

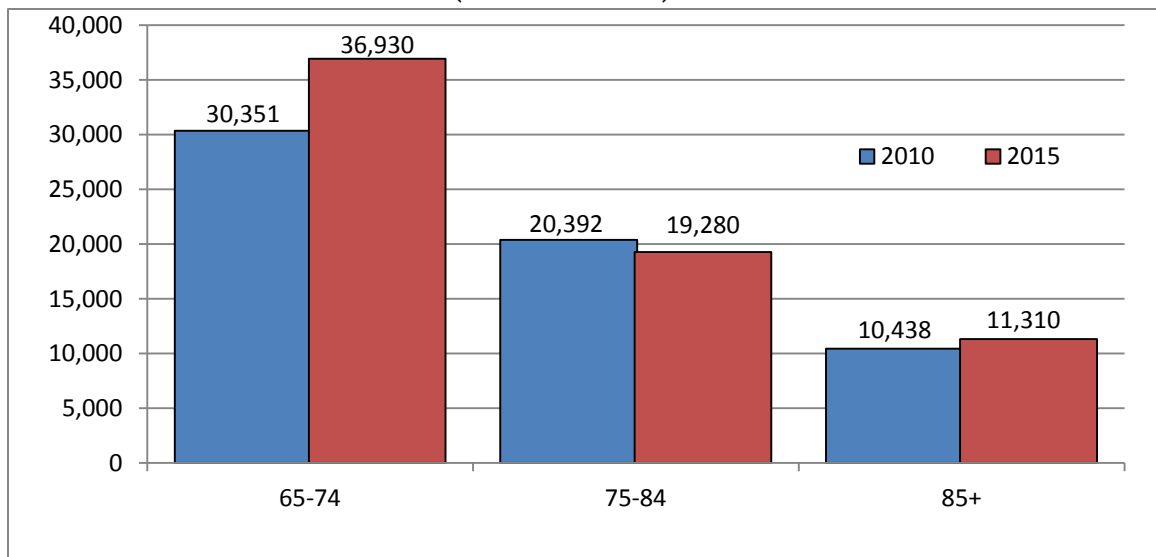
ELDERLY

A. Elderly in Ramsey County

According to the U.S. Census Bureau, Ramsey County's population reached 508,640 in 2010. The census also determined that senior citizens who are 65 years old and over make up 12% of the County population. By 2015, the proportion of seniors in the 65 and older age bracket is projected to reach 14%¹. The chart below graphically depicts the projected growth of seniors between 2010 and 2015.

The growing number of seniors among the Ramsey County population will continue to exert pressure on County resources. Community Human Services (CHS) and managed care organizations provides a variety of services to seniors under the Elderly Waiver (EW) and Alternative Care (AC) programs. EW/AC is intended to support income eligible seniors to live independently in the community as long as possible. The alternative to independent living for most EW/AC eligible seniors would be living in institutions such as nursing facilities. Independently living not only improves the quality of life for seniors but also reduces costs to the County.

