

## **Long Term Care Consultation Expansion to Registered Housing with Services**

Changes to the Long Term Care Consultation (LTCC) statutes were made during the Legislative Special Session in July 2011. This initiative is an expansion of LTCC and Long Term Care Options Counseling (LTCOC) and is available to people of all ages who want to move into a Registered housing with services setting.

Housing with services settings are a helpful option for some people. They can offer an opportunity to get care and help with daily living in a home-like environment to people who cannot live independently in their own homes or who have no support to do so. For those who do careful planning and can afford this option, it is a viable alternative to remaining in one's home.

The expanded LTCC service will offer LTCOC to people who are considering a move to a Registered housing with services, estimated to be 30,000 Minnesotans per year.

This initiative will increase access to the existing phone-based LTCOC service provided by the Senior LinkAge Line<sup>®</sup> and the face-to-face LTCC services delivered by counties, tribes and health plans. Through this collaborative model all Registered Housing with Services providers must provide information to all prospective residents that they should contact the Senior LinkAge Line<sup>®</sup> for options counseling. Callers would then be offered a phone-based conversation that includes:

- a. The Live Well at Home risk screen - this screen determines how well callers are managing activities of daily living, whether they have access to caregivers, and other resources available to support daily living.
- b. Review independent living options - including a review of ways to remain in one's home such as home modifications and consumer directed supports.
- c. Caregiver concerns and options for support - including referrals to caregiver consulting services that can assist with supporting the caregivers directly.
- d. Review of financing options - helping consumers understand their benefits or other financing options that may be available to support long-term care needs or even implementing a lower cost support plan that can help consumers live well and age well at home.

Once the LTCOC has occurred, the Senior LinkAge Line<sup>®</sup> staff will issue a verification code. The verification code can be provided to the Registered housing with service provider, who would maintain the verification in the consumer's file. For individuals participating in the Elderly Waiver Program, the verification number should be used to populate a field in the customized living rate-setting tool for Elderly Waiver services upon application. This effort will further develop a collaborative point of entry between the counties and the Senior LinkAge Line<sup>®</sup> contact centers.

The outcomes of this expansion effort will result in:

- *Increased access to information about choices along a “critical transition point” in long-term care decision-making.* Seniors and their caregivers express the need for better information in order to make better decisions and the need to have information at the times they are making decisions. A well-designed counseling and assistance service can assist them in making choices based on values and preferences that are important to them.
- *Simplified information about Registered housing with services options.* Long-term care choices are complex because they often involve not only health challenges and concerns but the best use of various insurances and resources. Housing with Services is an appropriate choice for many. Consumers need the best information possible to determine if it is the right choice for them and the right time to make that choice.
- *Consumers will get assistance to determine their needs and counseling to assist with matching needs to service offerings.* It is important for consumers to get information to help them determine which services, including which Registered housing with services, are the best match given their needs, values and preferences. For example, a senior might need help taking medication. Understanding the level of help needed and whether medication management is necessary is one example of understanding, up front, the level of service that a provider must offer.
- *Less risk for housing settings.* Some settings are experiencing situations when seniors are moved in by family members who do not have sufficient funding to afford the residence. Some consumers themselves make poor choices and go into settings prematurely without sufficient assets to cover the housing and service costs for their intended length of the stay – assuming that they will qualify for publicly funded waiver services and that there will be an opening available at the facility for a waiver client. As a result, some facilities complain that they are often stuck with the bill. Finance counseling prior to signing a contract will benefit both the company and the consumer to ensure an appropriate match and a long-term positive relationship. The expanded LTCC will likely result in a better match between the settings and the people that can afford this option. This will ultimately result in reduced risk to businesses.
- *Consumers will have one number to call for access to LTCOC.* Housing with Services settings are governed by Landlord/Tenants rules and regulations as well as licensing statutes and filings with the Minnesota Department of Health. It can be difficult for consumers to understand their rights with regard to both housing and services. For example, can the facility ask a consumer to leave? For what reasons? If so, where will s/he move if she has sold her home? Can s/he appeal that decision? What happens if the consumer runs out of money? What are the consumer’s rights related to services?
- *Increased trust for consumers.* If consumers enter into contractual arrangements based on a more complete understanding of the impact of their decisions, they

are far more likely to make better initial choices, and to be satisfied with their choices. The critical nature of the need for this information at the right time and place has been noted in many research studies and reports issued to the legislature over the last decade. The industry can benefit from consumers' perception of ease of access to information and supportive decision making when it is bundled in a positive manner with marketing literature.

