Funding Long Term Services and Supports (LTSS) in Minnesota

Financing & Funding of Long-Term Services & Supports

Rajean P. Moone, Ph.D.
Executive Director
Calculating Investments

1. Setting
2. Provider
3. Type of Service
4. Funder
5. Definition of “age”

How do we pay for things?

“Public” Sources
- Medicare
- Medicaid (MA)
- Alternative Care
- Grant Programs
- Older Americans Act

“Private” Sources
- Foundations & Philanthropy
- Private Pay
- Long Term Care Insurance
- Other
Public Sources

Medicare

- Health related LTSS expenses
- 80% of MN beneficiaries have supplement
  - 56% in Medicare Advantage
- Difficult to approximate investments in LTSS

Source: Enhanced Home Care Benefit in Medicare Supplemental Plans Executive Summary February 2018
Medicaid (Medical Assistance)

- Health related LTSS expenses
- Waivers
- Alternative Care

<table>
<thead>
<tr>
<th>Program</th>
<th>Recipients</th>
<th>Total Spending</th>
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</thead>
<tbody>
<tr>
<td>Elderly Waiver (FFS+MC)</td>
<td>29,937</td>
<td>$406,194,205</td>
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<tr>
<td>Alternative Care</td>
<td>3,652</td>
<td>$28,359,157</td>
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<tr>
<td>Disability Waivers</td>
<td>3,333</td>
<td>$181,035,210</td>
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<td>State Plan Home Care</td>
<td>18,383</td>
<td>$295,532,952</td>
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<tr>
<td>Nursing Facilities</td>
<td>16,913</td>
<td>$763,180,036</td>
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<tr>
<td>Basic Care (Elderly Eligibility)</td>
<td>73,066</td>
<td>$777,860,393</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Human Services Home and Community-Based Service Waivers

Grant Funding

- Alzheimer’s Disease Grants
- Eliminating Health Disparities Initiative
- Live Well at Home Grants

Source: Communication with Jackie Neichel (Minnesota Department of Human Services)
Performance-Based Incentives Payment Program (Nursing Homes)

- Quality improvement projects within nursing homes
- Added to daily per-diem
- 2018 – 2020: 30 projects
- $6.7 million in state + $18 million in match

Source: Minnesota’s Provider- Initiated Approach Yields Care Quality Gains at Participating Nursing Homes (Health Affairs, 32, (9), 2013: 1631-1638)

Older Americans Act

- Demonstration/Pilot Funding
- Title III
- Title V
- Title VI

Source: Services for Native Americans & Profile of State OAA Programs & SCSEP: A Unique and Vital Program for Minnesota (April 2017) & How The Senior Community Service Employment Program Makes A Difference: The Truth about Title V of the Older Americans Act & Training and Employment Guidance Letter No. 28-16
## Title III

<table>
<thead>
<tr>
<th>Service</th>
<th>Persons Served</th>
<th>Service Units</th>
<th>Title III $</th>
<th>Total Funding</th>
<th>Program Income</th>
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<tbody>
<tr>
<td>Homemaker</td>
<td>1,227</td>
<td>22,705</td>
<td>168,915</td>
<td>454,689</td>
<td>98,331</td>
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<tr>
<td>Chore</td>
<td>3,009</td>
<td>45,448</td>
<td>408,611</td>
<td>1,213,782</td>
<td>279,561</td>
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<tr>
<td>Home Delivered Meals</td>
<td>11,969</td>
<td>1,550,589</td>
<td>2,984,550</td>
<td>11,414,211</td>
<td>2,311,335</td>
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<td>Assisted Transportation</td>
<td>2,818</td>
<td>86,174</td>
<td>707,869</td>
<td>1,654,671</td>
<td>175,315</td>
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<td>Congregate Meals</td>
<td>37,997</td>
<td>1,574,764</td>
<td>4,962,913</td>
<td>13,188,066</td>
<td>3,528,252</td>
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<td>Transportation</td>
<td>30,009</td>
<td>130,188</td>
<td>773,992</td>
<td>773,992</td>
<td>98,952</td>
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<td>Legal Assistance</td>
<td>25,681</td>
<td>674,893</td>
<td>983,164</td>
<td>983,164</td>
<td>3,597</td>
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<td>Information &amp; Assistance</td>
<td>245,261</td>
<td>1,088,111</td>
<td>2,444,107</td>
<td>2,444,107</td>
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<tr>
<td>Caregiver Counseling / Support Groups / Training</td>
<td>2,812</td>
<td>22,801</td>
<td>724,814</td>
<td>1,123,275</td>
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<td>Caregiver Respite</td>
<td>872</td>
<td>64,269</td>
<td>572,132</td>
<td>1,181,279</td>
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<td>Caregiver Supplemental</td>
<td>11</td>
<td>368</td>
<td>2,551</td>
<td>4,467</td>
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<tr>
<td>Caregiver Access Assistance</td>
<td>1,147</td>
<td>11,307</td>
<td>270,939</td>
<td>386,195</td>
<td></td>
</tr>
</tbody>
</table>

