



# The Consumer Connection

... linking consumers with health care news and information

## Single Point of Entry for Long-Term Care Services—Update

### Michigan's Long-Term Care Connections

One of the recommendations of the Medicaid Long-Term Care Task Force was the development of a Single Point of Entry system which would provide a single, coordinated system of information and access for all persons seeking long-term care services. To assist in developing such a system, Michigan applied for and was awarded a grant from the federal government. The Michigan Long-Term Care Connections are evolving from the task force recommendations, the federal grant, and legislation authorizing the demonstration projects.

The goal of each Long-Term Care Connection (LTCC) site is to be a highly visible and trusted source of information and assistance about long term care services, including the range of options, to assist Michigan residents with planning and access to needed services and supports, in accordance with their preferences. Consumer control and informed choice are primary outcomes that will be achieved through comprehensive information and assistance on publicly and privately-funded services.

Initial contacts with LTCC sites will be handled by trained staff who will provide information and/or referrals. Trained options counselors will be available to assess functional levels and to assist individuals through the person-centered planning process to set goals, make choices, and plan services recognizing their own individual strengths, needs and resources. The Long-Term Care Connection sites will serve as the sole agency within their respective regions to assess a Medicaid beneficiary's medical/functional eligibility for nursing facility or MIChoice waiver services. Access to services will be simplified and streamlined by directly linking consumers to organizations and/or resources that may be able to meet their needs. Services will be continuously improved through consumer feedback and evaluation.

### Services

Each Long-Term Care Connection project will:

- Provide comprehensive *Information and Assistance* services for a range of supports, services, and resources;
- Provide *Long Term Support Options Counseling and Ongoing Choice Support* to improve customer understanding of all long-term care supports that are available, including the impact of each alternative; facilitate information about transitions and options, as preference or conditions change and when desired, assist in the development of a transition plan;
- Conduct *Functional Eligibility Determination*;
- Coordinate or expedite Medicaid Financial Eligibility Determination;
- Offer *Benefits Counseling* to assist individuals with understanding and applying for public and private benefits; provide services during emergencies and individual crisis; and
- Facilitate *Person-Centered Planning Processes* with consumers.

The desired outcomes are: informed consumer choice, maintained quality of life, system responsiveness to consumer needs, coordinated delivery system, improved quality of services, and cost-effective services. The Long-Term Care Connections projects will develop partnerships and collaborative processes within the community to maximize coordination in the design and delivery of services, incorporating consumer direction and person-centered planning in all aspects of the system, and increase utilization of prevention programs and caregiver support services. It is critical that coordination occur with existing agencies and services to ensure that services provided by LTCC sites are not duplicated, causing frustration for clients and extra costs, and that no one falls through the cracks, resulting in no services.

Initial information and referral services will be free of charge to everyone. Additional services will be available without cost to Medicaid-eligible individuals. A fee structure is expected to be developed for services provided to those who are not Medicaid eligible.

To insure the projects are responsive and effective, there will be evaluations that involve the consumers, to determine that they are receiving the services they need and want and are comfortable with their choices. In addition, the providers will be evaluated for coordination, and the effectiveness and cost-effectiveness of the services. The system will also be evaluated to make sure it is working as designed and is modified and adapted as needed to meet consumer needs and preferences.

Four Long-Term Care Connections pilot projects are currently underway. The locations and counties served are as follows:

- Detroit—Detroit Area Agency on the Aging, will serve residents of Detroit, Hamtramck, Harper Woods, Highland Park and the Grosse Pointe area, and later expand to all of Wayne county;
- Southwest Michigan—Region IV Area Agency on Aging, will serve residents of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties;
- Western Michigan—HHS Health Options, AAA of Western Michigan and Senior Resources, will serve residents of Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa counties; and
- Upper Peninsula—U.P. Commission for Area Progress, will serve residents of Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties.

Oversight of the projects is provided by the Department of Community Health, Office of Long-Term Care Supports and Services in consultation with the Long-Term Care Supports and Services Advisory Commission.

Additional information and detail can be obtained by calling 1-866-642-4582.

Sources: Michigan State Government Long-Term Care website, Michigan Department of Community Health website, MSA Policy Bulletin 07-45.

## Who to Call, Where to Begin?

Imagine people knowing the number to call for housing foreclosure assistance as well as they know 911 for emergency assistance.

It's possible with 2-1-1—the health and human services equivalent of 911. And the good news is that 2-1-1 is available for most Michigan residents; it is currently active in Calhoun, Clinton, Eaton, Ingham, Kalamazoo, Kent, Jackson, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, Washtenaw and Wayne Counties and across the Upper Peninsula—serving more than 70 percent of the population.

Extensively trained and certified specialists staff 2-1-1 Call Centers which are also nationally certified. Calls are free to the user and are answered 24 hours a day, seven days a week by professional Information and Referral specialists. A translation service is available for non-English speaking callers.

