A NO WRONG DOOR APPROACH TO AGING WELL AND LIVING WELL
GOALS OF TODAY

• Discuss the evolution of the MinnesotaHelp Network
• Explain Minnesota’s Model
• What works well in Minnesota
• What’s coming in the future
Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets – Government Accounting Office (2002)

Medicaid’s Ticking Bomb - Long Term Care - Could Wipe Out State Budgets
...“Will nearly double by 2030”
Kaiser Health News (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

Minnesota's rainy day fund is drained, and now we're in a budget storm By Sharon Schmickle | Friday, Feb. 12, 2010

Why the Minnesota Help Network?
PROJECTED LTC EXPENDITURES

Source: DHS, Reports and Forecasts, February 2013
BUDGET PRESSURES WILL CHANGE -- 
MORE 65+ THAN SCHOOL AGE BY 2020

Census counts & State Demographer projection, revised 2007
BOOMERS HAVE NO REAL PLANS TO PAY FOR THEIR LONG TERM CARE

Source: Transform 2010, MN Department of Human Services, 2010
THE 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.
NO WRONG DOOR APPROACH - SENIORS

- Single Family home, active, volunteering engaged SHIP
- At least one nursing stay and possibly beginning end of life – hospice (PAS)
- Acute Health Episodes, needing a little help at home (LTCO)
- Moving – possibly to assisted living (LTCO)
- Start receiving home care, stressed caregiver (TITLE III E)
- Starting to be pressured to move by children (LTCO)
NO WRONG DOOR APPROACH - YOUNGER

- Diagnosis occurs – may be at any stage of life
- Childhood – School/brain development
- Adolescence – Relationships, love, activities
- Adulthood – Work, Independence, Family, Benefits
- Middle Age – Nutrition, health, longevity
- Older Age – Health, premature aging, informed consent
NO WRONG DOOR APPROACH - VETERAN
Senior Linkage Line started in 1994, DLL in 2005 and VLL in 2007
1 of 8 states to receive 1st ADRC Grant in 2003
Minnesota Created a Virtual Model built off existing partnerships
Uses a no wrong door approach
Support provided through 4 channels

phone  in-person  print  technology
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 county MNCHOICES
- Outreach Sites
- Access Points

Online Assistance
- www.MinnesotaHelp.info
  - Live Chat and Resource database
- www.DB101.org

Print
- Before a Move: Consider Your Options
- Health Care Choices
- Planning Ahead
- Returning Home booklet
phone
LINKAGE LINES-REVATION LINKLIVE™

Senior LinkAge Line®
1-800-333-2433
A One Stop Shop for Minnesota Seniors

Disability Linkage Line®
1-866-333-2466

Veterans Linkage Line®
minnesotaveteran.org | 1-888-LinkVet
(546-5838)

MinnesotaHelp.info
MINNESOTA’S PHONE SUPPORT THROUGH THE SENIOR LINKAGE LINE®:

Long term care options counseling and Care Transitions

- Pre Admission Screening
- 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 assistance
  - Long Term Care Insurance
  - Caregiver planning, support and training
  - Forms assistance
HOW FAR WE’VE COME IN 20 YEARS – SENIOR LINKAGE LINE ®

• SLL celebrated its 20 year anniversary in 2014!
  • Created a special logo
  • Promoted it at the state fair
• Increased statewide uniformity
• One number routes to statewide internet contact center model with secure phone, chat, document sharing, email and video conference
• Now six AAAs provide services at 7 locations with the largest being metro
• Same technology and Secure communication including all training is now online
• Our data collection is robust allowing for real time Quality Assurance
20 YEARS - ALONG THE WAY

• We developed a strategy to be ready at the right time for potential growth
• We built trust among seniors and their caregivers
• We established credibility
• We became Minnesota’s One Stop Shop for Seniors and we helped create services for people with disabilities and veterans (Disability Linkage Line and Veterans Linkage Line).
• We branded the LinkAge Lines®
• SLL went from 21,000 contacts to over 262,000 contacts – an increase of 1147% over 20 years
• In 20 years, SLL served 1,116,341 seniors and their caregivers*

