



# The Consumer Connection

... linking consumers with health care news and information

## Michigan Consumer Health Care Coalition

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## Home Health Care in Michigan

*Home care services provide vital supports to our elderly and disabled population. Confusion often arises about what kinds of services are available and what types of agencies provide these services. There are two main types of home care agencies—each provides a different range of services.*

### Unskilled Services Provided by a Caregiver

The first type of home care agency provides in-home care by a non-medical caregiver on an hourly basis and provides unskilled caregiver services. Depending on the agency's array of services, the home care worker may provide basic self care and may also assist with housework, errands and transportation for doctor visits. The frequency of services is dependent on client need. Most private health insurance does not cover unskilled, private duty, home care services. These services may be paid for by the recipient of services or their families, they may be covered by long term care insurance policies, or if a person is Medicaid eligible, these types of services may be covered under the Home Help program if services are certified as necessary by a physician.

### Skilled Home Care

The second type of home care agency provides "skilled home care." These home care agencies must have a physician's order to provide services. Most clients of these agencies are age 65 and older although they generally provide services to anyone over age 18. Some agencies also provide pediatric services.

Clients can receive nursing care, social work services, home health aides and physical, occupational and speech therapy services. Additionally, some agencies provide nutritional and respiratory services. Home visits are provided on an intermittent basis, which means clients are usually seen one to three times per week with each visit averaging 45 minutes to an hour. Clients receive only the services ordered by their physicians. Since much skilled home care is

provided to persons over the age of 65 and is covered by Medicare, the bulk of the payments are from Medicare. Other payers include Medicaid, Blue Cross, and other private insurance providers.

Clients are most commonly referred to skilled home care services following a hospitalization, but referrals also come from nursing homes, assisted living facilities and physician offices. Clients must meet "homebound" criteria, which means their medical/mental statuses make traveling for outpatient services in another setting too taxing and counterproductive to their health.

Therapy services may also be provided in the home through Medicare's outpatient benefit. A client may have met goals in the home care setting and no longer meets the homebound criteria but cannot get to an outpatient clinic. For example, if the client has no transportation, he/she can receive in-home therapy services that can still be covered by Medicare.

### Economic and Public Policy Issues

Studies have shown that clients generally recover better in a home setting due to quality of life factors, such as feelings of control, familiar surroundings and routines, and access to family and friends.

We want to hear from you—  
suggestions for improvements and  
topics, questions, even encouragement!

Please contact us in care of Carol Barish, Consultant  
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Some of the economic and public policy issues affecting access to home health care include: staffing shortages in nursing and therapy due to the inability of home care agencies to pay salaries competitive with the hospital and physician facility settings; decreasing reimbursement levels from Medicare, Medicaid and other insurance through limits on lengths of hospital stays and other restrictions; and reductions in the benefits available through the Medicaid-funded Home Help program due to state funding constraints.

### Statewide Services

There are home health care agencies throughout the state of Michigan with the largest concentration in Southeast Michigan. In addition, the Michigan Quality Community Care Council was formed to help ensure that home care workers are available to those who need their services. With so many different home care arrangements, funding options, and coverage changes in both public and private programs, consumers must be vigilant in understanding and pursuing their benefits and access to quality home care services.

Suzanne Schultz, MS, OTR

### More Information

The following websites can be used to obtain home care information, directories and quality care ratings.

- ✓ Michigan Home Health Association (MHHA) website provides a comprehensive explanation of home care services. The website address is [www.mhha.org](http://www.mhha.org), click on Association Information, then Home Care Consumer Information.
- ✓ A provider listing is maintained by the Michigan Quality Community Care Council on their website at [www.mqccc.org](http://www.mqccc.org).
- ✓ A website directory of both skilled and unskilled home care agencies can be accessed at [www.carepathways.com/HC-state-MI.cfm](http://www.carepathways.com/HC-state-MI.cfm).
- ✓ More information on Home Health Agencies can be found at [http://michigan.gov/mdch/0,1607,7-132-27417\\_27655\\_31256---,00.html](http://michigan.gov/mdch/0,1607,7-132-27417_27655_31256---,00.html).

## The Health Care Happenings...

On Wednesday, August 15, Governor Granholm joined health care providers, business leaders, state and local officials, faith leaders, representatives of community-based agencies and statewide organizations at a press conference to discuss the importance of SCHIP reauthorization. Also at the press conference were beneficiaries of Michigan's program called MICHild.

