Elderly Waiver Program

What is the Elderly Waiver Program?
The Elderly Waiver (EW) program funds home- and community-based services for people age 65 and older who are eligible for Medical Assistance (MA) and require the level of care provided in a nursing home, but choose to reside in the community. The Minnesota Department of Human Services operates the EW program under a federal waiver to Minnesota’s Medicaid State Plan. Counties, tribal entities and health plan partners administer the program.

What types of services are available?
Covered services include:

- Adult day care
- Care-related supplies and equipment
- Companion services
- Consumer-directed community supports
- Home health aides
- Home-delivered meals
- Homemaker services
- Licensed community residential services (assisted living or customized living services, family foster care, residential care)
- Modifications and adaptations
- Personal care assistant
- Respite care
- Skilled nursing
- Training for informal caregivers
- Transitional supports
- Transportation

Who is eligible?
- Those eligible for the Elderly Waiver (EW) program are 65 or older, eligible for Medical Assistance and need nursing home level of care as determined by the Long-Term Care Consultation process.
- The EW service cost for an individual cannot be greater than the estimated nursing home cost for that same individual.

How many people? How many dollars?
In fiscal year (FY) 2005, the Elderly Waiver (EW) program served 17,047 recipients through fee-for-service (FFS) and managed care options (Minnesota Senior Health Option or MSHO). The total dollars spent on waiver services was $140,809,515.

In FY06, the State implemented changes to the service delivery systems for EW recipients resulting in the statewide expansion of capitated payments to managed care providers required to provide the EW benefit set. Delivery programs include MSHO, an integrated Medicaid/Medicare health care/long-term care option; and Minnesota Senior Care Plus a Medicaid health care/long-term care option available in 20 county based purchasing counties. In FY06 many EW recipients transitioned from FFS to one of these managed care products. In FY06 there were 8,208 FFS recipients and 7,422 recipients who utilized FFS and managed care for a total of 15,630 EW recipients. There were 4,574 EW recipients who only utilized managed care for their EW services.
The grand total of EW clients served in FY06 was 20,204 with a total waiver service cost of $177,947,599. The average monthly client population was 15,148.

**What alternatives exist for people who are eligible for EW?**
Probable alternatives include Medicaid-certified skilled nursing facilities and certified board-and-care homes. The average cost of these alternative settings is $4374 per person, per month.

**Where can I learn more about the EW program?**
The EW program is described in [Minnesota Statutes 256B.0915](http://www.revisor.mn.gov/statuteshtm/256B.0915).

**How can I enroll?**
Contact your county’s social services or public health department. If you are already on Medical Assistance and enrolled in a health plan you should contact your health plan.

**How do I obtain more information as a provider of home- and community- based services?**
See [Chapter 26A](http://www.revisor.mn.gov/statuteshtm/256B.0915) of the provider manual.

Call the Senior LinkAge Line™ at (800) 333-2433 for more information about the program.
Alternative Care Program

What is the Alternative Care Program
The Alternative Care (AC) Program is a state-funded cost-sharing program that supports certain home- and community-based services for eligible Minnesotans, age 65 and over. This program provides home- and community-based services to prevent and delay transitions to nursing facility level of care. The program prevents the impoverishment of eligible seniors and shares the cost of care through an expanded client role by maximizing use of their own resources. It is administered by counties and tribal health agencies.

What types of services are available?
Covered services include:
- Adult day care
- Care-related supplies and equipment
- Case management
- Chore services
- Companion services
- Consumer-directed community supports
- Home health aides
- Home-delivered meals
- Homemaker services
- Modifications and adaptations
- Nutrition services
- Personal care assistance
- Respite care
- Skilled nursing
- Training and support for family caregivers
- Transportation

Who is eligible?
A person age 65 and older who is assessed through the Long-Term Care Consultation process is eligible for Alternative Care funding when the following are met:

- The person is in need of nursing facility level of care and admission is recommended.
- The person’s income and assets would be inadequate to fund a nursing facility stay for more than 135 days.
- The monthly cost of AC services must be less than 75 percent of the average Medicaid payment limit for older people with a comparable case mix classification.
- The person chooses to receive community-based services instead of nursing facility services.
- The person pays the assessed monthly fee.
- No other funding source is available for the community services.

