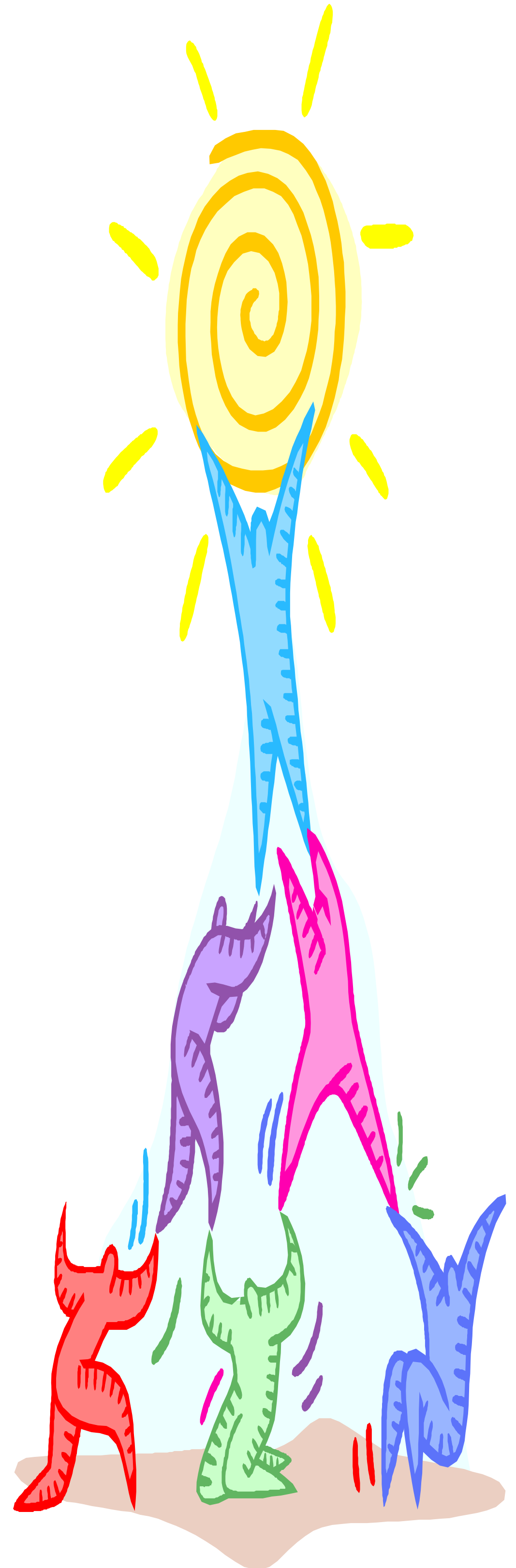
2007 Long-Term Care Gaps Analysis



Summary Report

Department of Human Services
Continuing Care Administration

September 2008

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Executive Summary

Every two years the Minnesota Department of Human Services (DHS) gathers local information about the current capacity and gaps in services and housing needs to support older persons and persons with disabilities in Minnesota. Since 2001 all counties in Minnesota have been requested to respond to a survey of local capacity to meet long-term care needs of current residents, including any significant "gaps" in services or supports. This information is submitted to DHS through a County Gaps Analysis Survey.

Between 2001 and 2005, the biennial surveys asked counties to report on long-term care capacity specific to serving persons age 65 and older in their communities. Beginning in 2007 the survey was expanded to include questions about capacity to meet long-term care needs of both seniors and persons with disabilities. This report provides an overview of statewide trends in home and community- based services (HCBS) needs, capacity and development.

Survey Results

Counties were asked to report on their county's capacity to meet the long-term care needs of seniors and persons with disabilities in their community through (1) home and community-based services (2) housing and (3) nursing facility specialty beds/services along with relocation assistance. Counties were also asked to report on any changes in HCBS service capacity between 2005 and 2007.

HCBS Capacity Development 2005-2007
Overall, counties reported that they have maintained, if not increased, their local service capacity between 2005 and 2007. All but two counties reported an increase in at least one service area, with the following services most commonly reported: Fiscal Support Entities[1] (48%), Long-Term Care Consultation (LTCC)/Community Assessment (41%) and Transportation (41%).

Current HCBS Capacity
County reports of current service capacity varied widely across the different types of home and community-based services with the following having the greatest service capacity: Relocation Service Coordination (94%), LTCC/Community Assessment (94%), Adult Protection (93%), Home Health Aides (91%) and Skilled Home Nursing Care (89%). In contrast, the most common service gaps reported by counties across all populations were Transportation (68%), Companion Service (66%), Chore Service (65%), TBI Structured Day Program (64%), Employment Opportunities (59%), and In-Home Respite Care (56%).

Counties reported a variety of barriers to ensuring an adequate local supply of HCBS. Many counties reported that provider rates are not sufficient in a number of areas. This affects both the availability of services and the ability of providers to provide living wages and benefits and

[1] Used as fiscal intermediary to allow consumers to hire and manage their own staff under Consumer Directed Community Supports.

hire qualified personnel. Access to transportation along with housing that is affordable and accessible were also common needs mentioned by counties. In addition, counties want to ensure that providers are trained and prepared to work with their populations, particularly those with complex and high levels of need.

Many counties reported that barriers to service capacity have a particular impact on their ability to serve persons with disabilities as they age. For many counties the differences in budget amounts and available services between the disability waivers[2] and Elderly Waiver make it difficult to provide all necessary services under the most appropriate waiver. A lack of general provider capacity, particularly in the areas of housing and transportation have a particular impact for these consumers. In addition, some counties expressed concern that not all providers of traditional disability services are equipped to serve older disabled persons and conversely traditional senior service providers are not trained to work with persons with disabilities.

Housing

Only about one in four counties reported that they lack builders and contractors to take on accessibility remodeling and new construction of accessible units. In contrast, counties reported more gaps in the areas of subsidies for low-income persons needing housing modifications (77%) and resources to track available housing (67%).

The greatest lack of capacity was reported for subsidized rental apartments with services (support services only or supervision/health care services- both 71%). Overall, market rate housing seems to be more available than subsidized, except in the area of adult foster care where there tends to be a larger gap in the availability of market rate options.

Counties commonly reported that increasing their supply of affordable housing (including subsidized housing) is their highest priority. There is a need for more affordable housing, both for low-income persons and for middle-income persons who cannot afford market rate housing but do not qualify for housing assistance. In addition, many counties identified the need for more housing that is physically accessible and housing for more challenging populations, including those who have criminal backgrounds, sex offenders, persons with mental health issues and persons who deal with chronic homelessness.

Nursing Facility Specialty Beds/Services and Relocation

The largest gap reported was in the availability of dementia care specialty beds, where 62% of counties reported a lack of capacity. In addition, nearly half (49%) of counties reported a gap in heavy care/complex medical management. A number of counties reported that the current reimbursement rates make it difficult for nursing facilities to be sustainable and they particularly have difficulty serving consumers with high acuity with the current rates. Many counties also reported that they have an increased need for nursing facilities that are equipped to work with consumers who have mental illness or behavioral issues, dementia or memory care needs, and specialized medical skilled nursing (such as dialysis, bariatric care, complex medical care). In addition, having adequate staffing that is trained to work with these special populations is important.

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[2] Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Traumatic Brain Injury (TBI), Developmental Disabilities (DD)

Relocation
Counties often face barriers when planning to move consumers to the community from nursing facility settings. Most commonly counties noted that the cost of serving high need consumers- and the need for extended hours of care- in community settings can often be greater than available funding and service capacity. It is particularly difficult when a new service needs to be developed in order to relocate a single consumer to the community. Some counties lack staff who are trained to provide service to consumers with such complex needs. Other barriers reported include a general lack of provider capacity, particularly with transportation. In addition, a number of counties noted that some consumers, or family members acting on their behalf, prefer to remain in the nursing facility over moving to a community setting.

Conclusion

Based on the Gaps Analysis survey responses, counties have generally maintained, if not increased, their capacity for home and community- based services between 2005 and 2007. Although most counties have not experienced a loss in services, most counties continue to report gaps across a number of HCBS services, housing options and nursing facility specialty beds/ services. Many counties reported continued efforts to maintain or increase their HCBS provider network.

