

# Aging and Adult Services Videoconference: Long-term Care Consultation Expansion

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## Overview

- Background
- Stakeholders involvement
- The Road Shows
- Requirements
- Roles
- The Details



## IN THE NEWS

Minnesota's rainy day fund is drained, and now we're in a budget storm  
By Sharon Schmickle | Friday, Feb. 12, 2010

Medicaid's Ticking Bomb - Long Term Care - Could Wipe Out State Budgets  
... "Will nearly double by 2030"  
Kaiser Health News (2010)

State Budget Cutbacks: A Job Market Drag?

Time Magazine (2011)

Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets – Government Accounting Office (2002)

As Metlife exits long-term care, Boomers get nervous about old age. Bizmology (2010)

**Minnesota outlook: 'We have an economic tsunami coming our way': State leaders fear unprecedented fiscal crisis (2009)**  
**Published on AllBusiness.com**

# In the recent News



## Motivators for Change

- “Nearly two-thirds of people over age 65 will need long-term care at home or through adult day health care, or care in an assisted living facility or nursing home. While most people think of long-term care as impacting only those seniors years, 40 percent of people currently receiving long-term care services are ages 18-64.”

Source: Genworth Financial Cost of Care Survey 2010 and U.S. Department of Health and Human Services National Clearinghouse for Long Term Care Information, 10/22/08.



## Motivators for Change

### Nursing home level of care criteria/Contingent rate reduction

- DHS will apply for a federal waiver to implement new nursing facility level of care criteria on July 1, 2012, which is 18 months earlier than scheduled.
- The change directs people with lower care needs to other supports while ensuring nursing home care for people with the greatest needs.
- If the waiver is not granted, an additional 1.67 percent rate cut for long-term care providers (except nursing facilities) will be imposed from July 1, 2012, to Dec. 31, 2013. The rate reduction would be required to make up for lost savings from not implementing the initiative.\*

*\*DHS Fast Facts – 2011 Legislative Session*

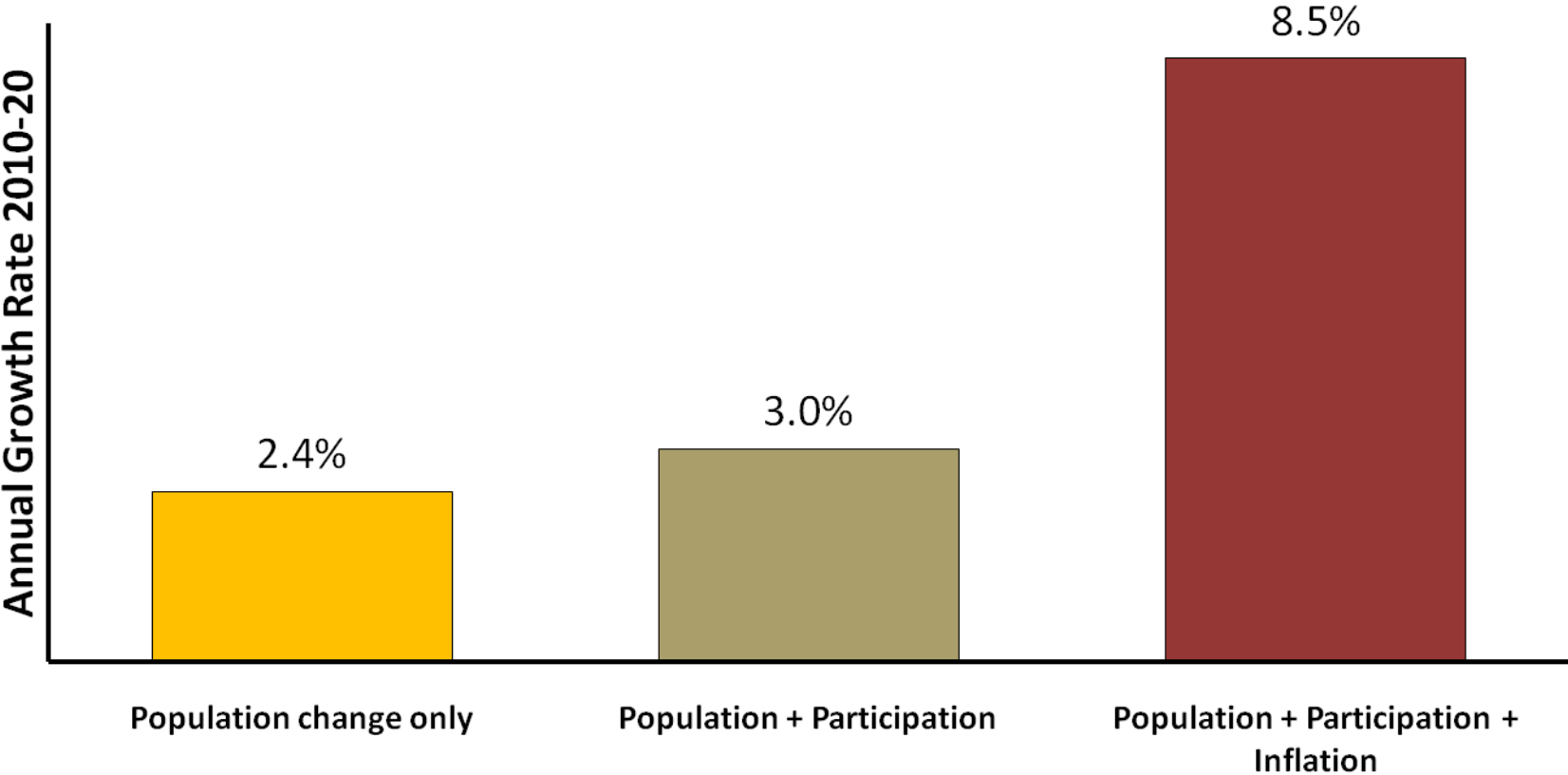


## Motivators for Change

- The new level of care changes would redirect resources to higher need people as part of our long-term sustainability and consistency in terms of access.
- Most importantly, the changes may impact the number of people
- Consumers need to be aware of these potential change and plan accordingly