Source: Profile of State OAA Programs

## Other Public

- Local investments from cities and counties
Private Sources

Foundations & Private Philanthropy

• Historically low for aging
• Included in basic needs funding

<table>
<thead>
<tr>
<th>Year</th>
<th>Seniors</th>
<th>General Public</th>
<th>Children &amp; Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1.1%</td>
<td>45.0%</td>
<td>24.7%</td>
</tr>
<tr>
<td>2011</td>
<td>1.8%</td>
<td>46.0%</td>
<td>23.3%</td>
</tr>
<tr>
<td>2012</td>
<td>0.8%</td>
<td>45.7%</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

Source: 2014 Giving in Minnesota: A Comprehensive Look at Charitable Giving in Minnesota
Formed in 2010
Mission: to provide support and technical assistance to Minnesota’s public and private funders of aging services

Private Pay

- LTC Insurance: $302 million in 2015 in MN
- Out of Pocket: app. 1/3
- Financially uncompensated caregiving

Source: NAIC, Communication with LaRhia Knatterud
Minnesota’s Own Your Future: Reforming LTC Financing

Presentation at Minnesota Gerontological Society
April 27, 2018

LaRhae Knatterud, Director, Aging Transformation
Minnesota Department of Human Services
Own Your Future (OYF) in Minnesota

- Federal/state effort to encourage individuals to plan for their long-term care, including how to pay for it
- Public awareness campaign launched in October 2012
- MN added two additional components to its OYF
  - Make affordable insurance/financial products available to middle-income households
  - Evaluate possible changes in Medicaid to incent private payment for LTC
Number of Minnesota’s older adults will increase substantially over the next 20 years

Change in older adults, age 65+ (Thousands)

Sources: U.S. Census Bureau and Minnesota State Demographic Center

Need for Long-Term Care

Percent over age 65 who will incur LTC needs

Source: Favreault, Melissa and Dey, Judith, July 2015, “Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief” U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation
Plains to Pay for Long-Term Care

Boomer’s Plans

- Don’t know: 32%
- Personal savings or investments: 22%
- A government program: 18%
- Long-term care insurance: 16%
- Home equity (e.g., reverse mortgage): 5%
- Support from children/family: 1%
- Something else: 1%
- No answer: 5%

Source: Transform 2010, MN Department of Human Services, 2010

Projected Increase In PUBLIC LTC Costs

Medical Assistance (MA) long-term care expenditures for enrollees age 65+ in MN totaled $1.1 billion in FY2015*

Assume 85% increase in enrollment due to population aging between 2015 and 2040

Assume average annual rate of inflation of 2.5% between 2015 and 2040

= $3.8 billion annually for elderly long-term care costs under the MA program by 2040

*Includes federal and state spending.
LTC Insurance
Declining as a Financing Option

▪ Products have become too expensive for consumers and too risky for carriers
▪ Large premium hikes have put them out of reach for most middle-income consumers and increased distrust of the product and insurers
▪ Carriers have exited the market “en masse” leaving less competition and fewer viable product options for middle-income consumers

Accomplishments

1. PUBLIC AWARENESS
Public Awareness Activities

- Minnesota was the 27th state to sponsor Own Your Future (OYF) campaign.
- Minnesota mailed letters signed by the Governor and Lt Governor to over one million households ages 40 – 65, urging them to plan for their long-term care needs and directing them to the OYF website.
- During the weeks after the mailing, the website received over 40,000 hits but quickly receded.

