Minnesota’s Senior LinkAge Line®
Supporting Seniors and Their Caregivers
to Age Well and Live Well

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Minnesota Board on Aging/MN Department of Human Services
• Federally Mandated (Older Americans Act) Minnesota Aging and Disability Resource Centers
• Goal is “no wrong door”:
  – Phone
  – Internet/chat
  – In person/face-to-face assistance
  – Print (for some, it’s not yet dead but don’t rely on it)
Minnesota’s rainy day fund is drained, and now we’re in a budget storm.

By Sharon Schmickle | Friday, Feb. 12, 2010

As Metlife exits long-term care, Boomers get nervous about old age. Bizmology (2010)

Minnesota outlook: ‘We have an economic tsunami coming our way’: State leaders fear unprecedented fiscal crisis (2009)

Published on AllBusiness.com

Medicaid’s Ticking Bomb - Long Term Care - Could Wipe Out State Budgets

...“Will nearly double by 2030” Kaiser Health News (2010)

Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets – Government Accounting Office (2002)
Projected LTC Expenditures

Projected LTC Expenditures in Minnesota: 2013 - 2017

- All Institutions
- Waivers & Homecare
- Alternative Care
- Total

Source: DHS, Reports and Forecasts, February 2013
The MinnesotaHelp Network™: Bottom Line!

• “Nearly two-thirds of people over age 65 will need long-term care at home or through adult day health care, or care in an assisted living facility or nursing home.

Source: Genworth Financial Cost of Care Survey 2010 and U.S. Department of Health and Human Services National Clearinghouse for Long Term Care Information, 10/22/08.
Boomers have no real plans to pay for their long term care

Boomers’ Plans

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

Source: Transform 2010, MN Department of Human Services, 2010
MinnesotaHelp Network™ Components

• **Telephone Assistance**
  – Senior LinkAge Line® (1-800-333-2433)
  – Disability Linkage Line® (1-866-333-2466)
  – Veterans Linkage Line™ (1-888-Linkvet)

• **Face-to-Face Assistance**
  – Through counties (CVSOs and MnCHOICES)
  – Centers for Independent Living
  – Area Agencies on Aging
  – Providers
  – Access Points (clinics, hospitals)

• **Online Assistance**
    • Live Chat and Resource database
  – www.LinkVet.org
  – www.DB101.org

• **Print**
  – *Before a Move: Consider Your Options*
  – *Planning Ahead and Returning Home booklets*
  – *Health Care Choices*
Senior LinkAge Line® Areas of Expertise

- Long term care options counseling
  - Care transitions
  - Planning for the future or to remain in the community
- Health insurance counseling
  - Medicare (Part A, B, C and D)
  - Fraud, appeals and advocacy
- Prescription drug expense assistance
- Long term care partnership insurance
- Caregiver planning, support and training
- Forms assistance
MinnesotaHelp Network™ Partners

• Disability Linkage Line®
  – 1-866-333-2466
  – Disability benefits and programs, accessibility and home modifications, assistive technology, personal assistance services, transition services, disability awareness and rights, employment assistance

• Veterans Linkage Line™
  – 1-888-546-5838
  – Veterans Benefits, link to County Veterans Service Officers, resources for homeless veterans, referrals to Veterans Homes, veterans Education Benefits, liaison to federal Veterans Administration and TRICARE
SLL Outreach/Community Presentations

- New to Medicare/Welcome to Medicare
- What’s new for Medicare
- Health care and Medicare fraud, waste and abuse
- Senior Surf Days computer training
- Benefit check-ups and enrollment events (1:1 assistance)
- Long term care insurance
- And much more…
Online: www.MinnesotaHelp.info®

• Online local & community services directory
• Live chat available for real time assistance
  – Email is available after hours
• Long Term Care Choices Navigator
  – Guides consumers, families and professionals to find resources and information
• Includes information from
  – 12,600+ agencies
  – Providing 43,600+ services
  – Located in 26,600+ locations
Senior Link - Statewide resources for seniors
Online access to statewide community resources for seniors, their families, and caregivers.

Need help finding assistance with day-to-day things like transportation or meals? The Senior Section of MinnesotaHelp.info will help seniors, their families, and caregivers focus on finding the help they need.

Start a Search

Popular Search Topics
- Adult Day Services
- Assistive Technology
- Caregiver
- Consumer Directed Community Supports (CDCS)
- Death and Dying
- Environment / Conservation
- Financial Help
- Food Assistance and Other Nutrition
- Grandparents Raising Grandchildren (Kinship Caregivers)
- Help finding the right resource
- Help in Your Home
- Housing
- Legal and Advocacy Services
- Long Term Care Ombudsman

Take Me To...