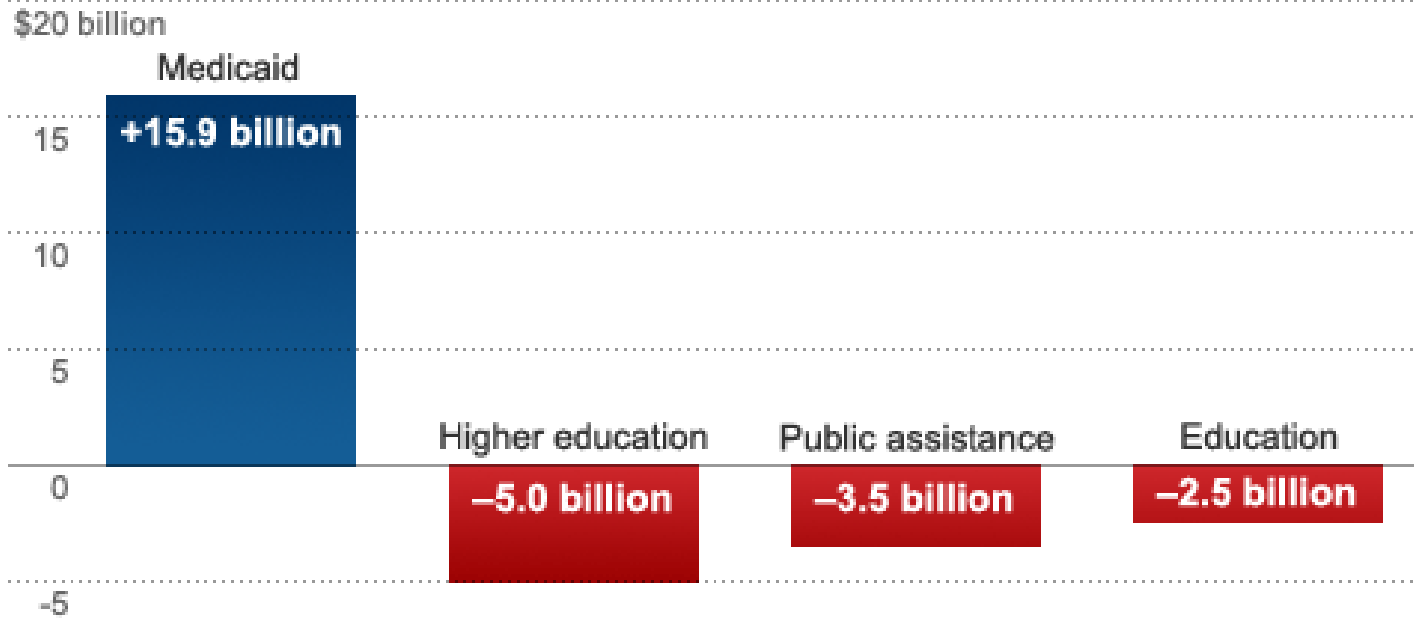
# Projected 2010-2020 Rate of Change in Minnesota Elderly Medical Assistance Costs



Minnesota State Demographic Center projection with assistance of Mn Dept of Human Services

