

Long-Term Care Gaps Analysis 2005 Update Survey

Summary of Results

Quick Summary of Analysis

- **HCBS.** Generally speaking, counties believe that home and community-based services around the state are adequate. However, there is still need for service development in particular counties and in particular services, including transportation, evening and weekend care and respite services, chore services, and adult day services. Counties are also concerned about how the migration of HCBS into managed care will affect access and quality of services.
- **Housing.** Housing needs for average income and high-functioning persons with disabilities and elderly are adequate around the state. There is still a great need to address affordable housing for people around the state, and to develop housing options for persons with complex needs. In addition, there is a need for home and apartment modifications, so people can continue to live in their own communities with limited mobility.
- **Nursing facilities.** The number of nursing home beds around the state is generally adequate, although some communities have concerns about the distance that people must travel to get to them. There is still a need to develop nursing home beds for special needs populations. The most pressing concern for nursing home care is the lack of adequate workforce to serve the population.

Part A: Home- and Community Based LTC Services

71 of 80 responding counties (88%) responded that there have been new long-term care home and community-base services developed in the last 2 years. The services that were most often cited as being newly developed were Assisted Living (62 counties), In-Home Respite and Caregiver Support (37 counties), and Fiscal Intermediaries (26 counties).

- 35 counties responded that CS/SD or other state grants were instrumental in developing new or expanded services, including Caregiver Support and Respite services, Store to Door programs, transportation services, and Living at Home/Block Nurse programs.

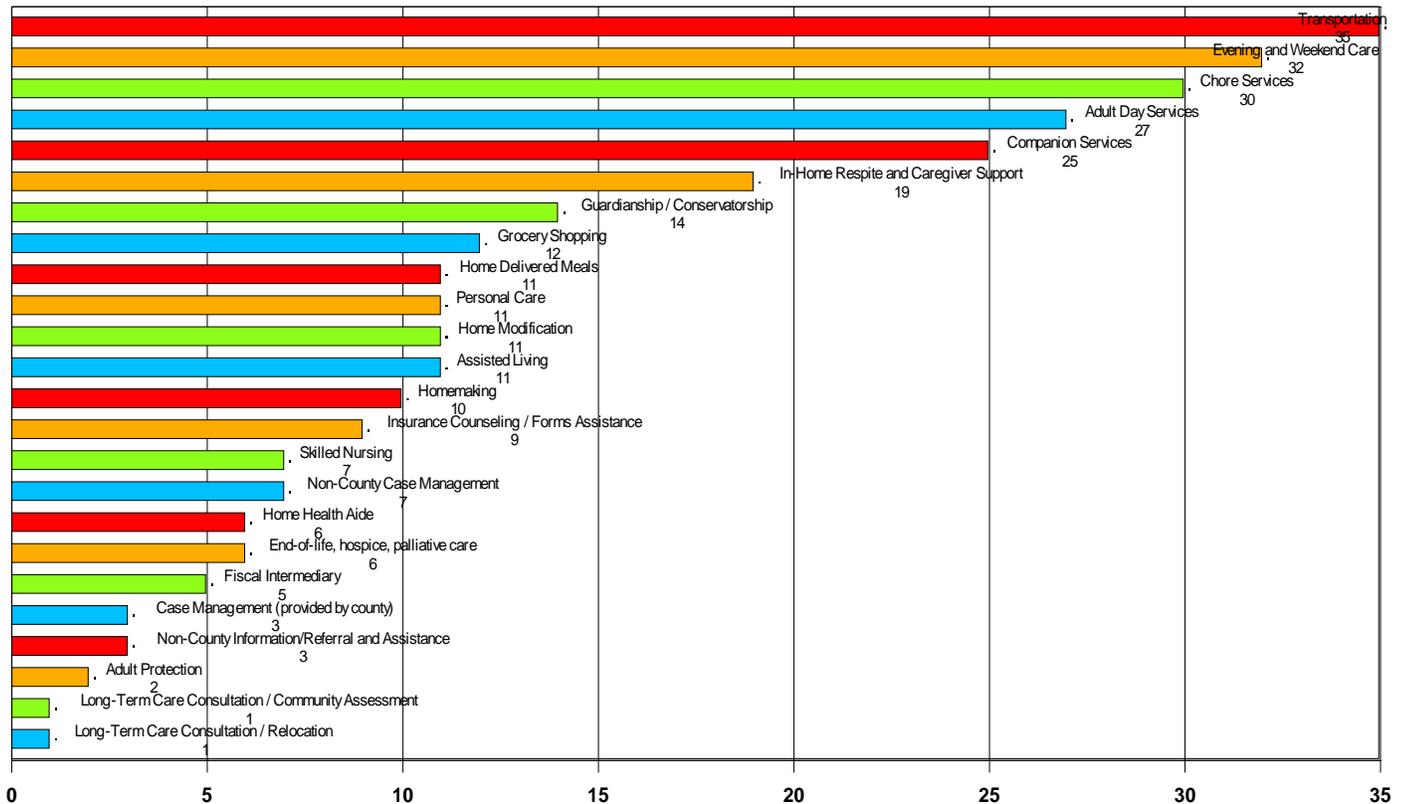
35 counties (43%) responded that services had been decreased or eliminated in the last 2 years. Chore services(10 counties), Adult Day Services (9 counties), and Assisted Living (8 counties) were most commonly cited as having been eliminated.

