

What the Future Holds

In 2013, DHS began one of the most significant reform efforts in its history. Reform 2020 took a hard look at the vision we had for our long-term services and supports for the people we served, and where we were on the road to realizing that vision. The analysis reached into nearly every corner of our service system and resulted in an exhaustive list of recommendations for changes to speed up the pace of reforms. Below is a summary listing of the major components of Reform 2020. As of 2015, most of the projects are nearing full implementation after two years of significant work.

Reform 2020: Pathways to Independence

1. CMS approves Section 1115 waiver request
 - Permission given to implement new nursing facility level of care criteria that raises the eligibility threshold for Medical Assistance (MA)
 - Federal matching funds approved for expanded version of Essential Community Supports, a program to pay for small set of services for low-need seniors 65+ and other individuals of any age who will lose eligibility for MA because of the higher nursing facility level of care
 - Federal matching funds approved for Alternative Care, a state-funded program that mirrors Elderly Waiver services and offers these to seniors with more assets than allowed under MA eligibility
2. Community First Services and Supports will replace Personal Care Assistance
 - New flexible service can now include personal and household care and also education, coaching, home modifications, transition services
 - Participants can choose agency-provider or a self-directed model using new financial management structures
3. Other reforms underway
 - Implementation of MNChoices, an online, universal assessment of individuals applying for MA now used by all lead agencies (counties, health plans, tribal organizations) for all client groups
 - Dual eligible demonstration underway for all ages, applying lessons learned in Minnesota Senior Health Options project to other dual eligible groups
 - Moving Home Minnesota, a federal Money Follows the Person project, provides services needed by people living in institutions or congregate settings who wish to live independently in the community
 - Early, intensive autism spectrum disorder services added to Minnesota MA plan
 - Adult protection system improved by simplifying reporting of suspected abuse with a single phone number, web portal and a public awareness campaign
 - Create a home/community-based service report card, similar to the successful nursing home report card
 - Reform the methodology used to set payment rates for providers

Minnesota Olmstead Plan

In 2013, the state developed an Olmstead Plan, as part of a settlement agreement in Jensen, et al vs. Minnesota Department of Human Services, et al. The plan includes a series of key recommendations, spanning several state agencies, that Minnesota must accomplish to ensure people with disabilities are living, learning, working and enjoying life in the most integrated setting. It is designed to help achieve better quality of life for all Minnesotans now and in the future.

For more information on the projects described in this timeline, email darci.steffen@state.mn.us or call 651-431-2598.

Timeline of Our History and Vision Services to Older Adults and People with Disabilities Minnesota Department of Human Services

Overview

This timeline describes the history of actions and advances in Minnesota's 50-year history of services to older adults and people with disabilities. It provides a summary of these actions for each decade beginning in the 1960s up to the present.

What is Visionary Incrementalism?

Reform efforts have taken place incrementally over a long period of time, but our vision has remained constant throughout many administrations and changes in state staff and elected officials. We call this process "visionary incrementalism." We have remained resolved to reduce our reliance on institutions and congregate settings and help the people we serve remain in their own homes or move to a place they can call home. As you read the timeline these themes continue to emerge in different programs and actions taken.



Planning is a Priority

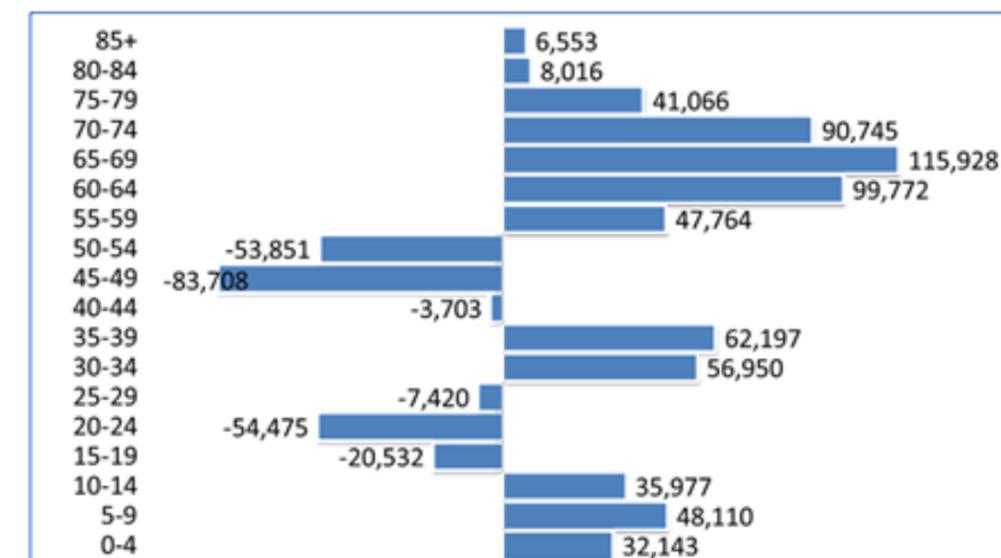
One way we have maintained our vision through many changes has been to place a high priority on strategic planning. This helps us see potential opportunities to move our vision forward regardless of the political winds. Our strategic planning process has anchored our work to our vision, and helped us to reimagine our core values when necessary.

We have also utilized broad statewide initiatives to rally stakeholders around these important issues, educating them about the demographic realities and encouraging them to take action and prepare for the permanent shift in the age of our population. Examples of these initiatives include Project 2030, Transform 2010 and Own Your Future.

Measuring our Results

We have also placed high priority on measuring the impact of our efforts on the lives of the people we serve. The primary indicator that we use is the percent of long-term care clients living at home versus in institutions. In addition to that, we also track dozens of other indicators that measure various aspects of our overall goal. We believe that what gets measured gets attention and becomes a priority for action.

Changes in Minnesota's Population: 2010 - 2020



Demographic Realities

As the number of older adults and people with disabilities grows dramatically in the next 30 years, we will need a flexible, sustainable system of services that can respond quickly to emerging trends and take advantage of a broad range of resources. Partnerships with the people we serve and their informal networks, other public agencies and networks of providers all have been important ingredients in achieving good results, and this will continue in the future.

Before 1970

State Hospitals and Nursing Homes Rule the Day

The 1950s and 60s

- Family is the caregiver for nearly all elderly and people with disabilities.
- Beginning in much earlier decades, the state has built a regional network of state hospitals to serve individuals who are poor, impaired, or have physical or mental disabilities, without family able to care for them.
- Home and community-based services are not yet available in any communities for these individuals.

1965

- The federal programs Medicaid and Medicare (Title XVIII and Title XIX of the Social Security Act) are enacted.
- Minnesota is the third state to have its Medicaid Plan approved and to start paying for care; Medicaid is called Medical Assistance (MA) in Minnesota.
- Providers discover that MA reimburses for nursing home care for elderly and a large nursing home building boom begins.
- The federal Older Americans Act is passed.

The 1970s

Home and Community Services Begin to Develop

1972 - 1974

- The federal Older Americans Act mandates creation of a local network of Area Agencies on Aging (AAAs) whose mission is to develop a comprehensive system of community-based services for people over 60.
- The federally designated State Unit on Aging in Minnesota is the Minnesota Board on Aging. Over a period of years, it designates 13 regional Area Agencies on Aging to start developing home and community services.
- In 1972, the Welsch vs. Likins lawsuit is filed by the family of a person with developmental disabilities living in a state hospital, claiming the right to community-based options and treatment for people with developmental disabilities. The case becomes a class action lawsuit.
- The right to treatment in state hospitals is soon established in state law.
- By 1974, this right to treatment has spawned a network of community facilities for those with developmental disabilities.
- DHS develops a cost-based reimbursement system for nursing homes under MA as the number of elderly on MA in these homes grows dramatically.
- Changes are made in the state's nursing home reimbursement systems after scandals in Minnesota nursing homes receive national exposure.

1976

- The Legislature enacts the nursing home rate equalization law, requiring that private pay resident rates not exceed the daily rates of MA residents for comparable services.
- A resident bill of rights is adopted to prevent discrimination in nursing homes.

The 1980s

Institutional Use is Tightened, Community Options Grow

1980

- Eight years after the Welsch vs. Likins (now Noot), the parties involved enter into an agreement known as the Welsch consent decree, requiring reductions in state hospital population.
- The state creates regional service centers for the deaf and hard-of hearing.

1983

- State requires pre-admission screening of all people seeking admission to nursing homes, to provide information on alternatives in the community.
- Minnesota is the first state to have a Medicaid waiver approved to provide home and community services to people 65+ who would otherwise be in a nursing home.
- State establishes the Alternative Care program, a mirror of the Elderly Waiver intended for elderly who have more assets than MA allows.

1985

- The Legislature enacts a nursing home moratorium to curtail certifying new beds; one year later a moratorium on licensing any new beds is added.
- DHS develops a new payment system for nursing homes that uses case-mix to set rates.
- The Legislature authorizes DHS to establish seven group homes to serve people with developmental disabilities on a pilot basis.
- A Prepaid MA demonstration begins, requiring that families with children receive health care through managed care organizations. Over the next 10 years, more groups are added to this mandate and by 1995 all MA clients in the state are enrolled in managed care.

1986

- Medicaid waivers are approved for additional individuals who would otherwise live in hospitals or nursing homes.

1989

- Because of better treatment and more options for people with disabilities, the Welsch case is formally dismissed.

The 1990s

“Alternatives to Institutionalization” is the Watchword

1990

- The Seniors Agenda for Independent Living (SAIL) is launched. It is a 20-year effort to expand local capacity to serve “low need” elderly now in nursing homes who could be served in the community. In later years, the program is revised to support a broad range of volunteer-based local providers under the term Live Well at Home.

1991

- Asset and income policies are implemented to prevent impoverishment of an Elderly Waiver recipient's spouse living in the community.

1992

- Robert Wood Johnson Foundation awards DHS a grant to develop the Minnesota Senior Health Options (MSHO) project to serve the dually eligible elderly.
- State creates Group Residential Housing to provide a housing allowance for low-income elderly and people with disabilities.

1993

- Federal law requires that the “look back” period for homestead transfers increase from 30 to 36 months. The look back for transfers to trusts increases from 30 to 60 months. Liens are filed on the homes of single MA clients in nursing homes permanently.

1994

- Minnesota Board on Aging establishes the Senior LinkAge Line, a telephone information and assistance service provided through the AAA network in the state.

1995

- A state task force on housing and services creates “housing with services establishments” to define any housing where 80% of the residents are over 55. These buildings must register with the Minnesota Dept. of Health but are not licensed. Licensed service providers must be used in the building.

1997

- Carlson Administration creates Project 2030. Its goal is to prepare the state's response to the aging of its population. The final report is sent to over 5,000 organizations.

The 2000s

“Rebalancing” the Long-Term Services and Supports System

2000 - 2001

- Legislative task force on long-term care recommends comprehensive reforms to reduce reliance on the institutional model and increase the supply of community-based services. “Reshaping Long-Term Care in Minnesota” provides the framework for a comprehensive package of legislative policy changes and funding to support the reforms, including:
 1. A voluntary closure process with financial incentives to close nursing home beds. Between 2001 and 2015, 10,900 beds are closed.
 2. A grant program to provide “venture capital” for groups wanting to pilot new models to serve elderly in their communities, granting \$2-3 million/year.
 3. MinnesotaHelp.info, a new web-based directory of services for seniors and their families.

2005

- Consumer-directed supports are made available to those on all the waivers. It gives them a budget to manage their care.
- DHS launches Disability Linkage Line (2005) and Veterans Linkage Line (2007).
- DHS completes a report on “Financing Long-Term Care for Minnesota's Baby Boomers.” The report analyzes private financing options that pay for long-term care and recommends next steps to encourage individuals to use these options.

2006

- The first state nursing home report card is published and goes online.
- DHS creates the Performance-based Incentive Payment Program to help nursing homes expand their quality improvement efforts.

2007

- DHS initiates Transform 2010 to prepare the state for the aging baby boomers. Based on forums with groups around the state, DHS publishes “A Blueprint for 2010” that summarizes the actions needed to prepare for the permanent age shift.

The 2010s

Reforming Long-Term Services and Supports for Quality and Sustainability

2010

- 2009 Legislature creates initiatives to reduce expenditures and improve the long-term care system. Work begins on these elements:
 1. Moratorium placed on corporate foster care and growth in less expensive community living options is encouraged.
 2. Housing assistance services help people with disabilities to move from group homes to independent living arrangements.
 3. The Return to Community Initiative helps private pay residents in nursing homes return to their home.

2011

- Legislature mandates the Long-Term Care Options Counseling program, requiring people who wish to enter assisted living to be screened and get information on services available to help them remain in their home.

2012

- The Dayton Administration initiates Own Your Future. The goal is to urge individuals to create a plan for their long-term care as part of their retirement planning. The overall initiative includes:
 1. Make public aware of the need to plan.
 2. Develop more affordable insurance and financial products for middle income households.
 3. Evaluate ways for MA to support private financing of long-term care.

2013

- Reform 2020 is enacted by the 2013 Legislature. It includes a large package of reforms to accelerate movement to the community for people we serve, improve quality and implement cost reforms to make MA sustainable into the future.
- A lawsuit filed against DHS in 2009 alleging unlawful seclusion and restraint at a DHS facility is settled, resulting in the development of Minnesota's Olmstead Plan.