

Reps. Richardville, Vander Veen, Taub, Kooiman, LaJoy, Voorhees, Pappageorge, Shaffer, Gleason, Ehardt, Accavitti, Adamini, Anderson, Bieda, Brown, Byrum, Clack, Condino, DeRossett, Elkins, Farhat, Farrah, Garfield, Gielegem, Gillard, Hager, Hardman, Huizenga, Koetje, Kolb, Lipsey, Meyer, Milosch, Minore, Murphy, Palsrok, Rivet, Rocca, Sak, Shulman, Spade, Stakoe, Stallworth, Steil, Stewart, Tabor, Tobocman and Zelenko offered the following resolution:

House Resolution No. 242.

A resolution to urge the Department of Community Health to work through organizations that provide assistance to senior citizens, such as the Area Agencies on Aging, to provide information on long-term health care options, including community-based services.

Whereas, The Michigan Legislature recognizes that public policy changes are needed that will make the best use of limited public resources and offer Medicaid long-term care consumers a choice of quality care options; and

Whereas, Most long-term care consumers do not know about their long-term care options. A recent study shows that 90 percent of family members with a loved one in a Michigan nursing home do not know that there are community-based care alternatives that may be available to them. All persons seeking long-term care assistance must be educated about the range of options where their care can be provided; and

Whereas, Medicaid long-term care consumers receive payment for care based on their care setting or program, and not on their level of need. The Medicaid payment system for nursing home and community-based care compels providers to enroll low-need, low-cost individuals to offset the greater cost of caring for individuals with the most complex needs. Organizations serving high-need individuals should receive higher levels of reimbursement, and less reimbursement should be paid for lower-need individuals. A mandatory screening can determine acuity levels, and reimbursement can be based on the needed level of care; and

Whereas, Because the MI Choice Medicaid Waiver program will only admit a limited number of participants in 2004, consumers may be unable to choose their preferred care setting option. Medicaid funds should be following the person to the setting of their choice. State policies must be designed to offer consumers a comprehensive range of long-term care service and settings, such that consumers are able to receive care in the least restrictive and most cost-effective setting appropriate to meet their care needs; and

Whereas, Medicaid is a 37-year-old federally created program that has not evolved to accommodate innovations in the provision of long-term care services. In 1992, Michigan created the MI Choice program as a way to expand provision of long-term care services into community-based settings. However, Michigan has not been able to expand the role of community-based care to meet increased demand from consumers for options outside of traditional Medicaid-financed settings. The federal government is now calling on states to allow consumers to choose community-based care alternatives, and to rebalance their Medicaid long-term care spending to match consumer preference. Michigan will need to adjust its policies to accommodate the federal changes; and

Whereas, The involvement of stakeholders in shaping the direction of Michigan's long-term care reforms is critical. Efforts to support the provision of care in the least restrictive setting require redirected funding, public education, support for nursing home transitions, and formation of a Long-Term Care Task Force. These activities serve as a solid foundation upon which to build long-term care reforms; now, therefore, be it

Resolved by the House of Representatives, That we urge the Michigan Department of Community Health to work through organization that provide assistance to senior citizens, such as the Area Agencies on Aging, to provide information on consumer long-term care options, through Medicaid programs, other federal/state funded programs and services, and private pay arrangements; and be it further

Resolved, That we urge the Department of Community Health to develop and require the use of an acuity screen for all persons seeking Medicaid long-term care to assess their medical eligibility and determine their level of need. We call on the department to make the acuity screen available to everyone seeking long-term care, regardless of payment source; and be it further

Resolved, That we call on the Michigan Department of Community Health to move with all deliberate speed to implement the policy reforms outlined, including consumer education, need-based payments, consumer choice, money following the person, and a rebalancing of long-term care spending that reflects a shift in demand from nursing home to community-based care; and be it further

Resolved, That it is the intent of the Michigan Legislature to make home- and community-based services a priority in all budget deliberations, honoring the principles of consumer choice and money following the person; and be it further

Resolved, That copies of this resolution be transmitted to the Michigan Department of Community Health.