Spearheaded by United Way, Michigan's 2-1-1 databases maintain information on over 22,000 public, non-profit and faith-based health and human service programs. 2-1-1 provides callers with information for everyday needs and in times of crisis. Through it, callers gain access to the following types of services:

- Financial Stability Assistance: Earned Income Tax Credit information, credit repair/debt reduction assistance, asset protection and foreclosure assistance.
- Basic Human Needs Resources: cash and food assistance, food banks, clothing, shelters, rent assistance, utility assistance.
- Physical and Mental Health Resources: medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention, rehabilitation, health insurance programs, Medicaid and Medicare, maternal health, children's health insurance programs.
- Employment Support: job training, unemployment benefits, transportation assistance, education programs.
- Support for Older Americans and Persons with Disabilities: home health care, adult day care, congregate meals, Meals on Wheels, respite care, transportation, and homemaker services.
- Support for Children, Youth and Families: quality childcare, Success by 6,

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

Please contact us in care of Carol  
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after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services.

- Volunteer opportunities and donations.

As the number of organizations providing specialized services is on the rise, people find it frustrating and confusing to access community services. 2-1-1 provides a one-stop service for vital information. It provides a coordinated solution to the current costly and duplicative marketing efforts, 1-800 numbers, and databases for health and human services. 2-1-1 creates access for people in need to connect with the help they need before their problems escalate.

The development of 2-1-1's comprehensive database requires cooperation among the nonprofit agencies, state and local government agencies, and other community leaders. The process itself enhances existing partnerships, builds new bridges and moves the community from a silo approach to a community approach.

Use of 2-1-1 by two of Single Point of Entry Long-Term Care Connection (LTCC) pilots exemplifies the benefit of such partnership. In southeast Michigan, 2-1-1 serves as the front door for the Detroit Area Agency on Aging Long Term Care Connection pilot, providing an easy number for the public. 2-1-1 Information and Referral specialists receive the initial call, assess the level of elderly care needed, initiate a ServicePoint client tracking record, and connect the consumer to an Options Counselor with the Long Term Care Connection. For the Upper Peninsula Long Term Care Connection pilot, 2-1-1 and the LTCC pilot are a blended service through the U.P. Commission for Area Progress.

A statewide 2-1-1 Business Plan charts the course for universal coverage. For information about helping to bring 2-1-1 to your community contact 2-1-1 Director, Sherry Miller at the Michigan Association of United Ways (517) 371-2360 ext. 14 [smiller@uwmich.org](mailto:smiller@uwmich.org)

Nancy Lindman, Director, Public Policy & Partnerships  
Michigan Association of United Ways

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

Late in September, the U.S. House and Senate passed a compromise bill reauthorizing SCHIP. While the Senate passed the bill by a veto-proof margin, the House did not. The President vetoed the bill on October 3, and the House was unable to override the veto. A revised compromise bill was presented on October 24. The new compromise bill was intended to address the concerns of those who had voted against the initial compromise bill or the veto override. That bill passed the House on October 25, but not by a veto-proof margin, however. The U.S. Senate passed the revised bill on November 1st, but the President has again indicated he would veto this bill. Senate negotiators are scheduled to meet with House Republicans the week of November 5 to continue working on a compromise that could garner a veto-proof majority in the House. The current Continuing Resolution providing funding for SCHIP expires November 16.

## FY2008 State Budget Update:

With the passage of the Michigan Business Tax, an increase in the income tax rate, and extension of the use tax to selected services, Michigan residents have been spared massive cuts to the Medicaid program. Legislators who voted for the revenue increases demonstrated great concern for Michigan's safety net and future. Without passage of these increased revenues, Legislators would have been forced to make hundreds of millions of dollars of cuts to the Medicaid program jeopardizing both the health of 1 in 7 Michigan residents who rely on Medicaid for their health care coverage, and the state's economy where not only is health care the largest employer, but for every state dollar spent on Medicaid, the federal government provides \$1.39. In spite of the increased revenue, reductions in the FY2008 Department of Community Health budget were still required. While the magnitude of the target reduction (\$52.5 million general fund) is far less than it would have been absent the increased revenue, program cuts have negative impacts on both the recipients and the providers.

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### *From the Consumers Perspective...*

It appears that the arrogance of many of our Congressional representatives knows no bounds. They voted against the health care for children bill and continue to provide unlimited support to the policies—wise or not, publicly supported or not—of our president.

All I can assume is that they are sure the voters do not know about the excellent coverage they have as reported by Don Sloan, M.D. in Caveat Press (“The Best Health Care Is Reserved for Congress,” July 11, 2007). U.S. Congressmen have tax-supported, unlimited health care coverage for themselves and their families for the \$35 a month withheld from their \$158,000 annual salaries.

They pay no deductibles and no copays for the full range of medical services—unlimited doctor visits, all accidents, physical therapy, lab work, x-rays, unlimited

hospital visits and stays, certain chronic care and rehab, full prescription coverage and unlimited specialty consultations.

They can look forward to a full pension and continued health care coverage until they die. And it doesn’t matter how high their income is in their retirement. It is not “means-tested” as is the SCHIP medical care coverage for the children of struggling families.

It shows profound disrespect for the electorate when Congressmen talk about some families with “too much income” getting tax-supported health care for their kids, given the lack of means testing of the tax-supported benefits they will receive as long as they live.

Beverley McDonald, Chairperson  
Michigan Consumer Health Care Coalition

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

American Association of University Women in Michigan ♦ Citizens for Better Care  
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