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<i>Funded by the Michigan Department of Community Health</i>	
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Introduction

This report details the results of the Long Term Care System Mapping Project that was conducted to support the Michigan Long Term Care Connection's Single Point of Entry Demonstration Project. Commissioned by the Detroit Area Agency on Aging on behalf of the Detroit Wayne County Long Term Care Connection, the project was initiated to describe the current long term care system in order to create baseline data for streamlining access to these services.

The goal of this project is to develop system maps that illustrate the process by which consumers enter a long term care setting. To develop the maps, representatives and consumers from various care settings were interviewed, and asked questions related to their enrollment / intake process(es). Following the interviews, process maps were developed along with a brief summary for each care setting. Information from consumers regarding their experience with accessing LTC services was gathered through a focus group session and supplemental interviews.

The information provided in the following report is based on the outcome of each interview and the focus group session, and includes observations related to barriers and gaps in the long-term care system. The report includes the following components:

- Executive Summary
- Description of Current Long Term Care Services
- Hospital Discharge Process Map and Summary
- Nursing Care Facility Process Map and Summary
- Hospice of Michigan Process Map and Summary
- Program for All-Inclusive Care for the elderly (PACE / Center for Senior Independence) Process Map and Summary
- Department of Human Services (DHS) Adult Community Services (Adult Foster Care & Homes for the Aged) Process Map
- DHS Independent Living Services (Adult Home Help) Process Map
- DHS Adult Medical Services Process Map
- MI Choice Waiver (Medicaid Waiver) Process Map
- Citizens for Better Care Process Map and Summary
- Focus Group Interview Summary

Conclusions were drawn and recommendations made based on the outcome of the interview and data collection process. While it is understood that some recommendations may be constrained based on resource issues or privacy practices, it is felt that they are nonetheless appropriate based upon information gathered during the course of the project.

Executive Summary

The primary goal of the Detroit Area Agency on Aging's (DAAA) System Mapping Project is to develop process flow charts to describe the current system through which older persons and adults with physical disabilities access Long Term Care. This process was intended to provide a benchmark data with respect to the current system in order to assist the State of Michigan in streamlining access to long term care over the course of the SPE demonstration project.

Plante & Moran, PLLC is pleased to assist DAAA and the Detroit Wayne County Long Term Care Connection with this important effort and understands the primary objectives of the system mapping phase are to:

- Interview local stakeholders and consumers from various long-term care settings
- Develop maps which illustrate the “usual” customer experience from first contact to service delivery
- Identify opportunities to enhance coordination of service and streamline the consumer’s interaction with the long-term care system

The following summary provides an overview of the approach, data collection methods, key findings and recommendations identified by Plante & Moran as a result of the interview process.

Project Approach

For this phase of the SPE project, representatives from the following care settings and programs were interviewed:

- Hospital Discharge Planners/Social Workers
- Nursing Care Facilities Admissions
- Hospice (Hospice of Michigan)
- Program for All-Inclusive Care for the Elderly (PACE / Center for Senior Independence)
- Department of Human Service (DHS) Adult Community Services (Adult Foster Care and Homes for the Aged)
- DHS – Independent Living Services (Adult Home Help)
- DHS – Adult Medical Services (Medicaid)
- MI Choice / Medicaid Waiver Program
- Citizens for Better Care

During the interview process, stakeholders were asked questions related to the flow of their process, specifically how a consumer might enter their care setting. They were

also asked questions related to their marketing and outreach programs as well as their perspectives on barriers and obstacles faced by the consumer when entering the care setting. All persons interviewed were very cooperative and forthcoming about the barriers and challenges related to admissions in their respective care setting.

Following the interviews, a system map and a brief summary was created for each care setting. Each map was reviewed and approved by the representative from the particular care setting.

To enhance the information gathered during the interviews, a consumer focus group session was also conducted. The focus group consisted of caregivers and participants from various care settings, including: PACE, Adult Home Help, Hospice of Michigan and MI CHOICE Waiver. Some of the participants have also received or benefited from nursing facility services.

Focus group participants were questioned relative to how they learned about the specific care setting they participate in, how effective the enrollment process was for their care setting, and what difficulties they may have experienced with the enrollment process. In addition, participants were asked if they received the LTC services that they expected.

Key Findings and Observations

The following observations were made during the interviews with the care settings and during the focus group session:

Lack of Consumer and Provider Knowledge

- The consumer experience entering a long-term care setting varies greatly and is largely dependent upon the knowledge and experience of the individual(s) who may refer the consumer to the care setting(s). It is also dependent on the knowledge of the consumer and their ability to effectively research their options
- Because there is no gatekeeper / entity / resource that exists to counsel people on what choices are available to them, consumers are frequently left to figure it out on their own. This can be a very time consuming and frustrating process, according to some of the focus group participants
- Economic barriers and conditions in the city prevent consumers from being able to access information in the most efficient way
- Education of hospitals, physicians, nursing care facilities and other social service providers is lacking. In some cases, consumers could enter a specific program much sooner (e.g. Hospice) if there was a better, more timely education process

Medicaid System and Process Limitations

Consumer

- For consumers, concerns and frustrations continue to exist with the Medicaid system and application process. Specifically:
 - The length of time it takes to obtain Medicaid approval. This varies depending on the consumer's ability to complete the application correctly and provide the relevant information necessary to process the application. Care settings must "coach" the participant through the application process, including what financial documents are necessary and what might be considered a "liability" for Medicaid approval
 - The Medicaid application can be confusing for consumers, specifically the areas that relate to income (earned and other)
 - Clients must report changes in care settings to DHS so that the Medicaid financial qualification can be adjusted to reflect changes in patient pay portion or spend down amount
 - Nursing care facilities may delay the discharge of a "Medicaid pending" resident to ensure they will receive payment for services rendered
 - Depending on the timing for Medicaid approval, enrollment into most of the care settings interviewed takes a minimum of 1-2 months and can take as long as 12 months

Provider

- Providers also experience concerns and frustrations with the Medicaid system. Specifically:
 - Time constraints for Medicaid enrollment (e.g. first two weeks of the month) into PACE limits their ability to enroll participants in a timely manner
 - Duplication of effort exists with the enrollment processes at some of the care settings. For example, enrollment into the waiver program requires the CIRA (Information & Assistance – Intake & Screening) to complete a 3 page screening tool manually; this is then taken to a data entry technician for entry (scanned) into a database
 - For some programs (i.e. Adult Home Help and Independent Living Services), a new medical form must be completed each year in order to confirm participant eligibility for a program. Obtaining a timely response from the participant's physician is often the biggest challenge; oftentimes leaving the participant and DHS in "limbo"

- Clients must report changes in care settings to DHS so that the Medicaid financial qualification can be adjusted to reflect changes in patient pay portion or spend down amount. Because the majority of consumers are not diligent with this notification, the care settings follow-up in order to ensure payment

Location, Availability and Access to Quality Providers

- Limited program availability (i.e. number of “spaces” available) is a barrier, specifically for programs like PACE and MI Choice Waiver
- Location of nursing care facilities can be a barrier for placement of residents / patients. A facility that will accept a Medicaid “pending” resident often will do so only because of occupancy challenges. A facility may be struggling with occupancy due to its location, and a family may not want to choose a facility because of its location, perception of quality of care or facility condition, even though the facility is willing to accept the patient/resident
- There is a perceived quality difference between suburban facilities and inner-city facilities. Many families indicate to discharge planners and other referral sources that they would prefer to use suburban facilities because the perception is that they provide higher quality care
- Not all Detroit long-term care facilities are certified to participate in Medicare, and many suburban facilities have only partial certification for Medicaid. Many hospitals discharge Detroit residents to suburban facilities that accept Medicare residents. Once the resident’s Medicare benefits have been exhausted, they are often discharged to a Detroit facility
- Suburban facilities that do accept Medicaid residents often have limited availability and require a resident to first spend down their assets
- Medicaid utilization in Wayne County is 82% of skilled nursing days compared to 69% statewide
- The number of high-risk, younger patients entering the system is increasing dramatically. Very few city facilities are willing to take these younger, more difficult patients who usually also have behavioral issues, thus making placement difficult for hospitals
- Facilities are reluctant to allow younger patients with behavior issues into their population mix – even if the residents are segregated. Similarly, seniors and their families aren’t comfortable with younger individuals living amongst seniors
- There is a prominent “cycle” of some patients moving back and forth from a nursing care facility to a hospital and back to a nursing care facility

Uncertainty about SPE and how it will affect Providers:

- There is still a great uncertainty among the care settings relative to how SPE will affect them. Some of the concerns from the care settings include whether SPE will dictate how their enrollment process must be handled and whether SPE will eliminate/replace some of their activities and service offerings. There is additional concern that SPE will direct consumers to facilities of SPE choosing, which will restrict consumer choice rather than increase consumer choice

Recommendations

Based on the above observations, we offer the following recommendations for your consideration. We understand that there may be constraints, (specifically availability of resources and HIPAA), that may affect the ability to implement some of these recommendations.