# National Aggregate Of State Spending Proposals For FY2012

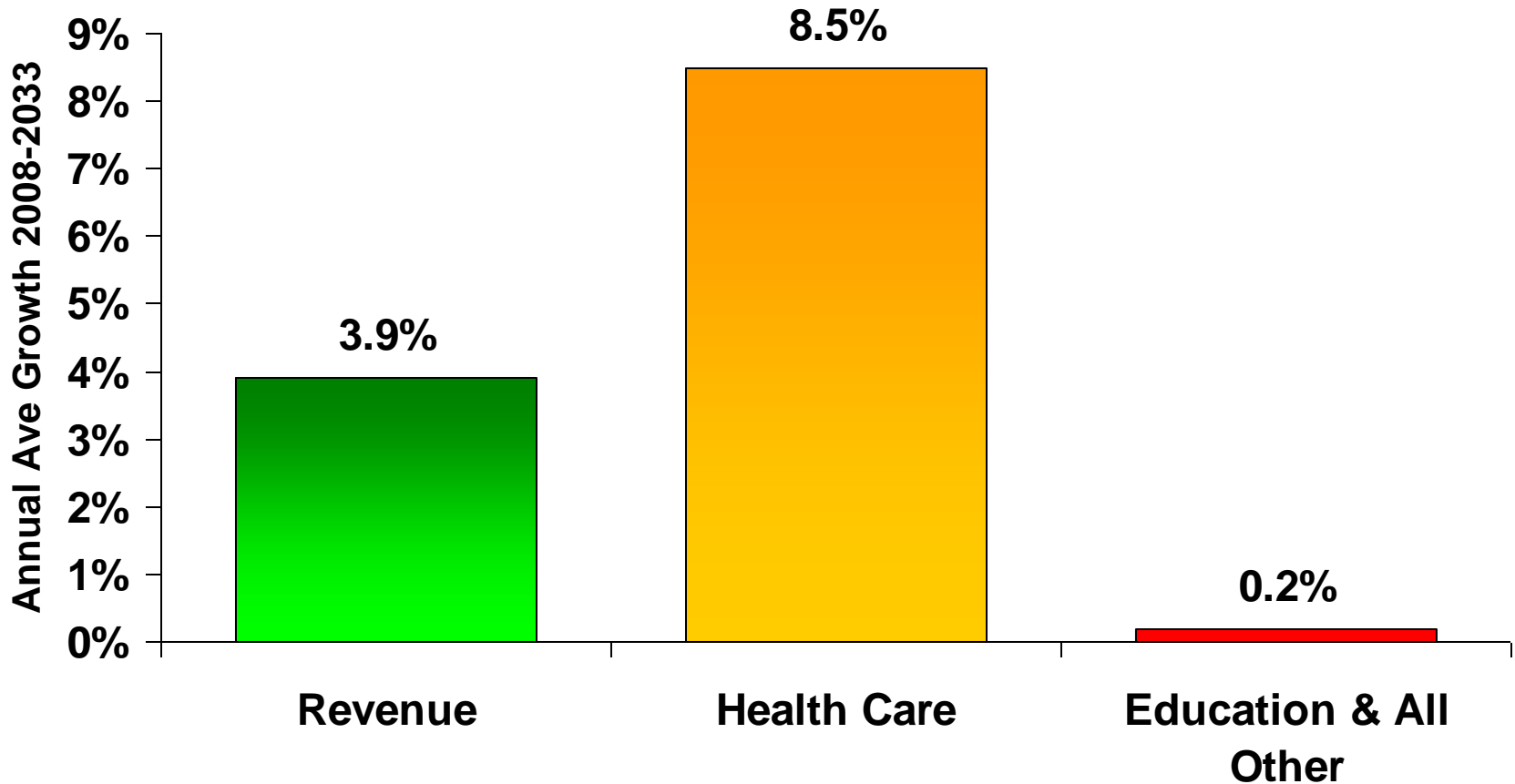
## STATE SPENDING PROPOSALS FOR 2012



SOURCE: NATIONAL GOVERNORS ASSOCIATION/NATIONAL ASSOCIATION OF STATE BUDGET OFFICERS

CNN Money, June 2, 2011, NASBO  
Spring 2011 Fiscal Survey of States

# If State Health Care Costs Continue Their Current Trend, State Spending On Other Services Can't Grow



General Fund Spending Outlook, presentation to the Budget Trends Commission, August 2008, Dybdal, Reitan and Broat

## Why did LTCC Expansion Pass?

- Legislature had to make a decision about the budget
  - The options available
    - A. balance the budget through cuts
    - B. increase sources of revenues
    - C. borrowing or delayed payments
  - The legislature chose A and C and this was one of the proposals adopted to achieve the savings
- Some members of legislature have expressed concerned about assisted living, spend down into EW and increasing costs to the state budget overall.
- Regardless – this initiative has the potential to have a **positive** impact because information supporting choices is *always* good for Minnesota citizens.



## Elderly Waiver

- EW enrollment in FY 2011
  - 28,098 consumers
  - Average monthly enrollment for EW is 22,500
    - Use of Customized Living services
      - 35% of all EW consumers use Customized Living
      - Estimate 7,875 receive service on a monthly basis
      - During FY 2011, 9,834 consumers received Customized Living

Source of data MN Dept of Human Services



## Background

- 2007
  - Legislature amended Minnesota Statutes, Section 256B.0911 governing Long Term Care Consultation Services to include a new service called ***transitional consultation*** service for people entering assisted living.



## Background

- During the 2009 and 2010 sessions Senators and Representatives requested a revised proposal from DHS to implement this service as a requirement for consumers.
- DHS presented these proposals – there was testimony in committees
- These were called “mandatory transitional consultation. The proposals had a variety of level of interest by the committees.
- A revised proposal was requested during the 2011 special session and was adopted as LTCC Expansion.



## Background

- 2011
  - Legislature amended the same statute to require all registered housing with services to give the information with some exceptions.
    - Must be implemented statewide on October 1, 2011
    - Consumers are required to call and get a verification code. Providers are required to put a verification code in their file.



## Statutory Change

Sec. 14. Minnesota Statutes 2010, section 256B.0911, subdivision 3c, was amended:

Subd. 3c. Transition to Consultation for housing with services.

(a) Housing with services establishments offering or providing assisted living under chapter 144G shall inform all prospective residents of the availability of and contact information for transitional consultation services under this subdivision prior to executing a lease or contract with the prospective resident.



## The Law: Changes to the Service

- Information has to be made available to *prospective Housing with Services residents*.
- *Consumer must get a “verification code” from SLL showing that they called.*
- When the call comes in, the SLL must provide Transitional Housing with Services Consultation must be provided within five working days of the request of the prospective resident.
- A face-to-face LTCC visit may be requested by the client or caregiver, without regard to resource level, as a result of participating in the Transition to Housing with Services Consultation (this is determined through the Rapid Screen – screening for risks).
- *The Senior LinkAge Line® will do additional follow up.*



# Consulting with Stakeholders



## Involvement of Stakeholders

- On August 10<sup>th</sup> stakeholders gathered to provide input for the Long Term Care Consultation Expansion reform
- Stakeholders included-Reps from Aging Services of MN, Care Providers, Counties, Health Plans, Advocacy Organizations, Ombudsman Office, Area Agency on Aging and Senior LinkAge Line®



# Accomplishments of the Business Process Modeling

- Review our as-is process
- Develop the to-be process based on the as-is
- Conceptualize protocols that will need to be developed
- Identify system changes to customer relationship management/data tracking tools used by the Senior LinkAge Line® and county LTCC
- Flush out any operational barriers that may be present



