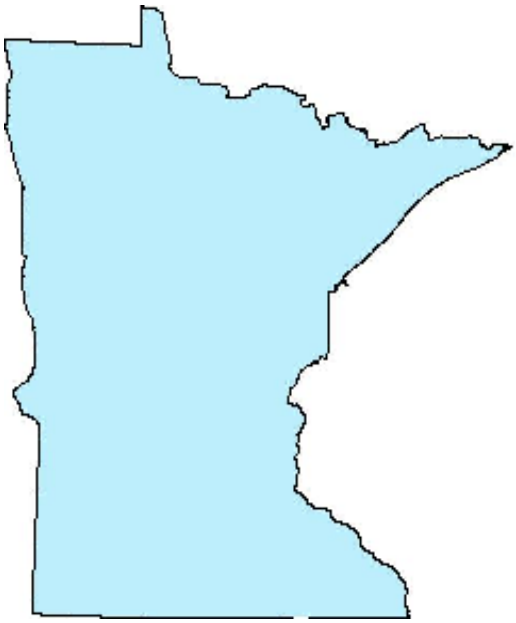


Integration of Consumer-Directed Services into MN's Home & Community-Based Service System

Jane Vujovich
MN DHS
February 22, 2010

Minnesota's HCBS System Vision

Consumer-Directed Services

- Permanent
- Statewide
- Multi-points of access
- Multiple funding streams

Counties

Provider Network

Tribes

MCOs

Area Agencies on Aging

Long-Term Care Consultation

Senior LinkAge Line

Changing Focus

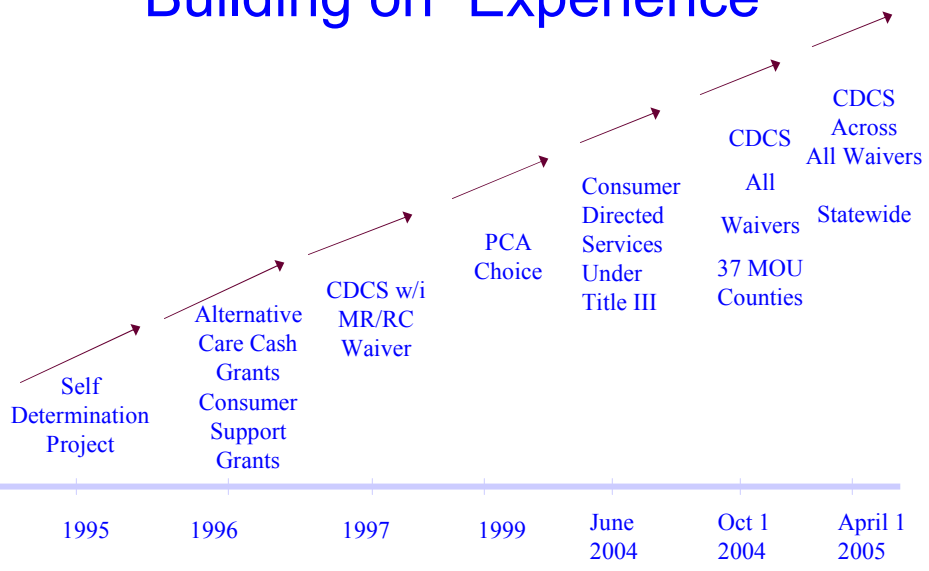
- From being system-focused
  - Rules prevail
  - Experts “know best”
  - Consumer lacks direct control over needed supports
- To person-centered
  - Consumer along with their family and friends are “experts”
  - Consumer gains control over resources
  - Plan based on personal preferences and priorities

Trading in Old Assumptions → Creating New Realities

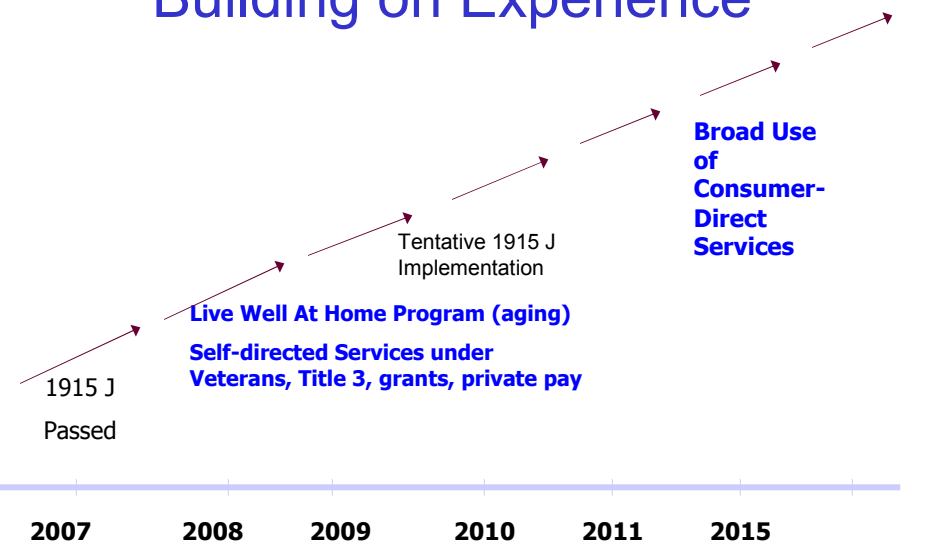
- Professional do planning
- Use agency-based services
- Business as usual
- Providers control service funds and delivery

