Housing with Services-Assisted Living Medical Assistance Study

Draft Feb. 15, 2013

A Report to the Minnesota Legislature

Office of Ombudsman for Long-Term Care
Minnesota Board on Aging

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I. INTRODUCTION

Laws of Minnesota, 2012, Chapter 247, Article 4, Section 48 directs the Office of Ombudsman for Long-Term Care to:

A. Research the existence of differential treatment based on source of payment in assisted living settings;

B. Convene stakeholders to provide technical assistance and expertise in studying and addressing these issues, including but not limited to consumers, health care and housing providers, advocates representing seniors and younger persons with disabilities or mental health challenges, county representatives, and representatives of the Departments of Health and Human Services; and

C. Submit a report of findings to the legislature no later than January 31, 2013 with recommendations for the development of policies and procedures to prevent and remedy instances of discrimination based on participation in or potential eligibility for medical assistance.

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II. BACKGROUND

The mission of the Office of Ombudsman for Long-Term Care (referred to as the Office), a program of the Minnesota Board on Aging, is to enhance the quality of life and the quality of services for long-term care consumers through advocacy, education and empowerment. The Office promotes person-directed living which respects individual values and preferences and preserves individual rights. Under state and federal mandates, the Office works with stakeholders to address systemic issues and identify solutions that ensure consumers experience high quality long-term care and quality of life.

There are approximately 970 Housing with Services (HWS) establishments classified as assisted living in Minnesota with a total of 51,175 beds. HWS includes different types of housing including apartment buildings, corporate adult foster care and board and lodging facilities. The Legislature requested this study in response to a wide range of stakeholder comments, including comments from HWS residents regarding their treatment.

The Office completed this study and report with no additional funding.

III. IDENTIFICATION OF ISSUES

The Office solicited input from a comprehensive set of stakeholders regarding the specific issues of concern that may impact the treatment of potential or current HWS residents based on their source of payment. These issues were identified through:

- Presentations to and discussion by the HWS/Assisted Living (HWS/AL) Work Group,
- On-line surveys of HWS managers and Lead Agency case managers/care coordinators, and
- Consumer interviews.

The HWS/AL Work Group met eight times between July and October 2012. Office staff facilitated the meetings. A total of 243 HWS managers responded to the HWS Provider Survey. A total of 186 Lead Agency Case Managers/Care Coordinators responded to the Lead Agency Survey. A total of 50 HWS residents were interviewed by Regional Ombudsmen for Long-Term Care staff. More detailed information regarding the HWS/AL Work Group, surveys and interviews is available in the Appendices.

For purposes of this report, the input from these three groups is organized into five themes. The themes, and the recommendations that follow, are not ordered in terms of priority or level of consensus but are shared as a range of issues that were identified through the stakeholder input process.

1. Consumer Information
2. Consumer Safeguards
3. Consumer Fees
4. Medical Assistance
5. Housing

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Theme #1: Consumer Information

Housing with Services regulations and payment options are very complex and involve a variety of policy areas. It is challenging for professionals working in the field full-time to understand all of the implications and ramifications. Consumers currently receive a variety of written materials related to their rights, obligations and the regulations governing housing with services. Some information is provided verbally, in addition to or instead of, in writing.

It is important for consumers to understand:

- The Medical Assistance (MA) long-term care application and Long-Term Care Consultation (LTCC) processes;
- Consumer's responsibility to pay for home care services until the effective date of MA long-term care eligibility;
- Consumer's responsibility for rent or room and board obligation;

- Implications of spending down to MA eligibility and what a “spend down” means before moving into HWS or before signing a HWS lease;
- Availability of public funds to pay for housing or services;
- Additional services that are available in HWS that are not covered by MA;
- Cost of services in HWS, including fees that are not covered by MA.
- Whether or not a HWS will accept public payment for services or housing and food

The information that is available in written form about public programs including Group Residential Housing (GRH) and housing options is confusing for consumers due to the complexity of regulations and public programs and funding. For example, there is a common misperception that HWS and nursing homes are regulated and funded similarly.

HWS marketing materials are sometimes misunderstood by consumers. The information regarding home care charges, the home care services plan and the rent/lease agreement are often difficult to understand.

The Long-Term Care Options Counseling now required for prospective HWS residents has proven helpful in informing consumers about their housing and service options and MA eligibility.

Some counties have developed useful consumer tools about the MA and LTCC processes. The tools developed and used by Hennepin and Ramsey Counties are included in Appendix 6.

Theme #2: Consumer Safeguards

The Housing with Services statute, MS 144D, was enacted in 1995. Services in HWS are governed by the Minnesota Department of Health (MDH) home care regulations. Housing must comply with applicable building codes and, with the exception of corporate foster care and board and lodging, are not licensed.

Currently, there are no regulations related to the use of behavioral interventions or psychotropic medications which are cited by the U.S. Centers for Medicare & Medicaid Services (CMS) as concerns in home and community-based services waiver programs. The breadth of housing and service types that fall within HWS is considerable. There has been no study of the appropriateness of HWS as a regulatory construct across all of these settings, since it was enacted in 1995.

Theme #3: Consumer Fees

The Minnesota Landlord Tenant Law explicitly defines screening fees, pre-lease fees and security deposits. Minnesota statutes are silent on other fees related to housing

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and/or services. HWS residents may be asked to pay one or more fees in addition to their rent deposit and monthly rental payments. These service fees may be called a Community Fee, Wellness Fee, Health Fee or Application Fee. This may limit the ability of consumers, especially those with low incomes, to access HWS.

The use and characterization of some fees, such as screening fees and pre-lease fees, is inconsistent across HWS providers.

<u>Theme #4: Medical Assistance</u>

Medical Assistance (MA) pays for medical services. It is federal policy that Medicaid (MA in Minnesota) does not cover room and food for home care waivers. Federal policy limits the amount of money that MA consumers can retain each month which limits their ability and choices when paying for housing, food and other non-medical expenses, thus creating a barrier for them to access various HWS settings.

