

**LTC GAPS ANALYSIS COVER SHEET**  
2004

**County:** Ramsey

**Contract Person**

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**Gaps Analysis sent to:**

- A. Aging Initiative  
Department of Human Services
- B. Area Agency on Aging
- C. South East Metro SAIL Project

**LONG-TERM CARE SUPPORTS**  
**Gaps Analysis**  
**Profile of Current Capacity in Ramsey County**

Service Category	County Purchased Or Provided	Provided By Non-Profits or Informally	Estimate of Current Capacity	Need For Development	Status of Pending Development	Issues That Contribute to or Impede Development
	Yes No	Yes No	Surplus Adequate Inadequate Unavailable	High Moderate Low N/A		
County Long-Term Care Consultation		N/A (this is a county role)				
a) Information and Education to Public.	Yes		Inadequate	High		<p>Due to budget cuts we will lose 2 case management/LTCC positions in 2004.</p> <p>Hiring freeze does not allow us to hire</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> new culturally specific staff to meet the needs of non English speakers; currently use interpreters</li> <li><input type="checkbox"/> additional staff to do outreach and informational LTCC</li> </ul> <p>LTCC has not been marketed by DHS or Ramsey County</p> <p>Ability to do telephone screens for short-term NF stays helps</p> <p>Affordable housing is lacking</p> <p>6 month limit on RSC is inadequate</p>
b) Intake Process (regardless of Eligibility).	Yes		Adequate	NA		
c) Community Assessments (Face-to-Face)	Yes Public Health and Social Services		Inadequate	Moderate		
d) Development of individual community support plan.	Yes		Inadequate	Moderate		
e) Determination of need for nursing facility level of care.	Yes		Inadequate	Moderate		
f) Relocation Assistance to help transition people back to community settings	Yes	Yes	Adequate	Low		

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Non-County Information, Referral & Assistance.	NA	Yes	Inadequate	High		First Call for Help/211 phone system and the Senior Linkage Line need marketing; MnHelp website needs to be improved and marketing; the new RXConnect may flood the phones at Senior Linkage Line
Case Management	Yes	Yes	Inadequate to meet culturally specific needs of Hmong, Spanish speaking, Native American and medically fragile	High	RFP for the rebidding of Case Management Services in progress	Ramsey County has contracts with 5 agencies to provide case management to AC/EW recipients. 2 have given up AC due to liens, estate claims and fee complexities. Due to budget cuts, 2 County LTC case management positions are being eliminated in 2004.
Care Coordination (in-person assistance/ advocacy)	Yes	Yes	Currently underutilized for private pay individuals due to cost; affordable care coordination inadequate	Moderate to High		Eldercare Partners, LAH/BNPs, Family Services, Catholic Charities and others offer this. Some may lose United Way funding. % County contracts for this service were cut in 2003 due to funding constraints. Evening and weekend hours are desirable but unavailable.
Fiscal Intermediary Services For Consumer Directed Care	Not Yet	No for AC/EW	Unavailable	High	Implementation of AC discretionary Cash Grant Programs has been on hold until federal waiver approved by CMS for consumer directed option under EW.	Not available for EW. Cost to client for FI service high. Have vendors willing to do FI.
Transportation	Yes	Yes	Inadequate	High		Complex issue. County is just one player. Red Cross now has contract for waived Services but has a St. Paul focus. Crossing county lines is a problem,

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						as is cost, the ability to get door to door medical transportation, and getting rides on week ends and evenings. The coordination is now funded by a CS/SD DHS grant. Unsure of coordination sustainability with current reimbursement rates. Medical transportation certifications are also now being scrutinized by DHS.
Caregiver Training	No	Yes	Inadequate Currently not available through AC/EW (no contracts)	High		Families are asking for training on guardianship and conservatorship.
In-home Respite	Yes	Yes	Adequate	Low		Week ends and evenings are difficult to find.
Out-of-Home Respite (overnight)	No Current providers	Yes	Inadequate	Moderate	Contracts pending for one corporate foster care site for SE Asian seniors	NF usage is hindered by complex admission and regulation process. They often require 3-4 day min. stays. We continue to use family foster care and nursing homes. Reimbursement for AC/EW is too low - \$87/day. SE Metro SAIL is working with Dakota County on this. Ramsey County may be able to collaborate with them.
Companion Services	Yes	Yes	Inadequate	High	Plan to issue RFP for this service late 2003 or early 2004	Reimbursement is low. Providers may not want to this service alone. May need to use volunteer programs. This development is a SE Metro SAIL project.
Chore	Yes	Yes	Inadequate	Moderate		Reimbursement is too low. Providers do not always have staff. Nature of the service (high demand then low due to snow fall patterns, etc.) make it difficult to staff. Unable to meet specific cultural needs such as Somalia, Ethiopian, and Korean.
Homemaking	Yes	Yes	Inadequate	Moderate		It is difficult to match client preferences for service times with staff availability.

