

Summary of Long-Term Care Programs and Services

Continuing Care Administration

January 2011

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This document provides a summary of all long-term care (LTC) programs, number of people served, source of funding, and a brief description of each program. **Medical Assistance (MA) LTC programs** serve people who are elderly or disabled and cannot afford to pay for the care they need. MA programs are funded with a combination of state and matching federal funding.

There are also a number of **state-funded and federally-funded grant programs** managed by the Continuing Care administration. Base funding for these grants remains flat unless it is increased or decreased by the funder.

People receiving LTC services may receive services funded through more than one program. For example, children needing long-term care in a hospital may receive both home health care services, private duty nursing, and services funded by the CAC waiver in order to live in their own home. The combined costs of all the in-home services must be less than the cost for the hospital.

Data shown is updated based on the November 2010 forecast, FY 09 MA actuals and ongoing (base) grant funding, and FY 11 MAPS administrative budgets. Values are shown in total dollars – all public funds.)

MA LTC Programs Serving both Older Minnesotans and People with Disabilities		
MA Home Health Care	\$24 million (state and federal) 5,000 people served per month at an average cost of \$401 per month.	Serves people eligible for MA that need skilled nursing visits, home health care aid visits, therapies, equipment or supplies.
MA - Personal Care Assistance (PCA) and private duty nursing services	\$473 million (state and federal) 15,316 people served per month at an average cost of \$2,572 per month.	Serves people that need personal care assistance and private duty nursing in their homes or in community-based settings and who meet eligibility criteria. Additional PCA is covered under managed care contracts.
LTC Programs Primarily Serving People with Disabilities		
Program	Number of People Served/ Annual Expenditure	Description/Purpose
Medical Assistance Programs:		
MA – Intermediate Care Facilities for People with Developmental Disabilities (ICF/MR or ICF/DD)	\$142 million (state, federal, and county) 1,825 people served per month	ICFs/MR These facilities serve people with developmental disabilities who need 24-hour

	at an average cost of \$6,501 per month.	care/supervision. There are 218 ICFs/MR statewide.
MA – Day Training and Habilitation (DT&H)	<p>\$33 million (state, federal, and county) Approx. 1,489 monthly recipients who are also ICF/MR residents.</p> <p>The average cost to serve an ICF/MR recipient in a DT&H is \$1,843 per month.</p>	<p>DT&Hs provide daytime employment/activities for people with developmental disabilities. Most people receiving DT&H live in ICFs/MR or receive waiver services. There are 299 DT&Hs statewide.</p> <p>State CSSA grants, county funds, and MA funds (for those receiving waiver or ICF/MR services) pay for these services. Approx. 13,182 people are served overall.</p>
MA – Developmental Disabilities (DD) Waiver	<p>\$962 million (state and federal)</p> <p>14,176 people served per month at an average cost of \$5,673 per month.</p>	Serves people with developmental disabilities who need the level of care provided in an ICF/MR.
MA – Community Alternatives for Disabled Individuals waiver (CADI)	<p>\$361 million (state and federal)</p> <p>13,320 people served per month at an average cost of \$2,294 per month.</p>	Serves people under age 65 who need the level of care provided in a NF.
MA – Traumatic Brain Injury Waiver (TBI)	<p>\$95 million (state and federal)</p> <p>1,357 people served per month at an average cost of \$5,883 per month.</p>	Serves people under age 65 that have experienced a traumatic brain injury and are determined to need the level of care provided in a NF or neurobehavioral hospital.
MA – Community Alternative Care waiver – serving children and some adults (CAC)	<p>\$19 million (state)</p> <p>300 people served per month at an average cost of \$5,364 per month.</p>	Serves people under age 65 that are determined to need a hospital level of care. Many CAC participants are children and young adults.
<p>Disability State, Special Rev. and Federal Grant-funded programs: <u>FY 13 total expenditures</u> State grants \$23,538,000 Federal Grants \$6,589,000 Special Revenue \$6,350,000 (All grant values shown are the FY 13 base funding unless otherwise noted.)</p>		
HIV Grants:		
<ul style="list-style-type: none"> HIV State Case Management Grants 	<p>\$1,263,000 (state) During two different legislative sessions (2008, 2010), the</p>	Funding to clinics and community based organizations for the provision of case management