*(duplicated)
SENIOR LINKAGE LINE®
2014 BY THE NUMBERS

• 263,262 contacts (+ 87,496 from 2013)
• 122,081 consumers served (+ 34,215 from 2013)
• 25% of callers were repeat callers
• Average speed of answer = 1 Minute 44 seconds
GROWTH SENIOR LINKAGE LINE®
CONTACTS

263,262

21,675

0

People Served by Senior LinkAge Line®

10,000 people

Source of Data: SeniorLinkAge Line® 2014
DISABILITY LINKAGE LINE®
1-866-333-2466

Implemented in 2005

• Improve access to services for people with disabilities and their caregivers
• Meet the needs of people with disabilities and long term illnesses

Six Regional Sites, through the MN Center for Independent Living (MCIL) and Southeastern MN Center for Independent Living (SEMCIL)
DISABILITY LINKAGE LINE®
NICHE AREAS

- Disability Benefits and Programs
- Employment
- Building Accessibility and Home Modifications
- Assistive Technology
- Personal Assistance Services
- Finding Accessible Housing
- Disability Awareness and Rights
- Special Needs Basic Care (SNBC)
DLL BY THE NUMBERS

- 2005: People Served: 5288, Inquiries: 5806
- 2010: People Served: 20539, Inquiries: 47753
- 2014: People Served: 28128, Inquiries: 65299

MinnesotaHelp.info
TOP 10 PROBLEM NEEDS

- DB101: 1277
- Transportation: 1289
- Employment/Volunteer: 2188
- Individual/Family: 2389
- Legal/Advocacy: 2753
- Housing: 2777
- Financial: 3051
- Care Transitions: 4969
- Public Benefits: 7905

MinnesotaHelp.info
VETERANS LINKAGE LINE™
1-888-546-5838

- Began August 1, 2007
- Implemented through Governor’s Yellow Ribbon Task Force
  - High number of returning veterans
- Available to Veterans of any age or service era
- Provided through Minnesota State Colleges and University contact center
- Open evenings and weekends
VETERANS LINKAGE LINE™ NICHE AREAS

• 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
VLL BY THE NUMBERS

- Assistance & Families
- Education
- Health & Disability
- Veterans Homes
- Employment
- Burials
- About Us
VLL BY THE NUMBERS

Coaching

4,978
Personal contacts (unduplicated)

100% Solve Rate
(within 24 hours)

Phone in 2947
Chat 2393

MinnesotaHelp.info
TECHNOLOGY IS THE NO WRONG DOOR BACKBONE:

A tool called Revation Communicator allows staff to communicate securely via encrypted communicator tool with others in your organization and with the Linkage Lines and other partners across the state.

Revation is used to do some of the following:

- Securely exchange Pre-Admission Screening (PASSR) information.
- Securely make referrals and schedule appointments for consumers who need Long Term Care Consultations (MnCHOICES) or eligibility assistance.
- Securely allow Linkage Lines to pull in other helping agencies like state agencies, CVSO’s, RSVP, volunteer programs or other community partners for consumers who need options counseling.
- Securely receive other referrals for consumers who want to relocate from an institution back to the community (MFP, Section Q, hospital discharge).
COUNTIES ARE VERY IMPORTANT IN MINNESOTA!

Minnesota has a county administered system

Each has an adult mental health unit (they do OBRA Level II)

Each has a county veterans services officer group that are critical to the veterans services system

Each has a social services group that does all the financial eligibility

Each has a county public health or long term care group that does prevention and often the long term care assessment

Often times they have clients to which who they are providing fee for service case management
COUNTIES ON LINKLIVE™

No Revation Chat
- 65 counties

LTCC County Staff
- 22 counties
ADRC VOLUNTEERS

• Generally, volunteers are actively used in the Senior Medicare Patrol and State Health Insurance Assistance functions

• 369 Linkage Line® volunteers received 1,581 hours of training and 3,269 hours of ongoing continuing education

• All volunteers received certification from MBA after appropriate training

• Volunteers provided 28,785 hours of assistance statewide (on average - 78 hours per volunteer)

• Along with outreach specialists, volunteers presented at 2,650 community events specifically focused on Medicare and health insurance

• Volunteers programs are in Linklive and take referrals for people who want to volunteer
OTHER PARTNERS IN THE NETWORK

• Vocational Rehabilitation Services and DLL
  • Employment benefits with financial planning for people on SSDI

• VTCLI Partnership (MN Ride Link Project)
  • 33 CVSOs/Transportation Providers are actively using Revation Chat with another 15 ready to join as of March 2015
    • MnDOT provides an computer desktop upgrade as part of the grant
DEMO OF REVATION
OUR ADOPTED DEFINITION OF CARE TRANSITIONS?