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Personal Care/Home Health Aide	Yes	Yes	Adequate	Low		Asian community reports this is a needed service and that they receive this primarily from friends and family. Staff turnover continues to be an issue for the general population.
Skilled Nursing	Yes	Yes	Inadequate for culturally specific Nursing	Low		There is a critical shortage of nurses and Physical Therapists. The average age of nurses is 47 years old. Adequate cultural diversity is also not available.
Adult Day Services	Yes	Yes	Adequate	Low	New SE Asian ADS in 2003  In process of separating out transportation rate from ADS rate for current providers.	Transportation is a <u>major</u> barrier; reimbursement is too low for the staffing levels needed; Unique and creative designs need to be developed for culturally specific populations (Vietnamese and others) – explore families as an option for ADS.
Home Delivered Meals	Yes	Yes	Special diets are inadequate. We also don't yet know the full impact of cuts to the program by county, state, USDA, Older Americans Act/ Title III, and United Way.	High for special diets. Full impact for other meals unknown.		Ramsey County Consortium experienced major cuts in 2003 and 2004 (\$ 196,000 County dollars) as well cuts in state, USDA, Title III, and United Way.
Congregate Dining	Yes	Yes	It is unclear how the Title III and County cuts will impact agencies' capacity.	Medium to High	Cuts will be likely due to county and Title III dollar reductions to the Consortium and RAP in 2003-2004	Choice of provider not available. Congregate dining is a foundation for the development of housing with service options. See Home delivered meals above for funding cuts.

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Home Modification	Yes	Yes	Inadequate	Low		Wait time can be up to two months with the 4 contracted providers. Maximum of \$4,500 for AC/EW is too low.
Supplies & Equipment	Yes	Yes	No contracts are in place. Purchases are being made without contracts.	High	RFP in process. Recommending 11 providers for contract.	
Telemedicine	Yes	Yes	The demand for this type of services is unknown.	Low	University of Minnesota recently received grant to do development in this area.	New, there is currently limited technology. Growth in service is being promoted by DHS through their service development grants.
Grocery Shopping Assistance	Yes	Yes MAAA	Adequate	Low		Culturally specific grocery shopping is not available.
Health Insurance Counseling & Forms Assistance	No	Yes MAAA	Inadequate	High		MAAA funding has been cut; This service is dependent on Volunteers and MAAA is at capacity now. This is not a service typically provided by the County.
Legal Services	No	Yes	Inadequate	Low		Provided by SMRLS. Due to AC legislative changes for fees and liens and estate claims this is needed more than ever. It is also needed for immigrant population.
Guardianship and Conservatorship	Yes	Yes	Adequate	Low		This is a mandated county service
Money Management	Yes	Yes	Adequate to Inadequate	Moderate		This is provided under Case Management services. High caseload sizes, however, can prevent this 1:1 work from occurring; we often use contracted case management agencies for this service. Can use Rainbow Rep. Payee service if needed
Emergency Response	No	Yes	Adequate	Low		Provided by Life Line and others; May not be affordable for private pay individuals

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Mental Health	Yes	Yes	Inadequate	High	MAAA will be working on collecting resources information beginning this fall and will bring providers together to address the issues.	MH issues often go undiagnosed in Seniors; Seniors are reluctant to seek treatment
Chemical Dependency	Yes	Yes	Inadequate	Moderate		Seniors may have long history of CD issues and resistant to treatment. Ramsey County experienced cuts in this area in 2003. There is no longer funding going toward an out patient treatment program specifically for seniors.
Home Maintenance and Repairs (i.e. painting, roof repair, replacing windows, furnace, etc.)	No	Minimally	Inadequate	High		Low-income seniors cannot afford to maintain their property yet cannot afford to move. Resources to assist them are unknown or access is cumbersome and limited.

