



Meeting Minutes



Detroit Long Term Care System Change Task Force Leadership & Steering Committee Meeting Minutes

Date: Monday, December 1, 2008

Time: 9:00 a.m.

Place: Detroit Area Agency on Aging
Hildred Drew-Dale Conference Center
1333 Brewery Park Boulevard
Detroit, Michigan 48207

MEMBERS PRESENT

Clarence Gayles (Rep. Sen. Buzz Thomas)
Wayne W. Bradley, Sr., DAAA Board Chair
Jerry Gumbleton
Dorothy Deremo
Betsy Rust
Mike Simowski
Richard Douglass
Eric Foster
Anita Caref
Mary James
Margie Young
Dwayne Haywood
Roger Myers

MEMBERS EXCUSED

Shirj Haq
Phillip Pierce
Earlene Traylor Neal
Elaine Williams

MEMBERS ABSENT

Representative
George Cushingberry, Jr.,
Co-Chair

STAFF

Paul Bridgewater, Co-Chair/ President and CEO
Faiz Esshaki
Gloria Hicks Long
Anne Holmes Davis
Cheryl Dozier Forte
Gale Simmons
Kimberly Taylor
Arthur Caldwell
Marian Banks Nickleberry
Karen Watson
Adrienne Warren
Joyce Henderson
Serita Lockard
Leah Phippen

I. CALL TO ORDER

Mr. Bridgewater called the meeting to order at 9:05 a.m.

A. INTRODUCTIONS

Mr. Bridgewater asked everyone to state their names and the organization they represent. He provided a brief update, stating that we have had the opportunity to dialogue and share with the broader community, the activities and work that has been accomplished thus far. The response locally has been very positive. Mr. Bridgewater has had a chance to meet with some key individuals, Saul Green, the Deputy Mayor for the City of Detroit. He is going to facilitate a meeting with the mayor. They have had some discussion with county commissioners.

Mr. Bridgewater said there is now some realization of how big this task is for system reform. Many of our state Legislators, elected officials and administration really don't understand the magnitude of long term care in this region or statewide. So we are going through an educational process, while simultaneously dialoging about public policy that needs to be addressed in this community. On December 11, 2008 the state Michigan Department of Community Health is bringing in a developer of the COLT program in New Mexico. COLT is a managed care model that is being developed in New Mexico. MDCH is on a fast track because they recognize that this is probably the last opportunity, in the Granholm administration, to have an impact on long term care. Since long term care has been the cornerstone of this administration, they want to put some anchorage in the ground as it relates to system change. This is why we are trying to develop a formal plan so that Detroit can be incorporated in that Long Term Care strategy to ensure that some of the goals and objectives get into this year's budget and also phase out an overall plan and strategy for Detroit. We have more nursing home closures and not enough resources. As we look at some of the challenges that our community has as far as limited resources, now is the time to move forward with our position. Hopefully we can begin to be a part of a bigger process.

The goal for today is to get feedback from each subcommittee on its progress and challenges. We need to review the projected dates that are lined up and determine whether those dates are realistic and adjust if necessary. December 12, 2008 is the date for the next Full Task Force meeting.

B. REVIEW & APPROVAL OF MEETING MINUTES

The Committee was asked to review the Meeting Minutes of September 26, 2008. There were no corrections to record.

II. OLD BUSINESS

A. SUBCOMMITTEE REPORTS

Anne Holmes Davis explained that the subcommittee reports consisted of the following topics:

1. Items for Information (ex: total number of meetings convened, total number of active members and the next projected meeting date, time and location.)
2. During our last meeting:
3. Primary Focus
4. Process
5. Actions/ Subcommittee Achievements
6. Next Steps

• ACCESS

Marian Banks-Nickleberry presented that the Access Subcommittee has held three meetings to date. Their next scheduled meeting will be Tuesday, December 16, 2008 from 1:00 p.m. – 3:00 p.m. in the DWCLTCC Conference Room. Their focus has been on the following:

- a. Broad Access Issues (standards, data and information systems)

