



**House  
Legislative  
Analysis  
Section**

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**COORDINATED SENIOR CITIZEN CARE**

**RECEIVED**

House Bill 4648 (Substitute H-3)  
First Analysis (10-5-87)

OCT 15 1987

Sponsor: Rep. Nate Jonker Mich. State Law Library  
Committee: Senior Citizens & Retirement

***THE APPARENT PROBLEM:***

Senior citizens are one of the fastest growing populations in America. It is evident that there are not enough community-based services in the state of Michigan to handle this growing group from the fact that many citizens are being unnecessarily placed in nursing homes. The state spends an estimated \$430-\$600 million per year on nursing home reimbursements by Medicaid and costs are increasing as the population of seniors increases. Some people propose a program to coordinate community-based long-term care in order to avoid unnecessary placements in nursing homes and to give seniors more say in where they are placed and what services they receive.

***THE CONTENT OF THE BILL:***

The bill would amend the Older Michiganians Act to require the Office of Services to the Aging to promote a coordinated continuum of care for older persons, including long-term care management, institutional preadmission screening, adult day care, respite care, in-home care, and other services. The office would consult with the Departments of Mental Health and Public Health, the Office of Health and Medical Affairs in the Department of Management and Budget, private agencies that provide services to older people and long-term care providers to ensure that programs operated by those agencies were coordinated with the continuum of care program. The office would create demonstration projects located throughout the state to implement the continuum of care concept and obtain experience and data necessary to implement the concept statewide.

The office would promote a coordinated system of care management for older persons who required long-term care in order to match the appropriate services to each older person requiring care, and ensuring that as the older persons's need for services changed, the services delivered would change appropriately. The office would also, to the greatest extent possible, support the private efforts of primary care-givers, promote the use of community-based services for older persons, and work to ensure that services were provided in the most appropriate setting. Care management would be formulated with the maximum input of the older person affected and would include: an initial assessment of which (if any) long-term care services were required for an older person, developing a plan of care for the older person that included options and encouragement toward optimal functioning and independence, implementing the plan of care, monitoring the older person's changing needs for services and changing the plan of care when reasonable.

Under the bill, the office would promote a coordinated program of preadmission screening for older persons who were likely to be placed in a nursing home or other institutional setting. The screening would be used to determine whether a person who required long-term care could be placed most appropriately in a nursing home or other institutional setting, or would better remain in his or her own residence or another alternative to an institutional

setting, with community-based public and private services provided to the individual if needed.

A coordinated program of respite care would be promoted by the office so that older persons and individuals who regularly provided long-term care to older persons could receive intervals of rest, relief, change of pace and face through public and private agencies. The agencies would provide care of the older person in the older person's home or in a respite care facility.

The office would also promote a coordinated program of in-home services, through public and private agencies, that would promote and maintain independent living and maximize human dignity. The program would include, but not be limited to, paid or volunteer homemaker services, personal care services, home health aide services, and chore services.

Two years after the effective date of the bill, the office would report to the legislative committees responsible for legislation dealing with older people on how a state wide continuum of care for older persons could be developed based on the information gathered from the demonstration projects, and on the cost of promoting and assuring statewide availability of the continuum of care. The bill would be repealed two years after its effective date.

***FISCAL IMPLICATIONS:***

According to the House Fiscal Agency, the bill would have no fiscal implications to the state. (9-30-87)

***ARGUMENTS:***

***For:***

According to the Office of Services to the Aging' 1985 Needs Survey of the 60 and over population, 86 percent of the elderly are discharged from the hospital to home with no services. If there are no services available the only alternative for the elderly is placement in a nursing home or some other form of institutionalization. With the increasing population of older persons, unnecessary Medicaid costs will only increase unless steps are taken to find other viable options. The bill is needed to help identify and coordinate services already available so that citizens will be served more effectively and unnecessary placement of citizens in nursing homes can be avoided.

***Against:***

The bill is too vague and assumes that private agencies will freely cooperate with the public agencies attempting to set up the long-term continuum care system. For example, the bill does not explain specifically how coordination of long-term care would work. How, exactly, would the office "promote" a system of long-term care? Who's to say that private agencies will contribute information about their services? How will coordination affect patient confidentiality when agencies are trying to determine appropriate care?

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OVER

Further, the bill is confusing because it states that care management would be "implemented" with the maximum input of the older person affected. This appears to mandate the Office of Services to the Aging to implement some sort of new program, instead of coordinating programs already in existence.

**Response:** The bill is not vague it clearly states its intentions and the way in which programs would be coordinated. Because most nursing homes would prefer having patients pay directly as opposed to receiving Medicaid payments, it seems logical that they would cooperate as much as possible in order to alleviate the need for Medicaid beds.

Further, the term "implement" is needed to ensure that a care management plan will not be developed without the serious input of the person for whom the plan is being developed.

**Rebuttal:** It is very hard to get agencies that normally work together to cooperate; it is naive to think that private agencies would cooperate and freely divulge explicit information about their services and patients. In addition, although it is true that private nursing homes do prefer to house persons that pay directly as opposed to those using Medicaid payments, at times when beds were available businesses would probably do everything in their power to keep their patients.

### ***POSITIONS:***

The Office of Services to the Aging supports the bill.  
(9-30-87)

The Michigan Commission on Services to the Aging supports the bill. (9-30-87)