The Legislature reduced the Elderly Waiver (EW) customized living rates by 12.58% over the past four years. Providers in the workgroup stated that the reduced rates are not adequate. Currently, there is no public data on provider costs to deliver services, making a fiscal analysis of adequacy of rates not feasible.

Some HWS providers limit the number of residents they will accept who are MA-eligible or may limit room and/or service options. This number may change over time and there is no guarantee that a “public pay” slot will be available when someone spends down to public pay after using their private resources to pay for rent and services.

It was reported that some providers require that residents pay privately for a certain period of time before public funds can cover the costs.

The EW Customized Living Rate Setting Tool is not used consistently among counties and managed care organizations.

In order to be eligible for EW payment for customized living, the consumer must complete and be deemed eligible for MA Long-Term Care Services and also complete a LTCC assessment and be determined to be in need of long-term care. Stakeholders reported that the MA application and LTCC eligibility process is complex and challenging to navigate for consumers. Consumers are sometimes unaware that they need to complete both applications. Also, applications may be delayed if consumers fail to provide required information and may be denied if they have assets which make them ineligible.

DHS provided mandatory statewide training for all financial workers who work with MA-Long Term Care Systems in 2010 and the first half of 2011. The MA-LTC Disability Waiver Only Course was rolled out in February of 2012 and statewide training was conducted through June 2012. This mandatory training will be required of all new financial workers completing MA-LTC applications. DHS also includes training on the process as part of its regular basic training on EW.

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Theme #5: Housing

There is a lack of affordable and accessible housing for persons with moderate and low incomes.

Fair Housing and Minnesota's Landlord Tenant laws offer strong protections for tenants. Many consumers are not aware of their rights as a tenant or may not exercise these rights because they are unfamiliar with the laws. For example, most are not aware that a landlord must take a tenant to court to obtain an eviction order and that tenants cannot be evicted or otherwise be discriminated against due to a disability.

Group Residential Housing is a Minnesota income supplement program which provides up to $867 per month for eligible individuals living in qualified settings for housing and meals. Approximately 80 percent of GRH consumers are between the ages of 18 and 64. A fairly low percent of GRH consumers are older adults.

Across stakeholder groups there is confusion regarding what GRH will pay for. For example, it is unclear if GRH can be used to pay a security deposit.

Some HWS providers do not accept GRH for rental payment or may limit the number of units available for GRH payment in part because of the low rates.

GRH does not facilitate a return to home for residents who go to the hospital for an acute episode and may spend time in a nursing home to recuperate. GRH does not pay for absences of more than 18 days.

IV. RECOMMENDATIONS

The recommendations below are submitted by the Office of Ombudsman for Long-Term Care, based on the input received from stakeholders through this study. The recommendations are not ranked in priority.

1. The Office of Ombudsman for Long-Term Care should continue the HWS/AL Work Group to review Minnesota's housing with services paradigm. In addition to current constituencies, the Work Group should include representatives of:
   - Major housing groups
   - Tribal representation
   - Various cultural communities
   - Lead agency MA financial eligibility workers

2. DHS and MDH should review the range of services and building arrangements that are included under the umbrella of HWS and realign regulatory structures as appropriate to provide strong consumer protection. One area to be explored is locked/secured memory care units.

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3. DHS and MN Housing Finance Agency should implement a study to explore appropriate funding sources for rent support for MA consumers to promote community living as a viable option.

4. The Office of Ombudsman for Long-Term Care should coordinate with stakeholders to review the HWS statute, MS 144D, and determine if clarification is needed regarding housing fees.

5. The MN Board on Aging (MBA), MN Department of Human Services (DHS) and the MN Department of Health (MDH) should develop clear written materials for consumers. DHS should require all lead agency case managers/care coordinators, Senior LinkAge Line® staff and HWS providers to share the written information with all potential and existing HWS residents. DHS should develop and provide training for these professionals to ensure that the information is shared with consumers at critical junctures and in a way that respects and upholds consumer choice.

   The information must include consumer-friendly explanations of:

   - Medical Assistance (MA) application process and Long-Term Care Consultation (LTCC) process;
   - GRH application process and coverage of expenses;
   - Consumer responsibility to pay for home care services until the effective date of MA long term care eligibility;
   - Consumer responsibility for rent or room and board obligation;
   - Availability of public funds to pay for housing or services;
   - Implications of spending down to MA eligibility and what a “spend down” means before moving into HWS or before signing a HWS lease.

   MBA, DHS and MDH should identify a mechanism to make available standard information to consumers regarding HWS settings in order to make meaningful comparisons.

6. DHS should implement MS 256.975, Subdivision 7 “incorporate information about the availability of housing options, as well as registered housing with services and consumer rights within the MinnesotaHelp.info network long-term care database to facilitate consumer comparison of services and costs among housing with services establishments and with other in-home services and to support financial self-sufficiency as long as possible. Housing with services establishments and their arranged home care providers shall provide information that will facilitate price comparisons, including delineation of charges for rent and for services available. The commissioners of health and human services shall align the data elements required by section 144G.06, the Uniform Consumer Information Guide, and this section to provide consumers standardized information and ease of comparison of long-term care options. The commissioner of human services shall provide the data to the Minnesota Board on Aging for inclusion in the MinnesotaHelp.info network long-term care database;”

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7. DHS should continue to provide training to lead agency case managers/care coordinators on the EW and MA long term-care application process. DHS should continue to look for ways to automate more of the application processes and related communication as part of larger system changes. DHS should offer training for HWS providers on the EW and MA long-term care application process and also on the obligation of all waiver service providers to obtain an authorization before expecting payment for services.

8. DHS should continue to evaluate the component rates within the Customized Living Rate Setting Tool. Use the results of the evaluation to determine the impact of MA long-term care rate reductions on consumer access to long-term care services to inform Customized Living rate setting.

9. DHS should also implement the proposed Home and Community-Based Services Critical Access Study to delve more deeply into the factors that impact consumer access to service, if funded by the Legislature.

10. DHS should examine the number of Community Alternatives for Disabled Individuals (CADI) waiver slots and method of allocation.

11. DHS should review the GRH non-payment after 18 absent day policy and explore policy changes that could provide an alternative payment structure with limited or no budget impact.

