funding that should also include LTC workforce and how to align the two departments. For strategy nine, a source of funding may be identified for the health care feasibility study to look at enhancing the Medicaid rate to pay for health insurance for LTC direct care workers. This

is part of the department's boilerplate for FY 2010 that did not include funding. Strategy 11 is the special project under the State Profile Tool grant to track and collect data on direct care workforce. The next meeting is April 22 and the workgroup would like to look at the PCP curriculum and how it fits in with workforce training.

XII. Commission Discussion

Action Items

MOTION: In an effort to promote person-centered planning and thinking, Commissioner Turnham moved to formally request that the state Medicaid Administration change the reference of "patient pay amount" to "individual copayment" as suggested. Commissioner Hoyle seconded the motion. Motion carried. Susan Yontz will check on this and get back with the Commission.

May Agenda Items

- Medicaid Updates – Susan Yontz and Michael Daeschlein
- State Profile Tool Grant – Jane Church
- Workgroup Updates
- Health care reform crosswalk to include limitation dates and all long term care areas such as elder justice, patient safety, workforce, health insurance for low income and uninsured, financing, and the Class ACT, etc.

Commission Announcements

Commissioner Ablan made an announcement about the DCH budget passing onto the Senate Subcommittee. MI Choice was funded at an increase proposed at \$196M. A summary is available if anyone is interested. In addition, the Area Agencies on Aging Association is having their 23rd Annual Conference on May 18 & 19, 2010 at the Kellogg Hotel & Conference Center in East Lansing. For registration visit, www.mi-seniors.net.

XIII. Adjournment

The next meeting is Monday, May 24, 2010 from 10:00 a.m. to 3:00 p.m. in Lansing at the Capitol View Building, 201 Townsend Street, 1st Floor Conference Center. There being no further business, Commission Chair Chaney declared the meeting has ended.

MOTION: Commissioner Hoyle moved to adjourn the meeting, seconded by Commissioner Turnham. Motion carried. The meeting was adjourned.

Index of Documents

Michigan Long-Term Care Supports and Services Advisory Commission Meeting of March 22, 2010 Capitol View Building, Lansing, MI

- Agenda – Monday, March 22, 2010
- MI Choice Update – Power Point
- Aging and Disability Resource Center (ADRC) Partnerships – Project Description
- ADRC Partnerships Q & A Information Session Flyer
- Community Living Program Update – Power Point
- Update on Project Action Teams & LTC Advisory Commission
- Systems Transformation Grant (STG) Update from 2009 STG Annual Report
- State Profile Tool Grant Update

AGENDA

MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION

Monday, March 22, 2010
10:00 a.m. – 3:30 p.m.
Capitol View Building, Lansing
1st Floor Conference Center

10:00	I. Call to Order/Roll Call	RoAnne Chaney, Chair
	II. Review & Approval of January 25, 2010 Minutes	
	III. Review & Approval of Today's Agenda	
10:15	IV. Update – Medicaid LTC Policy/Integrated Managed Care Initiative for People with Dual Eligibility/MDS 3.0	Susan Yontz, MDCH
	V. Update – MI Choice Waiver/Nursing Facility Transitions/Money Follows the Person	Michael Daeschlein, MDCH
11:15	VI. Community Living Program (CLP) and CLP/Veteran Directed Home and Community-Based Services and the Aging and Disability Resource Centers (ADRC)	Bonnie Graham, OSA
12:00–1:00	Lunch	
1:00	VII. Public Comment	RoAnne Chaney
	VIII. Executive Committee Report	
	A) Meeting with DCH Director	
1:30	IX. Highlights on the Status of the Medicaid LTC Task Force Recommendations	Pam McNab, OSA
	X. State Profile Tool	Jane Church, OSA
2:00	XI. Status of Commission Workgroups & Direction of the Commission	RoAnne Chaney
	XII. Commission Discussion	
	A) Commission Announcements	
	B) Action Items	
	C) May Agenda Items	
3:30	XIII. Adjournment	

The next meeting is May 24, 2010 from 10:00 a.m. – 3:00 p.m. at the Capitol View Building, 201 Townsend Street, Lansing, 1st Floor Conference Center.

