

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

The following draft proposed milestones are keyed to each of the 13 Michigan's Long Term Care Vision and Values Statement principles.

They represent tangible milestones for the 3-5 year implementation of the Vision and Values Statement principles. They are intended as a starting point for the consideration of the Long Term Care Task Force.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 1. Vision Statement: Respects, supports, encourages, and promotes individual self-determination and family / community empowerment and involvement. This is demonstrated through culturally competent services, person-centered planning, individual choice of care settings, and through maximizing individual control over service provision and resource utilization.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
1A	Institute person-centered planning (PCP) processes including culturally competency, and practices into all LTC care management planning as a matter of state policy and practice.	12/2005 6/2006	<ol style="list-style-type: none"> 1. Develop a workgroup of consumers and professionals to review practices, methods and design PCP protocols and a plan for implementation into the MI Choice Waiver system. 2. Develop training approaches to be used to introduce PCP into the MI Choice Waiver system. 3. Institute pilot projects with (self-selecting) MI Choice Waiver agents to implement and refine practice guidelines and protocols. 4. Induce expansion of PCP practice guideline use to all other MI Choice Waiver agents, and develop contractual requirements and other LTC venues. 5. Develop a state-level policy formulation work group to monitor implementation, propose expansion objectives into other LTC venues, and draft a state policy for person-centered planning in LTC. 6. Expand PCP model into all LTC venues and refine/tailor approaches to the full range of entry points and care settings.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

1B	Development of practices and a Statewide policy and protocols for assuring that arrangements supportive of consumer self-determination are developed and expanded in the community LTC system, as it evolves toward single entry.		<ol style="list-style-type: none"> 1. Use practice experiences to create a strategy to introduce consumer-directed options into the MI Choice Waiver as a starting point for self-determination. <ol style="list-style-type: none"> a. Examine Waiver and propose changes to covered services, and provider qualifications so that consumer-directed methods may be permitted. b. Using CMS's Independence Plus Waiver template and minimum design requirements, determine a plan for submitting an Independence Plus 1915(c) Waiver amendment/application. 2. Initiate pilot efforts within the MI Choice waiver Agent system to sponsor efforts to establish arrangements that support consumer self-determination. <ol style="list-style-type: none"> a. Use consumer advocate and provider steering work group b. Interface efforts with PCP design and implementation planning c. Use grant funds (RWJ Foundation) to underwrite infrastructure needs to pursue consumer-directed arrangements. 3. Develop protocols and practice guidelines from pilot experiences. 4. Pursue development of an overall policy for the MI Choice Waiver. 5. Develop a similar introductory and ongoing supportive approach within all single entry and managed LTC pilots. 6. Arrive at a state policy and required technical guidance materials to institute consumer-directed options that support self-determination in all community-based LTC.
-----------	---	--	--

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 2. Vision Statement: Creates an efficient and dynamic continuum of long term care including in-home services, assisted living of various kinds, care management services, respite care services, nursing home care, hospice care, primary care, chronic care management, and acute hospital care services.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
--	----------	-------------	---

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

2A	Development of an integrated long-term care system with centralized case management and outcome measurement.	10/2004	<p>Develop incremental, transformational plans to address the short term needs of the current system and the long term needs for an appropriate LTC system.</p> <p>1. Establish a proposed model for LTC in Michigan. Brainstorm around the following issues:</p> <ul style="list-style-type: none"> ▪ Pilots vs. statewideness ▪ Waiver types; system types ▪ Reimbursement mechanisms ▪ Carve out vs. full continuum of service management ▪ Type of agency and organizational requirements ▪ Incremental approaches vs. rapid system development
	1/2005	<p>2. Complete analysis to determine interim changes necessary to improve service delivery and outcomes in existing system. Develop incremental short term improvement plan for the home and community based services waiver.</p>	
	3/2005	<p>3. Develop a plan for system wide change that has as its end point a global integrated system that will assure sufficient support of consumers in a broad range of long term care settings, driven by cost efficiency and consumer choice.</p>	
	7/2005	<p>4. In partnership with the Detroit Wayne County Health Authority, study the feasibility of adding long-term care to core services plans for preventive, primary, diagnostic, specialty, pharmaceuticals, and acute services. This might include development of capacity to conduct enrollment, verification, and tracking for Medicaid and uninsured LTC clients.</p>	
	10/2005	<p>5. Develop a quality management system that is based upon CMS standards for Quality management and continuous quality improvement, including delineation of sentinel events, critical indicators, and consumer/family-based care feedback processes, as well as typical medical monitoring.</p>	
	10/2006	<p>6. Develop measures of person-centeredness that identify true performance and person-centered outcomes.</p>	
	10/2007	<p>7. Develop practice guidelines for all programs that identify a best practice quality assurance process and ongoing evaluation for improvement opportunities, without unduly restricting the development of new and/or highly individualized models that are cost-effective.</p>	

