



# Care Transitions through the Senior LinkAge Line® and Resources in www.MinnesotaHelp.info<sup>TM</sup>

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## **Objectives for Today**

- Attendees will be able to understand how providers make an online referral to the Senior LinkAge Line® for Pre-Admission Screening, MDS Section Q, or for a consumer who wants to leave their current setting and return to a community setting.
- Attendees will understand how the Linkage Lines can help your clients who want to remain in the community.
- Attendees will know how to use several search features of <u>www.MinnesotaHelp.info</u> to find local services – including waiver services, compare services, and create a directory of needed services.

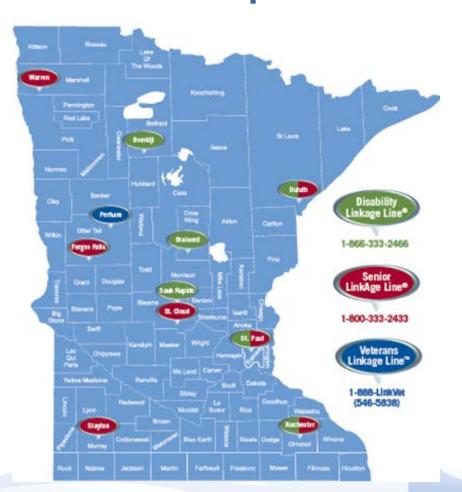






A One Stop Shop for Minnesota Seniors

## MinnesotaHelp Network<sup>™</sup>



#### Telephone Assistance

- Senior LinkAge Line® (1-800-333-2433)
- Disability Linkage Line® (1-866-333-2466)
- Veterans Linkage Line™ (1-888-Linkvet)

#### Face-to-Face Assistance

- Through county Long Term Care Consultation (MnChoices)
- Outreach Sites
- Access Points

#### Online Assistance

- <u>www.MinnesotaHelp.info</u>®
  - Live Chat and Resource database

#### • Print

- Before a Move: Consider Your Options
- Health Care Choices
- Planning Ahead
- Returning Home booklet







## **Telephone Assistance: The Linkage Lines**



A One Stop Shop for Minnesota Seniors





minnesotaveteran.org 1-888-LinkVet









## Senior LinkAge Line® 1-800-333-2433

- "One Stop Shop for Minnesota Seniors"
  - September 1, 2011 to include direct contacts to state agencies
- Implemented in 1994
  - Transform access and assistance
  - Meet the needs of the senior population
  - Now long-term care options counseling
- Seven contact centers and many outreach sites
- In 2013
  - Over 87,814 persons served
  - 92% of those served would recommend the Senior LinkAge Line®
  - 31% are repeat callers









# Senior LinkAge Line® Niche Areas 1-800-333-2433

- Care Transitions
- Medicare
- Health Insurance Counseling
- Prescription Drug Expense Assistance for all ages
- Long-term Care Options Counseling
- Application and Forms Assistance
- Long-term Care Partnership
- Caregiver Planning and Support
- Health Care Fraud and Abuse
- State Agency Related Questions









## Disability Linkage Line® 1-866-333-2466

- Implemented in 2005
  - Improve access to services
  - Create a comprehensive statewide information and assistance network
  - Meet the needs of people with disabilities and long term illnesses
- Six Regional Sites, through the MN Center for Independent Living (MCIL) and Southeastern MN Center for Independent Living (SEMCIL)
- In 2013
  - Over 23,000 persons served
  - 98% of those served would recommend the DLL
  - 32% are repeat callers









## **Disability Linkage Line® Niche Areas**

- Disability Benefits and Programs
- Employment
- Building Accessibility and Home Modifications
- Assistive Technology
- Personal Assistance Services
- Finding Accessible Housing
- Disability Awareness and Rights
- Special Needs BasicCare (SNBC)







## Veterans Linkage Line™ 1-888-546-5838

- Began August 1, 2007
- Implemented through Governor's Yellow Ribbon Task Force
  - High number of returning veterans
- Available to Veterans of any age or service era
- Provided through Minnesota State Colleges and University contact center
- Open evenings and weekends