It was not uncommon for counties, particularly those in rural parts of the state, to report issues with general provider capacity. Counties reported that limitations in provider rates and program budgets have an impact on provider willingness to develop or provide a service, along with providing a living wage to retain qualified staffing. The availability of a trained workforce is also critical to maintaining local provider capacity.

Many communities face common barriers in serving persons with particularly complex or difficult to serve needs, such as persons:

- with mental illness and/or chemical dependency
- who were formerly incarcerated
- who are categorized as sex offenders
- with disabilities who are aging
- struggling with chronic homelessness
- with cultural or language needs

Although some differences exist between the populations included in this survey, the needs and barriers faced by counties often cut across populations. For example, gaps in the availability of Transportation, Chore Services and Respite Services similarly impact all populations. In addition, when gaps exist in the availability of housing that is affordable and accessible it affects all populations. Many counties reported that their capacity to serve all seniors and persons with disabilities will be greatly improved by the availability of a common service menu.

Introduction

Every two years the Minnesota Department of Human Services (DHS) gathers local information about the current capacity and gaps in services and housing needs to support older persons and persons with disabilities in Minnesota. Since 2001 all counties in Minnesota have been requested to respond to a survey of local capacity to meet long-term care needs of current residents, including any significant "gaps" in services or supports. This information is submitted to DHS through a County Gaps Analysis Survey.

This report provides a statewide summary of the 2007 gaps analysis. These results will provide an overview of statewide trends in home and community- based services (HCBS) needs, capacity and development. Individual county profiles are also available at www.dhs.state.mn.us/GapsAnalysis.

Background

In 2001, the Minnesota Legislature approved a set of reform measures to re-balance Minnesota's long-term care system—to develop and provide a wider range of home- and community-based service options to better meet the preferences and needs of disabled and older persons and their families. To launch this effort, the Legislature provided funding for counties to prepare an analysis of the long-term care system, including the current availability of- and projected need for- additional community-based long-term care supports, senior housing/service arrangements and facility-based long-term care.

In 2002 the Legislature eliminated the state funding for the Gaps Analysis. However, DHS has continued to be required by statute[3] to report to the Legislature on the status of the full range of long-term care services for elderly persons in Minnesota, including an update on the state's efforts toward long-term care reform.

2007 Long-Term Care Gaps Analysis

For the first six years, the biennial survey asked counties to report on long-term care capacity specific to serving persons age 65 and older in their communities. Beginning in 2007 the survey was expanded to include questions about capacity to meet long-term care needs of both seniors and persons with disabilities. The 2007 survey and this report were developed by staff from DHS's Aging and Adult Services Division with input from staff from the Disability Services Division at DHS.

A bulletin was issued in November 2007 requesting counties to submit a contact person who would be responsible for coordinating the completion of their county's gaps analysis survey. A web-based survey was emailed out to the county contacts in January 2008. Participation in the survey was voluntary and the following four counties did not complete a survey: Clearwater, Lake of the Woods, Marshall and Mille Lacs.

[3] https://www.revisor.leg.state.mn.us/statutes/?id=144A.351

MSHO/MSC+ Care Coordinator Survey

Given the increased role of managed care organizations (MCOs) in the provision of HCBS services for persons on public assistance, DHS also developed a strategy to represent MCOs in this survey process. Each MCO serving seniors through a special needs purchasing product (MSHO, MSC+) were asked to nominate a care coordinator for each county in their service area to complete a version of the gaps analysis survey. This survey only asked care coordinators to report on services for seniors but not for the population of persons who are under age 65 and disabled. Although attempts to reduce duplication between respondents of the two survey versions was made, it was often found that the same person or persons were involved in the completion of each of the survey versions. Therefore analysis of the care coordinator surveys is not included in this report. Seven counties completed the MCO version but not the county version. In these cases, the MCO version was used for analysis in place of the broader LTC survey.

Results

The results presented in this report are based on county self-reports of capacity in their county. Counties were asked to report on their county's capacity to meet the long-term care needs of seniors and persons with disabilities in their community through (1) home and community-based services (2) housing and (3) nursing facility specialty beds/services along with relocation assistance. Counties were also asked to report on any changes in HCBS service capacity between 2005 and 2007.

In the survey counties were typically asked to consider all aging and disability populations/services in their responses. When reporting on limitations in service capacity, counties were given a way to distinguish between different populations. In most cases, counties could distinguish between:

- Age 65 and older
- Under 65 and on a waiver
- Under 65 and not on a waiver

Eight services also included "under age 21" as a response option. Please refer to Table 6 in Appendix A to identify these services.

Home and Community- Based Services

Counties were asked to report on any recent changes in home and community- based service (HCBS) capacity as well as current service capacity in their county. Counties also reported on issues or barriers related to HCBS capacity along with their county's priorities for HCBS development.

Changes in Service Capacity 2005-2007

Counties were asked to report on changes in capacity between 2005 and 2007 across 32 HCBS services. For each service, counties could indicate whether they:

- Added new/ expanded/ improved the service
- Decreased/ eliminated the service
- Had no change in the service

Overall, counties reported that they have maintained, if not increased, their local service capacity. All but two counties reported an increase in at least one service area. Figure 1 on the next page shows the services that counties most commonly reported as added or expanded. The most common services where increases were reported were **Fiscal Support Entities**[4] (48%), **Long-Term Care Consultation (LTCC)/Community Assessment** (41%) and **Transportation** (41%). Table 1 in Appendix A summarizes county responses for all services.

Decrease in services

Thirty-six (out of eighty) county agencies reported a decrease across one or more services between 2005 and 2007. The most common services where decreases were reported were: **Chore Service** (9%, 7 counties), **Adult Daycare/Adult Daycare Bath** (8%, 6 counties), **Companion Service** (5%, 4 counties) and **Home Health Aides** (5%, 4 counties). An additional ten services had only one to three counties reporting a decrease. A complete listing of changes in service capacity can be found in Table 1 in Appendix A.

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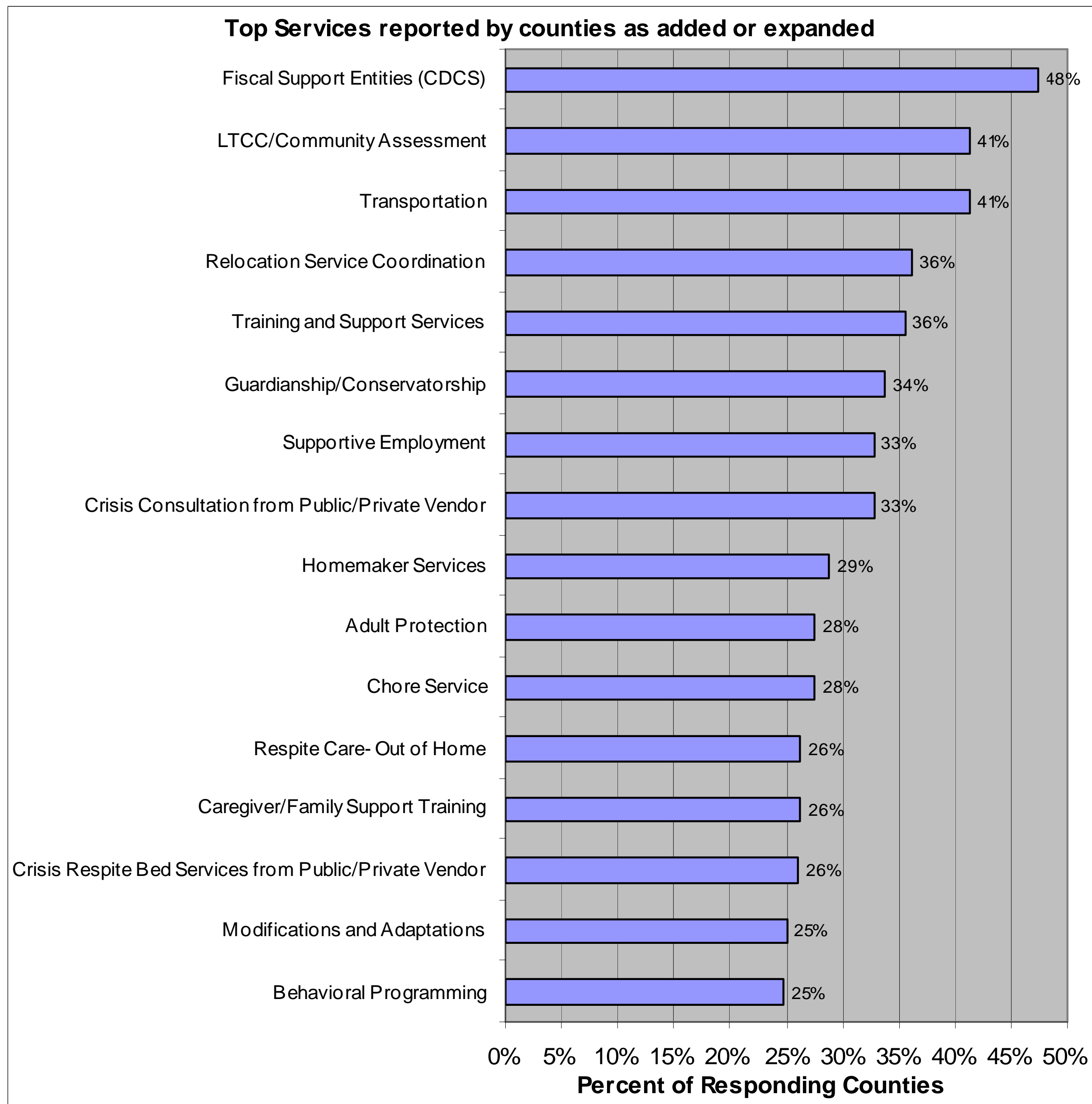
[4] Used as fiscal intermediary to allow consumers to hire and manage their own staff under Consumer Directed Community Supports.