- Consumer are purchasers
- Consumer-directed planning, employment of workers
- Flexible spending
- Revised roles for providers

Minnesota: Building on Experience

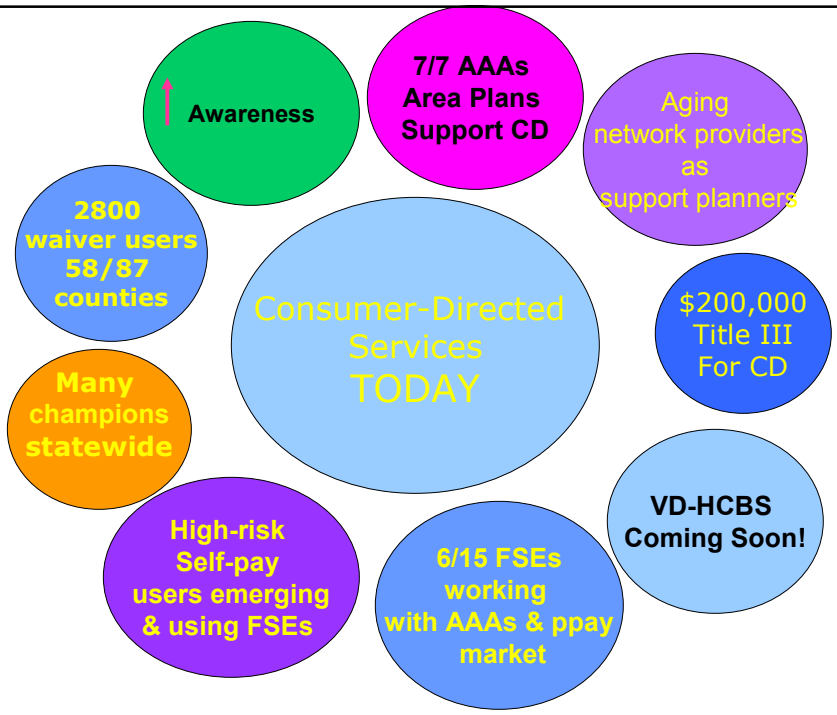


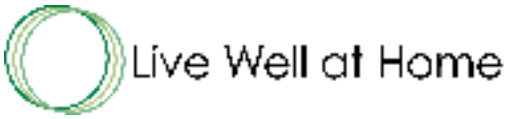
Minnesota: Building on Experience



Key Strategies for Building System Capacity

- Broadly integrate -- across funding streams, programs, and services
- Assure quality and safeguards through sound policies and practice
- Collect data and evaluate outcomes
- Invest in training
- Facilitate networking and relationship building among key players

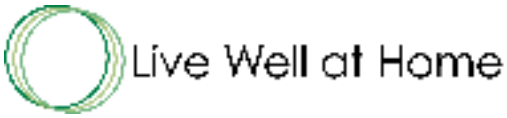




CLP Project Goals

- Bolster Aging Network's capacity to target pre-MA eligible high-risk older adults and family caregivers
- Help the private pay market use consumer-directed services
- Establish method to measure and report target group diversion from MA diversion

9



The Live Well At Home Program strategically helps high-risk persons avoid and/or delay spending down to Medical Assistance. Through "risk" management and self-directed purchasing community living continues.

Target Market: (Title III and CLP grant funds)

- **High-risk older adults with incomes at 200-250% of FPG and their family caregivers**