## **Veterans Linkage Line™ Niche Areas**

- Veterans Benefits
- Link to County Veterans Service Officers
- Resources for homeless veterans
- Referrals to Veterans Homes
- Veterans Education Benefits
- Liaison to federal Veterans Administration and TRICARE









## What are Care Transitions?

Transitions refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change.\* Specifically, [transitions] can occur:

- 1. Within settings; e.g. intensive care unit (ICU) to ward.
- 2. Between settings; e.g., hospital to sub-acute care
- 3. Across health states; e.g., curative care to palliative care or hospice
- 4. Between providers; e.g., acute care provider to a palliative care specialist.

\*Source: National Transitions of Care Coalition







## **Care Transition Goals**

- Care transitions defined by the federal government for the Communitybased Care Transitions Program (CCTP).
  - Goal: "improve transitions of beneficiaries from the inpatient hospital setting to other care settings, to improve quality of care and to reduce readmissions for high risk beneficiaries as well as document measureable savings to the Medicare Program."
    - Initiate no later than 24 hours prior to discharge
    - Provide timely, culturally, and linguistically competent post-discharge education
    - Provide assistance to ensure timely and productive interactions between patients and post- acute and outpatient providers;
    - Provide patient-centered self-management support and relevant information specific to the beneficiary's condition; and
    - Conduct comprehensive medication review and management







## Senior LinkAge Line® Care Transition Efforts

- Pre-Admission Screening (PAS)
- Long Term Care Consultation Expansion
  - Registered Housing with Services Counseling
  - Hospital/Health Care Home Referrals
- Return to Community







## What is Pre-Admission Screening?

- Federal requirement identifying those with MI or DD entering a nursing facility
  - Ensures specialized services are provided, if needed
- Establishes Level of Care for purposes of Medical Assistance payment for nursing homes
  - Medical Assistance will not pay without a completed PAS showing LOC is met being entered into MMIS
- Also known as PASRR









## **Pre-Admission Screening cont.**

- Prepares the system for increasing numbers of seniors who need long-term care
- Creates new communication pathways to support care transitions
- Online website for PAS requests
- Conducted by Senior LinkAge Line®
- Follow-up for stays under 30 days
- Lead Agencies provide more intensive services and support









## Who must receive a Pre-Admission Screening?

- Pre-Admission Screening must be requested for all admissions into MA-certified:
  - Nursing facilities
  - Hospital "swing beds"
  - Certified boarding cares
- Regardless of:
  - Length of Stay
  - Payor Source
- Must be completed <u>prior</u> to admission









## **Exemptions to Pre-Admission Screening**

- There is only one exemption!
- Inter-Facility Transfers
  - MN nursing facility to MN nursing facility
  - MN nursing facility to acute hospital to same or different MN nursing facility
- NOTE:
  - Consumer cannot return to the community
  - Assumption is PAS was done prior to first admission







## **Emergency Admissions**

- Permitted during Senior LinkAge Line® non-working hours
- Must be an admission from the community
  - Except consumers admitting from emergency room or observation status and were NOT admitted as in-patient
- Other requirements
  - Physician has determined delaying admission would adversely affect health and safety
  - Recent event in which person cannot live safely in the community
  - Attending physician must authorize emergency placement and document need
  - PAS is completed next business day









### **Online Referral Site**

- Available on <a href="https://mnhelpreferral.revation.com/">https://mnhelpreferral.revation.com/</a>
  - Save as a favorite!
  - Step by steps available for each type of referral
- Ability to save or print completed form
  - Provides initial Level of Care and OBRA I results
  - Submitter is encourage to provide copy to nursing facility
- Available 24/7
- Live chat for assistance with completing referral during business hours
  - Email is available after business hours







Questions?

