

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MINNESOTA

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Minnesota's 60+ population was 902,284 in 2008 (17.3% of the state's total population), with 7.8% below the federal poverty level.¹
- The 60+ population is projected to be 1,422,104 in 2025 (23.3% of the state's total population).²
- About 21.2% of all households in 2007 had one or more persons age 65 years and older, and 35% of persons age 65 years and older had a disability.³
- Of the 667,500 Medicaid beneficiaries in the state in 2003, 9.2% were aged, 13.9% were blind and disabled, 18% were Dual Eligible, and 5.9% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 37.1% of total long-term-care expenditures, compared to 62.9% for HCBS in fiscal year 2007.⁵ *Note: Data do not include managed long-term-care expenditures.*

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Minnesota Board on Aging
www.mnaging.org/
- **State Medicaid Agency:** Minnesota Department of Human Services
www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelection-Method=LatestReleased&dDocName=About_dhs
- Minnesota does not have a consolidated agency for long-term-care programs. The MN Department of Human Services Continuing Care Administration is responsible for administering all long-term-care programs in the state, with the exception of employment and vocational rehabilitation programs (administered by MN Department of Employment and Economic Development) and specific services for children with special needs (administered by MN Department of Health and MN Department of Education). Licensing and regulation of health and medical programs is the responsibility of Department of Health, while non-medical service licensure and standards are generally the responsibility of Department of Human Services.
- The director of Minnesota's SUA does not report directly to the Governor. The director of the SUA has a dual role and is also the director of the Aging and Adult Services Division in the Department of Human Services Continuing Care Administration. As the director of the SUA, reporting is through the Governor-appointed chair. As the director of the Aging and Adult Services Division, reporting is through the Assistant Commissioner for Continuing Care Administration to the Commissioner of Human Services, a cabinet member.
- Minnesota has seven Area Agencies on Aging, Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)
- Minnesota has an ADRC (called Minnesota Help Network) that is statewide.

- Minnesota has a virtual ADRC model, using interconnected call centers (at AAAs and Centers for Independent Living) and a statewide, web-based database. The database is also accessible to the general public through www.minnesotahelp.info, and has several built-in features to assist individuals and families to review and sort among service options.
- In addition to serving older adults, Minnesota's ADRC serves: those with MRDD, physical disabilities, cognitive impairment, or Alzheimer's disease or related condition; family and children; and veterans.
- Minnesota's ADRC is being integrated with the Nursing Home Diversion Initiative.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home admission, Minnesota requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the county.
- Long Term Care Consultation is provided for any Minnesota resident who requests it. This is when the pre-admission screening for Medicaid clients takes place. The Long Term Care Consultants work at the county level and are comprised of a social worker and a public health nurse.

Non-Medicaid

- Private and non-Medicaid public services generally have an intake process that includes some type of functional assessment.

State Medicaid Plan

- Minnesota provides HCBS through the state Medicaid plan, primarily personal care assistance and private duty nursing.
- Refer to Table 1 for specific services provided.
- **PACE:** Minnesota has no PACE sites.

