

HOUSE BILL No. 4413

March 6, 2007, Introduced by Rep. Shaffer and referred to the Committee on Senior Health, Security, and Retirement.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
by amending section 109i (MCL 400.109i), as added by 2006 PA 634.

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 or regionally based
3 single point of entry agencies for long-term care that shall serve
4 as visible and effective access points for individuals seeking
5 long-term care and that shall promote consumer choice and quality
6 in long-term care options.

7 (2) The department of community health shall monitor single
8 point of entry agencies for long-term care to assure, at a minimum,

1 all of the following:

2 (a) That bias in functional and financial eligibility
3 determination or assistance and ~~the~~ promotion of specific services
4 to the detriment of consumer choice and control does not occur.

5 (b) That consumer assessments and support plans are completed
6 in a timely, consistent, and quality manner through a person-
7 centered planning process and adhere to other criteria established
8 by this section and the department of community health.

9 (c) The provision of quality assistance and supports.

10 (d) That quality assistance and supports are provided to
11 applicants and consumers in a manner consistent with their cultural
12 norms, language of preference, and means of communication.

13 (e) Consumer access to an independent consumer advocate.

14 (f) That data and outcome measures are being collected and
15 reported as required under this act and by contract.

16 (g) That consumers are able to choose their supports
17 coordinator.

18 (3) The department of community health shall establish and
19 publicize a toll-free telephone number for areas of the state in
20 which a single point of entry agency is operational as a means of
21 access.

22 (4) The department of community health shall require that
23 single point of entry agencies for long-term care perform the
24 following duties and responsibilities:

25 (a) Provide consumers and any others with unbiased information
26 promoting consumer choice for all long-term care options, services,
27 and supports.

1 (b) Facilitate movement between supports, services, and
2 settings in a timely manner that assures consumers' informed
3 choice, health, and welfare.

4 (c) Assess consumers' eligibility for all medicaid long-term
5 care programs utilizing a comprehensive level of care assessment
6 approved by the department of community health.

7 (d) Assist consumers in obtaining a financial determination of
8 eligibility for publicly funded long-term care programs.

9 (e) Assist consumers in developing their long-term care
10 support plans through a person-centered planning process.

11 (f) Authorize access to medicaid programs for which the
12 consumer is eligible and that are identified in the consumer's
13 long-term care supports plan. The single point of entry agency for
14 long-term care shall not refuse to authorize access to medicaid
15 programs for which the consumer is eligible.

16 (g) Upon request of a consumer, his or her guardian, or his or
17 her authorized representative, facilitate needed transition
18 services for consumers living in long-term care settings if those
19 consumers are eligible for those services according to a policy
20 bulletin approved by the department of community health.

21 (h) Work with designated representatives of acute and primary
22 care settings, facility settings, and community settings to assure
23 that consumers in those settings are presented with information
24 regarding the full array of long-term care options.

25 (i) Reevaluate the consumer's eligibility and need for long-
26 term care services upon request of the consumer, his or her
27 guardian, or his or her authorized representative or according to

1 the consumer's long-term care support plan.

2 (j) Except as ~~otherwise~~ provided in subdivisions (k) and (l),
3 provide the following services within the prescribed time frames:

4 (i) Perform an initial evaluation for long-term care within 2
5 business days after contact by the consumer, his or her guardian,
6 or his or her authorized representative.

7 (ii) Develop a preliminary long-term care support plan in
8 partnership with the consumer and, if applicable, his or her
9 guardian or authorized representative within 2 business days after
10 the consumer is found to be eligible for services.

11 (iii) Complete a final evaluation and assessment within 10
12 business days from initial contact with the consumer, his or her
13 guardian, or his or her authorized representative.

14 (k) For a consumer who is in an urgent or emergent situation,
15 within 24 hours after contact is made by the consumer, his or her
16 guardian, or his or her authorized representative, perform an
17 initial evaluation and develop a preliminary long-term care support
18 plan. The preliminary long-term care support plan shall be
19 developed in partnership with the consumer and, if applicable, his
20 or her guardian or authorized representative.