1. Devise a service awareness strategy that will reach consumers in an effective and efficient manner to educate them about SPE and the services SPE can provide to them. Some suggestions from consumers (focus group participants) included radio spots, “Health News” spots on the primary news channels, newspaper ads and website information. It will be important to effectively communicate the “one-stop-shopping” advantage that SPE can provide and let consumers know that SPE:
 - a. Is a “single contact” source that can provide them with appropriate care options based on needs and medical status
 - b. Can assist with the enrollment process for the care setting of their choice
 - c. Can assist with planning for future care needs for themselves or their loved ones
 - d. Can assist with “complicated” processes such as Medicaid applications and research of appropriate care settings
2. Implement a process that effectively integrates the SPE with the numerous care settings. This process should include determination and communication of the respective roles and responsibilities of the SPE and the care settings. It should also identify opportunities where SPE can enhance the enrollment process for the benefit of providers and consumers. Consider creating a charter for SPE that defines scope, objectives, key stakeholders, activities, risks, roles and responsibilities. Communicate the charter with the various care settings to ensure consistency of understanding of the purpose of SPE
3. Conduct a technology assessment in order to identify opportunities to enhance the use of technology and integrate the databases accessed in the process. The

primary goal will be to create a centralized database for SPE. Then, enable the SPE to upload the results of its initial screen of a participant/patient into a database accessed by the all care providers. Current databases being used by the care settings include MICIS (MI Choice Information System), ASCAP (Adult Services Comprehensive Assessment Program) and ASSIST. Some care settings are also using PIC software to complete the Level of Care assessment

4. Continue to evaluate where the Level of Care determination should be completed. Should it be completed by the SPE or continue to be the responsibility of the care setting? It is not clear to us at this initial stage which would be the more effective approach. Reasons for transferring the responsibility to the SPE include:
 - May provide an opportunity for the SPE to have greater influence in the determination of proper care setting at the initiation of service
 - May provide greater consistency and objectivity to the process in determining whether the patient is appropriate for the setting
 - May allow the information to be accessed by all care settings in the event a participant transfers from one care setting to another
 - Relieves this responsibility from the provider and allows them to focus more on offering their services to participants
 - May expedite the enrollment process

Reasons for retaining the process with the providers include:

- Would require SPE to maintain a large clinical staff thereby increasing the overall cost of the program
 - May result in duplication of effort since the provider will need to continue to develop patient care plans
 - May result in delays in the admission process while waiting for the SPE representative to start the assessment
 - May cause trauma for participants as they wait for the assessment and the determination of level of care
 - May alienate the care settings by creating another barrier in the admission process
 - May result in additional financial pressure on providers depending on how and when care level determination is made in the admissions process
5. Consider creating a task force that could work with making the Medicaid application more user-friendly. Provide more specific definitions related to earned and other income, and create electronic assistance tools for consumers to refer to if necessary. Provide education resources to social workers in nursing

care facilities so they can assist consumers with completing the application in an effective and efficient manner

6. Consider bringing the Medicaid application processes into care settings. This allows for a more timely and consistent completion of the application and would remove the frustration and barriers experienced by the consumer
7. Consider establishing a network of facilities that will take high risk patients/residents (acuity, financial, behavioral) and consider providing incentives to do so. A potential incentive may be that if there is an issue with the resident, DAAA/SPE will assist with immediate alternate placement
8. Increase SPE role in providing education to the public related to planning for potential future long-term care needs. Target specific consumer age groups and provide them with information necessary for planning long term care situations

Description of Long Term Care Services in Michigan

MI Choice Medicaid Waiver

MI Choice is a home and community-based care option for persons who are Medicaid Waiver eligible for their long-term care. It is less costly and preferred alternative to nursing home care that allows people to remain in their own home with the support they need.

Services

The fourteen services currently available for eligible MI Choice clients may include:

1. Adult Day Care
2. Chore Services
3. Counseling
4. Durable Medical Equipment
5. Environmental Modifications
6. Home Delivered Meals
7. Homemaking
8. Personal Care
9. Personal Emergency Response Systems
10. Private-Duty Nursing
11. Respite Care
12. Training
13. Transportation
14. Nursing Facility Transition Services

Eligibility Requirements

- Seniors age 65 and over
- Disabled persons age 18 and over
- Clients who meet financial eligibility criteria
- Clients who meet the medical eligibility for nursing facility level of care
- Clients who have multiple medical needs

Program for All-Inclusive Care

The Program of All-inclusive Care for the Elderly (PACE) is a fully integrated system of primary, acute and long-term care for the frail elderly population. PACE offers

community-based, comprehensive, services that are carefully coordinated in order to help older persons remain in their homes or apartments.

Services

PACE integrates preventive, acute & long-term care services. Once enrolled, the participant is followed across all care settings, including the hospital and nursing home. Services offered include all Medicare & Medicaid services plus community-based long-term care service. There are no benefit limitations, co-payments or deductibles. To qualify, participants must be:

- 55 years of age or older
- Living in a designated PACE service area
- Certified as needing nursing home care
- Able to live safely in the community at the time of enrollment

Adult Home Help Program

The Adult Home Help Program (formally called Independent Living Services (ILS)) is offered through the Department of Human Services. The program offers a range of Medicaid and non-Medicaid services designed to:

- Support customer self-determination by arranging services appropriate to the individual
- Encourage the development of maximum independence by authorizing services and assistive devices that enhance the individual's functional ability
- Promote natural support systems by enhancing the individual's person-centered approach to case planning
- Advocate for customers

Services

A range of services are available (without regard to income or assets) upon request to individuals who need assistance. Those services include:

- Information and referral
- Protection (for adults in need of a guardian or conservator but who are not in immediate need of protective services intervention)
- Counseling
- Education
- Employment and Training
- Health Related
- Money Management

Medicaid related services are unskilled, non-specialized personal care services available to those customers who meet eligibility requirements. Home Help Services (HHS) assist functionally limited individuals to remain in their independent settings for as long as possible and cover activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Activities of Daily Living (ADLs)

- Eating
- Toileting
- Bathing
- Grooming
- Dressing
- Transferring
- Mobility

Instrumental Activities of Daily Living (IADLs) Support

- Taking medication
- Meal preparation
- Laundry
- Housework
- Shopping and errands

Eligibility Requirements

Individuals of any age who require consultation or assistance to maintain and maximize functional capacity within their own homes or other independent living arrangements are eligible for Adult Home Help services.

Nursing Facility Services

A nursing home is a residence that provides 24 hour continuous care for room, meals, skilled nursing and rehabilitative care, medical services, and protective supervision. It also provides residents with assistance with daily living and recreational activities. Many nursing home residents have physical, emotional, or mental impairments, which keep them from living independently. Nursing homes are certified by State and Federal government agencies to provide levels of care which range from custodial care to skilled nursing care that can only be delivered by trained professionals.

Services

Provides 24-hour room, board, and supervised personal care

Eligibility Requirements

- Nursing Facility Level of Care
- Physician Order
- Payment Assistance:
- Medicare (Limited days 90-100)
- Medicaid Eligible
- Private Pay

Adult Community Placement Services

DHS makes two types of community placement services available to adults. These include Adult Foster Care and Homes for the Aged services.

Adult Foster Care

An Adult foster care facility is defined as a facility or home, “for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision on an ongoing basis but who do not require continuous nursing care”.

AFC Homes provide care to persons who are or have:

- Aged
- Mentally Ill
- Physically Disabled
- Alzheimer's Disease or other Dementia Related Disorders

Care may include assistance with bathing, grooming, dressing, eating, walking, toileting or the administration of medication.

Eligibility Requirements

Participants must be a Medicaid recipient 18 years and over

Homes for the Aged Services

A Home for the Aged (HFA) provides 24 hour room, board, and supervised personal care to:

- 21 or more unrelated, non-transient individuals 60 years of age or older.
- 20 or fewer individuals 60 years of age or older that is operated in conjunction with and as a distinct part of a licensed nursing home.

HFA provide care to persons who are or have:

- Aged
- Mentally Ill
- Physically Disabled
- Alzheimer's Disease or other Dementia Related Disorders

Care may include assistance with bathing, grooming, dressing, eating, walking, toileting or the administration of medication.

Eligibility Requirements

HFA is restricted to providing care to persons who are 60 years of age or older

Hospice Services

Hospice care is a voluntary program with an approach to caring for terminally ill individuals that stresses palliative care (relief of pain and uncomfortable symptoms), as opposed to curative care. Hospice provides medical, social, psychological, emotional, and spiritual services through the use of a wide range of professionals and other care-givers with the goal of making the individual as physically and emotionally comfortable as possible. An important goal of hospice care is to keep the terminally ill patient comfortable in the patient's home or at an in-patient facility until death.

Hospice core services include:

- Nursing care
- Medical social services
- Counseling (including dietary, spiritual and bereavement counseling) with respect to care of the terminally ill individual, and adjustment to death; and
- Physician Services

Eligibility Requirements

The following criteria must be met to qualify for hospice care:

- Individuals must be entitled to Part A of Medicare to be eligible to elect hospice care under Medicare.

- The individual's attending physician and the hospice medical director or physician member of the interdisciplinary group must certify that the individual is terminally ill.
- The individual must have been diagnosed with a terminal illness that has a life-limiting prognosis of six (6) months or less to live if the illness runs its normal course.

Hospital Discharge Process Summary

Hospital discharge planners often play a critical role in introducing older persons and adults with physical disabilities to long-term care after an acute episode. Usually patients being discharged from a health facility are sent home with home health care, but some cases require rehabilitative services or nursing facility placement. Understanding the relationships of hospitals to Medicaid long-term care settings is important in streamlining access to these services. Informing patients of all of their options during the transition from the health facility can support better long-term care planning and consumer choice.

Two hospitals were interviewed for the SPE System Mapping Project. Each hospital is part of a different health system, one in western Wayne County, the other in eastern Wayne County. The two hospitals differ in their approach to directing patients and their families into a continuum of care environment. One facility provides the patient/family with the Lifestyle Booklet and suggests they choose five (5) long term care facilities to begin their evaluation and selection process; the other hospital is more likely to recommend the patient/family to specific long-term care facilities.