Welcome to the MinnesotaHelp Network™ online referral page. Through this portal you can securely make referrals to the Senior LinkAge Line® and Disability Linkage Line® for Pre-Admission Screening, Moving Home Minnesota (Money Follows the Person), MDS Section Q or a referral for a consumer who wants to leave their current setting and return to the community and receive follow-up. We need to ask a few questions to help determine which type of referral you are trying to make.

Any referrals that are made to the Senior LinkAge Line® should be printed and retained in the consumer's medical chart. If the consumer would like a copy of the referral, please ensure a copy is provided.

Please bookmark the following link or save as a favorite to be directly taken to the online referral site: https://mnhelpreferral.revation.com.

What if I want to make a referral and I don't fit into any of these categories? Call the Senior LinkAge Line®: A One Stop Shop for Minnesota Seniors at 1-800-333-2433 and they will help you figure it out.

#### I am helping someone who ...

- Is being admitted to a nursing facility and needs a Pre-Admission Screening
- Is being discharged from a hospital and/or needs help in the community [2]
- Would benefit from help leaving nursing home/current setting and returning to the community <a>(</a>





#### A One Stop Shop for Minnesota Seniors



Questions?

Start	
Health C	are Provider Completing Information
Consum	er Information
Caregive	er Information
Financia	Information
Anticipat	ed Nursing Facility Information
Medical	Information
Health a	nd Functional Needs at Discharge
Summar	y of Needs at Discharge
Develop	mental Disability or Related Condition
Mental II	Iness
Other Inf	formation
DHS Brochures	
	to Follow Up with Consumer Upon Nursing
Home Di	scharge
Review	
Confirma	ation

## Start

An initial Pre-Admission Screening is required for anyone seeking admission to a Minnesota Medicaid certified nursing facility regardless of length of stay or payer source. Level of Care for purposes of Medicaid payment is determined upon nursing home admission.

This data may only be entered by a health care professional. Please complete all fields as accurately as possible. Once the data has been submitted, the professional will have the option to save or print the data fields for their records.

Hospital Discharge Planners: Please provide a copy of the Pre-Admission Screening results with the consumer's discharge papers that are sent to the admitting nursing facility/certified boarding care/swing bed. It is also encouraged that you call the admitting facility and provide the Level of Care results.

NOTE: Level of care results for purposes of Medicaid (MA) payment for long-term care are not considered a final determination until reviewed by a Senior LinkAge Line® specialist or, if necessary, upon completion of a face-to-face assessment by the lead agency, such as county, tribe or managed care organization. Level of Care determination completed using this site is only for purposes of Medicaid payment for long-term care and the results do not impact requirements for payment that may otherwise be made by Medicare, Long-Term Care Insurance, decisions to pay privately or other pay sources.

Continue

Before you click back or abandon this page, please complete the required fields and click continue to save the data you have entered.

Start		
Health Care Provider Completing Information		
Consumer Information		
Caregiver Information		
Financial Information		
Anticipated Nursing Facility Information		
Medical Information		
Health and Functional Needs at Discharge		
Summary of Needs at Discharge		
Developmental Disability or Related Condition		
Mental Illness		
Other Information		
DHS Brochures		
Consent to Contact Nursing Facility		

Review

Confirmation

## Review

#### Initial Pre-Admission Screening (PAS) Results

Health Care Provider Completing Information			
Provider Type	Hospice		
Provider Name	AseraCare Hospice		
Address	5001 American Blvd W, Ste 655		
City	Bloomington		
State	Minnesota		
County	Hennepin		
Zip Code	55437		
Name of Person Completing this Form	Test		
Relationship to Consumer	Licensed Practical Nurse (LPN)		
Direct Phone Number with Extension	(651) 431-5555@		
Date of Referral	01/03/2014		
Consumer Information			
First Name	test		
Last Name	test		
Date of Birth	01/26/1922		
Gender	Male		
Marital Status	Married		





## **Immediate Initial Results**

A One Stop Shop for Minnesota Seniors

Level of Care Result

Based on the information provided for this nursing home admission, it appears this consumer MEETS Level of Care for purposes of MA payment of long term care. Final determination will be made once the form is received by Senior LinkAge Line®. If this person is on a managed care plan there may be other qualifiers or prior authorization needed for the nursing facility stay.