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

2B	Establish a strong disease management and/or chronic care management component within the HCBS waiver (short term) and integrated models (long term).	3/2005	<ol style="list-style-type: none"> 1. Amend the existing HCBS waiver to include a disease management and/or chronic care management component. <ul style="list-style-type: none"> ▪ Develop a clinical review team that includes internal and external stakeholders to identify innovative care planning and education practices that reduce acute care episodes and improve care outcomes. ▪ Develop nursing practice protocols and standards for care that include person-centered, consumer-directed practices; develop and disseminate training modules, initiate ongoing educational requirements. ▪ Develop practice protocols for redesigning interdisciplinary team approaches that incorporate the principles and practices of person-centered planning; develop and disseminate training modules.
		10/2005	<ol style="list-style-type: none"> 2. Deploy practice protocols across the full spectrum of long term care programs and settings.
		7/2005	<ol style="list-style-type: none"> 3. Consider modifying the existing nursing facility minimum data set and the home health OASIS data systems to provide a basis for real-time health status monitoring of long term care clients in Michigan.
2C	Integrate the “money follows the person” philosophy into current and proposed systems.	12/2005	<p>Identify the services within the continuum of care, calculate the per member, per month capitation amount of covered services, develop the payment and reporting mechanisms necessary to flow the money to the “Volunteer / Demonstration” site(s) beginning in FY 2005.</p> <ol style="list-style-type: none"> 1. Use the CMS-funded Money Follows The Person Rebalancing Initiative to conduct pilot single-entry managed care models, and evaluate. 2. Determine and seek necessary Federal Medicaid waivers to allow prepaid capitated models that can incorporate State plan LTC services, 1915(c) Services and 1915(b-3) alternatives to State Plan services within a capitated single-entry model.
		5/2006	<ol style="list-style-type: none"> 3. Attach the managed care pilots to single-entry points similar to “Aging & Disability Resource Centers.”

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 3. Vision Statement: Provides accessible, regionally and locally decided single points of information, assessment, care planning and entry into the system for those seeking long term care services ensuring that each individual is supported to make full informed decisions about his/her services with the participation of chosen family and friends.**

	Approach	Target Date	Milestone / Goal(s) / Objective(s) - What we hope to Achieve and Major Approaches Recommended for Achievement
3A	Develop a phased-in approach to creating a statewide system of single points of entry for long term care resources and issues.	7/2004	<p>A. Approve DCH LTC initiative that:</p> <ol style="list-style-type: none"> 1. Authorizes the department to move towards a single point of entry for the long term care system for all state supported or administered long term care services by beginning a series of implementation pilots. 2. Defines a single point of entry as an entry point agency within a local area or region that at a minimum can provide care information, screening and referral, case management, and authorization for services. 3. Provides that single point of entry will be local agencies endorsed by county commissions based on criteria set by the DCH no later than October 1, 2004. 4. Implementation shall be phased in utilizing volunteer regions during the first year with no fewer than three pilots regions during FY 2005. 5. The pilots regions must agree with the department to cooperate in the development of quality assurance measures, client assessment measures, and agency performance plans. 6. Authorizes the department to utilize up to \$1,000,000 to support the pilots from the long term care line item during FY 2005. 7. Requires the department to report to the Governor and the Legislature on the success of these pilots not later than January 2006.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

		7/2005	<p>B. Approve DCH LTC initiative that:</p> <ol style="list-style-type: none"> 1. Authorizes – based on the successful experience of the original pilot regions - a Phase One expansion of the single point of entry serving up to one half of the Michigan’s long term care population in voluntary regions by October 2006. 2. Allows the utilization of sufficient funds from the LTC appropriation line to support the Phase One single point of entry agencies provided that the department shall demonstrate that a single point of entry agency saves an amount equal to their overall expenditures as a result of more appropriate placement (overall cost neutrality). 3. Allows the department to integrate HMBW case management services into the single point of entry for all pilot regions by October 2006. 4. Permits the single point of entry pilots to provide services to private clients. 5. Requires the department to report to the Governor and the Legislature on the success of the Phase One implementation not later than January 2007.
		7/2007	<p>C. Pass Legislation requiring that:</p> <ol style="list-style-type: none"> 1. Requires – based on the successful experience of the Phase One implementation - a statewide implementation of a single point of entry no later than October 2008.
3B	Web-based financial eligibility determination.	10/2004	<ol style="list-style-type: none"> 1. Develop Michigan vision for web-based financial eligibility determination.
		1/2005	<ol style="list-style-type: none"> 2. Research availability of web-based applications that streamline the financial eligibility determination process for all users (consumers, FIA, other stakeholders). Consider expansion of MA application technology developed for Michigan's USDA-funded MI CAFÉ food stamp outreach/ application assistance pilot project.
		10/2005	<ol style="list-style-type: none"> 3. Implement statewide on an incremental basis within single points of entry.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 4. Vision Statement: Uses consumer-centered processes and tools to assess and match the individual's needs and desires across a continuum of LTC services based on demonstrated need, effective individualized management and care planning.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
4A	Institute a discreet set of functional/medical eligibility criteria for use in all current NF level of care settings.	6/2004	1. Develop functional/medical eligibility criteria to determine individual need for nursing home level of care. Seek CMS approval for statewide implementation concurrent with public review and comment. Promulgate policy.
		10/2004	2. Statewide implementation of NH level of care functional/medical criteria to determine eligibility for placement in a nursing facility, HCBS waiver and PACE.
4B	Develop baseline functional/medical eligibility criteria for the full spectrum of publicly funded long term care programs.	10/2005	1. Expand functional/medical eligibility criteria to incorporate the Home Help program and Home Health services in a standardized framework. Ensure expanded criteria allows for movement from programs and settings based on individual needs and desires.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