12. DHS should review the policy regarding whether or not security deposits could be an eligible expense under GRH.

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V. CONCLUSION

Minnesota has developed a wide range of housing with services arrangements over the past 20 years. While affording consumers many choices, it also adds complexity, making it hard for consumers to understand their rights, the costs, safeguards and regulations.

It is time for Minnesota to evaluate the strengths and weaknesses of the housing with services paradigm. More information is needed on charges, rents, the amount and type of services that are provided and the level of needs of residents. This information is currently available for people serviced through the HCBS waivers. It is not available for people using their private resources or other pay sources.

The Office of Ombudsman for Long-Term Care should engage stakeholders across the state in these important discussions on the future of long term care in Minnesota.

A special thanks to the consumers, providers, lead agencies and advocates who took the time to work on this issue and develop recommendations, and to the Ombudsman Office and Aging and Adult Services staff who devoted many hours to this project.

VI. APPENDICES

1. Definitions
2. HWS/AL Work Group Participant List
3. Consumer Interview Results
4. Housing With Services Managers Survey Results
5. Lead Agency Case Manager/Care Coordinator Survey Results
6. Sample of Consumer Information Distributed by Hennepin and Ramsey Counties (Note: we'll add Hennepin County's full document to the final Report.)
7. Written Comments Submitted by HWS/AL Work Group Members (Note: these will be added to the final Report.)

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APPENDIX 1

Definitions

Assisted Living (AL) – Minnesota defines this as a type of home care service offered only in registered Housing With Services establishments through a Class A or Class F Minnesota home care license. There is no reference to "assisted living residences" in Minnesota statute. Also see: Housing With Services definition.

Brain Injury Waiver (BI) – A Medical Assistance home care waiver that funds home and community- based services for adults and children who have an acquired or traumatic brain injury.

Care Coordinator – The professional from a managed care organization/health plan charged with completing independent assessments and assisting Medical Assistance clients in selecting from among services and service providers that meet their needs.

Case Manager – The professional from a county human services or public health nursing service or tribe charged with completing independent assessments and assisting Medical Assistance clients in selecting from among services and service providers that meet their needs.

Community Alternatives for Disabled Individuals (CADI) Waiver – A Medical Assistance home care waiver that funds home and community- based services for adults and children who would otherwise require the level of care provided in a nursing facility.

Customized Living and 24 Hour Customized Living – A bundled set of services with a monthly rate as established through the Customized Living Tool available to Elderly Waiver consumers living in Housing With Services establishments.

Customized Living Tool – The tool that establishes the service need and payment rate for EW consumers utilizing customized living or 24 hour customized living services.

Elderly Waiver (EW) – A Medical Assistance home care waiver that funds home and community- based services for people age 65 and older and require a level of medical care provided in a nursing facility, but choose to live in the community.

Group Residential Housing (GRH) – A state-funded income supplement program that pays for room and board costs for low-income adults who live in a licensed or registered setting with which a county human service agency has negotiated a monthly rate.

Home Care – Supportive and health-related services to enable persons to live at home. Most in-home health-related services in Minnesota must be delivered through a Medicare certified home health agency or a Minnesota licensed home care provider,

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except for Personal Care Assistant (PCA) services. **Arranged home care provider** is the licensee that offers health-related services to tenants in a HWS establishment.

Home and Community-Based Waivers (HCBS) – Also see Medical Assistance Home Care Waiver definition. The federal Medicaid program allows states the flexibility to develop and implement creative options for MA members to live at home or in community settings (hence the term "home and community-based services") other than hospitals, nursing facilities or intermediate care facilities for persons with developmental disabilities, Minnesota offers five HCBS waivers.

Housing With Services (HWS) – A housing establishment (registered by the Minnesota Department of Health) which offers supportive and health-related services primarily to tenants age 55 and older. Arranged health-related services must be delivered by a state home care license.

Lead Agency – A county human service agency, tribal organization or managed care organization that manages home and community-based services funded by a Medical Assistance home care waiver.

Long-Term Care Consultation (LTCC) – LTCC services include a variety of services designed to help consumers make decisions about long-term care needs. LTCC services are provided by county agency staff, tribes and health plans (managed care organizations) and require the expertise of both social workers and public health nurses.

Long-Term Care Options Counseling – also called transitional LTCC or consultation for Housing With Services requires most prospective HWS tenants to receive this consultation prior to executing a lease or contract with the HWS establishment. The consultation purpose is to support persons in making informed choices among home care and community services options to help them remain at home and delay or prevent a move into HWS.

Managed Care Organization (MCO) – A health care provider or a group or organization of medical service providers who offers managed care health plans. It is a health organization that contracts with insurers or self-insured employers and finances and delivers health care using a specific provider network and specific services and products. The Minnesota Department of Human Services contracts with several health plans or MCOs to deliver its Medical Assistance health care services.

Medical Assistance (MA) – The federal program is called Medicaid and Minnesota calls its Medicaid program "Medical Assistance." MA is a health care program for low-income persons of all ages. Funded with state and federal money, the program is managed by the Minnesota Department of Human Services and eligibility is administered by county offices. Most enrollees receive their health care through a health plan or MCO.

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Medical Assistance Home Care Waiver – MA home care waivers include Brain Injury Waiver; Community Alternative Care Waiver; Community Alternatives for Disabled Individuals Waiver; Developmental Disabilities Waiver and Elderly Waiver. See also Home and Community-Based Services definition.

Medicare – A federally funded health care program for persons age 65 and older and certain disabled adults.

Minnesota Department of Health – The state agency that certifies, licenses and registers certain health care program providers such as home care, housing with services establishments, hospitals and nursing homes.

Minnesota Department of Human Services – The state agency that administers three programs discussed in this Report: Group Residential Housing; Medical Assistance (including MA home care waivers) and Minnesota Senior Health Options.

Minnesota Senior Health Options (MSHO) – An optional health care program for Minnesota consumers age 65 and older who participate in both Medicare (Parts A & B) and Medical Assistance. MSHO combines these programs and support systems into one health care package. It is administered by the Minnesota Department of Human Services and nine managed care organizations. Each enrollee has a care coordinator who helps arrange health care and related support services.