	appropriation has been delayed one fiscal year and repaid in the next biennium. FY 12 shows the normal base amount for the program. Approximately 900 clients served per year.	services to persons living with HIV as well as payments to purchase insurance coverage for eligible individuals.
• State Insurance Premium Grants	\$1,162,000 (state) – FY 12 These three funding streams serve approximately 1,500 persons per year. Due to budget reductions, the base amount per year varies. During two different legislative sessions (2008, 2010), the appropriation has been delayed one fiscal year and repaid in the next biennium.	Funding to supplement federal allocations and special revenue funds to maintain private insurance coverage for people living with HIV.
• ADAP Drug Rebates	\$7,344,000 (special revenue) HIV forecast assumes this funding will be spent to zero over the next three years.	Dedicated funding resulting from ADAP drug rebates that supplements state and federal allocations to maintain private insurance coverage and/or purchase HIV related drugs. These 3 funding streams serve approximately 1,500 persons.
• Part B – ADAP Grants	\$4,589,000 (federal) Approximately 1,500 people served.	Federal funding dedicated to maintain private insurance coverage for people living with HIV and/or purchase HIV related drugs. Funds used in conjunction with state and special revenue funds.
• Minority Aids Initiative Outreach grant	\$44,000 (federal) Approximately 100 people served.	Federal funding to provide outreach and education services to minority populations by identifying individuals with HIV/AIDS and make them aware of and enroll them in treatment service programs.
• Title II Base Grant	\$1,956,000 (federal)	Dedicated federal funding that helps individuals with HIV/AIDS obtain access to necessary medical care, nutritional supplements, dental services, mental health services, support services and outreach to high risk, underserved populations.
Disability Services Grants: (All grant values shown are the FY 13 base funding unless otherwise noted.)		
• Housing Access Services Grants	\$471,000 (state)	Grants to assist individuals to move out of licensed settings or family homes into homes of their own. This funding was appropriated during the 2007 session as part of the proposal to Limit growth in the

		disability waivers and manage costs.
<ul style="list-style-type: none"> • Consumer Support Grants 	<p>\$1,005,000 (state)</p> <p>Approximately 1,657 people served per year.</p>	<p>The Consumer Support Grant (CSG) program is a state-funded alternative to Medicaid home care services of home health aide, personal care assistance and/or private duty nursing. Counties administer the CSG grants and work with consumers who are seeking greater flexibility and freedom of choice in their home care service delivery. Note: There is a small base for this grant plus a transfer from Medical Assistance that is made annually.</p>
<ul style="list-style-type: none"> • Semi-independent Living Skills program (SILS) 	<p>\$7,683,000 (state)</p> <p>Approximately 1,552 people served.</p>	<p>Grants to counties to assist adults with developmental disabilities, who are not eligible for the DD waiver or ICF/MR to maintain or increase independence in activities of daily living. SILS provides needed training and assistance in managing money, preparing meals, shopping, personal appearances etc. 70% is paid by the state with a 30% county match.</p>
<ul style="list-style-type: none"> • Family Support Grants 	<p>\$3,948,000 (state)</p> <p>Approximately 1,628 families served.</p>	<p>Grants to families to offset the higher than average cost of raising a child with a disability. Allows children to stay in their family home.</p>
<ul style="list-style-type: none"> • Disability linkage line 	<p>\$579,000 (state)</p>	<p>Grants for a statewide information and assistance network for people with disabilities to obtain needed services. These are administered through a contract with two Centers for Independent Living (CIL).</p>
<ul style="list-style-type: none"> • Technology Grants – corporate foster care alternatives 	<p>\$600,000 (state)</p>	<p>Funding appropriated during the 2009 session for technology, case consultation, evaluation and consumer information grants to assist in developing alternatives to shift-staff foster care residential services models.</p>
<ul style="list-style-type: none"> • Alternatives to PCA grants 	<p>\$4,856,000 (state)</p>	<p>Funding appropriated during the 2009 Legislative session to implement alternative services to PCA services for persons with mental health and other behavioral challenges who can benefit from other services that more</p>

		appropriately meet their needs and assist them in living independently in the community.
<ul style="list-style-type: none"> Advocating Change grant 	\$119,000 (state)	Appropriation to DHS. See also S435 under Advocating Change Together. This is a pass-through grant to the non-profit, Advocating Change Together. Language passed during the 2010 session that requires the state to seek a federal match on the grants.

LTC Programs Primarily Serving Older Minnesotans

Program	Number of People Served/Annual Expenditure	Description/Purpose
MA Nursing Facility (NF) Services	\$833 million (state, federal, and county) 19,000 people per month served Average monthly rate of \$4,890, of which on average 80% is paid for by MA and 20% is covered by residents' own resources.	Provides 24-hour care and supervision in a facility-based setting. Services often include short term rehabilitation, subacute care, and memory care. There are 381 MA-certified NFs and Boarding Care Homes and 32,342 beds statewide.
MA Elderly Waiver (EW)	\$281 million (state and federal) Managed care served 16,889 people per month at a monthly cost of \$1,146. Fee-for-service served 2,765 people per month at a monthly cost of \$1,521.	Serves people age 65 and older that would otherwise need the level of care provided in a NF. Most people receive their services through managed care.
Alternative Care (AC)	\$30 million (state) 3,315 people per month served at an average cost of \$772 per month.	AC serves low income people that are within 135 days of being eligible for MA. Provides similar LTC services to EW and keeps people at risk of MA in their own homes longer, thus delaying need for additional MA services. Spending for AC is forecasted and any unspent funds cancel to the MA program.