MI Choice Update

Long-Term Care Supports and Services Advisory
Commission
March 22, 2010

Michael Daeschlein
Michigan Department of Community Health

2010 Priorities

- Clinical Quality Assurance Reviews
 - Administrative Reviews
 - Quality Management Plan
 - Nursing Facility Transitions
 - Data Systems Development
-

Clinical Quality Assurance Reviews

- New review team
 - More precise reviews
 - On-site record reviews, interviews and home visits
 - Focus areas:
 - Access
 - Participant-centered service planning and delivery
 - Provide capacity
 - Participant safeguards
 - Participant rights and responsibilities
 - Participant outcomes and satisfaction
 - Systems performance
 - Administration
 - Services
-

Administrative Reviews

- Conducted by MDCH staff
 - On-site record reviews and home visits
 - Focus areas same as Clinical Reviews
-

Quality Management Plan

- Quality Indicators from assessment data
 - Under development
 - Select in 2010, implement in 2011
 - Self-determination option: at least 5% per waiver agent
 - Nursing Facility Transitions: annual agency benchmarks
 - Common consumer survey: develop in 2010, implement in 2011
 - Local Quality Collaboratives
-

Nursing Facility Transitions

- Staff training
 - MI Choice in licensed settings
 - Affordable assisted living
 - MDS Section Q pilot study
-

Nursing Facility Transitions

	MI Choice	Other Community	Totals
FY 2005	37	5	42
FY 2006	221	60	281
FY 2007	337	115	452
FY 2008	396	149 – Other 34 – AHH	579
FY 2009	659	165 – Other 74 – AHH	898
FY 2010 Thru Feb.	384	58 – Other 20 – AHH	462

Data Systems Development

- Contract with the Center for Information Management
 - Nursing Facility Transition and Money Follows the Person data
 - Waiting list data
 - Critical incident reporting
 - Financial tracking
-

For additional information:

Michael Daeschlein
State Administrative Manager
Home and Community-Based Services Section
Michigan Department of Community Health
517.335.5322
daeschleinm@michigan.gov

Aging and Disability Resource Center Partnership (ADRC) – Project Description

Michigan Office of Services to the Aging – Contact: Peggy J. Brey ADRCInfo@michigan.gov March 18, 2010

Project Approach:

This project is designed to grow ADRC-capacity in Michigan by utilizing existing long term care resources to develop a statewide “No Wrong Door” / state and local partnership approach. The core functions of an ADRC include: Information and Awareness (I & A); Streamlined Access; Options Counseling (OC); Person-Centered Hospital Discharge Planning; and Quality Assurance and Evaluation. It is anticipated that ADRC partnerships will be fully functional by the end of FY 2014.

OSA issued an invitation for local communities to develop ADRC partnerships that meet specific criteria. These partnerships must include but are not be limited to: Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), MMAP, Benefit Enrollment Outreach Centers, hospitals, Department of Human Services, local Long Term Care Ombudsman, service providers, and consumer stakeholders.

These local partnerships will decide leadership roles and division of labor. Each is expected to meet state-established criteria and is empowered to customize processes that meet the unique needs of their community. Members are to be equal partners in that each brings different assets to the table, all of which are valuable for the work. It is understood that some members may have more resources (e.g. staff time) to bring into the partnership than others. Decision making shall be equal.

Due to the limited funding, the ADRC partnerships are voluntary. State level support is provided to the ADRC partnerships through technical assistance, training, an IT infrastructure, development and deployment of a quality management plan/metrics and standards. The vision is that having statewide ADRC Partnerships by 2014 positions Michigan for future national grant opportunities.

Stakeholders are involved in every phase during the construction of the ADRC partnership project. State level staff, the Michigan Commission on Services to the Aging, the Long Term Care Supports and Services Advisory Commission, and the ADRC Partnership Steering Committee participate in planning activities, evaluation and quality management.

Meaningful local level stakeholder participation is actively sought and engaged to provide input and gain consensus on how this new structure is planned, designed, made operational, monitored, and evaluated.

Aging and Disability Resource Center Partnership (ADRC) – Project Description

Michigan Office of Services to the Aging – Contact: Peggy J. Brey ADRCInfo@michigan.gov March 18, 2010

Project goals include:

- 1) Enhance individual choice and support informed decision-making through a Person Centered Planning (PCP) approach and provision of comprehensive information and assistance;
- 2) Provide seamless access to services for older adults and persons with disabilities of all ages;
- 3) Improve collaboration between Centers for Independent Living (CILs), Area Agencies on Aging (AAAs) and other key long term care stake holders.