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**SENIOR HOUSING AND SERVICE ARRANGEMENTS**  
**2001 Profile Of Capacity in Ramsey County**

<i>Housing Type</i>	<i>Number of Beds or Units With or Without Services<sup>1</sup></i>	<i>Number of Beds or Units With Meals</i>	<i>Number of Beds or Units With House-keeping</i>	<i>Number of Beds or Units with Personal Care Nursing</i>	<i>Estimate of Current Capacity of Housing And Service Residences</i>	<i>Need for Development</i>
					<b>Surplus</b> <b>Adequate</b> <b>Inadequate</b> <b>Unavailable</b>	<b>High</b> <b>Moderate</b> <b>Low</b> <b>N/A</b>
<b>Residential Settings</b>						
<i>Board &amp; Lodge With Services</i>	333	303	303	303	<i>Adequate; Anticipate a future Surplus</i>	N/A
<i>Family and Corporate Foster Care</i>	93	93	93	N/A	<i>Adequate *</i>	<i>Moderate (current homes are not all handicapped accessible)</i>
<i>Affordable Rental<sup>2</sup></i>	6573	2537	955	1483	<i>Inadequate **</i>	<i>Need is high in all parts of Ramsey County</i>
<i>Market Rate Rental</i>	2204	1617	1424	1162	<i>Depends on location, cost, amenities, etc. ***</i>	<i>Need geographic area specific market analysis</i>
<i>Condos/Coops And CCRCs</i>	439	0	0	0	<i>Adequate</i>	<i>Low</i>
<b>TOTAL</b>	<b>9642</b>	<b>4550</b>	<b>2775</b>	<b>2948</b>		

<sup>1</sup> The total provided includes all known apartment units including those without any assisted living or housing with services packages. The Affordable Rental category is one area where significant development of housing with services could take place to increase seniors ability to age in place as they become frail.

<sup>2</sup> Affordable Rental is defined as low-moderate rate rental properties (privately owned – may have tax credit subsidy), subsidized rental properties (privately owned – federal subsidy), and public housing (publicly owned, federal subsidy).

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- \* Ramsey County currently has capacity in the foster care area. We believe this resource may, however, be underutilized for a couple of reasons. One, not all of the homes are handicapped accessible and cannot accommodate individuals as they age. Second, this option is not as visible to the general public as say a new assisted living with a sign indicated that it is for seniors. Better marketing of this service may be needed.
- \*\* Affordable rental property in Ramsey County continues to be difficult to find. GVA Marquette Advisors, Apartment Trends: Second Quarter 2002 surveyed 8,692 units and reports a 2.2% vacancy rate for lower-cost apartments (up to \$600/month) in the Metro area. Despite this, there are vacancies in the public housing high rise assisted living programs in St. Paul (Dunedin and Ravoux.) The metro area private rental housing market overall has loosened up in the past year, with a current vacancy rate of 5-6% and, as a result, rents have stabilized.
- \*\*\* As identified in Building Toward the Senior Boom, a publication by Wilder Research Center for East Metro SAIL, the rapid growth in the 65 and older population will not begin until 2010. When selecting housing options individual choices such as specific types, locations, and costs of senior housing play a key role. Ramsey County has openings in assisted living programs at this time and we anticipate there will continue to be over the next several years, as they continue to be built. Occupancy rates, as a measure of demand, however, are inadequate. True unmet need can only be captured through a reliable survey of local seniors. Building flexibility into housing projects and regulations may be a better alternative to potentially "over building" housing with services establishments, as we work to accommodate the multiple local needs and preferences of our senior population.

Ramsey County is very diverse in its cultural and economic make up, making it difficult to make generalizations across the entire county. Potential housing providers will often contract with a private agency to do a market analysis of the specific geographical area they are interested in. Specific factors that may be assessed for that target area include:

1. the concentration of other housing options in the area
2. the preferences for size of room, private baths, and other amenities
3. cost of the potential housing compared to the income levels for that area
4. the age make up of the rest of the individuals in the area to determine if the senior would most likely be near their children
5. the ability of the provider to serve individuals as their assets and income lower (i.e. do they accept public funding?)
6. the continuum of care that is offered by that provider/campus (i.e. are they able to deal with dementia and Alzheimer needs? Do they have a continuum of services that may include in-home, assisted living, and a nursing facility?)
7. the vendors ability to meet the spiritual needs of the potential occupants (i.e. do they have a spiritual affiliation?)
8. the turnover, capacity, and occupancy rates of surrounding housing with services establishments
9. population projections by age for that area
10. the percentage of people in that area likely to need the particular level of service (i.e. their projected dependencies)

***What are the issues that either contribute to or impede development?***

Many providers, particularly nursing home providers, have witnessed the declining numbers of long-term care nursing home placements. Many are looking at alternative ways of doing business, trying to stay competitive in today's market.