Public Awareness Activities (con't)

- In 2013, Own Your Future published a long-term care planning guide.
- 50,000 copies of the guide were printed, all were distributed.
- 2018 revised edition now available.
- A long-term care planning module has been integrated into the seminars for retiring state employees, reaching over 3,000 state employees annually.
Accomplishments

2. PRODUCT DEVELOPMENT

Advisory Panel Studied New and Refreshed Options

- Defined middle-income as households with incomes between $50,000 - $125,000.
- Provided members with a base of information on current products, new ideas, changes underway in insurance and financial products.
- Spent time hearing presentations, identifying and researching approaches, analyzing existing products and new concepts.
**Minnesota Strategies**

1. Stimulate the LTCI market to develop better products for the middle-income.
2. Modify regulations/legislation to allow needed changes in process/products.
4. Find easy and safe options to access home equity for LTC.
5. Find new options for using tax-favored savings for LTC.

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**Minnesota’s 15 Initial Proposals**

<table>
<thead>
<tr>
<th>Stimulate the LTCI market to offer new products for middle income</th>
<th>Modify laws or regulations to allow changes in products</th>
<th>Modernize Medicare and related products</th>
<th>Improve access to and safety of home equity options</th>
<th>Increase use of tax-favored savings plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage marketing of starter or transition LTCI plan</td>
<td>Work on state reciprocity for group and hybrid partnership products</td>
<td>Study feasibility of including LTC in Medigap or Advantage plans</td>
<td>Make reforms in MN reverse mortgage laws to improve market and consumer protection</td>
<td>Create new or modify existing HSA provisions to allow use for LTC protection and expenses</td>
</tr>
<tr>
<td>Encourage marketing of streamlined basic LTCI plan</td>
<td>Further development of combination term insurance and LTCI for lifetime protection</td>
<td>Consolidate the Medicare nursing facility, home health and hospice benefit</td>
<td>Support new options for accessing home equity for LTC</td>
<td>Modify provisions of tax-deferred savings plans to allow use for LTC protection and expenses</td>
</tr>
<tr>
<td>Encourage marketing of high deductible, catastrophic LTCI</td>
<td>Study pros/cons of establishing life settlement trust funds</td>
<td>Support federal Commission recommendations on Medicare changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study how a public LTCI option might work in MN</td>
<td>Study feasibility of new reinsurance options for LTCI market</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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32
New Product Ideas with Most Potential

Combination term life and long-term care insurance product

- A term life insurance product that converts into a LTCI product at retirement age

LTC coverage in Medicare products

- Addition of a home care benefit to all Medicare supplemental plans sold in Minnesota

FUNDING FOR ANALYSIS

- Own Your Future received $450,000 from a large federal SIM grant awarded to Minnesota by CMMI/CMS in mid-2016.
- The funding was used to complete research studies on the potential role that Minnesota’s two product ideas could play in helping middle-income households pay for long-term care costs.
STUDIES COMPLETED ON LONG-TERM CARE FINANCING REFORM

1. Actuarial analysis to estimate premium level for both products.
2. Consumer testing of two new products: focus groups with potential purchasers to determine product interest and the price they will pay.
3. Creation of a MN-specific simulation model, to provide a tool to assess the effect of various LTC financing options on different payers.
4. Contracts with national experts on Medicare and life/long-term care insurance to assist in the evaluation of these new products.

LIFE STAGE PROTECTION INSURANCE
Life Stage Product - What is It?

- Will provide a *life insurance benefit during working years* (up to age 65) when consumers need this protection most.

- Then, for the same premium and for the same level of coverage, the product will provide a *long-term care insurance benefit during retirement* (from age 65 on) when consumers are more likely to need that protection.

- Begins as a multi-year term life insurance product. A portion of the premium will be set aside to pre-fund a long-term care insurance benefit.

Consumer Targets and Distribution

**Consumers**

- Middle income working families with $50K-$125K in annual household income

- Target Age: **Employees 35-55** years old who are looking for life insurance protection during their working years and long-term care protection in retirement

- Sales of term life policies in 2014 exceeded 3 million compared to less than 150,000 LTC insurance policies
Employer Market Potential

• Currently true group LTC insurance is limited to 1-2 carriers
• A few more sell Multi-life but the employer group market is heavily underserved
• Nearly 7 in 10 workers (90 million) have life insurance available at their workplaces and 80% of those participate