69 of 80 responding counties (86%) rated their county's general capacity of HCBS as adequate.

11 of 80 rated their county's general capacity of HCBS as inadequate.

64 counties responded that there are currently some services that are inadequate or unavailable. Transportation was most often cited (35 counties), with Weekend Care(32) and Chore Services (30) close behind.

HCBS Inadequate or Unavailable Services



17 counties responded that they had services in surplus or underutilized.

- All three of the East Metro Counties responded that they have services in surplus.
- Across the state, underutilized services include in-home respite (6 counties), Assisted Living (6), Adult Day services (5), grocery shopping (3), and Adult Foster Care (3).

The following reflects county’s opinions about their ability to adequately address the following factors in HCBS delivery:

	Adequate	Inadequate	Unavailable
Sufficient service/program flexibility to meet changing consumer expectations for more choice and personal direction	61 76.3%	18 22.5%	1 1.3%
Capacity for quality assurance and consumer protection in private homes and apartments	56 70.0%	15 18.8%	9 11.3%
Cultural competence in health and support service systems to adequately meet needs of minority elderly and disabled	52 65.0%	25 31.3%	3 3.8%
Access to information and assistance for all persons (regardless of income) to make informed choices about long-term care	68 85.0%	12 15.0%	- -
Communication patterns and referral protocols between health care and long-term care providers to maximize care coordination	64 80.0%	16 20.0%	- -
Workforce necessary to meet local health/LTC industry and market needs	25 31.3%	55 68.8%	- -

As seen above, ***the biggest concern for the ability to meet HCBS needs of communities is having the necessary workforce to meet local needs.*** Counties generally feel secure in the adequacy of information and assistance to make informed choices about long-term care.

Lack of adequate workforce is the most pressing issue facing counties in terms of providing home and community-based services. Other pressing issues are adequate funding for public pay clients; availability of affordable housing; transportation; and concerns over changes to managed care and Medicare Part D coverage; and developing provider networks that can meet the needs of high-needs and complex individuals.

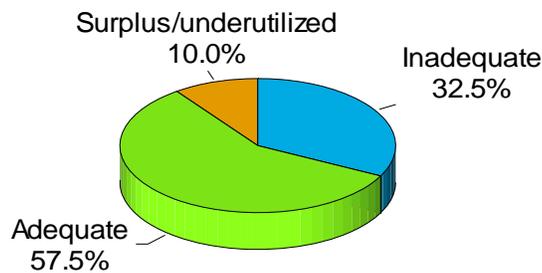
The highest priority for counties in addressing HCBS needs of their communities is managing their changing roles and expectations with the development of waiver services in managed care. Other priorities include developing needed services, including transportation, chore, respite, and adult day care.

Part B: Housing Options

66 of 80 (82%) responded that there has been new development of senior housing or housing with services arrangements in the last 2 years. According to respondents, 211 buildings have been developed, for a total of 5,142 units. Scott County reported over one-fifth of the developed units. It should be noted that the survey did not distinguish between new construction or construction of new units, versus re-development of existing units, and that these figures may not be accurate. **Over half of those counties with new housing arrangements reported that CS/SD or other state grants were instrumental in the development.**

Over half of counties report their overall supply as being adequate.

Overall Housing Supply



However, **two-thirds reported that there are housing options in their county that they would rate inadequate or unavailable.**

Number of Counties Reporting Inadequate or Unavailable Housing,
by type of housing



Roughly 25% of counties responded that there are housing options that are in surplus or are underutilized. Market rate rental apartments for seniors, with services, was most commonly cited as being in surplus.