There are many barriers to developing affordable assisted living, however. The following are some barriers that were identified by a DHS sponsored Community Capacity Building Workgroup that has been meeting over the past year about this issue:

- Reimbursement is different in each county and sometimes insufficient to cover reasonable costs
- Putting together all of the components of housing, food, and services is complex

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- It is difficult to obtain subsidy for the food
- In the subsidized high rises, individuals with disabilities needing assisted living fill up apartments if there is not a senior referral at that time, hence limiting senior access to affordable housing and assisted living; providers must then learn to serve a different population, often with mental health diagnosis; the mix of clients may also make the seniors uncomfortable or fearful
- Housing with Services Registration requires 80% of residents in an assisted living to be age 55 or older; many younger adults with a traumatic brain injury, physical disability, or a mental health diagnosis are accessing the CADI waiver and moving into assisted living programs, making it difficult for some vendors to maintain this ratio
- Determining the right "package" of service to offer as a base at what cost, and what additional services to offer and at what cost is complex
- Due to the individual nature of reimbursement, it is difficult for a new vendor to estimate their revenues
- Funding start-up and renovation costs are problematic; initial occupancy rates will be low
- Currently, individuals tend to seek out assisted living in a crisis or immediate need situation; this makes it difficult for new providers to market their potential assisted living; they cannot form a "waiting list" prior to opening
- County systems can be complex and cumbersome to work with
- Staffing shortages and low wages
- Private insurance will not cover assisted living
- Getting and maintaining enough referrals/volume to sustain the assisted living program can be problematic, particularly in a low-income or less desirable neighborhood

In addition, culturally differences, preferences, and norms need to be considered when developing affordable housing with services in Ramsey County.

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**Need for Long-Term Care Beds**  
**Bed Capacity in Ramsey County**

<b>Number of Nursing Home Beds</b>	<b>Number of Lay-away Beds</b>	<b>DHS Benchmark Range for 2010 (min-max)</b>	<b>Local Goal for Beds Needed in 2010</b>	<b>Estimate of Capacity Needed in 2010</b> <i>Excess</i> <i>Adequate</i> <i>Inadequate</i>
4,155 (June 30, 2000)	276 (June 30, 2001)	1,976 - 3,557	3,879 - 4,155* (2001- 2003 target)	Adequate*
3,884 (June 30, 2003)	97 (June 30, 2003)	1,976 - 3,557	? (2004-2005 target)	?
<b>Reduction in the number of beds</b>		<p><b>Client preferences, available community alternatives, Nursing Facility declining census, and closure financial incentives have driven the closure process. 400 Ramsey County beds were closed in the two-year financial incentive period authorized by the legislature in July 2001. Ramsey county continues to be concerned that too many beds will close to support the growing senior population over the next 10 to 20 years.</b></p>		
271	179	<p><b>Hospital and nursing home length of stay patterns have changed dramatically and the ability of Assisted Living programs to serve seniors with dementia is very limited at this time. Reliable nursing home utilization projection figures need to be determined on a state and county level (based on the particular circumstances of each county) that separate out: 1) long-term care beds needs, and 2) short-term rehabilitation bed needs, in order to ensure a planfull rebalancing of the long-term-care system.</b></p>		

\* Given Ramsey County's expected increase in the population over 65 from 2000 to 2010 (5,500 seniors), the current high acute care usage (55% of admissions), and the relatively small numbers of nursing home bed openings in the county, particularly in specialty units, we are not comfortable supporting the closure of any beds in the near future.

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**Need for Long-Term Care Beds Capacity Information**

**Section A.** Summarize the current capacity of nursing home beds in the county for the elderly population, taking into account the utilization patterns of the beds by county residents and non-residents (see Table D-8 of the Long-Term Care Data Profile). Address capacity in terms of:

**1. Short-Term Acute Care and Rehab Stays**

Ramsey County is located in a metropolitan area with seven major hospitals. 55% of the nursing home admissions in Ramsey County are for less than 90 days. This is understandably somewhat high compared to the state average.