Figure 1: Services where Counties Reported Increase in Services (2005-2007)



Current Service Capacity

Counties were given a list of 32 services and asked to determine if in their county the service currently:

- Is not available
- Is available but limited
- Meets demand
- Exceeds demand

When a county reported that a service was "available but limited" they were given a way to distinguish if the limitation was for specific populations. In most cases, counties could distinguish between:

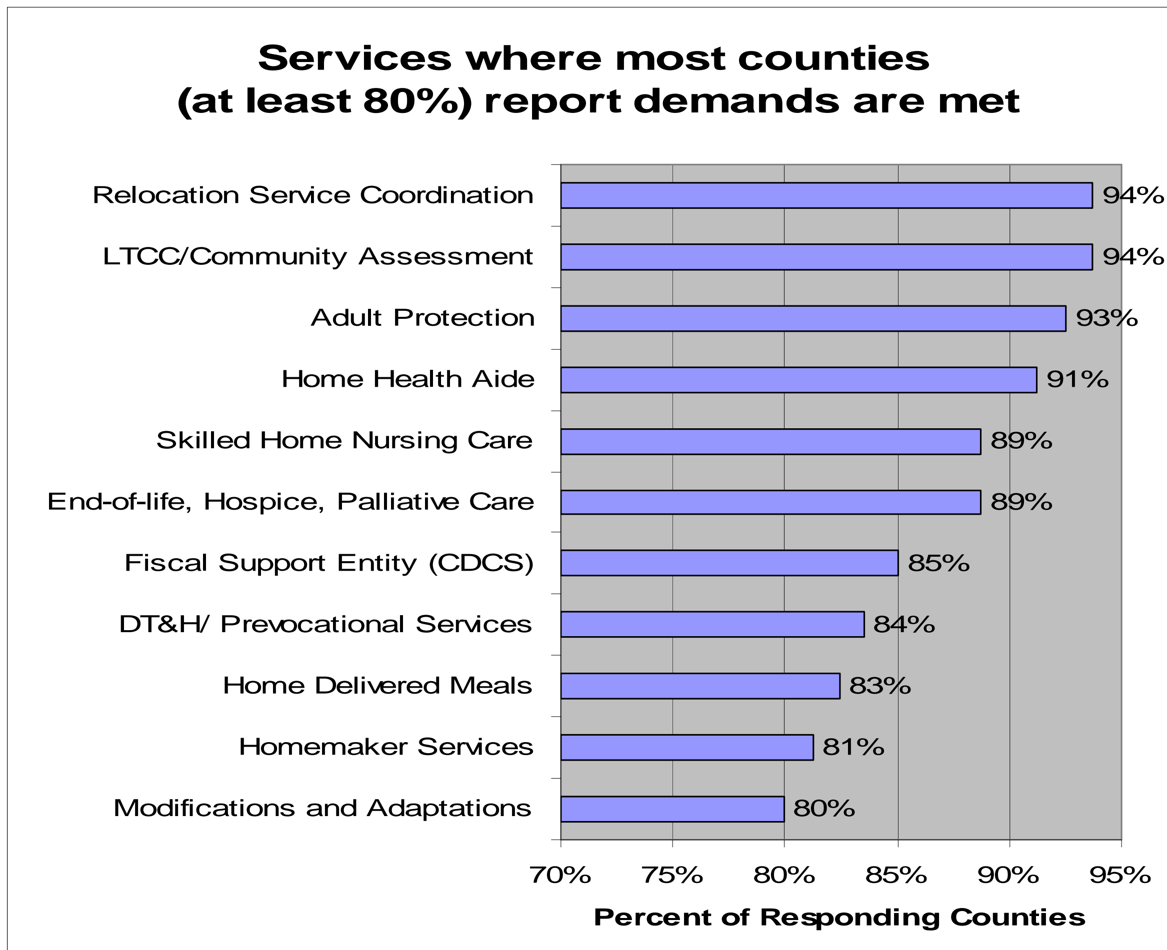
- Age 65 and older
- Under 65 and on a waiver
- Under 65 and not on a waiver

Eight services also included "under age 21" as a response option. Please refer to Table 6 in Appendix A to identify the services that included this category.

Strong Service Capacity

As shown in Figure 2 below, there are eleven services where at least 80% of counties reported that the service meets demand[5]. It is no surprise that **Relocation Service Coordination** (94%), **LTCC/Community Assessment** (94%) and **Adult Protection** (93%) were at the top of the list because these are services counties are obligated to provide to eligible members of their community.

Figure 2: HCBS Service Capacity



[5] For the purpose of this analysis, any county that reported a service "exceeds demand" was combined with those who reported the service "meets demand".

Service capacity exceeds demand
Very few counties reported that any particular service exceeded demand. The most commonly reported services were: **Adult Day Care/Adult Day Care Bath** (5%, 4 counties) and **Training and Support Services** (3%, 2 counties).

Most Common Service Gaps
Figure 3 below summarizes the top 10 (out of 32) services where counties reported insufficient capacity. These rankings were calculated by combining the number of counties who reported a service was "unavailable" with those that reported the service as "available but limited". Appendix B of this report includes a summary of the barriers reported by counties to developing these ten services.

Figure 3: Top Ten Service Gaps

		Counties Reporting Gap		Rank for Specific Populations			
Rank	Service	Count	Percent	65 and older	Under 65/ on waiver	Under 65/ not on waiver	Under 21
1	Transportation	54	68%	1*	2	1	n/a
2	Companion Service	53	66%	1*	7*	8*	n/a
3	Chore Service	52	65%	3	3*	4	n/a
4	TBI Structured Day Program**	47	64%	4	1	2	n/a
5	Employment Opportunities**	43	59%	17	3*	3	n/a
6	Respite Care, In Home	45	56%	5	5	5*	3
7	Crisis Respite Bed Services from Public/Private Vendor **	40	55%	11	6	5*	n/a
8	Respite Care, Out of Home	42	53%	6	7*	11*	1
9	Behavioral Programming**	37	51%	12	10	13*	4
10	Caregiver/Family Support Training	38	48%	8	11*	17	2

* Indicates two or more services tied for the ranking
**Percentage calculated out of 73 responding counties

As indicated in Figure 3 above, many of the top gaps in general service capacity were also major gaps for specific populations. Some services were more likely to be reported as a gap for a specific population. For the following services the rank and percentage of counties reporting as having a gap are in parentheses. Additional top ten gaps for the *65 and older population*: **Non- County Case Management** (#6, 46%), **Adult Day Care/Adult Day Care Bath** (#8, 44%), **Guardianship/Conservatorship** (#9, 35%), and **Insurance Counseling/Forms Assistance** (#10, 31%). Additional top ten gaps for the population that is *under age 65 and not on a waiver* included **Transitional Services/ Housing Access Coordination** (#5-tie, 43%), **Consumer Training and Education** (#8-tie, 41%), and **Supportive Employment** (#10, 40%). **Non-County Case Management** (#7-tie, 48%) was the only additional frequently reported service gap not included in the table above for the population *under age 65 and on a waiver*. Tables 3 through 6 in Appendix A provide a complete summary of county reports of capacity for each applicable service area within each population.