**Illustration 1:
Projected Ramsey County Population Age 65 or Older
(2010 and 2015)**



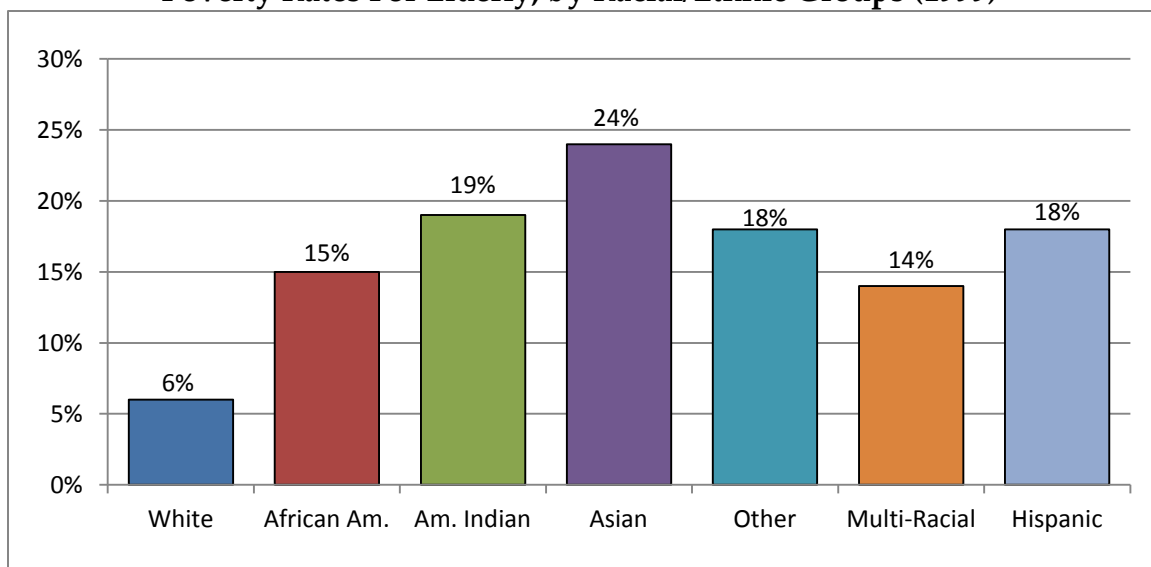
¹ U.S. Census Bureau, 2010; Minnesota Population Projections 2005-2035, Minnesota State Demographic Center, June 2007.

Ramsey County seniors in poverty

A 3-year, 2008-2010, estimate of poverty among Ramsey County residents ages 65 and older, indicates that 11.2% or 6,800 individuals were living in poverty². The federal poverty level in 2008 for one person was an income at or below \$10,400.

The most recent data available on the elderly living in poverty with a breakdown by race/ethnicity is the 2000 U.S. Census for 1999 Income³. As Illustration 2 demonstrates, compared to all seniors, Ramsey County seniors of color are overrepresented in poverty. In the Asian community, almost one in four elderly are in poverty. However, because the number of minority elderly is small, the number of elderly who are eligible for Ramsey County's services are predominantly White.

**Illustration 2:
Poverty Rates For Elderly, by Racial/Ethnic Groups (1999)**



² http://factfinder.census.gov/servlet/STTable?geo_id=05000US27123&ds_name=ACS

³ The latest reliable poverty data for the elderly broken out by race are for 1999 from the 2000 census. Since then, the U.S. Census has only taken small samples of the general population for economic characteristics. Individual racial groups among the elderly have too few persons to provide reliable estimates of poverty for communities of Ramsey County's size.

B. Who are the people we serve?

Men and women who are eligible for services from CHS include:

- Those 65 years of age or older who are low income and need nursing home-level care but want to continue living in the community, who do not receive their Medical Assistance through MN Senior Care Plus or MN Senior Health Options,
- Elderly adults in their homes needing help getting regular nutritious meals, and
- Anyone living in Ramsey County seeking information for long-term care planning.

C. What programs do we offer?

Types of Services	What's included in this?	What we intend to accomplish
In-Home and Supportive Services (See Section 1, Page 70)	<ul style="list-style-type: none"> • Homemaking, nursing, home adaptations, transportation, etc. 	<ul style="list-style-type: none"> • Enable elderly to remain in their own homes
Home Delivered Meals	<ul style="list-style-type: none"> • Daily lunches 	<ul style="list-style-type: none"> • Provide good nutrition to individuals who are home-bound • Make regular visits to observe health & safety
Information on Long Term Care Planning	<ul style="list-style-type: none"> • Availability of programs/services, eligibility criteria, etc. 	<ul style="list-style-type: none"> • Enable seniors and family members to properly plan long-term care for themselves or their loved ones.

