

Alternative Care – Minnesota's Other Program for LTSS Serving Seniors

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Continuing Care For Older Adults

Minnesota Department of Human Services

**9/1/15 – HCBS National Home and Community Based Services
Conference**

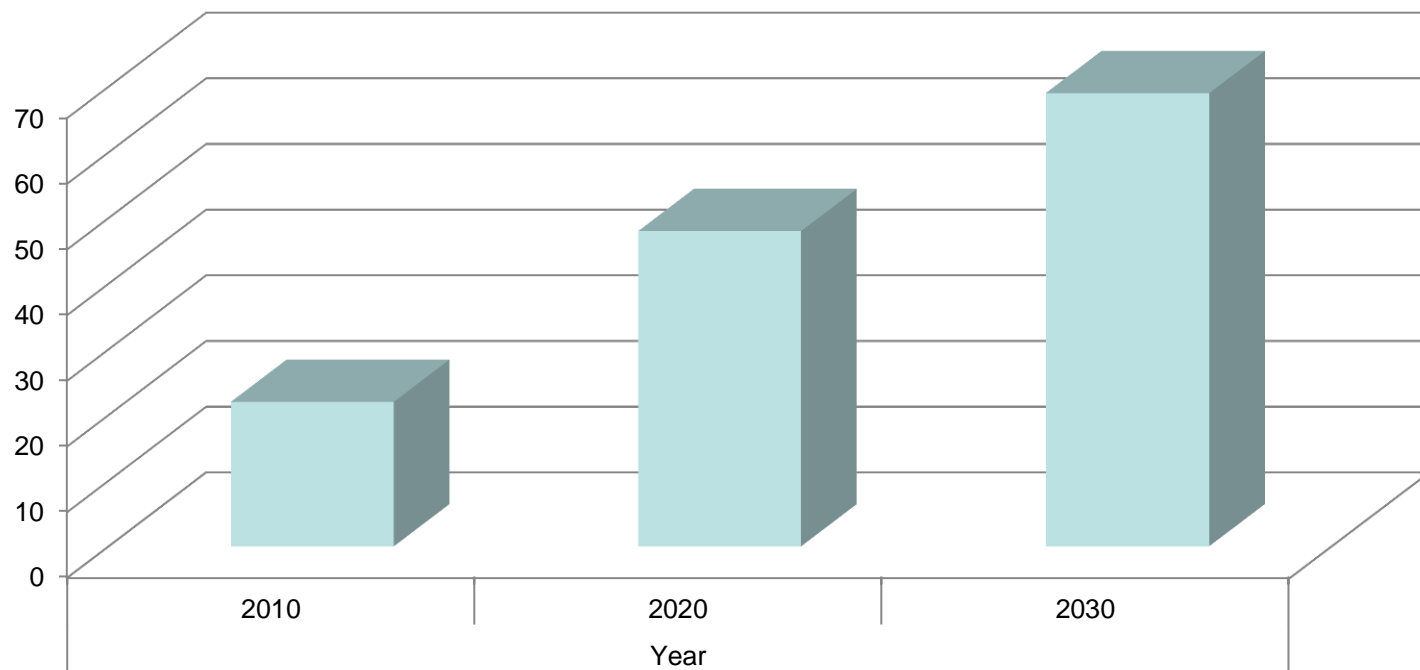


Minnesota's HCBS Programs for Age 65+

- **Elderly Waiver(EW) – 1915C Waiver
MN Statute, Section 256B.0915
Federal and State Funding**
- **Alternative Care(AC) – 1115 Waiver
prior to waiver 100% state funded
1115 approved 10/18/13
Now Receiving federal Match
MN Statute, Section 256B.0913**

20% or 1 in 5 People Age 65+

Minnesota Counties with More than 20% of People Age 65+



Alternative Care (AC)

- **Program that provides home and community based services to seniors who meet nursing facility level of care but who have income and/or assets above the Medical Assistance (MA) standards.**

Purpose of AC Program

- Is to avert or delay the need for Medicaid enrollment and costly nursing facility care for people age 65 or older of marginal financial means who meet nursing facility level of care criteria.
- Provides supports at home and does not require participants to spenddown their income and assets to qualify.