Changes in Reported Gaps for Aging Services 2001-2007

County reports of most common service gaps for persons age 65 and older were compared to the results of the three previous gaps analysis surveys. Appendix C includes the results of this comparison. Because the previous surveys were focused specifically on HCBS services for seniors, a similar comparison is not able to be made for services for persons with disabilities.

Issues/Barriers Related to HCBS Capacity

Counties reported a wide variety of issues, barriers and strategies to ensure that persons of all ages and disabilities have HCBS options. The most common issue reported by counties was around provider rates and reimbursement. There is concern that provider rates are not sufficient in a number of areas and this affects both the availability of services and the ability of providers to provide living wages and benefits and hire qualified personnel. Training of provider staff was also mentioned. Some counties also mentioned that there is a need for more state funding for the waiver programs and other public programs.

Some counties also struggle to have adequate county staffing to manage case loads and respond to increasing requests for LTCCs. Some counties also reported a need for increased coordination and communication with managed care organizations (MCOs) around the transition of consumers to managed care and managing differing requirements across MCOs. Access to transportation along with housing that is affordable and accessible were also common issues mentioned by counties. Counties also noted the need for language interpreters and culturally competent service providers. In addition, many noted the need for more public education and outreach in order to increase awareness of available services as well as reduce stigma attached with receiving government assistance.

Highest Priority for HCBS Development 2008-2010

There was a wide range in the priorities identified by counties for HCBS development. The most commonly reported priority was around service providers. Counties would like to have more standardized provider rates and tools. Some counties also mentioned the need for the expansion of services to include evening and weekend care. In addition, counties want to ensure that providers are trained and prepared to work with their populations, particularly those with complex and high levels of need. Some counties mentioned the need for development around specific services, including transportation, adult day care, employment services, respite care, companion care and caregiver supports. These services were among the ones most commonly reported as inadequate in the survey.

Overall HCBS System Improvements

Counties were asked to rate their county's improvement over a number of factors that support local HCBS systems. When given a scale where 1 equals "no improvement" and 5 equals "significant improvement", counties provided average ratings as shown in Figure 4 below. A breakdown of ratings can be found in Table 7 in Appendix A. On average, counties rated themselves at the mid-point or higher across all items. In particular, counties rated themselves especially high in their improvement in the successful transition of seniors on Elderly Waiver to managed care purchase and delivery model.

Figure 4: Average Rating of HCBS System Improvements

	Average Rating*
Transitioned Elderly Waiver consumers to Managed Care	**3.8**
All persons in county (regardless of income) were able to participate in a Long-Term Care Consultation, as needed	**3.5**
Allowed for consumer choice and direction through a range of options and/or service flexibility	**3.5**
There were communication patterns and referral protocols between health care and LTC providers in county that allowed for maximized care coordination	**3.5**
All persons in county (regardless of income) were able to access information in order to make informed choices about long-term care	**3.4**
All persons in county (regardless of income) were able to access in-person assistance in order to make informed choices about long-term care	**3.4**
Supported family/informal caregivers	**3.2**
Ensured the quality of services, met program standards and consumer expectations	**3.2**
Strengthened the capacity necessary to monitor and ensure consumer health and safety in private homes and apartments	**3.1**
The health and support service systems in county were culturally competent to adequately meet the needs of persons of all ages and disabilities who have diverse cultural backgrounds	**3.1**

* Counties were given a 5 point scale where 1= No Improvement 5= Significant Improvement

Serving Persons with Disabilities as they Age

DHS was interested in learning what kind of issues counties might be facing with serving persons with disabilities on waivers as they age or turn 65. About one-third of counties responded that they do not face issues in this area. Of the remaining counties which described issues, two issues were most commonly raised. First, many counties reported that differences in budget amounts and available services between the disability waivers and Elderly Waiver make it difficult to provide all necessary services under the most appropriate waiver. In addition, a number of counties reported that a lack of general provider capacity, especially in the areas of housing and transportation, have a particular impact for these consumers.

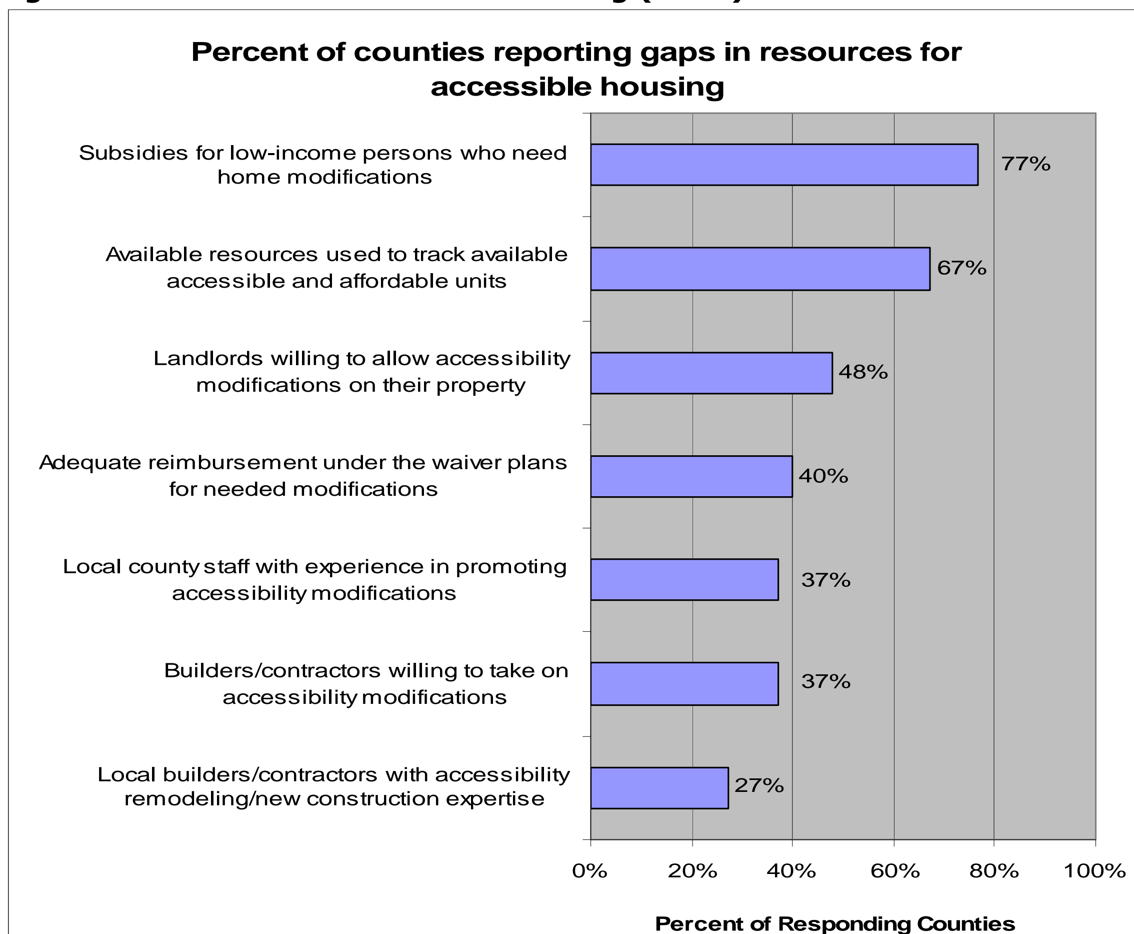
Some counties also mentioned that the budget amounts for the disability waivers do not account for the fact that many consumers have increasing needs as they age. In addition, some counties expressed concern that providers of traditional disability services are not necessarily equipped to serve older disabled persons and conversely not all traditional senior service providers are trained to work with persons with disabilities, particularly around mental health issues. Persons with disabilities face unique issues around employment and retirement as they age. They may not be allowed to work or to have employment income and continue to be eligible for waiver services. Consumers who move to Elderly Waiver from a disability waiver may face a transition with case management and even care system. This is particularly true when managed care is involved. A few counties also mentioned that the role of MCOs complicates the transition for consumers.