- b. Specific Access Issues (broad to specific)
 - 1. Information & Assistance (policies, procedures)
 - 2. Intake/ Screening Functions
 - 3. Assessment
 - 4. Long Term Care Options Counseling/ or other services
 - 5. ADRC (Collaborative/ Regional Focus)

The committee will use the following process for developing Policy Recommendations related to Access:

- 1. Self Study (What are we doing now? What are the gaps/ areas of improvement?)
- 2. Facilitated meetings to tease out issues related to "Access Barriers"
- 3. Conduct review of relevant information/ literature and best practices (Lewin Group as a resource)
- 4. Review feedback from focus groups (input from representative consumers)

The next steps of the Access Subcommittee will be to engage in facilitated discussions to look at existing access systems. They will begin a flow chart outlining the Access process for each represented agency. The Subcommittee will review and discuss best practice models and explore collaboration partnering opportunities.

Mr. Bridgewater commented that Access seemed to have covered a great deal. He asked that they incorporate into their focus some attention to waiting lists and how they are handled. Ms. Banks-Nickleberry pointed out that they will also focus on developing a "no wrong door policy" where all agencies use one uniform database.

Mr. Bridgewater instructed the facilitators of the Access Subcommittee to look at recruiting representatives from the Department of Human Services and the Social Security Administration. Mr. Bridgewater asked Ms. Banks-Nickleberry if the timeframe for developing recommendations is reasonable for the Access Subcommittee. Ms. Banks-Nickleberry responded that it will allow time for us to come back with learned information. The recommendations may not be as extensive as he would like them to be. She added that the responsibility of the Access subcommittee is an on-going process and that it will have lasting effects on the Long Term Care system. Eric Foster commented that Task Force members should look at the current progress as a stake in the ground. January may not allow for complete recommendations, but we will have developed a starting point to then better determine a more realistic timeframe.

Dorothy Deremo stated that a high percentage of people have gone into the long term care system within the last two years of their life. About 10% of residents are hospice eligible, even the independent-living are eligible. In long term care, they are in their end stages and are in need of palliative care so that they may live longer and it would potentially cost less. The reality is that patients are transferred from nursing homes to hospitals to keep the facilities death rate down. She stated that the Task Force needs to focus on improving quality, decreasing cost and improving access.

Mr. Bridgewater said that the key issue discovered in the Dying Before Their Time (DBTT) Campaign was that illnesses in Detroit cause death a lot sooner and as early as age 50. Therefore, our attention needs to be focused on the stages before hospice care eligibility.

Dr. Richard Douglass stated that the elderly rarely have advocates/ witnesses to assist in choosing the facility that is best for them. The patient becomes a commodity and the most vulnerable and critically ill are the ones mostly being used as a commodity. Ms. Deremo said that we should be looking at issuing witnesses or advocates to send with the sickly to listen and get a perspective of what the situation is and submit a report to follow the patient. This will help to determine what facility is best for them.

Mr. Bridgewater paused to introduce the Board Chair of DAAA, Mr. Wayne W. Bradley, Sr. for recognition. Mr. Bradley stated that it was a great honor to serve on such a ground-breaking Task Force.

- **BUSINESS & ECONOMIC DEVELOPMENT**

Dr. Richard Douglass reported that the Business & Economic Development Subcommittee has met once to date. Their next scheduled meeting will be Wednesday, December 3, 2008 from 2:00 p.m. – 5:00 p.m. in the Ola Morris Conference Room at DAAA. The Subcommittee decided to pursue three specific tasks within their mission:

1. Track discharge planning decisions as it relates to Medicare vs. Medicaid placements and develop targeted educational information for hospital CEO's and discharge planning staff. Develop strategies to reduce dependence on Medicaid reimbursement within Detroit nursing homes by increasing both Medicare and private pay revenues. Increase the speed with which operators get recognized and paid for improvements.
2. The Subcommittee should attempt to identify investment opportunities for modification or expansion of long-term care options in Detroit. The effort should emphasize Operations & Revenue issues as the basis for such investment.
3. The subcommittee should also explore the possibilities of promoting joint ventures with the financial and investment communities in Detroit, including an effort that explores how to integrate the nursing home industry into the larger health care systems such as the Detroit Medical Center.