Medicaid Waivers

- Minnesota has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Alternative Care, Community Alternatives for Disabled Individuals, and Elderly Waiver.
- **Community Alternative Care:** Individuals must meet hospital level-of-care need to qualify for this program. Financial assessment of an individual's income and assets are reviewed only in months when the participant receives services; spousal income and assets are not assessed. The income limit is 100% of the Federal Poverty Guideline and the asset limit is \$3,000. If an individual qualifies for the program functionally but has an income that exceeds 100% of the Federal Poverty Guideline, the individual can still qualify for the program by spending down to 75% of the Federal Poverty Guideline. Case managers for this program must be either a nurse or a social worker licensed by an accredited university. Under the Consumer Directed Community Supports (CDCS) option, individuals choose the services that will meet their assessed need, can hire family members, friends or others to provide their care, and can purchase allowable goods and services directly or through a Fiscal Intermediary agency.
- **Community Alternatives for Disabled Individuals:** This program is for persons of any age with a physical disability who would otherwise have to live in a nursing home. The functional assessment is typically the responsibility of the county but in rural communities the county sometimes contracts the responsibility to a private entity. Income and asset requirements are the same as described under the Community Alternative Care Waiver. There is an option to self-direct personal care attendant services. Under the Consumer Directed Community Supports (CDCS) option, individuals choose the services that will meet their assessed need, can hire family members, friends or others to provide their care, and can purchase allowable goods and services directly or through a Fiscal Intermediary agency.
- **Elderly Waiver:** This program serves those aged 65 and older. Lead agencies (i.e., county, tribe or managed care organization) conduct the functional assessment. The financial assessment can be determined in two ways. First, an individual can become eligible via the Special Income Standard for the Elderly Waiver; persons can have up to \$1,911 of income where they would keep \$860; the remainder goes to the waiver services. The alternative way to qualify for this program is if the individuals have more than \$1,911, they would have to qualify for Medical Assistance by spending down to 75% of the Federal Poverty Guideline. Asset limits are \$3,000 for an individual and \$6,000 for a household. Spousal impoverishment rules apply. There is an option to self-direct personal care attendant services called Consumer Directed Community Supports, which is available to participants in this program. Under the Consumer Directed Community Supports (CDCS) option, individuals choose the services that will meet their assessed need, and can hire family members, friends or others to provide their care, can purchase allowable goods and services directly or through a Fiscal Intermediary agency.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Minnesota has three CMS-funded Programs that provide a combination of health care and HCBS to older adults and/or adults with physical disabilities. These are: Minnesota Disability Health Options, Minnesota Senior Care Plus, and Minnesota Senior Health Options.
- **Minnesota Disability Health Options:** This program is for individuals aged 18-65 who have a physical disability and are Medicaid eligible. The program offers waiver services for those who qualify for either the Traumatic Brain Injury Waiver (not in the scope of this report) or the Community Alternatives for Disabled Individuals Waiver; the program is run through a managed care organization. The income limit is 100% of the Federal Poverty Guideline (\$903 per month for an individual and \$1,215 per month for a couple). The asset limit is \$3,000 for an individual or \$6,000 for a couple (plus \$200 for each dependent).

- **Minnesota Senior Care Plus:** This program is for individuals aged 65 and over. Participants in this program are on the Elderly Waiver and receive identical waiver services; this program simply provides a different way of purchasing those services through Medicaid managed care. However, if individuals are in this program and in a nursing home they receive \$84 for personal needs. The income and asset limits mirror those of the Elderly Waiver and spousal impoverishment rules apply.
- **Minnesota Senior Health Options:** This program integrates Medicare and Medicaid primary care, acute care, prescription drugs, home care, and other long term care services including Elderly Waiver services and 180 days of care in a nursing facility. Applicants must have Medicare Part A and B and be Medicaid eligible. Services are distributed through eight managed care organizations that cover all but four counties in the state. The income limit is 100% of the Federal Poverty Guideline (\$903 per month for an individual and \$1,215 per month for a couple). The asset limit is \$3,000 for an individual or \$6,000 for a couple (plus \$200 for each dependent).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Minnesota has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: Alternative Care.
- **Alternative Care:** This program is for individuals aged 65 and older and is intended to prevent impoverishment by sharing the cost of care (up to 30% per month) with the participant in the program. In fiscal year 2007, the program served 5,158 individuals; cost of the program was \$25.7 million. Financial eligibility is determined through a county application and is based on both income and assets: an individual's monthly income is multiplied by 4.5 and the product is added to the individual's total assets. The combination cannot exceed \$25,036.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Minnesota does not use local funds for HCBS for older adults and/or adults with physical disabilities.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the Older Americans Act.
- Minnesota uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Minnesota has four OAA-funded Programs and Grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Disease Demonstration Grant, Alzheimer's Research to Practice Grant, Evidence Based Health Promotion, and Nursing Home Diversion.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Minnesota uses SSBG to provide HCBS for older adults and/or adults with physical disabilities. Counties set priorities for these funds; the largest amount is for Day Training and Habilitation services for younger disabled persons.
- Minnesota uses CSBG to provide HCBS for older adults and/or adults with physical disabilities. The funds are administered by Community Action Agencies. The largest HCBS spending categories are transportation, nutrition and chore services.