Project Objectives include:

- 1) Develop local ADRC partnerships statewide utilizing a “no wrong door” approach that will become fully functional by the end of 2014;
- 2) Develop comprehensive, unbiased vehicles for high quality I & A; develop capacity to provide Options Counseling (OC), utilizing a PCP approach, within ADRC partnerships;
- 3) Develop and implement processes to facilitate streamlined access to services, including legal and financial services;
- 4) Develop and implement a Quality Assurance/Evaluation plan that supports high quality services within ADRC Partnerships;
- 5) Collaborate with local hospital discharge planners to develop as PCP approach to streamlined, responsive discharge planning;
- 6) Support establishment of an External Advocate for Michigan’s LTC supports and services;
- 7) Provide state-level support for development of local ADRC partnerships and collaboration;
- 8) Embed culture change, Person-Centered Planning (PCP), and Person-Centered Thinking (PCT), and advocacy into ADRC partnership operations.

Project Outcomes include:

- 1) Consumers have choices regarding long term care services;
- 2) Consumers live in their preferred residential setting;
- 3) Consumers have the services and supports in place to maintain their preferred residence, including legal and financial services;
- 4) Local communities have successful partnerships to address long term care planning, policies and services to meet the needs of consumers;
- 5) Local partnerships dialogue and develop relationships with hospitals to facilitate planning with those consumers being discharged to services of their choice;
- 6) The ADRC Partnership certification process is associated with positive outcomes for consumers;
- 7) Information related to consumers, caregivers and other callers will be tracked in a shared database in order to avoid duplication;
- 8) Consumers have access to unbiased information on state resource databases related to service providers.

Grant Period: 9/30/2009 – 9/30/2012 **Grant Amount:** Year 1 - \$228,856; Year 2 - \$228,856; Year 3 (contingent)

**AGING AND DISABILITY RESOURCE CENTER (ADRC)
PARTNERSHIPS
Q&A INFORMATION SESSION**

Date/Time

Tuesday, April 13, 2010
12:30-2:30 p.m.

Location

The Forum (Auditorium)
Michigan Library and Historical Center
702 W. Kalamazoo Street
Lansing, Michigan
(driving directions attached)

Call-In Option

Dial 1-866-434-5269 - Access Code 9788629#

Agenda

Project Overview
Review of Documents
Questions and Answers

Please Note

Questions may be submitted at the Information Session
or in advance to ADRCInfo@michigan.gov

Limited copies of documents will be available at the Q&A Session.
Please download/print copies in advance at www.miseniors.net
(use ADRC quick link in left-side navigation area)

The Forum is a barrier-free facility. Contact Jane Church (517-241-9173)
if special accommodations are needed



COMMUNITY LIVING PROGRAM UPDATE

March 22, 2010

OVERVIEW OF PROJECT GOALS

Implementation of targeting strategies for older adults who are at risk of nursing home placement and Medicaid spenddown.

- Targeting assessment process to determine and categorize risk of nursing facility placement and/or Medicaid spend-down.
 - Assist participants in using their financial resources now to secure care in their residence of choice, as opposed to spending-down to Medicaid eligibility in a nursing facility.
- 

OVERVIEW OF PROJECT GOALS

Increase consumer choice and control using local funds, OAA and other state-funded services.

- Training and support for staff to use person centered planning when working with participants and their families.
 - Long Term Care education, demonstration of available services, and support through the planning process allows participants to take control and make decisions about the services they will choose.
- 

OVERVIEW OF PROJECT GOALS

Improved access to aging services through implementation of single entry point systems.

- Person-Centered Thinking & Planning (PCT/PCP):
 - Incorporates PCT/PCP principles with those of organizational culture change.
 - Training provided to AAA administrators, care managers and I&A specialists.
 - Allows CLP participants to take control and make decisions about the services they receive through education, planning and support.
 - 12 of 16 AAAs have participated in training activities.
- 

INFORMATION AND ASSISTANCE

Specialists are trained to:

- Listen to the participants story,
 - Ask appropriate follow up questions
 - Make referrals to appropriate agencies to meet the needs of participants
 - Complete triggering, or intake forms
 - Make referrals to the community living consultant for further assistance.
- 

COMMUNITY LIVING CONSULTATION

The Community Living Consultant (CLC):

- Specialist with background in social work, nursing or human services
 - Assists participants with planning to meet current or future needs.
 - May assess an individual's functional eligibility for nursing home placement or waiver placement
- 

TARGETING/TRIGGERING

- Defining “imminent risk” of nursing facility placement
 - Development of Red, Orange, Yellow categories of imminent risk
 - Integration of Level of Care based model for functional eligibility
 - Consistent with Michigan’s Level of Care Determination
- 