According to the Metropolitan Hospital and Healthcare Partnership, metro hospitals have become increasingly concerned about the difficulty associated with placing patients in special needs nursing facility beds. There have been critical losses in specialty beds and services in the last several years. In the past two years, Ramsey County has experienced a loss in nursing facilities willing to do dialysis, emergency admissions (nights and week ends), IV care, and tracheostomy care. The primary reason for the loss is inadequate reimbursement for the high cost of care.

Sixteen metro hospitals participated in a Metropolitan Hospital and Healthcare Partnership "barriers to discharge" study from January 15 to February 15, 2001. The data was divided into three categories of patients: medical/surgical, psychiatric, and chemical dependency patients. Preliminary data using 1999 numbers indicated that every additional day a patient spends in the hospital adds an average of \$1,680 in unnecessary hospital costs.

For the one-month time period, there were a total of 658 days of delayed discharge for Ramsey County patients, translating into approximately \$ 1,105,440 in unnecessary hospital costs. If we projected this to an annual cost, we would be looking at approximately 13.3 million dollars. The primary reason given for the delay in discharge (49%) was that no nursing facility beds were available.

We expect the acute care utilization in our county to increase. According to the 2000 census, Ramsey County is somewhat unique compared to the state average in that we have a high percentage of seniors age 65 and older that live alone (currently 19,019.) Even more importantly, we have 9,950 seniors age 85 and older currently living alone. This would indicate that there are no live-in caregivers should the person need short-term acute care or rehabilitation.

The population over age 65 in Ramsey is expected to increase by 5,500 people between now and 2010. The preference of most seniors is to remain in their own home for as long as possible with the necessary supports. We see the availability of short-term rehabilitation as one of those necessary supports.

**2. Long-Term Stays**

Ramsey County is close to the state average in the number of nursing facility beds per 1000 individuals over age 65. In 2000, Ramsey County had 4,155 nursing facility beds for 59,502 individuals, which is 69.83 beds/1000. The state average is 67.78.

It also appears that Ramsey County nursing facilities are, by and large, serving Ramsey County seniors with significant care needs from all income levels. State data indicates that we serve an above average number of persons that are our financial responsibility and we have a lower than state average number of Medical Assistance and Alternative Care clients in nursing facilities. It also indicates that we are close to the state average with the number of persons served in nursing facilities that are a case mix A, 593.

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Identifying Nursing home occupancy is a more complex issue. Volunteers of America's Care Options Network is comprised of over 1000 members of the senior care industry. This agency collects and formats vital care specific and occupancy data, including nursing home vacancies. This data is updated and distributed daily.

Upon the request of the Department of Human Services, on March 15, 2001 Care Options Network conducted a metro area survey of nursing home bed vacancies for that particular day. They pointed out that looking at sheer numbers alone would not give you sufficient information since available openings must be appropriate for the needs of the patient seeking care.

Factors affecting placement include gender, payment source, medical needs, facility staffing and location. Some patients may also have care needs that complicate the placement, such as behavioral challenges, complex clinical needs, and communicable /infectious diseases.

The survey broke out nursing facility beds by the number of beds in the following units: Medicare Rehab, Medicare Long Term Care, Medicaid Long Term Care, Private Pay Long Term Care, Secured Alzheimer's, Secured Behavioral, Young Adult, and Board & Care /Other Specialty. It was further broken down by whether the opening was for a male or female patient. While the St. Paul and northern suburbs showed a total of 115 open beds on March 15, 2001 there were zero openings in the young adult and secured behavioral units (see Table 1.) In addition, there were 10 or fewer openings for males and female patients combined in the Medicaid Long Term Care, Private Pay Long Term Care, and Board & Care/Other Specialty.

Table 1

**Nursing Facility Beds Available on March 15, 2001  
 In St. Paul Proper and Northern Suburbs**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Medicare Rehab Units	8	16	24
Medicare Long Term Care	15	34	49
Medicaid Long Term Care	2	8	10
Private Pay Long Term Care	4	6	10
Secured Alzheimer's Units	5	12	17
<b>Secured Behavioral Units</b>	0	0	0
Young Adult Units	0	0	0
Board & Care/Other Spec. Units	3	2	5
<b>TOTAL</b>	<b>37</b>	<b>78</b>	<b>115</b>

Ramsey County is concerned that nursing homes may look to close these specialty units when they consider downsizing their facilities. They typically require a more intensive level of staff and are more expensive to run. Given the small number of openings, the current delay in hospital discharges described above, and lack of developed community alternatives it is critical that we maintain these specialty units until viable alternatives can be developed.

