

HOUSE BILL No. 5389

November 1, 2005, Introduced by Reps. Shaffer, Amos, Vander Veen, Caul, Proos, LaJoy, Marleau, Nitz, Pearce, Zelenko, Byrnes, Alma Smith, Farrah, Pastor, Casperson, Kahn, Kooiman, Palsrok, Newell, Ball, Green, Stahl, Robertson, Wojno, Gillard, Clack, Bennett, Mortimer, Hansen, Sheen, Farhat, Sak, Emmons, Vagnozzi, Donigan, Hune, Garfield, Polidori, Spade, Byrum, Gosselin and Gleason and referred to the Committee on Senior Health, Security, and Retirement.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding section 109i.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 109I. (1) THE DIRECTOR OF THE DEPARTMENT OF COMMUNITY
2 HEALTH SHALL DESIGNATE AND MAINTAIN LOCALLY AND REGIONALLY BASED
3 SINGLE POINTS OF ENTRY FOR LONG-TERM CARE THAT SHALL SERVE AS
4 VISIBLE AND EFFECTIVE ACCESS POINTS FOR INDIVIDUALS SEEKING LONG-
5 TERM CARE AND THAT SHALL PROMOTE CONSUMER CHOICE OF LONG-TERM CARE
6 OPTIONS.

7 (2) THE DEPARTMENT OF COMMUNITY HEALTH SHALL MONITOR SINGLE
8 POINTS OF ENTRY FOR LONG-TERM CARE FOR, AT A MINIMUM, ALL OF THE
9 FOLLOWING:

1 (A) TO PREVENT BIAS IN ELIGIBILITY DETERMINATION AND TO
2 PREVENT THE PROMOTION OF SPECIFIC SERVICES TO THE DETRIMENT OF
3 CONSUMER CHOICE AND CONTROL.

4 (B) TO REVIEW ALL CONSUMER ASSESSMENTS AND CARE PLANS TO
5 ENSURE CONSISTENCY, QUALITY, AND ADHERENCE TO THE PRINCIPLES OF
6 PERSON-CENTERED PLANNING AND OTHER CRITERIA ESTABLISHED BY THE
7 DEPARTMENT OF COMMUNITY HEALTH.

8 (C) TO ASSURE THE PROVISION OF QUALITY ASSISTANCE AND
9 SUPPORTS.

10 (D) TO ASSURE THAT QUALITY ASSISTANCE AND SUPPORTS ARE
11 PROVIDED TO APPLICANTS AND CONSUMERS IN A MANNER CONSISTENT WITH
12 THEIR CULTURAL NORMS, LANGUAGE OF PREFERENCE, AND MEANS OF
13 COMMUNICATION.

14 (E) TO ASSURE CONSUMER ACCESS TO AN INDEPENDENT CONSUMER
15 ADVOCATE.

16 (3) THE DEPARTMENT OF COMMUNITY HEALTH SHALL ESTABLISH AND
17 PUBLICIZE A TOLL-FREE TELEPHONE NUMBER FOR AREAS OF THE STATE IN
18 WHICH A SINGLE POINT OF ENTRY IS OPERATIONAL AS A MEANS OF ACCESS.

19 (4) THE DEPARTMENT OF COMMUNITY HEALTH SHALL PROMULGATE RULES
20 ESTABLISHING STANDARDS OF REASONABLE PROMPTNESS FOR DELIVERY OF
21 SINGLE POINT OF ENTRY SERVICES AND FOR LONG-TERM CARE SERVICES AND
22 SUPPORTS.

23 (5) THE DEPARTMENT OF COMMUNITY HEALTH SHALL REQUIRE THAT
24 SINGLE POINTS OF ENTRY FOR LONG-TERM CARE PERFORM ALL OF THE
25 FOLLOWING DUTIES AND RESPONSIBILITIES:

26 (A) PROVIDE CONSUMERS AND ANY OTHERS WITH INFORMATION ON AND
27 REFERRAL TO ALL LONG-TERM CARE OPTIONS, SERVICES, AND SUPPORTS.