CURRENT TARGETING CRITERIA

- Lack of caregiver or limited caregiver support
 - Late loss of bathing, dressing, bed mobility, mobility/wheeling and transferring **and/or** moderate to severe dementia
 - Assets over \$2000
 - Income of 300% of SSI or less (for MA spenddown)
- 

RISK CATEGORIES

For all categories:

- Presumed functional LOC eligibility
 - Late loss ADLs and/or
 - Moderate to severe cognitive impairment/dementia
- Lack/Loss of Caregiver
 - Caregiver Stress
 - Lack of near by caregiver

Presumption of LOC eligibility is predicted based on assessment items and is not validated by research



RISK CATEGORIES

- Red
 - Functional eligibility and
 - Assets less than \$25,000 and income <300% of SSI
- Orange
 - Functional eligibility and
 - Assets \$25,000-\$50,000 and income <300% of SSI
- Yellow
 - Functional eligibility and
 - Assets over \$50,000 and/or income > 300% of SSI



CLP-WHO ARE WE SERVING? AGE OF PARTICIPANTS

Age	N	Percent
50 or Under	7	1.9
51-60	12	3.3
61-70	40	11.0
71-80	77	21.1
81-90	160	43.8
91-100	67	18.4
Older than 100	2	0.5
Total	365	100.0

Average Age-80.4

Missing data on 22 cases



WHO ARE WE SERVING? LATE LOSS ADLS*

	N	Percent
Yes	97	55.0
No	79	45.0
Total	176	100.0

*Late Loss ADLs refers to ADLs including bathing, dressing, bed mobility, transferring, mobility/wheeling in the environment



CLP-WHO ARE WE SERVING? DEMENTIA/COGNITIVE RISK

	N	Percent
Yes	73	44.0
No	93	56.0
Total	166	100.0

Cognitive Risk refers to anyone being scored as moderate to severe impairment on cognitive skills for daily decision making



CLP-FUNCTIONAL ELIGIBILITY

	N	Percent
Late loss ADLs only	97	32%
Cognitive impairment	73	24%
Both ADL and cognitive	44	15%
Neither ADL or Cognitive	89	29%

*Missing data on either cognitive impairment or Late Loss ADLs excludes case from analysis



CLP-PARTICIPANTS BY RISK CATEGORIES

Risk Category*	N	Percent
Red	22	15.8
Orange	15	10.8
Yellow	43	30.9
Not functionally Eligible	53	38.1
Medicaid Waiver Eligible	6	4.3
Total	139	100.0

*Missing Data on any of the items used to build risk categories excludes an individual from analysis



CLP- MOST FREQUENT SERVICES USED BY PARTICIPANTS

- Personal Care
- Homemaking
- Respite
- Home Delivered Meals
- Home and Yard Maintenance



CLP-OUTCOMES

- 83% Stay in their home of choice
- 14% Deceased or loss of contact
- 3% Move to a Nursing Facility

*Follow up data on program participants is collected bi-annually and will be available in April 2010.



CLP-OUTCOMES

All participants who moved to nursing facilities had dementia



Veterans-Directed Home and Community-Based Services (VD-HCBS)



Veterans-Directed Home and Community-Based Services (VD-HCBS)

- Serves veterans of any age who are at risk of nursing home placement and their family caregivers.
- Provides veterans the opportunity to receive home and community based services that enable them to live in their homes and communities.
- Participating AAAs must have in place the basic elements of a NHD/CLP program.
- AAAs must meet readiness criteria for consumer directed programs before veteran enrollment (Boston College – self-directed care assessment)



VD-HCBS

- Established February, 2009
- Michigan selected as one of 3 pilot sites in the nation - initiated at Battle Creek VA Medical Center with 5 Area Agencies on Aging.
- Currently:
 - 9 AAAs are providing VD-HCBS services.
 - 3 AAAs are in process of completing the VD-HCBS readiness survey.
 - 4 AAAs are completing PCT/PCP Training developed as part of the NHD/CLP.
 - Veterans served by 4 of Michigan's 5 VA Medical Centers are participating

VD-HCBS Initiative Services

- All Veterans receive care management services which includes:
 - An assessment and care planning assistance
 - Decide for themselves, or with a participant representative, what mix of goods and services will best meet their, and their family caregiver's care needs
 - Manage a flexible, individual budget
 - Hire and supervise their own workers, including family or friends
 - Purchase items or services needed to live independently in the community
 - Have fiscal management and support services which facilitate service delivery
 - Utilize traditional service providers, if desired

VETERANS-WHO ARE WE SERVING? AGE OF PARTICIPANTS

	N	Percent
Under 50	3	7.7%
51-60	5	12.8%
61-70	11	28.2%
71-80	5	12.8%
81-90	10	25.6%
91 and over	5	12.8%
Total	39	100.0

Average Age -71



VETERANS-FUNCTIONAL ELIGIBILITY FOR NURSING FACILITY PLACEMENT

	N	Percent
Late loss ADLs only*	14	35.9%
Cognitive impairment	6	15.4%
Both ADL and cognitive	2	5.1%
Neither ADL or Cognitive	17	43.6%

*Late loss ADLs include bathing, dressing, transferring, bed mobility, mobility within environment with/without assistive device.