Transitions refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change.* Specifically, [transitions] can occur:

1. Within settings; e.g. intensive care unit (ICU) to ward.
2. Between settings; e.g., hospital to sub-acute care
3. Across health states; e.g., curative care to palliative care or hospice
4. Between providers; e.g., acute care provider to a palliative care specialist.

*Source: National Transitions of Care Coalition
ADOPTED CARE TRANSITION GOALS

Care transitions defined by the federal government for the Community-based Care Transitions Program (CCTP).

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 measurable savings to the Medicare Program.”

- Initiate no later than 24 hours prior to discharge
- Provide timely, culturally, and linguistically competent post-discharge education
- Provide assistance to ensure timely and productive interactions between patients and post-acute and outpatient providers;
- Provide patient-centered self-management support and relevant information specific to the beneficiary’s condition; and
- Conduct comprehensive medication review and management
ADRC CARE TRANSITION EFFORTS

Pre-Admission Screening (PAS)

Long Term Care Consultation Expansion
  • Registered Housing with Services Counseling
  • Hospital/Health Care Home Referrals

Return to Community
WHAT IS 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

Also known as PASRR

MinnesotaHelp.info
WHO MUST RECEIVE A PRE-ADMISSION SCREENING?

Pre-Admission Screening must be requested for all admissions into MA-certified:

- Nursing facilities
- Hospital “swing beds”
- Certified boarding cares

Regardless of:

- Length of Stay
- Payor Source

Must be completed prior to admission
CARE TRANSITIONS: WHY IS PASRR SO CRITICAL TO NO WRONG DOOR?

- Effectively creates a reduced set of doors in the no wrong door system for increasing numbers of seniors who need long-term care by automating effectively a key point in care transitions
- Case finding strategy for people entering a nursing home (younger adults with disabilities)
- Creates a transparent process - for Minnesota removing the 30 day exemption was key
- Minnesota has created new communication pathways to support nursing home transitions
- Online website for PAS requests
- Conducted by Senior LinkAge Line® PAS staff
- Then follow-up Options Counseling offered for stays under 30 days by SLL and DLL
- Lead Agencies provide more intensive services and support
- Multiple contacts occur to promote Section Q (MDS)
EXEMPTIONS TO PRE-ADMISSION SCREENING

First Contact removed the 30 day exemption.

Inter-Facility Transfers

- MN nursing facility to MN nursing facility
- MN nursing facility to acute hospital to same or different MN nursing facility

NOTE:

- Consumer cannot return to the community
- Assumption is PAS was done prior to first admission
EMERGENCY ADMISSIONS

Permitted during Senior LinkAge Line® non-working hours

Must be an admission from the community

• Except consumers admitting from emergency room or observation status and were NOT admitted as in-patient

Other requirements

• Physician has determined delaying admission would adversely affect health and safety
• Recent event in which person cannot live safely in the community
• Attending physician must authorize emergency placement and document need
• PAS is completed next business day
ONLINE REFERRAL SITE

Available on [https://mnhelpreferral.revation.com/](https://mnhelpreferral.revation.com/)

• Step by steps available for each type of referral

Ability to save or print completed form

• Provides initial Level of Care and OBRA I results
• Submitter is encourage to provide copy to nursing facility

Available 24/7

Live chat for assistance with completing referral during business hours

• Email is available after business hours
DEMO OF PAS FORM
TRIAGE OF ONLINE REFERRALS
WHEN DOES SENIOR LINKAGE LINE® NOT COMPLETE THE PAS?