LifeStage Protection Insurance
Calculated Premiums

<table>
<thead>
<tr>
<th>Lifetime Benefit:</th>
<th>Male Issue Ages</th>
<th>Female Issue Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td>$100,000</td>
<td>$40</td>
<td>$49</td>
</tr>
<tr>
<td>$150,000</td>
<td>$59</td>
<td>$73</td>
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<tr>
<td>$200,000</td>
<td>$78</td>
<td>$98</td>
</tr>
<tr>
<td>$300,000</td>
<td>$109</td>
<td>$138</td>
</tr>
</tbody>
</table>
Key Conclusions from consumer research

- Overall well received among target audience but opportunities exist for further improvements:
  - Relevance of term life to suggests going younger (age 35) when not already “fully insured” is correct decision
  - Don’t make transition age a choice—consumers confused about how to decide
  - Better education on LTC costs of care- 85% won’t need more than $250K; $300 K for benefit level will cover for most; supports “half a loaf” positioning
  - Better use of comparative premium data compared to traditional LTC
  - Better education on receiving care including paid care, at home versus facility care
  - Include potential product improvements as consumer choices—especially options 1 and 3.
  - Target employer groups and the potential ER contributions to support the term life portion of contract—reduce premiums

National Consumer Focus Groups
Summary of Life Stage Findings

Likes

- “Flexibility in changing needs through different Life Stages”
- “Like the combination of life insurance transitioning to long term care insurance”
- “Good that still useful after I no longer need life insurance”
- “Like that it serves two purposes in its lifetime”
Concerns/Dislikes

• “Cost, and concern that you or your loved ones lose out if you don’t need long-term care.”
• “You have to guess when you’re going to need to make the switch” (to long-term care).
• “If I’m above 45 I’m not sure it will work for me.”
• “What if you select an age now, but at that age you don’t need that kind of care?”

Minnesota Consumer Focus Groups
Summary of Key Findings

- Strong initial Product Interest- After reading the LTC concept statement approximately 90% graded it A or B
- High interest in further exploration- 80% gave the LifeStage concept a score of between one and four (low being better) they would be more likely than not to look into it.
- As expected grades and scores reduced when pricing was introduced (60% lowered their grades; 8% increased their grades)
- Nevertheless nearly half still graded LifeStage a B or better
- When presented with add on options, 3 in 4 participants felt that at least one of the add-ons would increase their grade for the LifeStage concept.
- There was a significant preference to getting the product thru their employer. About 40% were interested in an employer contribution help offset premium costs.
NEXT STEPS FOR LIFE STAGE

Potential LifeStage Pilots

- Own Your Future believes that a Minnesota state pilot for LifeStage would be a good next step in moving forward
  - ID relevant stakeholder and carrier groups
  - Disseminate learnings coming from the Minnesota OYF actuarial and modeling
  - ID and meet with states or other stakeholder organizations (i.e. Federal Office of Personnel Management (OPM); CalPers) who might have an interest in pursuing LifeStage
- Identification of potential underwriting entities- either current LTC or Life carriers, or others
- Help finalize filing approaches to address regulatory issues as discussed above.

MEDICARE ENHANCED HOME CARE BENEFIT
Home Care Add-On to Medicare Supplemental Plans

Embed a non medical home care benefit in all Medigap and Medicare Advantage plans sold in Minnesota and fund this benefit primarily through beneficiary premiums

- Pay for qualifying home care services that help individuals stay at home safely
- Lifetime pool of up to $50,000 with a daily cap of $100
- Affordable premium that does not increase the cost to Medicare
- Provision of some of the essential services were previously prohibited by federal rules, but recent changes by CMS allow these to be provided by health plans

Current Environment

- ~ 1,000,000 Medicare beneficiaries in Minnesota
  - ~ 560,000 in Medicare Advantage plans
  - ~ 120,000 in Medigap plans
- At-home care is limited to medical services approved by Medicare
- This leaves many beneficiaries without support for household and personal needs after hospitalizations or illnesses
- Possibly leads to new injuries or hospital readmission
**Essential Community Supports (ECS)**

- Existing program at DHS
- ECS provides home supports through 8 services
- Goal is to keep the individual in his/her home as long as possible
- Elderly eligible for this program are individuals with low functional needs but no longer eligible for Medicaid elderly waiver and alternative care services – level of care was raised effective 2015
- Limitations of scope
  - Ages 65+ only
  - Means tested