Size and Services

The two hospitals are comparable in size; 267 beds and 300 beds. Service offerings were similar.

Barriers / Gaps

1. Ease of placement:

- Ease of placement for hospital discharges depends largely on the relationship between the facility admissions individual and the hospital discharge planner/social worker
- The growing population of younger individuals who are in need of continuing care placement are very difficult to place. Many facilities will not take them, as they don't fit into their population mix
- Patients with higher acuity (ventilators, TPNs, wound vacs and dialysis) are also very difficult to place due to the more expensive nature of their care
- Patients with behavior problems are some of the most difficult to place
- Bariatric (larger) patients can also be difficult to place – some facilities ask for height and weight measurements on the face sheet

2. Facility admission policies:

- Most long-term care facilities do not accept admissions “after hours” (evenings, weekends, holidays, etc.), but the hospitals have learned to work with this barrier and plan discharges accordingly

3. Facility locations vs. willingness to accept Medicaid pending:

- A facility that will accept a “Medicaid pending” patient will often do so because they are experiencing low occupancy levels. It appears that the cause for this, in some instances, is because the location of the facility is undesirable. Families may not want to choose a particular facility due to its location, even though that facility would accept the patient
- Families will usually want to select a facility they perceive to be in a more desirable area, but may not be able to do so because the facility does not accept Medicaid pending residents

Conclusions / Recommendations

Hospitals believe that they would benefit significantly from a “single source” entity that could assist them with patient placement based on specific patient needs and payor status. Such a resource would relieve discharge planners of time spent identifying an appropriate care setting that will accept a patient based on those two criteria, plus matching the patient/family’s desired location.

Discharge planners would prefer that post-acute providers be willing and able to accept admissions outside of standard business hours. Providers that are committed to doing so would position themselves more favorably with hospital discharge planners. The SPE would need to determine whether this could be accommodated within its process.

Another consideration may be to establish a network of facilities that will take high risk patients/residents (acuity, financial, behavioral) and consider providing incentives to do so. A potential incentive may be that if there is an issue with the resident, SPE will assist with immediate alternate placement.

Nursing Care Facilities Summary

Three Nursing Care facilities were interviewed for the SPE System Mapping Project. One facility was part of a corporate chain, one was a not-for-profit, faith-based, and the other was hospital/health system affiliated. All three were certified for Medicare and Medicaid, and also accepted insurance and private pay residents. One of the three facilities will accept Medicaid pending, the other two will do so only if their census is low.

Size and Services

All three were census driven, despite their varied affiliations and size (from 72 beds to 180 beds). Only one facility had a primarily geriatric focus. Services included:

- Rehabilitation (Short term)
- Respite Care
- Hospice Care
- Long term care / Skilled Nursing Care
- Residential Living
- Assisted Living

None of the interviewed facilities accept ventilator patients/residents. One will take TPN (Total Parenteral Nutrition) patients if necessary but prefers not to do so. All facilities interviewed try to avoid taking residents with “high risk” behaviors.

Timing and Required Information

Two of the three facilities indicated that they typically responded to admission inquiries from hospitals in 15-20 minutes. The third facility’s response was longer, and ranged between 1-2 hours. This was largely due to their internal acceptance process which requires a more extensive review for insurance and clinical qualifiers. Additionally, the admissions person typically did not wait by the fax and phone to receive and expedite admissions.

All facilities require the same basic information prior to admission:

- Face sheet
- Insurance information
- Physician’s orders
- Diagnosis
- Physician’s history and physical
- Medication list
- Nursing and Social Service notes

Barriers / Gaps

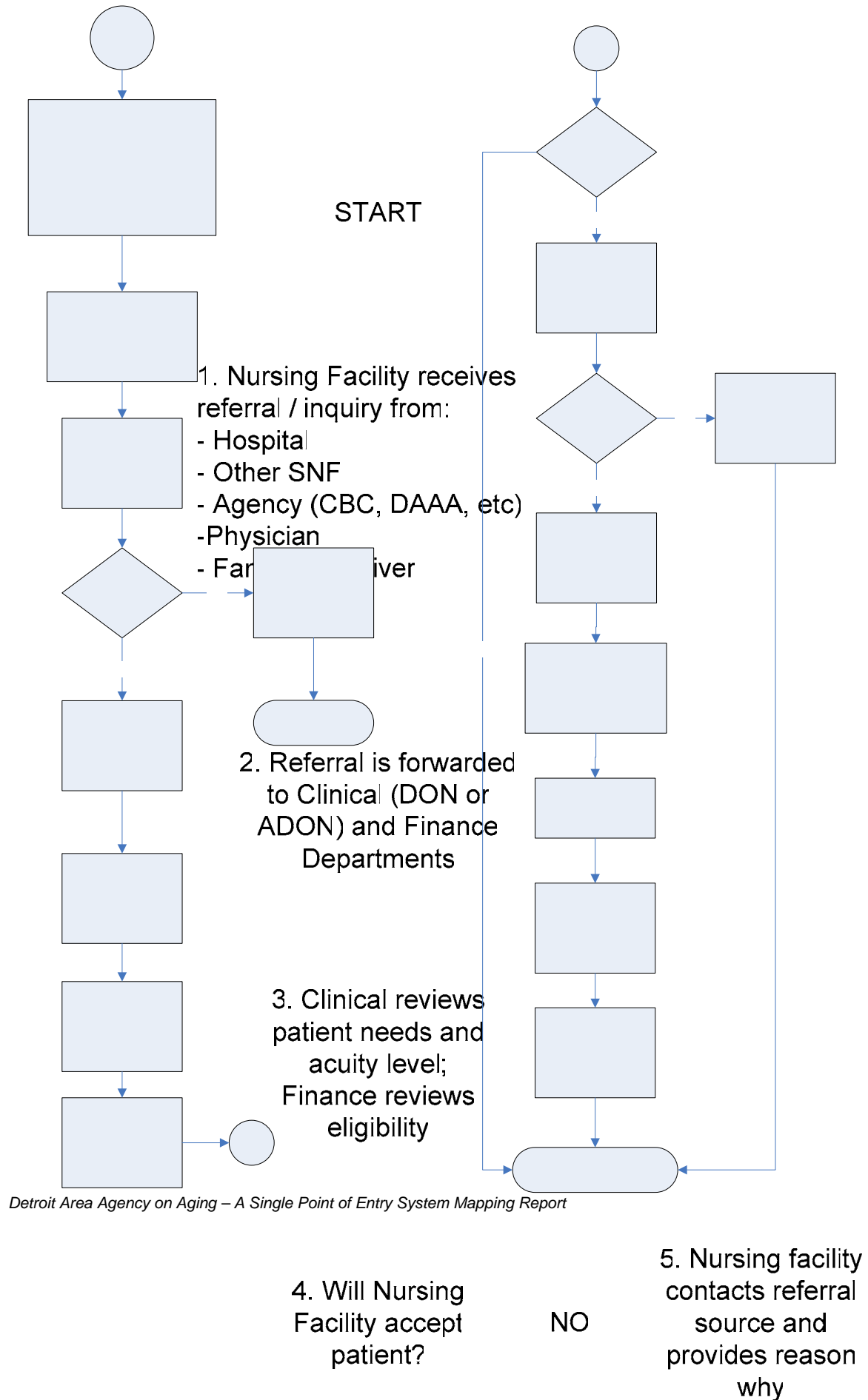
- None of the facilities admit on weekends, holidays or after hours unless the admission has been pre-scheduled and the paperwork is complete
- Younger patients are increasingly being referred in, which is not appropriate to their patient/resident mix, so they must decline admission
- Location is a barrier for the facilities, particularly for two of the three homes interviewed. Families generally do not want to come to the areas in which they are located
- Most facilities have difficulty accommodating bariatric (larger) residents/patients, so many have to ask for height and weight at the time of the referral, and may have to deny admission based on this

Conclusions / Recommendations

Nursing care facilities and residents would benefit from an easier process for confirming payor source. Facilities are more likely to accept an admission if they are able to confirm that they will be paid for services rendered. In some cases, the Medicaid approval process can take anywhere from 4-6 months. Consequently, if the patient/resident only needs to stay for three months, a facility may have concerns about reimbursement and may delay discharge.

Payor source appears to be a major determinant of a person's experience in accessing long term care. If the individual has Medicare, insurance or private pay, the process for entry is relatively easy. If they are an active Medicaid client, then a facility with Medicaid certified beds needs to be found. If their Medicaid status is "pending", then the choices are further narrowed because only certain facilities will accept Medicaid pending. Even if the criteria for Medicaid are met for one care setting, it does not guarantee the individual is qualified for another care setting. Therefore, if the client is transferred from a nursing care facility to a community care setting, the Medicaid application process may need to be re-initiated.

Nursing Care Facility Admissions Process Map



Hospice of Michigan Summary

Hospice of Michigan provides specialized health care services for people with a terminal illness as well as support for their loved ones. Hospice services focus on comfort measures and pain control, or palliative care. Hospice of Michigan provides services to meet the emotional, spiritual and physical needs of patients and their families by putting the family and patient at the center of care planning. They also work closely with physicians and caregivers to provide comprehensive, compassionate care for individuals nearing the end of life(*).