Managed Care Enrollees

• Enrollees on SNBC, MSHO, MSC+

Counties

• Elderly Waiver and Alternative Care individuals not on Managed Care
• Waiver Recipients on CADI, CAC, BI
  • Regardless of managed care enrollment
• Individuals under age 21
  • Face-to-face assessment required prior to admission
• DD waiver recipients
  • SLL enters PAS into MMIS
  • County completes process
FOLLOW-UP FOR CONSUMERS

Follow-up for consumers with stays less than 30 days

• Assist with successful return home
• May be by letter or phone
• Phone Follow-Up:
  • 10-days and 30-days after returning home

Conducted after discharge

• Nursing facility completes discharge planning
PAS BY THE NUMBERS

2014

- 63,585 Pre-Admission Screening requests
- 99.7% Meet Level of Care
- 1.6% Referred for OBRA Level II MI or DD
- 73% Under 30 Day Stays
- 57,691 referrals have been submitted by acute hospitals

Follow-Up

- 1,063 individuals accepted a follow-up call within 10 days of discharge
  - Stay less than 30 days, no caregiver, complex conditions
  - 3 individuals over the age of 100
- 254 Individuals accepted a follow-up call within 30 days of discharge
- 4 individuals over the age of 95
Housing with Services Counseling

Formally described as long term care consultation expansion in statute...

Assisted Living/Reg. Housing w/Services-options counseling offered for all ages prior to signing a lease or contract for services. (October 1, 2011)

• 10 day and 6 month phone based follow-up provided after initial counseling.

Hospitals and Certified Health Care Homes-options counseling provided for those 60 plus who are discharged to community setting. (October 1, 2012)
FOUR EXEMPTIONS

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.
HOSPITALS AND CERTIFIED HEALTH CARE HOMES REFERRALS

Referrals made online

Target population:

• Age 60+
• Not residing or discharging to nursing facility
• No Care Coordinator or Case manager

Referrals are not necessary if already referring to:

• Adult Mental Health Unit;
• Common Entry Point (CEP) for concerns about abuse, neglect (or self-neglect) or financial exploitation; or
• Lead agency to apply for public programs or other referral
BY THE NUMBERS

1. Number of People Who Chose Long-Term Care Options Counseling (LTCOC)

<table>
<thead>
<tr>
<th>Month</th>
<th>Received</th>
<th>Declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-14</td>
<td>760</td>
<td>91</td>
</tr>
<tr>
<td>Feb-14</td>
<td>665</td>
<td>101</td>
</tr>
<tr>
<td>Mar-14</td>
<td>740</td>
<td>116</td>
</tr>
<tr>
<td>Apr-14</td>
<td>785</td>
<td>136</td>
</tr>
<tr>
<td>May-14</td>
<td>855</td>
<td>144</td>
</tr>
<tr>
<td>Jun-14</td>
<td>858</td>
<td>150</td>
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<tr>
<td>Jul-14</td>
<td>838</td>
<td>247</td>
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<tr>
<td>Aug-14</td>
<td>821</td>
<td>193</td>
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<tr>
<td>Sep-14</td>
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<td>202</td>
</tr>
<tr>
<td>Oct-14</td>
<td>691</td>
<td>64</td>
</tr>
<tr>
<td>Nov-14</td>
<td>658</td>
<td>961</td>
</tr>
</tbody>
</table>

5. Reasons for Declining LTCOC (multiple reasons possible)

- Decision Already Made: 12804
- Already Knows Community: 2600
- Not Interested: 1029
- I’ll Never Need Medicaid: 908
- I Don’t Have Time: 73
- Discouraged from Participating: 45
- Refused to Answer: 35
- Too Complicated: 32
- No Family Available: 29

For the Period 01/01/14 thru 12/31/14

10. Decision Made at 10 Day Follow-Up - All Callers Who Receive LTCOC

- Admitted to Nursing Home: 83%
- Consumer Passed Away: 7%
- Move: 1%
- Remain in Home: 1%
- Remain in HWS/AL: 1%
- Remain in Nursing Home: 1%
- Respite Stay-HWS/AL: 0%
- Undecided: 0%
RETURN TO COMMUNITY
WHAT IS IT?

- In-person assistance for nursing home residents is provided by the Senior LinkAge Line®, a service of the MN Board on Aging and six Area Agencies on Aging.


- Authority to provide service through ADRC added to MN Statute 256.975, sub.7 in 2009.

- Officially started in April 2010
  - The protocols were developed in partnership with nursing home discharge planners.
  - It is being evaluated through an AHRQ grant by Dr. Greg Arling at Purdue University and Dr. Robert Kane at the Center on Aging at the University of Minnesota.
WHAT HAPPENS?

• Most consumers have short stays in nursing homes.