The next steps of the Business & Economic Development Subcommittee will be to review and discuss the existing Medicaid Policies and guidelines for proposed policy changes. Review and discuss cash flow issues and the Nursing Home Public Works Initiative. Dr. Douglass stated that the bottom line is that Detroit does not benefit from Medicare and suffers from having too many Medicaid patients. He said that the legislative issues are their current focus and that other issues that will not impact legislation have been postponed until February. The Subcommittees next meeting dates are 12/3/08 at DAAA and 12/10/08 at Health Care Association of Michigan (HCAM) where their targeted agenda will be on the delays in reimbursement. Faiz Eshshaki added that the Business & Economic Development Subcommittee will also continue beyond an initial recommendation for the Task Force. Some of the policies under review of the Subcommittee are:

- Replacement Asset
- Current Asset Value Limit
- Tenure Factor
- Two-Year Lag
- Minimum Occupancy Requirement
- Beds Out of Service
- And lastly, the Subcommittee plans to meet with DHS to address the delay in eligibility determination.

Mr. Bridgewater said that the DBTT Subcommittee looked at eligibility and found \$50 million in reimbursement funding. We need to meet with more than just DHS; there is a Medicaid division that has control of that money. We need to consider ALL the players. He suggested that Mr. Eshshaki meet with Dwayne Haywood from the Department of Human Services.

Margie Young of DHS inquired about suggestions on how to close the gap between the time an application is placed and the time of eligibility determination. Dr. Douglass asked her if there was any way back date to the first day of care. Mr. Bridgewater added that the hardship here in Detroit is that 90% of your revenues depend upon money that is 24-months away. We need to seek some reimbursement for the "good-faith period" while waiting for a patient to transfer. Ms. Deremo asked if Detroit is being treated differently vs. rural and up-state areas. She asked if there was data supporting that issue. Mr. Bridgewater said that DBTT found that it is because Detroit is heavily populated with Medicaid recipients.

- **INDEPENDENT LIVING SERVICES**

Anne Holmes Davis reported that the ILS Subcommittee has met twice to date. Their next meeting is slated for Wednesday, December 3, 2008 from 3:00 p.m. – 5:00 p.m. in the Hildred Drew Dale Conference Room at DAAA. The subcommittee identified four areas where it needs data regarding independent living services. A focus group workgroup was established to develop a methodology and focus group tool for obtaining data from the following groups:

1. Tenants in senior residences
2. Older persons living in the community
3. Service coordinators
4. Property Managers

The subcommittee will obtain data from consumers who live in homes for the aged, adult foster care, nursing facilities, the Program for All Inclusive Care and the community. The subcommittee hopes to complete the focus groups in the next four weeks and is waiting to get additional directions from DAAA and other subcommittees on the roll out of other focus groups to determine if there is a way to coordinate out efforts.

The next steps of the ILS Subcommittee is to invite a panel of subcommittee members representing Homes for Aged, Assisted Living, Hospice, PACE and other LTC settings or housing-related programs to meetings to share information about barriers and gaps in these services. This will allow the Subcommittee to gather information to support the development of policy recommendations that support system change within its Policy Development Matrix. The matrix includes a listing of the LTC settings, the regulatory agents for the LTC services, program descriptions, services rendered, eligibility, capacity, barriers and gaps and policy issues that may lead to recommendations.

Mr. Bridgewater asked if January was a realistic deadline for ILS policy recommendations. Ms. Holmes Davis agreed with Mr. Foster, that January would allow enough time to present ideas, but not a finished product. Mr. Bridgewater said that we have the Senator and State Representative looking for some specifics; so, he would like for the subcommittees to keep their focus as narrow as possible. Ms. Holmes Davis said that at the next ILS meeting, they will conduct panel presentations from their subcommittee members who will explain policy issues confronting consumers, the community and service providers.