21 (l) Except as provided in subsection ~~(20)~~—(22), for a consumer
22 who receives notice that within 72 hours he or she will be
23 discharged from a hospital, within 24 hours after contact is made
24 by the consumer, his or her guardian, his or her authorized
25 representative, or the hospital discharge planner, perform an
26 initial evaluation and develop a preliminary long-term care support
27 plan. The preliminary long-term care support plan shall be

1 developed in partnership with the consumer and, if applicable, his
2 or her guardian, his or her authorized representative, or the
3 hospital discharge planner.

4 (m) Initiate contact with and be a resource to hospitals
5 within the area serviced by the single point of entry agencies for
6 long-term care.

7 (n) Provide consumers with information on how to contact an
8 independent consumer advocate and a description of the advocate's
9 mission. This information shall be provided in a publication
10 prepared by the department of community health in consultation with
11 these entities. This information shall also be posted in the office
12 of a single point of entry agency.

13 (o) Collect and report data and outcome measures as required
14 by the department of community health, including, but not limited
15 to, the following data:

16 (i) The number of referrals by level of care setting.

17 (ii) The number of cases in which the care setting chosen by
18 the consumer resulted in costs exceeding the costs that would have
19 been incurred had the consumer chosen to receive care in a nursing
20 home.

21 (iii) The number of cases in which admission to a long-term care
22 facility was denied and the reasons for denial.

23 (iv) The number of cases in which a memorandum of understanding
24 was required.

25 (v) The rates and causes of hospitalization.

26 (vi) The rates of nursing home admissions.

27 (vii) The number of consumers transitioned out of nursing

1 homes.

2 (viii) The average time frame for case management review.

3 (ix) The total number of contacts and consumers served.

4 (x) The data necessary for the completion of the cost-benefit
5 analysis required under subsection (11).

6 (xi) The number and types of referrals made.

7 (xii) The number and types of referrals that were not able to
8 be made and the reasons why the referrals were not completed,
9 including, but not limited to, consumer choice, services not
10 available, consumer functional or financial ineligibility, and
11 financial prohibitions.

12 (p) Maintain consumer contact information and long-term care
13 support plans in a confidential and secure manner.

14 (q) Provide consumers with a copy of their preliminary and
15 final long-term care support plans and any updates to the long-term
16 care plans.

17 (5) The department of community health, in consultation with
18 the office of long-term care supports and services, the Michigan
19 long-term care supports and services advisory commission, the
20 department, and the office of services to the aging, shall
21 promulgate rules to establish criteria for designating local or
22 regional single point of entry agencies for long-term care that
23 meet all of the following criteria:

24 (a) The designated single point of entry agency for long-term
25 care does not provide direct or contracted medicaid services. For
26 the purposes of this section, the services required to be provided
27 under subsection (4) are not considered medicaid services.

1 (b) The designated single point of entry agency for long-term
2 care is free from all legal and financial conflicts of interest
3 with providers of medicaid services.

4 (c) The designated single point of entry agency for long-term
5 care is capable of serving as the focal point for all individuals,
6 regardless of age, seeking information about long-term care in
7 their region, including individuals who will pay privately for
8 services.

9 (d) The designated single point of entry agency for long-term
10 care is capable of performing required consumer data collection,
11 management, and reporting.

12 (e) The designated single point of entry agency for long-term
13 care has quality standards, improvement methods, and procedures in
14 place that measure consumer satisfaction and monitor consumer
15 outcomes.

16 (f) The designated single point of entry agency for long-term
17 care has knowledge of the federal and state statutes and
18 regulations governing long-term care settings.

19 (g) The designated single point of entry agency for long-term
20 care maintains an internal and external appeal process that
21 provides for a review of individual decisions.

22 (h) The designated single point of entry agency for long-term
23 care is capable of delivering single point of entry services in a
24 timely manner according to standards established by the department
25 of community health and as prescribed in subsection (4).

26 (6) A single point of entry agency for long-term care that
27 fails to meet the criteria described in this section or other

1 fiscal and performance standards prescribed by contract and
2 subsection (7) or that intentionally and knowingly presents biased
3 information that is intended to steer consumer choice to particular
4 long-term care supports and services is subject to disciplinary
5 action by the department of community health. Disciplinary action
6 may include, but is not limited to, increased monitoring by the
7 department of community health, additional reporting, termination
8 as a designated single point of entry agency by the department of
9 community health, or any other action as provided in the contract
10 for a single point of entry agency.