Housing

Counties were asked to report on the availability of affordable and accessible housing for seniors and persons with disabilities in their community, the major barriers to ensuring an appropriate supply of housing, as well as their local priorities for housing development.

Counties also reported on the availability of a variety of local resources to support accessible housing. Figure 5 below shows the percentage of responding counties reporting a gap for each type of housing resource.[6] Only about one in four counties reported that they lack builders and contractors with expertise in accessibility remodeling and new construction. In contrast, counties reported more gaps in the areas of subsidies for low-income persons needing housing modifications (77%) and resources to track available housing (67%). Table 8 in Appendix A provides a complete summary of resources for accessible/affordable housing.

Figure 5: Resources for Accessible Housing (n=73)



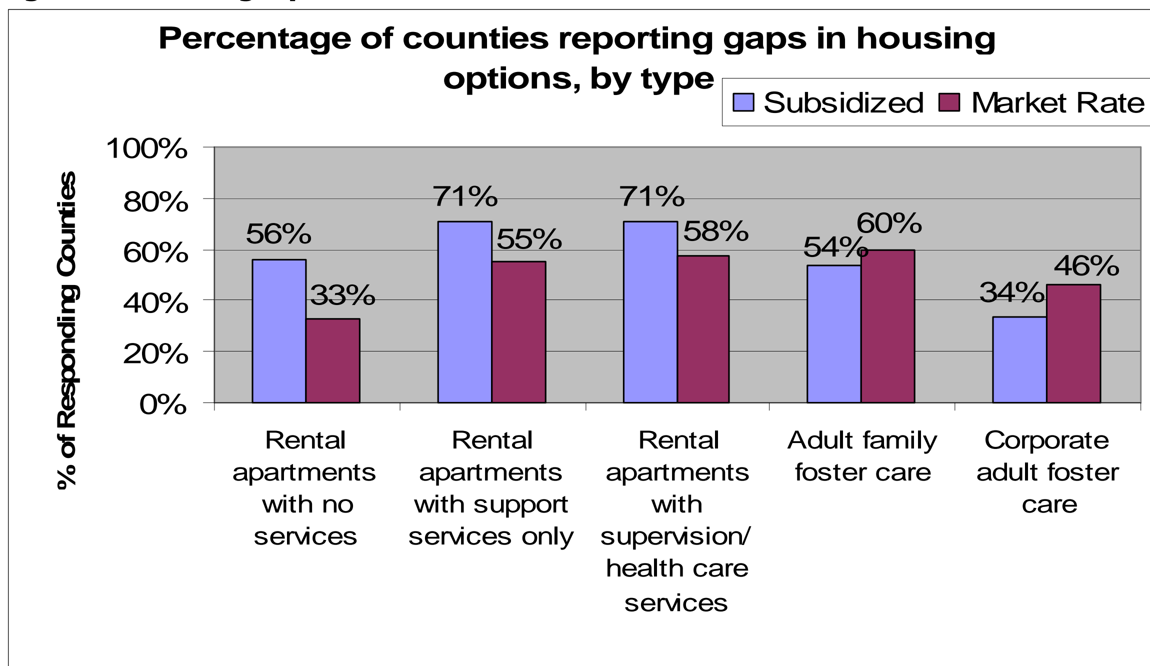
[6] A gap was determined if the county reported that the resource was not at all available or available but limited.

Housing Options

Counties were also asked to report on housing capacity across a number of types of both subsidized and market rate housing options. Figure 6 below summarizes the percentages of counties reporting a gap for each housing type. The greatest lack of capacity was reported for subsidized rental apartments with services (support services only or supervision/health care services- both 71%). Overall, market rate housing seems to be more available than subsidized, except in the area of adult foster care where there tends to be a larger gap in the availability of market rate options.

Some counties reported that specific housing types exceed demand in their area. Most commonly, about one-in-ten counties reported both subsidized and market rate rental apartments with no services to be in surplus by about (9% and 10% respectively).

Figure 6: Housing Options



As summarized in Figure 7, some housing types were not at all available in many counties.

Figure 7: Percent of Counties Reporting Housing Type is "Not Available"

	Market Rate	Subsidized
Adult family foster care	31%	23%
Rental apartments with supervision/ health care services	26%	28%
Rental apartments with support services only	24%	20%
Corporate adult foster care	28%	9%

Issues/Barriers for Housing Options
Counties were asked to identify the issues or barriers that are most critical to overcome in order to ensure an appropriate supply of housing options. Ten counties reported that they do not face any issues or barriers in this area, with most other counties reporting one or more issues. Most commonly counties reported that there is a need for more affordable housing, both for low-income persons and for middle-income persons who cannot afford market rate housing but do not qualify for housing assistance. In addition, many counties identified the need for more housing that is physically accessible and housing for more challenging populations, including those who have criminal backgrounds, sex offenders, persons with mental health issues and persons who deal with chronic homelessness.

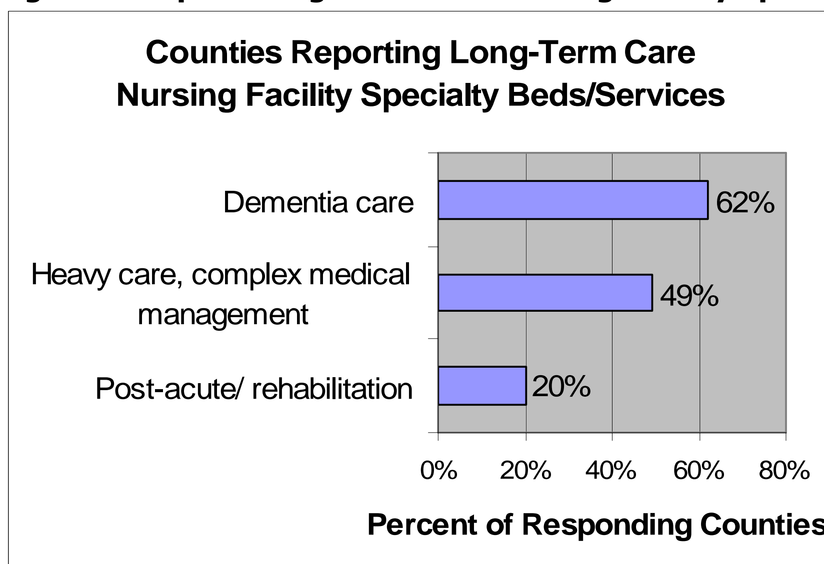
Highest Priority for Housing Development in County for 2008-2010
Most commonly counties reported that increasing their supply of affordable housing (including subsidized housing) is the highest priority. For some counties working to *maintain* their current housing capacity is of greatest importance. A number of counties also reported the development of assisted living/customized living and adult foster care settings as their primary focus. Some counties have faced particular difficulty ensuring that assisted living/customized living providers accept consumers who are on the waiver programs. There is also a need reported among some counties for more housing that supports persons with physical disabilities or who are dealing with mental illness or chemical dependency. A few counties noted that they plan to incorporate the needs of these populations into larger initiatives to address homelessness in their counties.

Nursing Facility Specialty Beds/Services and Relocation

The survey also covered the need for “specialty” nursing facility beds or services to meet unique long-term care needs in their service area. Counties were also asked about their strategies for relocating persons from nursing facilities to the community and the barriers they face in doing so.

Figure 8 below summarizes the percentage of counties who reported a gap in the availability of three types of nursing facility specialty beds or services. The largest gap reported was in the availability of dementia care specialty beds, where 62% of counties reported a gap. In addition, nearly half (49%) of counties reported a gap in heavy care/complex medical management. Table 11 in Appendix A provides a summary of reported capacity regarding nursing facility specialty beds/services. Counties were given an opportunity to write in any other types of specialty beds or services that might not be available. A few counties did list additional nursing facility specialty bed needs, including: bariatric care, mental illness and chemical dependency treatment, vent care, and having nursing facilities that cater to specific cultural communities.

Figure 8: Gaps in Long-Term Care Nursing Facility Specialty Beds/Services



Issues/Barriers for Nursing Facility Specialty Beds/Services

Although ten counties reported that they do not face issues or barriers in this area, a number of counties reported common issues. A number of counties reported that the current reimbursement rates make it difficult for nursing facilities to be sustainable and they particularly have difficulty serving consumers with high acuity with the current rates. A number of counties reported that they have an increased need for nursing facilities that are equipped to work with consumers who have mental illness or behavioral issues, dementia or memory care needs, and

specialized medical skilled nursing (such as dialysis, bariatric care, complex medical care). In addition, having adequate staffing that are trained to work with these special populations is important.