AC Program Design

- **Help elderly people remain in the community as independently and as long as possible**
- **Support informal caregivers**
- **Focus is on people with a higher need for long term care services**
- **Support choice and informed decision making**

AC Program

- Provides an array of home and community based services to elderly Minnesotans who are not yet financially eligible for Medicaid but who meet nursing facility level of care and have chronic care needs.
- Appropriates a portion of the state's share of nursing home funding to support services in the home.
- Services provide a portion of necessary supports to delay permanent nursing home care under MA
- Created to address the unmet need for long term care in the community

AC Program

- **Participants use their own resources and insurance to pay for other health care services such as hospital and physician care.**
- **No Medical Assistance**
- **Most are Medicare eligible and receive prescription drug coverage pursuant to Medicare Part D.**
- **Many are also eligible and access the Medicare Savings Programs-QMB, SLMB and QI1**

AC Program Model

- Administered by the counties and tribal health agencies
- Voluntary enrollment
- Participant chooses to reside in community
- Partnership between the client and the state
- Cost sharing fee paid by participants
- Individual budget caps (subject to long term care consultation(LTCC) and case mix assignment) will meet client needs and ensure health and safety- these are 75% of EW budget caps
- Does not include Medical Assistance (MA)
- Services authorized and claims paid through MMIS system

AC Program Model

- **Primary and secondary needs are met through Medicare, Medigap policies, VA other insurances (long term care insurance and private pay)**
- **Does not duplicate or pay for services reimbursable through other funding streams**
- **Adds flexible in services and funding**
- **State appropriated program that is subject to greater legislative oversight-**

Funding has been subject to fluctuation

Benefit sets have changed

Estate Claims

- **Effective 7/1/2003, DHS and the county pursue estate claims for people that use the AC program**
- **It is payable from the assets in the estate of the recipient of AC services**
- **Clients are informed of estate recovery using an information sheet given to them at the time of application**
- **Claims only filed after the death of the community spouse**

AC Client Characteristics

Average Age:

- 82 years old
- 29 are 100+ years
- Oldest is 103
- Total Eligible AC Clients
FY14 4,071
FY15 3,923

Gender:

- 74% female
- 26% male

Marital Status:

- 3/5 are widowed

Living Arrangements:

- Nearly 2/3 live alone

Service Months:

- 31 months average

FY 14 Ave Cost:

- \$6,684 per client/per yr or \$770/month

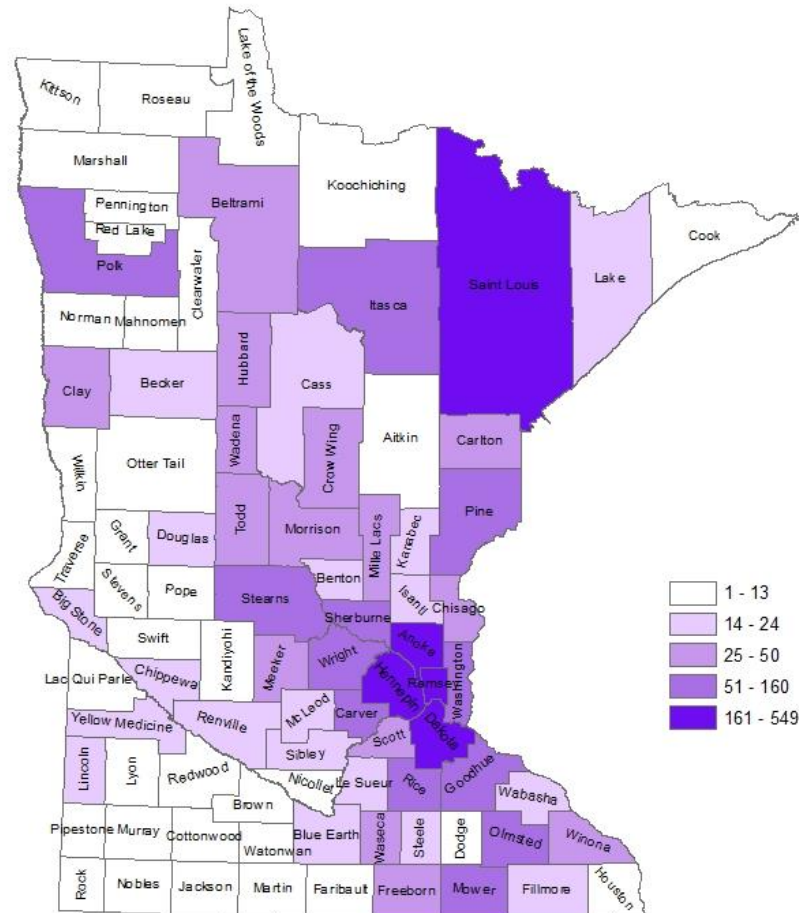
FY 15 Ave Cost:

- \$7,464 per client/per yr or \$886/month

AC Total Cost:

- Approx. \$26.7 million (FY2014)
- Approx. \$28.8 million (FY2015)

Minnesota's Alternative Care Recipients by County Fiscal Year 2015



Total Alternative Clients in FY15 3,923
4 AC Clients each in White Earth and Leech Lake Tribes

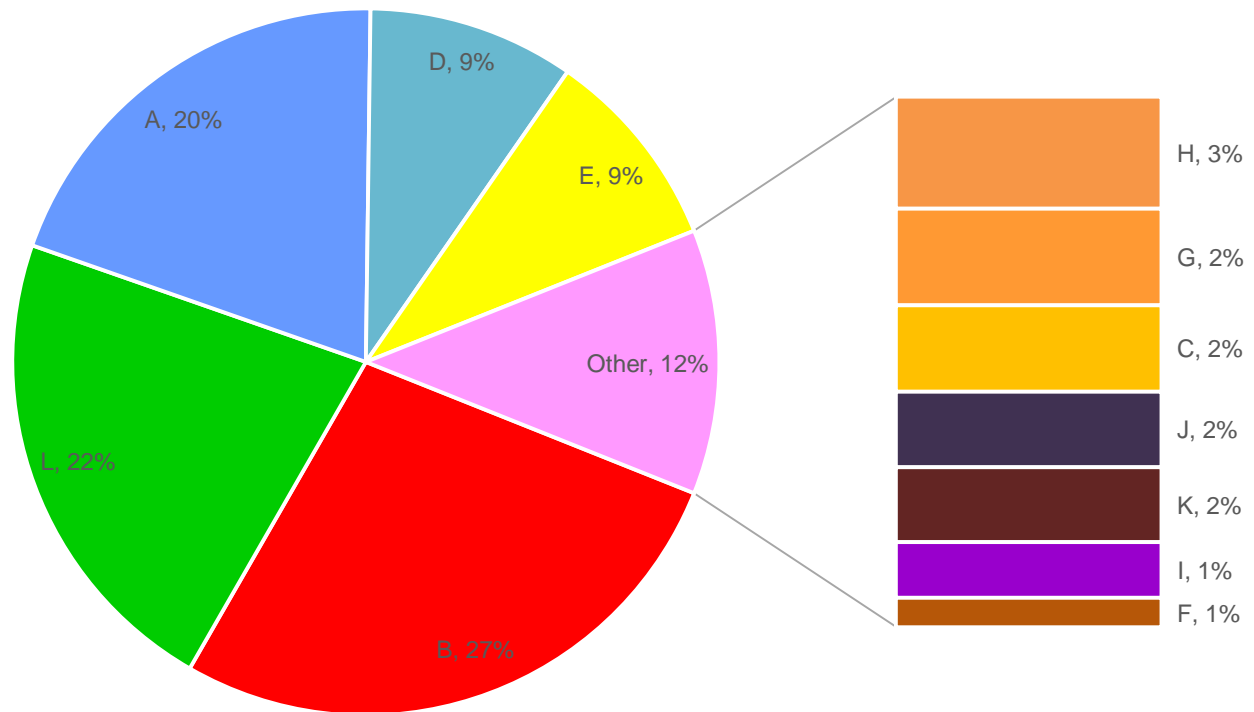
July 2015

Program Monthly Budget Caps

Effective 7/1/15

Case Mix	AC Monthly Cap
A	\$1815
B	\$2066
C	\$2424
D	\$2505
E	\$2761
F	\$2846
G	\$2937
H	\$3312
I	\$3400
J	\$3624
K	\$4224
L	\$632

Alternative Care Recipient Counts by Case mix Percent of Total State Fiscal Year 2015



AC recipient count 3,923

DHS Data Warehouse August 2015

Minnesota AC Effects

- **DHS expenditure forecast shows that the nursing facility forecast numbers would be higher if AC caseload and expenditure forecast were lower.**
- **AC caseload has a direct effect on the EW caseload. DHS has prepared analyses of proposed changes in the AC program showing direct effects in EW caseload and spending.**
- **Able to show the assumption that increases in AC caseload has a reliable effect on reduction in use of Medicaid long term care. The correlation between AC caseload and NF caseload is well established**