How many people? How many dollars?
In fiscal year 2006, the Alternative Care program served 6,158 people and spent a total of $43.5 million. The average monthly cost per enrollee was $834, based upon an average monthly client population of 3949. A sliding fee schedule requires a fee payment, by some enrollees, up to 30 percent of the monthly service costs.
What alternatives exist for people who are Alternative Care-eligible?
Probable alternatives include Medicaid-certified skilled nursing facilities and certified board-and-care homes. The average cost of these alternative settings is $4,374 per person per month, less a resident contribution toward cost of care.

Where can I learn more about the AC program?
The AC program is described in Minnesota State Statutes 256B.0913.

How can I enroll?
Contact your county’s social services or public health department.

How do I obtain more information as a provider of Alternative Care services?
See Chapter 26A of the provider manual.

Call the Senior LinkAge Line™ at (800) 333-2433 for more information about the program.
Long-Term Care Consultation Services

What are Long-Term Care Consultation Services?
Long-Term Care Consultation (LTCC) Services include a variety of services designed to help people make decisions about long-term care needs. This service helps people stay in their homes and receive long-term care services. Long-term care consultants help people and their families choose services and supports that reflect their needs and preferences. Legislation enacted in 2001 reformed this service to incorporate the federally mandated Pre-Admission Screening (PAS) program and additional services intended to provide more direct assistance to consumers and families at the point when they begin looking for long-term care services and housing options.

Who provides Long-Term Care Consultation Services?
LTCC services are provided by county agency staff and require the expertise of both social workers and public health nurses. Tribes and health plans also provide some LTCC services to people they serve under contracts with the Department of Human Services.

What activities are included in Long-Term Care Consultation Services?
- Long-Term Care Consultation activities include early intervention visits, information and education about local long-term care service options, pre-admission screening prior to nursing home admission, information about public and private programs that can provide services, transition assistance to relocate people currently in nursing facilities, and assessment and support planning for people considering community-based services.
- Community or “face-to-face” screenings are required in some situations, such as determining eligibility for waiver services. Activities are conducted in hospitals, nursing facilities, other supported living situations such as housing with services settings, and in peoples’ homes.
- LTCC services are also intended to reduce nursing facility admissions and subsequent costs by ensuring only appropriate admission to these facilities. In Minnesota, state law requires that all applicants to Medicaid-certified nursing or boarding care facilities, or a hospital swing bed, be screened prior to admission. The Pre-Admission Screening program assesses an individual’s health status and level of independence in key areas of daily living to determine if he or she needs this level of service, and follow-up visits are required for people under age 65 admitted to nursing facilities.
- This assessment also provides “screening” for people for possible mental illness or mental retardation in order to prevent inappropriate admissions to nursing facilities of people who need different services. These assessments must be completed for all applicants to facilities, regardless of assets, income or the potential source of payment.
- Counties, tribes and health plans, also are required to use the assessment and support planning process to determine the appropriateness of Medicaid or state-funded alternatives to nursing facilities (NFs) for people who need NF level of care. These alternatives include the Medicaid-funded home and community-based waivers to serve elderly people (Elderly Waiver), people with traumatic brain injury (TBI), people under age 65 with disabilities (Community Alternatives for People with Disabilities), people with hospital-level of care needs (Community Alternative Care) and the state-funded Alternative Care program. These community alternatives can cost no more than institutional services, and typically cost much less.

How many people? How many dollars?
- During fiscal year (FY) 2006, LTCC staff completed over 55,000 screenings and/or assessments. Telephone screening, primarily reflecting admissions to NFs from hospitals for convalescent or subacute care comprised 46 percent of the LTCC activity reported. Eighty percent of people served were over age 65.
• The total allocation for LTCC for FY 2006 was approximately $6 million, with about one-third of the cost borne each by the federal government, state government and privately paying individuals. An additional $2 million was paid to counties for face-to-face visits with people under age 65.