4C	Develop a multi-tiered assessment that mirrors the single point of entry system.	6/2005	<p>Develop an assessment system and process that:</p> <ol style="list-style-type: none"> 1. Includes a standardized minimum intake screen that appropriately predicts need for the full spectrum of publicly funded long term care programs and efficiently identifies areas for further evaluation. 2. Implements specific evidence-based assessment protocols when triggered by the minimum intake screen. 3. Incorporates person-centered planning as the starting point for assessment and goal development. 4. Includes a specific and discrete process step for consumer discussion of risk and recommendations that results in informed consumer decision-making and consumer directed care plan development. 5. Includes a discussion of potential prevention interventions based on health conditions and stage of life. 6. Focuses on overall care planning as well as service planning. 7. Includes a process to document person-centered goals and outcomes within the electronic database. 8. Includes measurement components that gauge quality of life, progress towards outcomes and consumer/family choice, values, and control over service options. 9. Includes a comprehensive caregiver assessment when indicated. 10. Utilizes an electronic database that serves as a base for information, documents assessment and care planning history, and follows the individual through the full spectrum of long term care programs. 11. Utilizes an electronic system to determine the minimum outcome and assessment data; providing flexibility in additional risk assessments and health condition evaluation as appropriate for a given individual. 12. Includes a streamlined assessment process that documents a structured, routine update of triggered issues in timeframes as identified in care planning, and requires only overall base reassessments annually or when prompted by significant change of condition.
----	--	--------	--

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

5. Vision Statement: Promotes efficient and appropriate movement across the continuum of LTC services by developing innovative financial policies that allow resources to follow the individual.

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
5A	Resource allowance based on an objective case mix system of capitation.		Modify Medicaid LTC reimbursement mechanisms to support people in setting of choice or need. 1. Ensure that waiver agent reimbursement levels account for aggregate average patient acuity by waiver agent. 2. Ensure that nursing facility reimbursement levels account for aggregate average patient acuity by nursing facility. 3. Allow LTC money to be reallocated among the LTC settings based on changes in relative percentages of the overall LTC census. 4. Promote private sector options that facilitate money following the person.
		10/2004	1. Increase the MIChoice Waiver per diem cap to adjust for slowly increasing acuity. Measure by correlating aggregate per diem payment increases to average increase in patient acuity.
		10/2005	2. Implement case mix reimbursement system for HCBS Waiver. Measure by correlating aggregate per diem payment increases to average increase in patient acuity.
		10/2006	3. Implement case mix reimbursement system for nursing facilities. Measure by correlating aggregate per diem payment increases to average increase in patient acuity.
		10/2004	4. Change in DCH LTC budget administration process. Strive for a closer correlation between total Medicaid expenditures in a particular LTC setting and the percentage of Medicaid LTC clients in that LTC setting assuming such correlation also adequately accounts for acuity and other relevant differences among the settings.
		10/2005	5. Explore the possibility of additional PACE programs.
	6. Explore the possibility of managed care programs for LTC.		

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

5B	Setting of care is consumer choice.		Current LTC patient decision points are modified to promote consumer choice by improved discharge planning being integrated into the staff skill base and expectations for nursing facilities.
		1/2005	1. Training for facility social workers and nursing staff. Establish a goal of 85% of applicable facility staff holding the requisite skill set.
		1/2006	2. Monitor for appropriate discharge planning in annual survey & certification process for facilities. Establish a standard that 100% of annual facility surveys and certifications document compliance on this item.
			3. Community-based and facility LTC options are increased by incorporating the use of assisted living facilities in the LTC Medicaid continuum.
		10/2004	4. Ensure that assisted living facilities achieve appropriate licensure status. Make changes to governing legislation and regulation as needed.
		10/2004	5. Ensure Medicaid funding for assisted living facilities for appropriate cases. Amend the MIChoice Waiver to accommodate clients in assisted living.
			6. Ensure adequacy of transition services and supports by establishing nursing facility transition services and supports as a Medicaid benefit.
		10/2004	7. Amend MIChoice Waiver to include as covered services (a) NF transition care management and (b) NF facility transition supports (one-time costs).
	10/2004	8. Include NF transition services and supports in new waiver applications and pilot site contracts. Incorporate appropriate clauses in all waiver agent and other applicable documents and contracts.	