## What we've heard: On the positive side

- Information is good
  - An important service to inform consumers about services, housing and all options
  - Getting info to people to help people make choices
  - I love it! People need to understand options in an objective non-pressured way
  - Consumers have yet another opportunity to learn about home and community based services
  - I like it because seniors will be required to consider and make informed decisions
- Choice
  - Consumers Have Choice/Making sure people have the tools to make meaningful choices
  - I like that SLL is a neutral party in the mix



## What we've heard: On the positive side

- Choice
  - People who can't afford high cost service will be able to make cost effective decisions
  - Like that seniors have choice and can make educated decisions
  - Consumer knowledge
  - Making sure people have the tools to make meaningful choices
  - Empowers individuals to make good decisions
  - Education for seniors and families
  - It will help some seniors make better choices
    - (if they were not aware before talking with SLL)
- Affects All people regardless of payor source
  - Persons and families regardless of income will be informed through multiple options of choices for long-term care
  - Available for seniors who may need help



## What we've heard: On the positive side

- System Improvements
  - It could help the communication between providers and counties that can always be improved upon
  - Keep people in home that can be
  - Track refused people by their code to see if down the road they end up on a waiver
  - Will save money for the state of MN
  - Policy supports/promotes education and independent choices, consumers centered
  - Seniors will learn to make better use of community services
  - This is a great opportunity for lead agencies and linkage line to work together.
  - If we all do this right, we can work as partners with the providers



## What we've heard: On the positive side

- Comparisons
  - Ability for seniors and their families have the chance to really have compare information on options
  - Offering different options to all people, consumer directed, who may not have access like MA people spending down in home using FSE)
  - Offering consumers choices and the information to make necessary decisions can only be a positive thing



# What we've heard: Concerns

- Timing of Delivery of Information
  - Process will affect consumers who need immediate access
  - It delays the opportunity for seniors to move to their new home
  - Could delay a move that is necessary
  - Info about options should be marketed when people are younger- where you're 88 and looking at HWS- it's too late
  - Process of getting certificate will be more work and time consuming!
  - Contact with SLL and education occurs late... after decision has been, with some effort, has been arrived
- Will Spur Competition
  - Will create even greater competition among HWS to have a "wow factor" in an already competitive market
- Forced Choice/Information
  - Force of screening to seniors-discrimination
  - Should not be mandatory
  - Disregards seniors lifelong lessons and assumes they cannot make decisions
  - Ageism
  - How will you explain to someone who has the financial resources why the state determines their LTC choices
  - Required for all regardless of payment of financial status
  - Applying to everyone even private pay- isn't that a bit overacting
  - ts ageist to assume seniors can't make good decisions without gov't help
- SLL
  - Can't assume that SLL will know all options and choices that exist



# What we've heard: Concerns

- How quickly things will happen
  - Refusals
  - Quick? Slow? Need documentation?
  - How often do they go through counseling? Every time housing option considered?
  - What do housing people need to document?
  - How quickly will response come? Hours? Sometimes necessary
- Legislative Process
  - The process- zero collaboration-until laws are passed
  - Offering the service is generally good, I just think it's at the wrong point in the decision making process to get the cost savings desired
- Process Intensive
  - Process seems a bit complicated... excess paperwork
  - Will likely slow the process of information collecting assessments and move-in to housing and seniors, AL, MC, etc
  - Dates not accommodate for people with disabilities
  - No exception for emergency situations (can't stay out at hospital and can't go home)
- Provider concerns
  - Not a proposal where we had input
  - Threatening to providers
  - DHS/MBA goal is to reduce spending on Medicaid and somehow that relates to providing consumer information
  - Potential negative impact on assisted living business



## Data about the LTCC and LTCOC

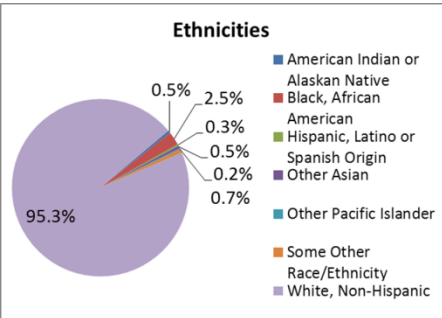
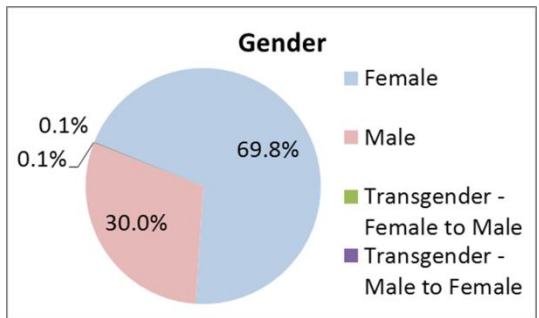
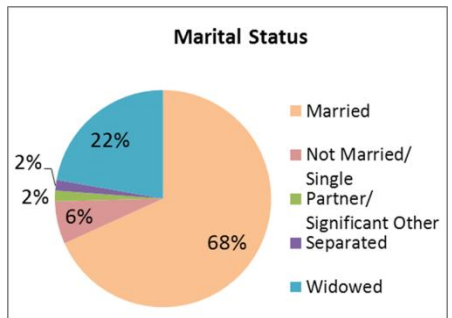
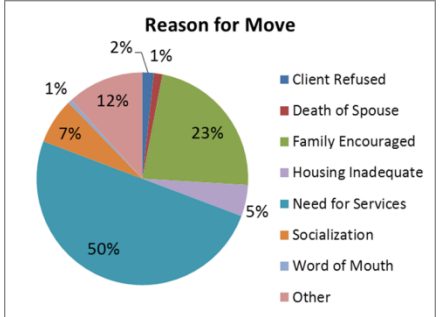
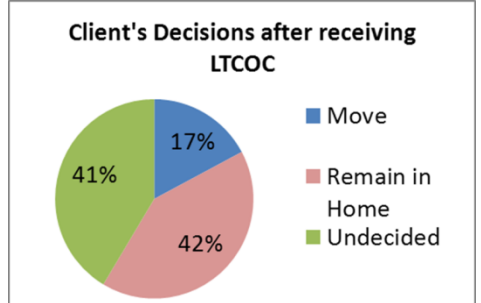
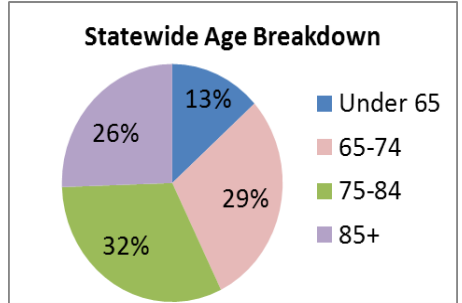