- **LEGISLATION & REGULATIONS**

Mr. Foster reported that the Legislation & Regulations Subcommittee has met twice to date. The next L & R meeting is scheduled for Wednesday, December 10, 2008 from 10:00 a.m. – 11:30 a.m. in the Hildred Drew Dale Conference Room at DAAA. The committee's focus has been on prioritizing issues that nursing homes are faced with. The committee has identified the following areas to consider as priority:

1. 2-year lag on Medicaid Reimbursement
2. Patients being sent to suburban facilities until Medicare is exhausted; then returned to the city for care while awaiting Medicaid
3. The length of the eligibility process
4. Opportunities for Nursing Facilities to improve on property to attract more Medicare and private pay patients

The committee's next steps are to review and discuss the nursing home-related regulations and administrative rules update from Plante & Moran to finalize priority issues. They plan to schedule a Legislative Process Training for members of the overall Task Force to share how the Lansing process works from the appropriation side as well as the Legislative side in terms of the policy; emphasizing that there is only a two year cycle in Lansing. The next legislative cycle begins January 1, 2009 and ends December 31, 2010. The training will highlight tools to help move the policy along and also identify what barriers could delay moving the policy along. UCG has administered a 9-question survey

to the other AAA's to provide information on the types of issues that their urban community facilities are facing for comparison purposes. The feedback from that survey will be reviewed.

The Legislation & Regulations Subcommittee will begin meeting bi-weekly after December 10, 2009 to move into phase II of their mission. The three specific points of focus for phase II are:

- The Regulatory Side – The bureaucratic side, things that can be changed without the need for Legislative policy introduction.
- The Legislative Side – Things that can improve regulations or other avenues that will be introduced as policy bills.
- Appropriations – Things that are introduced as bills, but are impacted in the appropriations process.

With respect to the aspect of outreach, from a federal level, we plan to send a letter to members of the Michigan Delegation to introduce them to what we are doing here as an overall Subcommittee and begin dialogue and make the initial request that ... look at reconvening a committee in the house or senate on the federal level to deal with long term care/ senior citizen issues. The last committee standing was in the House and was disbanded in the 1990's.

Mr. Bridgewater asked Mr. Foster what is being done to prevent duplication by Legislation & Regulations, Nursing Home Management and Business & Economic Development as it relates to the selected regulations. Mr. Foster has asked the facilitators to submit their subcommittee's policy recommendations to the Legislation & Regulations Subcommittee through Gloria Hicks Long for the review and compilation of the policy recommendations. During the review process, duplicated recommendations will be eliminated.

Mr. Bridgewater stated that the key is, if there are some regulations issues, we all become abreast of that so that we can dialogue. Since these are some of the system changes that need to be modified and enhanced to address some of the issues in Detroit. Jerry Gumbleton said that there is a recognition that HCAM, being the association that represents the most providers in the city, have their eye on regulations and legislation as well so that there is an opportunity to leverage that relationship. We also recognize that we have providers at the table. One of the primary focus' is how do we make the providers a little stronger in the city. So we appreciate their desire to protect consumers. So we will be sensitive to that, while really focusing on those issues that are going to strengthen the provider community here in the city.

Marian Banks-Nickleberry asked if the draft policy recommendations that are due to the Legislation & Regulations Subcommittee need to fit into one of the three areas of focus or if Legislation & Regulations Subcommittee will use what is submitted to customize each individual recommendation to fit into the focus areas. Mr. Foster stated that the Legislation & Regulations Subcommittee will steer them into the right direction.

Richard Douglass asked if anyone knew the probability of when a facility makes a measured capital investment, they are actually preparing it for sale. The investment seems to precede a sale, rather than investing to improve the quality of care. Mr. Gumbleton said that that may not be a matter in the city. Dr. Douglass said that we have a lot of ownership turnover. Betsy Rust commented that she couldn't think of a direct correlation between investing and sales. She thinks that is the opposite. Many owners just let it go and they try to time it getting their price and getting out without making any investment. Then they rely on the new owner to come in and make their own capital investment and essentially what they are selling is census they have in the building. As long as they can maintain what they have and still get any census, they don't make any capital investments. Mr. Gumbleton added they figure that the new owner is bringing that access to capital that will enable them to make the investments. Dr. Douglass said that this is the kind of issues that

we really need to understand, because these are businesses. They are not chartered non-for-profit hospitals that aren't going to go away. They will go away and they are major employers in the city.