1 (B) FACILITATE MOVEMENT BETWEEN SUPPORTS, SERVICES, AND
2 SETTINGS IN AN ADEQUATE AND TIMELY MANNER THAT ASSURES THE SAFETY
3 AND WELL-BEING OF THE CONSUMER.

4 (C) ASSESS A CONSUMER'S ELIGIBILITY FOR ALL MEDICAID LONG-TERM
5 CARE PROGRAMS UTILIZING A COMPREHENSIVE LEVEL OF CARE TOOL.

6 (D) ASSIST CONSUMERS TO OBTAIN A FINANCIAL DETERMINATION OF
7 ELIGIBILITY FOR PUBLICLY FUNDED LONG-TERM CARE PROGRAMS.

8 (E) ASSIST CONSUMERS TO DEVELOP THEIR LONG-TERM CARE SUPPORT
9 PLANS THROUGH A PERSON-CENTERED PLANNING PROCESS.

10 (F) AUTHORIZE AND, IF REQUESTED, ARRANGE FOR NEEDED TRANSITION
11 SERVICES FOR CONSUMERS LIVING IN NURSING FACILITIES.

12 (G) WORK WITH CONSUMERS IN ACUTE AND PRIMARY CARE SETTINGS AS
13 WELL AS COMMUNITY SETTINGS TO ASSURE THAT THEY ARE PRESENTED WITH
14 THE FULL ARRAY OF LONG-TERM CARE OPTIONS.

15 (H) REEVALUATE CONSUMERS' NEED AND ELIGIBILITY FOR LONG-TERM
16 CARE SERVICES ON A REGULAR BASIS.

17 (I) PERFORM THE AUTHORIZATION OF MEDICAID SERVICES IDENTIFIED
18 IN THE CONSUMER'S CARE SUPPORTS PLAN.

19 (6) THE DEPARTMENT OF COMMUNITY HEALTH SHALL, IN CONSULTATION
20 WITH CONSUMERS, STAKEHOLDERS, AND MEMBERS OF THE PUBLIC, ESTABLISH
21 CRITERIA FOR DESIGNATION OF LOCAL OR REGIONAL SINGLE POINTS OF
22 ENTRY FOR LONG-TERM CARE. THE CRITERIA SHALL ENSURE THAT SINGLE
23 POINTS OF ENTRY FOR LONG-TERM CARE MEET ALL OF THE FOLLOWING
24 CRITERIA:

25 (A) ARE NOT A PROVIDER OF DIRECT MEDICAID SERVICES. FOR THE
26 PURPOSES OF THIS SECTION, CARE MANAGEMENT AND SUPPORTS COORDINATION
27 ARE NOT CONSIDERED DIRECT MEDICAID SERVICES.

1 (B) ARE FREE FROM ALL LEGAL AND FINANCIAL CONFLICTS OF
2 INTEREST WITH PROVIDERS OF MEDICAID SERVICES.

3 (C) ARE CAPABLE OF SERVING AS THE FOCAL POINT FOR ALL
4 INDIVIDUALS SEEKING INFORMATION ABOUT LONG-TERM CARE IN THEIR
5 REGION, INCLUDING INDIVIDUALS WHO WILL PAY PRIVATELY FOR SERVICES.

6 (D) ARE CAPABLE OF PERFORMING CONSUMER DATA COLLECTION,
7 MANAGEMENT, AND REPORTING IN COMPLIANCE WITH STATE REQUIREMENTS.

8 (E) HAVE QUALITY ASSURANCE STANDARDS AND PROCEDURES THAT
9 MEASURE CONSUMER SATISFACTION, MONITOR CONSUMER OUTCOMES, AND
10 TRIGGER CHANGES TO THE CARE AND SUPPORTS PLAN.

11 (F) MAINTAIN AN INTERNAL AND EXTERNAL APPEALS PROCESS THAT
12 PROVIDES FOR A REVIEW OF INDIVIDUAL DECISIONS.