11 (7) Fiscal and performance standards for a single point of
12 entry agency include, but are not limited to, all of the following:

13 (a) Maintaining administrative costs that are reasonable, as
14 determined by the department of community health, in relation to
15 spending per client.

16 (b) Identifying savings in the annual state medicaid budget or
17 limits in the rate of growth of the annual state medicaid budget
18 attributable to providing services under subsection (4) to
19 consumers in need of long-term care services and supports, taking
20 into consideration medicaid caseload and appropriations.

21 (c) Consumer satisfaction with services provided under
22 subsection (4).

23 (d) Timeliness of delivery of services provided under
24 subsection (4).

25 (e) Quality, accessibility, and availability of services
26 provided under subsection (4).

27 (f) Completing and submitting required reporting and

1 paperwork.

2 (g) Number of consumers served.

3 (h) Number and type of long-term care services and supports
4 referrals made.

5 (i) Number and type of long-term care services and supports
6 referrals not completed, taking into consideration the reasons why
7 the referrals were not completed, including, but not limited to,
8 consumer choice, services not available, consumer functional or
9 financial ineligibility, and financial prohibitions.

10 (8) The department of community health shall develop standard
11 cost reporting methods as a basis for conducting cost analyses and
12 comparisons across all publicly funded long-term care systems and
13 shall require single point of entry agencies to utilize these and
14 other compatible data collection and reporting mechanisms.

15 (9) The department of community health shall solicit proposals
16 from entities seeking designation as a single point of entry agency
17 and, except as provided in subsection (16) and section 109j, shall
18 initially designate not more than 4 agencies to serve as a single
19 point of entry agency in at least 4 separate areas of the state.
20 There shall not be more than 1 single point of entry agency in each
21 designated area. An agency designated by the department of
22 community health under this subsection shall serve as a single
23 point of entry agency for an initial period of up to 3 years,
24 subject to the provisions of subsection (6). In accordance with
25 subsection (17), the department shall require that a consumer
26 residing in an area served by a single point of entry agency
27 designated under this subsection utilize that agency if the

1 consumer is seeking eligibility for medicaid long-term care
2 programs.

3 (10) The department of community health shall evaluate the
4 performance of single point of entry agencies under this section on
5 an annual basis.

6 (11) The department of community health shall engage a
7 qualified objective independent agency to conduct a cost-benefit
8 analysis of single point of entry, including, but not limited to,
9 the impact on medicaid long-term care costs. The cost-benefit
10 analysis required in this subsection shall include an analysis of
11 the cost to hospitals when there is a delay in a patient's
12 discharge from a hospital due to the hospital's compliance with the
13 provisions of this section.

14 (12) The department of community health shall make a summary
15 of the annual evaluation, any report or recommendation for
16 improvement regarding the single point of entry, and the cost-
17 benefit analysis available to the legislature and the public.

18 (13) Not earlier than 12 months after but not later than 24
19 months after the implementation of the single point of entry agency
20 designated under subsection (9), the department of community health
21 shall submit a written report to the senate and house of
22 representatives standing committees dealing with long-term care
23 issues, the chairs of the senate and house of representatives
24 appropriations committees, the chairs of the senate and house of
25 representatives appropriations subcommittees on community health,
26 and the senate and house fiscal agencies regarding the array of
27 services provided by the designated single point of entry agencies

1 and the cost, efficiencies, and effectiveness of single point of
2 entry. In the report required under this subsection, the department
3 of community health shall provide recommendations regarding the
4 continuation, changes, or cancellation of single point of entry
5 agencies based on data provided under subsections (4) and (10) to
6 (12).

7 (14) Beginning in the year the report is submitted and
8 annually after that, the department of community health shall make
9 a presentation on the status of single point of entry and on the
10 summary information and recommendations required under subsection
11 (12) to the senate and house of representatives appropriations
12 subcommittees on community health to ensure that legislative review
13 of single point of entry shall be part of the annual state budget
14 development process.

15 (15) The department of community health shall promulgate rules
16 to implement this section not later than 270 days after submitting
17 the report required in subsection (13).