AC Program Eligibility

- **Age 65 or older**
- **Assessed to need the level of care provided in a nursing facility (NF-LOC)**
- **Person is not eligible for MA due to excess income and assets**
- **The persons income and assets would be inadequate to fund a nursing facility stay for more than 135 days**
- **No other funding source is available for the HCBS services**
- **The person is capable of paying a monthly fee requirement**
- **Participants have financial resources to meet their own health related needs**
- **Person chooses to receive HCBS instead of NF services**
- **Must be a US Citizen**

AC Financial Eligibility

Person is considered financially eligible if :

- **combined adjusted income and assets are \leq the projected nursing facility cost for 135 days (currently \$28,080),**
- **income is $>$ than 120% FPG(\$1197),**
- **assets are $>$ than \$3000**
- **Client did not improperly dispose of assets**
- **Home equity must be within the home equity limit**

AC Financial Eligibility

- Net income and assets are determined using program eligibility worksheets
- Worksheets found on DHS website-eDocs
<https://edocs.dhs.state.mn.us/index.htm>
- DHS 2630 and 2630A

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Highlight Existing Fields

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Minnesota Department of **Human Services**

DHS-2630-ENG

1-15

Alternative Care Program Eligibility Worksheet for Unmarried Individuals or Married Couples When Both May Choose the Alternative Care Program or a Married Person Whose Spouse Is an EW Recipient or Is Living in a Nursing Facility

I. Transfer of Assets [\(Instructions\)](#)

Date of Transfer 12/1/13Date of Eligibility 2/1/15

Individual has transferred assets within the previous 60 months without receiving adequate compensation.

Amount of transfer \$ 20,000.00 ÷ 5,660 = 3.53 (months of ineligibility, **including partial months.**)
☒ Individual is ineligible for AC program until 5/15/15 due to transfer. Any applicant who is in a penalty period for a federal program may not receive AC services.

II. Income

A. Individual's Monthly Income (enter as Gross Income on Screening Document)	\$ 3,200.00
B. Recurring and predictable monthly medical expenses (health insurance, drug costs, acute care on a monthly basis)	\$ 100.00
C. Subtotal of A – B	\$ 3,100.00
D. Clothing and personal needs allowance (PNA)	\$ 97.00
E. Subtotal of C – D. Individual's available monthly income (enter as AC Adjusted Income on Screening Document) ..	\$ 3,003.00
F. Individual's available income for 135 days of nursing home care (E x 4.5 = F)	\$ 13,513.50

III. Assets [\(Instructions\)](#)

G. Individual's total nonexcluded assets (enter as Gross Assets on Screening Document)	\$ 15,000.00
H. Enter incurred unpaid past medical bills which are the applicant's responsibility (bills owed that are payable but will not be payable by Medicare or medical insurance)	\$ 300.00
I. Subtotal G – H	\$ 14,700.00
J. Initial AC application only, subtract \$1,500 IF there are no burial account(s) with a licensed mortuary	\$ 1,500.00
K. Individual's assets which are available to fund nursing home care (I – J = K) (enter as AC Adjusted Assets on Screening Document)	\$ 13,200.00

IV. Determination of Eligibility

L. Individual's income and assets available for nursing facility care (F + K)	\$ 26,713.50
M. Projected nursing facility care cost for 135 days (+ MA Asset Limit)	\$ 28,080.00

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Minnesota Department of Human Services



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Alternative Care Program Eligibility Worksheet for a Married Person Who Has a Community Spouse

I. Transfer of Assets [\(Instructions\)](#)

Date of Transfer Date of Eligibility

Individual has transferred assets within the previous 60 months without receiving adequate compensation.

Amount of transfer \$ ÷ 5,660 = (months of ineligibility, including partial months.)
☐ Individual is ineligible for AC program until due to transfer. Any applicant who is in a penalty period for a federal program may not receive AC services.

II. Income

A. Monthly spousal income allocation	\$ 1,967.00
B. Community spouse's monthly income.....	\$ 1,000.00
C. Applicant's gross monthly income (enter as Gross Income on Screening Document).....	\$ 2,200.00
D. Allocation to community spouse (A - B = D) (if line B is greater than line A there is no income allocation)	\$ 967.00
E. Subtotal (C - D)	\$ 1,233.00
F. Recurring and predictable monthly medical expenses (health insurance, drug costs, acute care on a monthly basis).....	\$ 100.00
G. Subtotal of E - F.....	\$ 1,133.00
H. Clothing and personal needs allowance	\$ 97.00
I. Subtotal (G - H = I) Individual's available monthly income (enter as AC Adjusted Income on Screening Document) ..	\$ 1,036.00
J. Individual's available income for 135 days of nursing home care (I × 4.5 = J)	\$ 4,662.00