Nursing Facility Relocation

Forty percent of counties (32 counties) reported that there are persons in their county who could move to the community if supports were available. These counties most often reported that they have consumers with high needs that have not been able to be moved to the community, both because of the cost of providing the necessary services and the need for extended hours of care, including 24 hour care. Some counties lack community provider staff who are trained to provide service to consumers with such complex needs.

Three-quarters (75%) of responding counties reported that they have a systematic strategy in place for relocating persons to the community from nursing facility settings. When asked to describe their strategy, these counties most often described the role of the LTCC and relocation service coordination in providing assistance to individual consumers who are interested in moving back to the community. A number of counties also mentioned the review of DHS's LTCC quarterly reports as a resource for identifying potential participants. Counties also mention coordinating with nursing facility discharge planners and internal workgroups.

Top Barriers for Relocating Persons to the Community

Counties reported a variety of factors that impact their ability to relocate persons to the community. Most commonly counties noted that the cost of serving high need consumers in community settings can often be greater than available funding. It is particularly difficult when new services would need to be developed. Other barriers reported include a general lack of provider capacity, particularly with transportation. In addition, a number of counties noted that some consumers (or family members) choose to remain in the nursing facility rather than move to a community setting.

Conclusion

Based on the Gaps Analysis survey responses, counties have generally maintained, if not increased, their capacity for home and community- based services between 2005 and 2007. Although most counties have not experienced a loss in services, most counties continue to report gaps across a number of HCBS services, housing options and nursing facility specialty beds/services. Many counties reported continued efforts to maintain or increase their HCBS provider network.

It was not uncommon for counties, particularly those in rural parts of the state, to report issues with general provider capacity. Counties reported that limitations in provider rates and program budgets have an impact on provider willingness to develop or provide a service, along with providing a living wage to retain qualified staffing. The availability of a trained workforce, particularly to work with persons with complex needs, is also critical to maintaining local provider capacity.

Many communities face common barriers in serving persons with needs that are complex or difficult to serve, such as persons:

- with mental illness and/or chemical dependency
- who were formerly incarcerated
- who are categorized as sex offenders
- with disabilities who are aging
- struggling with chronic homelessness
- with cultural or language needs

Although some differences exist between the populations included in this survey, the needs and barriers faced by counties often cut across populations. For example, gaps in the availability of Transportation, Chore Services and Respite Services similarly impact all populations. In addition, when gaps exist in the availability of housing that is affordable and accessible it affects all populations. Many counties reported that their capacity to serve all seniors and persons with disabilities will be greatly improved by the availability of a common service menu.

Appendix A: Table of Survey Results

Table 1: County Reports of Changes in Service Capacity, 2005-2007

	No Change		Added New/ Expanded/ Improved		Decreased/ Eliminated		Not Collected*	
	Count	%	Count	%	Count	%	Count	%
Adult Day Care/ Adult Day Care Bath	55	69%	19	24%	6	8%	0	0%
Adult Protection	55	69%	22	28%	3	4%	0	0%
Behavioral Programming	54	68%	18	23%	1	1%	7	9%
Caregiver/Family Support Training	56	70%	21	26%	3	4%	0	0%
Chore Service	51	64%	22	28%	7	9%	0	0%
Companion Service	61	76%	15	19%	4	5%	0	0%
Consumer Training and Ed	60	75%	11	14%	2	3%	7	9%
Crisis Consultation from Public/Private Vendor	49	61%	24	30%	0	0%	7	9%
Crisis Respite Bed Services from Public/Private Vendor	54	68%	19	24%	0	0%	7	9%
DT&H/Prevocational Services	54	68%	16	20%	3	4%	7	9%
Employment Opportunities	60	75%	12	15%	1	1%	7	9%
End-of-life, Hospice, Palliative Care	65	81%	14	18%	1	1%	0	0%
Fiscal Support Entity (CDCS)	40	50%	38	48%	2	3%	0	0%
Guardianship/Conservatorship	51	64%	27	34%	2	3%	0	0%
Home Delivered Meals	60	75%	17	21%	3	4%	0	0%
Home Health Aide	62	78%	14	18%	4	5%	0	0%
Homemaker Services	55	69%	23	29%	2	3%	0	0%
Insurance Counseling/ Forms Assistance	62	78%	16	20%	1	1%	1	1%
LTCC/Community Assessment	47	59%	33	41%	0	0%	0	0%
Modifications and Adaptations	60	75%	20	25%	0	0%	0	0%
Non-County Case Management	65	81%	13	16%	2	3%	0	0%
Non-County Information, Referral & Assistance	61	78%	17	21%	1	1%	0	0%
Relocation Service Coordination	51	64%	29	36%	0	0%	0	0%
Respite Care, In Home	62	78%	17	21%	1	1%	0	0%
Respite Care, Out of Home	57	72%	21	27%	1	1%	0	0%
Skilled Home Nursing Care	58	74%	18	23%	3	4%	0	0%
Supportive Employment	48	60%	24	30%	1	1%	7	9%
TBI Structured Day Program	69	86%	4	5%	0	0%	7	9%
Training and Support Services	46	58%	26	34%	0	0%	7	9%
Transitional Services/Housing Access Coordination	58	73%	14	19%	0	0%	7	9%
Transitional Work Opportunities at School	65	81%	7	9%	1	1%	7	9%
Transportation	46	58%	33	41%	1	1%	0	0%

* Seven counties completed the MCO care coordinator survey which did not include these items.

Table 2: County Reports of Current General Service Capacity

	Not Available		Available but Limited		Meets Demand		Exceeds Demand		Not Collected*	
	Count	%	Count	%	Count	%	Count	%	Count	%
Adult Day Care/ Adult Day Care, Bath	14	18%	21	26%	41	51%	4	5%	0	0%
Adult Protection	0	0%	5	6%	73	92%	1	1%	0	0%
Behavioral Programming	6	8%	31	39%	36	45%	0	0%	7	9%
Caregiver/Family Support	3	4%	35	44%	40	50%	2	3%	0	0%
Chore Service	18	23%	34	43%	28	35%	0	0%	0	0%
Companion Service	11	14%	42	53%	25	31%	2	3%	0	0%
Consumer Training and	8	10%	24	30%	41	51%	0	0%	7	9%
Crisis Consultation from Public/Private Vendor	8	10%	19	24%	46	58%	0	0%	7	9%
Crisis Respite Bed Services from Public/Private Vendor	7	9%	33	41%	33	41%	0	0%	7	9%
DT&H/Prevocational Services	1	1%	11	14%	59	74%	2	3%	7	9%
Employment Opportunities	3	4%	40	50%	30	38%	0	0%	7	9%
End-of-life, Hospice, Palliative Care	1	1%	8	10%	70	88%	1	1%	0	0%
Fiscal Support Entity (CDCS)	6	8%	6	8%	67	84%	1	1%	0	0%
Guardianship/Conservatorship	1	1%	26	33%	51	65%	1	1%	0	0%
Home Delivered Meals	0	0%	14	18%	66	83%	0	0%	0	0%
Home Health Aide	0	0%	7	9%	71	89%	2	3%	0	0%
Homemaker Services	0	0%	15	19%	64	80%	1	1%	0	0%
Insurance Counseling/ Forms Assistance	5	6%	20	25%	54	68%	0	0%	0	0%
LTCC/Community Assessment	0	0%	5	6%	74	93%	1	1%	0	0%
Modifications and Adaptations	1	1%	15	19%	62	78%	2	3%	0	0%
Non-County Case Management	27	35%	8	10%	43	55%	0	0%	0	0%
Non-County Information, Referral & Assistance	12	15%	6	8%	62	78%	0	0%	0	0%
Relocation Service Coordination	1	1%	4	5%	75	94%	0	0%	0	0%
Respite Care, Out of Home	4	5%	38	48%	38	48%	0	0%	0	0%
Respite Care, In Home	5	6%	40	50%	34	43%	1	1%	0	0%
Skilled Home Nursing Care	0	0%	9	11%	69	86%	2	3%	0	0%
Supportive Employment	3	4%	27	34%	43	54%	0	0%	7	9%
TBI Structured Day Program	38	48%	9	11%	26	33%	0	0%	7	9%
Training and Support Services	1	1%	18	23%	51	64%	3	4%	7	9%
Transitional Services/Housing Access Coordination	8	10%	24	30%	40	50%	1	1%	7	9%
Transitional Work	5	6%	24	30%	44	55%	0	0%	7	9%
Transportation	1	1%	53	66%	25	31%	1	1%	0	0%

* Seven counties completed the MCO care coordinator survey which did not include these items.