Aging Grants:

FY 13 grant base, including short term and onetime grants

State grants \$22,510,000

Federal Grants \$20,720,000

Special Revenue \$187,000

(All grant values shown are the FY 13 base funding unless otherwise noted.)		
• Caregiver support grants	\$456,000 (state)	Grants to counties and nonprofit organizations to provide caregiver and respite services, support groups and training in care giving.
• Eldercare development grants/living at home nurse	\$1,373,000 (state) (Impacts 87 counties that serve 350,000 older individuals) Block Nurse: \$617,000 to 31 service providers for in-home services.	SAIL/EDP: \$754,000. State grants to certain counties and Area Agencies on Aging (AAAs) to integrate, coordinate and enhance informal, quasi-formal and formal services for seniors.
• Community Service Development grants	\$2,841,000 (state) Included in governor's unallotment for FY 10 and FY 11.	Grants for capital improvements, remodeling, and programs to for-profit and nonprofit organizations, and units of government to rebalance the long-term care service system. Has supported 320 new projects expanding service options for approximately 250,000 individuals through 50,000+ volunteers and has helped to build or renovate over 1,400 units of housing.
• Community Service grants	\$2,983,000 (state)	Grants for remodeling and program expansion to nonprofit entities and units of government to rebalance the long-term care service system.
• Aging prescription drug grants	\$882,000 (state)	Grants to AAAs and providers to provide statewide outreach and education assistance to low income seniors regarding Medicare and supplemental insurance, including Medicare Part D.
• Information and Assistance grants	\$861,000 (state) Approximately 108,000 served in FY 2009). (Total persons served also includes those from the Aging Prescription Drug Assistance program, CMS Basic Health Insurance Counseling grants, CMS Medicare Improvement for Patients and Providers Act (MIPPA) grants- and the MN Senior Medicare Patrol Project.	Grants to non-profit and community organizations and area agencies on aging provide information and assistance regarding home-based and community-based services.
• Nursing facility return to community	\$1,112,000 (state) Note: Forecasted MA program savings is contingent upon these grants. There would be a cost to eliminate these grants.	Senior Linkage Line assists persons identified as potentially successful in moving from a nursing home into the community. Focuses on private pay individuals who would spenddown in a facility and become MA eligible.
• Senior Volunteer programs	\$1,895,000 (state)	Grants to counties and nonprofit

	Approximately 7,600 served in 2009. More than sixteen thousand volunteers provide a total of 2.1 million hours of volunteer service.	organizations that supplement federal funding to provide volunteer opportunities in the Foster Grandparent, Senior Companion, and the Retired and Senior Volunteer Programs.
• Senior Nutrition state grants	\$2,568,000 (state) Approximately 57,000 congregate and 14,000 home delivered unduplicated persons served.	Grants to AAAs and service providers to supplement federal funding to provide meals, and other related services in a congregate meal setting or to homebound seniors.
• Epilepsy demonstration project	\$260,000 (state) Approximately 16-20 people served per year.	Grant to a non-profit organization for independent living skills training to adults with intractable epilepsy.
• Essential community supports	\$7,279,000 (state)	Limited benefit for persons who will lose eligibility for MA when nursing facility level of care changes take effect in 2014 (now postponed due to federal maintenance of effort (MOE) requirements).
• Title III A – Administrative grants	\$1,699,000 (federal)	Older Americans Act (OAA) grants to AAAs for administrative purposes.
• Title III B – Program Development Grants	\$902,000 (federal)	OAA grants to AAAs and program development and coordination activities.
• Title IIIB – Support Services grants	\$4,300,000 (federal) Approximately 122,000 served in FY 2009.	OAA grants to AAAs and local providers to provide a variety of community-based social services.
• Title C1 – Congregate Nutrition Services	\$4,685 (federal)	OAA grants to AAAs and service providers to provide congregate meal services targeted to seniors in the greatest economic and social need.
• Title III C2 Home-delivered Nutrition Services grants	\$2,625,000 (federal)	OAA grants to AAAs and service providers to provide home delivered meal services targeted to seniors in the greatest economic and social need.
• Nutrition Services Incentive program	\$2,210,000 (federal)	OAA grants to AAAs and local nutrition providers as a separate allocation based on the number of meals served in the previous year.
• Title IIIB, C1 and E-Aging Federal Admin grants	\$100,000 (federal)	OAA grants to AAAs and service providers to provide a variety of statewide education and training activities.
• Title III D Health Promotion grants	\$350,000 (federal) (Approximately 8,400 served in FY 2009).	OAA grants to AAAs and service providers to provide preventive health information and services to seniors.