III. Assets [\(Instructions\)](#)

K. Total marital assets ("Total Counted Assets" from page 2 of DHS 3340A)	\$ 60,000.00
L. Enter the estimated community spouse asset allowance (see DHS 3340A) (\$33,851 minimum)	\$ 34,000.00
M. Subtotal (K - L) (enter as Gross Assets on Screening Document)	\$ 26,000.00
N. Enter incurred unpaid past medical bills which are the individual's responsibility (bills owed that are payable but will not be payable by Medicare or medical insurance)	\$ 300.00
O. Subtotal (M - N)	\$ 25,700.00
P. Initial application only enter \$3,000 <u>IF</u> there are no burial accounts(s) with a licensed mortuary for either spouse or \$1,500 for the applicant only if spouse has burial account.....	\$ 3,000.00
Q. Individual's assets which are available for nursing facility care (O - P = Q). (enter as AC adjusted Assets on Screening Document)	\$ 22,700.00

AC Financial Eligibility

- **Net income and assets are determined by deducting out of pocket medical costs, unpaid medical bills and burial accounts valued up to \$1500**
- **Spousal impoverishment rules apply- including income allocation and asset assessment**
- **NF cost is based on the statewide weighted average nursing facility per diem**

Temporary AC

- **Person can be served on AC program for up to 60 days while applying for MA**
- **Assets are \leq to \$3000 and income is \leq to 120%FPG (\$1197)**

AC Eligibility

- **LTCC(Long term care consultation) team – performs face to face community assessment of needs**
- **AC case manager determines financial eligibility and determines/assesses fees and assists with the collection of overdue fees**
- **AC case manager assures:**
 - **Informed consent and choice**
 - **Monitors needs and transitions**
 - **Develops care plan**
 - **Makes referrals/arranges/coordinates service delivery**

AC Monthly Fees-Cost Sharing

- Fees are used to help fund the program
- Fees are based on income and assets; sliding fee scale- 0%, 5%, 15% or 30% of the cost of services
- All Alternative Care services shall be included in the estimated costs for the purpose of determining the fee.
- Fees can be changed if there is a change in condition or resources.
- Some people are exempt from fees



AC Monthly Fees

Client Income*	Gross Assets	Monthly Fee
Income < 100% FPG (\$981) and	< \$10,000	\$0
Income ≥ 100% (\$981) and < 150% FPG (\$1472) and	< \$10,000	5% cost of AC Services
Income ≥ 150% (\$1472) and < 200% FPG (\$1962) and	< \$10,000	15% cost of AC Services
Income ≥ 200% FPG (\$1962) OR	≥ \$10,000	30% cost of AC Services

*Income minus recurring and predictable medical expenses

AC Participants Rights

- **Notice for denied, terminated, reduced or suspended services or eligibility is required in writing and sent 10 days prior to the action taken.**
- **Appeals and grievance system available as described in the federally approved EW waiver**

EW/AC Benefit Set

- **AC services are generally the same as those offered under the EW program**
- **AC is a state funded program so it has some unique differences**
- **AC does not have residential services such as: Foster Care or Customized Living (Assisted Living), Residential Care Services**
- **Service definitions and provider standards are the same as specified in the approved Elderly Waiver**

