The
Long-Term Care
IMPERATIVE
A Minnesota Collaboration for Changes in Older Adult Services

2009 Long-Term Care Imperative Legislative Agenda

Investing resources in the broad spectrum of options for aging services is good for our local communities. It can maintain our economic stability and can help stimulate our economic recovery. Long-term care facilities directly impact Minnesota's economy by supporting more than 142,000 jobs, including more than 87,000 health and social services jobs. The impact extends outside of the healthcare industry, including more than 54,000 jobs in construction, science and technology, finance and insurance, manufacturing and retail and wholesale trades. The total economic impact (direct and indirect) of long-term care facilities in the State of Minnesota is more than $9.8 billion annually. Therefore, the Imperative proposes that lawmakers invest in aging services by doing the following:

I. Provide Cost of Living Adjustments for All Older Adult Services Providers.

A. Provide a COLA to nursing facilities as well home-and-community based services providers, for each year of the biennium, with the percentage based on the SNF market basket. [The current estimate is 2.91%.]

B. Make permanent the 1% temporary rate increase that took effect October 1, 2008.

II. Continue the Transition to Rebasing.

A. Phase into rebasing by an additional 12 to 13% in each year of the biennium. [Seek additional 12 to 13% increments in future years until reaching 100% in calendar year 2015.]

B. Direct DHS to collect information in 2009 necessary to begin implementing special rate adjustments for facilities providing specialized care as soon as 2010, and as needed to analyze the savings that certain long-term care expenditures could generate in the acute care budget.

C. Address the sunset of closure adjustments – scheduled to occur in 2016 if there is 92% cost coverage – by defining instances when a PCRA will continue to be a part of a facility's rate (e.g. for retirement of mortgage debt, costs of closure, etc.).

III. Support Capital Investment in Nursing Facilities. Fund the moratorium exceptions process at $3 million for the biennium. The $3 million will fund roughly $225 million in new nursing facility building projects.

IV. Improve Consumer Access to Services. Provide funding for medical escorts when deemed appropriate (escorts to dialysis or to physician appointments, etc.) – for both Medical Assistance clients in nursing facilities and Elderly Waiver clients in senior housing or assisted living settings.

V. Reduce Bad Debt / Accounts Receivable Resulting from Program Administration.

The Legislature can also help by improving how current public health care programs operate:

A. Address the back-and-up issue regarding nursing facility Medical Assistance applications.

B. Address the problem that people are dropped from Medical Assistance after 12 months if the county fails to process paperwork.

C. Make Elderly Waiver reimbursement retroactive to the date of the client's application or to the date on which the client had a change in condition (as opposed to the date a Long Term Care Consultation screening is completed).

D. Explore a temporary funding increase to Hennepin County through the State Government budget division, dedicated to clearing backlogs and improving processing systems.

VI. Provide Regulatory Relief.

Regulatory reform is also needed to avoid unnecessary duplication, or conflicts in current regulations.

A. Address Minnesota regulations regarding two-hour toileting and two-hour repositioning in nursing facilities, by exempting federally-certified facilities from compliance with the state regulation.

B. Modify MN Nursing Home Rules and Home Care Rules to replace current staff Mantoux testing requirements for Nursing Facilities and Class F Home Care Agencies with the CDC 2007 guidelines/protocol for conducting TB risk assessments for health-care facilities, and following the staff guidelines as outlined in the CDC guidelines.

C. Modify the Class F and Class A Home Care Rules to permit properly trained unlicensed personnel, under delegation by a registered nurse, to verify the dose of insulin that a client has "dialed in" on an insulin pen.

VII. Expand Services Available to Beneficiaries of Elderly Waiver / Customized Living.

The Imperative supports transformation and reform in older adult services, across the continuum from nursing facilities to home and community-based services. Further, reforms are needed to ensure that clients have access to the care and services they need and that care is delivered seamlessly.

A. Enact the Imperative 2007 proposal to provide coverage for "incidental nursing services" (e.g. medication set-ups, injections, diabetic foot care, catheter insertion, monitoring of blood tests for therapeutic treatments, etc.)

B. Eliminate the customized living cap—services are authorized based on assessed needs up to full cap. This would enable the on-site non-Medicare agency to meet additional needs for a client above the CL cap.

C. Permit non-Medicare certified home care providers (e.g., Class A, Class F and possibly Class B) to receive AC reimbursement on a fee-for-service basis. This could result in cost saving to the AC program for those AC clients living in housing-with-services settings that have on-site home care programs.

D. Have an exemption to the requirement that a staff person providing "supervision" must be on-site 24/7, when other campus staff are able to respond in 10 minutes. [Note: this would apply to small settings (e.g. 12 people or less).]

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