Resource Center
TECHNICAL ASSISTANCE EXCHANGE

DHS Licensing Information Lookup
DHS Licensing Information Lookup is an online tool Minnesotans can use to search for licensed programs' public information such as: child care, group homes and other services for children and vulnerable adults. Many ways to search including name, license number or zip code.
Online Support: MinnesotaHelp NOW!

Hello and welcome to MinnesotaHelp NOW!

To help us serve you better, please provide some information before we begin. Answer the question below, then click the “Next” button. If you do not want to provide the information, click on the “Skip Questions” button right away.

Do you live in Minnesota?

- Yes
- No

Skip Questions
Long-Term Care Choices Navigator

- Consumers, caregivers, providers and Senior LinkAge Line® staff
- Produces individualized care plan based on consumer needs and preferences
- Based on professional advice from national experts
- Plan can be saved and accessed as needs change
Senior LinkAge Line® and Medicare

• Minnesota’s federally designated State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP)
• Provides comprehensive, individualized, objective assistance
• Highly trained staff and volunteers who provide unbiased assistance
SLL helps patients/clients with:

- Individualized assistance understanding and comparing Medicare options
- New to Medicare classes
- *Health Care Choices* publication
- Application assistance for programs to help with Medicare costs
SLL also helps patients/clients with:

• Medicare Part D issue resolution

• Medicare appeals and grievances  
  – Including Observation Status appeals

• Medicare fraud and abuse complaints

• Assistance through resolution, including follow-up when necessary
The Medicare Top 10
What You Need to Know

10 Things About Medicare Everyone Should Know
10. **Contact Social Security at Age 65**

- If a person is not collecting Social Security or Railroad Retirement benefits at age 65, contact Social Security or Railroad Retirement to get enrolled in Medicare.
  - *Enrollment will not be automatic.*
- Bottom line – no one is watching you to make sure you get enrolled!
9. Medicare Part A, B and D Initial Enrollment Period (IEP)

- IEP is 7 months
  - Begins three (3) months prior to 65th birthday
  - Month of birthday
  - Three (3) months after 65th birthday

- If the person wants Medicare coverage to begin on the 1st day of his/her birthday month, enroll in the first 3 months of the IEP
8. Annual Open Enrollment Period: October 15 – December 7 Each Year

- Beneficiary can change
  - Medicare Advantage Plans
  - Medicare Part D plans
- Enrollment begins January 1 of the next year
7. Medicare Supplement (Medigap) Open Enrollment Period

- Coincides with Medicare Part B initial enrollment
  - May not be tied to age, if you are working and have employer group health coverage
- Six (6) month window of open enrollment with no health screening to purchase a Medicare supplement policy
- Otherwise pre-existing conditions **DO APPLY**
- For most, once in a lifetime opportunity
6. Medicare does not cover most long term care services

- Much of long term care services are “custodial, unskilled services” (bathing or dressing support)
- Skilled care must be medically necessary (ex. changing sterile dressing)
- Copays start at day 20 ($157.50 a day in 2015)
  - Medicare Advantage or Medicare supplements may cover additional costs
- After 100 days, the consumer will be responsible for **ALL** costs
- This can be when people begin to apply for Medicaid
5. When in the hospital, ask if stay is “Observation”.

- No 3-day inpatient hospital stay means Medicare won’t cover a nursing home stay.
  - 3-day inpatient stay typically = two midnights
- Physician must certify the stay should be inpatient
  - Cannot retroactive certification
- **But!** Inpatient status can be changed to observation after discharge
- Bill introduced at legislature in February would require notice be provided to the consumer (not passed yet)
4. Part B Late Enrollment Penalty

• If one does not enroll in Part B when eligible, he/she will incur a late enrollment penalty if enrolls in Part B later
  – Annual Enrollment Period: January 1 – March 31 & takes effect July 1
  – Individuals/spouses with employer coverage may delay enrollment

• For each 12-month period enrollment is delayed, the consumer must pay a 10% Part B monthly premium penalty

• Many complicating factors cause a penalty situation.
  – Call the Senior LinkAge Line® if any questions
3. Part D Late Enrollment Penalty

- Must enroll into Medicare Part D when eligible or have creditable coverage
  - Creditable coverage means at least as good as Medicare Part D coverage
- If creditable coverage ends, he/she must enroll in a Medicare Part D plan within 63 days to avoid a penalty
- Penalty is 1% of the national base beneficiary premium ($33.13 in 2015) times the number of full, uncovered months
  - Ex. No coverage for 24 months, penalty is 24%
  - Penalty increase each year
2. Medicare does not cover:

- Annual physical (annual wellness visit is covered but is not a physical exam)
- Hearing exams
- Hearing aids
- Dental care
- Eyeglasses
- Most long term care services
1. Medicare plans change annually

- Consumers should review their Medicare options every year.