Table 3: County Report of Service Gaps for Persons Age 65 and Older

	Rank	Percent	Count
Transportation	1*	64%	51
Companion Service	1*	64%	51
Chore Service	3	63%	50
Respite Care, In Home	4	51%	41
Respite Care, Out of Home	5	48%	38
Non-County Case Management	6	46%	37
Caregiver/Family Support Training	7	45%	36
Adult Day Care/ Adult Day Care Bath	8	44%	35
Guardianship/Conservatorship	9	35%	28
Insurance Counseling/ Forms Assistance	10	31%	25
Transitional Services/Housing Access Coordination	11	30%	24
Non-County Information, Referral & Assistance	12	23%	18
Modifications and Adaptations	13*	18%	14
Homemaker Services	13*	18%	14
Home Delivered Meals	13*	18%	14
Fiscal Support Entity (CDCS)	16	13%	10
End-of-life, Hospice, Palliative Care	17	11%	9
Skilled Home Nursing Care	18	10%	8
Home Health Aide	19	9%	7
Adult Protection	20*	6%	5
Long-Term Care Consultation/Community Assessment	20*	6%	5
Relocation Service Coordination	20*	6%	5

* Indicates a tie between two or more services for the ranking

Table 4: County Report of Service Gaps for Persons Under Age 65 and on a Waiver (n=73*)

	Rank	Percent	Count
TBI Structured Day Program	1	64%	47
Transportation	2	60%	44
Employment Opportunities	3**	56%	41
Chore Service	3**	56%	41
Respite Care, In Home	5	52%	38
Crisis Respite Bed Services from Public/Private Vendor	6	51%	37
Respite Care- Out of Home	7**	48%	35
Companion Service	7**	48%	35
Non-County Case Management	7**	48%	35
Behavioral Programming	10	44%	32
Consumer Training and Education	11**	43%	31
Caregiver/Family Support Training	11**	43%	31
Supportive Employment	13**	40%	29
Transitional Services/Housing Access Coordination	13**	40%	29
Transitional Work Opportunities at School	15	38%	28
Adult Day Care/ Adult Day Care Bath	16	37%	27
Crisis Consultation from Public/Private Vendor	17	36%	26
Guardianship/Conservatorship	18	33%	24
Insurance Counseling/ Forms Assistance	19	30%	22
Training and Support Services	20	25%	18
Non-County Information, Referral & Assistance	21	22%	16
Homemaker Services	22**	19%	14
Modifications and Adaptations	22**	19%	14
Home Delivered Meals	24	18%	13
Fiscal Support Entity (CDCS)	25	16%	12
Day Training & Habilitation/Prevocational Services	26	15%	11
Skilled Home Nursing Care	27	11%	8
End-of-life, Hospice, Palliative Care	28**	10%	7
Home Health Aide	28**	10%	7
Adult Protection	30	7%	5
Long-Term Care Consultation/Community Assessment	31**	6%	4
Relocation Service Coordination	31**	6%	4

* Seven counties completed the MCO care coordinator survey which did not ask about services for persons under age 65.
** Indicates a tie between two or more services for the ranking

Table 5: County Report of Service Gaps for Persons Under Age 65 & Not On a Waiver (n=73*)

	Rank	Percent	Count
Transportation	1	63%	46
TBI Structured Day Program	2	59%	43
Employment Opportunities	3	55%	40
Chore Service	4	52%	38
Respite Care, In Home	5**	43%	31
Crisis Respite Bed Services from Public/Private Vendor	5**	43%	31
Transitional Services/Housing Access Coordination	5**	43%	31
Companion Service	8**	41%	30
Consumer Training and Education	8**	41%	30
Supportive Employment	10	40%	29
Respite Care- Out of Home	11**	38%	28
Transitional Work Opportunities at School	11**	38%	28
Non-County Case Management	13**	37%	27
Behavioral Programming	13**	37%	27
Adult Day Care/ Adult Day Care Bath	15**	34%	25
Crisis Consultation from Public/Private Vendor	15**	34%	25
Caregiver/Family Support Training	17	33%	24
Guardianship/Conservatorship	18	32%	23
Insurance Counseling/ Forms Assistance	19	29%	21
Training and Support Services	20	22%	16
Homemaker Services	21	19%	14
Non-County Information, Referral & Assistance	22	16%	12
Modifications and Adaptations	23**	15%	11
Day Training & Habilitation/Prevocational Services	23**	15%	11
Home Delivered Meals	25**	12%	9
FSE (CDCS)	25**	12%	9
Skilled Home Nursing Care	27**	10%	7
End-of-life, Hospice, Palliative Care	27**	10%	7
Home Health Aide	29**	7%	5
Adult Protection	29**	7%	5
Long-Term Care Consultation/Community Assessment	29**	7%	5
Relocation Service Coordination	32	4%	3

* Seven counties completed the MCO care coordinator survey which did not ask about services for persons under age 65.
** Indicates a tie between two or more services for the ranking

Table 6: County Report of Service Gaps for persons under age 21 (n=73*)

	Rank	Percent	Count
Respite Care, Out of Home	1	52%	38
Caregiver/Family Support Training	2	52%	38
Respite Care, In Home	3	43%	31
Behavioral Programming	4	41%	30
End-of-life, Hospice, Palliative Care	5	33%	24
Skilled Home Nursing Care	6	15%	11
DT&H/Prevocational Services	7	10%	7
Home Health Aide	8	7%	5

* Seven counties completed the MCO care coordinator survey which did not ask about services for persons under age 65.

Table 7: Overall HCBS System Improvements

Level of improvement county's HCBS system has achieved around the following statements (1= No Improvement and 5= Significant Improvement)

	Average	1		2		3		4		5	
		Count	%	Count	%	Count	%	Count	%	Count	%
Transitioned Elderly Waiver consumers to Managed Care	**3.8**	6	8%	5	6%	18	23%	25	31%	26	33%
All persons in county (regardless of income) were able to participate in a Long-Term Care Consultation, as needed	**3.5**	4	5%	5	6%	32	40%	25	31%	14	18%
Allowed for consumer choice and direction through a range of options and/or service flexibility	**3.5**	3	4%	5	6%	33	41%	29	36%	10	13%
There were communication patterns and referral protocols between health care and LTC providers in county that allowed for maximized care coordination	**3.5**	3	4%	8	10%	31	39%	26	33%	12	15%
All persons in county (regardless of income) were able to access information in order to make informed choices about long-term care	**3.4**	3	4%	7	9%	33	41%	27	34%	10	13%
All persons in county (regardless of income) were able to access in-person assistance in order to make informed choices about long-term care	**3.4**	4	5%	6	8%	34	43%	26	33%	10	13%
Supported family/informal caregivers	**3.2**	5	6%	10	13%	36	45%	22	28%	7	9%
Ensured the quality of services, met program standards and consumer expectations	**3.2**	5	6%	9	11%	37	46%	23	29%	6	8%
Strengthened the capacity necessary to monitor and ensure consumer health and safety in private homes and apartments	**3.1**	10	13%	8	10%	34	43%	21	26%	7	9%
The health and support service systems in county were culturally competent to adequately meet the needs of persons of all ages and disabilities who have diverse cultural backgrounds	**3.1**	8	10%	13	16%	36	45%	13	16%	10	13%

Table 8: Resources for Accessible Housing (n=73)

	Not Available		Available but Limited		Meets Demand		Exceeds Demand		Not Collected*	
	Count	%	Count	%	Count	%	Count	%	Count	%
Local builders/contractors with accessibility remodeling/new construction expertise	0	0%	20	27%	53	73%	0	0%	7	10%
Builders/contractors willing to take on accessibility modifications	1	1%	26	36%	46	63%	0	0%	7	10%
Local county staff with experience in promoting accessibility modifications	4	5%	23	32%	45	62%	1	1%	7	10%
Adequate reimbursement under the waiver plans for needed modifications	1	1%	28	38%	43	59%	1	1%	7	10%
Landlords willing to allow accessibility modifications on their property	4	5%	31	42%	38	52%	0	0%	7	10%
Available resources used to track available accessible and affordable units	33	45 %	16	22%	24	33%	0	0%	7	10%
Subsidies for low-income persons who need home modifications	8	11 %	48	66%	17	23%	0	0%	7	10%

* Seven counties completed the MCO care coordinator survey which did not include these items.