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

5C	Process that adequately informs the consumer of risks and options.		Consumers have easy access to accurate information at critical decision points and high levels of consumer satisfaction by ensuring: 1. Informed choice; 2. A person-centered planning process.
		10/2004	1. Insure that beneficiaries have information to make an informed choice about services and settings at the point of entry and throughout. Promulgate necessary policy and complete training of point of entry staff.
		6/2005	2. Establish PCP (person-centered planning) as the standard of practice for care planning in all LTC programs beginning at the Single Point of Entry. Develop PCP guidelines for all LTC programs and train care managers in all LTC programs.
		6/2005	3. Consumer satisfaction with nursing facility setting and choice of facility. Measure satisfaction through the combined use of surveys and analysis of Minimum Data Set descriptive statistics.
		6/2005	4. Consumer satisfaction with other LTC setting and provider choice. Measure satisfaction through the combined use of analysis of Minimum Data Set-Home Care descriptive statistics and other assessment tools possibly including the use of surveys.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 6. Vision Statement: Assures the quality and cost effectiveness of Michigan’s nursing facility care system by allowing greater innovation in the delivery and design of quality nursing home services, and by providing incentives for nursing homes to fully participate in an effective continuum of care for their community.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
6A	Consider convening NF quality improvement groups, especially for Wayne County Facilities.	3/2005	1. Request the Detroit Wayne County Health Authority to study the feasibility of adding long-term care to core services plans for preventive, primary, diagnostic, specialty, pharmaceuticals, and acute services. This might include development of capacity to conduct enrollment, verification, and tracking for Medicaid and uninsured clients.
6B	Integration of a person-centered culture change to NF care.	3/2007-2009	1. Work with the Eden Alternative, Wellspring, Pioneer Organization movements and similar initiatives to achieve these objectives through “deep organizational culture change”. Objectives of these movements include actual client participation in daily decision-making and encouraging organizational policy to empower direct care workers to act on expressed elder choices. The goal would be to certify 50% of Michigan’s care givers and 50% of nursing facilities organizations in the philosophies and principles of these movements within the next 3-5 years.
6C	Development of incentives for NF involvement in the full continuum of care.	3/2006	1. Consider adding incentives for NF involvement in the full continuum of care to: <ul style="list-style-type: none"> • The Certificate of Need Review Standards for Long-Term Care beds. • The Medicaid LTC reimbursement formula if this involvement reduces Medicaid costs.
6D	Development of innovative residential alternatives to full institutionalization.	7/2004	1. Develop pilot project criteria to evaluate smaller, more home-like nursing facilities operated under a client-centered approach such as Eden, Wellspring or similar movement. 2. Authorize at least one pilot project for a “Greenhouse” or similar design nursing home.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

6E	Revise the NF licensing and certification process to reflect a commitment to culture change, person centered care, gentle care and other innovative best practices.	9/2004	1. Develop criteria requiring ongoing culture change, person centered planning, teamwork, creative problem-solving, gentle care, and other best practices training from BEAM or similar organization, in order to be licensed as a long term care facility in Michigan.
6F	Revise health professional licensing and/or certification criteria to include culture change and other best practices training/CEU requirements.	9/2004	1. Revise health professional licensing to require specific continuing education units (CEU) in culture change, person-centered planning, gentle care, teamwork, creative problem solving and other appropriate best practices training from BEAM or similar organization as a condition of licensing or certification.
6G	Review and revise enforcement options to maximize systemic support for quality of care.	10/2005	1. Convene an Enforcement Workgroup to identify the goals of the enforcement system, Medicaid/state enforcement options, best practices nation-wide and recommend changes to current system. 2. Implement workgroup recommendations.
6H	Review and review process and protocols for nursing facility closure.	10/2005	1. Convene a Workgroup to develop Best Practice Guidelines for NF Closure. 2. Research closure practices in other states. 3. Recommend changes to current closure process and protocols. 4. Implement recommendations.
6I	Require dual Medicare/Medicaid certification for all Medicaid certified beds.	1/2005	1. Meet with 37 Medicaid-only facilities to identify barriers to dual certification. Meet with facilities with Medicaid distinct parts to identify barriers to dual certification. Develop plan to remediate and/or remove barriers Clarify legal authority to require dual certification and necessary changes to Public Health Code if needed. Develop and promulgate policy.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 7. Vision Statement: Supports Michigan's home and community based service system by assuring that all those who need high levels of care have a range of options that allow them to live in the community, if that is their choice, and sufficient support and services can be applied in cost-efficacious ways through an accessible home and community based service system.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
7A	Identify a proposed range of community services for inclusion into an integrated system of care.	5/2005 6/2005	<ol style="list-style-type: none"> 1. Develop a Michigan vision that expands options for persons who require higher levels of care to include innovative settings such as: <ul style="list-style-type: none"> ▪ Short-term rehabilitative extended care facilities ▪ Greenhouse models ▪ Group home models ▪ Shared residence/services models ▪ Supported housing models 2. Conduct consumer surveys to determine quantity and priority ranking of community-based services for long term systemic change (What do our beneficiaries usually want). Evaluate existing research. 3. Determine the range of services to be included in the single point of entry; continuance of care and eventually the integrated long term care system. Include at minimum all inter-related services that would impact consumer outcomes.
7B	Convene the local community around long term care issues and resources.	6/2005	<ol style="list-style-type: none"> 1. Determine current capacity of service provider/ network by geographic regions within the state (county, multi-county) using a comprehensive needs assessment that includes: <ul style="list-style-type: none"> ▪ Availability of housing for elderly, disabled, and low income ▪ Workforce capacity ▪ Income and poverty analysis ▪ Aging/Disability population analysis and projections ▪ County and local collaborative structures 2. Develop long term planning document based on gap analysis.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