VETERANS - MOST FREQUENT SERVICES USED BY PARTICIPANTS

- Personal Care
- Homemaking
- Respite
- Transportation



VETERANS-OUTCOMES

	N	Percent
Home	37	84.5%
Transferred to NF	2*	4.4%
Deceased or loss of contact	5	11.1%
Total	44	100.0%

*Recent transfer to NF could be temporary for one veteran



VETERANS-OUTCOMES

- Two participants that transitioned into nursing facilities have dementia, one participant transferred within the last month and may be a temporary relocation for acute health issues
 - All those who died were in their homes or hospitals at the time of their death
 - One veteran is on a waiting list for Medicaid Waiver services
- 

VETERANS-SELF DETERMINATION

- All veterans have tried self determination
 - Veterans interview and select their workers with assistance provided by care managers and family members.
 - Workers are often hired by a designated agency to manage billing and insurance issues.
 - Family members including children, siblings, nieces or nephew, and mothers have been hired as care providers.
- 

Challenges for the Future....

- Increasing pressure on AAAs to address waiting lists in light of continuing state funding reductions.
- Re-direction of reduced state resources for access services as opposed to direct services such as personal care and home-delivered meals.
- Life after the CLP demonstration.
- Integration of Aging and Disability Resource Center expectations.



UPDATE on Project Action Teams & LTC Advisory Commission

PATs

- #1: Person-Centered Planning – workgroups continue to meet
- #2: Money Follows the Person – merged with Finance, not meeting
- #3: Single Points of Entry – currently ADRC, workgroups meet
- #4: Array of Services and Supports - closed
- #5: Prevention Activities (Health Promotion & Caregiver Support) - meets
- #6: Consumer Participation and Education – continues to meet
- #7: Quality management – not meeting, staff developing Q compendium
- #8: Workforce Teams – continues to actively meet
- #9: Finance – merged with MFP, not meeting

LTC Commission Activities – since October 1, 2009

1. In November, the Commission discussed the Model Act portion of the MA LTC TF recommendations: The purpose of the Model Act is to direct the state's policy & appropriations towards having a flexible LTC system that is responsive to the needs of consumer through PCP.
 - a. Calls for various items to be addressed & implemented. Some cannot be achieved without legislation, especially issues about Quality in NFs
 - b. Lays out a structural framework for a new LTC system, is one way of achieving TF recommendations
 - c. Ambiguous whether TF recommendations was stating that the Model Act is absolutely imperative
2. Commission requested a synopsis of the overlap between TF recommendations & the federal House & Senate LTC Health Care Reform bills. The synopsis was provided in January & discussed. President Obama is calling for a federal Health Care Reform vote this week.
3. Some Commissioners believe their focus should be on budget issues, as well as reviewing LTC policies & making policy recommendations. This approach caused some frustration in not having much, if any, impact in the legislature. In January, the Commission agreed that efforts should be focused on areas where the Commission can be effective such as policy, quality issues across the array of LTC supports & services, PCP & forming stronger relationships across DCH, with DHS & DELEG on policy issues, public education & improved access.
4. Two workforce development TF recommendations are moving forward.
 - a. MDCH & the workgroup is trying to secure funds to support a feasibility study to look at a MA rate enhancements that would help LTC employers offer affordable, accessible & adequate health insurance to employees.
 - b. MDCH & the workgroup are analyzing DCH, DHS & DELEG databases to secure baseline data related to how large the LTC workforce is, what average compensation rates & stability of the current workforce (turnover & vacancy rates) are.
5. Medical Services Administration (Medicaid) managers Susan Yontz, LTC Policy, & Michael Daeschlein, MI Choice Waiver Program, provide updates at every meeting.
6. This month the Commissioners are reviewing workgroup activities, their charges & will provide recommended changes or how to reconfigure them.