## Data Results From 2008 rollout – 2011

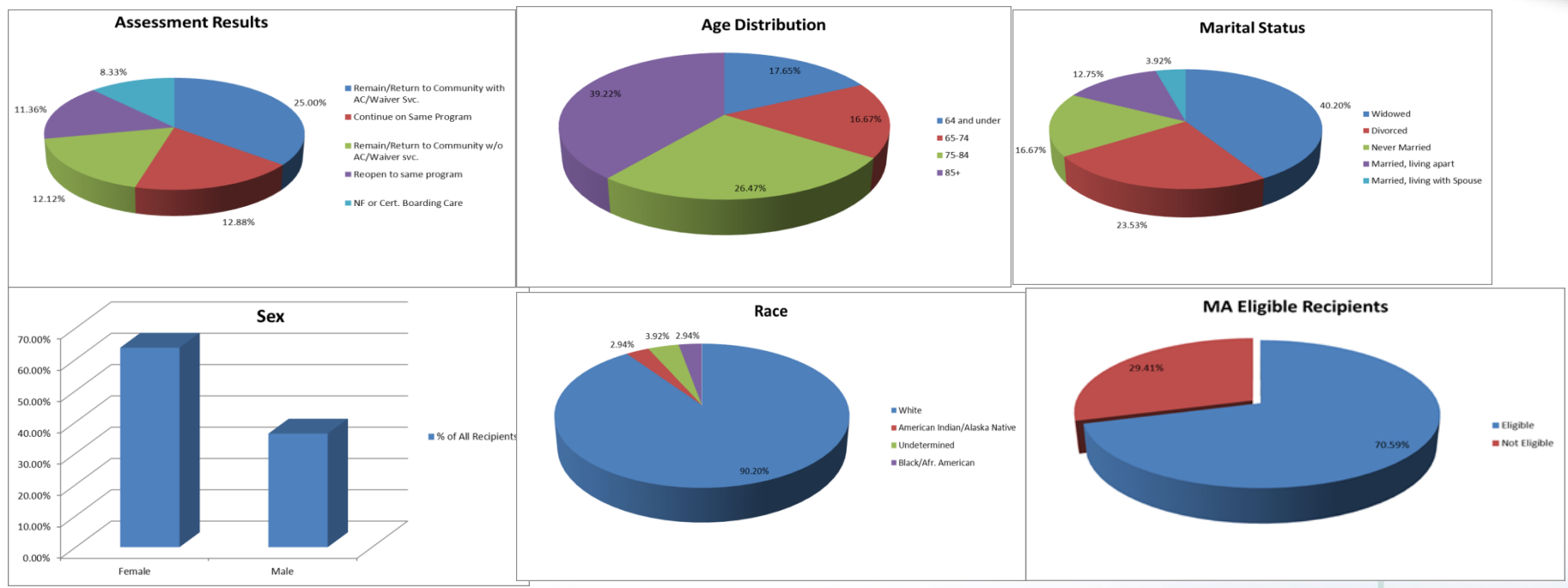
- Senior LinkAge Line® received calls from some consumers based on literature handed out by the HWS and referrals by others.



# SLL Data Results...10/1/08 to 7/31/11



# Long-term Care Consultation Results...10/1/08 to 7/31/11



# Roles



## Why does the idea of a point of entry to LTCC make so much sense?

- The Senior LinkAge Line ® and counties have successfully collaborated over the years in serving seniors.
- This proposal offers an opportunity to move toward more collaborative models of assisting seniors by establishing a point of entry to long-term care options counseling and long-term care consultation.
- There are new models in operation now that have tested these approaches.



## Continues a positive working relationship between LTCC and SLL by creating a “point of entry to long-term care”

- Continuing and even furthering the combination of telephone-based and in-person assistance with SLL doing telephone based assistance and County LTCC doing the face to face.
- Provides an opportunity for the 87 county Long-Term Care Consultation (LTCC) units, and the six Area Agencies on Aging (AAAs) to continue to and strengthen the partnership by building on each organization’s strengths.
- Continues to distributes LTCC funding between both agencies to support this service. New funding will go to SLL contact centers and to LTCC county units.
- The model continues to depend on the positive working relationships between the AAAs and county LTCC units.