7C	Develop an efficient and cost effective reimbursement system that encourages savings yet provides for appropriate services.	6/2006	<ol style="list-style-type: none"> 1. Utilize single point of access implementation on a short term fee for service basis to establish fiscal base for cost comparisons for the eventual integrated system. 2. Develop an effective capitation that adjusts for relative case mix.
7D	Create an awareness of the range of home and community based care models that can serve those with high levels of need.	10/2005	<ol style="list-style-type: none"> 1. Examine model approaches to providing home and community support and care to individuals with high levels of care need. Public best practice models. 2. Develop information and education campaign targeted to families, medical and other health care professionals to expand awareness of successful models in order to create acceptance. 3. Target training and policy for knowledge and awareness to individuals and care systems that are points of entry and/or referral to institutional settings.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 8. Vision Statement: Builds and sustains an adequate, well-trained, highly motivated, and appropriately compensated workforce across the long-term care continuum.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
--	----------	-------------	---

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

8A	Development of strategies to improve the recruitment and retention of long-term care staff.	7/ 2004	1. Address problems in recruiting and retaining qualified paraprofessionals to serve Michigan seniors and persons with disabilities in their homes and the community. This can be accomplished by entering into an intergovernmental agreement with the Tri-County Aging Consortium to create the Michigan Quality Community Care Council. The Council will improve coordination, identification, recruitment, retention, training and support of providers and consumers of home help services.
		7/2004	2. Support opportunities to collaborate with DLEG and state and local coalitions on direct care/health care workforce initiatives.
		10/2004	3. Have the Governor to declare 2005 as the “Year Of The Direct Care Worker” with related activities by state and non-governmental organizations throughout the year. Fund county or regional level projects that initiate close links between county agencies, employers and volunteer organizations in an effort to address weaknesses in the long-term care provider network, using various approaches like the Wisconsin model. [See http://www.dhfs.state.wi.us/aging/Genage/fouryear.htm]
		2005	4. Keeping in mind Michigan’s current financial constraints, review the issue of low wages and lack of health care benefits for direct care workers and recommend the development of a wage system that allows people to support their families to be phased in over time.
		4/2005	5. Support and expand access to the Earned Income Tax Credit for low-income wage earners including direct care workers.
		1/2006	6. Develop and support a system that rewards long term care providers who restructure and maintain their work environment to value and respect direct care workers and who demonstrate that the inclusion of direct care workers results in reduced turnover and improved quality of care.
		2005	7. Include long term care and direct care workforce issues in a Governor’s Conference on Aging. (CNA’s and home care aides).

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

8A	Development of strategies to improve the recruitment and retention of long-term care staff.	7/2004	8. Support the Michigan Direct Care Workforce Initiative (MDCWI): The MDCWI Coalition comprised of advocates, consumers, direct care workers, providers, researchers and government, formed in April 2003 to support BEAM, the MI Home Health Association and MSU in completing first-person research surveying.
		10/2004	9. Collaborate with the MDCWI Coalition and DLEG to regionally integrate a statewide centralized direct care worker recruitment, training and retention model based upon best practice models and the findings of the MSU report: "Voices from the Front: Recruitment and Retention of Direct Care Workers in Long Term Care," April 22, 2004.
		1/2005	10. Earmark funds to address key components found in the recruitment and retention study findings including: wages and health care benefits, poverty issues, and lack of respect from and lack of control provided by supervisors to direct care workers.
		6/2004	11. Support the Career Caregiver Project: Spearheaded by a collaborative organization called the 'Aging Issues Forum,' this United Way-funded pilot project will partner with the local MI Works! Organization and interested provider organizations to improve the recruitment and retention of direct-care workers. Results of the project should be available in January of 2005.
		2004	12. Support the AARP Long Term Care Stakeholders Workforce Committee's efforts to identify key recruitment and retention policy issues needed to address the critical shortage of direct care workers.
		2004	13. The Tri-County Long Term Care Collaborative (Clinton, Eaton, and Ingham), comprised of organizations involved in all aspects of long term care, is currently working on a workforce initiative. Driven by unemployment rates hovering at 2 to 4%, all stakeholders have identified recruitment and retention problems in the area of long term care delivery systems. The Collaborative is designing a survey of all tri-county direct care workers and their employers for release in late winter/early spring 2004.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