Spenddown/ Medical Assistance Spenddown – Similar to an insurance deductible, if a consumer's allowed income is over the MA eligibility limit, the consumer may still qualify for health care coverage by paying toward medical bills before MA will start to pay. A monthly spenddown is the most common type of spenddown.

Uniform Consumer Information Guide (UCIG) – A document required to be completed by each registered Housing With Services establishment and given to each prospective tenant and current tenant to allow comparison of housing, services and costs.

1915 c Home & Community-Based Waivers – The federal name of the program that allows states to provide long-term care services in home and community based settings under the Medicaid Program.

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APPENDIX 2

HWS/Assisted Living Medical Assistance Study
Stakeholders Work Group
Participant List

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APPENDIX 3

Consumer Interviews Summary

Consumer Profile
50 Consumers interviewed statewide who live in Housing With Services (HWS)

- All participate in Medical Assistance (MA): 39 in the Elderly Waiver (EW); 10 in the Community Alternatives for Disabled Individuals (CADI) Waiver and 1 in regular Medical Assistance home care
- All but 1 received home care services in the past 6 months

Type of HWS Establishment and Living Arrangement
All consumers interviewed live in HWS establishments that offer state licensed home care services; for MA funding purposes these services are called Customized Living or 24 Hour Customized Living under the waivers or home health aide services under regular MA.

40 HWS establishments are apartment buildings (studio or 1 or more bedrooms)

- 24 live in a 1-bedroom
- 12 live in a studio
- 4 live in a 2-bedroom
- Of these: 34 live alone and
- 6 share the apartment: 3 with a related person; 2 live in a 2-bedroom with 1 unrelated roommate and 1 lives in a 1-bedroom with 1 unrelated roommate – one uses the living room as the bedroom

10 HWS establishments are board and lodging type settings (private or shared bedrooms and private or shared bathrooms; all tenants share remaining living space). Private means alone or not shared. Related roommate is defined as one's spouse, partner or other relative or friend, someone the tenant chose to live with. Unrelated roommate is defined as one with whom the tenant agreed to room with or was asked to room with.

- 5 live in a private bedroom with a private bathroom
- 1 lives in a private bedroom and shares a bathroom with other tenants
- 3 share a bedroom and bathroom with 1 unrelated roommate
- 1 shares a bedroom with 1 unrelated roommate; bathroom shared with all tenants

Rent

- 28 Participate in public rental programs (25 in Group Residential Housing)
- 15 Pay from their own resources
- 6 Didn't know the rent payment source
- 1 Has other assistance (no details)
- 13 Applied for GRH at a later time: 11remained living in the current unit without an additional charge and 2 moved to a smaller unit

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Questions Relating to Differential Treatment and Additional Comments

Question: *If you became eligible for Medical Assistance after first paying privately (from your own resources) was there a change in health-related services or supportive services such as laundry or housekeeping when MA began covering the services?*

- 2 said Yes
- 26 said No
- 4 said Don't Know

Question: *"Do you think persons who participate in public programs are treated differently than those who don't participate in public programs here?" And*

Question: *"Can you give specific examples of experiences in which choices were not available to or different for consumers with limited income (for example, with meals or opportunities for socialization such as activities or social events?"*

34 Responded "No" and shared these comments:

"Don't believe people here are labeled – or that people know who is on public assistance."

"You are entitled to everything you had before once you are on government help."

"Very good services can't think of better help than here."

"People are really kind."

"No, everyone is treated well."

"No, everyone is treated the same."

"No; I know some folks on my floor pay privately, but we have the same meal plan and activities. However, I was not given a one bedroom unit as a potential option. They showed me only the studio and the 2 bedroom plus roommate option."

"No; doesn't feel treated poorly but feels can't go elsewhere due to MA/CADI waiver status; feels that being on public program limits choice of providers who will take (me.)"

12 Responded "Yes" and shared these comments:

"Yes, in meal and activity choices."

"Everyone knows we/or who is on assistance. The facility treats you different and they don't value you as much – you don't have the same 'say' as those paying privately."

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“When (residence) offers outings that are expensive, like a dinner cruise on the lake, those of us who have to use most of our incomes for rent and EW obligations can’t afford to go. It is embarrassing who other residents and staff ask why I can’t go.”

“Those who are private pay eat at their choice of dining rooms…we ‘EW people’ have to eat in the main hall and (there are) many “pay activities” that we cannot take part in as we have nothing extra after rent is paid.”

“(Private paying consumers) are spoken to more frequently and their (requests for assistance) are answered more quickly….aides are told to give them more attention…people on public assistance are treated like they don’t matter as much (and there is) self-segregation by private pay residents in the dining room.”

“I am having to share a 2-bedroom apartment with someone I don’t know and didn’t choose …because of being in a public program…and am limited in activities outside of facility that I would like to participate in if I had money.”

“I recently overheard a conversation between an applicant and the housing manager where the manager denied admission because the applicant’s waiver cap was not high enough…”

4 Responded “Don’t know.”

Additional Comments:

“I like living here in my community.”

“Good staff. Trust case manager to know things and help (me.)”

“…enjoys being in (her) apartment… (if not for EW) she would have had to remain in the care center.”

“Only comment is good; really fine staff on floor, office and kitchen; can talk to office (staff) anytime you want; they’d get a triple A rating.”

“This is a wonderful place to live and they take care of your physical, spiritual and emotional needs, and have a good continuum of care…”

“Us waiver residents with low incomes are forced to live in …studios that are only 200 square feet with only a shower curtain on the bathroom door (and) insufficient closet space….I especially feel that the lack of privacy due to having no door in the bathroom is the worst problem since it is right next to the entrance (to my unit) door.”

“I have no way to cook anything in my (studio) room; we have no kitchenette and are not allowed to have a microwave, coffeemaker, hot plate only allowed…a small fridge.”

