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RAMSEY COUNTY

2004 - 2005 LONG TERM CARE SERVICE DEVELOPMENT PLAN

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Background

As identified by the Minnesota Department of Human Services in Bulletin #01-25-03 (July 13, 2001), voices throughout Minnesota have joined national experts in recognizing that long-term care of elderly community members presents a tremendous challenge - both now and in the future. During 2000, Minnesota's Long-Term Care Task Force, comprised of twelve legislators and the commissioners of the state's Housing Finance, Health and Human Services agencies met to discuss the state's long-term care issues. The Task Force talked with noted experts, sponsored consumer focus groups, and held public meetings to obtain input on these issues from community members and organizations throughout the state.

To respond to immediate concerns and prepare for the future, the Task Force established six major policy directions:

1. Maximize people's ability to meet their own long-term care needs
2. Expand capacity of community long-term care system
3. Reduce Minnesota's reliance on the institutional model of long-term care
4. Align systems to support high quality and good outcomes
5. Support the informal network of families, friends, and neighbors
6. Recruit and retain a stable long-term care work force

Embedded in these policy directions is the need to empower consumers and communities. Consumers are demanding more control over how and where services are provided. They want a better fit between their needs and preferences and services.

Based on the work of the Task Force, 2001 the Legislature passed several long-term care reform measures. These provisions included funding for counties to undertake specific planning and development activities related to the long-term care system (Minnesota Statutes, section 256B.437, subdivision 2). The two work products to be created by each county were a Gaps Analysis, identifying underdeveloped services, and a Service Development Plan, outlining the county's plan to meet the housing and service needs and preferences of seniors. Due to state budget cuts, this legislation was repealed July 1, 2003. Ramsey County Human Services has found the Gaps Analysis and Service Development Plan to be useful exercises and planning tools, however, and has chosen to continue their development for 2004 - 2005 despite the legislative change.

Process

Input and assistance from a cross-section of stakeholders was sought in the development of Ramsey County's 2004 Gaps Analysis. A steering committee, consisting primarily of representatives outside of Ramsey County Community Human Services provided oversight and direction to the work. Data from a survey of over 600 Ramsey County seniors, the Minnesota Department of Human Services data, the Census data, provider organizations, hospitals, and key informants provided an understanding of service, housing, and population trends as well as the current capacity to meet the needs of seniors.

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Gaps Summary

Despite significant service development in 2002 and 2003, Ramsey County's 2004 gaps analysis once again identified a significant number of unmet needs. The basis for the identification of individual service and housing gaps fell into several broad categories:

- Currently thirty-six percent of Minnesota's minority seniors live in Ramsey County. The 2000 census data identifies 4,548 African American, American Indian, Asian American, and Hispanic seniors living in Ramsey County, representing 8% of the total Ramsey County population over age 65. We also have a large Russian speaking senior population. Despite the progress over the past two years in providing culturally appropriate service options more work needs to be done. In some areas, such as case management, current providers do not have the capacity to meet client needs in a manner appropriate to a given culture or language.
- In other areas, such as with home delivered meals, we have a well developed system but are still not able to meet the needs of a particular subset of seniors that have special diets or require a Latino culturally specific meal. The home delivered meals programs have also experienced significant state and local budget cuts in 2003 and 2004. The impact of these cuts is not yet known.
- Other gaps, such as transportation and affordable housing with services, reflect service areas in which there are complex issues crossing multiple geographic, public and private sector boundaries. First step approaches at making these services available to low-income seniors in Ramsey County during 2002 and 2003 will provide the foundation for expansion in these areas.
- A number of gaps represent services Ramsey County does not currently contract for as part of their Alternative Care or Elderly Waiver programs for seniors. These include caregiver training and education, companion, supplies and equipment, and fiscal intermediary services.
- Some gaps such information, referral, and assistance, and health insurance counseling are services that have experienced budget cuts in 2003 and 2004 by the state and county. Despite their high need to for development funding limitations do not allow their development at this time.
- The final category includes mental health services, care coordination, and home maintenance. All of these represent services not covered by the home and community based waived services programs.

The Ramsey County 2004-2005 Service Development Plan addresses eleven gaps that were prioritized as having a "high" need for development in a low, moderate, or high rating scale. Filling these service gaps will, however, be dependent on the contributions of the multiple partners and funding streams identified in the plan.

2003 Legislative Changes

There are a number of legislative changes that occurred in 2003 that will most likely impact development of senior services in Ramsey County. The extent of the impact at this point is unknown.

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- **Alternative Care (AC) Program**

The 2003 Minnesota State Legislature approved major policy changes to the Alternative care Program effective July 1, 2003. These changes were based on the needs of the state to reduce the program's budget due to a decrease in the state revenue and included reducing eligibility criteria, expanding monthly client fees, and imposing liens and estate recoveries. This program serves approximately 8,200 seniors statewide per month (approximately 850 AC clients were serviced in Ramsey County in 2002). With these changes, it is expected that 2,500 AC clients statewide will drop out of the program. The state is collecting data from counties on a quarterly basis to try and track the actual impact over the next year.