OBRA Level I DD Result

Based on the information provided for this nursing home stay, is appears this person does not meet the criteria for DD. Please note final determination of the need for further evaluation will be made by Senior LinkAge Line®.

OBRA Level I MI Result

Based on the information provided for this nursing home stay, it appears this person does not meet the criteria for MI. Please note final determination of the need for further evaluation will be made by Senior LinkAge Line®.







## **Follow-Up for Consumers**

- Follow-up for consumers with stays less than 30 days
  - 10-days and 30-days after returning home
  - Assist with successful return home due to the referral to SLL
  - May be referred to SLL Community Living Specialist for intense follow-up for 5 years
- Conducted after discharge
  - Nursing facility completes discharge planning
- Questions Asked:
  - How are things going?
  - Able to get to doctor visits?











## **Pre-Admission Screening Data**

- November 1, 2013 September 31, 2014
  - 58,593 Pre-Admission Screening requests
  - 99.7% Meet Level of Care
  - 2% Referred for OBRA Level II MI or DD
  - 71% Under 30 Day Stays
  - 52,627 referrals have been submitted by acute hospitals







## **Long Term Care Consultation Expansion**









## **Long Term Care Consultation Expansion**

- Assisted Living/Reg. Housing w/Services-options counseling offered for all ages prior to signing a lease or contract for services. (October 1, 2011)
  - 10 day and 6 month phone based follow-up provided after initial counseling.
- Hospitals and Certified Health Care Homes-options counseling provided for those 60 plus who are discharged to community setting. (October 1, 2012)









## **Four Exemptions**

#### Minnesota Statutes 2012, section 256B.0911:

- 1. Seeking a lease-only arrangement in a subsidized housing setting;
- 2. Has previously received a Long Term Care Consultation assessment (MnCHOICES);
- 3. The individual is receiving or is being evaluated for hospice services from a hospice provider licensed under sections 144A.75 to 144A.755; or
- 4. Prospective residents who have used financial planning services and created a long-term care plan in the 12 months prior to signing a lease or contract









## **Hospitals and Certified Health Care Homes Referrals**

- Referrals made online
- Target population:
  - Age 60+
  - Not residing or discharging to nursing facility
  - No Care Coordinator or Case manager
- Referrals are not necessary if already referring to:
  - Adult Mental Health Unit;
  - Common Entry Point (CEP) for concerns about abuse, neglect (or self-neglect) or financial exploitation; or
  - Lead agency to apply for public programs or other referral