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“This assisted living does not accommodate my…vision problems, my special dietary requirements….many staff having keys to my apartment – belongings stolen…no reimbursement for lost or stolen items, even when staff lose my laundry….(I am) not asked when there is a change in schedule for room being cleaned; staff treat me disrespectfully.”

“I had to give up (my two) cats when I came here because (of) a $500 non-refundable charge and there is no way I could come up with that. I am really lonely since moving here and (having) even one of my pets here would have helped me with that…”

“Some (problems are) dirty hair, toenails not monitored/cut, room smelling of urine; too many nursing aides and not enough nurses giving care; nursing aides do not seem to…have a grasp or understanding of geriatric care; staff has turned over quite significantly since (the residence changed ownership.)”

“It’s very difficult to live with $92/month in discretionary income. I cannot afford the fresh fruits and vegetables I like to eat (and) it has been difficult having roommates. I have had two here so far…It can be very difficult to share a room with strangers. I am not given a choice in roommates, which is also difficult.”

“95% of people living here have a lot of needs. When these residents die, they bring in new tenants that have very high level of needs. They should call this place a nursing home, not an assisted living.”

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APPENDIX 4

HWS Manager Survey Summary

On-Line Survey

- 694 HWS establishments invited to participate
  243 HWS Managers responded

Questions about the organizational structure of the establishment

These questions asked about the ownership, type of housing units offered and how many establishments are managed.

Question: As a Manager, I oversee:

69.3% (160)	One solo HWS establishment
16.0% (37)	Two or more HWS establishments at separate locations
14.7% (34)	Two or more HWS establishments on one campus
0.0%	Other

Question: The ownership of the HWS establishment(s) I manage is:

49.8% (115)	For profit
45.5% (105)	Not for profit
3.9% (9)	Government
0.0%	Tribal Organization

Question: Which best describes your HWS setting? Complete all that apply.

212 said they manage an apartment building

Tenant capacity of total apartments (studios and/or 1 or more bedrooms):

45.9% (106)	Less than 40
32.0% (74)	41-100
15.2% (35)	Over 100

Tenant capacity of board and lodging type setting (tenant has a private or shared bedroom with a private or shared bathroom, and the rest of the setting is shared among tenants.) Of those that manage these settings:

72.7% (168)	Are single-person bedrooms
63.2% (146)	Are shared bedrooms: 55.4% (128) shared by 2 tenants
39.8% (92)	shared by 3 tenants

Total tenant capacity of board and lodging type settings:

23.8% (55)	Up to 25
17.7% (41)	25-50
13.9% (32)	50-75
10.8% (25)	Over 75

DRAFT

Questions about the rental options within the HWS establishment

These questions used the term “unit” to apply to a studio apartment; an apartment with 1 or more bedrooms; and a bedroom in a board and lodging type setting.

Available rental payment options:

Group Residential Housing

75.0% (171) Respondents said this option is available
Of these 171 Respodents,
53 said 100% of the units are available
7 said 75% of the units are available
7 said 50% of the units are available
27 said 25% of the units are available
75 said under 25% of the units are available
2 said they didn’t know
22.1% (51) Respondents said this option is not available

Section 8 housing voucher

8.7% (20) Respondents said this option is available
86.6% (200) Respondents said this option is not available

Setting is entirely publically subsidized (all tenants receive a rent subsidy)

7.4% (17) Respondents said yes
87.9% (203) Respondents said no

Setting has a mix of market-rate and subsidized units

23.4% (54) Respondents said yes
72.7% (168) Respondents said no

Question: If GRH is not an option for payment, which of the following is the reason? Check one option.

13.9% (32) Not financially viable
6.5% (15) Other
4.3% (10) Have not considered this option
2.6% (6) Don’t know
0.9% (2) Contracting process too complex

“Other” responses include:
“Contract is in process.”
“County will not give us another contract.”
“Looking at offering a few waiver units in near future.”
“Owners decision.”
“Reimbursement will not cover our expenses.”

DRAFT

Questions about tenancy options for tenants with limited resources

For these questions, a roommate is someone the tenant agreed to room with in order to live in the HWS establishment. A roommate is not a spouse, partner or other relative or friend.

Question: When a tenant can no longer afford to pay rent for her/his current unit, what happens? Check all that apply.

46.3% (107)	The tenant can continue to live (here) because all units are publically subsidized.
8.2% (19)	The tenant may continue to live (here) because we have an endowment fund to help supplement rent for a limited number of tenants for as long as the tenant wants to live here.
3.9% (9)	The tenant may continue to live (here) because we have an endowment fund to help supplement rent for a limited number of tenants for a limited number of months.

Question: Can the tenant continue living in this building under any of the following circumstances? Check all that apply.

78.4% (181)	With family help to pay for rent
47.2% (109)	If an affordable unit is available
20.8% (48)	If s/he accepts a roommate who shares the cost of rent

Questions: Can the tenant continue living in this building if there is an available GRH unit?

73.6% (170)	Yes
10.0% (23)	No

If GRH is a possibility, what options are available to the tenants?

54.5% (126)	Remain in the same unit (no roommate)
35.5% (82)	Move to another single unit (no roommate)
18.2% (42)	Move to another unit and accepts a roommate
14.3% (33)	Remain in same unit and accepts a roommate

If there are other HWS buildings on your campus: The tenant may be able to move into another HWS building on campus to:

14.3% (33)	An available and affordable unit (no roommate)
13.4% (31)	An available GRH single unit (no roommate)
6.5% (15)	An available GHR shared unit (with a roommate)
5.6% (13)	An available HUD unit
4.8% (11)	An available and affordable unit (with a roommate)

The tenant may need to move out of the building because:

24.2% (56)	Even though GRH is accepted here, there may be no available unit with the building that meets the $867 GRH rate

DRAFT

18.2% (42)	There may be no affordable unit available
16.9% (39)	This building offers no public or other funding source for rent and there is no family support available
14.7% (34)	Other

"Other" responses include:
"If case mix less than E."
"Have limited number of (GRH) apartments."
"No longer accept new cases of EW or GRH."
"The patient does not pay their GHR rate or refused to make payments."
"We don't ask people to move out, they are put on a wait list to move to a qualified GHR apt. or studio."
"We do not make any resident move out because of finances, we would ask that they move to a smaller unit when one comes available to make it more cost effective for the facility."