• But over 5,000 of them a year end up staying in the nursing home but have the same characteristics as others who left.

• They are at risk of spending their assets and ending up on public programs (Medical Assistance)

• The Senior LinkAge Line® staff receive a list of people each week who fit these profiles.
  • In person visit is provided to determine if consumer still wants to go home
THE TARGET PROFILE LIST

• Desire to return to community setting (MDS Section Q)

• Resided in nursing home for 45 days

• Not on Medical Assistance

• Fit a profile that looks at:
  • Health
  • Functional, or
  • Personal characteristics indicating high probability of community discharge

• A list of folks that fit the profile is assigned weekly to staff (about 100 names statewide)

• The calling begins and then in person visits are scheduled
PROTOCOL IN NURSING HOME

• Review the service and expectations discussed

• Once affirmation is providing - releases are signed to give access to NH chart, staff and family

• Community planning interview tool which includes needs, person centered preferences, BIMs, PHQ-9, ADL, IADL and caregiver needs

• Medication documentation and classification

• Financial information gathered

• Support plan with costs identified created with NH team (NH discharge team handles the health care related services) and discharge date planned
AFTER THE MOVE

Senior LinkAge Line® Community Living Specialist staff do follow-up

• In-home visit within 72 hours or longer based on consumer preference - after nursing home discharge
  • Medication reconciliation, confirm service delivery, physician follow up/appointment, appointment with caregiver, visual check

• 10 days, 30, 60 and 90 days after nursing home discharge

Phone based follow-up continues by the Senior LinkAge Line® Client Services Center in Southwest Minnesota

• Quarterly for up to 5 years based on their preference
MAKING A DIFFERENCE

• Over 2,500 consumers directly assisted by Senior LinkAge Line® who discharged to community

• Total discharged (naturally as well as by Senior LinkAge Line®) is over 12,000 – follow up calls are provided to them as well.

• Over 800 consumers receiving follow-up in community for 5 years
MAKING A DIFFERENCE

Primary Referral Sources

• 71% MDS Profile List
• 18% Nursing Home
• 9% SLL Referral
• 2% MDS Section Q Referrals

Locations After Transition

• 31% Own Home Alone
• 31% Own Home with Spouse/Partner
• 22% Assisted Living
• 9% Own Home with Caregiver

Most Common Services Utilized

• 18% Skilled Nursing
• 18% Rehab Services
• 16% Home Health Aides
• 9% PERS
• 8% Homemaker

Currently being evaluated through AHRQ grant until August 2016
REACHING MILESTONES!

On March 10 of this year, the Senior LinkAge Line® reached a milestone when the 2000th consumer was assisted with returning to the community from a nursing facility!

April 10, 2015 marks five years since the Senior LinkAge Line® Return to Community work began and the administration held a celebration to mark this event.
On July 27, 2015 the Minnesota Board on Aging received a State Innovation in Government Award from the Humphrey Institute at the University of Minnesota.
OTHER REFERRALS THAT THE NO WRONG DOOR MODEL TRIAGES

Moving Home Minnesota (Money Follows the Person)

MDS Section Q

Other residents who are interested in discharge assistance

• Not Section Q or Moving Home MN
MDS SECTION Q AND MOVING HOME
MINNESOTA

Referrals made based on consumer preference by nursing home to the Local Contact Agency

- In MN, this is the Senior LinkAge Line® and is done by the same PAS form

Referrals triaged as appropriate based on level of need and Medicaid status

Consumers has resided in an institution for 90 consecutive days (non-Medicare):
At least one day has been paid for by Medical Assistance (MA)
Resident is going to a qualified residence.
PRINT/OUTREACH

Don't wait until you've had a loss to ask...

"Am I Covered?"