## **Questions and Answers about the LTCC Expansion**

**Q: How will the “verification” get to the consumer and/or the Registered housing with services provider and how long will it take?**

Business process modeling was conducted with stakeholder participation from a variety of groups. The goal of a process modeling session is to determine how the protocols needed to support the model, and how tools currently used by the Senior LinkAge Line<sup>®</sup> staff will be changed in order to accommodate the protocols. Models were completed with rigorous input. The group identified several key areas for further clarification and development including: after hours and crisis moves; the need for a clear process for those consumers that want to decline the counseling; and the way in which to issue the verification. The result is that the verification will be issued in the form of an alphanumeric code. The consumer can choose to *write down the code* during the call. Also, the Senior LinkAge Line<sup>®</sup> will *mail* the code to the consumer's address.

**Q: Will the Senior LinkAge Line<sup>®</sup> keep a record of who has gone through consultation in case the consumer loses the verification?**

Yes. The verification was designed to be as easy to access as possible for all concerned but yet attend to each caller's privacy rights and values. Callers can get another copy sent.

**Q: Are the Area Agencies on Aging staffed sufficiently to complete the consultation within five days?**

New funding will allow the Area Agencies on Aging and the counties to supplement staff for call handling and Long Term Care face-to-face assessment referrals from Senior LinkAge Line<sup>®</sup>.

**Q: What is the average response time for calls to Senior LinkAge Line<sup>®</sup> now?**

According to our standards, we strive for live voice, and we strive to return voicemails within one business day. The majority of our calls are handled based on the initial call.

**Q: How many calls are they handling per week on average?**

Call volume varies depending on the season. It is higher during the fall and Medicare open enrollment.

**Q: What is the expected increase in call volume due to this change?**

It will be dependent on a variety of factors including the volume of information that is being distributed through Registered housing with services providers according to state law. At the most, it would be 30,000 calls annually.

**Q: Open enrollment will start around the time this consultation goes into effect. What types of calls will receive priority from Senior LinkAge Line®?**

All calls are treated equally. We strive for the best customer service possible. The Senior LinkAge Line® is planning some new call routing strategies to handle the volume and achieve live voice. However, it is a call center and all call centers have ebb and flow to its call volume. If everyone calls at 8:30 a.m. it will be difficult to get through.

**Q: How will this requirement be enforced? What is the enforcement mechanism—who enforces and how? What will the consequences be to consumers and Registered housing with services establishments?**

The statute requires the Registered housing with services setting to receive this verification prior to obtaining signatures on a service contract or lease. For Elderly Waiver consumers: Like other waiver requirements, this would be a condition of the lead agency contract and noncompliance may instigate review under existing processes as per quality assurance provisions in the contract. The verification number will need to be entered into the customized living tool. Staff members will also cross-check for verification numbers on a randomized basis across the tools to determine that they match the Senior LinkAge Line® information. However, it should be noted that the ultimate goal is to create a way for consumers to get access to the best information at the right time so that they can make the best decisions for themselves, not to penalize people.

**Q: Will completion of the in-person LTCC assessment delay the receipt of the consultation verification?**

No. The verification is provided at the completion of the phone-based consultation. That said, the in-person LTCC will be a very helpful part of the process of assessing consumer needs and ensuring consumer decision support. It will also assist in development of community support plans, including plans that reflect consumer choice of Registered housing with services. A face-to face LTCC visit will be recommended to all individuals who screen at high risk during the phone-based session. (See a screen shot of the risk screen questions that are currently used after the question and answer section in this handout.)

**Q: Five working days are allowed for the consultation, which may be by telephone.**

- **If an in-person assessment is needed, is there any time frame for completion of that assessment beyond what is already in current law?**
- **How will it be determined that an in-person assessment is recommended or is necessary to qualify for public assistance?**
- **If the person is being referred to LTCC for an in-person assessment, will the verification of the telephone consultation be issued anyway and will it be issued prior to the completion of the in-person assessment?**

There was no change to the statutory process requirements for a Long Term Care Consultation. The statute does not limit access to a Long Term Care.

The Senior LinkAge Line® does not have a role in public assistance eligibility determination. This referral does not impact that in any way. If a referral is made for a Long Term Care Consultation those processes will apply. The county Long Term Care Consultation service does have a role in eligibility determination.

If a person contacts the Senior LinkAge Line® for a verification code, and then the screen results in high risk and a referral is made to a Long Term Care Consultation at the county, the verification will be issued by the Senior LinkAge Line® in most circumstances (see the operational detail for more information.)