10

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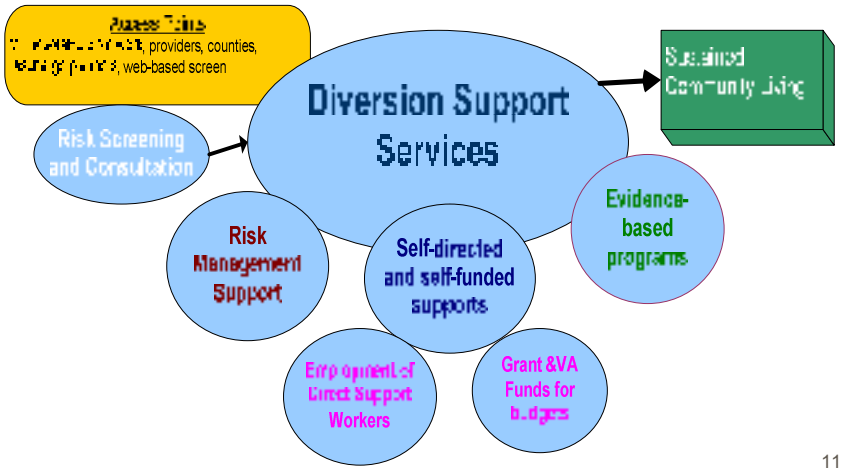
The Model



11

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- *Rapid Screen* risk factors:
  - Assistance with ≥ 2 ADLS
  - Injurious fall
  - No family caregiver
  - Stressed family caregiver
  - Lives alone
  - Planned housing move
  - Memory concern
  - Additional Question About Income

12

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LWAH Implementation Strategies

- Broadly disseminate LWAH Rapid Screen©
- Build statewide capacity for diversion support
- Engage participants with risk management and self-direction
- Collect data, evaluate impact

13

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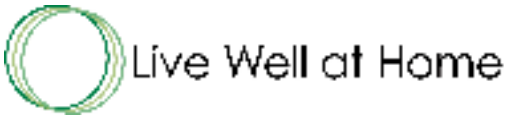
Implementation Con't

- Use MN's ADRC – *MinnesotaHelp Network*
  - Information and Assistance
  - LinkLive™ for secure network communication and data transfer
  - Screening
  - Client data tracking and outcomes

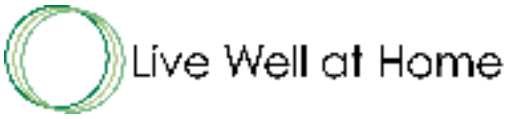
14



Implementation Continued

- Implement VD-HCBS
  - Southwest MN – 11 counties
  - Using Medicaid waiver option & Live Well At Home models

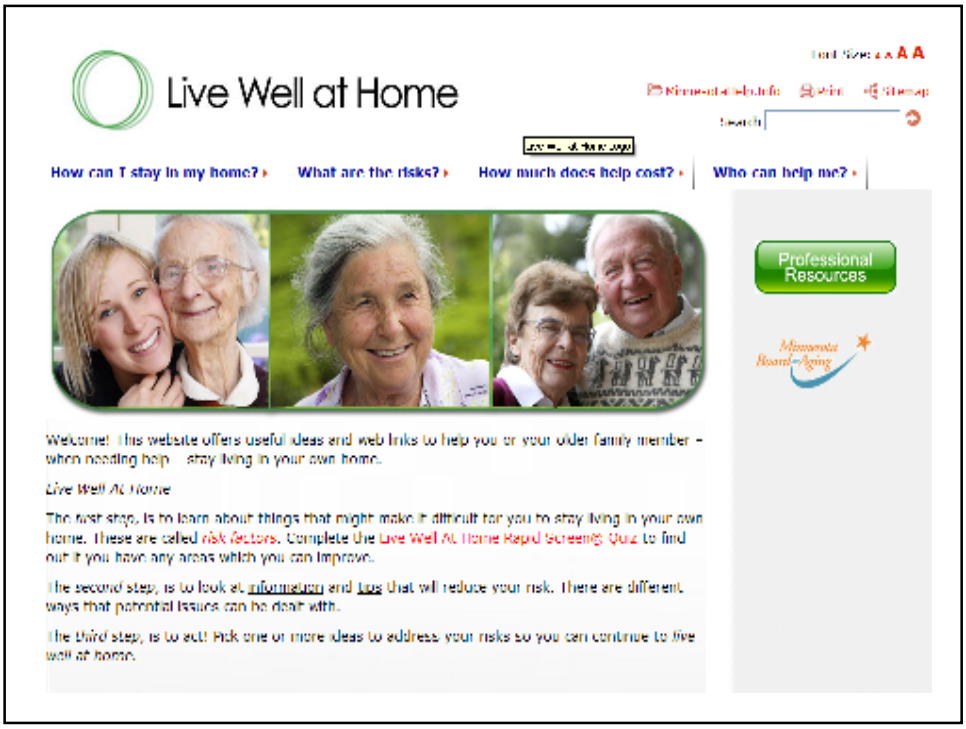
15



On-going Challenges

- Uneasiness and fear of "change" and what it brings
- Re-direction of Title III money by the AAAs
- Survival of small non-profits as consumer-directed services continue to emerge
- Engaging consumers with managing risk factors, and using private funds for buying consumer-directed
- Diminished informal network from which to hire workers

16



Live Well at Home

Minnesota Board on Aging

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18