18 (16) The department of community health shall not designate
19 more than the initial 4 agencies designated under subsection (9) to
20 serve as single point of entry agencies or agencies similar to
21 single point of entry agencies unless all of the following occur:

22 (a) The written report is submitted as provided under
23 subsection (13).

24 (b) Twelve months have passed since the submission of the
25 written report required under subsection (13).

26 (c) The legislature appropriates funds to support the
27 designation of additional single point of entry agencies.

1 (17) A single point of entry agency for long-term care shall
2 serve as the sole agency within the designated single point of
3 entry area to assess a consumer's eligibility for medicaid long-
4 term care programs utilizing a comprehensive level of care
5 assessment approved by the department of community health.

6 (18) Although a community mental health services program may
7 serve as a single point of entry agency to provide services to
8 individuals with mental illness or developmental disability,
9 community mental health services programs are not subject to the
10 provisions of this act.

11 (19) Medicaid reimbursement for health facilities or agencies
12 shall not be reduced below the level of rates and payments in
13 effect on October 1, 2006, as a direct result of the 4 pilot single
14 point of entry agencies designated under subsection (9).

15 (20) The provisions of this section and section 109j do not
16 apply after December 31, 2011.

17 (21) Funding for the MI Choice Waiver program shall not be
18 reduced below the level of rates and payments in effect on October
19 1, 2006, as a direct result of the 4 pilot single point of entry
20 agencies designated under subsection (9).

21 (22) A single point of entry agency for long-term care may
22 establish a memorandum of understanding with any hospital within
23 its designated area that allows the single point of entry agency
24 for long-term care to recognize and utilize an initial evaluation
25 and preliminary long-term care support plan developed by the
26 hospital discharge planner if those plans were developed with the
27 consumer, his or her guardian, or his or her authorized

1 representative.

2 (23) For the purposes of this section:

3 (a) "Administrative costs" means the costs that are used to
4 pay for employee salaries not directly related to care planning and
5 supports coordination and administrative expenses necessary to
6 operate each single point of entry agency.

7 (b) "Administrative expenses" means the costs associated with
8 the following general administrative functions:

9 (i) Financial management, including, but not limited to,
10 accounting, budgeting, and audit preparation and response.

11 (ii) Personnel management and payroll administration.

12 (iii) Purchase of goods and services required for administrative
13 activities of the single point of entry agency, including, but not
14 limited to, the following goods and services:

15 (A) Utilities.

16 (B) Office supplies and equipment.

17 (C) Information technology.

18 (D) Data reporting systems.

19 (E) Postage.

20 (F) Mortgage, rent, lease, and maintenance of building and
21 office space.

22 (G) Travel costs not directly related to consumer services.

23 (H) Routine legal costs related to the operation of the single
24 point of entry agency.

25 (c) "Authorized representative" means a person empowered by
26 the consumer by written authorization to act on the consumer's
27 behalf to work with the single point of entry, in accordance with

1 this act.

2 (d) "Guardian" means an individual who is appointed under
3 section 5306 of the estates and protected individuals code, 1998 PA
4 386, MCL 700.5306. Guardian includes an individual who is appointed
5 as the guardian of a minor under section 5202 or 5204 of the
6 estates and protected individuals code, 1998 PA 386, MCL 700.5202
7 and 700.5204, or who is appointed as a guardian under the mental
8 health code, 1974 PA 258, MCL 300.1001 to 300.2106.

9 (e) "Informed choice" means that the consumer is presented
10 with complete and unbiased information on his or her long-term care
11 options, including, but not limited to, the benefits, shortcomings,
12 and potential consequences of those options, upon which he or she
13 can base his or her decision.

14 (f) "Person-centered planning" means a process for planning
15 and supporting the consumer receiving services that builds on the
16 individual's capacity to engage in activities that promote
17 community life and that honors the consumer's preferences, choices,
18 and abilities. The person-centered planning process involves
19 families, friends, and professionals as the consumer desires or
20 requires.

21 (g) "Single point of entry" means a program from which a
22 current or potential long-term care consumer can obtain long-term
23 care information, screening, assessment of need, care planning,
24 supports coordination, and referral to appropriate long-term care
25 supports and services.

26 (h) "Single point of entry agency" means the organization
27 designated by the department of community health to provide case

- 1 management functions for consumers in need of long-term care
- 2 services within a designated single point of entry area.