**Q: After a person has gone through consultation once, does a new consultation need to be done for moves within a campus setting or to a different Registered housing with services building? Does it need to be repeated if a certain amount of time has elapsed?**

No. The verification will be issued once counseling has taken place. At that point, the verification will be valid for any move within a campus setting. The verification is good for a lifetime. However, callers are not preempted from calling the Senior LinkAge Line® if they need additional or other types of assistance.

**Q: How does this relate to the required pre-admission screening for nursing homes?**

In Minnesota, pre-admission screening (now called LTCC) has several purposes including meeting the requirements under federal law called PASRR. The goal of PASRR is a review process for discharges from hospital to nursing facility, providing the opportunity to identify alternative community supports. This process has been designed to work in a similar way but it will occur at the point at which a member of the community wishes to enter in a contract for services or sign a lease or services contract with a registered housing with services provider.

The following people will not have to go through this process. Those who:

1. Signed a lease or contract prior to October 1, 2011.

2. Had a LTCC for any purpose including eligibility determination purposes prior to October 1, 2011.
3. People that meet the definition of entering into a lease only arrangement with a subsidized housing setting.

All individuals who have previously received a face-to-face LTCC will be provided with a verification number.

**Q: Doesn't this mean that anyone already on a waiver does not need to call for consultation?**

If they were on the waiver prior to October 1, 2011, they do not need to call the Senior LinkAge Line® for Long Term Care Options Counseling. The Senior LinkAge Line® will provide the code until the changes are made to the MMIS system allowing for lead agency staff to give out the code. Enrollees in those public programs do need a verification code and the case manager or care coordination can assist them in seeking it if they need help. Please note that eligibility processes such as reassessments are still required for federal and state law. This initiative does not impact those requirements.

**Q: Would someone who has PAS done then also be covered for transitional consultation if they had a short nursing home stay followed by a move to assisted living?**

See above. As long as it was face to face, they will have a verification issued by either the Senior LinkAge Line® or the Lead Agency.

**Q: Will there be exemptions or a different process for seniors under the following circumstances?**

These situations will not be exemptions or have different processes:

- Moving from any health care setting (hospital, nursing home, etc.) where there are case managers and social workers involved in discharge planning.
- Emergency placement (unsafe home conditions). Note that an after hours move form has been developed in consultation with the stakeholders to facilitate a referral.

These individuals will be exempted:

- Individuals who already have a Registered housing with services lease and Home Care Agency Service Contract in a Registered housing with services setting and are experiencing a variety of transitions (such as hospital, hospice, and nursing home), as long as they moved in (signed the lease or service contract) prior to October 1, 2011 or if not, had one completed.

Consumers who are enrolled in a health plan paid for case management:

- Any individual seeking to sign a service contract or lease with an effective date on or after October 1, 2011 must be referred to and receive verification code before signing the lease or contract. Once completed, there is no requirement that individuals receive additional referrals. Their case manager or care coordinator should assist them with this process, if necessary.

**Q: Will there be a “grace period” included with implementation to address the potential of up to an eight day delay for processing requests (five working days plus weekend days plus occasional holidays)?**

Consultation must occur and be verified before signatures can be obtained on contracts or leases. There is no provision for exceptions in the law which goes into effect on October 1, 2011. For individuals who call the Senior LinkAge Line<sup>®</sup> *after hours* and leave voice mail messages, the policy at the Area Agencies on Aging is that the voice mail is to be returned within one business day. This policy is monitored at the Area Agencies on Aging. Backlogs are reported to the Minnesota Department of Human Services daily.

**Q: How is this provision being financed? It appears there is an increase in LTCC fees but who will receive that money and how will it be distributed?**

These funds will run through the existing nursing home allocation, be distributed to the county, who will retain a portion to support face to face LTCC and send a portion to the area agencies on aging for supporting new staff on the Senior LinkAge Line<sup>®</sup>. Additional funding was authorized to support the expected increase in phone-based consultation and in face-to-face LTCC visits. The plan for distribution has not been finalized. Initial funding for this service was distributed on the basis of the distribution of Registered housing with services capacity among counties.

**Q: DHS has said that there was an appropriation to pay for additional Senior LinkAge Line<sup>®</sup> staff. How many additional staff is likely to be hired and how long will it take to train them? What education/training must they have to be a counselor?**

Staffing numbers are being developed by the area agencies on aging based on funding available and staffing needs. The Senior LinkAge Line<sup>®</sup> standards require rigorous training and minimum qualifications of nursing or social work or related degrees, certification from the MBA, certification from Boston University School of Social Work certificate in Gerontology.

**Q: There is an exemption for placement in subsidized housing—how will subsidized housing be defined?**

Exemption Process as defined with stakeholder input

09/28/11

- Consumers who have a lease-only arrangement with a subsidized housing setting. 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. At the state level there are also projects supported by 42 USC 1437 - Sec. 1437f. These are 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 and are commonly referred to as subsidized or public housing.