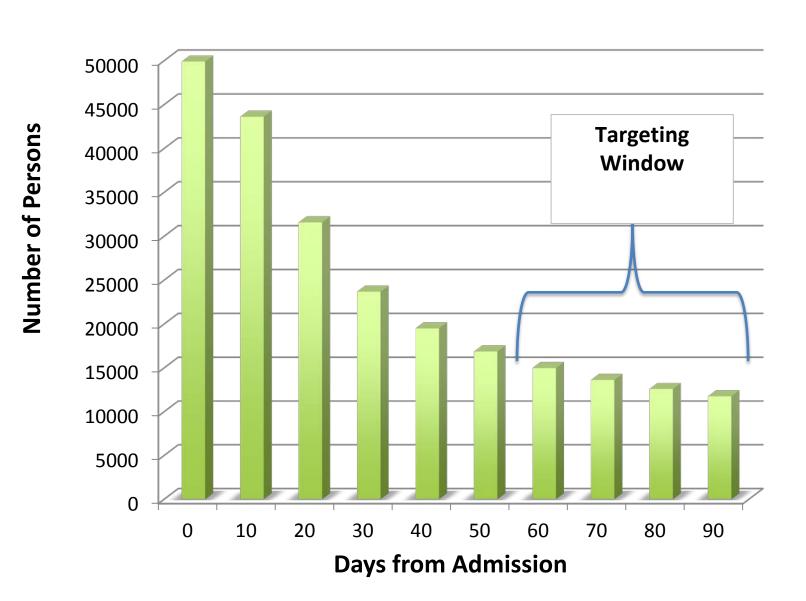


## **Return to Community Initiative**

- In-person assistance for nursing home residents is provided by the Senior LinkAge Line®, a service of the MN Board on Aging and six Area Agencies on Aging
  - Authority to provide service through ADRC added to MN Statute 256.975, sub.7 in 2009
  - Service officially began in April 2010
- Consumers are identified through research based algorithm which predicts probability of discharge according to data from admission MDS assessment
  - Desire to return to community setting (MDS Section Q)
  - Not on Medical Assistance
  - Names are securely shared with Senior LinkAge Line® Specialists on weekly basis
- In-depth interview and comprehensive support planning occurs in conjunction with nursing home staff, consumer and caregivers
- Intense follow-up protocol once consumer transitions from facility
  - In-person visit within 72 hours
  - Phone based follow-up at 14, 30, 60 days and then every 90 days for 5 years



## **Target Window: Persons Still in Facility** (49,895 NH Admissions Jan-Dec 2010)







## **MDS Profile**

Probability score calculated based on characteristics below:

Target 70% or higher

Female No Mental Health/Alzheimer' s/Dementia Dx

Married No Serious Behavioral Problems

Younger No Diabetes

Medicare Admission No End Stage Disease or Cancer

Hip Fracture Lower Cognitive Impairment

RUG Extensive Lower ADL Dependence

RUG Rehabilitation No Serious Incontinence







## **Expanding Access to Return to Community**

Two new target groups-March 2014

- 1. Using current protocol of developing MDS Profile List
  - Now target consumers who have been in facility 45 days vs. 60 days
- 2. Consumers who are considering a move to assisted living/housing with services but decide to stay at home
  - Decision obtained during 10 day follow-up conducted by SLL
  - Consumer/caregiver will be offered in person assistance for support planning
  - Ongoing follow-up in the community









## **Protocol Changes Since April 2014**

- In person visits for all consumers on MDS profile list
  - Ensure all consumers offered equal opportunity to learn about returning to community setting
  - Expectation from CMS for MDS Section Q referrals
  - Olmstead decision
- Number of SLL Community Living Specialists have more than doubled

Arrowhead: 2.5

Central: 3

Land of the Dancing Sky: 2.75

Metro: 8

MN River: 3

Southeast MN: 3









## **Making a Difference**

 Over 1600 consumers directly assisted by Senior LinkAge Line® who discharged to community

Total discharged (naturally as well as by Senior LinkAge Line®) is over 8000

Over 1000 consumers receiving follow-up in community for 5 years







## **Making a Difference**

- Primary Referral Sources
  - 47% Nursing Home
  - 43% MDS Profile List
  - 6% MDS Section Q Referrals
- Locations After Transition
  - 34% Own Home Alone
  - 32% Own Home with Spouse/Partner
  - 16% Assisted Living
  - 11% Own Home with Caregiver

- Most Common Services Utilized
  - 19% Skilled Nursing
  - 17% Home Health Aides
  - 17% Rehab Services
  - 8% Homemaker
  - 7% PERS
- Currently being evaluated through AHRQ grant until August 2015









#### Other Referrals Available Online

- Moving Home Minnesota (Money Follows the Person)
- MDS Section Q
- Other residents who are interested in discharge assistance
  - Not Section Q or Moving Home MN









#### **MDS Section Q**

- The MDS is a comprehensive assessment completed in nursing homes for all residents- nationwide
- At a minimum the MDS is completed upon admission and then quarterly and annually thereafter
- Section Q of the MDS allows the resident to voice they want to talk to someone about returning to a community setting
- Referrals made via online referral form by nursing home to the Local Contact Agency
  - In MN, this is the Senior LinkAge Line®
- Referrals triaged as appropriate based on level of need and Medicaid status