Where can I learn more about Long-Term Care Consultation?
For more detailed information about Long-Term Care Consultation Services, including activities required for all nursing facility admissions, consult Minnesota Statutes 256B.0911 or your local social service or public health office.
• Information about Alternative Care
• Information about Elderly Waiver
• Long-Term Care Consultation Brochure
• Nursing Facility Level of Care Brochure
Robert Wood Johnson Foundation Cash & Counseling Grant

FACT SHEET

Description

Minnesota was one of 12 states awarded a 3-year Robert Wood Johnson Foundation (RWJF) Cash and Counseling Grant (2004-2007). This $700,000 grant project is helping older adults and family caregivers use Consumer Directed Community Supports (CDCS).

The grant focuses on Elderly Waiver (EW), the Alternative Care Program (AC), Community Alternatives for Disabled Individuals (CADI) waiver adult recipients, and eligible persons under Title III-E of the Older Americans Act. Consumer-directed services offer consumers greater choice, control, flexibility, and customization of home and community-based services. This service model helps older adults live in the community longer.

Primary Project Objectives

- Inform older adults and family caregivers about consumer-directed services
- Create a consumer demand for consumer-directed services
- Bolster enrollment for CDCS under EW, AC, CADI, and Title III-E
- Develop a quality infrastructure for consumer-directed services
- Establish statewide support and advocacy for CDCS for older adults

What is Consumer Directed Community Supports?

Consumer Directed Community Supports puts the consumer in the driver’s seat. The consumer decides what help they need and who they want to help them. They can hire family, including their spouse, and friends to provide their care. The consumer decides what to purchase to meet their needs within their given maximum budget amount rather than choosing services from a menu of covered services.
What funding sources pay for Consumer Directed Community Support services?

People on the Elderly Waiver (EW), Alternative Care (AC), Community Alternatives for Disabled Individuals (CADI), Community Alternative Care (CAC), Traumatic Brain Injury (TBI), and the Mental Retardation or Related Conditions (MR/RC) programs who do not live in housing licensed by the State of MN are eligible for the Consumer Directed Community Supports service option. This service option is also available to persons under the Older Americans Act Title III-E respite and Title III–C1 and C2 nutrition programs. People are also using consumer-directed services under the “Working Together” MN Alzheimer’s Demonstration Project and the Community Service/Service Development grants. The consumer-directed service model can be used by persons who pay privately for their care at home.

How many people have used the Consumer Directed Community Supports service option?

<table>
<thead>
<tr>
<th>Program</th>
<th>CDCS Enrollees 04/01/05-11/30/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly Waiver</td>
<td>25</td>
</tr>
<tr>
<td>Alternative Care Program</td>
<td>30*</td>
</tr>
<tr>
<td>CADI Waiver (adults)</td>
<td>80</td>
</tr>
<tr>
<td>Title III-E</td>
<td>30</td>
</tr>
<tr>
<td>TOTAL</td>
<td>165</td>
</tr>
</tbody>
</table>

* 8 persons are age 90 years and older

For more information:

Contact: Jane.vujovich@state.mn.us Project Manager, 651-431-2573 or pat.yahnke@state.mn.us Project Coordinator, 651-431-2574, Adult Services Division, MN Department of Human Services

Resources are available at: www.dhs.state.mn.us/cdcs
Family Caregivers

*Family caregivers are an essential element of our long-term care system.*

- Families, friends and neighbors provide 91% of the long-term care needed by frail older adults in Minnesota.
- The dollar value of the care provided by families and friends is $5.35 billion per year\(^1\). For every 1% decline in the proportion of care provided by families, the cost to the state is $30 million per year\(^2\).
- Family caregiving in Minnesota is declining. This is due in part to Minnesota’s high female labor force participation rate, smaller family size and longer life expectancy.

**Who is the family caregiver?**

- The typical family caregiver is a 46 year-old working woman who spends an average of 18 hours per week caring for her 77 year-old mother\(^3\).
- Caregiving impacts people of all races, ethnicities, lifestyles and income levels.
- It can take a physical, emotional and financial toll on the caregiver. A recent study found the mortality rate of caregivers to be 63% higher than that of non-caregivers.