Systems Transformation Grant (STG) Update from 2009 STG Annual Report

- Office of Services to the Aging (OSA) staff working on STG as of 10/1/2009: Erin Atchue; Joanne Bump; Scott Fitton; Gloria Lanum; Pamela McNab; & Tari Muñiz.
- OLTCSS & OSA staff successfully moved the SPE website & resource data base & secured a 2009 Aging Disability Resource Center (ADRC) grant from AoA to develop Information & Assistance & Option Counseling services using a partnership “no wrong door” model.
- Two independent SPE evaluations finalized & released in April.
- Caregiver training was provided to about 75 staff from AAAs, SPEs & disability & aging organizations. 8 certified TCARE specialists completed train the trainer training.
- The LTC Commission Health Promotion & Caregiver Support workgroup links to experts at the State & local level are established in the Personal Action Toward Health (PATH) for older adults & people with disabilities.
- PCP training curriculum is being developed by the PCP LTC Commission/PAT work group. On-line PCP training for all MDCH employees.
- Staff continued to provide PCP & Self Determination (SD) training & technical assistance to MI Choice Waiver agent & OSA Community Living Program staff. While SD enrollments continue to increase statewide, the percentage to SD enrollments to total enrollments by agent varies widely among the sites.
- LTC Commission recommendations adopted: Definition, Core Values/Principals & Essential Elements of PCP process throughout the MDCH; continued commitment for implementing LTC MA Task Force recommendation despite OLTCSS closure on 10/1; OSA broadened coverage of assistive technology devices & services available in AoA programs; and advised Governor to exercise caution in making budget cuts that would dismantle critical LTC services.
- Medical Services Administration (Medicaid) received a technical assistance grant from the Center for Health Care Strategies (CHCS) to develop and integrated care model for individuals dually eligible for Medicare and Medicaid. This initiative is supported by the Commonwealth Fund.
- Updated wait list & standardized data collection policy for MI Choice Waiver.
- New administrative reimbursement method & the provision of waiver services in licensed assisted living facilities developed & approved for MI Choice.
- Medicaid (MA) & OSA developed & implemented risk assessments for use in respective NF diversion programs.
- Michigan leads the nation in number of MFP NF transitions that have been conducted.
- 20 SPE housing coordinators (HCs) statewide to support MFP/NF transitions.

STG work products can be viewed on the following website: <http://www.michigan.gov/ltc>

State Profile Tool Grant
Update to LTC Supports and Services Advisory Council
March 22, 2010

The purpose of the State Profile Tool grant is to develop a profile of Michigan's publicly-funded LTC system and assist the Centers for Medicare and Medicaid Services (CMS) in the development of national benchmarks for states to use in assessing their progress toward achieving a balanced, person centered long term supports (LTS) system. A balanced system offers individuals with a reasonable array of options that include adequate choices of both community and institutional options. For purposes of this project, LTS is defined as state funded (primarily Medicaid) supports.

Phase I concluded with the submission of the Profile of Michigan's Publicly-Funded LTC Services in June, 2009. The report is available on-line at: <http://www.michigan.gov/ltc/0,1607,7-148--225858--,00.html>

Phase II activities are ongoing and focus on the development of national indicators and data collection.

Final indicators have been determined and data collection is underway. As of March 1, 2010, Michigan has submitted self-assessments for:

- Supporting employment opportunities for persons with disabilities
- Coordination between HCBS and institutional care
- Support for Informal/Family caregivers
- Nurse delegation
- Shared LTS mission/vision statement
- Global budget
- Personal care assistant/attendant (PCA) registry
- Health promotion programs for persons with disabilities
- Streamlined access systems
- Coordination between LTS and housing
- Availability of options for self determination

Utilization indicators are being populated by NBIC using data submitted to CMS for Michigan's various waivers and Medicaid programs.

Michigan is participating with NBIC and four other states on a special project to develop indicators that focus on the volume, compensation, and stability of the direct care workforce. We were included in this effort because Michigan has both an SPT grant and a Money Follows the Person grant.

As part of the special project, we are exploring the ways that Michigan workforce data is currently collected, analyzed and reported upon. The work is being conducted by PHI and focuses on the occupations of direct care workers, social workers, therapists, and RNs and LPNs working across all publicly-funded long term care sectors. Once data mining is completed, PHI and the national Direct Service Worker Resource Center will assist in the development of a survey that will be administered under the grant to collect needed but missing data. The SPT state team will also work with affected state agencies to develop ways to collect the information on an ongoing basis.

The next meeting of the Stakeholder Advisory Committee is April 23, 2010.

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