The exemption for lease only arrangements will apply to:

- Any registered housing with service setting that falls under the definition of one of the federal or state assisted housing programs listed above and is required to register as a housing with services provider (mandatory) or,
  - A registered housing with services provider that is not required to register but chooses to do so under Minn. Stat. 144D.025 (which is optional to the provider.)
- People who have Tenant Based Section 8 Vouchers. Please make note that this exemption will apply to people who are using Section 8 vouchers (this is a federal program that provides a subsidy to an individual and not a setting) and therefore prospective residents with Tenant-based Section 8 Vouchers that are entering into lease only arrangements do not need to call for Long-term Care Options Counseling and seek verification of counseling. However, unless the setting qualifies under one of the exemptions above, the setting itself is not exempt.

**Q: We understand the Department of Human Services is conferring with HUD on this, and Department staff has said that Section 8 housing is exempt. Will Rural Rental Housing (USDA) also be considered? What about housing that has rent limits for low-income persons under tax credit, local HRA programs or any other type of subsidy that was used to build the physical establishment, but does not have a HUD subsidy payment?**

*See above*

**Q: The law requires consultation before a service contract is executed with a subsidized HWS building. Will this be limited to contracts for supportive and health-related services (for example, services covered by waivers)? There are other types of service contracts that the building may offer (for example, cable or satellite TV, meals, etc.).**

The bill that amended the statute Minn. Stat. Section 256B.0911, subdivision 3c does not distinguish different types of services, it simply states “service contract”.

**Q: Would residents of a subsidized housing with services establishment be able to sign a service contract with a provider not affiliated with the building without going through the consultation process?**

We believe the intent of the statute is to ensure that this type of consumer would also receive LTCOC. However, the scenario presented appears to be a lease only arrangement.

**Q: Is there a client refusal option that will be built in?**

Yes. Consumers will be able to decline. No one will be forced to go through LTCOC. It is designed to be a helpful process that assists in choice. Our experience with other initiatives is that this has not been a problem. Providers become good working partners in serving consumers with information and see the value in the service.

**Q: What documentation will be available and acceptable for providers to maintain to show that a person has refused counseling?**

Consumers need to verify the counseling. It has been determined to make it a verification code that can be written down and then be mailed to the consumer.

**Q: How will Registered housing with services providers be able to access the verification number?**

If the consumer gets the number from the Senior LinkAge Line<sup>®</sup>, the number will be provided to the consumer over the phone at the time of the counseling and assistance. The number will also be mailed to the consumer's address (provided at the time of the counseling and assistance.)

**Q: How will this verification number be secured and how will it meet the state's privacy requirements?**

The Senior LinkAge Line<sup>®</sup> will communicate the code verbally to the consumer who may choose to write it down. Then the code will be mailed. The U.S Postal Service is the way in which it will be secured.

**Q: Will the Senior LinkAge Line<sup>®</sup> keep records about consultations completed so that if a consumer misplaces the verification, the consultation does not have to be repeated?**

Yes, this is good customer service.

**Q: How will consultation be handled for persons who are unable to call themselves (those with dementia or who are otherwise unable to communicate)?**

This question has been discussed elsewhere in this handout.

**Q: Will there be some sort of verification process for the callers to assure that they are the appropriate persons to call or have been designated as a surrogate decision maker?**

We use guidance from the data privacy official at DHS to verify callers. However, this is a low risk data privacy concern because we will not be giving out protected health information, we will be gathering information based on what the caller tells us.

**Q: Will the Senior LinkAge Line<sup>®</sup> need to have a copy of the health care directive, guardianship, POA, etc.? What about an informal form that the senior signs identifying a family member or friend to help with decision-making?**

**Q: Are these records maintained by the Department of Human Services or by the Area Agencies on Aging?**

Both the Department of Human Services and Minnesota Board on Aging and its designated Area Agencies on Aging have this responsibility under the statute. The process is under development. The Minnesota Board on Aging is administratively placed at the Department of Human Services but it is not of the Department of Human Services. The Area Agencies are designated by the Board on Aging.

**Q: Will this apply to Registered housing with services options that have chosen not to accept any government funds?**

Yes. These were not excluded in the statute. The goal is to provide people with good information about their options and choices at the right time. The statutory requirements are specific to all registered housing with services setting, not to licensed home care providers that have enrolled to serve clients under publicly-funded programs.

**Q: Will this apply to consumers who are not eligible or in need of any government funds?**

Yes. The initiative does not distinguish between people who are on public programs or not. The goal is to provide options to adults who will be making the decision to move to these settings.