On Wednesday, August 29, Congressman Dingell and members of the community will be discussing the state of America's health care system at town hall meetings in Taylor, MI and Monroe, MI.

For more information, contact (313) 791-2707.

## SCHIP Reauthorization Update

Both the houses of Congress recently completed work on the State Children's Health Insurance Program (SCHIP) reauthorization. Both bills are under threat of veto by the President. Following is a comparison of many of the provisions included in the House and Senate-passed plans. Conference Committee action is expected in September.

Reauthorization or continuation legislation must be completed by September 30, when the program is scheduled to expire. The full comparison of Senate and House-passed both, including the House-passed Medicare provisions is available on Families USA website: <http://www.familiesusa.org/assets/pdfs/chip-side-by-side.pdf>.

## State Children's Health Insurance Program (SCHIP) Reauthorization Update

	<b>SENATE: CHIP REAUTHORIZATION ACT OF 2007</b>	<b>HOUSE: CHILDREN'S HEALTH AND MEDICARE PROGRAM ACT</b>
<b>Total New Spending</b>	\$35 billion	\$86 billion
<b>Pay-For</b>	61-cent increase in federal tobacco tax (\$35 billion)	45-cent increase in federal tobacco tax (\$26 billion); phases out Medicare Advantage overpayments (\$50 billion)

### CHILDREN'S HEALTH INSURANCE PROGRAM PROVISIONS

<b>New Funding for CHIP</b>	\$35 billion	\$47 billion
<b>Children Covered</b>	4 million who would otherwise be uninsured	5 million who would otherwise be uninsured
<u>STATE ALLOCATIONS:</u>	2008 allotment follows special rules to hold states harmless until 2009. Bases allotments from 2009 onward on combo of previous and projected expenditures and number of low-income kids.	2008 allocation based on 2007 allocation increased according to health care cost increases and state population growth. Future years follow same patterns, with allocations "recalibrated" every two years.
<ul style="list-style-type: none"> <li><b>Length of time Allocations Available</b></li> </ul>	2 years. Any unspent funds go into the Incentive Pool	2 years. Unspent funds redistributed to states that need them, as in current law.
<ul style="list-style-type: none"> <li><b>Dealing with Shortfalls</b></li> </ul>	Sets up Contingency Fund, capped at 12.5% annual CHIP allotment, to shore up states with anticipated shortfalls. Pays out on a monthly basis.	States with shortfalls not caused by adult coverage or expansions after CHIP is reauthorized will get additional funding according to the state's average cost per child. Additional funding to come from unspent allotments, as in current law.
<u>ELIGIBILITY:</u>		
<ul style="list-style-type: none"> <li><b>Children</b></li> </ul>	Up to 300% FPL get enhanced match, states that already go >300% FPL retain enhanced match, new states going >300% FPL get Medicaid match for kids >300% FPL	Does not limit income eligibility limits for SCHIP. Includes a new option for states to extend Medicaid and CHIP coverage through age 21.
<ul style="list-style-type: none"> <li><b>Pregnant Women</b></li> </ul>	Allowed with state plan amendment, no waiver needed	Allowed with state plan amendment, no waiver needed
<ul style="list-style-type: none"> <li><b>Parents</b></li> </ul>	No new waivers. States with CHIP-funded parent coverage must pay for from "set-aside" CHIP pool starting in 2010. No enhanced match after 2010, but get higher than Medicaid match for parents if meet outreach and enrollment targets for kids.	No new waivers unless state can prove that it is attempting to reach all children under 200% FPL and that no children would be denied coverage in order to cover adults. Makes no changes to existing waivers.
<ul style="list-style-type: none"> <li><b>Childless Adults</b></li> </ul>	No new waivers. Currently enrolled childless adults transitioned from CHIP to Medicaid by FY2009.	Maintains current law prohibiting HHS from approving new waivers for childless adults. Allows current waivers to continue.