- **Medical Assistance Co-pays**

Effective October 1, 2003 seniors who are on Medical Assistance are required to pay a \$3.00 co-pay for non-preventive visits to physicians, physician ancillaries, chiropractors, podiatrists, advanced practice nurses, physician assistants, audiologists, opticians, and optometrists; a \$3.00 co-pay for eyeglasses; and a \$3.00 co-pay for brand name drugs and \$1.00 for generic. For some low-income seniors that has created a hardship and forced them to make tough decisions on what they can afford to purchase, including paying Elderly Waiver obligations for purchased services.

- **Elderly Waiver to Prepaid Medical Assistance (PMAPs)**

Again, in an effort to reduce state expenditures, 2003 legislation was enacted that permits the commissioner of Human Services, beginning July 1, 2004, to include payments for elderly waiver services and 180 days of nursing home care in capitation payments to PMAP for recipients age 65 and older. Health plans would then provider case management to elderly waiver eligible seniors. (In 2002 Ramsey County served approximately 800 seniors on the elderly waiver program.) This potential change presents major challenges for Ramsey County and its' senior residents, including:

1. How will client access to general information and assessments, eligibility determination, and the Alternative Care program and Elderly Waiver program be coordinated?
2. How will continuity of care (i.e. ability to use the same contracted providers without disruption of services) be ensured as clients move from Alternative Care to Elderly Waiver?
3. How will this impact the administrative burden to community as they contract with multiply entities at potentially different reimbursement rates?
4. How will service development occur when each PMAP and county entity can only offer a community vendor a small number of clients as potential service recipients?
5. How will the loss of case management for approximately half of its low-income publicly funded clients (800 in Ramsey County) and the revenue associated with that service affect the infrastructure available at a county level to devote to planning for senior services, the number of staff providing long-term care consultation and case management at the county,

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and the number of community delivering case management under contract with the county?

County Budget Cuts

Ramsey County also had to make significant budget cuts in 2003 and 2004 that reduce services to seniors. These cuts included a substantial reduction of dollars to the meals on wheels programs, elimination of contracts with five community agencies providing care coordination primarily to older vulnerable adults, the elimination of a transportation contract for seniors, and a reduction of four staff positions in senior waived services and adult protection. It is too soon to fully realize the combined impact of both the state and county reductions.

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Gaps identified as high priority for development	Action steps to address service gap	Timeframe for development	How we will measure success	Ramsey County Human Services' Development Partners
Case management	<ol style="list-style-type: none"> 1. Issue Request for Proposals to rebid case management contracts to expand the overall capacity of community agencies contracted with Ramsey County to provide culturally specific and nurse case management. 	2004	Ramsey County has case management capacity available to meet the cultural and medical needs of seniors open to the Alternative Care and Elderly Waiver programs	Public Health Community case management Communities of Color
Care coordination	<ol style="list-style-type: none"> 1. Support and partner with community agencies seeking Community Services/Service Development state grants and other funding for start up and on-going provision of care coordination, as appropriate 2. As appropriate, work with, support and advocate on behalf of community agencies providing care coordination <ul style="list-style-type: none"> • SE Metro SAIL project with Parish Nurse programs 	2004 – 2005	Care Coordination projects receive funding and are implemented	Living at Home Block Nurse programs, Eldercare Partners, Family Services, Catholic Charities, Earthstar, Faith Communities, Parish Nurse Programs, Neighborhood Agencies and Community Centers providing meals on wheels, Communities of Color
Fiscal intermediary services for consumer directed care	<ol style="list-style-type: none"> 1. Review preliminary work done for the Alternative Care (AC) Other Services program (work plan, policies, procedures, etc.) 2. Educate staff on current opportunities and limitations of state program 3. Estimate, with Case Managers, how many seniors on AC would use AC Other Services if it were available 4. Make a decision to either: <ul style="list-style-type: none"> • Implement AC Other Services program • Postpone the implementation until the Elderly Waiver program has this option so a coordinated system can be developed • Not implement the current AC Other 	2004 - 2005	Decision is made, and if appropriate, flexible option is available to seniors	Public Health Community case management providers Fiscal intermediary providers County accounting department SE Metro SAIL Communities of Color Regions Senior Clinic