**ELDERLY WAIVER (EW) AND ALTERNATIVE CARE (AC)
PROGRAM COMPARISON – JANUARY 2014**

Program Feature	Alternative Care (AC)	Elderly Waiver (EW)
Financial Eligibility	Forms DHS-2630 and DHS-2630A used by AC case managers to determine financial eligibility Determined to be eligible for Medical Assistance (MA) within 135 days of entering a nursing facility (Max \$28,080 total income and assets) Sliding fee assessed for 0% to 30% of service plan (including case management) based on income and assets.	Must enroll in MA Must meet MA asset limits Monthly income \$0-\$2199, qualifies for SIS EW; no medical spenddown, may have waiver obligation. Monthly Maintenance Needs Allowance= <u>\$988</u> Monthly income >\$2199: must meet medically needy MA standard of \$736- since over 100% FPG \$981
Enrollment Process	LTCC assessment determines NF level of care Case manager determines financial eligibility; Public Health nurse/social worker/case manager/ determines if meets AC service eligibility(NF level of care)	LTCC assessment determines NF Level of care Financial worker determines Medical Assistance eligibility, Public Health nurse/social worker/case manager/MCO determines if meets waiver service eligibility(NF level of care)
Services	Adult Day Service/ADS Bath Caregiver Training/Education Case Management & Conversion Case Management Chore Services Companion Services Home Delivered Meals Home Health Aide Homemaker Services LPN, Home Health Environmental Accessibility Adaptations Consumer Directed Community Supports Personal Care Assistant (PCA) Respite Care PDN,RN, Home Health Specialized Equipment and Supplies AC Transportation Nutrition Services Discretionary Services RN, Supervision of PCA	Adult Day Service/ADS Bath Customized Living 24 hour Customized Living Residential Care Service Adult Foster Care –Corp and Family Caregiver Training /Education Case Management Chore Services Companion Services Home Delivered Meals Home Health Aide, Extended Homemaker Services LPN, Extended Home Health Environmental Accessibility Adaptations Consumer Directed Community Supports Personal Care Assistant , Extended Respite Care PDN, RN, Extended Home Health Specialized Equipment and Supplies Waiver Transportation Transitional Supports
Spending Limits	The monthly cost of AC services is limited to 75% of the monthly limit assigned to the same case mix classification for an EW client	The monthly cost of the EW services is limited to the statewide average monthly Medical Assistance payment for the nursing facility care at the individual's case mix classification



EW/AC Benefit Set

- **Adult Day Services (ADS)- including FADS & Bath**
- **Environmental Accessibility Adaptations (EAA)**
- **Chore Services**
- **Homemaker**
- **Home Delivered Meals**
- **Companion Services**
- **Transitional Supports**
- **Consumer Directed Community Supports (CDCS)**
- **Respite**
- **Case Management**
- **Family Caregiver Training/Education Coaching & Counseling- includes assessment**
- **Extended Home Health Aide***
- **Extended Nursing Services***
- **Extended Personal Care***
- **Specialized Supplies and Equipment * – includes PERS**

AC Services

- Service descriptions and waiver provider service standards can be found:

Elderly Waiver (EW) and Alternative Care (AC) programs chapter of the [MHCP Provider manual](#)

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_056766

Service Rate Limits

- **DHS publishes service rate limits and individual monthly budget caps:**

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_151043.pdf

AC Only Services

- **Conversion Case management**
- **Nutritional Service**
- **Discretionary Services**

AC Conversion Case Management

- **For clients who are admitted to a nursing facility with plans to return to the community on the AC program**
- **This service is similar to Relocation Service Coordination (RSC)**
- **Activities to help a person who resides in an institution gain access to services and supports that are necessary to move from the institution to the community**
- **Pays for up to 180 consecutive days of service per admission**

AC Discretionary Services

- Address a special or unmet need specific to an individual and identified in plan:
 - Improves access to the program or its services;
 - Increases consumer choice; and/or
 - Improves the cost effectiveness of the AC program.
- Not included in AC benefit set.

Nutrition Services - AC

- **Nutrition Education** is an individual or group event which provides formal or informal opportunities for individuals to acquire knowledge, experience and skills about foods and nutrition.
- **Nutrition Counseling** is one or more individual sessions in which a qualified professional provides advice or guidance in solving a person's diet related needs. Includes assessment of nutritional needs.
- **Provider Standards:** registered or licensed dietitian, licensed nutritionist in accordance with MN Statutes 148.621 and MN Rules Chapter 3250. Exempt as per 148.623.

State Plan Medical Assistance

- **Personal Care Attendant**
- **Home Health Aide**
- **Home Health Medical Supplies and Equipment**
- **Skilled Nursing Services**
- **AC does not have MA, these services are covered as part of AC.**

Specialized Supplies and Equipment

- **Includes durable and non durable medical supplies and equipment which are provided as necessary to the direct treatment of the consumer's condition and which medical assistance does not fund.**
- **Medical Assistance equipment and supplies are defined in Minnesota Rules, parts 9505.0310. Also a section of the MHCP Provider Manual**
- **For AC clients the same rules apply other than there is no medical assistance. Other payers such as Medicare and other third party insurance should be utilized first.**