Mr. Eshaki asked Mr. Foster if we are going to sort out the policy recommendations that have an immediate impact vs. a long-term impact to advance the agenda and implement some of those things that can be changed immediately. Mr. Foster said that the two pathways for this process are: Legislation that is policy related that does not have any connection to appropriations; and then, there are appropriations. One of the key things, once we get things introduced is gaining support. We are going to need republican and democratic support to allow bills to move through. So it is going to take a lot of work.

Mr. Bridgewater asked if reimbursement issues are statewide. Dorothy Deremo said that from the Hospice perspective, when patient is there, hospice becomes the fiscal intermediary. Hospice pays nursing homes before themselves. They have a turnaround time of 15 days, but payment from the state has been delayed up to 60 days or more. Betsy Rust said that there are issues in other areas of the state besides in the city of Detroit with getting individuals financially eligible. It is a much greater incidence here, because you have a greater percentage of the population accessing nursing home care that is dependent upon Medicaid. Ms. Deremo said if you can get some support from representatives from inner city Grand Rapids, there may be some rural counties where the percentage of Medicaid recipients is as high or higher and the issue of case mix may be. Ms. Rust would be curious to see how the resources, as far as the state's dedication to the work force and helping with eligibility, actually align with the individuals who need it. Is there a problem with the states resources? Are more resources being directed out-state than inner-city even though the need is greater here? It would be interesting to look at the distribution of resources vs. the real demographics. Ms. Deremo agreed.

Mr. Bridgewater asked, when looking at a state that is moving toward managed care; are they slow paying managed care organizations? Ms. Deremo and Mr. Bradley answered yes. Mr. Bradley commented that the rest of the state gets a bigger share in proportion to the number of residents within the city limits of Detroit. Ms. Deremo said that the rest of the state does not view it that way; they think that Southeast Michigan is draining all of the resources. That is why data is important; otherwise, you are fighting perception. Roger Myers has seen a significant difference between Wayne and Macomb County, in terms of processing Medicaid applications. It has been double the time or more in Wayne County. It is a major barrier for the people in Wayne County/ Detroit. Ms. Rust commented that many of the individuals in the city are relying on a guardian more than in other areas. One of the recommendations out of the Nursing Home Management Subcommittee was to implement a registry process that would allow quality control over the guardian process to benefit the resident, nursing home and the provider. As it relates to the eligibility process, Ms. Rust said that providers can get on interim payments, but they have to ensure that they are billing claims that actually make it through the system. There will be some reconciliation. And if denied claims need to be repaid, it is usually too much to handle and causes the downfall of the company. Jerry Gumbleton summed up by stating that the resolution to all of the issues above will require additional funding from the state.

- **LTC STAKEHOLDER ENGAGEMENT**

Eric Foster reported that the LTC Stakeholder Engagement Subcommittee has met once to date. Their next projected meeting date is Thursday, December 4, 2008 from 12:00 p.m. – 2:00 p.m. at the Wellness Plan Building Conference Center. The committee will design a model for a community_advocacy group as the major part of their work plan. A mass Stakeholder meeting will be held on January 23, 2009 at Tabernacle Missionary Baptist Church. The focus of the first meeting was to review and adjust the scope of work and sketching a different community advocacy models.

The issue of guardianship was discussed and Mr. Bridgewater suggested bringing Judge Alex Allen on board assigned to the LTC Stakeholder Engagement Subcommittee.

