



**DETROIT LONG TERM CARE SYSTEM CHANGE TASK FORCE
INDEPENDENT LIVING SERVICES SUBCOMMITTEE MEETING
HILDRED DREW-DALE CONFERENCE CENTER**

**DECEMBER 3, 2008
MEETING MINUTES**

Present

Elaine Williams
Roger Myers
Paul Bridgewater
Stephanie Donaldson
Anne Holmes Davis
James Pappas
John Thorhauer
Yuself Seegars
Barbara Owens
Steve Larkins
Pam Halladay
Charles Reese
Karen Watson
Gena Payne
Patrick Donnellson
Michael Simowski

Absent

Patricia A. Blaines-Lake
Patrick Berry - excused
Marion Bloye
Jane Church – excused
Juanita Hernandez
Shelley Kritzman
Deanna Mitchell - excused
Eugene Racia - excused
Geraldine Sanders
Mayble Wynter – excused

I. WELCOME & INTRODUCTIONS

Elaine Williams had all members to introduce themselves. She said the Independent Living Services Subcommittee had a full agenda including four panel presentations.

II. REVIEW AND APPROVAL OF THE MEETING MINUTES

Ms. Williams asked for a motion to approve the meeting minutes of November 5, 2008. There was a motion by Michael Simowski, with support from Stephanie Donaldson, to approve the meeting minutes of November 5, 2008. **Motion carried.**

III. OLD BUSINESS

A. TASK FORCE UPDATE

Anne Holmes Davis informed the Subcommittee that the Leadership & Steering Subcommittee had met on Monday and had a great deal of discussion about emerging policy issues. Additional members have been added to the Leadership Subcommittee to ensure that all LTC settings are represented at the Steering Subcommittee levels.

She said the next full Task Force meeting slated for Monday, December 8th was moved to 9 a.m. – 12:00 noon on Friday, December 12, 2008 from 9 a.m. – 12:00 noon.

B. FOCUS GROUP UPDATE

Ms. Davis noted that there was a decision to not implement the planned focus groups targeting property managers, service coordinators and consumers. She said pertinent questions from all subcommittees would be included in several focus groups being undertaken by Urban Consulting Group, LLC. and that the Subcommittee would be inviting key informants in to gather information on gaps and barriers to long term care and aging in place.

C. DATA SHARING

Co-Chair Elaine Williams asked Ms. Davis to review reports and other data gathered for the group. The handouts are highlighted below:

- ✓ **Michigan State Housing Development Authority Statewide Housing Needs Assessment:** This preliminary study highlights the need for family and senior housing based upon economic, population and future household/income trends. It is based upon 170 market profiles conducted across the State of Michigan. Seven of these market areas are in the City of Detroit. Anne Davis noted that David Allen, Ph.D., Chief Marketing Director, stated that some of the findings in the study have changed given the current economic situation. Only selected clusters of Detroit sub-communities were included in the report. A MSHDA representative may be invited to an upcoming meeting of the Subcommittee to present the findings.
- ✓ **Senior Housing Market Analysis Abstract** – Ms. Davis reviewed the seven market profiles and summarized basic characteristics of those reports. Preliminary analysis results indicate that the Brooks-MacKenzie (Lower Westside), Burbank-Denby-Finney (Northeast Detroit) and Grant-Mt. Olivet-Conner (Eastside Detroit) market areas may need additional senior housing. In addition, a RFP is being released soon for a detailed Statewide Senior Housing Needs Assessment to be conducted. She has a call into MSHSA regarding their definition of Community Health and Opportunity Scores referred to in their study.
- ✓ **Public Health Code (Act 368 of 1978)** – Bureau of Children and Adult Licensing – State of Michigan
- ✓ **Licensing Rules for Homes for the Aged** – Bureau of Children and Adult Licensing – State of Michigan

- ✓ **Older Michiganians Day 2008 Advocacy Platform** – This platform is advocating for several policy recommendations that support system change including a single line-item budget, Single Points of Entry, reduced wait lists for respite and other supportive services, fair share of Section 8 Rental Assistance vouchers, affordable housing and assisted living, incentives for public and private community development that supports universal design. This platform was presented to State Legislators on June 11th by nearly 500 advocates.
- ✓ **Performance Audit of the Regulations of Nursing Homes, Adult Foster Care Homes, and Homes for the Aged** – Department of Consumer and Industry Services, April 2001. This document was not distributed, but can be acquired as a pdf on the Internet. It can offer an excellent overview of regulation requirements of these facilities and audit findings.

IV. NEW BUSINESS

EMERGING POLICY ISSUES PANEL DISCUSSIONS

Four members of the Subcommittee participated in panel discussions regarding their particular long term care setting. These members included John Thorhauser, United Methodist Retiree Communities (UMRC) – Assisted Living, Gena Payne – Passion & Caring Homes for the Elderly – Homes for the Aged; Michael Simowki, Center for Senior Independence – Programs for All Inclusive Care (PACE) and Steve Larkin, Hospice of Michigan – Hospice Services. The emerging policy issues are highlighted below from each presentation with potential policy recommendations:

John Thorhauer – Mr. Thorhauer distributed three handouts including an Affordable Assisted Living Demonstration Initiative Proposal (October 11, 2006), Group Quarters Data (May 22, 2008) and Housing Market Analysis Boulevard Temple (August 2006).