DRAFT

Information required to be given to HWS tenants about public programs.
HWS establishments are required, within a written HWS contract, to give a statement regarding the availability or public funds for payment for residence or services…"

Question: What method does your establishment use to convey this information? Check one option.

42.9% (99)	Both in the HWS contract/lease/residency agreement and in supporting documents such as a tenant handbook
39.0% (90)	Within the individual tenant HWS contract which may be contained within the lease or residency agreement
12.1% (28)	Within a supporting document or attachment to the HWS contract
2.6% (6)	Other

"Other" responses include:
"Also available within our (Uniform) Consumer Information Guide."
"Part of each person's chart."
"Don't know."

Availability of licensed home care services and the MA home care waivers.
A HWS establishment that offers health-related home care services must obtain a state home care license or contract for this service with a licensed provider (this is referred to as the "arranged home care provider.") MA waiver services must be delivered through a Class A or Class F home care license.

87.0% (201)	Respondents operate with a Class F license
10.0% (23)	Respondents operate with a Class A license

Of the 23 HWS establishments that operate with a Class A license, 6.9% (16) also are Medicare certified.

Question: Does the HWS establishment's arranged home care provider contract for the following MA home care waiver programs? Check all that apply.

83.1% (192) Elderly Waiver (EW)
52.8% (122) Community Alternatives for Disabled Individuals (CADI)
16.9% (39) Brain Injury (BI) Waiver
13.9% (32) None of the above

Question: Of all your home care clients in your establishment, about what percent are:

90.5% (209) EW
58.0% (134) CADI
39.0% (90) BI Waiver

Question: If a HCBS/MA home care waiver payment is accepted for only certain number of consumers, check the reason that most closely applies.

30.3% (70) Not financially viable/rates too low
8.7% (20) Don't know
3.5% (8) Other
1.3% (3) Contracting process too complex
0.9% (2) Have not considered these public funding options

"Other" responses include:

"The HCBS waiver rate is not the issue for us, but financial case managers use the GRH rate (for rent) even if someone is not GRH qualified (but is an MA consumer.)"

"The higher quality care you provide with positive health outcomes….brings significant reimbursement cuts!"

Question: If none of these public programs are available in this setting, please select one option (or indicate in text box) why.

6.5% (15) Not financially viable/rates too low
6.5% (15) Don't know
5.2% (12) Other
1.3% (3) Have not considered these public funding options
0.9% (2) Contracting process too complex

"Other" responses include:
"Private pay operation."
"....county not accepting new contracts."
"No tenants in need of these programs at this time."
"We have a few EW residents but no longer are accepting."

DRAFT

Question relating to differential treatment.

In your experience as a HWS Manager, do you see any barriers for consumers who participate in MA or are spending down to MA eligibility?

47.2% (109) No
44.2% (102) Yes

If yes, please explain these barriers. Comments include:

"Application process takes too long, sometimes 3 or more months. Also hard on the facility when a person currently living there is….unsure if they will qualify."

"Complicated process with applying for assistance….confusing for family and paper work is excessive."

"Consumer does not have enough money left over….to afford simple necessary things to maintain a normal lifestyle."

"Consumers and families need more education on MA."

"Consumers complain about persona needs money allowed ($92/month) and private pay residents try to avoid MA… they will go without needed services in order to conserve money. They are coming to our place later and more frail, because they were trying to make it at home for as long as possible, to save money. Consumers take pride in taking care of themselves and providing for themselves during their lives, so if they have spent down all their money in spite of their best efforts, getting any kind of financial assistance affects (their) pride."

"Due to the large losses incurred in serving EW/GRH consumers, providers are forced to…make up for it by maintaining a certain number of private paying consumers. It would be impossible for us to keep our doors open if we were to only serve EW/GRH consumers because the reimbursement has become so poor."

"Due to the low reimbursement, we limit our memory care and care suite programs to only two residents on waivers in each of these programs."

" Family is unable to subsidize services beyond what MA pays for."

"Daunting paperwork process; inconsistencies in social workers staying on the case; differing answers to questions for family members….availability of county staff…missing phone calls because of county workers not working after 4:30."

"If a person does not need an extensive amount of services…we cannot afford to let them live here."

DRAFT

"Uncertainty. Changes to EW that are out of the providers control make it impossible to give concrete answers to families about future availability. This is unsettling to consumers and difficult for providers to navigate."

"…when a person is applying for MA and in a long-term care facility, they cannot move to (HWS) until MA is approved because EW will not back pay like long-term care does. This does not make sense since long-term care is much more expensive thanEW/CL."

"Many providers are no longer accepting EW which limits choice for consumers; …many profit providers take limited waiver clients which limits seniors ability to stay in a setting when their funds have been depleted."

"Reluctance of insurance companies to surrender the cash value of policies."

"Scare availability of memory care assisted living options…due to reimbursement factors."

"Seeking to transfer between counties…a specific resident left one county for another and there was no good way to get them connected with the new county."

"The biggest barrier pertains to the requirement, determined by the provider, for an individual to pay privately for a specific length of time. Providers need to educate individuals that they may be eligible for assistance programs BEFORE they reach eligibility."

If no, please give comments, if any. Comments include:

"All clients are treated the same no matter where their payment comes from. Our caregivers do not see where payment comes from."

"Care and rooms are the same for MA and private pay consumers."

"In our county, there is effective coordination between the county and the HWS providers. We are working to coordinate a successful transition for the potential resident by providing them with the resources they need to determine affordable housing."

"No; family helps …with rent in order to stay here."

"The persons receiving MA get better care than persons paying privately. They get free transportation and have no limit to how many times they can visit their physician."

"There are financial barriers to the facility, but as far as the tenants, they receive the same care and treatment as anyone else…"

DRAFT

“There don’t appear to be barriers spending down or participating in MA, but there are barriers because so few HWS settings accept or are approved for MA.”