**Proposed Benefit Package**

- The essential service package includes services documented by DHS to be the key services to help seniors with low needs to stay in their home
- Services are authorized when Medicare approves home-based medical care and/or therapies
- (family provides many of these services but that is changing)
  - emergency response system (PRES)
  - homemaker services
  - chore services
  - caregiver training/education
  - home delivered meals
  - adult day services
  - service/care coordination
  - community living assistance
- PCA assistance
EHC Benefit Triggers

- Medicare-approved to receive home medical care
  - Under doctor’s care and with a plan of care
  - Doctor-certified need for certain kinds of care
  - Must be expected to improve in a reasonable period of time or need skilled therapist to prevent deterioration of condition
  - Doctor-certified to be homebound
- All Medicare beneficiaries are eligible
  - No means testing and no age limitations
- Services are authorized when Medicare approves home-based medical care and/or therapies

Enhanced Home Care Benefit
Personal Care Assistance

- Based on assessed need directly related to the condition for which the individual is receiving Medicare-approved home medical care
- Short-term assistance with dressing, grooming, bathing, eating, transferring, positioning, toileting
- Bill paying, List making, Meal planning
- Example: Broken limb
- Cost to cover PCA services is high, so premiums were provided with and without this coverage, but not as an option
Methodology

Pricing Assumptions, Claim Incidence

- Based on assumptions UHAS typically uses to price Medicare Supplement insurance:
  - Distribution by entry age
  - Annual claim and premium trends
  - Voluntary lapsation
  - Mortality and underwriting selection factors
- Expenses were excluded; used loss ratio targets
- Projects for 30 policy years for each entry-age cell
- Based on Medicare Home Health Care claim data incidence for Minnesotans
- Reflects Medicare benefit trigger, which is a lower threshold than the HIPAA benefit trigger typically used for long-term care insurance

Estimated Monthly Premiums

2017 basis

<table>
<thead>
<tr>
<th></th>
<th>without PCA</th>
<th>with PCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medigap</td>
<td>$8.49</td>
<td>$21.38</td>
</tr>
<tr>
<td>MA / MCP</td>
<td>$6.79</td>
<td>$17.09</td>
</tr>
</tbody>
</table>

Reasons that premiums may be lower than expected
- Medicare benefit trigger
- Community aging rating
- Broad coverage in all plans
  - Limits members opportunity to select against the plan
  - Members will pay EHC premium even after they exhaust benefits
- Expected utilization based on current use of programs
- Minnesota profile for utilization is very different from other states
Areas of Special Consideration

**Under-65 Disabled, Claim Savings**

- Based on our information, aggregate costs and community rates increased modestly when under-65 disabled are included
- Makes more sense to include them:
  - Under-65 disabled (including ESRDs) get an open enrollment window to Medigap in MN, and
  - MA/MCP plans must enroll them during annual open enrollment period.
- Reduced inpatient or SNF costs if member has at-home support?
- We found a studies which demonstrate savings in similar (but not directly parallel) situations.
- Our work assumes no savings, so is conservative in this respect.

Areas of Special Consideration

**Utilization Management**

- Benefit trigger is Medicare HHC approval.
- Vesting could help reduce adverse selection.
- Elimination periods would help but seem inconsistent with the purpose of the coverage.
- Member cost-sharing – perhaps an initial deductible, as well as 25% or 50% cost-sharing for PCA.
- Portability of lifetime maximum benefit limits strategic disenrollment or re-enrollment.
- Differences between Medigap and Medicare Advantage plans
- Underwriting, waiting period and premium subsidy are still issues

**PCA Services**

- Clear communication with and education of members is important to prevent dissatisfaction.
- Induced demand is a utilization risk.
Results from Focus Groups

- Six focus groups were conducted throughout Minnesota in September and October 2017
- Research done by Office of Measurement Services at the University of Minnesota
- Total of 63 individuals in the following locations around Minnesota
  - Austin
  - Fergus Falls
  - North St. Paul
  - Maple Grove
  - Minnetonka
  - St. Cloud
- Questions asked about their current supplemental coverage, in-home health experience and expectations, pricing of the new product and interest in having the new benefit added to existing supplemental plans