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• <b>ICHIA</b>	No provision	Included (Allows states to provide coverage to legal immigrant children and pregnant women who have been in the US less than five years.)
<b>Financial Incentives to Enroll Kids</b>	Has Incentive Pool that gives states a per-child bonus for all kids over enrollment baseline (baseline is defined in legislation).	States that adopt 5 of 7 enrollment best practices and meet enrollment goals receive a performance bonus. The bonus is for newly enrolled children in CHIP and Medicaid who are eligible, but not enrolled today.
<b>Other Outreach and Enrollment Policies</b>	\$100 million in grants to national (\$10m), Indian health (\$10m) and other state and local groups (\$80m) to improve outreach and enrollment	No comparable outreach funding, but encourages states to adopt culturally appropriate enrollment practices. Mandates 12-month continuous eligibility for children in CHIP with family incomes below 200% of poverty.
<b>Citizenship Documentation</b>	Now applies to CHIP as well. Allows state option to accept SSN and match with SSA to verify ID and citizenship. If no match confirmed, person has 90 days to produce documentation before denied coverage.	States may opt to return to pre-DRA rules for proving citizenship for children. Allows additional types of documents to serve as proof of citizenship for adults and for states that choose to continue DRA requirement for children.
<b>Express Lane Eligibility</b>	Included as a 3 year, 10-state demonstration project	Included as permanent state option
<b>Premium Assistance</b>	Allows PA for cost-effective coverage, requires benefits and cost-sharing wrap-around, allows for coverage of parents in some cases, allows states to obtain data on employers sponsored coverage from employers, requires employers to notify employees about availability of PA	No changes included. Bill prohibits future Health Savings Account demonstration projects
<b>Quality</b>	\$45 million; requires establishing and collecting data on core pediatric measures, developing electronic medical record for kids. Includes grants to address childhood obesity and lifts the 10% cap on expenditures for programs to relieve Type 2 Diabetes and childhood obesity. Also requires new reporting on access to dental care.	Requires establishing quality and performance measures; creates children's payment advisory committee for CHIP and children's Medicaid
<b>Benefits</b>	Grants to improve dental care, adds mental health parity to CHIP	Dental as a guaranteed benefit, mental health parity, states can cover family planning services without a waiver. Strengthens benchmark benefit package standards

Source: Families USA ([www.familiesusa.org](http://www.familiesusa.org)), full document available at website; dated August 10, 2007

## New Rule Restricts Use of SCHIP Funds

In a letter sent to state officials about 7:30 p.m. Friday, August 17, Dennis Smith, director of the Center for Medicaid and State Operations, clarified the conditions under which states could receive approval to expand SCHIP eligibility to children in families with incomes above 250 percent of the federal poverty level. The criteria will be extremely difficult, if not impossible, to meet. No state currently meets the specified criteria. While Michigan will not be directly impacted since Michigan's coverage under MICHild is limited to children in families with incomes below 200 percent of the poverty level, nation-wide this will reduce the number of covered children.

## The Department of Community Health (MDCH) recently announced the expansion of its prescription drug website, MI Prescription Drug Prices

The expanded website—found at [www.michigandrugprices.com](http://www.michigandrugprices.com)—provides information to consumers so they may search prescription drug prices by city or by zip code. Consumers can select the pharmacy closest to them, or look at pharmacy prices as far as 100 miles from their homes—within Michigan's borders.

Other new features on the web site include an A to Z listing of all 150 listed drugs, links to programs and companies that provide free prescription drugs, and addresses and telephone numbers that make contacting pharmacies easy for consumers.

The expanded site also includes a new feature that allows consumers to file complaints with MDCH when they believe drug pricing information is incorrect or price gouging may be occurring.

The web site also contains links to five commonly used discount programs for prescription drugs: the Michigan Prescription Drug Discount Card (MI-Rx), the national Together Rx Access Card, the Michigan Medicare/Medicaid Assistance Program (MMAP), RxAssist, and the Michigan Partnership for Prescription Assistance program.

Source: Michigan Department of Community Health website

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## THERE'S STILL TIME TO REGISTER FOR MPRO'S 2007 QUALITY EXPO

"Improving Transitions of Care," is the title of MPRO's 2007 QUALITY EXPO scheduled for September 11th and 12th, 2007, at the Radisson Plaza Hotel in Kalamazoo, MI.

This is the first year that MPRO has combined audience settings to include hospital, nursing home and home health.

Highlights of featured speakers include; Lucian Leape, MD, an internationally recognized leader of the patient safety movement; William Munier, MD, acting director, of the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality; and Susan Nezda, MD, Centers for Medicare & Medicaid Services, who will discuss "Value Based Purchasing."

Continuing education credits will be awarded. For complete registration information, visit online at [www.mpro.org/qualityexpo](http://www.mpro.org/qualityexpo).

### **Members of the Michigan Consumer Health Care Coalition:**

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Planned Parenthood Affiliates of Michigan ♦ Service Employees International Union ♦ Consumers-at-Large