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	<p>Services program if the investment of resources would most likely not bring about the outcomes seniors and staff, on behalf of seniors, are seeking</p> <ol style="list-style-type: none"> 5. Review and evaluate how AC discretionary and the EW Consumer Directed option might integrate into a single model 6. Explore working jointly with SE Metro SAIL counties on policies/procedures and training 			
Transportation	<ol style="list-style-type: none"> 1. Continue to work with a primary transportation vendor on the coordination and expansion of a centralized transportation system for low-income seniors in Ramsey County 	2004 - 2005	Transportation is available as needed to low-income seniors that is easily accessed through a central contact	American Red Cross, Metropolitan Transit Council, Private transportation companies, Department of Human Services, Surrounding counties and in those counties, MAAA, County Transit Association, Regional Rail Association, Mn Dot, Culturally specific community agencies and others contracted with a central vendor; regional transportation companies, Communities of Color
Caregiver training and education	<ol style="list-style-type: none"> 1. Issue a Request for Proposals for service <ul style="list-style-type: none"> • Include capacity to train families on guardianship issues 	2004 - 2005	Caregiver training and education is an available service under the AC and EW programs in Ramsey County	MAAA and agencies funded by them, Department of Human Services, community agencies, Communities of Color, Faith Communities
Companion	<ol style="list-style-type: none"> 1. With SE Metro SAIL, research who is providing this service in the metro area and how given the low reimbursement through the AC/EW programs 2. Issue a Request for Proposals for service 	2004	Companion services is an available service under the AC and EW programs in Ramsey County	SE Metro SAIL, Community agencies, Metro Counties, DHS, Communities of Color

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Home delivered meals	<ol style="list-style-type: none"> 1. Monitor the impact of local, state, and federal cuts to this program 2. Advocate to maintain service capacity, particularly the provision of ethnic and culturally specific meals 3. Address need for special diet capacity as funds become available 	2004 –2005	Current capacity is maintained	Ramsey County Senior Consortium, Ramsey Action Programs (RAP), MAAA, Communities of Color
Supplies and Equipment	<ol style="list-style-type: none"> 1. Issue a Request for Proposals for service 	2004	Supplies and Equipment contracts are executed for the AC and EW programs in Ramsey County	Community providers
Mental health services	<ol style="list-style-type: none"> 1. Together with MAAA, gather pertinent information regarding senior mental health <ul style="list-style-type: none"> • Funding accepted • Availability to do home visits 2. Offer training related to senior mental health to case managers 3. Partner with HealthEast/St. Josephs in seeking a Community Service/Service Development state grant for their dementia awareness and education project 4. Examine issues with coordination of Adult Mental Health and AC/EW Case Management and its relationship to housing with services 	2004 - 2005	<p>Resources and payment options are identified</p> <p>Staff are trained</p> <ul style="list-style-type: none"> • List of resources distributed to staff <p>HealthEast project is funded and implemented</p>	General physicians, Geriatric mental health professionals, HealthEast, MAAA, Communities of Color
Home Maintenance and Major Repairs (i.e. painting, roof repair, replacing windows, furnace, etc.)	<ol style="list-style-type: none"> 1. Identify options and resources that may be available to seniors needing home repairs 2. Train staff 	2004 - 2005	<p>Resources are identified</p> <p>Staff are trained</p> <p>Information is shared with seniors as appropriate</p>	Ramsey County Adult Protection, Community Providers, MN Housing Finance Agency, LAH/BNP, Faith Communities, Habitat for Humanity, Lending institutions, Communities of Color

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Affordable housing with services	<ol style="list-style-type: none"> 1. Continue to expand the pool of Assisted Living providers contracted with Ramsey County for Alternative Care and Elderly Waiver services through community outreach and one-on-one education with providers 2. Standardize and simplify the contracting process and budget tools 3. Together with SE Metro SAIL assess the housing preferences and housing needs of SE Asian seniors 4. Together with SE Metro SAIL, expand the availability of coordinated supportive services in affordable congregate or multiple unit housing settings 	2004 - 2005	Pool of Assisted Living providers increased	Community, Communities of Color
Services that can effectively meet the needs of persons with dementia and/or Alzheimers	<ol style="list-style-type: none"> 1. Assess current availability of dementia specific services in all services categories under contract with Ramsey County with AC and EW reimbursement 2. Determine, as best we can, the current and future need for dementia specific services 3. Determine gaps in services that need further development 4. Initiate development as needed 	2004-2005	Assessment is completed, need is determined, and plan for development is complete	Alzheimer's Association, MAAA, Public Health
As indicated in the 2004 Gaps Analysis, 400 Ramsey County beds were closed in the two-year financial incentive	<ol style="list-style-type: none"> 1. Continue to advocate with the state and nursing homes to consider the future growth and changing needs of the senior population as they consider the closure of additional nursing facility beds. 2. Encourage DHS to determine reliable 	2004-2005	An adequate supply of nursing facility beds exist to meet the needs of Ramsey Count seniors	Nursing Facilities Department of Human Services

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<p>period authorized by the legislature in July 2001. Ramsey county continues to be concerned that too many beds will close to support the growing senior population over the next 10 to 20 years.</p> <p>Hospital and nursing home length of stay patterns have changed dramatically and the ability of Assisted Living programs to serve seniors with dementia is very limited at this time.</p>	<p>nursing home utilization projection figures on a state and county level (based on the particular circumstances of each county) that separate out: 1) long-term care beds needs, and 2) short-term rehabilitation bed needs, in order to ensure a planfull rebalancing of the long-term-care system.</p>			