If trouble strikes, your insurance policy may be the only thing that stands between you and financial ruin.

envisioningtheamericandream.com
Health Care Choices

Kiosk Cards

- Medicare related information
- Housing Modification
- Caregiver Supports
- Senior LinkAge Line Specific
- Disability Linkage Line Specific
- MinnesotaHelp.info

Magnets with 3 Linkage Lines
CURRENT MARKETING MATERIALS

Family Outreach Plan Materials

Four Ways Disability Benefits Work

- More money
- More freedom
- More security

SALARY CONTINUATION

YOUTH ON DISABILITY BENEFITS - WORK AND BE BETTER OFF

Disability Benefits 101

Your Situation
Program
Estimation
Insurance
News
How To

- Money
- Education
- Health

Benefits

Talk to an Expert: (800) 323-0626 (TTY: 800-323-0620)

In the News

Your Situation

Program
Estimation
Insurance
News
How To

- Money
- Education
- Health

Benefits

Talk to an Expert: (800) 323-0626 (TTY: 800-323-0620)

In the News
OUTREACH – BILLBOARD

19 Billboards
• Printed
• Digital

- Alexandria
- Bemidji
- Columbus Twp.
- Duluth
- Grand Rapids
- Moorhead

- Mankato
- Minneapolis
- Rochester
- Savage
- St. Cloud
- St. Paul

Does Dad need help?

Senior LinkAge Line®
1-800-333-2433
A One Stop Shop for Minnesota Seniors

Does Grandma need help?

Senior LinkAge Line®
1-800-333-2433
A One Stop Shop for Minnesota Seniors

MinnesotaHelp.info
Does Dad need help?
Link to an expert to get help with
- Planning for long-term care
- Remaining independent in the community
- Understanding Medicare benefits and eligibility

Does Mom need help?
Link to an expert to get help with
- Planning for long-term care
- Remaining independent in the community
- Understanding Medicare benefits and eligibility

Posted at 90+ locations statewide

MinnesotaHelp.info
Door Hangers

Allows for reaching specific areas

By zip code

In English & Spanish
STATE FAIR IS OUR BIGGEST EVENT
**OUR OUTREACH WORKS!**

2015 Survey of Older Minnesotans: Preliminary Results  08/13/15

2015: Proportion who have heard of Senior Linkage Line

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<th>Percentage</th>
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<td>31.3%</td>
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<tr>
<td>No</td>
<td>65.5%</td>
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<tr>
<td>Don't Know</td>
<td>1.2%</td>
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<tr>
<td>Refused</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
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2005: Proportion who have heard of Senior Linkage Line

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<th>Percentage</th>
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<td>24.2%</td>
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<td>No</td>
<td>75.2%</td>
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<tr>
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<td>0.6%</td>
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<tr>
<td>Refused</td>
<td>0.0%</td>
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<tr>
<td>Total</td>
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OUR OUTREACH WORKS!

2015: Of those who have heard of SLL, proportion who have called it

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<td>19.9%</td>
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<td>No</td>
<td>79.0%</td>
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<tr>
<td>Don't Know</td>
<td>1.1%</td>
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<tr>
<td>Total</td>
<td>100.0%</td>
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2005: Of those who have heard of SLL, proportion who have called it

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<td>11.8%</td>
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<td>No</td>
<td>87.5%</td>
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<tr>
<td>Don't Know</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
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TECHNOLOGY
MinnesotaHelp.info

- Resource data base for consumers online and for the Senior LinkAge Line® workers
- By the Numbers: Includes information from
  - Approximately 12,603 agencies
  - Providing 43,648 services
  - Located in 26,620 locations
- In 2014, there were 518,148 users*

*(includes new and returning)
NAVIGATING MINNESOTA’S OVER 10,000 HELPING AGENCIES

Minnesotahelp.info® is brought to you by the State of Minnesota, and strives to connect people with services in their communities.
VISITS TO MINNESOTAHELP.INFO®

258% increase since 2009
SENIOR LINKAGE LINE®
EMAILS/CHATS
TODAY’S INTERNET CHAT

• Specialized single call center in MNRAA called the “client services center”

• These staff as well as staff of the Consumer Choices Team handle chats and emails through Minnesotahelp.info and the Senior LinkAge Line® email.