* Source: www.hom.org

Services

Hospice of Michigan provides services in the home, hospital or in a long term care setting. These services include:

- Pain and symptom management
- Emotional and spiritual support
- Home health aides and trained volunteers
- Respite for family caregivers
- Medications, equipment and supplies
- Grief support for loved ones

Marketing and Outreach Programs

Marketing and outreach strategies include relationships with various hospitals, physicians and nursing care facilities. There are also outreach programs that place significant emphasis on the African American and Jewish communities.

Referral Sources

Hospice of Michigan's primary sources for referrals are hospitals, physicians, long term care facilities, home care organizations, family and friends, adult foster care, assisted living facilities, alternative senior residences and other hospices.

Barriers / Gaps

Hospice staff cited certain barriers which somewhat hinder their ability to provide the full extent of their services to the community:

1. Patients enter Hospice "late", and sometimes only spend one to two weeks using Hospice services prior to their death. If patients were to enroll sooner, it

could save state funded dollars because they might avoid frequent emergency room visits and/or repeated hospital admissions

2. There is still a knowledge deficit in that the general public and health care providers do not fully understand what Hospice has to offer and how it is funded
3. Emotional barriers that are associated with end of life or terminal illness prevent patients from seeking Hospice services sooner
4. There is still a common perception that Hospice only provides services to cancer patients, when in reality, cancer patients make up less than 50% of individuals who receive Hospice services. Individuals with other terminal illnesses may not consider Hospice as a result of this misconception

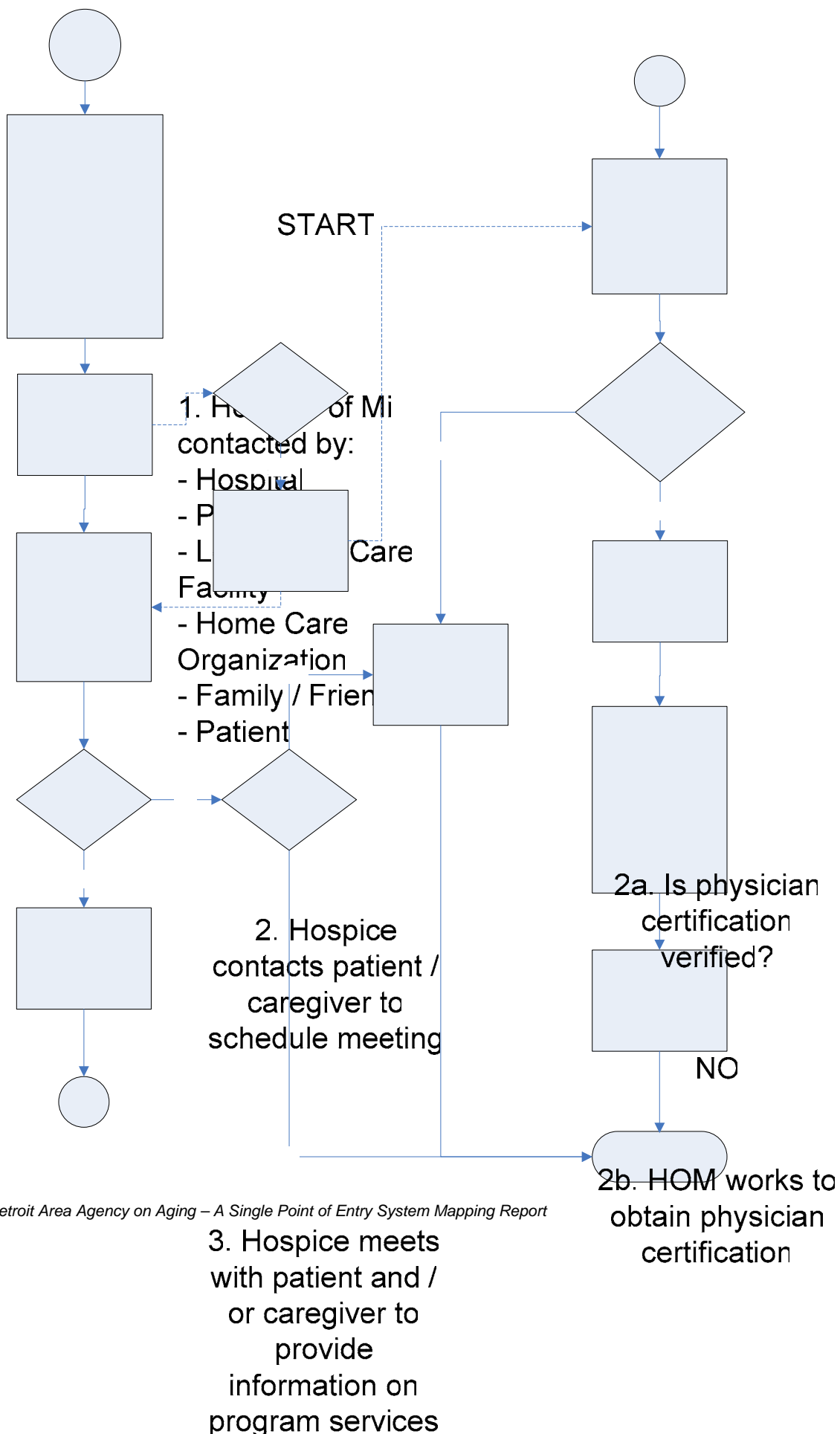
Conclusions / Recommendations

While standard guidelines and criteria exist that would assist patients, families, caregivers and healthcare providers in determining when Hospice services would be appropriate, hospitals, long term care facilities, physicians and families still struggle when to recommend or request Hospice services.

Consider creating more effective “triggers” and “funnels” to further educate and assist the patients, families and health care providers in knowing when is an appropriate time to initiate services.

Continue with education process to change the perception in the community that Hospice only serves patients with cancer.

Hospice of Michigan Intake Process Map



Program for All-Inclusive Care Summary

The Program for All-Inclusive Care for the Elderly (PACE) is an alternative to nursing home care for frail, elderly people. Located at the Center for Senior Independence (CSI), the goal of the PACE program is to help individuals remain independent in their own homes and communities and provide respite and assistance to family caregivers. PACE is a program of Henry Ford Health System, which provides comprehensive medical and support services. Based on individual needs, participants come to the center one or more days per week and receive medical, specialty and personal care. Recreational and therapeutic activities, meals and routine specialty care such as foot care, dentistry and hearing services are provided. Prescription drugs and home delivered meals are also available.

** Source: CSI/PACE Marketing and informational materials*

Size and Services

Center for Senior Independence (CSI) currently has one facility in southeast Michigan, serving qualifying residents of Detroit, Highland Park, Hamtramck, Redford, Harper Woods and the Grosse Pointes. Services include:

- Primary medical and Nursing Care
- Physical, occupational and speech therapies
- Social work services including individual and family counseling
- Recreational and cultural activities
- Hospital and nursing home care
- Pharmacy services
- Medical specialty care, such as dentistry, optometry, audiology, podiatry and cardiology
- In-home services (personal care and home chores)
- Transportation (as needed)

Marketing and Outreach Programs

PACE's marketing and outreach activities include establishing relationships with Henry Ford Health System discharge planners and marketing the CSI within the health system. The enrollment specialist does community related work with the AIM High and African American Male Health programs, and works to establish relationships with private practice physicians within and outside the Health System. At the time of the interview, enrollment in the PACE program was near capacity.

Referral Sources

PACE's primary sources for referrals are family members / caregivers, medical facilities, medical professionals (private practice), social services and nursing care facilities that are discharging a resident.

Barriers / Gaps

PACE / CSI indicates that their biggest challenge is the limited amount of available spaces in the program. Another barrier is the time constraint for Medicaid enrollment – in order to get payment from the State, enrollment must be the first two weeks of the month.

Additionally, enrollment into the PACE program is contingent upon a participant;