**What kind of assistance is available for caregivers?**

- **Information** to caregivers about available services;
- **Assistance** to caregivers in gaining access to supportive services;
- **Caregiver training and education**, including caregiver coach/consultant and support groups, to assist caregivers in making decisions and solving problems relating to their roles;
- **Respite care** including in-home, out-of-home and consumer directed to provide temporarily relief from caregiving responsibilities; and
- **Supplemental services** (e.g. home modifications, home monitoring devices), on a limited basis, to complement the care provided by caregivers.

Locally, Minnesota’s family caregiver support system continues to grow through collaborative efforts of Area Agencies on Aging, counties, providers, Eldercare Development Partners, faith-based groups, volunteer-based organizations and consumer groups. Examples include expansion of flexible respite options; development of caregiver coach and consumer directed options; partnerships with physicians, health plans and employers; and technology for working and long distance caregivers.

**What funding sources pay for caregiver services?**

- **Title III-E Older Americans Act (OAA) funding**, state and local grants. Caregiver services for very low income persons are also funded through the Elderly Waiver the Alternative Care programs. Eligibility for caregiver services varies by funding streams.

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\(^1\) National Family Caregivers Association and Family Caregiver Alliance – August 2006
\(^2\) Public and Private Financing of Long-term Care – Minnesota Department of Human Services – January 2005
\(^3\) Caregiving in the U.S. Family Caregiver Alliance - 2004
What resources are invested in family caregivers?

In 2005, Minnesota spent approximately $3.6 million for family caregiver services:

- Federal Title III-E Older Americans Act $1.9
- Elderly Waiver/Alternative Care $0.4
- State Respite/Community Service Grants $1.3

$3.6 million

In addition, hundreds of thousands of dollars in local/private and in-kind support are provided through quasi-formal organizations such as Living At Home/Block Nurse Programs, parish nurse, Faith in Action Projects and volunteer services.

How Many Caregivers Are Being Served?

Minnesota served more than 40,000 caregivers of older adults statewide in 2005, including kinship caregivers, through federal and state funded programs. Thousands more were served by quasi-formal programs (e.g. faith-based and volunteer-based organizations).

Customer Outcomes:

In 2005, family caregivers were surveyed on the quality of the caregiver services received through Title III-E of the Older Americans Act administered by the Minnesota Board on Aging through Area Agencies on Aging. Those persons completing the survey (n = 1,864) reported that the caregiver service(s) they received:

- Helped me to cope better - 97.3%
- Improved my ability to provide care - 95.1%
- Will help me provide care longer - 92.6%

For more information:

Contact Sue Wenberg, Aging and Adult Service Division, MN Department of Human Services at 651-431-2587 or sue.wenberg@state.mn.us for information about Minnesota's family caregiver support system.

Resources available on the Web:

Minnesota Board on Aging: www.mnaging.org
Minnesota Help Network: www.minnesotahelp.info
Minnesota Department of Human Services: www.dhs.state.mn.us
Caregiver MN.org: www.caregivermn.org
Family Caregiver Alliance: www.caregiver.org
Administration on Aging: www.aoa.gov
Adult Protection Program

What is Adult Protection?
In 1980, the Minnesota legislature passed MS 626.577 which declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated. In addition, it is the policy of this state to require the reporting of suspected maltreatment of vulnerable adults, to provide for the voluntary reporting of maltreatment of vulnerable adults, to require the investigation of the reports, and to provide protective and counseling services in appropriate cases.

This legislation was implemented at the Department of Human Services (DHS) in 1981 with the creation of the Adult Protective Services (APS) Unit. The APS unit provides consultation and training to County AP staff regarding their responsibilities under Minnesota Statute (626.557, 626.5571, 626.5572) and Minnesota Rule (9555.7100-7700). They also provide additional consultation to families, providers, and other stakeholders around Vulnerable Adult (VA) issues.