• Goal is to route chats statewide – we are piloting some statewide routing now

• DB101 handles chats using the same technology
MINNESOTAHELP.INFO®
PROJECTS IN PROCESS

Launch of newly redesigned Minnesotahelp.info® and Provider Portal – July 2015

Vacancy Tracking

- Launch – late 2015
- Providers and other users can identify vacancy information
- Provides quick results for those looking for housing

Home and Community Services Finders with quality data

- Launched – July 2015 included assisted living, independent living skills and supported employment
- Next three services to be incorporated: adult foster care, assistive technology, caregiver supports (2016)
Disability Benefits 101 gives you tools and information on health coverage, benefits, and employment. You can plan ahead and learn how work and benefits go together. > More

Welcome to DB101 (1.5 min video)

First Time? Start Here

Your Situation
Take a personal approach to benefits planning: Find information that applies to you. > More

- Going to Work
  Planning to work? Find support for going to work and learn how a job can affect your benefits. > More

- Young People and Benefits
  Learn how to manage school, work, and benefits. Includes tips for parents. > More

- New to Benefits
  Find out how disability benefits programs work, and learn how to plan for changes in the future. > More

Programs
Just the facts: Get details about benefit programs.
> More

- Cash Benefits
  Learn about benefits that can help you meet your basic needs. > More

- Health Care Coverage
  Explore many health care coverage options, from public and private sources. > More

- Work Programs
  Learn how state and federal programs can support your career plans. > More

Talk to an Expert
Mon-Fri 8:30-5:00 Central
- Live chat: Chat Now
- 1-866-333-2466
- Email a question
DB101

• 169,832 visitors to DB101, 24% were repeat visitors. Visitors have doubled in both 2013 and 2012. (2013 n=82,379).


• DLL Options Counselors responded to 1956 live chats and e-mails in 2014.
Quality Assurance

Customer Service

Our priority:
QUALITY ASSURANCE

- Call monitoring for Standards to be conducted by Consumer Choices Team staff
- Secure extranet with automated quarterly staff dashboards, training, reporting, standards and policies. Audience is: AAA Directors, DLL internal staff and directors, and AAA supervisors.
SATISFACTION:
“I WOULD RECOMMEND THE SENIOR LINKAGE LINE® TO SOMEONE ELSE.”
THE CONSUMER EXPERIENCE: COMMENTS FROM SURVEYS

“This was the place to call for me. I don’t have to wait anymore and got more dollars to eat on. I don’t worry about food anymore.”

“…Better than Medicare. Great agency, very helpful.”

“Helped me through a difficult time, the health plans were hard to understand, the SLL helped.”

“I really value all the help I’ve received.”

“SLL rescued me when I didn’t know where to turn and eased my frustration. Thank you.”
SENIOR LINKAGE LINE® EXPANDED QA

• Metrics for measuring compliance with the Senior LinkAge Line® Standards and Assurances

• Metric examples:
  • Data completeness
  • Timeliness of follow-up calls with consumers/caregiver
  • Outreach conducted with all nursing homes in AAA region
  • Monthly discharge goals
  • Consumer satisfaction

• New Supervisor Console tool for AAA Supervisors assess customer service using real time monitoring
OTHER: EVALUATIONS IN PROCESS

• Wilder Foundation – Integration Systems Grant
  1. Reviewing results of ISG grant and collaborations with Health Care Homes
  2. Developing Report Card Evaluation framework
• AHRQ Grant
  1. Study of a state-level model for transitioning nursing home residents to the community
  2. Funded by Agency for Health Services Research and Quality
    1. Health Services and Research Demonstration and Dissemination Grants Program (R18)
    2. Project period: 1-Sep 2012 to 30-Aug-2016
  3. Research partnership
    1. Purdue University and University of Minnesota
    2. Minnesota DHS and Board on Aging
SAMPLE DASHBOARD

1. Number of Contacts Over Time
2. Percent Who Would Recommend Senior LinkAge Line® to Others
3. How Clients Heard About SLL
4. Percent SLL Assists with Appeals or Grievances
5. Usage of LTCC Navigator
6. Average Age of Caregivers - All Services
7. Volunteers Per Quarter
8. Average Age of Callers Re-Assisted Living Counsel
9. Types of Assistance Provided
10. Average Speed of Answer (ASA)
11. Average Handle Time (AHT) and Session Length (WSL)
12. Online Referrals by Type
13. Number of Completed Followup by SLL Staff
14. Number of People Who Chose Long Term Care Options Counseling
15. CLS-Assisted Discharges Due to SLL Referral (RTC)
16. Discharge Location from Nursing Home (RTC)
17. Of CLS Assisted Consumers Statewide in CV 2014
18. Consumers Satisfied with Living Situation
19. Target and Non-Target Transitions by Calendar Quarter (RTC)
20. Mean E-Score for CLS Assisted Community Discharges By Quarter (RTC)

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