“I do not see any barriers. There is some difficulty for individuals who are in the process of applying. It puts both families and facilities in a difficult place. The facility does not want to admit the individual unless they know that they will qualify for EW. The family, if there is one, is unable to take care of the individual who needs….services. When the application process drags on the individuals in need does not have their needs met.”

“I do not see any barriers because our homes have no limitation to the number of MA, spend down or CADI waiver clients that we admit.”

“I have not seen any barrier for consumers participating in MA. I think the system is working fine.”

DRAFT

APPENDIX 5

Lead Agency Case Manager/Care Coordinator Survey Summary

On-Line Survey

- 217 Lead Agencies invited to participate
  186 Case managers and Care Coordinators responded:

154	County case managers
29	Health plan/managed care organization care coordinators
1	Tribal case managers
2	No response

Questions relating to Giving Consumers Information

There are two steps for consumers seeking to participate in Medical Assistance (MA) and wanting home care services: Complete a Medical Assistance application and have a Long-Term Care Consultation.

Question: *How do counties you work with inform consumers (who are seeking waiver services) about both the Medical Assistance application process and the Long-Term Care Consultation application process?*

65%	Both verbally and in writing
19.9%	Verbally only
12.4%	Don't know
2.7%	In writing
0.0%	Information is not given

Question: *How do counties you work with inform consumers and or family members who are applying for MA (while already living in HWS or are about to move into HWS) that they are responsible to pay for their home care services until the effective date of their MA eligibility?*

33.5%	Verbally
32.8%	In writing
26.9%	Don't know
4.3%	Other
2.7%	In writing

Comments from some respondents:

"MA applications (are) through financial workers (so) unsure what they tell clients."
"The eligibility worker is usually the one who informs them."
"Financial unit would explain this when they come in to apply."

DRAFT

“Intake workers explain to clients/families on the phone that they are responsible to pay until MA is determined. The assessor also verbally states that at the LTCC.”

“All counties we work with have policies in which to inform new enrollees of spend downs and MA, but most clients say they were not aware of this information when the case is transferred to us.”

“Most of my clients say they are unaware of this as they don’t understand what is being sent to them and have no idea about GRH or other services unless the case manager tells them about it.”

“Families I work with or have worked with…seem very confused about this process. Some have expressed being told that they are NOT responsible for payment and I have been…the one to explain to the client/family what the reality is and how much they could end up having to pay.”

“We tell clients that we can only go back to the date of screening…(which is) good for 60 days and they are responsible for R&B (room and board) costs at a minimum. We do not tell them they are not to pay the provider.”

Question: *How do you inform your waiver clients about additional services in HWS that are not paid by MA?*

54.3%	Verbally
37.1%	Both verbally and in writing
5.4%	Information is not given
1.6%	In writing
1.6%	No answer

Comments from some respondents:

“HWS agency is responsible for that information.”
“HWS provider will contact us in the event that they require such services.”
“Clients are told about the services that are not covered by MA/waiver. Any additional services that are private pay would be explained by the provider.”

“MA state plan services are accessible but not typically utilized. …the case manager has a conversation with the consumer to set up a plan of care with choice.”

“I do not have any clients accessing MA state plan services in HWS…the HWS provider meets all of their needs.”

DRAFT

Question: *How do you inform your waiver clients who are seeking housing in HWS about their rent or room and board obligation?*

52.7% Verbally
38.7% Both verbally and in writing
5.9% Information is not given
1.6% In writing
1.4% No answer

Comments. Of the 19 comments, the great majority said that the county financial worker (and the HWS) are the ones who inform their clients about this topic.

Questions Relating to Consumer Access to MA Home Care Waiver Services, Other MA State Plan Services and Additional Services in HWS.

Question*: Some HWS establishments require that consumers live in the building for a certain time period and use their own resources for their home care services before the HWS will accept these consumers as MA waiver clients. Of the HWS that you contract with, what percent have this requirement?*

46.2% Less than 10%
5.4% 10 – 25%
6.5% 25 – 50%
3.8% 50 – 75%
2.2% 75 – 100%
36.0% Don't know

Question: *Of the HWS you work with, what percent limit the number of waiver clients it serves?*

14.0% No limit
10.8% 25%
10.8% 50%
16.1% 75%
11.8% 100%
36.0% Don't know

Question*: MA consumers can access other state plan services (such as nursing, home health aide, PCA) that do not duplicate waiver services. Of your current MA waiver clients living in HWS, are these services accessible to them?*

52.7% Most of the time
20.4% Some of the time
16.1% Almost never
9.7% Don't know

DRAFT

Questions Relating to the Impact To Consumers Who Participate in Medical Assistance

Question: *Because of spending down their financial resources, which of the following circumstances occurred with your waiver clients living in HWS within the past 12 months? Check all that apply.*

(Unrelated roommate means someone a tenant agrees to live with in order to continue living in the residence. An unrelated roommate is not a spouse, partner, other relative or friend.)

42.5%	Moved to a more affordable unit (no unrelated roommate)
17.7%	Moved to another unit with an unrelated roommate
11.8%	Stayed in the current unit and accepted an unrelated roommate
1.6%	Moved to another unit with two unrelated roommates
.5%	Stayed in the current unit and accepted two unrelated roommates

Question: *In addition to issues already addressed in this survey, which of the following other reasons affect your waiver clients who are seeking housing in a HWS establishment? Check all that apply.*

58.1%	Lack of affordable or available unit regardless of private or shared
46.8%	Rent deposit
38.2%	Diagnosis or disability
34.4%	Service fees (also called Community Fee; Wellness Fee; Health Fee; or Application fee) requested of tenants in addition to the rent charge)
26.9%	Special dietary needs
21.5%	Cultural or language needs
5.4%	Other (see Comments)

Comments about Other option selected:

"…wheelchair accessibility and some may not take person (unable to) transfer self.."

"Additional charges for laundry; transportation only offered on certain days to medical appointments."

"Assistance with moving and moving costs."

"Facilities asking for $500 housing cost, non-refundable prior to moving in."

"Having to move to a smaller room once on MA after being private pay for years."

"Lack of waiver units." "Legal problems."