**Q: What is the enforcement mechanism—who enforces and how? What will the consequences be to consumers and Registered housing with services establishments?**

The statute requires verification of LTCOC before a lease or service contract is entered into. The verification code will be entered into the Customized Living Rate Setting workbooks submitted to the Department of Human Service for Elderly Waiver consumers. The number is subject to an override.

**Q: Will the Senior LinkAge Line® be providing referral resources, or are they expected to make recommendations? If the answer is that they will be expected to make recommendations, what will the triggers be which would prompt a recommendation to relocate to AL or LTC? Would diagnosis of dementia or the need for unscheduled intermittent care trigger a recommendation?**

The Senior LinkAge Line® would never make a recommendation that someone go to AL or LTC. It provides LTCOC which means it gives consumers options. The choices are guided by an evidence-based tool called the Live Well at Home *Rapid Screen*© which identifies risks for nursing home placement. This tool has been used for several years by the Senior LinkAge Line® and is highly successful at identifying the need for services and additional conversations and recommendations for managing risks. It will continue to be used because it is evidence-based. The staff members are not medical personnel and never attempt to diagnose any cognitive or medical need or concern. However, if someone appears to need additional attention of this nature, they would be encouraged to contact their physicians.

**Q: Will the negative effects of isolation, particularly when coupled with a diagnosis of depression, be given any weight?**

There will be a question asked during the screen about depression.

**Q: If they make recommendations, how will they communicate that the senior still has the right to make a choice other than recommended?**

The Senior LinkAge Line® always communicates the options to the consumer and it is up to the consumer to make the final decision.

**Q: How will Senior LinkAge Line® staff handle issues/questions/concerns regarding needs?**

The Senior LinkAge Line® has had training in a variety of topics and areas including risk management, in preparation for the October 1 changes to the statute. The Live Well at Home Rapid Screen® work group has created many suggested resources for managing risks which can be found at [www.mnlivewellathome.org](http://www.mnlivewellathome.org). This will help the reader identify possible ways in which the Senior LinkAge Line® would respond to needs.

**Q: How will Senior LinkAge Line® staff handle disagreements between a senior and his/her family about appropriate/desired setting?**

If the consumer does not have an appointed guardian the consumer is responsible for making his or her own decisions. If the family/caregiver does not agree, a warm transfer would be made with the ombudsman for long-term care.

**Q? How will these changes be communicated to various stakeholders?**

A communications plan is in development. Tentatively the timeline is as follows:

- August – Business process modeling session and road show in ten locations.
- September – Outreach materials finalized and tools modified. Posted on web site. Mailing to all key provider groups. Staff training conducted along with statewide video conference for providers and staff.
- October 1 – Official launch date. Emails sent out to many stakeholder groups in preparation.

**Q: What will be communicated to home and community-based providers about their responsibilities? And, when will it be communicated?**

We plan on sending out a packet with brochures to each provider prior to October 1, 2011. There are many other communication opportunities. There will be information posted at the DHS web site and at [www.mnaging.org](http://www.mnaging.org).

**Q: What official name is given to this consultation process? "Long Term Care Options Counseling" seems to be what the statutory language suggests.**

The initiative is Long Term Care Consultation Expansion but the service is Long Term Care Options Counseling for Housing with Services.

**Q: Are there going to be mandated materials that providers must give to prospective residents?**

Yes, these went out with prior to October 1, 2011 and can be downloaded on [www.mnaging.org](http://www.mnaging.org) or at the DHS web site as soon as they are posted.

**Q: Can providers develop their own materials to notify prospective residents of the counseling mandate?**

The Minnesota Board on Aging and the Department of Human Services will provide these materials prior to October 1, 2011. Additional materials will be made available on [www.mnaging.org](http://www.mnaging.org) and can be replenished through the Area Agencies on Aging.

**Q: We are a Medicare Critical Access Hospital with swing beds; before admitting to a Swing Bed do we have to have the patient contact Senior LinkAge Line for the consultation and code?**

The first question a provider should ask is “am I registered as a housing with services setting. If the answer is no – “I am not a Registered Housing with Service setting”, then you would not be required to have the patient contact the Senior LinkAge Line® - this law does not apply to you. With that said, however the Senior LinkAge Line has great resources. Feel free to tell your patients about it as a helpful resource. Senior LinkAge Line® has a number of partnerships with hospital discharge planners in which they are promoting patients use of the Senior LinkAge Line to plan for long term care when they go home in order to avoid readmission. But it would not be required unless you fall under the registered housing with services requirement and no other exemptions apply.