8B	Development of long-term care staff by establishing support programs to be used by health care professionals with ongoing training.	2/2005	<p>Recognizing that much program development work in this area is already under way, work to identify, support and create partnership opportunities with organizations/efforts outlined below:</p> <ol style="list-style-type: none"> 1. Support the approach of grants and provide assistance to private training initiatives in client-centered services, such as the trainings provided by BEAM and similar organizations.
		12/2005	<ol style="list-style-type: none"> 2. Support the approach of the “Coaching” methods of LTC paraprofessional supervision; an example is located at: http://www.directcareclearinghouse.org/download/Coaching.pdf. [Resource is Susan Harmuth of the Office of LTC, N.C. Department of Public Health 919-733-4534]
		12/2004	<ol style="list-style-type: none"> 3. Foster the linkage of the long term health care sector and its innovative employers in working with DLEG, community colleges and other training entities on prioritizing and developing creative training and educational opportunities for all long term care careers including the direct care worker.
		12/2005	<ol style="list-style-type: none"> 4. Support the approach of Local Michigan Works! Efforts: Health Care Workforce Alliance is an alliance of the local Workforce Investment Act program (Michigan Works! Region 7B), long-term care providers, community college, Family Independence Agencies, and others whose mission is to strengthen and support the health care workforce in Michigan. The alliance has conducted a successful full day conference to outline the resources available to long-term care employers and employees.
		11/2004	<ol style="list-style-type: none"> 5. The Community Services Network (CSN) of MI CSN, serving 12 counties in northwestern lower Michigan, is a collaborative network of aging service providers focusing on recruitment and retention of direct care workers. CSN developed a 50-hour introduction to healthcare training program for unemployed and underemployed workers in cooperation with the local Michigan Works! Board. Three additional training programs for existing direct-care staff for providers across the continuum were developed in the fall of 2003 and 229 workers were trained. Support CSN’s

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

8B	Development of long-term care staff by establishing support programs to be used by health care professionals with ongoing training.		development of five more training programs with plans to pilot them in the spring and fall of 2004. Long-range plans include a community-based certified nurse aide-training program.
		4/2005	6. Support the approach of the CSN with Michigan State University (MSU) Cooperative Extension, MSU and OSA in their implementation of a grant from the Families And Communities Together (FACT) of MSU. A meal preparation and home management skills curriculum is being developed and piloted for direct care workers in northern lower Michigan.
		12/2004	7. Include issues related to recruitment and retention in the two Joint Provider/Surveyor training conferences sponsored by MDCH.
		9/2004	8. Consider supporting the inclusion of supervisory training in the continuing education courses available to long term care nursing staff.
		9/2004	9. Publish at least 2 LTC Clinical Process Guidelines for nursing home practice annually as required by law.
		9/2004	10. Support the approach of the development and evaluation of statewide LTC clinical process guidelines by assisting the MPRO Quality Improvement Organization program.
9/2004	11. Seek proposals from the long term care network for developing culture change in establishing the universal direct care worker and nursing supervisor-related training that addresses team work, decision making, problem solving and communication and interpersonal relationship building.		

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

8C	Review and development of potential, appropriate paraprofessional roles in long term care settings.	10/2004	<ol style="list-style-type: none"> 1. Convene a discussion group comprised of consumers and providers to consider whether it is appropriate to authorize Medical Technician, Pharmacy Technician, Unlicensed Dining Assistants, and other LTC paraprofessionals. 2. Identify education and training requirements for direct care staff across the long term care continuum. 3. Develop/modify Best Practice Guidelines for use in all long term care settings. 4. Develop training and coordination opportunities for direct care workers across long term care settings, i.e., modify/expand the Joint Provider/Surveyor trainings to include licensed assisted living regulatory and facility staff.
8D	Review Nurse Practicing Act.	<p>12/2004</p> <p>3/2005</p> <p>12/2004</p>	<ol style="list-style-type: none"> 1. Charge DCH, OSA, DLEG and long term care stakeholders to collaborate with Michigan's universities and community colleges to train the master's level+ nurses that will allow the universities/colleges the option of expanding their nursing student base. The number of nursing students allowed to enroll is based upon the number of advanced degree nurses available to teach and train the student nurses, which are currently limited. 2. Convene a workgroup to investigate changes needed to support delegation of nursing functions to community based care providers. 3. Identify components of the training to include culture change, team decision-making, positive supervision practices and an understanding that direct care workers enter the field because they want to work with older adults. Reasons for leaving the field include too many residents to care for, dissatisfaction with supervisors and not being valued by the organization.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 9. Vision Statement: Promotes legislative and regulatory reform that assures safety and quality while removing unnecessary barriers that prevent Michigan from moving toward an efficient and dynamic continuum of care.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
9A	Review of barriers to estate recovery and adoption of Estate Recovery and / or Estate Preservation and LTC insurance incentives.	2/2005	<ol style="list-style-type: none"> 1. Introduce Estate Recovery Package including amendments to Probate Code, Social Welfare Act, PH Code - Funeral Directors, and Tax Code to permit estate recovery/preservation by September 15, 2004. 2. Draft / Approve Medicaid Plan and Policy Changes with CMS by November 2004. 3. Pass legislation to encourage financial incentives for LTC insurance by January 1, 2005. 4. Pass Estate Recovery Package by January 1, 2005.
9B	Identify federal and Michigan barriers to demedicalizing nursing facilities and building different environments.	7/2004	<ol style="list-style-type: none"> 1. Appoint a working committee consisting of representatives from the Bureau of Health Systems, the Office of Services to the Aging and the Medicaid program to identify and resolve any regulatory barriers to smaller, more home-like nursing facilities operated under a client-centered approach such as Eden, Wellspring or similar movement. 2. Develop pilot project criteria to authorize and evaluate at least one smaller, more home-like nursing facility operating under a client-centered approach.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