Resources

Libby Rossett-Brown

- **Elderly Waiver/Alternative Care Program Administrator**

651-431-2569

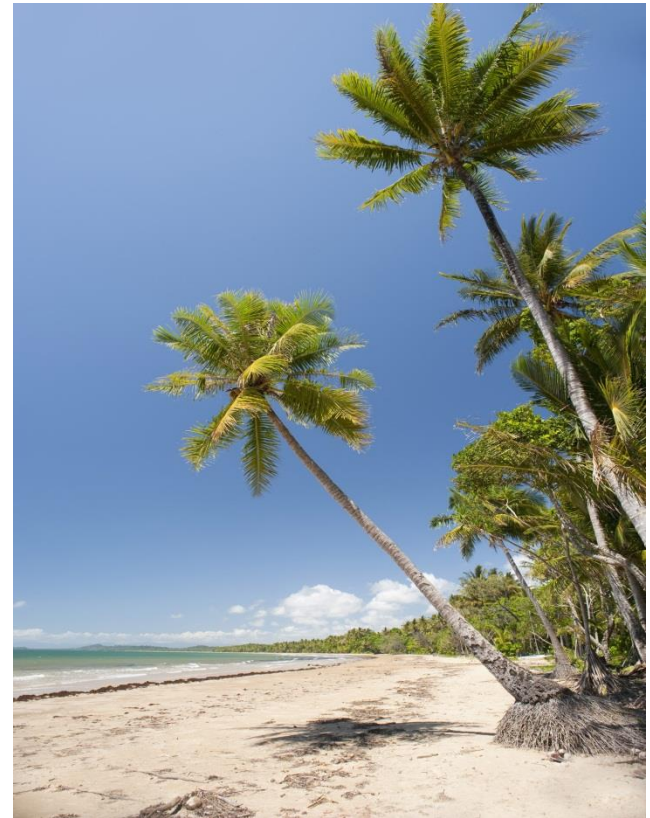
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DHS Web site – seniors section

<http://mn.gov/dhs/people-we-serve/seniors/services/home-community-services/programs-and-services/index.jsp>

Questions

Thanks for joining !!!



Minnesota Department of Human Services

Specialized Supplies and Equipment

- **Devices, controls or medical appliances or supplies specified in the community support plan that enable a person to increase their ability to:**
 - **Perform activities of daily living**
 - **Perceive, control or interact with their environment or communicate with others**
 - **The most cost effective way**

Specialized Supplies and Equipment

- **Grab bars**
- **Toilet risers**
- **Shower seats/benches/hand held showers**
- **Lift Chair – for EW the lift mechanism is covered by Medical Assistance**
- **Personal Emergency Response Systems(PERS)**

Personal Emergency Response Services (PERS)

- **Includes more traditional systems which require the individual to press an alert or panic button worn on a pendant or bracelet in the event of a fall or an emergency.**
- **Payment can include installation and testing, the monthly service fee and the system/equipment purchase**

Home Delivered Meals

- One meal per day – 7 days/week
- Nutrition is critical in maintaining health
- Nutritionally balanced meal provided to client in their own home
 - When they are unable to prepare own meal, and
 - When there is no other person available to prepare the meal

Chore Service

- To maintain the home in a clean, sanitary and safe environment

Service includes: heavy household chores, washing windows and walls, cutting grass, putting up and taking down storms and screens, fixing loose rugs and tiles, moving heavy furniture or heavy household items to provide safe access and egress or prevent falls inside the home for the client, and shoveling snow to provide access.

- Dumpster Rental and refuse disposal- heavy cleanup
- Extermination and pest control – limited to the reasonable number of treatments to alleviate the pest problem
- Service charge for grocery store delivery – most cost effective way to provide 7 days needs

Homemaker Services

- **Services ranging from light household cleaning to household cleaning with incidental assistance with home management and/or activities of daily living.**
- **Homemakers may monitor the person's well-being while in the home, including home safety**

Homemaker/Cleaning

- **Homemaker/cleaning - includes light housekeeping tasks. Homemaker cleaning providers deliver exclusively home cleaning services**

Homemaker/Home Management

Homemaker home management activities may include assistance with the following:

- Laundry • Meal preparation • Shopping for food, clothing and supplies • Simple household repairs • Arranging for transportation**
- Homemaker home management providers deliver home cleaning services in addition to providing assistance with home management activities.**

Homemaker/Assistance with activities of daily living (ADL)

Homemaker/assistance with activities of daily living includes assistance with the following:

- **Bathing • Toileting • Grooming • Eating • Ambulating**
- **Homemaker/assistance with ADL providers deliver home cleaning services in addition to providing assistance with home management activities.**

