MN 2030 LOOKING FORWARD

Status Check

FLEXIBLE AND SELF DIRECTED SERVICE MODELS

MINNESOTA BOARD ON AGING

SEPTEMBER 2017

REIMAGINING THE FUTURE OF AGING

The Minnesota Board on Aging (MBA), in partnership with the Minnesota Department of Human Services (DHS), is looking forward to 2030. Today marks the midpoint between our original vision for the long-term services and supports (LTSS) system, and the year that baby boomers start turning 85. It is truly a transformative time in our communities. To that end, we are revisiting our multi-year commitment to prepare for a permanently older society. Across all Minnesota communities, sectors and generations, we aim to refresh and refocus our efforts. In 2000 Minnesota worked with key stakeholders and developed a report called Reshaping Long-Term Care in Minnesota, known as the Long-Term Care Task Force Report. The Long-Term Care Task Force identified six broad goals and 15 strategies to prioritize action. This document provides a snapshot of our current status in one of those goal areas, specifically – **Flexible and Self Directed Service Models**.

Flexible and Self Directed Service Models

Why is this important?

The 2000 Long-Term Care Task Force outlined six major policy directions which addressed specific themes from the vision statement. Within each of the six major policy directions, the task force recommended strategies to address each major goal. The first major policy direction "Maximize peoples' ability to meet their own long-term care needs" called to retool the long-term care system and redesign key components through expanding consumer directed care. The report also stated Minnesota must measure the, "proportion of Medicaid long-term care dollars spent on consumer-directed care." In the spirit of those directives this status check will review important developments in the consumer-directed care since the report.

Consumer-directed or self-directed care allows older people to choose and design their support and services rather than the traditional LTSS model which centers on a provider delivering one or more services from a fixed menu. Consumer-directed care give the person control over who provides the service, when services are provided, and how services are delivered. With this flexibility an older person can hire and fire those people that provide services for them. At the heart of consumer directed care is the person's expertise about their own needs to maintain community living.

The consumer directed option is available for older Minnesotans across the continuum of care. Specifically the consumer directed option is administered through the Older Americans Act (OAA), Alternative Care (AC), Elderly Waiver (EW) and the Live Well at Home Program.

How are we doing so far?

The self-directed service model was established as a service option for older Minnesotans of various socioeconomic backgrounds and with a broad range of need for assistance. A three year grant from the Robert Wood Johnson Foundation (2004-2007) enabled the state to promote the Consumer Directed Community Services (CDCS) model for older people, and identify best practices throughout the state (Source: Status of Long Term Services in Minnesota Report 2006).

Self-Directed Services – Older Americans Act

The self-directed services (SDS) model funded by Older Americans Act (OAA) is directed by the MBA and administered by the Area Agencies on Aging (AAA). Older people using the self-directed model work with a fiscal support entity (FSE) to manage payments to eligible service providers.

The SDS model under Title III of the OAA is a viable option for a caregiver because it can offer respite and nutritional interventions to individuals at high risk. This model has also worked well for people whose needs are unique and cannot be met through the traditional OAA service delivery network. People with Alzheimer's disease and related dementias and their family caregivers are an example of a particular population that has benefited from this model.

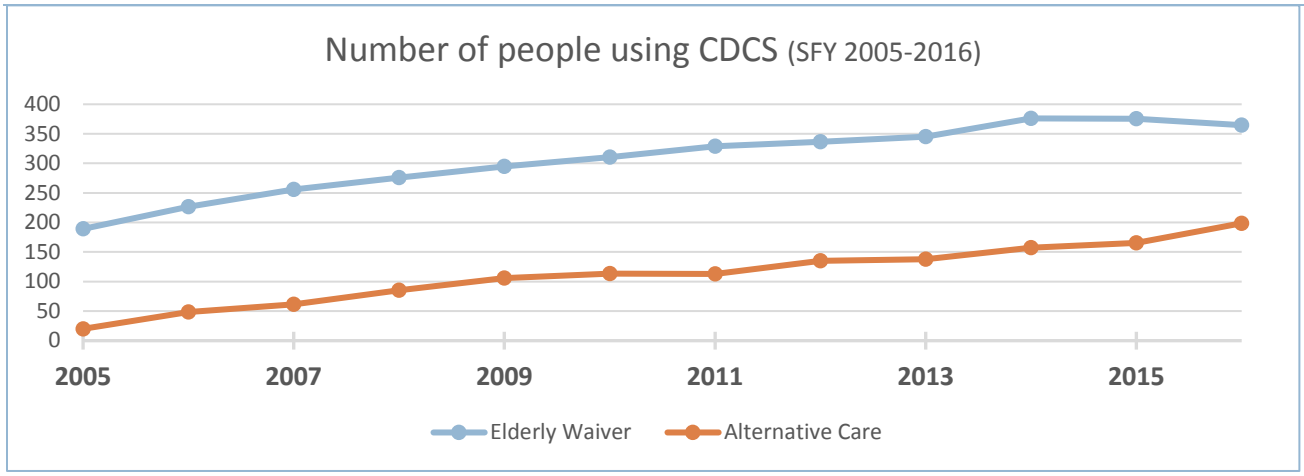
The AAAs have worked with traditional service providers to offer care consultation and access to a one-time SDS grant. The older adult matches the grant dollar-for-dollar with their own funds, develops an action plan to address issues that might cause them to move, and receives assistance in purchasing services and supports. At the time that their SDS grant runs out, the vast majority of participants continued to use their own dollars to purchase the help that they need and to maintain their community living.