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**3. End-of-Life Care**

Ramsey County currently has three vendors offering Hospice in the person's home. There are an additional eight vendors in the metro area. Almost all of our nursing homes also offer this service.

**4. Goals for transitioning adults under age 65 with disabilities from nursing homes to the community.**

Ramsey County Human Services annually screens all clients under age 65 in nursing homes, informing them of community service options available. Five community vendors, as well as Ramsey County Human Services' case management staff, provider relocation service coordination for eligible clients who request this assistance.

**5. Needs of older persons with mental retardation, mental illness and chemical dependency.**

Developmental Disabilities

The number of clients with developmental disabilities over the age of 65 continues to grow. Serving these individuals as part of a "mix" of clients of various ages in a particular home, for example, has become increasingly difficult. Seniors with developmental disabilities are living longer but often experience early signs of dementia, require a higher level of assistance for activities of daily living, and prefer a slower level of social activities than their younger counterparts. Most are able to live in the community with the support of the MR/RC waived services and do not require nursing facility placement

Mental Health

Currently, there are relatively few seniors identified as having mental health diagnosis, despite the fact that seniors have the highest suicide rate of any age group. According to Dr. John Brose from the Associated Clinic of Psychology, 90% of seniors who need mental health services never get them, 25% of all suicides occur in people over age 65, and 75% of elderly visited a physician 30 days prior to their suicide.

Seniors typically and routinely experience grief and loss issues and frustration with their decreased independence. A number of them also experience dementia and Alzheimer's. Due to the era in which they were raised, most are reluctant to seek out or accept mental health treatment.

In addition, there are few mental health professionals trained in geriatrics and due to the reimbursement sources, there is not much incentive for them to pursue this endeavor. Treating the senior with mental health issues can also be complex due to their increased medical needs, side affects of the multiple medications they are often on, and differentiating between what is organic and what is not. As identified earlier in this report. This gap in the current community delivery system can result in more individuals entering or staying in the nursing home system than is necessary.

Chemical Dependency

Ramsey County has one outpatient chemical dependency program specifically designed to meet the treatment needs of individuals age 55 and older. In 2002 the Senior Recovery Program provided treatment services to 24 individuals, assessment services to 56 individuals, and aftercare to 375 individuals. As of May 1, 2003, Ramsey County no longer provides funding for aftercare services at the Senior Recovery Program. Several other outpatient and inpatient treatment programs utilized by Ramsey County Human Services are able to accept and serve senior clients. For many seniors with chronic chemical dependency, the goal is harm and abuse reduction rather than abstinence as the only desired treatment outcome. In some cases, chemically dependent seniors that refuse treatment or continue to abuse alcohol and/or other drugs do end up in nursing facilities, particularly if they experience medical complications due to their abuse.

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**Section B.** Summarize what is known about expansion, closure or transition among nursing facilities located in the county.

As stated in DHS Bulletin # 01-62-04, beginning in the 1980's, Minnesota implemented several strategies to control the size of the nursing home industry, including a moratorium on licensure and certification of new nursing home beds, pre-admission screening, and increased funding for home and community based service options. However, Minnesota continues to have more nursing home facility beds than most other states.

The 2001 legislature provided several incentives to nursing homes to assist in the process of rebalancing long-term cares services, specifically the closure of nursing home beds. These incentives included:

1. Permanent planned closure rate increases for facilities closing beds in cooperation with a community planning process which would be applied to other beds in that facility or company, and
2. Closure rate increases during the closure process

In order for nursing facilities to take advantage of this incentive, the commissioner of human services needed to approve applications for planned closures between August 1, 2001 and June 30, 2003, up to 5,140 beds state-wide. During this two-year period, 217 layaway beds and 79 active beds closed in Ramsey County for a total of 296 beds. In addition, the Depart of Human Services approved plans for the closure of another 166 layaway beds and 135 active beds for a total of 301 beds. Facilities have 18 months from the time of approval to implement their closure plan in order to receive the financial incentives.