DRAFT

“HWS offers rooms to private pay first on their waiting list…”

“Lack of HWS in our county (for) CADI clients; DHS policy does not allow.”

“Money to pay for TV cable and phone has to come out of $92/month personal needs.”

“Moving into an apartment that would be potentially shared by an unrelated roommate until a single unit is available…”

“There is a real shortage of options for those with cognitive impairments or significant behavioral issues…”

<u>Question Relating to Differential Treatment</u>

Question: *In your experience as a Lead Agency Case Manager or Care Coordinator, do you see any barriers for consumers who participate in Medical Assistance or are spending down to Medical Assistance eligibility?*

54.3% Yes
25.3% No
18.8% Do not know
90 Examples given

Examples include:

“A provider referred to them directly as ‘county clients.’”

“…unable to afford (MA) spenddown therefore services are cut off.”

“I also find that HWS will only accept clients with higher case mixes on EW, so difficult to get lower needs clients, especially with cognitive impairments, into HWS; most HWS only consider shared rooms for EW clients so difficult to relocate clients with equipment because rooms are small and too crowded.”

“All have limitations on how many MA clients (HWS) will accept.”

“…wanting families to pay extra rent fees. In addition, a new trend appears to be emerging with (HWS) accepting and meeting the needs of clients while they are private pay then within weeks or months of going on a waiver the facility claiming the client’s needs are too high and (need to move.)”

“Clients must live with a roommate in a shared apartment of on EW.”

“Difficulty providing for personal needs with current (GRH) allowance, including additional charges from the facility.”

DRAFT

“Due to dementia and memory problems, clients are not always able to process forms or keep MA recertification up to date; our FAS department is overwhelmed and cannot process MA paperwork fast enough due to the high volume; clients are often closed to MA and have to re-enroll which can take up to 5 months; in the meantime we are unable to bill for EW and facilities cannot bill for services…”

“…Having someone to talk with about their MA application. Many will call the MA line a and it is either busy or they have to hold for over an hour. This is a major barrier … also, (there is) no specific person in the MA area to talk with; every time they get someone, which is rare, it’s someone (different;) the phone numbers for the MA workers are a ‘secret’ and the phone numbers to the teams are a ‘secret.’”

“Lack of community education about MA eligibility and spend down guidelines. Often have people applying for MA who gave assets away, with no intention of ever applying for MA…”

“More facilities are requiring clients to private pay for 2 years…”

“….spend down does not all ow for even marginal living expenses. Clients end up getting behind on rent and are not able to catch up. End up facing eviction.”

“Limited choices in rural area.”

“We’ve encountered multiple facilities that ‘promise’ once a client private pays for a certain number of years that they will then be available for MA/EW room if necessary. However, once the client spends down, the facility declines MA and forces them to move.”

DRAFT

APPENDIX 6 Sample of Consumer Information Distributed by Hennepin and Ramsey Counties

Hennepin County Community Information Sessions:
http://www.co.hennepin.mn.us/files/HennepinUS/HSPHD/Aging%20and%20Disability%20Services/Community%20Informational%20Sessions%20(CIS)/InfoSessionBooklet_September_to_December2012.pdf

How to Apply for Help to Continue to Live in Your Own Home

Ramsey County helps people over age 65 access services that allow them to remain living in their home. Programs are based on income and offer medical services as well as services in your home.

Seniors who have low incomes may be eligible for Medical Assistance (MA) & Home and Community Based Services, including the Elderly Waiver(EW).

If on MA, in addition to medical care, you may be eligible for:

- Homemaker Services,
- Meals on Wheels,
- Chore Services,
- Adult Day Services,
- and other services.

Call: Long Term Care Consultation intake @ 651-266-3613.

Seniors who have moderate incomes maybe be eligible for the Alternative Care Program (AC).

AC does not provide health care, but if you are eligible it provides:

- Homemaker Services,
- Meals on Wheels,
- Chore Services,
- Adult Day Services,
- and other services.

Call: Long Term Care Consultation intake @ 651-266-3613.

If You are Looking for Medical Assistance to Cover Your Health Needs:

Call: Medical Assistance(MA) intake @ 651-266-4444.

Medical Assistance is provided by:

- Ramsey County,
- UCare,
- Medica,
- HealthPartners,
- BluePlus

*You will retain your Ramsey County Financial Worker no matter who provides the MA service.

If Medical Assistance covers your health needs:
And you need assistance beyond medical coverage, such as HomeMaker, Meals on Wheels, Chore Services, Adult Day Services or other services you may want to explore **Elderly Waiver.**

If you are on a health plan (UCare, Medica, HealthPartners, BluePlus), the health plan handles your Medical Assistance and you will be assigned a Care Coordinator. This person will complete an assessment with you and help you access Elderly Waiver Services.

If you don't have a Care Coordinator with a health plan, then the county will complete the assessment and help you access Elderly Waiver Services. In Ramsey Co., you may contact 651-266-3613 to begin this process.

A telephone screener will explain services in more detail, provide community based recommendations if appropriate, or determine if a county provided assessment may be helpful.

A County worker will come to your home and do a detailed assessment with you, determine programs you may be eligible for, or give you further community based recommendations.

REMEMBER: Applying for Elderly Waiver is another application, beyond your application for Medical Assistance.

If you have private health insurance or do not qualify for MA but have needs beyond what you can afford:
Anyone living in the County may request an assessment of needs called a Long Term Care Consultation (LTCC) that results in recommendations to maintain one's health and safety. Contact 651-266-3613 to begin the process.

A telephone screener will explain services in more detail, provide community based recommendations if appropriate, or determine if a county provided assessment may be helpful.

A County staff will come to your home and do a detailed assessment with you, determine programs you may be eligible for, and provide further community based recommendations.

Eligibility for Elderly Waiver and Alternative Care services is often determined at the time of assessment through a concurrent process. If one does not qualify for financial assistance, she/he may choose to pay privately for services recommended.

The Alternative Care Waiver provides funding for services similar to the Elderly Waiver, with the exception of residential services in Customized Living, Foster Care, or other Housing with Services settings. Frequently a fee is associated with AC that is determined prior to starting services.