#### Senior LinkAge Line® MDS Section Q Protocol

- Public Pay
  - Referrals are made to county case worker/relocation services or managed care coordinator for assistance over the phone or in-person
- Private Pay (not on a public program)
  - Consumers are assisted directly in a variety of ways
  - Referrals are made to Senior LinkAge Line® Community Living Specialists for in person assistance







## Moving Home Minnesota (Money Follows the Person)

- Federal Medicaid demonstration project that offers additional services to qualified consumers
- Allows states to develop, implement and evaluate demonstration and supplemental services not otherwise covered by the state's HCBS waivers
- Consumers will be assisted by their Lead Agency with transition from institution to community and will be able to receive pre-transition services as well as 12 months of post-transition services
- Online referrals are routed to Senior LinkAge Line® (60+) and Disability Linkage Line® (59 and below)







#### **Moving Home Minnesota Referrals**

- Consumers has resided in an institution for 90 consecutive days (non-Medicare):
  - Nursing Homes
  - ICF-DD
  - Acute Hospital
  - Regional Treatment Centers/CBHH/Psych Hospitals/State Hospitals
- At least one day has been paid for by Medical Assistance (MA)
- Resident is going to a qualified residence.
  - A home owned or leased by the individual or the individual's family member;
  - An apartment with an individual lease, with lockable access and egress, which includes living, sleeping, bathing, and cooking areas over which the individual or individual's family has domain and control.
  - A residence, in a community-based residential setting, in which no more than four unrelated individuals reside.







#### **More Information**

Bulletin #14-25-11 Pre Admission Screening

Bulletin #14-25-02 Return to Community

www.mnaging.org

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## www.minnesotahelp.info







## What is MinnesotaHelp.info®?

- Service of the MN Board on Aging on behalf of State of Minnesota
- 1999 legislative mandate for a long-term care database that grew into a larger initiative
- Online at <u>www.minnesotahelp.info</u> since 2003
- A Web-based means of finding information about health and human services in Minnesota







#### What's in MinnesotaHelp.info®?

- Comprehensive health and human service info for:
  - Seniors and their caregivers
  - People with disabilities and their caregivers
  - Parents and families
  - Youth
  - Veterans
  - People with low income







### MinnesotaHelp.info® Numbers

- Over 43,600 services
- Around 12,500 providers
- More than 27,100 locations
- Data is maintained regularly
  - Average age of the data is about 6 months



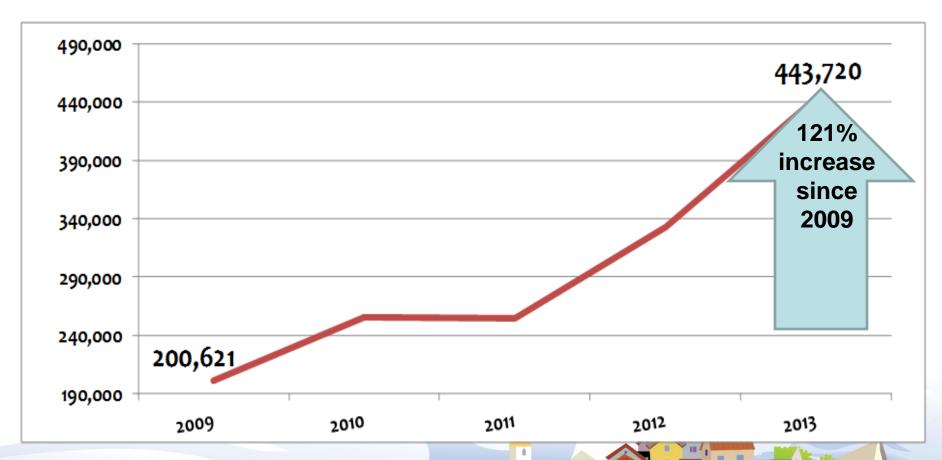




Minnesota Board mAging



#### Visits to <a href="https://www.MinnesotaHelp.info@">www.MinnesotaHelp.info@</a>







# **Questions?**