In either model, the core role for the eligible individual is to define and manage individual services and supports including workers. Key responsibilities are:

- Develop a spending plan
- Work with the FSE to hire and manage workers
- Implement and evaluate services
- Manage spending
- Contribute to the cost of services unless exempt
- Consent to use self-directed services in accordance with established policy and other applicable federal and state regulations

Elderly Waiver and Alternative Care - CDCS

In April 2005, CDCS became available to people receiving services through EW and AC (Source: Status of Long Term Services in Minnesota, 2006) And by April 2009, 44 counties, 7 managed care organizations and one American Indian tribe implemented CDCS for one or more older person. As of 2016, at least one resident in all 87 counties participated in CDCS. Overall the use of the CDCS option has increased starting with 189 people on EW in 2005 to 364 in 2016. For AC in 2005, twenty people chose CDCS as compared to 199 in 2016.



(Source: February 2017 DHS Forecast)

A person on EW or AC that chooses CDCS must develop an individual community support plan that identifies the services that will be provided and how goods and services will be purchased. The community support plan typically has a mix of both paid and non-paid services the person chooses. The plan must also specify the overall outcomes expected by CDCS as well as how services will be monitored. In the spirit of flexibility offered by CDCS, people may choose alternative services that must meet a specific identified need that support their community living goals. Because of CDCS' flexibility someone may hire a family member to provide them with the help that they need.

EW and AC CDCS Budget Amounts

Like all recipients of EW and AC a recipient must stay within a budget based on their most recent assessment of need. The level of need is translated into a case mix. The case mix is linked to a monthly budget amount a person can use under EW and AC. DHS establishes rates for most EW and AC services. Like all EW and AC services, CDCS must stay within the assigned budget cap to purchase services. Uniquely, CDCS budget cap limits are set at a lower rate for each case mix category. As of August 1, 2017, on average a person electing to use CDCS through AC can expect to receive 69% of the monthly budget received by a person not using the CDCS option. For EW, on average someone on CDCS can expect 55% of the monthly budget compared to someone not using CDCS (Source DHS LTSS Rate Sheet, pages 52 and 53).

Originally, the CDCS budgets for EW and AC were calculated based on the average expenditures for all EW and AC services, excluding the costs for three residential services: adult foster care, residential care and customized living.

Looking Forward

Since the Long-Term Care Task Force Report recommended expanding "efforts to test the applicability of consumer-budgeted and directed care," the state has implemented the consumer directed model for older Minnesotans across payer sources and for people with varying levels of need. The report also recommended that "a proportion of Medicaid long-term care dollars be spent on consumer-directed care." The state has succeeded in doing this as well. However, it is believed that greater uptake of the consumer directed option across programs would occur if the full case mix budget were available to people using CDCS, as it is with those receiving the traditional model of service delivery. This change would give older Minnesotans more choices to

support themselves in their home. Additionally, increasing the CDCS monthly case mix budget may particularly help in areas of the state where provider supply and worker supply is low. Overall CDCS participation has increased over the years but until the budgets are adjusted it is difficult to compare against traditional AC or EW services.

How can I learn more?

Join the conversation! Go to the MN2030: Looking Forward website to find out more about the initiative and how you can get involved. There you will find tools to help you be a part of the conversation to shape our state's future.