He said that UMRC owns Boulevard Temple, a 124-bed skilled nursing facility with an average occupancy of 117 beds. This occupancy accounts for about 40% rehab beds and 60% long term care beds. He said BT is located in the New Center area which has a huge number of unlicensed adult foster care homes. In fact, adult foster care homes account for about 16% of the housing in the Sector 6 area because of the tendency to use the five and six bedroom homes for adult foster care facilities. An emergency ordinance restricting the number of group homes was recently approved ??? by the Detroit City Council.

Mr. Thorhauer said the key service needs includes the following:

- ✓ Need for supportive services in assisted living,
- ✓ The lack of low income options and the
- ✓ The tendency of rules to drive up cost of rendering independent living services.

Thorhauer said assisted living can not exist with only \$53 per day (based upon the income of some residents).

Thorhauer said BT losses about \$1.3 million per year over the last ten years in operating the skilled nursing facility because it does not have some of the efficiencies of some more modernized buildings. The proposed affordable assisted living model is to be attached to the skilled nursing facility (SNF) in order to fully utilized existing services such as food service, staffing, etc.

The affordable assisted living is using MSHDA tax credits and the Medicaid Waiver to make it affordable. UMRC also has a Charitable Care Fund for residents so that monies can be diverted to future services or current patient needs. The Heritage Foundation is also being used to secure additional resources. He said attaching the model to BT will assist with food and other services. It also moves the model closer to a CCRC.

Mr. Bridgewater asked Subcommittee members if it was possible to cost out how much it costs to house residents in each particular long term care setting, in referring to the assisted living hand out. He felt this was a good way to estimate the cost in order to keep the policy recommendations cost neutral.

The Subcommittee discussed ways to pair MSHDA resources with MI CHOICE, HUD and other entities to make it affordable for the consumer. The group came to the consensus that the Subcommittee should explore the following:

Policy Issues:

- ✓ Seek additional MSHDA resources and MI CHOICE Waiver slots for assisted living (Transfer resources planned in other communities who are not being used in the AALP to Northeast and Southwest Detroit (Pablo Davis/Realvista?))
- ✓ Divert unused nursing home beds to home and community based services
- ✓ Keep the policy recommendations cost neutral
- ✓ Consider advocating for making wards private and semi-private rooms to keep viable nursing homes open and to provide more privacy and comfort to the residents
- ✓ Explore how nutrition programs can support assisted living efforts
- ✓ Pair Section 8 and MI CHOICE resources
- ✓ Use of Service Coordinators to provide social work services

Gena Payne – Ms. Payne noted that she operates Passion and Caring Home for the Elderly for the last eight (8) years and has been in the business for fifteen years. Her facility was a convalescent home prior to being a hospital. She currently provides food, pharmacy, beautician, therapy, barbershop, housekeeping, laundry, transportation and field trips services. Those eligible pay their expenses through Social Security and SSI. She has cut back on staffing to make capital improvements in her building because of conflicting fire regulations.

Policy Issues:

- ✓ Many HFA regulations do not address the needs of consumers and HFA owners.
- ✓ Collection from HFA residents can take a long time because of community placement requirements,
- ✓ There is a duplication of oversight among city, state and federal jurisdictions when there should be one coordinated among the three jurisdictions.

- ✓ HFAs will licensed RNs should be able to enroll residents
- ✓ Guardians make it difficult to quickly enroll patients since some are not responsive to their patient's needs.

Michael Simowski - Center for Senior Independence provides PACE services to those who are dually eligible for Medicare and Medicaid. The average age of patients is an 82 year old with multiple needs.

Policy Issues:

- ✓ Patients give up their primary care physicians and use one through Henry Ford Health System.
- ✓ Re-certification is required annually. Collecting documentation for re-certification is difficult. (PACE currently uses Maximus.
- ✓ HFHS must bid out for Medicare Part D
- ✓ Services primarily available on the west side of the City.

Potential Policy Recommendations:

- ✓ State regulations should be changed to make it easier for participants to enroll.
- ✓ Advocate for the expansion of PACE at multiple locations in PSA 1-A.

Steve Larkins – There are 130 licensed hospice providers in Michigan and about 1/3 are located in Detroit. Hospice of Michigan is currently serving about 960 patients per year. It serves about 1,000 to 1,200 patient / year. This averages out to about 120 – 150 patients a day. He said for-profit hospice programs make better profits because 40% of HOM patients are in hospice less than seven days while for profits average 160 days and less than 15% of patients have fewer seven days. He said HOM had its third best year by only losing \$1.7 million.

Hospice is end of life care that provides a support system to the family, patient and caregiver. He said the Michigan Dignified Death Act incentified the use of hospice in Nursing Homes and Medicaid HMOs.

Barriers:

- ✓ Competition for long term care patient.

Policy Issues:

- ✓ Need to educate the community on end-of-life care.
- ✓ Need to enroll patients into hospice sooner.

V. NEXT STEPS/AGENDA-BUILDING

The Subcommittee will hear additional panel presentations at the January 2009 meeting and continue to work on the policy recommendations. Members were asked to develop draft policy recommendations with rationales that can be considered by the Subcommittee and the full Task Force.

Consider adding Melvin Washington of Melco and Jacqueline Bolden to the Committee.

VI. ANNOUNCEMENTS

Second announcement that the full Task Force meeting is Friday, December 12, 2008 from 9:00 a.m. – 12 noon at Greater Grace Conference Center.

VII. ADJOURNMENT

The meeting adjourned at 5:10 p.m. Co-Chairs Williams and Co-Chairs Myers thanked everyone for coming to the meeting.

Moving Towards Enhancing the Quality of Care
