



**Detroit Long Term Care System Change Task Force
Nursing Home Management
Meeting Minutes**

Date: Tuesday, February 10, 2009
Time: 1:00 p.m. – 3:00 p.m.
Place: Plante & Moran
27400 Northwestern HWY
Southfield, MI 48037

MEMBERS PRESENT

Betsy Rust, Co-Chair
Kim Pinckney
Todd Johnson
John Sczomak
Wanda Bailey Jenkins
Carl Cottrill
Toshia DeWeever

MEMBERS EXCUSED

Jerry Gumbleton, Co-Chair
Kelsey Schwartz
John Barton
Bettye Cogburn
Patricia Farmer
Sandra Booker
Elaine Hearn
Elsie Parker

STAFF

Karen Watson, Facilitator
Rachel McLaury, Recorder

CALL TO ORDER

Betsy Rust called the meeting to order at 1:15 p.m.

MATERIAL DISTRIBUTED

Meeting Minutes—January 13, 2009
Nursing Home Management Subcommittee Policy Recommendations

REVIEW AND APPROVAL OF MINUTES

Carl Cottrill made a motion to accept the minutes of January 13, 2009, seconded by John Sczomak. Motion carried.

WELCOME & INTRODUCTION

Ms. Rust welcomed all members.

NEW BUSINESS

Ms. Rust summarized the purpose of the subcommittee which is to enhance the quality of care and services of nursing home residents that reside in nursing facilities in the City of Detroit. Ms. Rust distributed a document outlining the five policy recommendations the subcommittee is submitting for review to the Long Term Care (LTC) Legislation and Regulation subcommittee. Ms. Rust asked all subcommittee members to review and discuss each policy recommendation and decide if any further information or rationale needs to be added.

Policy Recommendation I: Financial and Case Management Assistance to Detroit Skilled Nursing Facilities

Rationale: Provide financial and case management assistance to Detroit skilled nursing facilities for individuals admitted to skilled nursing facilities from hospitals that do not meet clinical eligibility requirements.

The subcommittee agrees that hospitals are dumping patients into Detroit nursing facilities. These patients are being discharged from hospitals to skilled nursing facilities and do not qualify or meet the clinical guidelines required for reimbursement by Medicaid or Medicare. The burden then lies on the nursing facility owner to provide free care until the resident can be discharge to an appropriate facility or housing environment. The subcommittee suggests the following:

- The Detroit Wayne County Long Term Care Connection provide an Option Counselor at the hospital to determine the level of care before the patient is discharged to a skilled nursing facility
- Skilled nursing facility owners should receive a transitional reimbursement rate for any patients referred from a hospital that do not qualify for skilled nursing care
- Any patients discharged from a hospital to a skilled nursing facility that does not meet clinical eligibility requirements for skilled nursing care the hospital and/or the Long Care Connection should be responsible in finding a more appropriate facility or living environment

Wanda Bailey Jenkins from the Detroit Wayne County Long Term Care Connection agrees hospitals discharge patients who do not qualify for skilled nursing care. Ideally the Long Term Care Connection would like to have an option counselor at all hospitals to make a level of care determination before the patient is discharge to a skilled nursing facility. Ms. Jenkins mentioned a pilot program will be implemented at Henry Ford Hospital. Henry Ford Hospital will have an onsite option counselor to make the level of care determination before the patient is discharge to a skilled nursing facility. Ms. Jenkins stated that meetings are set-up with St. John Hospital and Beaumont Hospital to discuss the possibility of have an onsite option counselor.

Policy Recommendation II: Improve Coordination of Care for Medicaid Eligible Seniors

Rationale: Improve the coordination of care for Medicaid eligible seniors between Medicaid HMOs and the traditional Medicaid needed for skilled care coverage. Reduce the time required for discharge from the HMO in order to facilitate more timely eligibility determinations and therefore payment to the Detroit Skilled Nursing Facility. The subcommittee suggests the following:

- Once the skilled nursing facility completes form 2565 (MDCH – Facility Admission Notice), the facility should receive retroactive payments back to the date the form was completed
- Extend back payments beyond three months

Policy Recommendation III: Stringent Requirements for guardianship Agencies. The subcommittee would like to use the explanation and rationale as the LTC Legislation and Regulations subcommittee. Any company who provides guardianship services for individuals in a long term care setting are governed or regulated by a state or federal authority to ensure that the best interest of the individual is in mind during the delivery of these services.

Rationale: Any individual or company can establish themselves as a prospective guardian to an at-risk elderly and/or disabled population. Because there is no governance over these companies and/or individuals (other than the overburdened probate court system), there is a high potential for failure to act in the best interest of the individual. This can result in inappropriate care, misappropriation of funds, and inadequate reimbursement to a facility which can result in displacement of the resident.

Policy Recommendation IV: Bad Debt Reimbursement Policy

Rationale: Establish a bad debt reimbursement policy for Detroit skilled nursing facilities for the bad debt associated with residents deemed ineligible for Medicaid due to financial requirements issues. The policy will provide reimbursement for providers that experience a disproportionate share of bad debt expense related to eligibility issues that are outside of the provider's control. The amount eligible for reimbursement will be deemed disproportionate. The subcommittee suggests the following:

- The State of Michigan needs to reimburse skilled nursing facilities for disproportionate share

Policy Recommendation V: Case Management Services for Nursing Home Residents

Rationale: Provide case management services and social service support to providers with special population groups including non-geriatric patients and individuals with behavioral health issues.

Mr. Sczomak recommends removing "providing case management services" since skilled nursing facilities already have case managers and feels no further case management services could be reimbursed or provided due to bundle payment. The subcommittee agrees the City of Detroit skilled nursing facilities have three groups of residents within the same facility: geriatric, non-geriatric and individuals with behavioral problems. The subcommittee suggests the following:

- Specialized units with programs, resources and services (this may reduce patient to patient abuse, falls and/or fractures)

AGENDA/BUILDING & NEXT STEPS

Discuss any feedback received from LTC Legislation and Regulation subcommittee on policy recommendations. The next meeting is scheduled for Tuesday, March 10, 2009 from 1:00 p.m. - 3:00 p.m. at Detroit Area Agency on Aging.

ADJOURNMENT

Meeting was adjourned at 3:00 p.m.

Respectfully submitted by:

Rachel McLaury
Moving Towards Enhancing the Quality of Care