Table 9: Capacity of Subsidized Housing Options

	Not Available		Available but Limited		Meets Demand		Exceeds Demand	
	Count	%	Count	%	Count	%	Count	%
Rental apartments with support services only	16	20%	41	51%	22	28%	1	1%
Rental apartments with supervision/ health care services	22	28%	35	44%	20	25%	3	4%
Rental apartments with no service	0	0%	45	56%	28	35%	7	9%
Adult family foster care	18	23%	25	31%	35	44%	2	3%
Corporate adult foster care	7	9%	20	25%	48	60%	5	6%

Table 10: Capacity of Market Rate Housing Options

	Not Available		Available but Limited		Meets Demand		Exceeds Demand	
	Count	%	Count	%	Count	%	Count	%
Rental apartments with no services	1	1%	25	31%	46	58%	8	10%
Rental apartments with support services only	19	24%	25	31%	33	41%	3	4%
Rental apartments with supervision/ health care services	21	26%	25	31%	29	36%	5	6%
Adult family foster care	25	31%	23	29%	30	38%	2	3%
Corporate adult foster care	22	28%	15	19%	40	50%	3	4%

Table 11: Capacity of Long-Term Care Nursing Facility Specialty Beds/Services

	Not Available		Available but Limited		Meets Demand		Exceeds Demand	
	Count	%	Count	%	Count	%	Count	%
Post-acute/ rehabilitation	0	0%	16	20%	61	76%	3	4%
Heavy care, complex medical management	5	6%	34	43%	40	50%	1	1%
Dementia care	9	11%	40	50%	30	38%	1	1%

Appendix B: Description of Limitations for Top 10 Services

#1- Transportation- Counties most often reported that the limited availability of providers has prevented access to transportation. The limited availability of transportation during evenings and weekends and for non-medical needs was often mentioned specifically as a primary barrier. In addition, many counties rely on the capacity of the local public transportation system and often reported limitations with these systems. Participants face difficulties with transportation particularly when they live in rural areas or need transportation assistance to travel long distances.

#2- Companion Service- Counties reported that this service depends on a strong volunteer capacity. Many counties reported that they do not have enough persons willing to make this kind of long-term volunteer commitment to meet the demand for the service. It is common for participants to be placed on a waiting list. Some counties reported that it is difficult to find providers to develop this kind of service, particularly because the reimbursement rate is viewed as too low. A few counties reported that this service is available for seniors but not for persons with disabilities under age 65.

#3- Chore Service- Counties most often reported that the reimbursement for this type of service is too low. There is also a lack of funding to provide this service to consumers not on waivers. Serving consumers in rural areas is particularly difficult given the cost incurred by the provider for travel. A few counties noted that this service is available for seniors but not for consumers who are on disability waivers.

#4- TBI Structured Day Program- Many counties reported that this service is unavailable in their county. Very little detail was provided about why this service is not available.

#5- Employment Opportunities- The general lack of employment and work sites in a county is often the largest barrier to creating work opportunities for persons with disabilities. In some counties, consumers must travel to other counties for employment, which creates additional transportation barriers. For some counties there is a concern that there are not enough work opportunities that provide self-sufficient wages. A lack of supportive services for employment also make it difficult to prepare for and maintain employment.

#6- Respite Care, In Home- Counties reported a general lack of capacity in this area, particularly finding providers who are willing to develop this service and go into consumers' homes. This service is also affected by shortages and turnover in staffing. It is particularly difficult to access this service for overnight and weekend care. Some also noted that consumers with behavioral issues and those who are not on public programs have a harder time accessing this service.

#7- Crisis Respite Bed Services from Public/Private Vendor- There is a general lack of providers and options. Because of the intermittent use of this service, providers often find it difficult to hold beds open for this service when they are not reimbursed for reserving the bed. These beds often fill up with permanent consumers and makes the number of beds available

very low or nonexistent. Some beds are only available for specific populations, such as DD or MI. It is common for a county to have to send a consumer to a different county to access this service.

#8- Respite Care, Out of Home- A number of providers reported that there is a general lack of providers in this area. Often this service is only available in facility-based settings, such as nursing facilities and hospitals. The providers that do offer this service often do not have the bed capacity to meet the demand. Given the intermittent nature of this service and limited bed availability it is often difficult for the county to coordinate the scheduling of this service.

#9- Behavioral Programming- Counties often reported a general lack of providers in this area. Some counties must engage providers from outside counties in order to make this service available to their consumers. A few counties reported that consumers may go on a waiting list for this service. Some counties also reported a lack of providers who are trained to work with their populations or that providers may focus on serving specific populations. It is particularly difficult to find providers who can work with consumers with dual diagnosis.

#10- Caregiver/Family Support Training- Counties reported a lack of providers. In some cases, providers exist but face barriers with filling positions. Some reported that caregivers have to travel to the Twin Cities or other areas to attend training, which has been burdensome. A few counties also reported that there is a need for more outreach in order to increase interest among caregivers and expand referrals.

Appendix C: Changes in Aging Services Capacity 2001-2007

Results of the 2007 Gaps Analysis Survey were compared to the previous Gaps Analysis surveys. Because the previous surveys focused specifically on services for persons age 65 and older, a comparison was only able to be made for aging services.

As summarized in Table 1 on the next page, **Transportation**, **Caregiver/Family Support Training**[7], **Chore Service**, and **Respite Services** (both in-home and out of home) continue to be top aging service gap areas across the years. In 2007 **Companion Services** increased to the top of the list to tie with Transportation. Although the top service gaps have remained the same, the percentage of counties reporting these gaps has increased since 2003. For **Transportation**, the percentage of counties reporting a gap has increased from 42% in 2003 to 55% in 2005 to 64% in 2007. Similar increases are found for **Chore Services** and **Caregiver/Respite** services.

Some service gaps have decreased over the years. In 2001, **Long-Term Care Consultation for Relocation** and **Information and Assistance** were top gaps. In subsequent surveys, these service areas were less likely reported as gaps. Similarly, **Adult Day Services** were top gaps in 2003 and 2005. In 2007 Adult Day Care/Adult Day Care bath decreased in ranking to 8th.

[7] Surveys conducted 2001-2005 included "In-Home Respite/Caregiver Supports" as a service category. This service area was expanded into 3 categories in 2007: Caregiver/Family Support Training and In-Home Respite Services with Out-of-Home Respite Services added as a new service category.

Table C1: Top Gaps in Service Capacity

2001 Survey			2003 Survey			2005 Survey			2007 Survey		
87 counties responding			72 counties responding			76 counties responding			79 counties responding		
Type of service	**Rank**	**% of counties**	**Type of service**	**Rank**	**% of counties**	**Type of Service**	**Rank**	**% of counties**	**Type of Service**	**Rank**	**% of counties**
Transportation	1	66%	Transportation	1	42%	Transportation	1	55%	Transportation	1 (tie)	64%
In-Home Respite/ Caregiver Supports*	2	57%	Chore Service	2	28%	Evening and Weekend Care**	2	50%	Companion Service	1 (tie)	64%
Chore Service	3	48%	In-Home Respite/ Caregiver Supports*	3	22%	Chore Service	3 (tie)	47%	Chore Service	3	63%
LTCC for Relocation	4	39%	Adult Day Service	4 (tie)	21%	Adult Day Service	3 (tie)	47%	Respite Care- In Home	4	51%
Information and Assistance	5	25%	Home Delivered Meals	4 (tie)	21%	In-Home Respite/ Caregiver Supports*	5	42%	Respite Care- Out of Home	5	48%
									Non-County Case Management	6	46%
									Caregiver/ Family Support Training	7	45%

* Surveys conducted 2001-2005 included "In-Home Respite/Caregiver Supports" as a service category. This service area was expanded into 3 categories in 2007: Caregiver/Family Support Training and In-Home Respite Services with Out-of-Home Respite Services added as a new service category.

** Evening and Week-end Care was not included as a service item on the 2007 survey.