D. Specific Programs

Section 1: In-Home and Supportive Services

Types of Service	What's included in this?	What we intend to accomplish
PreAdmission Screening	<ul style="list-style-type: none"> • Assessment of a person's ability to live independently 	<ul style="list-style-type: none"> • Ensure that nursing home placements are necessary and there are no viable community options
In-Home Services - Alternative Care Grant/ Elderly Waiver (AC/EW)	<ul style="list-style-type: none"> • Home delivered meals • Skilled nurse visits • Homemaker aides • Assisted living (EW only) • Home health aides • Adult day care • Transportation • Chore services • Personal care • In-home nursing • Foster care (EW only) • Home modifications or adaptations • Respite care • Medical or independent living supplies and equipment • Companion services • Consumer directed community support 	<ul style="list-style-type: none"> • Make it possible for people to stay out of nursing homes
Meals on Wheels	<ul style="list-style-type: none"> • Daily meals to homebound individuals 	<ul style="list-style-type: none"> • Provide good nutrition

Individuals who are eligible for in-home support services may receive those services through a health plan. CHS provides care for individuals who are not on Medical Assistance as well as for those individuals who cannot enroll in a managed care plan due to certain exclusions. CHS also provides care coordination services to Blue Cross/Blue Shield and some Medicaid clients through contract arrangements. Since early in 2007, elderly citizens who are on Medical Assistance have been increasingly getting services through their health plans.

The service package offered by the CHS includes case management and brokering of a wide range of services to assist with daily living activities and with the person's personal care. Assistance with activities such as shopping, transportation, housekeeping/chores or medication management make day-to-day living in the community possible. The personal care activities that can be provided include bathing, dressing, toileting and transferring of the elderly person.

Numbers served

Alternative Care and Elderly Waiver programs provided two types of services for consumers in 2010. One service is Long-Term Care planning. Hundreds of information packets were mailed out and hundreds of phone inquiries handled during the year. In addition, CHS provided Long-Term Care screening and consultations to 618 elderly citizens ages 65 and older during the year. Another nine seniors who were in nursing facilities also received relocation screening and consultations on whether or not it would be in their best interest to move out of the nursing facilities and live independently in the community.

The Special Needs Basic Care (SNBC) program was added in 2008. SNBC is a managed care program for adults (ages 18-65) with disabilities. Therefore, SNBC is not considered a program strictly for the elderly. In a managed care service delivery model, health plans coordinate both the health and social services needs of the individuals enrolled in their programs. In contrast, in a fee-for-service (FFS) approach, individuals on Medicaid would purchase the services they need individually from a variety of service providers. CHS has provided Care Coordination for SNBC up until 2010.

Until 2006, Alternative Care and Elderly Waiver programs were the primary programs for providing in-home care to seniors. In 2006, two more programs: Minnesota Senior Health Option-Elderly Waiver (MSHO-EW) and Minnesota Senior Health Option-Community Well (MSHO-CWell) were added, expanding options for seniors. MSHO programs offer the client the advantage of receiving social services as well as health care from the same provider. Table 1 reflects the change starting in 2007.

Additionally MSC+, was added for seniors in 2009. MSC+ is a mandatory, managed care delivery of M.A. for seniors not excluded by M.A. rules, who do not choose the MSHO option. The service includes up to 180 days of nursing home and/or elderly waiver services.

Table 1
Number of cases in Fees-for-Service and Care Coordination Programs by Service Year

Services	2006	2007	2008	2009	2010
Alternative Care (AC)	555	443	459	478	496
Elderly Waiver (EW)	893	842	844	322	377
MSHO-EW-Medica	NA	217	58	103	118
MSHO-Cwell-Medica	NA	NA	201	244	161
MSHO-EW-Blue Cross	NA	NA	237	272	259
MSHO-Cwell-Blue Cross	NA	336	319	273	212
Community Well-MSC+ Medica	NA	NA	NA	321	324
Elderly Waiver-MSC+ Medica	NA	NA	NA	359	307
Elderly Waiver- MSC+ Blue Cross	NA	NA	NA	117	156
Community Well- MSC+ Blue Cross	NA	NA	NA	164	219
Special Needs Basic Care (SNBC)	NA	NA	185	97	49
TOTAL	1,448	1,838	2,303	2,750	2,678

NA = Not Applicable

In 2010, a combined total of 2,678 cases were handled by the various programs available for the elderly. This number may represent a duplicate number, which means that one individual may have been receiving services in more than one program during the year. Data is not available to determine the extent of the duplication.

Characteristics of individuals served

The consumers who are using the service packages through Ramsey County are more likely to be White females who are 75 years and older. Many of the program consumers experience multiple health problems. Demographic information for 2010 clients was not available prior to production of this report.