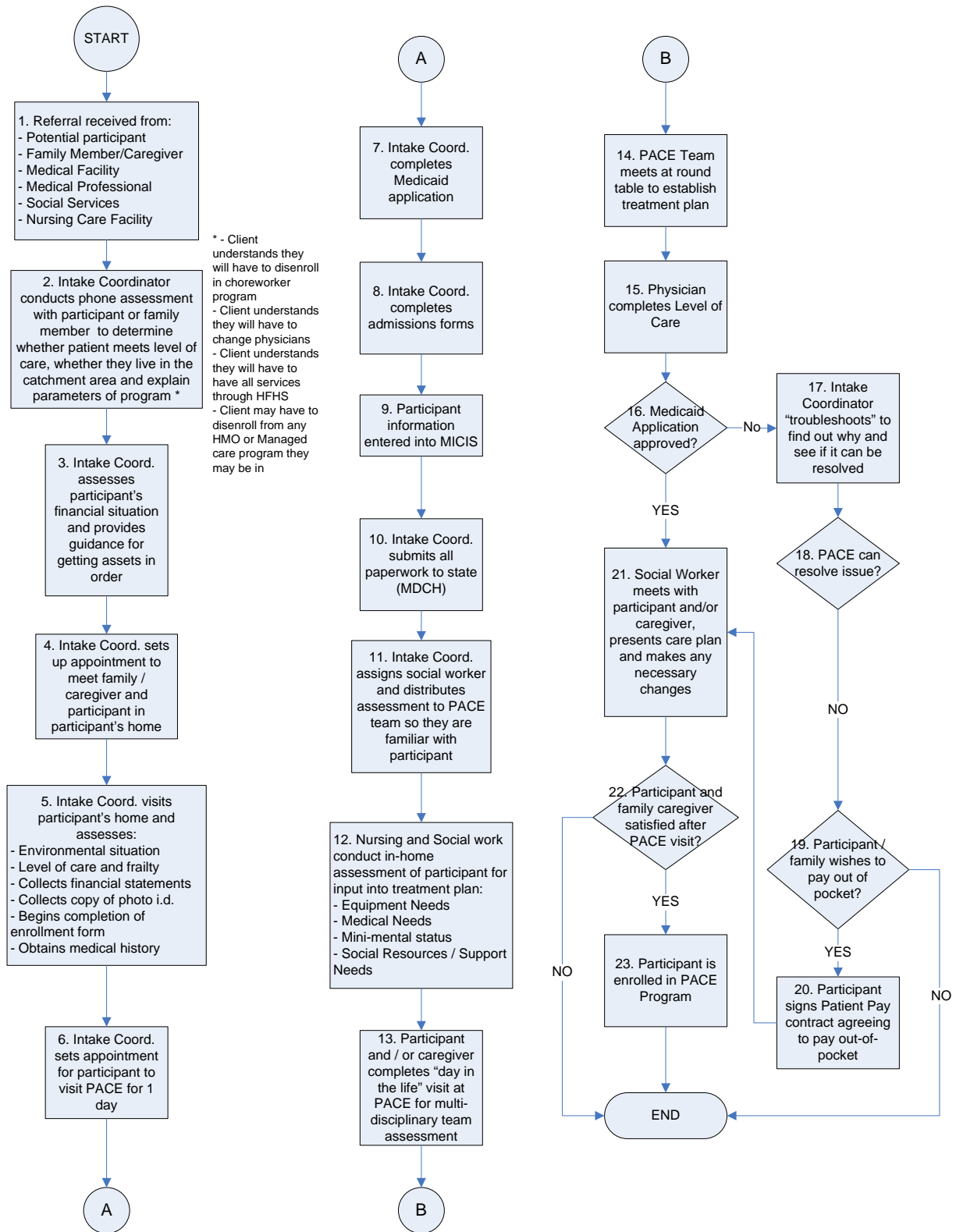
- Changing from their primary care physician to a CSI staff physician
- Dis-enrolling in a choreworker program
- Agreeing to receive all services (Pharmacy, dental, podiatry, etc.) through PACE
- Dis-enrolling in any HMO or other managed care program in which they currently participate

This commitment may discourage people from enrolling in the program because they do not want to give up current services.

Conclusions

PACE/CSI provides an attractive alternative to nursing home care for frail, elderly individuals who may otherwise need to be placed in a nursing care facility. The partnership approach between CSI, caregivers and participants promotes independence and quality of life.

Program for All-Inclusive Care for the Elderly (PACE) Intake Process Map



Department of Human Services
Independent Living Services, Adult Community Placement and Adult Medical Services Summary

The Department of Human Services (DHS) is Michigan's public assistance, child and family welfare agency. DHS directs the operations of public assistance and service programs through a network of over 100 county Department of Human Service offices around the state.

DHS - Adult Medical Services provides consumers with assistance in applying for Medicaid funding for nursing facility care or other long-term care settings.

DHS - Independent Living Services (Adult Home Help) offers a range of Medicaid and non-Medicaid services to individuals of any age who require consultation or assistance to maintain and maximize functional capacity within their own homes or other independent living arrangements.

DHS - Adult Community Placement provides assistance to individuals and families in locating and selecting licensed community care facilities for people who can no longer live independently. Licensed care settings include Adult Foster Care (AFC) facilities, Homes for the Aged (HA) and nursing care facilities. Program staff at DHS are also responsible for ensuring that a monthly personal care/supplemental payment is made to enrolled AFC and HA providers for all Medicaid eligible residents in those facilities.

** Source: www.michigan.gov*

Size and Services

DHS – Wayne County serves qualifying residents of Detroit, Taylor, Redford, Inkster, Highland Park and Hamtramck. General Services include:

- Information and referral
- Medicaid funding application assistance
- Protection (for adults in need of a guardian or conservator but who are not in immediate need of protective services intervention)
- Counseling
- Education
- Employment and Training
- Health-Related Services
- Money Management

Unskilled Medicaid related services and personal care services are available to customers who meet eligibility requirements. Home Help Services (HHS), which cover ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living) assist

functionally limited individuals to remain in their independent settings for as long as possible.

Marketing and Outreach Programs

Marketing and outreach activities include community outreach programs such as a presence at Senior Fairs and other events directed at the senior community. They also work with advocacy agencies such as CBC to provide a link to services when needed.

Referral Sources

DHS's primary sources for referrals are family members / caregivers, medical facilities, medical professionals (private practice), social services and nursing care facilities that are discharging a resident.

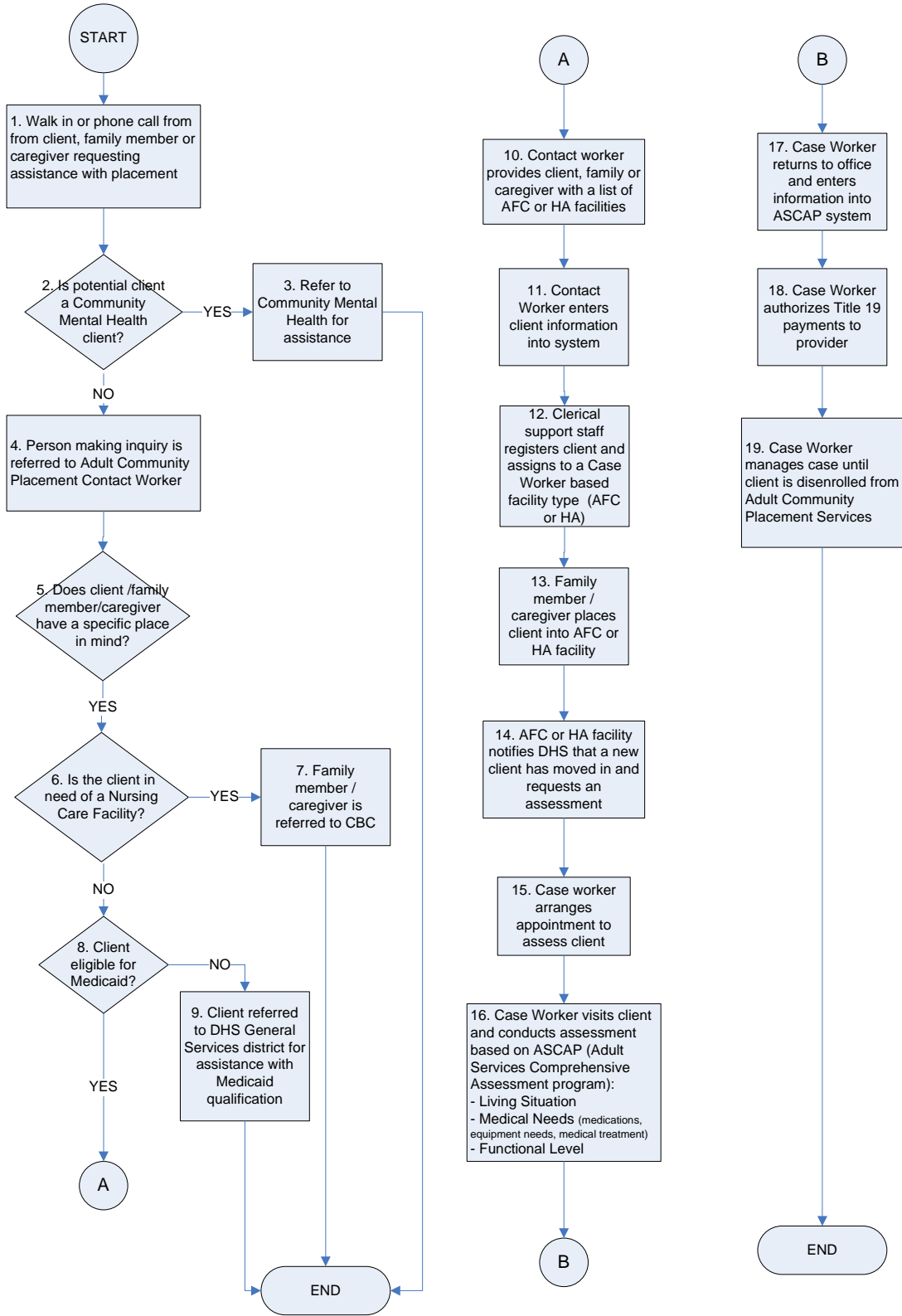
Barriers / Gaps

DHS indicates that their barriers include issues related to the Medicaid application and re-determination process. Consumers experience difficulties completing the Medicaid application, as well as with providing the necessary documentation to make an eligibility determination. This can lengthen the enrollment process into a DHS program (or any other care setting) to twelve months.