## County/AAA Partnership-Chisago County Pilot

- In 2009, Chisago County and Central Minnesota Council on Aging established a collaborative contact center model in which:
  - Phone based pre admission screening was shifted to the St. Cloud Senior LinkAge Line®
  - Callers are screened for risk and as needed, sent to the county for face to face Long-term Care Consultation



## The Current Model:

- A combination of telephone-based and in-person assistance
  - SLL provides the telephone based assistance and
  - County LTCC conduct the face-to-face (initial face to face not reassessments).
- Reflects partnerships between the 87 county Long-Term Care Consultation (LTCC) units, and the six Area Agencies on Aging (AAAs)
- Distributes LTCC funding between both agencies to support this service
- The model depends on the positive working relationships between the AAAs and county LTCC units.



## Qualifications for providing Long-term Care Consultation

- County
- Health Plans
- Tribes
  
- Staff providing LTCC are usually nurses and/or social workers



## The County LTCC Strengths

- Experts in public eligibility processes
- Have the indepth expertise to perform needed face to face assessments around complex medical concerns and frailty
- Can identify the need for addressing safety concerns and also preventative strategies for aging and living well in the home
- Assists and supports relocations (familiar with various health care systems and available transitional supports)
- Connected with vulnerable adult systems
- Connected to the county mental health authority
- Connected to other social services which may impact across families



## The Senior LinkAge Line® Strengths

- Highly focused on private pay
- Consumers/families looking at financing options –
- Long-term care insurance, reverse mortgages, annuities, LTC Partnership
- Caregivers who need support to avoid burnout
- Medicare open enrollment-reviewing Part D options
- Consumer needs in-person assistance for applications
- Consumer transitioning from skilled nursing facilities to the community
- Specialized concerns/hot topics = e.g. Hospital observation status issues

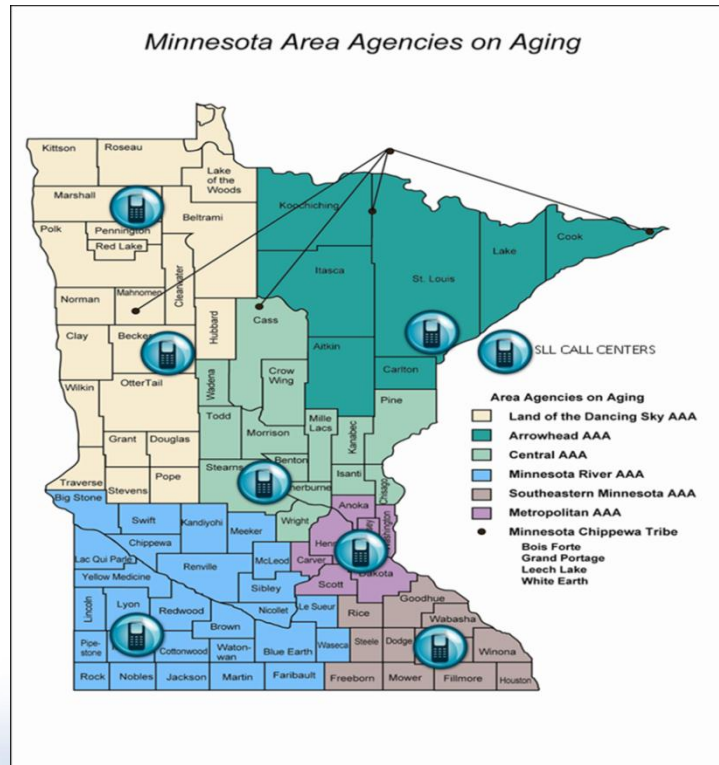


## Credentials of Long-term Care Options Counseling Staff of the SLL

- Senior LinkAge Line® staff must have:
  - social work degree; or
  - nursing degree; or
  - other related college degree
- Minnesota Board on Aging
  - reviews resume of each staff to be hired by the Area Agency on Aging for SLL work
  - provide monthly trainings
  - have established rigorous standards, assurances and protocols for providing the SLL service statewide



# Statewide Area Agencies on Aging and Senior LinkAge Line®



# THE DETAILS



## LTCC Consultation Expansion

- LTC Options Counseling (LTCOC) provided by the SLL
  - estimated to reach 30,000 annually
  - Increase phone based LTCOC provided by the Senior LinkAge Line®
- Increase face-to-face LTCC services (1800 annually) delivered by counties, health plans and tribes



## LTCC Expansion Service Requirements under State Law

- Information has to be made available to prospective Housing with Services residents. There are exemptions.
- When the call comes in, the SLL must provide Transitional Housing with Services Consultation within five working days of the request of the prospective resident.
- A face-to-face LTCC visit may be requested by the client or caregiver, without regard to resource level, as a result of participating in the Transition to Housing with Services Consultation
- The AAAs have implemented a follow-up strategy, the follow-up occurs 10 days after initial call to the SLL.



## Senior LinkAge Line® will:

- Take the calls
- Perform the rapid screen – identify the risks for the caller
- For high risk callers – refer them to LTCC at county for more in depth assessment
- For low and medium risk callers – identify ways to age well and live well.
- All callers will be offered an age in place packet.
- Verification of counseling through a random numeric code will be generated and provided to the prospective resident by Senior LinkAge Line® upon completion of the telephone-based counseling.