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Participants</th>
<th>Handout #1 (mean grade)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>11</td>
<td>3.07</td>
</tr>
<tr>
<td>Fergus Falls</td>
<td>8</td>
<td>3.16</td>
</tr>
<tr>
<td>Maple Grove</td>
<td>13</td>
<td>3.15</td>
</tr>
<tr>
<td>Minnetonka</td>
<td>10</td>
<td>3.33</td>
</tr>
<tr>
<td>North St. Paul</td>
<td>9</td>
<td>2.59</td>
</tr>
<tr>
<td>St. Cloud</td>
<td>12</td>
<td>3.31</td>
</tr>
<tr>
<td>All Groups</td>
<td>63</td>
<td>3.14</td>
</tr>
</tbody>
</table>

- 4.00 is the highest possible score
- Mean score of 3.14 is equivalent to a grade between B and B +
**Comments Made by Focus Groups**

- “I think it would be good…I don’t have personal experience and I think it would be very, very helpful to have these kind of services if I’m in this situation.”
- “I like the automatic enrollment.”
- “Some people don’t have family to help or trained family. This is good for them.”
- “These are absolutely necessary.”
- “Having all of these services would allow someone to go home safely and be more cost effective.”
- “There’s a lot of stuff here that would be very helpful I think.”
- “This would give me such a sense of security.”
- “To me, the ultimate is being able to stay at home, to have the support there.”
- “Insurance people need numbers. I’d go for the mandatory. It’ll be so much lower if everybody is enrolled.”

**More Comments from Focus Groups**

- “I am concerned about the costs going up.”
- “Who would decide who the provider would be and if the services is needed?”
- “Not economically feasible at $20/month.”
- “What are the problems it will address? How will this affect costs? In rural areas how will recipients be handled?”
- “Recovery time is ambiguous. It is hard for a doctor to make all these determinations; not all doctors would make the same decisions.”
- “Concept must be refined and better defined before it is added to the supplemental plan.”
- “I like having choice; don’t like anything mandatory.”
- “I like where it’s going but there are too many unanswered questions.”
NEXT STEPS FOR MEDICARE BENEFIT

- More detailed discussion about how and when the enhanced home care benefit could be made available
- Discussions with health plans and other key stakeholders; get buy-in at federal and state level
- Work on the needed changes at the federal and state levels
- Complete a timeline for the initiation of a pilot or demonstration for this benefit
- Determine the timing of implementation of this proposal related to the cost plan exit from the market

3. REFORM LONG-TERM CARE IN MEDICAID
PUBLIC/PRIVATE PARTNERSHIPS

- Evaluate ways to change Medicaid to better incent private payment for long-term care
- Example is the use of Partnership provisions to encourage individuals to use private products and receive greater asset protection
- Work is just beginning

Thank you!

CONTACT INFORMATION

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MN Department of Human Services

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651-431-2606 (office)
651-207-7708 (cell)
STATUS CHECK: Balancing LTSS

Percent of LTSS Expenditures for Older Adults (SFY 2008-2016)

- Nursing Home
- HCBS*

* HCBS programs include the Elderly Waiver, Alternative Care, State Plan Home Care

Source: DHS Data Warehouse
STATUS CHECK: Balancing LTSS

Percent of Older Adults using HCBS* vs. Nursing Homes (SFY 2000-2016)

* HCBS programs include the Elderly Waiver, Alternative Care, State Plan Home Care
Source: DHS Data Warehouse

STAKEHOLDER ENGAGEMENT
2017 and 2018

We know that the best future for older adults in Minnesota is one developed by all stakeholders. As started in 2017, we will spend 2018 engaging communities across the state for greater impact.
MN2030 Framework: Essential Features of Age Friendly Communities

1. Outdoor spaces and building
2. Housing
3. Transportation
4. Social participation
5. Civic participation and employment
6. Respect and social inclusion
7. Communication and information
8. Community and health services

MN2030 Community Conversations Top Themes

Themes ranked by order of frequency that they were mentioned in the community conversations:

1) Community and Healthcare
2) Housing
3) Transportation
4) Respect and Social Inclusion
5) Communication and Information
6) Social Participation
7) Outdoor Spaces and Building
8) Civic Participation and Employment
MN2030 Vision and Values

Vision

Minnesota is a great place to grow up and grow old, where all Minnesotans are treated with dignity and respect, regardless of age.

Ingenuity  
Equity  
Justice

THANK YOU

TOGETHER WE CAN REIMAGINE AGING AND SUPPORT COMMUNITIES FOR 2030.