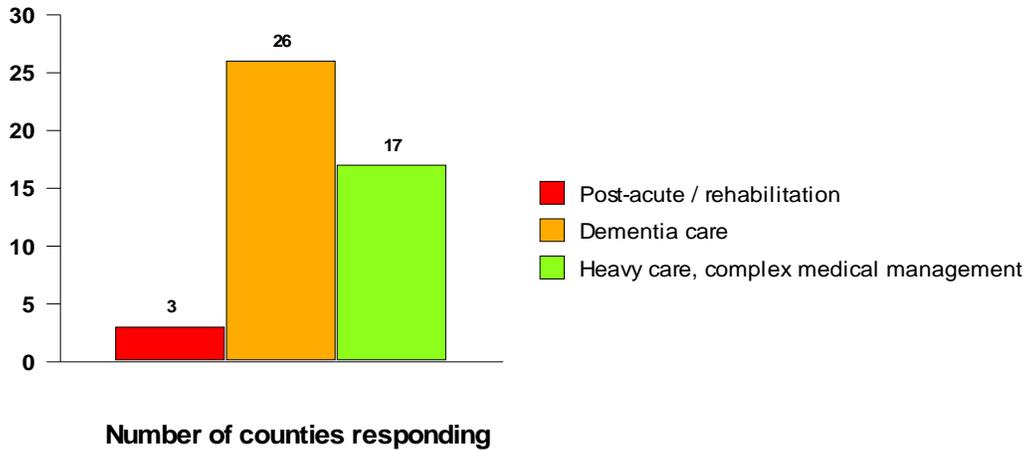
When asked to identify barriers to the development of adequate housing for persons with disabilities and elderly, counties most often talked about the **lack of affordable housing**; the need to **convert existing homes and apartment buildings into accessible buildings** so people can stay in their own communities; **changes to Alternative Care funding** that eliminated Assisted Living as a funded option for people; and the **need for providers willing to house persons with high and complex needs**, such as behavioral problems, dementia, and mental illness.

Counties identified a wide variety of priorities when it comes to addressing the housing needs of their disabled and elderly populations. **Addressing the need for affordable housing was frequently mentioned around the state, and the need to develop housing options for special needs populations was also common.** In general, it also appears that communities need to develop the entire range of housing options in order to address the different needs of different consumers.

Part C: Long-Term Care Beds – Nursing Homes

Three-quarters of counties rate their overall supply of LTC nursing home beds as adequate. However 32 counties responded that there are types of nursing home services or specialty beds that are inadequate or unavailable in their communities. **There is still a pretty widespread need for the development of dementia care around the state.** Five counties responded that there are nursing home services or specialty beds that are in surplus or underutilized.

Unavailable Nursing Home/Specialty Services



While the number of nursing home beds around the state generally appears to be adequate, ***there is still a need for nursing home beds for special populations***, including people with dementia, people with mental illness, and people with behavioral problems.

Almost all counties expressed explicit concern over workforce issues in long-term care, especially in nursing homes. This was the most consistent and serious gap expressed throughout this entire analysis.

Purpose and Methodology of Gaps Analysis

Purpose

The 2005 Gaps Analysis Update survey has a two-fold purpose:

- Aid Area Agencies on Aging in long-term planning for the long-term care needs of their regions;
- Assist the Continuing Care division at DHS in developing long-term planning tools on a regional basis.

Survey methodology

Minnesota's counties were asked to complete the following survey in order to re-assess the gaps that exist in long-term care and home and community-based services in their communities. Counties were asked to submit their responses through a web-based survey tool called SnapSurvey. The invitation was initially sent out through a bulletin. Reminders were sent to Long Term Care Consultation administrative contacts at counties.

Profile of respondents

Seventy-six counties and/or county collaborations responded to this survey between August 12, 2005, and October 27, 2005. Although Minnesota has 87 counties, the maximum number of possible responses for this survey was 84, due to collaborations between Lincoln, Lyon, and Murray counties, and Faribault and Martin counties. However, the single responses from these county clusters were duplicated in order to reflect the true number of counties with their responses. For instance, Lincoln/Lyon/Murray has a total of three responses in the analysis, even though they only submitted one response.

The following counties did not submit a response:

- Clearwater (Central AAA)
- Meeker (Minnesota River AAA)
- Pipestone (Minnesota River AAA)
- Steele (SE AAA)
- Stevens (Dancing Sky AAA)
- Traverse (Dancing Sky AAA)
- Winona (SE AAA)

Several counties submitted more than one response per county. The following procedure was used to create a single, aggregate county response: a) when all responses were alike, the common response was recorded; (b) when ordinal or interval responses differed, the mean of responses was recorded; (c) if any respondent indicated "don't know" or "no response" the other respondents' answers were recorded; and (d) all qualitative responses included were recorded.

Generally speaking, directors and administrators of county social service or public health agencies completed the surveys for their counties. Sixteen respondents were from public health agencies; 54 were from social services; 8 were from other agencies.