## What is provided during Long-term Care Options Counseling?

- Phone based conversation that includes
  - The Live Well at Home risk screen
  - Review of independent living options
  - Caregiver concerns and options for support
  - Review of financing options
- At the end of the phone based counseling
  - Senior LinkAge Line® staff provide the caller with a verification number



# The Rapid Screen

## SLC asks consumer about any challenges with the following:

- Walking
- Going to the bathroom
- Dressing
- Injurious fall or 3 or more falls in last 6 months
- Considered housing move to nursing home or housing with services
- Memory – very concerned
- Getting out of bed/chair
- Bathing
- Eating
- Caregiver not available
- Stressed caregiver
- Live alone
- Memory – somewhat concerned



# The Rapid Screen results

## Risk Level

- Based on how screening questions were answered, algorithm determines level of risk (3 possibilities)
  - Low Risk
  - Moderate Risk
  - High Risk



# The Rapid Screen results

## SLL actions based on Risk Level results

- **High Risk**
  - SLL connects consumer, with their consent, via a 3 way call to the county Long-term Care Consultant for a face-to-face assessment
  - SLL follows up with consumer in 10 days to check in to see what the consumer decided
- **Moderate Risk**
  - SLL provides risk management assistance
  - SLL uses LTC Navigator for a “light support plan” if consumer wants help seeking and setting up HCBS

## SLL actions based on Risk Level results

- **Low Risk**
  - SLL uses LTC Navigator for a “light support plan” if consumer wants help seeking and setting up HCBS

*All callers are offered an Age in Place Packet.*

### IMPORTANT

**Without regard to Risk level, SLL provides Long-term Care Options Counseling and information about the LTCC based on the consumer's request.**

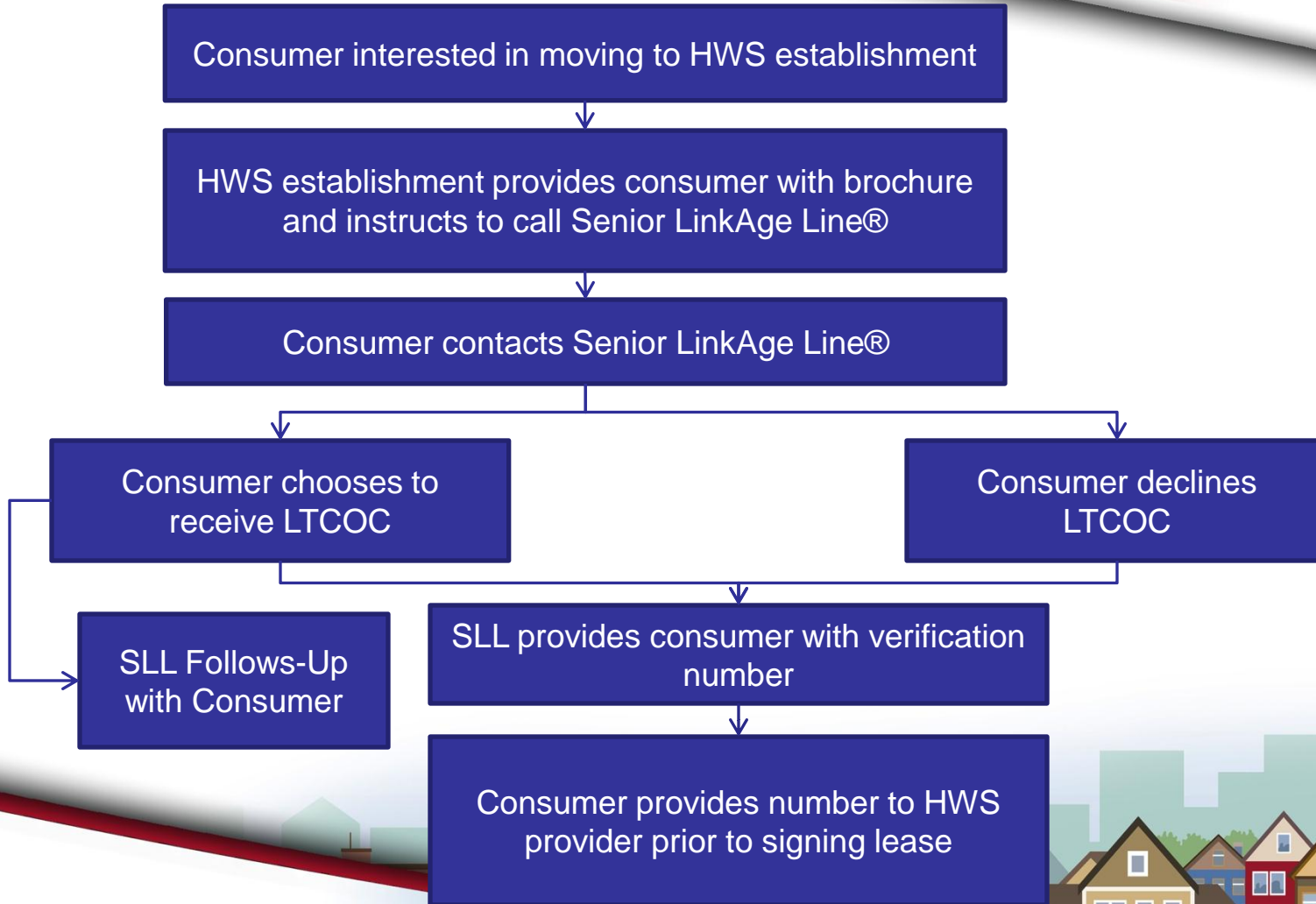


## The Verification Number

- Eleven digit: Alphanumeric
- Provided by the consumer to the Registered Housing with Services provider
- Provider maintains the verification number in the consumer's file
- Verification number will be stored in
  - MMIS
  - SLL Tracking system



## Process for SLL



## HWS Establishments will:

- Inform all prospective residents of the availability of and contact information for consultation services under this subdivision;
  - Except for individuals seeking lease-only arrangements in subsidized housing settings, receive a copy of the verification of counseling prior to executing a lease or service contract with the prospective resident, and prior to executing a service contract with individuals who have previously entered into lease-only arrangements; and
  - Retain a copy of the verification of counseling as part of the resident's file.



