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BILL ANALYSIS

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Senate Fiscal Agency

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House Bill 4648 (Substitute H-3)**Sponsor: Representative Nate Jonker****House Committee: Senior Citizens & Retirement****Senate Committee: Human Resources & Senior Citizens****Date Completed: 2-1-88*****SUMMARY OF HOUSE BILL 4648
(Substitute H-3) as passed by the House:***

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.
- Consult with the Departments of Mental Health, Public Health, and Social Services; 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 produced the most humane, holistic, effective, and efficient delivery of services.
- Create projects located throughout the State to obtain experience and data necessary to implement the statewide continuum of care.

Long-Term Care

The office would have to 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 ensure that as the older person's need for services changed, the services delivered would change appropriately. To the greatest extent possible, the office also would have to 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 implemented with the maximum input of the older person affected and would include: an initial assessment of which long-term care services, if any, were required for an older person, development of a plan of care for the older person that included options and encouragement toward optimal functioning and independence, implementation of the plan of care, monitoring of the older person's changing needs for services and modification of the plan of care when reasonable.

As defined by the bill, long-term care would encompass all forms of preventive health and well-being promotion services and include care administered in a nursing home or other institutional setting, hospice care, home health care and other in-home services provided by public and private agencies, and care given to an older person in his or her home by family members, friends, and volunteers.

Preadmission Screening

Under the bill, the office would be required to 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 would be placed most appropriately in a nursing home or other institutional setting, or could 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.

Respite Care

A coordinated program of respite care would have to 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 and relief and 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.

In-Home Services/Adult Day Care

The office would also have to 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. Further, the office would have to promote a program of adult day care by which older persons requiring long-term care could receive, through public and private agencies, education, social situations, therapy, nutrition, health and social services, companionship within a group setting, and opportunities to serve others. These services and opportunities would be provided as needed or at regular intervals each week.

Report/Repeal

Two years after the effective date of the bill, the office would have to report to the legislative committees responsible for legislation dealing with older people on how a statewide continuum of care for older persons could be developed based on the information gathered from the projects and general research, 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.

Legislative Analyst: L. Burghardt

FISCAL IMPACT

The bill would have an indeterminate impact on State

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government. The Office of Services to the Aging reports that it already is processing information from a demonstration project and that no new costs would be incurred by the Office as a result of this bill. The impact that this bill would have on Medicaid costs cannot be estimated.

Fiscal Analyst: B. Bowerman

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.