<ul style="list-style-type: none"> Title III E Caregiver grants 	<p>\$1,850,000 (federal)</p> <p>Approximately 23,800 served in FY 2009.</p>	<p>OAA grants to AAAs and service providers to provide information, respite, education, training, and support groups to family caregivers. Also includes 3E Grandparents Raising Grandchildren Grants and 3E Statewide Activities Grant.</p>
<ul style="list-style-type: none"> Title III E Grandparents Raising Grandchildren grants 	<p>\$225,000 (federal)</p>	<p>OAA grant to a service provider to provide caregiver support services to grandparents raising their grandchildren.</p>
<ul style="list-style-type: none"> Title III E Statewide Activities grants 	<p>\$125,000 (federal)</p>	<p>OAA grants to AAAs and service providers to provide statewide training, education and caregiver support activities.</p>
<ul style="list-style-type: none"> Title VII Elder Abuse Prevention grants 	<p>\$43,000 beginning in FY 11 (federal)</p>	<p>OAA grants to service providers to provide activities related to elder abuse prevention.</p>
<ul style="list-style-type: none"> MN Senior Medicare Patrol project 	<p>\$74,000 (Federal)</p>	<p>OAA grants to AAAs and service providers to help seniors obtain health insurance benefits and report fraud, waste and abuse within the health care system.</p>
<ul style="list-style-type: none"> Medicare Improvement 	<p>\$35,000 (federal)</p>	<p>Centers for Medicare and Medicaid Services (CMS) grants to AAAs to increase capacity to provide information and assistance regarding Medicare.</p>
<ul style="list-style-type: none"> Medicare Improvement MAAA 	<p>\$35,000 (federal)</p>	<p>OAA grants to AAAs to increase capacity to provide information and assistance regarding Medicare.</p>
<ul style="list-style-type: none"> CMS Basic Health Insurance Counseling grants 	<p>\$297,000 (federal)</p>	<p>CMS grants to AAAs and service providers to provide health insurance counseling, education and assistance services to seniors to help obtain health insurance benefits.</p>
<ul style="list-style-type: none"> Medicare Improvement MIPPA 	<p>\$35,000 beginning in FY 11 (federal)</p>	<p>CMS grants to MN Board on Aging to expand, extend or enhance the outreach efforts to beneficiaries on Part D and for those with limited incomes, and to plan for statutory changes which provide for significant opportunities for beneficiaries.</p>
<ul style="list-style-type: none"> Administration on Aging: Aging and Disability Resource Centers 	<p>\$55,000 (federal)</p>	<p>OAA grants to establish aging and disability resource centers that will create linkages with various systems including institutional care, pre-admission screening, hospital discharge planning and community agencies and organizations that</p>

		serve targeted populations.
<ul style="list-style-type: none"> Alzheimer's Outreach grants 	\$291,000 (federal) Approximately 5,000 served in FY 2009.	OAA grants to AAAs and service providers to provide early identification of Alzheimer's disease and support to families with seniors suffering with Alzheimer's disease.
<ul style="list-style-type: none"> Alzheimer's innovation grants 	\$242,000 (federal)	OAA grants to providers and AAAs to implement evidence-based programs throughout Minnesota.
<ul style="list-style-type: none"> Alzheimer's research grants 	\$359,000 (federal)	OAA grants to impact the ability of the family caregiver to withstand the difficulties of caregiving and eliminate or defer the need for institutionalization of the care receiver.
<ul style="list-style-type: none"> AoA Alzheimer's disease evidence-based grants 	\$70,000 (federal)	OAA grants to providers and AAAs to implement evidence-based programs (Mary Middleton study) throughout Minnesota.
<ul style="list-style-type: none"> AoA Community living program 	\$50,000 (federal)	OAA grant to develop flexible service options for older adults and family caregivers who are eligible for MA and other public programs as well as those who are fully private pay.
<ul style="list-style-type: none"> Aging Lifespan grant 	\$63,000 (federal)	OAA grant to MN Board on Aging to improve access to and availability of lifespan respite services for Minnesota's family caregivers.
<ul style="list-style-type: none"> Nursing home advisory council 	\$187,000 (special revenue) FY 09 approx. 622 served.	Grant to a nonprofit agency that provides nursing home resident councils ongoing education, training and information dissemination.