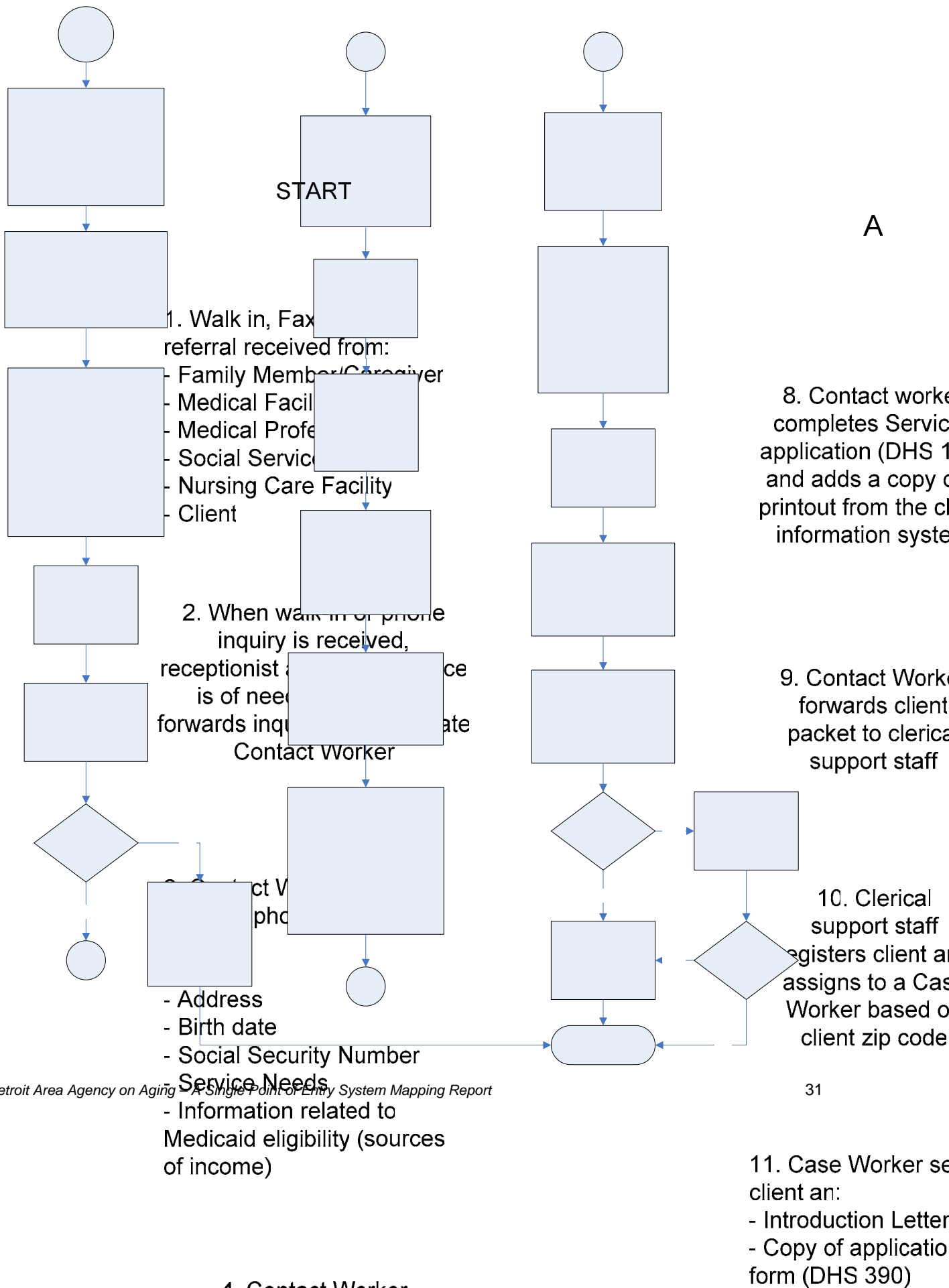
Clients must inform DHS of any change in care setting so that financial eligibility can be determined. Clients don't always follow through with this requirement, leaving it up to DHS and the new care setting to process for payment of services.

Some DHS programs (Adult Home Help) are becoming saturated with younger individuals (ages 25-35) who are in need of assistance due to health issues. Some of these health issues are resulting from poor lifestyle choices.

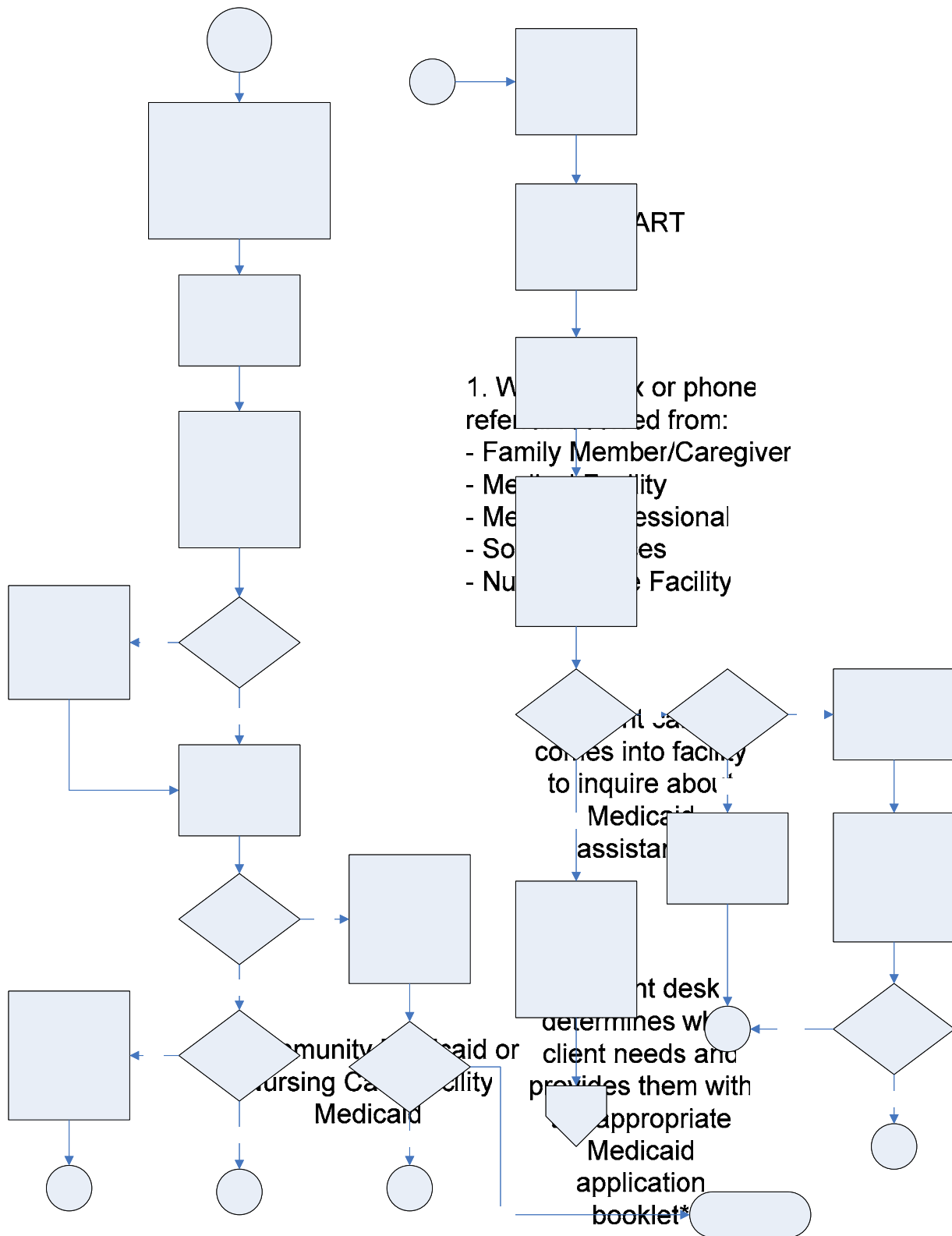
DHS Adult Community Placement Process Map (Adult Foster Care & Home for the Aged)



DHS Independent Living Services Intake Process Map (Adult Home Help)