Companion Services

- **Consist of non-medical care, supervision and socialization provided in accordance with a therapeutic goal in the plan of care.**
- **A companion may assist the client with such tasks as:**
 - Meal preparation, laundry and shopping
 - Light housekeeping tasks which are incidental to the care and supervision of the client
 - Accompany the individual into the community

Waiver/AC Service Transportation

- **Enables the client to gain access to:**
 - Other EW/AC funded services as specified in the individual care plan.
 - Other community services, activities and resources as specified in the care plan
- **Transportation to medical appointments, therapies, and medical treatments are covered under Medical Assistance - These should NOT be paid for as a waiver service**
- **AC clients cannot use this service for transportation to medical appointments.**

Environmental Accessibility Adaptations (EAA)

- **Physical adaptations to the home, required by the individuals care plan that are :**
- **Necessary to ensure the health, welfare and safety of the individual with mobility problems, sensory deficits or behavior problems based on their assessment**
- **Enabling the individual to function with greater independence in the home, and without which, the individual would require institutionalization.**
- **The annual limit is \$10,000 – per waiver/AC year**
- **May be funded in any setting which can be defined as the person's primary place of residence and the modification is of *direct and specific* benefit to the recipient**

Environmental Accessibility Adaptations (EAA)

- **Can include: installation of grab bars and ramps, widening of doorways, installation of specialized electrical or plumbing systems which are necessary to the medical equipment and supplies which are necessary for the welfare of the individual.**
- **Modification and adaptation of bathrooms and kitchens**
- **Modification and adaptation to meet egress requirements**
- **Assessments to determine the most appropriate adaptation or equipment**
- **Installation of chairlifts**
- **Alarm systems and other requirements of applicable safety and fire codes**
- **Can also include modifications to vehicles**
- **Can include modifications to adaptive equipment –such as furniture or utensils required by an individual.**



Environmental Accessibility Adaptations (EAA)

- **Excluded Modifications: general utility and that do not have a direct medical or remedial benefit to the individual such as carpeting, roof repair, Central AC or adaptations that add to the square footage of the home – with the exception of adding square feet to allow for the remodeling or addition of a wheelchair accessible bathroom.**

Adult Day Services

- **Definition:** A licensed program operating less than 24 hours per day to maintain or improve an individual's capabilities for self-care.
- **Scope:** an individualized and coordinated set of services based on need, and to achieve individual outcomes.
 - Health services
 - Social services
 - Nutrition services

Adult Day Services

- **Services include: supervision, care assistance, training and activities based on needs and towards achieving outcomes identified in the support plan.**
- **May not be used solely for recreational or diversional purposes.**
- **Medical and social models available.**
- **Bath (optional)**

Respite Services

Definition:

Services that provide relief or break to family caregivers of functionally impaired persons on a short-term basis. A few hours to a several weeks.

Options:

In-home, out-of-home and self-directed. Up to 30 consecutive days for facility-based respite.

Family Caregiver(CG) Training/Education

Definition: Individualized or group advice for caregivers providing direct and ongoing services for an older adults on EW:

- **Instructions about treatment regimens, direct care skills, disease management, caregiving roles, family dynamics, communications skills.**
- **Managing stress, dealing with difficult behaviors (care recipient) or self-care skills. Use of equipment, home modifications or technology.**

Unit:15 minutes. Up to 48 units every 365 days.

Family CG Coaching and Counseling/Assessment

Definition: Is an individualized service that equips caregivers with knowledge, skills and tools to become a stronger caregiver.

Includes:

- **An assessment of the caregiver's needs, values, and strengths.**
- **Results in a person-centered plan with goals, with follow-up on goals.**
- **Skills development (disease management, self-care skills, techniques for managing difficult behaviors).**



CG Coaching and Counseling

- **Problem solving (learning assertiveness and communication skills, dealing with family dynamics, developing a support network).**
- **Coaching or consultation**
- **Some consultants specialize in memory care.**

Units:15 minutes, or up to 48 units over a 365 day period.

Consumer Directed Community Supports (CDCS)

- **The consumer decides what services will be provided, by whom, when and how much.**
- **Involves person centered planning, traditional assessment and care plan.**
- **Client has their own budget based on the case mix cap. Requires case manager approval.**
- **Can use both traditional and non-traditional services under one plan.**

Consumer Directed Community Supports (CDCS)

- **Client purchases services, sets the standards, qualifications and rates.**
- **Flexible case management services**
- **Four categories of service:**
 - **Personal Assistance, Treatment and Training, Environmental Modifications and Adaptations, Self Direction and Support Activities**