10. Vision Statement: Dramatically increases the number of Michigan citizens who purchase long term care insurance or who develop other financial plans to support individual needs and desires across a continuum of long term care services.

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
10A	Analysis of current coverage packages and comprehensiveness.	6/2005	1. Consult MMAP for overview of long term care insurance products licensed for sale in Michigan and determine whether gaps in coverage exist and how products could be strengthened.
10B	Development of powerful incentives for obtaining LTC coverage.	7/2004	1. Examine Hawaii's long term care insurance plan and partnership plans in other states.
		7/2005	2. Research possibility of offering a state-sponsored LTC Trust similar to the Michigan Education Trust.
		6/2004	3. Explore expansion of state employees and retirees pool to other public employees to offer cost-effective group rates for long term care insurance purchase.
		7/2005	4. Explore possibility of developing a state managed long term care fund, which would be funded by Michigan citizens at very low cost starting at birth.
		1/2005	5. Examine possibility of state income tax credit for purchase of long term care insurance.
10C	Assurance of community setting coverage as LTC insurance options.	5/2004	1. Work with MetLife on increasing the amount home care percentage for state employee long term care insurance benefits. Can serve as model for businesses that use the State's template to offer long term care insurance to their employees. 2. Assess private long term care insurance products/companies at national level to determine trend toward more home care benefits and innovative solutions to care giving (such as paid informal care giving) or receiving long term care services in the home.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

10D	Find insurance company to champion funding of long term care information / education campaign.	9/2004	1. OSA /FIA will begin discussions with potential partners, such as MetLife, BCBSM) and other insurance carriers, to explore the possibility of funding for formal TV/radio and print campaign.
10E	Work with Michigan employers/chambers of commerce and other private sector decision-makers to develop long term care insurance benefit option.	8/2004 10/2004	1. OSA will begin planning process to target these groups for year-long education process. Work with MetLife on presentation materials, sharing Michigan businesses positive experience offering LTC insurance to state employees. 2. Begin year-long effort of targeted outreach to businesses, chambers and private sector.
10F	Increase number of state employees and retirees who have purchased LTC insurance.	5/2004 8/2004 Ongoing 5/2005	1. New open enrollment period for active state employees and retirees begins. Anticipated new enrollment rate of 7%. 2. Locate and train a champion in each state department to provide information to department employees who need hands-on assistance understanding long term care insurance. Needs to be coordinated with new call center concept for state employee benefits specialists. 3. Assess progress in reaching targeted enrollment goals. 4. Survey State employees to find out if they have purchased other long term care insurance products.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

11. Vision Statement: Actively supports and promotes community health, caregiver support, injury control and chronic disease prevention and management programs that reduce the need for long-term services.

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
11A	Develop a wellness model of care.	6/2005	<p>Develop an assessment and care delivery model that is centered on wellness.</p> <ol style="list-style-type: none"> 1. Develop a care delivery model that identifies and builds upon consumer abilities and self care agency in a person centered framework 2. Build a goal development system that clearly identifies consumer defined wellness and is utilized as a base for person centered care plan development 3. The assessment and care delivery model should include a comprehensive evaluation of environmental risk factors for triggered areas identified during the initial assessment process. During practice, the consumer should be informed of their risks for injury and untoward outcomes. 4. When appropriate, the process includes analysis of caregiver skills, availability, and needs to support informal care giving without supplanting. 5. Staff are trained to detect sentinel events and the initiation of consumer cascade toward increased frailty and proactively address pertinent issues with consumers and families. 6. The care delivery model includes an interdisciplinary team model for disease management and care overall that focuses on consumer contracting. 7. Require documentation of progress toward specific goals using a person-centered approach for all identified areas within the care plan.
11B	Establish strong disease management and chronic care management programs within the Medicaid LTC system to delay and prevent further disability.		<ol style="list-style-type: none"> 1. Identify those chronic diseases whose management impacts quality of life for elders and persons with disabilities. 2. Investigate current state of the art protocols for the above. 3. Identify additional conditions and individual characteristics that impact elders and persons with disabilities: such as falls, hazards of immobility, inactivity, and social isolation. 4. Identify risk screens, assessment protocols and best