Consumer Direction

- Minnesota offers consumer-directed options. The HCBS programs in the state that offer consumer direction include: the Community Care Alternative Waiver, Community Alternatives for Disabled Individuals Waiver, Elderly Waiver, Alternative Care (AC),

some Title III funded services, and personal care attendant services under state Medicaid plan.

- Models of consumer direction available in the state include: a Cash and Counseling grant and cash options. The programs that offer consumer direction give the participant budget and employer authority to address assessed needs. Three employer options may be used for hiring workers.
- Those permitted to provide services under consumer direction in Minnesota are: provider agencies, spouses, adult children of the consumer, other family members, and friends.
- Minnesota uses fiscal intermediary services in connection with consumer direction. Persons on HCBS waivers, AC, and Title III-funded consumer-directed programs must use fiscal management services. Use of a support broker is an optional service. There are 17 fiscal intermediaries in the state.

Managed Care

- Minnesota has HCBS programs run by managed care health plans, e.g., the Elderly Waiver administers HCBS through managed care health plans.
- Minnesota Disability Health Options, Minnesota Senior Care, and Minnesota Senior Health Options are managed care options that provide HCBS.

Major Accomplishments and Initiatives

- Minnesota's Department of Human Services is being forced to cut funding across all programming. The programs will operate with increased participant cost sharing.
- There is concern over provider consistency and quality of care.
- Minnesota is working on a 1915j state plan option.

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Table 1: Types of Home- and Community-based Services Provided Under Minnesota’s Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source								
	Medicaid Waivers			CMS-funded Programs and Grants			State-funded Programs	State Medicaid Plan	OAA Title III
	Community Alternative Care (CAC)	Community Alternatives for Disabled Individuals (CADI)	Elderly Waiver (EW)	Minnesota Disability Health Options (MnDHO)	Minnesota Senior Care Plus	Minnesota Senior Health Options (MSHO)	Alternative Care (AC)		
Adult Day Care / Adult Day Health		X	X	X	X	X	X		
Assisted Living		X	X	X	X	X			
Caregiver Services / Respite / Education	X	X	X	X	X	X	X		X
Case Management / Care Coordination	X	X	X	X	X	X	X		
Chore / Homemaking	X	X	X	X	X	X	X		X
Companion Services / Socialization Activities			X		X	X	X		
Employment		X		X					
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	X	X		
Health Promotion Activities						X			X
Home Health / Personal Care	X	X	X	X	X	X	X	X	
Information / Assistance / Referral									X
Legal Assistance / Financial Advice									X
Medical / Dental / Medication Care				X	X	X			
Mental and Behavioral Health Services									
Nursing		X	X	X	X	X	X	X	
Nutrition / Meals	X	X	X	X	X	X	X		X
Personal Supports for Community Living / Transitioning		X	X	X	X	X			
Rehabilitation / Therapy									
Residential Services	X	X	X	X	X	X			
Transportation	X	X	X	X	X	X	X	X	X
Other/Unspecified HCBS				X					

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Community Alternative Care (CAC)	All ages	Yes	County, Tribe	County	County, Tribe	No	Yes
	Community Alternatives for Disabled Individuals (CADl)	All ages	Yes	County, Managed care organization, Tribe	County	County, Managed care organization, Tribe	Yes (692)	Yes
	Elderly Waiver (EW)	65+	Yes	County; Managed care organization; Tribe	County other (Lead Agency)	County; Managed care organization; Tribe	No	Yes
CMS-funded Programs and Grants	Minnesota Disability Health Options (MnDHO)	18-65	No	Managed care organization (Ucare)	County	Managed care organization (Ucare)	No	Yes
	Minnesota Senior Care Plus	65+	No	Information not reported	No financial assessment	Managed care organization	No	Yes
	Minnesota Senior Health Options (MSHO)	65+	No	Managed care organization	County; Managed care organization	Managed care organization	No	Yes
State-funded Programs	Alternative Care (AC)	65+	Yes	County; Tribe	County; Tribe	County; Tribe	No	Yes