13 (G) COMPLETE AN INITIAL EVALUATION OF APPLICANTS FOR LONG-TERM
14 CARE WITHIN 2 BUSINESS DAYS AFTER CONTACT BY THE INDIVIDUAL OR HIS
15 OR HER LEGAL REPRESENTATIVE.

16 (H) IN PARTNERSHIP WITH THE CONSUMER, DEVELOP A PRELIMINARY
17 PERSON-CENTERED PLAN WITHIN 7 DAYS AFTER THE APPLICANT IS FOUND TO
18 BE ELIGIBLE FOR SERVICES.

19 (7) SINGLE POINTS OF ENTRY FOR LONG-TERM CARE THAT FAIL TO
20 MEET THE CRITERIA DESCRIBED IN THIS SECTION, AND OTHER FISCAL AND
21 PERFORMANCE STANDARDS AS DETERMINED BY THE DEPARTMENT OF COMMUNITY
22 HEALTH, MAY BE SUBJECT TO TERMINATION AS A DESIGNATED SINGLE POINT
23 OF ENTRY BY THE DEPARTMENT OF COMMUNITY HEALTH.

24 (8) THE DEPARTMENT OF COMMUNITY HEALTH SHALL PROMULGATE RULES
25 ESTABLISHING TIMELINES OF WITHIN 2 BUSINESS DAYS OR LESS FOR THE
26 COMPLETION OF INITIAL EVALUATIONS OF INDIVIDUALS IN URGENT OR
27 EMERGENT SITUATIONS AND RULES ESTABLISHING TIMELINES FOR COMPLETION

1 OF A FINAL EVALUATION AND ASSESSMENT FOR ALL INDIVIDUALS. TIMELINES
2 ESTABLISHED UNDER THIS SUBSECTION SHALL NOT BE LONGER THAN 2 WEEKS
3 FROM INITIAL CONTACT WITH THE INDIVIDUAL.

4 (9) THE DEPARTMENT OF COMMUNITY HEALTH SHALL SOLICIT PROPOSALS
5 FROM ENTITIES SEEKING DESIGNATION AS A SINGLE POINT OF ENTRY AND
6 SHALL DESIGNATE AT LEAST 3 AGENCIES TO SERVE AS A SINGLE POINT OF
7 ENTRY IN AT LEAST 3 SEPARATE AREAS OF THE STATE. THERE SHALL BE NO
8 MORE THAN 1 SINGLE POINT OF ENTRY IN EACH DESIGNATED REGION. AN
9 AGENCY DESIGNATED BY THE DEPARTMENT OF COMMUNITY HEALTH UNDER THIS
10 SUBSECTION SHALL SERVE AS A SINGLE POINT OF ENTRY FOR AN INITIAL
11 PERIOD OF 3 YEARS, SUBJECT TO THE PROVISIONS OF SUBSECTION (7).

12 (10) THE DEPARTMENT OF COMMUNITY HEALTH SHALL EVALUATE THE
13 PERFORMANCE OF THE AGENCIES DESIGNATED AS SINGLE POINTS OF ENTRY
14 UNDER THIS SECTION ON AN ANNUAL BASIS AND SHALL MAKE ANY REPORT OR
15 RECOMMENDATION FOR IMPROVEMENT REGARDING THE SINGLE POINT OF ENTRY
16 SYSTEM AVAILABLE TO THE LEGISLATURE AND THE PUBLIC.

17 (11) NOT LATER THAN OCTOBER 1, 2008, THE DEPARTMENT OF
18 COMMUNITY HEALTH SHALL DESIGNATE AN AGENCY TO SERVE AS A SINGLE
19 POINT OF ENTRY IN EACH REGION OF THE STATE. NOTHING IN THIS SECTION
20 PROHIBITS THE DEPARTMENT OF COMMUNITY HEALTH FROM DESIGNATING
21 SINGLE POINTS OF ENTRY THROUGHOUT THE ENTIRE STATE BEFORE OCTOBER
22 1, 2008.

23 (12) THE DEPARTMENT SHALL PROMULGATE RULES TO IMPLEMENT THE
24 PROVISIONS OF THIS SECTION NOT LATER THAN 180 DAYS AFTER THE
25 EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION.