

**Department of Human Services
Continuing Care Administration**

Business Functions

January 2011



Minnesota Department of **Human Services**

Department of Human Services, CONTINUING CARE ADMINISTRATION Business Functions

The employees in Continuing Care administer more than \$3.3 billion annually in state and federal funds, serving over 350,000 Minnesotans annually. Our functions are to:

1. Administer Medical Assistance long-term care programs (waivers and state plan services) which include developing, seeking authority for and implementing policies, projects, and research.
2. Administer state and federal grants and contracts.
3. Provide information, education, assistance, advocacy and direct service, including overseeing the state's adult protective services system.
4. Manage nursing home, ICF/MR, and DT&H provider rates.
5. Assure service quality, conducting evaluations and measuring results.
6. Staff the MN Board on Aging, the Commission of Deaf, Deafblind, and Hard of Hearing Minnesotans, and numerous stakeholder work groups.
7. Provide administrative, financial, and operational management and support.
8. Provide technical assistance to our stakeholders.

We have about 247 staff in four divisions:

- Aging and Adult Services
- Deaf and Hard of Hearing Services
- Disability Services
- Nursing Facility Rates and Policy

We work with key partners in providing these services: Counties and tribes, health plans, more than 3,700 home and community based service providers, the Minnesota Board on Aging and seven Area Agencies on Aging, other state agencies, the Commission of Deaf, Deafblind, and Hard of Hearing Minnesotans and 381 nursing facilities, 218 ICFs/MR, eight Centers for Independent Living and 299 Day Training and Habilitation settings.

The following pages show our activities organized by the eight major functions performed by staff across the Continuing Care administration. Page nine provides a snap shot of the salary and non-salary costs by division so you can also see the administrative investments shown in the more traditional format (by division) as it appears in MAPS, the state's accounting system.

1) Administer Medical Assistance long-term care programs, including developing, seeking authority for and implementing policies and projects.

61 FTEs – State General Fund
9 FTEs – Federal Funds
7.5 FTEs – Special Revenue

Management and administration of MA waiver and state plan services is the single largest functional area within Continuing Care in terms of staffing and program size. These services comprise over \$2.2 billion annually in state and federal spending. Major activities include:

A. Manage and amend state Medical Assistance (MA) home care benefits (including Home Health, Personal Care Assistance (PCA) services and Private Duty Nursing (PDN) programs) and 1915(b) and 1915(c) plans.

- Evaluate and restructure administrative functions within home and community-based services, such as transitioning away from county contracts and establishing state rate or payment methodologies.
- Develop the capacity to effectively manage consumer-directed community supports benefits across all the HCBS waiver options.
- Work with CMS when submitting waiver amendments, waiver renewals, and audits.
- Compile data, analyze and report quality assurance activities.
- Work on consistent standards for basic health, safety, and protection of rights for people using the HCBS waiver programs.
- Develop and implement changes to reform the PCA program to ensure program integrity.
- Develop the 1915(j) state plan option.
- Manage conciliation and appeal activity related to these home and community-based support options including the waivers.

MA Home Health Care, PCA, and Private Duty Nursing serve about 20,000 Medicaid beneficiaries (average per month) and reimburse with state and federal Medicaid funds about \$497 million to providers of these services.

B. Provide policy oversight, direction, and support to lead agencies administering home and community-based waivers.

- Work with counties to manage their disability waiver budgets and allocations. Provide data, management tools, technological and policy support, training, and guidance.
- Certify fiscal support entities used by recipients choosing consumer directed support options.
- Conduct county waiver reviews via contracted and state staff on-site visits. Manage the Improve Group contract for contracted evaluation services.

- The DD Waiver serves people with developmental disabilities. It is an alternative to the ICF/MR entitlement. This waiver serves over 14,000 people (average per month) and reimburses about \$962 million in state and federal Medicaid funds to providers of services annually.
- CAC, CADI, and TBI waivers serve about 15,000 people (average per month) and reimburse providers for about \$476 million in state and federal dollars annually.
- Elderly waiver serves about 19,600 people (average per month) and reimburses about \$281 million in state and federal Medicaid funds to providers of services.

C. Administer ongoing activities related to MA Home and Community-based services.

- Provide MMIS functional analysis and operate the Resource Center “help desk.”
- Manage the long-term consultation for persons under age 65 who are in, or at risk, of entering a NF.
- Develop and implement the Long-term Care Partnership program.
- Provide policy guidance on use of aversive or deprivation procedures (Rule 40).
- Provide staff to participate in managing the MSHO program. This project is focused on serving dual eligible Medicare/Medicaid recipients who are elderly through the use of managed care strategies.
- Develop and implement caregiver support initiatives (state and federal funds), in particular, implementing the NYU counseling model that delays admission to nursing homes by 557 days.

- *Develop more housing options for people with disabilities.*
- *Administer the HCBS scholarship program.*
- *Administer legislatively-enacted rate adjustments to Continuing Care providers.*
- *Produce approximately 15 bulletins annually, including COLA implementation.*
- *Produce and update the Disability Services Provider manual, which is used by county staff, including case managers working in disability services.*
- *Provide updates to the MHCP manual.*

D. Develop and Implement New Projects.

- *Design, develop, and implement a comprehensive assessment system (MnChoices project).*
- *Implement changes in provider enrollment and provider standards (PEPSI project).*
- *Implement a new rate setting structure for home and community-based services (RSMI project).*
- *Expand housing access services, enabling people to live in their own homes.*
- *Establish a customized rate setting tool.*

E. Conduct research, planning, analysis, and evaluation.

- *Provide information technology systems programming and reporting capacity that support management of the waivers, consumer-directed community supports, and home care services.*
- *Provide ongoing data and analysis for program support.*
- *Complete ongoing and ad hoc reports and research and provide data support to policy staff for development of needed policy changes to waivers, state plan services, and other programs.*
- *Research use of technology that helps people to live more independently.*
- *Complete legislatively-mandated reports to the legislature.*

F. Draft and respond to new legislation

- *Produce legislation annually to enact needed legislative changes.*
- *Respond to legislative proposals brought forward by outside stakeholders, other agencies, or legislators.*
- *Work with stakeholders on policy change proposals of mutual interest.*

G. Provide public policy development for MA home and community-based services

- *Partner with the Board of Aging, the Department of Health and other state agencies. Activities include policy development, communicating Transform 2010 vision to boomers, meeting with communities on aging issues, working to increase the supply of home and community-based services, and encouraging boomers to save for retirement.*
- *Co-sponsor development of the Care Center of the Future. The DHS, MDH, Care Providers of Minnesota, and Minnesota Health and Housing Alliance are working together with other stakeholders to create the Care Center of the Future (DHS priority).*
- *Partner with other state agencies and providers to develop consortiums to model better ways of working together to provide long-term care.*
- *Partner with other state agencies and providers in coordinating policies and providing funding to support people with disabilities through transition from education to adult services.*
- *Implement health promotion for falls prevention and early diagnosis and treatment of memory loss.*
- *Respond to legislative proposals brought forward by outside stakeholders, other agencies, or legislators.*
- *Work with stakeholders on policy change proposals of mutual interest.*
- *Provide policy development for the Alternative Care program, Long-term Care Consultation Services, Caregiver Support Services, and Elderly Waiver transition to managed care.*
- *Manage consumer-directed community services, including consideration and development of the 1915(j) self-directed option to PCA services.*
- *Provide policy development and oversight for case management (waiver and targeted case management) and public guardianship.*
- *Update the methodologies used to establish individual and state to county allocations for disability services.*

- *Develop Aging and Disability Resource Centers (ADRC) statewide.*
- *Provide policy development for Minnesota Board on Aging’s nutrition, transportation, health promotion, chronic care initiatives, and area agencies on aging programs.*

2) Administer state and federal grants and contracts.

<u>9</u>	FTEs – State General Fund
<u>15</u>	FTEs – Federal Funds
<u>1</u>	FTE – Special Revenue

Continuing Care manages about 180 grant contracts. Some grants go to a single entity, like each CS/SD grant, which is awarded on a competitive basis. Others involve funds that go to many entities. There are 120 aging grants to the area agencies on aging, the Minnesota Board on Aging grantees, and the Senior Volunteer programs. This involves managing \$20.7 million in federally funded grants and \$22.5 million in state-funded aging grants. Other grants include \$16 million for HIV treatment/services (all funds); \$1.8 million in state deaf and hard of hearing services grants; and about \$19 million in state disability services grants.

One of the largest grants is the Alternative Care program. This program serves 3,315 elderly people (average per month) at an annual state cost of \$30 million. This involves providing guidance to county case managers who administer the program and helping counties to manage their program allocations.

A. Manage grants

- *Conduct grant budget reviews, financial reporting and assessments, payment management and audit resolution.*
- *Prepare and submit financial reports for Older Americans Act, CMS and foundation funds.*
- *Manage the Pathways to Employment initiative to evaluate and develop services that support employment. This involves a close partnership with the Dept. of Employment and Economic Development (DEED).*
- *Provide data and application management related to grant management.*
- *Manage all aspects of the Community Services and Services Development Grant processes. Continuing Care manages 45 Community Service/Service Development grants*
- *Manage contracts for some independent evaluations such as the one for consumer-directed services.*
- *Supervise the management of other state-funded grant programs including Linkage Lines funds, Semi-Independent Living Services (SILS), consumer support grant and family support grant programs.*
- *Administer state funding for 22 deaf and hard of hearing grants. This includes sign language interpreter referral, deafblind support program, and mental health services for people who are deaf, deafblind, or hard of hearing.*
- *Provide grants to small TV stations to provide real-time TV news captioning for deaf viewers (state grant funded through TAM fund).*
- *Manage the Ryan White Care Act funds serving persons with HIV/AIDs and collaborate with other state and local agencies who receive Care Act funds to maximize resources.*
- *Oversee professional/technical contract development and management.*
- *Conduct grant management activities:*
 - *Issue Requests for Proposals (RFPs).*
 - *Review applications and award grants and contracts.*
 - *Negotiate agreements and contracts.*
 - *Provide technical assistance and consultation.*
 - *Monitor and evaluate grantees and contractors.*
 - *Process payments to grantees and contractors.*
 - *Close out grants and contracts.*
 - *Prepare reports.*

- Apply for federal grant funding.

3) Provide information, education, assistance, advocacy and direct service, including public guardianship and oversee the state's adult protective services system.

<p>39 FTEs – State General Fund 32 FTEs – Federal Funds 16 FTEs – Special Revenue</p>

Continuing Care provides a significant volume of direct services through state Linkage Line staff who work closely with local Linkage Line offices, Ombudsman working in the field, HIV/AIDS eligibility staff, adult protective services staff and Regional Deaf and Hard of Hearing offices staff.

- A. Provide Ombudsman services to enhance the quality of life and quality of care for consumers of long-term care services** (state and federal funds). There are 13 regional ombudsmen, three of whom are state funded. The state-funded FTEs focus on people who receive home and community-based services. Federally-funded Ombudsman must target their services to people living in nursing facilities.
- Provide consumer information on various topics related to long-term care.
 - Educate consumers, family members, long-term care staff and concerned citizens about consumer safety, rights and laws.
 - Investigate and resolve complaints and dispute resolution related to health, safety, welfare and rights of residents of nursing homes, boarding care homes, and adult foster care homes, tenants of housing with services settings and assisted living settings, persons receiving home care services and Medicare beneficiaries with concerns regarding hospital services or premature discharge.
- B. Provide insurance and case management services either directly or through grants to other agencies for people who have HIV or AIDS.** The HIV unit administers federal, state and dedicated funds to pay for health insurance maintenance, drug assistance and supportive services for eligible people living with HIV. Funding comes primarily from federal Ryan White act funds, although the state does contribute \$2.3 million annually to pay for treatment and case management.
- C. Administer Linkage Lines telephone and Minnesotahelp web-based network to provide information and assistance to people with disabilities, seniors, and veterans.**
- Provide grant funding to Linkage lines, which are operated by Area Agencies on Aging and Centers for Independent Living which operate the Linkage Lines. Provides training and technical assistance to grantees.
 - Operate Minnesotahelp.info, which provides web-based information and assistance for consumers and professionals who work with consumers.
- D. Provide Deaf and Hard of Hearing Services.**
- Assist deaf and hard of hearing individuals statewide with mental health issues.
 - Provide direct services, consultation, service planning, and capacity building in local communities.
 - Administer state grant funding for home and community based mental health services targeted to individuals who are deaf, deafblind or hard of hearing.
 - Provide direct services statewide to children and adults who are deaf, deafblind or hard of hearing and their families to gain access to services they need to live independently in their communities.
 - Provide information & referral about hearing loss, available services, and technology.
 - Administer a network of 8 regional offices that provide direct services, resource libraries, training, and case coordination for the deafblind consumer-directed services program.
 - Administer statewide the Telephone Equipment Distribution (TED) program for individuals with hearing, speech, or physical disabilities that need adaptive equipment to use the telephone. Funding of \$1.5 million comes from the Dept. of Commerce Telecommunications Access Minnesota (TAM) special revenue fund.

- E. **Oversee Adult Protective Services.** Counties and local law enforcement are responsible for investigating reports of abuse and neglect. DHS role is to:
 - *Provide technical assistance and training for county Adult Protective services.*
 - *Provide policy analysis to DHS and the legislature on adult protective services issues/legislation.*
 - *Manage and operate the Central Entry Point data system – a system that tracks county reports of incidents of abuse or neglect.*
 - *As needed, provide follow up after initial investigation of complaints of abuse or neglect of vulnerable adults by Health Department or Sheriff's Dept.*
 - *Review vulnerable adult reporting and serious injury/death reports and takes action as appropriate.*
- F. **Provide public guardianship.** The Commissioner serves as guardian for over 2,300 adult wards of the state, most of whom were residents of state hospital prior to deinstitutionalization. Counties provide the day-to-day guardianship activities but CCA is responsible for some activities, including health care directives.

4) **Manage nursing home, intermediate care facility and day training and habilitation rates.**

19 FTEs – State General Fund
 1 FTE – Special Revenue

This area includes: 381 nursing facilities, 218 Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR), and 299 Day Training and Habilitation Services. These services comprise more than \$1 billion annually in state and federal funds.

- A. **Provide policy development and rate setting for nursing facility services.** These services receive about \$830 million annually in state and federal MA funds and have revenues of over \$2.2 billion annually from all funding sources, including recipient contributions. DHS pays for more than 6.3 million days of service in nursing facilities.
 - *Manage legislative process.*
 - *Set nursing home rates.*
 - *Audit nursing facilities.*
 - *Administer the provider portal, which is used to gather data, analyze, and then provide data back to providers.*
 - *Participate in the moratorium exception process, where nursing facilities are selected for funding to renovate or replace their physical plants.*
 - *Set charge limits for supplemental nursing services agencies.*
 - *Administer nursing facility bed closure incentives to support rebalancing of long term care.*
 - *Develop and administer initiatives to improve quality of care and life for nursing facilities residents.*
 - *Administer the Minnesota Nursing Home Report Card in cooperation with MDH.*
 - *Develop and advocate for payment strategies that encourage quality.*
 - *Provide training and consulting.*
 - *Fund an outside contractor to conduct face-to-face interviews with a sample of residents on quality of life and consumer satisfaction in all MA certified nursing homes.*
- B. **Provide policy direction; manage rates and auditing capacity for ICFs/MR.** These settings receive about \$142 million in Medicaid funds annually. ICFs/MR provide over 666,000 days of service per year.
- C. **Oversee 299 Day Training and Habilitation programs.**
 - *Manage need determinations and rate requests.*

5) Assure service quality, conducting evaluations and measuring results, including MA.

6 FTEs – State General Fund

- A. Assure Quality in Minnesota’s MA programs (includes evaluation efforts)**
- Respond to the increased focus and audits by the Centers for Medicare and Medicaid Services (CMS) on state quality assurance efforts in the HCBS waivers.
 - Provide quality assurance and consumer satisfaction support related to program management.
 - Conduct county waiver reviews and consumer experience surveys to evaluate the effectiveness of county-administered services.
 - Manage contracted activity for county waiver reviews. This includes county field visits to review and evaluate each counties management and procedures for providing waived services.
 - Promote increased program integrity and compliance by providers in MA Home Care programs through on-going statewide training and technical assistance efforts.
 - Provide quality assurance and safeguards in the administration of services to persons with disabilities, including appeals support.
 - Conduct legislatively-required reports.
 - Provide coordination on the Quality Management initiative and other special projects.
 - Performance management activities.

6) Staff the MN Board on Aging, the Commission of Deaf, Deafblind, and Hard of Hearing Minnesotans, and numerous stakeholder work groups.

5.5 FTEs – State General Fund
6 FTEs – Federal Funds
3 FTEs – Special Revenue

- A. Staff the Minnesota Commission of Deaf, Deafblind, and Hard of Hearing Minnesotans, a volunteer-based 15-member governor appointed commission.**
- Advocate for equal opportunities for Minnesotans who are deaf, hard of hearing, and deafblind.
 - Convene stakeholder groups, including members of the community, professionals, and parents, to improve outcomes in education, increase employment, increased access to services and information and promote civic engagement.
- B. Staff the Minnesota Board on Aging (MBA).** The MBA administers federal Older Americans Act funding and funds from CMS and Administration on Aging.
- Develop/oversee the Area Agencies on Aging (AAA) programs and allocate grant funds to them. Set standards for service and development work.
 - Provide guidance on AAA contracting
 - Staff MBA meetings and, with the board, develop the MBA legislative agenda and major policy initiatives.
 - Provide program and financial reporting to the federal offices.
- C. Provide technical assistance and support to the Governor’s council on Developmental Disabilities and the Minnesota State Council on Disabilities.**

7) Provide central administrative, financial, and operational management and support.

7 FTEs – State General Fund

Operations/Centralized services provide support to the entire administration. This area includes the Assistant Commissioner.

- A. Provide legislative, operational, communications, external relations and biennial budget management**

- *Serve as liaisons between the administration, the commissioner’s legislative and policy development office, legislators, and stakeholders.*
- *Manage all aspects of the legislative process for the administration.*
- *Provide biennial budget development and implementation for the administration.*
- *Provide operational budget management for the administration.*
- *Provide fiscal analysis.*
- *Provide communications/responses and support on media requests, news releases, web content and other information about Continuing Care services.*
- *Provide coordination across divisions, other administrations, and other agencies on priority projects and major policy initiatives/priorities.*
- *Coordinate strategic planning and work planning efforts.*
- *Provide overall management for centralized functions.*
- *Provide administration-wide workforce planning, staff training, and staff development.*
- *Manage employee engagement and internal staff development efforts.*
- *Oversee the application of technology solutions for long-term care programs administered by the Continuing Care administration.*

8) Provide training and technical assistance to our stakeholders.

7.5 FTEs – State General Fund
1.5 FTEs – Federal Funds
1 FTEs – Special Revenue

Because Continuing Care conducts its work through the efforts of others (including counties, tribes, and providers), providing training and consultation is essential.

A. Develop and provide ongoing continuing education, technical assistance and training.

- *Provide training to counties and tribes to manage all Continuing Care programs and services, HCBS Waiver programs and to understand the underlying policies and management tools.*
- *Provide technical assistance to counties, tribes, area agencies and health plans concerning Home and Community-based Services.*
- *Provide direct guidance, technical assistance, and support to county agencies in the administration of the MA Home Care program and the Home and Community Based Services (HCBS) waivers through the work of seven regional resource staff.*
- *Host the Age and Disability Odyssey conference. This three-day conference attracts more than 1,000 attendees from across the state.*
- *Perform psychotropic medication monitoring – policy guidance and training.*
- *Develop shared knowledge and understanding with external stakeholders through task forces, newsletters, web information, and other means of communication.*

Continuing Care Budget Detail: by Division and by Fund

FTE and Total Expenditures by Division	Budgeted <u>FTE's</u>	FY 11 General Fund <u>Budget</u>	FY 11 Federal Fund <u>Budget</u>	FY 11 Other <u>Budget</u>	FY 11 Total <u>Budget</u>
Aging and Adult Services Division					
Salaries		\$2,769,990	\$2,425,816	\$110,000	
Non-salary expenditures*		\$322,518	\$407,116	\$203,100	
Aging and Adult Services Division Total	66.00	\$3,092,508	\$2,832,932	\$313,100	\$6,238,540
Disabilities Services Division					
Salaries		\$5,900,000	\$2,417,100	\$546,798	
Non-salary expenditures*		\$4,797,147	\$2,233,574	\$50,250	
Disabilities Services Division Total	108.50	\$10,697,147	\$4,650,674	\$597,048	\$15,944,869
Deaf And Hard of Hearing Division					
Salaries		\$2,334,026		\$1,246,100	
Non-salary expenditures*		\$399,153		\$574,514	
Deaf And Hard of Hearing Division Total	50.40	\$2,733,179		\$1,820,614	\$4,553,793
Nursing Facilities Division					
Salaries		\$1,867,888			
Non-salary expenditures*		\$1,282,278		\$135,444	
Nursing Facilities Division Total	23.00	\$3,150,166		\$135,444	\$3,285,610
Grand Total Continuing Care Administration	247.90	\$19,673,000	\$7,483,606	\$2,866,206	\$30,022,812

*Non-salary expenditures includes professional/technical contracts, space rental, repairs, computer and systems costs, communication costs, travel related costs, equipment, supplies and other miscellaneous administrative expenses.

The budget dollars source: MAPS reports as of December 31, 2010.

Budget FTE source: MAPS report as of pay period ending December 31, 2010. Data includes both filled and intend to fill positions.