LTC Programs Serving People who are Deaf, Deafblind, or Hard of Hearing

Program	Number of People Served/ Annual Expenditure	Description/Purpose
Deaf and Hard of Hearing Services: <ul style="list-style-type: none"> Direct Services through Regional Offices Grants Management Mental Health Services Administrative support to the Commission of Deaf, Deafblind, and Hard of Hearing 	\$2,733,000 - state \$1,821,000 - special revenue (FY 11) People Served in FY 10: <ul style="list-style-type: none"> Regional offices: 8,600 Mental health program: 100 Telephone Equipment Distribution program: 4,400 Training and event participants: 12,000 	The central office and seven regional offices: Duluth, Virginia, Bemidji, Moorhead, St. Cloud, Metro, and Mankato provide direct services and grant management to people who are deaf, deafblind, and hard of hearing. These offices also administer the telephone equipment distribution program.

Deaf Services Grants: FY 13 expenditures \$1,767,000 state dollars \$240,000 special revenue No federal funding <p align="center">(All grant values shown are the FY 13 base funding unless otherwise noted.)</p>		
<ul style="list-style-type: none"> Deaf and hard of hearing services grants 	\$1,767,000 (state) In FY 09 these grants served 22,000 people.	Grants for multiple services and equipment to help Minnesotans who are deaf, deafblind, and hard of hearing or have multiple disabilities, including deafness, to remain independent and part of their communities
<ul style="list-style-type: none"> Rural Real Time Grant 	\$240,000 (special revenue)	Grants to rural television stations in Minnesota to provide real-time captioning of news and news programming where real-time captioning does not exist.
Continuing Care Administrative Resources:		
Program	Annual Expenditure	Description/ Purpose
The Continuing Care Administration administers state and federally funded long-term care services.	<u>FY 11 Administrative Funding:</u> \$19.7 million state \$7.5 million federal \$2.9 million special revenue/ other	247 staff in four divisions: Disability Services, Aging and Adult Services, Nursing Facility Rates and Policy, and Deaf and Hard of Hearing Services. Manages more than \$3.3 billion in annual program expenditures (all funds).
<p align="center">Major Initiatives/Projects</p>		
Initiative	Purpose/Description	
Transform 2010 and Aging 2030	Transform 2010, a project of DHS in partnership with the Minnesota Board on Aging, the Minnesota Department of Health and other state agencies, worked to prepare Minnesota for the age wave. As 2011 begins, the leading edge of the baby boom generation — people born between 1946 and 1964 — will turn 65. By the end of 2019, the entire baby boom generation will be 55 or older and will represent more than 25 percent of the state’s population. Eventually the bulk of this generation will need LTC. Government alone cannot meet this need. Working with a broad range of partners, Aging 2030 will work to put a variety of strategies in place to address the LTC care needs of this generation. This initiative provides the catalyst for planning, education, and action.	
MnChoices	DHS is in the process of developing a web-based tool that will be used by county and lead agency certified assessors across the state to assess the care needs of older Minnesotans and people with disabilities who are seeking LTC services. The project will combine LTC assessment processes, simplify and standardize face-to-face	

	assessments and provide better data for evaluating outcomes.
PEPSI	DHS is transitioning from lead agency contracts to a more consistent statewide approach to address waiver provider standards, qualifications and access to services. These changes are required by CMS
Rate Setting	The Rate Setting Methodologies Initiative will establish statewide rate-setting methods for home and community-based services for individuals with disabilities. These statewide rate setting methods are required by CMS.
MA Nursing Facility Level of Care Changes	Legislation was adopted in 2009 that tightens eligibility criteria for NFs and home and MA community-based services. People with lower needs will be redirected to other formal and informal supports, including existing grant programs. Due to maintenance of efforts requirements, these changes will be effective for adults on January 1, 2014 and children in 2019.
Money Follows the Person grant application (pending)	A federal grant to continue Minnesota's development of home and community-based services as a preferred and cost effective alternative to institutional care. Provides enhanced match for qualifying individuals for 12 months to offset transitional expenses and demonstrates effective practice. It also covers administrative costs to stabilize and develop needed services to prevent reliance on institutional care. NOTE: In the process of applying for the federal funding. Grant request is for 6 fiscal years through FY 17. Existing service costs are estimated to be approximately \$224 million over the 6 year period. At least 75% FFP can be earned from these expenditures. (This amount will be updated as the application process moves forward). The federal funding must be reinvested into the program.