DHS Adult Medical Services Process Map



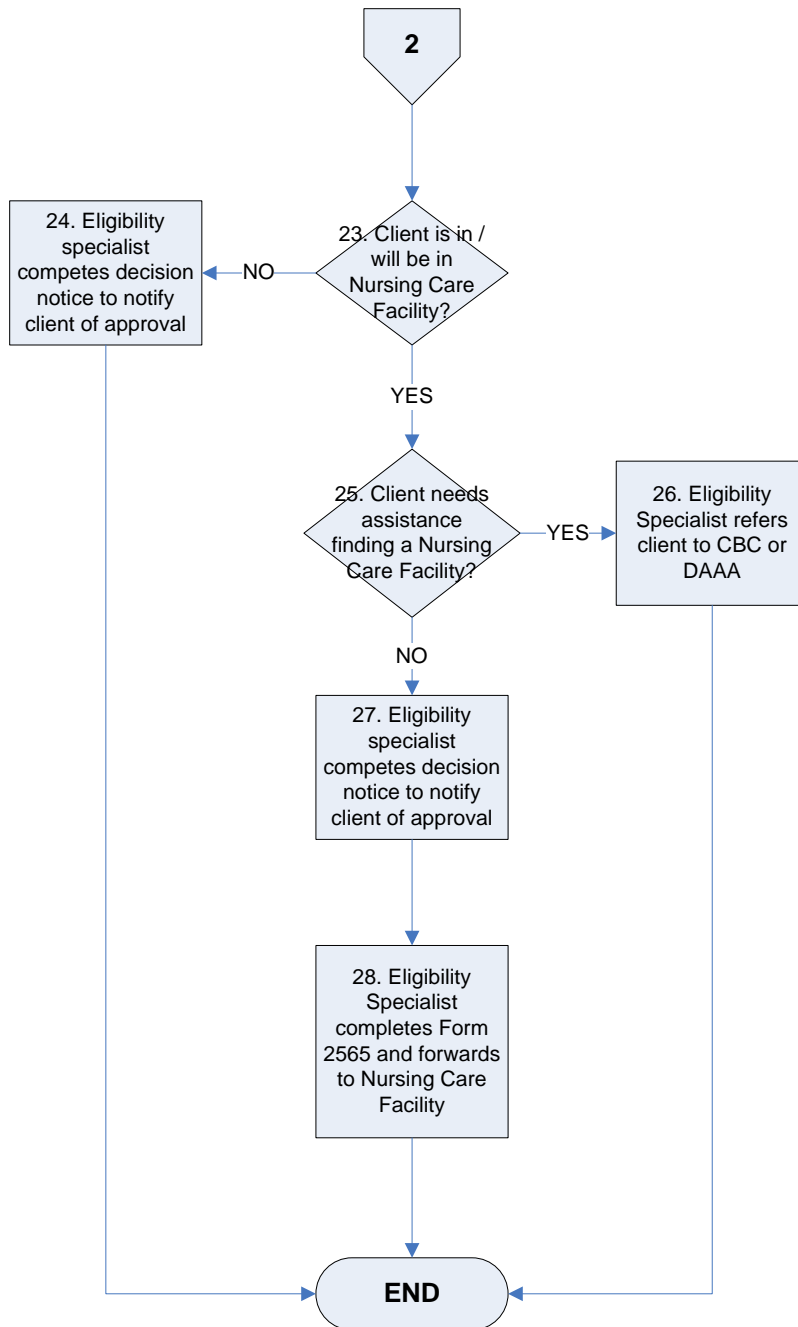
A

5. Client is referred to Registration Support Specialist who will assist with completing the application.

YES

4. Client needs help completing application?

DHS Adult Medical Services Process Map – Page 2



MI Choice Medicaid Waiver Summary

The MI Choice Medicaid Waiver program run by Michigan Medicaid began in 1992 as the Home and Community Based Services for the Elderly and Disabled (HCBS/ED) waiver program. Through this program, eligible adults who meet income and asset criteria can receive Medicaid-covered services like those provided by nursing homes, but can stay in their own home or another residential setting*.

* Source: www.Michigan.gov

Size and Services

The Waiver program is available to qualifying residents of Michigan, and is administered through 23 agents throughout the state. Services include:

- Homemaker services
- Respite Services
- Adult Day Care
- Environmental modifications
- Transportation
- Medical Supplies and equipment not covered under the Medicaid State plan
- Chore Services
- Personal emergency response systems
- Private Duty Nursing
- Counseling
- Home Delivered Meals
- Training in a variety of independent living skills
- Personal Care supervision
- Nursing facility transition services

Marketing and Outreach Programs

Marketing and outreach programs include (at present) education for the public and healthcare providers. The number for the Waiver program at DAAA is also located on many hospital and nursing home brochures. Additionally, CBC provides information about the Waiver program to citizens who may be in need of such services.

Referral Sources

Most of the referrals into the Waiver program come from hospital discharge planners, nursing care facilities, social workers and Citizens for Better Care.

Barriers / Gaps

The Detroit Area Agency on Aging indicates that the MI Choice Home and Community based Waiver Program has limited amounts of openings because funding does not match need. This results in waiting lists for services.

Wayne County experiences a delay in Medicaid eligibility determination due to staffing shortages and other factors at DHS. A delay occurs after 45 – 60 days

There are duplication of efforts with enrollment processes and procedures within the MI Choice Waiver program, because the participant screening tool is manually completed and then scanned into database – databases don't talk to each other).

Consumers also don't always return required information in a timely manner. This varies from 1 – 2 weeks to a month to return the required information.

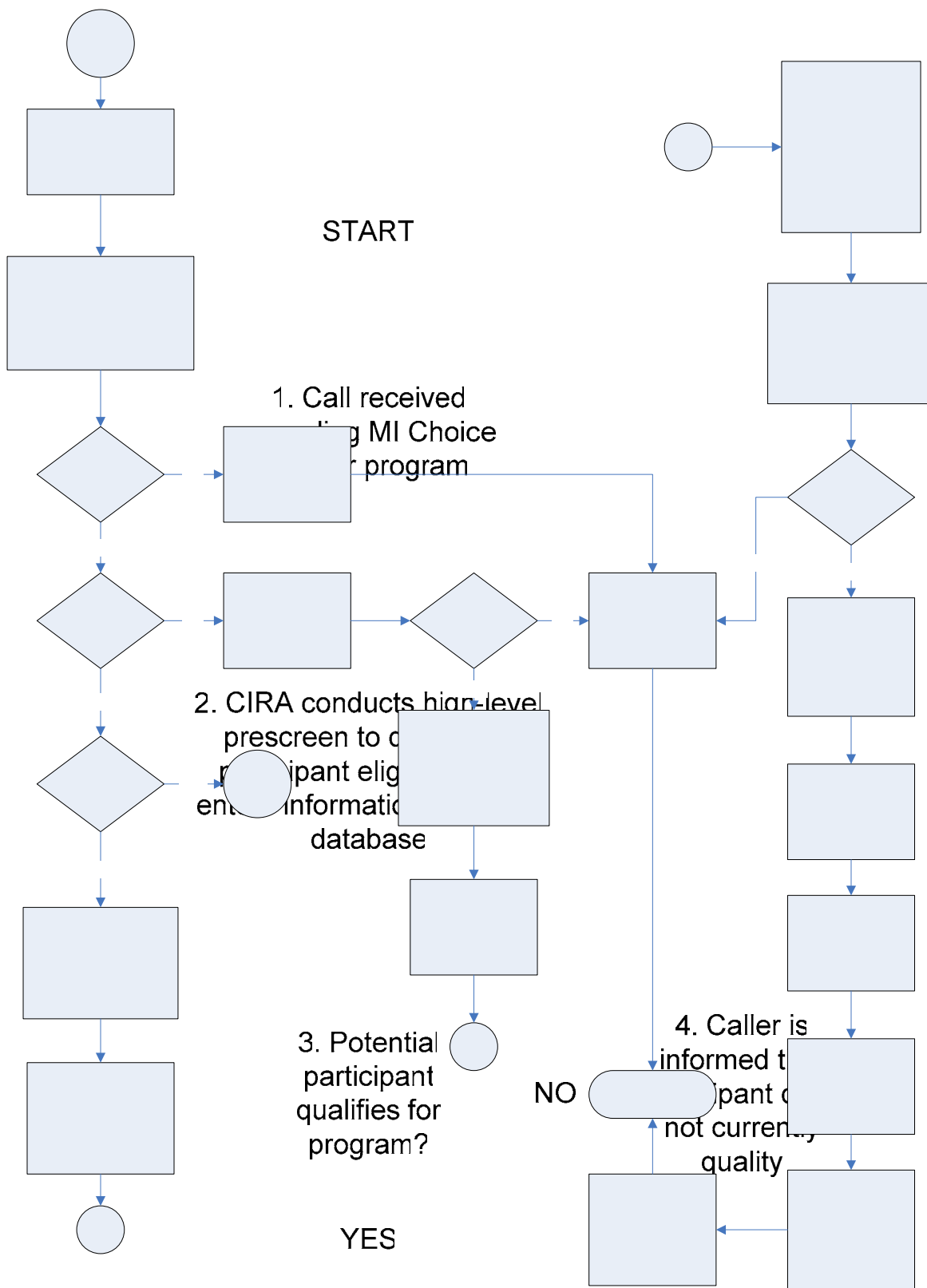
Participants must be re-determined for financial eligibility on an annual basis.

Participants must be nursing home eligible and meet the financial requirements to participate in the Waiver program.

Conclusions / Recommendations

MI Choice is a home and community-based care option for persons who are Medicaid Waiver eligible for their long-term care. It is less costly and preferred alternative to nursing home care that allows people to remain in their own home with the support they need.

MI Choice Medicaid Waiver Intake Process Map



5. Are there available spaces in the program?

NO

6. Caller is given choice to have participant placed on wait list

7. Caller chooses to have participant placed on wait list

YES

Citizens for Better Care Summary

Citizens for Better Care (CBC) is an independent, non-profit organization that provides information and advocacy to enhance the self-determination and well being of long-term care consumers in Michigan. CBC provides:

- Assistance in planning for the care of frail, elderly and disabled adults in long term care facilities
- Information about particular nursing homes, homes for the aged and other long term care programs
- Information about laws, rules and regulations that govern nursing homes and other long term care facilities and services
- Elder abuse prevention training to social workers, discharge planners, attorneys, nursing assistants and other health care and lay people who work in the field of long-term care
- Information to the general public through publications and a speakers bureau on topics related to long term care: choosing a nursing home, nursing home resident's rights, Medicaid and Medicare benefits for long term care and long term care insurance (*)

* Source: www.cbcmi.org

Size and Services

Citizens for Better Care has five offices in lower Michigan. Services include:

- Regional Ombudsmen services in nursing homes, adult foster care, homes for the aged and licensed "assisted" living
- Family council development
- Family support services
- Elder abuse prevention education
- State and federal legislative policy advocacy
- Training of long term care professionals
- Nursing Facility transition services

Marketing and Outreach Programs

CBC's marketing and outreach strategies include relationships with various hospital discharge planners in Wayne County and social workers in nursing care facilities where they have a continuous presence through staff and volunteers. Posters illustrating CBC mission and services are provided to hospitals as well as nursing care facilities. The CBC website is continuously updated with information and sources for consumer education.

Referral Sources

CBC's primary sources for referrals are the 211 (Human Services) Information line, word-of-mouth and social workers in hospitals and nursing care faculties. They will occasionally get calls from hospitals for assistance with patients who are difficult to place, or when a patient/resident has been "dumped" by a nursing care facility into the hospital.

