

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
FY 2005 BOILERPLATE REPORTING REQUIREMENT**

**Progress on Medicaid Home and Community-Based Services Program
FY 2005 Fourth Quarter Report**

Section 1689

“Priority in enrolling additional persons in the Medicaid home and community based services program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home and community based services.”

Persons who are no longer eligible for the Children with Special Health Care Services Program because of age, who require private duty nursing, and who are not eligible or cannot be served by the Habilitation Waiver are the first priority for enrollment into the MI Choice Program.

In addition, the Michigan Department of Community Health (MDCH) has allocated 105 MI Choice Program slots for NF transitions for FY 2005 as the next priority. Nursing Facility Transitions into the MIChoice Program are tracked on a quarterly basis effective in FY 2006. Analysis of claims data to evaluate the outcome of these policies will not be available until FY 2006.

Finally, MDCH is also currently working on a policy to fund a greater number of nursing facility transitions and plans to implement this change within the first few months of FY 2006.

“The department shall implement screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home and community based services program.”

MDCH implemented revised functional/medical eligibility criteria effective November 1, 2004. Currently, all participants who are enrolled in the MI Choice Program are eligible to be admitted to a nursing home, according to federal Medicaid guidelines. The MI Choice Program meets the requirement that all persons must meet the nursing facility level of care and thus are at risk for institutionalization.

The following is a summary of functional/medical eligibility reviews performed to date and findings:

**Michigan Medicaid Nursing Facility Level of Care Determination
Fourth Quarter FY2005**

Provider Type	July		August		September		FY2005 to Date	
	Ineligible	Total	Ineligible	Total	Ineligible	Total	Ineligible	Total
PACE	0	6	0	17	0	58	2	258
Nursing Facilities	19	3,547	25	4,547	25	3,153	260	35,789
County Medical Care Facilities	4	448	6	522	3	435	34	5,098
Hospital LTC Units	0	165	0	254	1	111	7	1,702
Ventilator Dependent Care Units	0	27	0	33	0	8	0	225
MI Choice Program	44	610	34	653	28	882	317	7,971
Total	67	4,803	65	6,026	57	4,647	620	51,043

“Within 30 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for home and community based waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving persons from a nursing home to the home and community based services waiver program and the amount of funds transferred.”

The table below identifies the funds allocated to each MIChoice Program for FY 2005. Since providers are prospectively reimbursed based on the projected number of participants each month, and providers have 180 days from the service date to submit a 'suppressed' claim, there is no accurate account of actual quarterly expenditures at this time. Included below are the prospective reimbursement payments to date by waiver program. MDCH plans to measure nursing facility bed occupancy changes starting in April 2005, allowing approximately a six-month lag review to allow time for facility billing. Data trends should be available in FY 2006.

Waiver Program	FY 2005 Allocation	FY 2005 Payments
A & D Home Health Care	\$3,061,194	\$3,347,594
AAA 1-B	\$11,655,419	\$11,647,896
AAA of Northwest Michigan	\$2,486,217	\$2,576,623
AAA of Western Michigan	\$5,946,234	\$6,070,364
Burnham Brook Center	\$7,199,744	\$6,830,787
Detroit AAA	\$9,554,942	\$9,762,038
Home Health Services, Inc.	\$6,481,295	\$6,252,222
Information Center	\$2,314,851	\$1,926,357
MORC	\$3,751,425	\$3,607,313
NEMSCA	\$2,531,973	\$2,427,520
Northern Lakes Community Mental Health Authority	\$2,240,607	\$2,087,036
Northern Michigan Regional Health System	\$1,639,764	\$1,359,611
Region 2 Area Agency on Aging	\$3,995,931	\$3,977,292
Region IV AAA	\$5,505,223	\$5,543,600
Region VII AAA	\$4,950,610	\$4,962,116
Senior Alliance	\$1,788,813	\$1,816,944
Senior Resources	\$5,355,087	\$5,387,484
Senior Services	\$2,493,090	\$2,256,924
Tri-County Office on Aging	\$6,607,348	\$6,102,835
Upper Peninsula AAA	\$6,422,238	\$6,350,932
Valley AAA	\$3,404,519	\$3,281,924
Total	\$99,926,524	\$97,577,417

“The department shall utilize a competitive bid process to award funds for the implementation of the new screening process to be applied to home and community based services and nursing facility services by Medicaid.”

MDCH implemented the Michigan Medicaid Nursing Facility Level of Care Determination process using a Department of Information Technology developed tool. Exception process reviews and nursing facility retrospective review activities were disseminated with other Medicaid utilization review requirements in the form of a Request for Proposal. A contract that includes the long-term care exception process reviews and retrospective reviews was initiated with the Michigan Peer Review Organization.