In 1998, MS 626.557 subd. 9 established the requirement for a statewide Common Entry Point (CEP) designation and subd. 12 specified the data management process. The Common Entry Point Intake form (DHS-3243) and the Investigation Summary Report form (DHS-2494) are to be submitted by counties to the DHS Adult Protective Services Unit for the purposes of collecting aggregate data. In 2007, DHS Adult Protective Services in conjunction with DHS Social Services Information System (SSIS) will be piloting a project to incorporate the DHS 3243 or Common Entry Point Form into the SSIS system. Full implementation is scheduled for 2008.

Who is a Vulnerable Adult?
A Categorical “vulnerable adult” any person, 18 years of age and older, who is a resident of patient of a facility such as a hospital, group home, nursing home, day service facility, day activity center, adult foster care home, or a person who receives services during the day from and agency licensed/certified by MDHS or MDH, such as a home care agency or personal care service.

A Functional “vulnerable adult” also includes a person, regardless of where they live or what type of services they receive, possesses a physical or mental infirmity or other physical, mental or emotional dysfunction that impairs the individual’s ability to provide adequately for their own care without assistance AND because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect themselves from maltreatment.
Minnesota’s Current Adult Protection System

- **Current expenditures (2006)**
  - Total: $3,147,024  County: $2,026,472

- **Range of expenditures by county**: $0 to $590,672
  - Three counties: Ramsey, Hennepin & Dakota contribute nearly 60%
  - See DHS Block Grant Allocation Report for 2005

- **CEP response**: County must designate CEP available 24/7 (MS626.557 9b)

- **Current staffing**: Varies from less than .25 FTE in smallest counties to 23 FTE in Hennepin County

- **Training required**: 8 hours per year (MS626.557 sub 9e) for Lead Agency Investigators
  - Initial training to be completed within twelve months of hire
  - CEP staff to have access to quarterly training delivered statewide

- **Training Curriculum**: 12 core competencies defined in statute (MS 626.557 sub. 9e)

- **DHS staff**: 2 FTE provide policy, intra and inter agency coordination, consultation to agencies and citizens, training and management of data system.

- **Current and Future protective services resources needed**: The rapidly expanding growth in the elderly population in the state and the increased reliance on community based services will require additional protective services staff at the local level.
Consumer Choices Team Unit

The Consumer Choices Team of Aging and Adult Services has the overall responsibility for managing and administering the statewide information, assistance and access system for seniors, caregivers, Medicare beneficiaries and Minnesotans of all ages who need help managing prescription drug expenses.

The work of the Consumer Choices Team is responsible for a number of initiatives, services and programs that are a significant part of Transform 2010.

The Consumer Choices Team is responsible for:

- Aging and Disability Resource Center
- Medicare Part D problem resolution for MN dual eligibles
- [www.minnesotahelp.info](http://www.minnesotahelp.info) web interface and screening tools
- Managing the AAA Access requirement in the annual Area Plan Process
- Maintaining relationships and communication with CMS and AoA as it relates to Consumer Choices Team grants
- Senior LinkAge Line™
  - Federal State Health Insurance Assistance Program (SHIP)
  - Federal Senior Medicare Patrol Project (SMP)
  - Federal OAA Title III Information and Assistance service
  - State RxConnect service
  - State LTC information and access assistance

The Consumer Choices Team collaborates and works closely with other units and divisions of DHS including Aging and Adult Services Division, Disabilities Services Division and Health Care. This includes:

- Medicare Savings Program outreach and enrollment assistance
- Close partnership and working relationship with Disability Linkage Line
- Minnesota RxConnect web interface
- Medicare Part D problem solving with MSHO, MnDHO and Managed Care Ombudsman
- Establishing joint protocols with county Long-term care consultants, Disability LinkAge Line, Ombudsman for Older MN, DHS Managed Care Ombudsman, Dept of Commerce and Social Security.
- Long-term Care Partnership activities

The team has been taken on an increasingly larger role lately in serving seniors and their caregivers as it relates to federal initiatives including Medicare Part D. The team also provides technical support to the Disability Services Division related to the deployment of the Disability Linkage Line. In addition, the Team supports the Children and Family Services Administration in its deployment of the families, children and youth portals for Minnesotahelp.info.
The Community Service/Services Development Program