Barriers / Gaps

CBC indicates that their biggest challenge lies with getting prompt regulatory support from the state of Michigan when a complaint is filed. From their perspective, the State does not always respond in the timeliest manner.

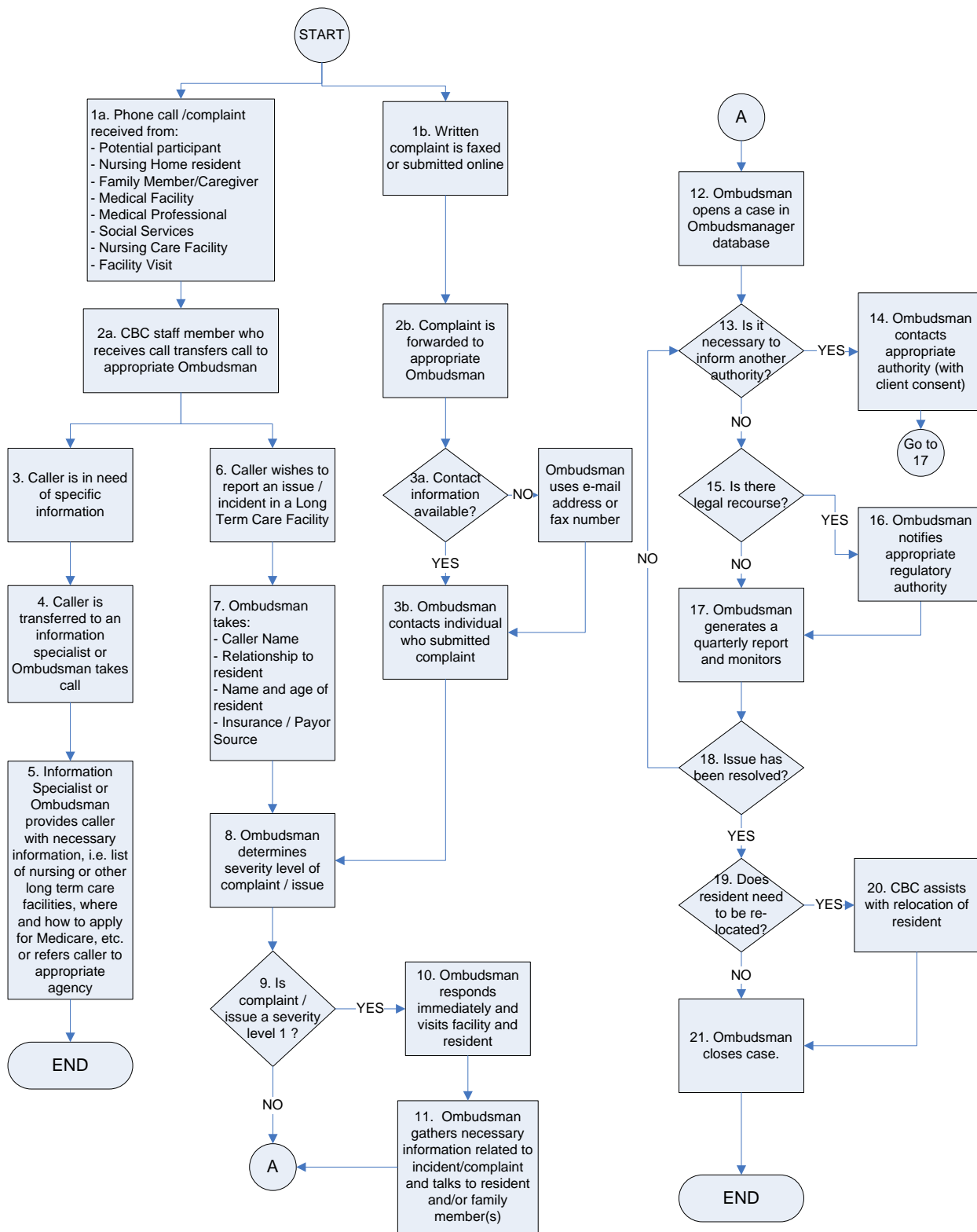
Yet another challenge lies with consumer "ignorance" relative to their rights – people do not understand the full extent of their rights and therefore may not alert CBC right away when issues arise.

Conclusions / Recommendations

The CBC Ombudsman program provides a necessary service to the elderly and persons with physical disabilities as well as their families. Ombudsmen give information, advise consumers on problem solving strategies, evaluate facility practices, support consumers at meetings and seek changes that accommodate the residents' needs and preferences.

CBC representatives questioned whether some of their services would be replaced by or be a duplication of the services provided by the SPE. During the pilot period, consideration should be given to evaluating whether the SPE and CBC should integrate services, or whether CBC will continue to serve as an objective and independent advocate for consumers.

Citizens for Better Care Process Map



DAAA SPE Focus Group Session Summary

To support the SPE data gathering initiative, a focus group session with consumers of various care setting programs was conducted at the Detroit Area on Aging. The purpose of the session was to gain an understanding of the experiences these consumers faced when entering a care setting – either for them or for/with a loved one.

There were four participants in the focus group session, and a fifth individual was interviewed the following day by phone. The group participants were asked a series of questions related to the length of time they have been participating in their care setting, how they found out about the care setting, the ease or difficulty they experienced when enrolling in the care setting, as well as questions related to whether they felt they were getting the necessary services once they were in the care setting, and their point of view related to a single source for information and assistance when investigating possibilities for care settings.

Participants

Five consumers from the following care settings provided feedback via the focus group conducted at DAAA:

1. PACE (Stepmother of PACE Client)
2. Adult Home Help (Daughter of Older Person)
3. Hospice of MI (Sister of Client)
4. MI Choice Waiver (Grandmother of Client)*
5. MI Choice Waiver (Client)

*Nursing Home Transition Client

The amount of time each had been involved in their program is as follows:

1. 3 days
2. 6 years
3. 2 years
4. 12 years
5. 5 years

Referral Sources

Three of the five (5) focus group participants were referred to their current program by a social worker. The Hospice participant was referred by her sister's physician and one Waiver participant found the Waiver program on her own, after years of moving through the system, unsuccessfully trying to find the right program for her grandmother.

All participants who had been referred by another individual (social worker, physician) were presented with options for care settings by the referral source, but it was up to them to research these care settings and determine the appropriate fit. In some cases, it was a challenge to know where to go to find information about a particular care setting. Usually they relied on a phone call directly to the care setting.

Once they gathered information, most of them made their decision based on the services offered by the program, as well as the treatment they received when contacting the care setting and the assistance they received from the care setting during the enrollment process.

Enrollment process

In almost all cases, the enrollment process into their care setting was relatively quick for all focus group participants – usually taking 1-2 months. Each focus group participant described the process as “very easy” or “easy”, and spoke very positively about the enrollment process for their care setting. The Hospice of Michigan participant was very pleased with her experience overall. She indicated that it was very easy and that the Hospice team helped her manage the process from enrollment until her sister’s death. Participants who were part of the Waiver program also indicated that, once they found the program, enrollment was very easy. The PACE participant was very pleased with the way that PACE handled the enrollment process, they took care of everything and made it less stressful for the participant and family because PACE was very clear about what was needed in order to complete the enrollment process.

No participant offered any suggestions for how to improve the enrollment process – other than they wished that they had found the care setting sooner.

Satisfaction with Services Provided

Most focus group participants were satisfied with the services provided by their care setting. The PACE participant indicated that it was somewhat early to know after three days of participating, but he indicated that he felt confident that PACE could offer the services that were needed.

One waiver participant and one Adult Home Help participant indicated that a challenge for them has been the quality of the caregivers provided – the waiver participant stated that he had “gone through” a couple of workers, but now has found someone who is “irreplaceable”. The adult Home Help participant has encountered more challenges with the quality of workers available to provide care for her daughter.

With the exception of the Adult Home Help client, all participants in the focus group agreed that they experiences far less stress once they or their loved one was enrolled in their current program.

SPE Feedback

All participants liked the idea of a single resource that could provide assistance with the long term care system, and all agreed that they would turn to this resource for assistance if it was available. When asked for suggestions for how SPE could effectively advertise and market their services, the following suggestions were provided from focus group participants:

- Provide In-service training at various hospitals
- Work with agencies and associations such as the Muscular Dystrophy Association and Citizens for Better Care.
- Radio spots
- Health News spots on local television channels
- Newspaper Advertisements
- Website information

Appendix A – Forms and documents collected from care setting interviews:

- Medicaid Application for Patient of Nursing Facility
- Department of Community Health 3877 Form
- Department of Community Health 3878 Form
- Department of Human Services – Assist Services Referral, Registration and Changes (FIA-133A) Form
- Department of Human Services – Adult Service Application (390) Form
- Department of Human Services – Medical Needs (DHS-54A) Form
- Department of Human Service – Reasonable Time Schedule for Complex Care Form
- Department of Human Services – Reasonable Time Schedule for Home Help Services Form
- Department of Human Services – Personal Care Services Provider Log (DHS-721) Form
- Department of Human Services – Home Help Services Statement of Employment (MSA 4676) Form
- Department of Human ASCAP (Adults Services Comprehensive Assessment Program) – Functional Assessment Definitions and Ranks – ADL
- Department of Human ASCAP (Adults Services Comprehensive Assessment Program) – Functional Assessment Definitions and Ranks – IADL
- Department of Human Services – Services Approval Notice (DHS-1210-A) Form
- Department of Human Services Facility Admission Notice 2565 Form
- PACE – Plan Enrollment Request
- PACE – Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines