Michigan Programs to Support Family Caregivers
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What does Michigan’s elderly population look like?

Michigan has 1,290,000 individuals 65 years of age or older, representing 12.3% of the population; individuals 85 years of age and over represent about 1.4% of the population. These Michigan figures are similar to national figures. However, as shown in Figure 1, a larger proportion of Michigan seniors live below the poverty line or live alone. Only 37.3% live in major cities, and getting services to homebound people in rural areas can be a major challenge. In addition, Michigan has a number of elderly individuals who are caring for their grandchildren, as approximately 3.1% of children live with a grandparent who is 65 years of age or older. All of these factors indicate a potentially large need for caregiver support services.

Demographics for Persons Age 65 and Over

Family Caregivers

Michigan has approximately one million informal (family & friends) caregivers who perform over 1 billion hours of caregiving annually. Their unreimbursed services have a value of more than $9 billion.

How does Michigan support family caregivers?

Michigan has four programs, totaling more than $22 million, that provide some level of support to family caregivers. The largest program, MI Choice, is a Medicaid home and community-based waiver program administered by the Michigan Department of Community Health. One other federal and two state funded programs are administered by the Michigan Office of Services to the Aging (OSA) at the state level and by the 16 Area Agencies on Aging (AAAs) at the local level. Because requirements and funding streams differ, we will discuss each program separately.

Federal and State Funded: MI Choice Medicaid Waiver Program

MI Choice is Michigan’s 1915 (c) Medicaid waiver program, providing an alternative to nursing home care. Funded by state and matching federal Medicaid dollars, this program provides low-income elderly and disabled individuals with Medicaid-covered services comparable to those provided in nursing homes but within the person’s own home. Services must be directed toward the recipient; however, several services, particularly respite care, benefit the caregiver as well. The waiver serves approximately 8,000 elderly and disabled individuals a year. For respite care, the service that most directly benefits family caregivers, the total expenditure in FY 2002 was $10,063,820.

Who may receive MI Choice services?

Eligible persons must be 18 or older with a disability, or elderly (65 years or older) with an income that is no more than 300% of the eligibility level for adults receiving Medicaid, which is 100% of the Federal Poverty Level or eligibility for Supplemental Security Income. Currently in Michigan, the income eligibility level is $1692/month for an individual.

What services are offered?

MI Choice services are targeted to the aged or disabled individuals rather than the caregiver. Covered services include:

- Respite in-home care and adult day care
- Homemaker services
- Personal care
- Chore Services
- Private duty nursing
- Environmental modifications
- Personal Emergency Response systems
- Transportation
- Medical supplies and equipment
- Home-delivered meals
- Counseling
- Training in independent living skills
Michigan Family Impact Seminars

- Nursing facility transition services for nursing home residents to assist them in transitioning to a community-based setting

Respite services, which allow for out of home respite up to 30 days per year, medical supplies and equipment, and counseling can also benefit the family caregiver. However, MI Choice will not pay family members to provide homemaker or chore services or personal care.

How are service needs determined?

Generally, the person applying for services receives a visit from a nurse/social worker team from the agency who assess the client’s needs. A Cash and Counseling program offers additional consumer choice in services and service providers.

What is Cash and Counseling?

Funded by the Robert Wood Johnson Foundation in addition to Medicaid and local funds, this pilot program is targeting 600 consumers in the MI Choice program at three pilot sites. The program offers greater consumer choice by issuing vouchers for services within an agreed-upon plan of services and allows the consumer to determine who will provide these services. The managing agency offers education and counseling about service options and providers of services.

For more information about Cash and Counseling contact: Michael Head, Director, Office of Consumer-Directed Home and Community-Based Services, Michigan Department of Community Health. Phone: (517) 335-0276; e-mail: head@michigan.gov.

Where can one find out about MI Choice services?

MI Choice services are provided through waiver providers around the state. Many are AAAs; others are health or human service agencies. More information about agencies that administer MI Choice services can be found on the Web at: http://www.michigan.gov/mdch/0,1607,7-132-2943_4857_5045-16263–00.html.

Federally Funded with State Match: Family Caregiver Support Program

The federal National Family Caregiver Support Program (U.S. Department of Health and Human Services/Administration on Aging, Michigan Office of Services to the Aging) provides funds that are allocated to Area Agencies on Aging (AAAs) for services to family caregivers. It also underwrites some kinship care services (services to grandparents raising grandchildren). In FY 2003, program expenditures in Michigan were $4,727,473.

Who is eligible?

Services are offered to caregivers of individuals 60 or older or caregivers themselves who are 60 or older and are caring for someone who needs assistance with two or more activities of daily living or has a cognitive impairment and has limited ability to care for him/herself. In order to be eligible for kinship care services, a grandparent must be 60 years or older and caring for a grandchild who is 17 years of age or younger. States are required to serve those with greatest social and economic need, although there are no income requirements.

What services are offered?

The program funds a number of services for caregivers, including:

- Information
- Assistance
- Counseling/Support Groups/Training
• Respite services (adult day services, in-home care, overnight or weekend)
• Supplemental services (e.g., transportation, consumable supplies)

Families cannot be paid to provide care.

Do consumers have a choice in services?

Some regions allow for the use of vouchers for respite and consumable supplies. Families have a choice of respite providers.

Where can one get more information?

The program is administered through local AAAs.

State-funded: Escheat Respite Program

The State Escheat Respite Program was created by Michigan Legislative mandate through Public Act 171 of 1990. The State Escheat Fund, administered by OSA, is allocated to each of the 16 AAAs based on a formula. In FY 2003, expenditures were $2,442,565.8

Who is eligible for services?

Caregivers who are 60 year or older, or caregivers of individuals who are 60 years or older can receive services. State statute requires agencies to serve those with greatest social and economic need, although there are no income requirements.

What services are provided?

The State Escheat Program funds only respite services. This includes adult day care or in-home care.

Where can one get more information?

The program is administered through local AAAs.

State-Funded: Tobacco Settlement Caregiver Respite Program

This program is funded with Tobacco Settlement money through the AAAs and Non-AAA’s based on formula. FY 2003 expenditures were $4,972,401.9

Who is eligible?

Caregivers of individuals over 18 years of age with a medical disability are eligible. For persons 60 years of age or older, there is no functional status requirement. State statute requires agencies to serve those with greatest social and economic need, although there are no income requirements.

What services are offered?

This program pays for respite services, including in-home care, adult day care and transportation.

Where can individuals apply for services?

Many of these services are administered through the local AAAs. In addition, certain other providers of Medicaid Waiver services also provide respite services through this program.

I. Escheat refers to unclaimed reimbursements or payments made by Blue Cross/Blue Shield of Michigan that revert back to the state and are set aside for health-related programs.
Do home and community-based services save money?

Nationally, the average cost of home-based services for an individual is $485 per month, compared to $2426 per month for nursing home care. [In Michigan] the average monthly Medicaid expenditure for nursing home care is over $3200]. Thus, the per capita expenditure is definitely less, but to assess the total cost, one must take into account the additional demand that offering this service may generate. Some people who would not accept nursing home services, would sign up for services in their own home, creating a "woodwork effect" of increased demand for services.

The State of Pennsylvania is conducting a cost analysis to determine whether home and community-based care is still less expensive when the woodwork effect is taken into account. Data from this study was not available at the time of this printing.

For more information contact: Dan McGuire, Director, Bureau of Home and Community-Based Services, Pennsylvania Department of Aging, Forum Place 555 Walnut Street, Harrisburg, PA, dmcguire@state.pa.us