The Community Service/Community Services Development state grant program (CS/SD) was established in 2001 by the State Legislature as a part of long-term care reform. It is used to implement strategies identified through the Transform 2010 process by providing seed money to develop new capacity within the home and community-based service system and to help “redesign” existing services to make them more cost-effective and fiscally sustainable into the future. Over $29 million in grant funds have been awarded to more than 200 CS/SD projects in 82 counties across Minnesota.*

The Role of Partnerships

CS/SD grants require coordination with other State and Federal programs, including the state Elderly Waiver and Alternative Care programs and the Federal Older Americans Act program. As a result, new partnerships have developed among Counties, Area Agencies on Aging, health plans, for-profit and not-for-profit providers, and faith communities in identifying service gaps, application evaluation and program delivery. CS/SD grants bring together partners willing to collaborate on projects using evidence-based practices that support consumers and their family caregivers, help manage chronic conditions and integrate health care and community support services.

The grants are being used in collaboration with the U.S. Department of Transportation’s United We Ride initiative to increase transportation coordination, the U.S. Administration on Aging’s (AoA) Aging and Disability Resource Center program to provide better information and assistance to consumers and their family members, and the AoA Alzheimer’s Demonstration Project to provide earlier identification of individuals with Alzheimer's Disease and more effective support for their caregivers. Grants also support technology initiatives such as tele-health service delivery and the provision of up-to-date IT equipment for community-based grantees.

The Impact of the CS/SD Program since Inception*

CS/SD-funded projects have:

- expanded services to over 90,000 persons
- increased the number of volunteers providing services by more than 18,000 (significant growth occurring in community support, transportation and caregiver support services – areas identified as gaps through a biannual statewide service gaps analysis)
- helped to build or renovate over 890 units of affordable senior housing*

CS/SD funds have increased program sustainability:

- 91% of funded projects continue to provide services after the grant ends
- 7,000+ more EW/AC eligible persons are served in the community
- 8,239 new persons pay for services based on a sliding fee scale
- 18,000+ new persons pay for services with private pay or third party payers

*Cumulative data as of June 30, 2006.
SENIOR NUTRITION PROGRAM
The Senior Nutrition Program (senior dining and home delivered meals) provides nutritionally balanced meals, nutrition screening and education, and social and volunteer opportunities for more than 83,000 seniors who are growing increasingly older and frailer and live in their own homes.

Funding Sources:
Title IIIC Older Americans Act $7.2m
Nutrition Services Incentive Program $2.5m
Client Donations $15.0m
State Nutrition Funds $2.3m
Total $27m

The federal and state funds are critical for leveraging more than $2.0 million in local match each year.

Persons Served:
The average client is an older woman who is single or widowed, is 80-84 years of age, lives alone in her own home and has an annual income at or below 125% of poverty, or $958 per month or less. This is the main meal of the day for her. She may have recently moved to an apartment due to limited mobility and difficulty performing chores. She is likely to take three or more prescribed medications per day and may need to limit her food choices in order to stay within her budget.

Targeting of Services:
The senior dining program continues to target older frailer seniors to support rebalancing long-term care. This includes shifting dining sites to affordable housing; increasing culturally appropriate meals for ethnic and minority populations; and serving isolated and rural residents. More than one in every three sites (35%) is co-located in affordable housing. It is a priority to keep sites open in rural communities, particularly those that lack food and transportation resources.

Units and Persons Served:
3.5 million meals* (2.4m – C1, 1.0m – C2) per year
83,000 persons (65,000 – C1, 18,000 – HDM) per year through 600 sites located in senior housing, senior centers or community centers, civic buildings and other locations.

Examples of what the program does:
Nutrition is an essential component of an effective home and community-based system of services. Food is a basic need and nutritionally balanced meals promote health, preserve physical and cognitive functioning, and help manage chronic diseases, such as heart disease and diabetes. Meals also help people recuperate from surgery and other illnesses. Opportunities for socialization keep people engaged in society and help prevent decline in functioning.