- **NURSING HOME MANAGEMENT**

The Nursing Home Management Subcommittee has met twice to date. The next scheduled meeting date is Tuesday, January 13, 2009 from 1:00 p.m. – 3:00 p.m. at West Oaks Nursing Home. The subcommittee will develop policy recommendations that enhance the quality of care and services delivered to residents residing in Detroit skilled nursing facilities. The subcommittee's three key focus areas are:

1. The Resident Case Mix
2. Management
3. Reimbursement

The next steps of the Nursing Home Management Committee will be to complete the list of key barriers and gaps that effect nursing home management and facility operations. Also, to identify regulations, laws and/ or administrative rules that impact these barriers/ gaps identified. The Leadership/ Steering Committee discussed reduction of beds out of service. The also discussed the rebranding issue and Mary James emphasized that the Task Force should embrace the two separate groups: those that get better (short term) and those who need more attention (long term); rather than five recommendations, the Subcommittees should focus on one diverging path. Mr. Bridgewater assigned Mary James, Dorothy Deremo, Gloria Hicks Long and Betsy Rust to form a sub-group to address how to form separate divisions of nursing facilities to address the needs of short term guests versus long term patients. Gloria Hicks Long also suggested adding someone from Single Point of Entry (SPE) – Detroit Wayne County Long Term Care Connection to the Nursing Home Management Subcommittee.

- **QUALITY**

The Quality Committee has met once to-date. The next scheduled meeting is Friday, December 5, 2008 from 9:30 a.m. – 12:00 p.m. at Fairlane Nursing Center. The Committee is using the POSM and MDS tools to gather a comparative analysis of nursing home and community-based resident quality data; thus, identifying the level of quality and its reason. The subcommittee would like to review current regulations and rules directly related to quality of care and resident satisfaction. Mary James noted that the Quality of Life Survey had been placed on the Task Force website for viewing.

- **TRAINING**

The Training Committee has met once to-date. The next meeting will be held Monday, January 5, 2009 from 3:00 p.m. – 5:00 p.m. at SEIU. The committee has reviewed the current criteria to become a Certified Nursing Assistant (CNA) in the State of Michigan. The Committee has agreed to focus its work plan on an enhance continuing education program for certified nursing assistants. The following problem areas will be reviewed:

1. Some providers are not educating staff on topics to deal with the complex mix of clients entering their facilities; and
2. At some facilities, CNA's are being trained on the same topics each year and do not receive new information on topics that are meaningful and beneficial to their job.

In preparation for making recommendations for regulatory consideration, the Committee will explore:

1. An enhanced continuing (annual) education program; which will increase the knowledge base of CNA's and allow them to improve the quality of care they provide.
2. Increasing the current number of continuing education hours required annually by Federal regulations (CMS)

III. **NEW BUSINESS**

EMERGING POLICY THEMES & ISSUES

The Leadership & Steering Committee had a great deal of discussion about emerging issues and themes surfacing in subcommittee discussions:

- ✓ Mary James noted that there is a need to delineate between guests in nursing care facilities and residents.
- ✓ Long Term Care needs to be further defined in our community – Is it a two year time frame with a six month period of end-of-life services or is it a longer period of time when preventative services can be put into place.
- ✓ The delay in eligibility determination seems to be a barrier across long term care settings including nursing homes, hospice, PACE, Medicaid Waiver, etc.
- ✓ The lack of resources for capital investments, particularly in the current economic climate, makes it difficult to improve nursing care facilities.
- ✓ Dependence on Medicaid reimbursement needs to be addressed, particularly in nursing care facilities.
- ✓ Is it possible for other types of facilities to be developed in the Detroit area including Intermediate Care Facilities that have a higher reimbursement rate?
- ✓ Can nursing care facilities move from wards to private and semi-private facilities to address bed capacity and closures?

IV. **NEXT STEPS**

The focus will be on three main items:

Policy Forum – February 6, 2009 (explore 1/2 day session)

LTC Conference – May 15, 2009

Congressional Hearing – August 21, 2009

The Full Task Force meeting has officially been rescheduled for Friday, December 12, 2008.

Mr. Bridgewater instructed members of the committee to reference the website for updated communications regarding the Task Force and each of its subcommittees. The website is a very important tool to keep the lines of communication open at all times.

V. **ADJOURNMENT**

Meeting was adjourned at 12:04 p.m.

Respectfully submitted by:

Leah Pippen

AHD/lp

Moving Towards Enhancing the Quality of Care