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

			intervention practices for each of the defined conditions. 5. Establish disease management and chronic care management in the HCBS Waiver for Elderly and Disabled and any subsequent programs.
--	--	--	--

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

- 12. Vision Statement: Includes the planning and oversight of efforts to realize this vision and shall include a central, meaningful role for participants and families, as well as other stakeholders.**

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
12A	Establish a permanent body to provide input to state planning, implementation and evaluation of LTC services.	4/2005	1. During the last quarter of the Governor's Long Term Care Task Force's operations, determine the purpose, operations and membership of a permanent group. Include supports for consumer/family members (e.g. stipends, mileage, alternative modes of communication).
12B	Include consumer roles in organizational governance in pilot sites and provider contracts.	4/2005	1. Include requirements for consumer/family member roles in program planning, implementation and evaluation for: <ol style="list-style-type: none"> a. Single point of entry pilots (see statement #3). b. Pilot sites for Money Follows the Person sites. c. Waiver applications (Independence Plus and Money Follows the Person grants) d. Existing MI Choice waiver provider contracts e. Nursing facilities
12C	Formalize a process whereby consumer stakeholder involvement and review of LTC policy and operations is assured prior to implementation.	9/2004 12/2004 2/2005	1. Design a process that defines the policy review process for Medicaid and other LTC policy items for internal reviews. 2. Identify appropriate groups/organizations representative of consumer stakeholders who would be involved in the internal review process. 3. Involve consumer stakeholders according to the review process developed under item 12A.

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

13. Vision Statement: Builds the capacity to educate the general population by increasing awareness about the continuum of long term care, insurance options, and making informed choices.

	Approach	Target Date	Milestones/Goals/Objectives - What we hope to Achieve and Major Approaches Recommended for Achievement
13A	Reactivate MMAP long term care planning assistance activities.	Done 7/2004	<ol style="list-style-type: none"> 1. MMAP Steering Committee is interested in reactivating long term care planning education and assistance, should funding become available. 2. MMAP will cost out funding required for training, materials and publicity for reactivating long term care planning assistance activities.
13B	Develop long term care ombudsman capacity to provide information on long term care continuum.	Done 7/2004	<ol style="list-style-type: none"> 1. LTC Ombudsman interested in expanding services to provide comprehensive education and assistance on choosing residential long term care service options, should funding become available. 2. LTC Ombudsman will cost out funding required for expanding services.
13C	Research/conduct literature search on informed choice, choice theory, etc. and develop protocol for use by single point of entry and others.	8/2004 8/2004	<ol style="list-style-type: none"> 1. OSA/DCH Medicaid/FIA will join efforts in development of protocol development for use by single point of entry staff. 2. Using research findings, OSA will convene a meeting of MMAP, LTC Ombudsman, FIA AAA's and others to draft a protocol document for individual programs and philosophy to be used to ensure choice theory is implemented in developing single point of entry information/counseling process.
13D	Develop leadership among LTC consumers and family members.	6/2004 9/2005 6/2005	<ol style="list-style-type: none"> 1. Establish within the Money Follows the Person grant an Advocate Network. The Michigan Disability Rights Coalition will recruit members, provide on-site technical assistance to pilot community, establish and maintain web-based communications, and provide an array of leadership development activities. 2. Use the network to disseminate LTC information and obtain input on LTC issues. 3. Use the network to develop new leaders for roles on

**Internal State Long Term Care Workgroup
Milestones / Long and Short Term Goals / Objectives**

		1/2006	<p>local and state organizational governance.</p> <p>4. Establish a permanent source of support for this work following the end of the CMS grant.</p>
13E	Work with employers, retiree groups, service groups and other membership groups to educate employees, retirees and members about future LTC planning need.	8/2004 1/2005	<p>1. OSA will begin work with agencies who serve older adults and Medicare/Medicaid beneficiaries, employer retiree associations/organizations, state-level service organizations, to determine scope and depth of outreach needed.</p> <p>2. OSA and partners will begin targeted outreach on the need to plan for future long term care needs.</p>
13F	Work with employers to educate those (35+) about need to plan for their own future long term care needs.	10/2004	1. OSA/MMAP/LTC Ombudsman will work in partnership with private sector and public sector entities to develop employee education programs specific to future long term care needs targeted at younger employees. This effort will link with caregiver education efforts targeted to employees, as well.
13G	Reactivate 1-866michltc.net website to educate public about the need to plan for long term care, resources available and linkage to LTC service agencies.	6/2004	<p>1. OSA will cost out updating this website to provide the same information provided in all outreach and education efforts, as well as capitalize on the ability of users to link through the Miseniors.net link to local sources of LTC services.</p> <p>2. Once funding is located, update and publicize availability of website as source of info.</p>
13H	Develop training for 211, FIA and others to funnel people appropriately to LTC information and education resources.	9/2004	1. OSA will convene meeting of FIA, DCH and 211 representatives to determine coordination opportunities/barriers. Develop relationships necessary to coordinate future long term care information resources with 211.