*Meals and persons served includes both Title IIIC and waivered program data.
RESOURCE DEVELOPMENT UNIT

Manages state and federal program development and coordination activities to develop reliable, quality home and community-based services for person 65+, income eligible and not.

Manages CS/SD/Care Giver, ElderCare Development Partnerships and LAH/BNP contracts. Activities include RFP, selection, contracting, payments, reporting and on-going technical support for up to 100 grantees.

CS/SD:
- established in 2001 as a part of long-term care reform
- implements Transform 2010 strategies by providing seed money to develop new HCBS capacity
- over $27 million awarded to more than 200 projects in 82 counties
- requires coordination with other State and Federal programs, EW/AC, AoA, etc.
- currently collaborating with:
  - U.S. DOT’s -United We Ride to increase transportation coordination, the CMS/ AoA
  - ADRC grant
  - AoA -Alzheimer’s Demonstration Project & MN Falls Prevention Initiative
  - RWJ -Cash and Counseling
- supports technology initiatives such as tele-health service delivery and the provision of up-to-date IT equipment for community-based grantees.

CS/SD-funded projects have:
- expanded services to over 90,000 persons
- increased the number of volunteers providing services by more than 18,000 (growth in community support, transportation and caregiver support services –identified by gaps analysis), helped to build or renovate over 890 units of affordable senior housing
- increased program sustainability:
  - 91% of funded projects continue after the grant ends;
  - 7,000+ more EW/AC eligible persons served in the community;
  - 8,239 new persons pay using a sliding fee scale;
  - 18,000+ new private pay or third party payers.

Older Americans Act/MBA:
- coordinates with AAAs PD&C and ElderCare Development Partnerships
- staff MBA Diversity Committee
- Wisdom Steps technical assistance - MN Chippewa Tribe Indian Area Agency, Medicare Certified Home Health Agency, LTCC contract with Minnesota Tribes
- Nutrition 2010
- Medication Management – OAA health promotion program
- other OAA as assigned

Age and Disabilities Odyssey
ElderCare Developmental Partnerships

**Background:** The ElderCare Development Partnership (EDP) program is a state-funded initiative to provide technical assistance to local communities and service providers to develop sustainable and affordable new services to meet the growing demand for community-based supports. The program is part of the state’s larger effort to rebalance Minnesota’s long term care services—away from costly institution-based care, and toward more affordable home- and community-based services. The state EDP grant funds are awarded on a competitive basis to partnerships of counties, health, social service and housing providers and Area Agencies on Aging. In 2005-2006, there are six such Partnerships funded in Minnesota, approximately covering the entire state.

The focus of ElderCare Partnerships is to develop community-based service models that

- Maximize the effectiveness and targeting of existing public and private LTC dollars—that are economically sustainable over time
- Make more strategic use of informal and family caregivers and local, community-based supports
- Use new technologies to extend and improve service quality—to meet locally identified long-term care needs

Through this program, new (or expanded or strengthened) services have been developed in eight out of 10 counties in Minnesota. In the most recent year, technical assistance was provided to 161 local agencies (counties, non-profits, faith communities) in the following general areas.

**Strengthening service capacity (and sustainability) in rural areas:**
- Parish Nurse Programs were developed in 39 communities
- New telehealth services were developed in 9 rural counties to improve service monitoring and to reduce unnecessary travel
- Eleven nursing homes are “transitioning” from strictly institutional care to providing a wider range of LTC services to people in their own homes.
- Twenty communities have new, affordable housing options.
- A “bundled delivery” program in the Arrowhead region now serves over 1,000 rural persons with home delivered meals, prescriptions, and groceries.

**Help people help themselves (and each other)**
- Over 200 persons were trained to lead evidence-based exercise and health promotion programs. Nearly 500 active enrollees are already participating.
- New volunteer-based programs have been developed in the high-need areas of transportation and reducing social isolation/depression.