Call the Senior LinkAge Line® at 1-800-333-2433 for help.
Senior LinkAge Line® is more than just Medicare

- Long Term Care Options Counseling
- Includes:
  - Review of independent living options
  - Caregiver concerns and options for support
  - Review of long term care financing options
  - Connections to county for MNCHOICES (face-to-face) assessment
- Post phone-based counseling:
  - Follow-up is provided as needed, including in-person, if necessary
  - Materials mailed or e-mailed to consumer
Senior LinkAge Line® Care Transition Efforts

• Pre-Admission Screening (PAS)
  – Includes follow-up for short-term stays
• Long Term Care Consultation Expansion
  – Registered Housing with Services Counseling
  – Hospital/Health Care Home Referrals
• Return to Community
  – In-depth, face-to-face assistance for those looking to return to the community
Care Transition as we define them

- **Goal:** Improve transitions of beneficiaries from the inpatient hospital setting to other care settings, to improve quality of care and to reduce readmissions for high risk beneficiaries as well as document measureable savings to the Medicare Program. Care Transitions points we impact:
  - Screening prior to a nursing home admit (pre admission screening)
  - Support to decide whether a move to assisted living is right (Options Counseling)
  - Hospitals and Health Care Homes can refer people to us upon discharge from the hospital
  - Support to leave a nursing home and remain successfully in the community
  - Medicare counseling and assistance related to benefits and billing
Pre-Admission Screening

• Federal requirement identifying those with MI or DD entering a nursing facility
  – Ensures specialized services are provided, if needed
• Establishes Level of Care for purposes of Medical Assistance payment for nursing homes
  – Medical Assistance will not pay without a completed PAS showing LOC is met being entered into MMIS
• Online, statewide referral site
• Follow-up for stays under 30 days
Registered Housing with Service Counseling

• Assisted living/registered housing with services options counseling offered for all ages prior to signing a lease or contract for services
  – 10-day and six month phone-based follow-up provided after initial counseling
• Exemptions per Minnesota Statutes 2012, section 256B.0911:
  1. Seeking a lease-only arrangement in a subsidized housing setting
  2. Has previously received a Long Term Care Consultation assessment (MnCHOICES)
  3. The individual is receiving or is being evaluated for hospice services from a hospice provider licensed under sections 144A.75 to 144A.755 or
  4. Prospective residents who have used financial planning services and created a long-term care plan in the 12 months prior to signing a lease or contract
Hospital and Certified Health Care Home Referrals

• Provided for those who are discharged to or looking to remain in a community setting
• Target population:
  – Age 60+
  – Not residing in or discharging to nursing facility
  – No care coordinator or case manager
• Referrals not necessary if already referring to:
  – Adult mental health unit
  – Common Entry Point (CEP) or
  – Lead agency to apply for public programs or other referral
Referrals from a Health Care Home

• Access online referral site
  – https://mnhelpreferral.revation.com/
• Choose third option under “I am helping someone who…”
• Obtain permission from consumer first
Referrals from a Health Care Home

- Areas of concerns

Does the consumer have any questions, concerns or needs assistance in any of the following areas? (required)

- Lack of caregiver or current caregiver is overwhelmed
- Needs help arranging non-health related services such as preparing meals, respite, laundry, housekeeping, chore or caregiver consultation services.
- Needs assistance managing/paying for medications
- Questions about Medicare or other health insurance benefits
- No transportation or has difficulty getting places
- Difficulty managing finances or paying for services
- Memory concerns
- Concerns about safety or need for home modification
Health Care Home Referral Consumer Follow-Up

• Follow up to consumer occurs based on date specified in referral
• Resources provided based on consumer/caregiver needs
• Use of LTC Choices Navigator and/or referral to county for MnCHOICES may occur
• Additional follow-up as needed
• If referral is not made by health care home, Senior LinkAge Line® resource booklet should be provided (shown earlier)
• Additional copies available at no cost by calling the Senior LinkAge Line®
Return to Community initiative

• In-person assistance for nursing home residents
• In-depth interview and comprehensive support planning occurs with nursing home staff, consumer and caregivers
• Consumers identified via research-based algorithm, predicting probability of discharge using admission MDS assessment
• Referrals may also be made by nursing facility
• Intense follow up protocol once consumer transitions from facility
  – In-person visit within 72 hours
  – Phone-based follow-up up to 5 years
Questions

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