



Detroit  
Long  
Term  
Care  
System  
Change  
Task  
Force



## Subcommittee Report

# MEMORANDUM

**To:** Detroit Long Term Care System Change Task Force  
**From:** Roger Myers and Elaine Williams, Co-Chairs  
**Date:** December 5, 2008  
**Re:** Independent Living Services Subcommittee Report

### ITEMS FOR INFORMATION

The Independent Living Services Subcommittee met on October 22, November 5, 2008 and December 3, 2008 to conduct business.

#### 1. Focus Groups

The subcommittee decide not to conduct focus groups, but to invite key informants to the meetings for data gathering. In addition, existing primary and secondary reports will be used.

#### 2. Data Collection & Analysis of Existing Data

The Subcommittee identified data that will be helpful in the formation of policy recommendations and strategies to support improved independent living resources. The following data is being acquired for review:

- ✓ **City of Detroit Needs Assessment & Housing Data** – Summary findings from the 2001 Needs Assessment and housing-related data
- ✓ **City of Detroit Housing Study** – A housing study developed by the Detroit Senior Citizens Department highlighting the need for senior housing.
- ✓ **Michigan State Housing Development Authority (MSHDA) 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. 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 Request for Proposal (RFP) is being released soon for a detailed Statewide Senior Housing Needs Assessment to be conducted. She has a call into MSHDA regarding their definition of Community Health and Opportunity Scores referred to in their study.

## **Regulations & Administrative Rules**

- ✓ **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
- ✓ **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.

## **Other Information**

- ✓ **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 11<sup>th</sup> by nearly 500 advocates.

### **3. Policy Development Matrix**

The Subcommittee has been building a Policy Recommendations Matrix in order to gather information to support the development of policy recommendations that support system change. This matrix includes a listing of the LTC settings, the regulatory agents for the LTC services, program descriptions, services rendered, eligibility guidelines, service capacity, barriers and gaps and policy issues. At the November 5, 2008 meeting of the Subcommittee champions were assigned to further build the matrix, update the data in each area and to come prepared to share policy recommendations. Panel presentations were shared at the December 3<sup>rd</sup> meeting by four members.

### **4. Panel Discussions**

**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 United Methodist Retirement Communities (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. UMRC has been selected as one of five affordable assisted living projects in the State through MSHDA and other State partners. Mr. Thorhauer said the key service needs includes the following:

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

The Affordable Assisted Living Demonstration Project 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 Continuing Care Retirement Community.

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))
- ✓ Divert funding of 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 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 has operated 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 Homes for the Aged (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 with licensed RNs should be able to enroll residents, particularly in emergency situations.
- ✓ 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 PACE 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 provides incentives for the use of hospice in Nursing Homes and Medicaid HMOs.

**Barriers:**

- ✓ Competition for long term care patients.

**Policy Issues:**

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

**5. Planned Next Steps**

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. Policy recommendations are scheduled to be reviewed and approved at the January 16, 2009 Leadership and Steering Committee prior to the February 6, 2009 Policy Forum.

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