**Improving the linkages between health and support services**
- A protocol for helping consumers transition between county and health plan systems was developed to assist thousands of very low income elders.
- Over 300 hospital discharge planners and case managers were trained to help assist persons with dementia and their families to find effective help.
GRANTS, CONTRACTS & BUDGET UNIT
1-10-07

Grant/contract administration

- AAAs
- MBA grantees (Alz., I&A, etc.)
- Senior volunteer programs

Includes grantee budget reviews, NGAs, financial reporting and assessments, payment management and audit resolution; prepare and submit financial reports for Older Americans Act, CMS and foundation funds

Data and application management

- NAPIS (National Aging Program Information System)
- NORS (National Ombudsman Reporting System
- MBA Grant Utility Program
- CS/SD Grant Utility Program (in progress)

All budgeting/accounting

- Grant/contract accounts and payment processing
- Federal funds budgeting and management
- Expense report processing

Miscellaneous

- Disaster recovery oversight for CC
- Program Operations Committee staffing
- Clerical support supervision
Background: The Office of Ombudsman for Older Minnesotans was established in state statute in 1987 within the Minnesota Board on Aging. It incorporates the long-term care ombudsman program required by the Older Americans Act.

The mission of the office is to enhance the quality of life and the quality of care for consumers of long-term care services. This mission is accomplished through advocacy, education and empowerment.

Ombudsman Role: Ombudsmen are independent consumer advocates who
- provide consumer information on a number of topics related to long-term care
- provide objective responses to consumer questions concerning information published in the nursing home report card
- promote self-advocacy by educating consumers, their family members, long-term care staff and concerned citizens about consumer safety, rights and laws and
- investigate and resolve complaints related to the health, safety, welfare and rights of
  - residents of nursing homes, boarding care homes, and adult foster care homes
  - tenants of housing with services settings and assisted living settings
  - persons receiving home care services and
  - Medicare beneficiaries with concerns regarding hospital services or premature discharge.

In addition, the Office monitors federal and state laws and regulations; informs public agencies about systemic issues; advocates for long-term care reform; and recommends changes in laws, rules, regulations and policies that affect long-term care consumers.

Operations:
- Thirteen regional ombudsmen provide direct dispute resolution services.
- The state long-term care ombudsman, deputy ombudsman and two ombudsman specialists provide technical assistance to regional ombudsmen and implement other program activities.
- The state ombudsman also represents the interests of older Minnesotans to state agencies and Minnesota policy makers and is authorized to initiate action in administrative, judicial and legislative forums due to casework findings.
- Dedicated volunteer advocates, supervised by the regional ombudsmen, promote ombudsman services, work with resident and family councils, and assist the regional ombudsmen with complaint-handling.

Ombudsmen are required by statute to complete 60 annual hours of continuing education and volunteers must complete 12 annual hours of continuing education.
Services Provided:

In federal fiscal year (FFY) 2006, the Office handled approximately 2000 complaints. 87% of all complaints related to residential facilities such as nursing homes (73%) and board and care homes (14%), while 13% of complaints related to home care services, hospice services and hospital discharge issues.

In FFY 2006, 47% of complaints involved resident rights such as admission/transfer/discharge/eviction issues, autonomy, exercise of rights, personal choices, access to records, and finances. 33% of complaints involved resident care issues which in addition to problems with how cares are delivered includes issues such as abuse and neglect, inadequate staffing, inappropriate use of restraints, too much or too little rehabilitation therapies.

Approximately 94% of the complaints investigated were resolved to the satisfaction of the client.

In addition to complaint-handling, the Office devoted more than 7,200 hours to outreach, which affected over 31,000 residents, staff, and family and community members. Examples include:

- **Resident visits**: almost 21,000 visits to residents were made in order to understand resident needs and support their autonomy.
- **Information and consultation**: ombudsman staff provided information to individuals on a number of topics related to long-term care, as well as advice on ways to independently resolve problems. More than 1900 residents, family members, and others received information or consultation services in FFY 2006.
- **Community education**: 55 educational presentations were given on topics including abuse prevention, individualized care, residents rights and quality of life.
- **Work with resident and family councils**: ombudsmen and volunteers attended more than 500 council meetings to provide education and support.
- **Training and consultation with facilities**: ombudsmen provided 67 sessions customized to address special needs identified by facility staff and consulted with facilities about care and rights issues on 844 occasions.