## Who is Exempt from the Process:

- The following people will not have to go through this process:  
Consumers who:
  - signed a lease or contract prior to October 1st, 2011.
  - had a face-to-face Long Term Care Consultation assessment for eligibility determination purposes prior to October 1st, 2011, i.e., consumers who are on the Elderly Waiver program or the Alternative Care grant.
  - went into a nursing facility for longer than 40 days (Consumers under the age of 65) and received a face-to-face Long Term Care Consultation assessment as a result of a referral by nursing facility staff.
  - did not call for counseling, but the Senior LinkAge Line® referred them to the county, and the consumer received a face-to-face assessment from the county
  - Those who have a lease-only arrangement in a subsidized housing setting.



## Definition of Subsidized Housing

- As defined in the federal law ‘assisted housing’ is the following:
  - The Quality Housing and Work Responsibility Act of 1998 at § 579(a)(2) (42 U.S.C. § 13664(a)(2)) defines the term federally “assisted” housing as public housing, tenant and project-based section 8, section 202 (elderly congregate housing) of the Housing Act of 1959 (before and after the enactment of the Cranston-Gonzalez National Affordable Housing Act, section 811 of the Cranston-Gonzalez National Affordable Housing Act (disabled congregate housing), sections 221(d)(3) and 236 of the National Housing Act and section 514 or 515 (rural housing) of the Housing Act of 1949. In addition, the exemption will also cover 42 USC 1437 - Sec. 1437f. Low-income housing assistance projects that have been funded with either the Low-Income Housing Tax Credits (Internal Revenue Code Section 42) and/or the Tax-Exempt Private Activity Bonds issued and falling under the jurisdiction of Minnesota Housing.
  - The exemption for lease only arrangements will apply to any registered housing with service setting that falls under the definition of one of these federal programs as administered by HUD or a state initiative administered by Minnesota Housing. A consumer who enters a lease only arrangement with a subsidized housing provider that meets the definition above and is required to register as a Housing with Service provider per Minnesota State Statute (is not optionally registered under Minn. Stat. 144D.025.) will be exempt. This exemption does not apply to people who receive Section 8 vouchers since this is a federal program that provides a subsidy to an individual and not a setting and the statute specifically refers to a “setting”.



## Prospective Residents:

- Are not:
  - people who live in the setting now.
  - And are renewing a lease.
- But are:
  - People coming for a short term respite stay
  - Are coming into a setting from a health care provider (include SNF, hospital or emergency room) and did not get a LTCC face to face.
  - A spouse and a partner (each get a code)



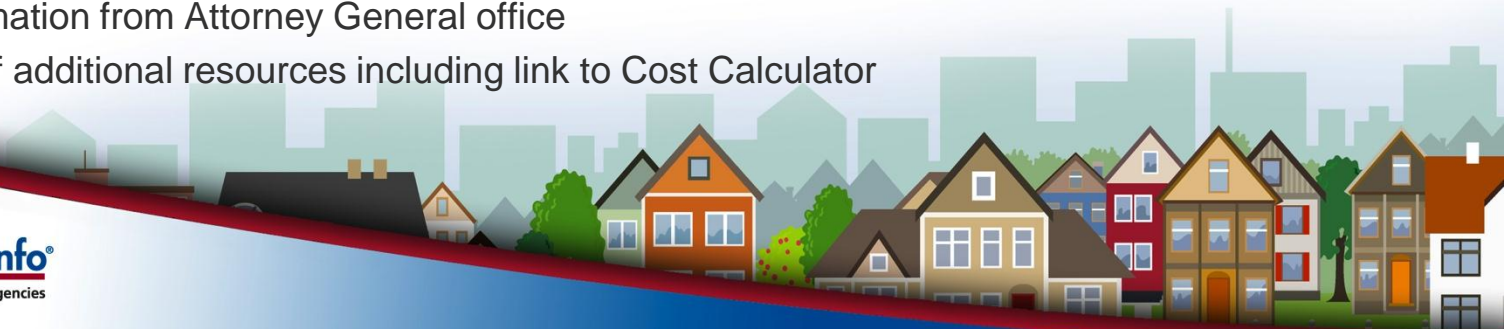
# The Timeline for Implementation

- Amendment passed and State Government Shutdown ends
  - July 20
- Business Process Modeling with stakeholders
  - August 10
- Ten Road Shows conducted throughout Minnesota
  - August 18 – September 8
- Two videoconferences held
  - September 22
- FAQ updated after videoconferences
- DHS Bulletin in development and releases asap
- Letter and brochures mailed to providers
  - September 23



# The Timeline for Implementation

- Age in Place Packet to be finalized
  - Plan ahead for life's changes
  - Falls prevention
  - Financing
  - Home Safety
  - What to ask when considering housing with services
  - Housing Options for Older Adults
  - What does Class A or Class F mean for Home Health Care
  - Planning Ahead booklet
  - Ombudsman resources
  - Medicare tracking envelope
  - Senior LinkAge Line A One Stop Shop for Minnesota Seniors - brochure and magnet
  - Information from Attorney General office
  - List of additional resources including link to Cost Calculator



## The Timeline for Implementation

- DHS Bulletin issued
  - September
- Protocols and training for SLL
  - September
- Launch of Long-term Care Consultation Expansion
  - October 1, 2011
- After Hours Form Implemented on [www.mnaging.org](http://www.mnaging.org)
  - October 1, 2011



## Some final thoughts

- Please send your questions by email to the following MN Department of Human Services address: [mba@state.mn.us](mailto:mba@state.mn.us)

Thank you

