



# Arrowhead Area

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# Agency on Aging

The Arrowhead Area Agency on Aging is allowed to submit a proposal to the Minnesota Board on Aging to transfer Title III-B Supportive Service funds to the Area Plan Administration for Program Development and Coordination (PD&C) Activities that will have a direct and positive impact on the enhancement of services for older persons in the Arrowhead region of Minnesota. The Arrowhead Area Agency on Aging (AAA) is required to make the details of such proposals available to the general public for review and comment. For each PD&C Outcome, rationale, strategies and measures, and Arrowhead AAA proposed supporting activities are listed. Written comments may be sent via email to Kara Edwards at [kedwards@ardc.org](mailto:kedwards@ardc.org) or to the Arrowhead Area Agency on Aging, 221 West First Street, Duluth MN 55802. Comments will be accepted until October 4, 2011.

## 2011 Program Development and Coordination Activities

**System Development: RISK MANAGEMENT**

**Outcome:** Older adults and family caregivers who are at high risk of losing their community living status will be empowered to pro-actively manage their risks and sustain community living without using Medical Assistance for another 12 months. As a result, these individuals will age successfully, require fewer health and long-term care services, and delay or avoid spenddown to Medical Assistance.

**Rationale:** As the population ages the number of people with chronic conditions, with injurious falls, who live alone and/or who require significant assistance from family caregivers will increase. At the same time, the state is in the midst of an economic downturn that will result in reduced public funds to support these individuals once they spenddown to Medical Assistance. Research shows that identifying people at high risk before they start to heavily use services, and before a health crisis, and referring them to an evidence-based intervention can successfully enable these individuals to mitigate their risk factors and stabilize their community living.

**Strategies and Measure(s):**

AAA can document the following:

1. Strengthen regional capacity to identify high risk older adults and/or family caregivers and use proven risk management interventions.  
Measures: Include the following in quarterly reports: (1) number of providers using risk management strategies/approaches with clients; (2) number of new partners engaged in implementing one or more components of a risk management approach, (3) number of risk management trainings conducted and (4) number of regional coordination meetings conducted.
  
2. Strengthen regional chronic care management capacity by engaging key partners to support older adult and family caregiver self-management of risks.  
Measures: Include the number of new or sustaining partners implementing one or more of the following programs in quarterly reports: Chronic Disease Self-Management Program, Matter of Balance, Powerful Tools, Family Memory Care and/or Early Memory Care.
  
3. Explore AAA role in health care reform opportunities. Include in this exploration a review of current evidence-based and practice change models to gauge applicability to health care reform.  
Measure: Identify opportunity under exploration, including one or more evidence-based/practice change models, and describe effort in quarterly reports.

**Supporting Activities:**

1. The Arrowhead AAA has already been working with most Title III grantees (all Title IIIIE and several Title IIIB grantees) to introduce them to and inform them about risk management strategies / approaches with their clients. In 2011, the AAAA will continue to work with all Title III grantees (18 grantee agencies total) toward implementing risk management strategies and report the number of new Title III grantees are actively engaged in using the risk management approach. The AAAA will conduct up to 2 risk management trainings in the region and hold up to 4 coordination meetings.
  
2. The Arrowhead AAA currently has 2-4 Matter of Balance (MOB) Master Trainers and will be training 2-3 others in 2010 and all of these trainers will be training Coach Pairs in 2011 to deliver MOB. It is anticipated that up to 5 additional Coach Pairs (10 persons) may be trained in 2011. The Arrowhead AAA currently has 10 MOB Coaches representing several partners in the region and will continue to expand this program to at least 5 new partners in 2011. We will work with current existing Family Memory Care providers (4) to sustain that model of service. We will also work with 5-7 partners to implement the CDSM Program.
  
3. Arrowhead AAA will work in the first quarter of 2011 to identify a health care partner that will provide an opportunity to implement current evidence-based and practice change models as applicable to health care reform. It is likely that we will start with some of the smaller clinics and hospitals in our region – Gateway Clinic, Cloquet Community Hospital, for example. AAAA will also work with the current Consortium Grant partners – White Com. Hosp, Virginia Hosp., and several nursing homes – to implement strategies in line with health care reform opportunities, current evidence-based and practice change models.

**Budget Impact**

<b>Resource A.</b>	<u>PD&amp;C funds</u>	\$	<u>25,000</u>
<b>Resource B.</b>	<u>MOB and CDSMP Fed. Discretionary Grant Funds</u>	\$	<u>15,000</u>
<b>Resource C.</b>	<u>EDP</u>	\$	<u>8,000</u>

**Total Cost for This Outcome:** \$ 48,000

**System Development: EXPAND & STRENGTHEN HCBS CAPACITY**

**Outcome:** Minnesota's home and community-based service (HCBS) system will be strengthened and maintained through the economic downturn by increasing consumer control, helping people to use their own resources wisely to meet their needs, targeting services to high risk individuals and focusing public resources on the development and maintenance of core supports.

**Rationale:** The state's recovery from the current economic downturn will take a long time. The 2011 legislative session will be dominated by significant budget pressures. The Aging Network must increasingly focus on maintaining current capacity to support older adults and family caregivers. Efforts to strengthen this capacity must focus on the most cost-effective methods to deliver the most critical services to those in highest need who are not eligible for Alternative Care or Elderly Waiver. Self-directed approaches for private and public pay older adults living in the community are important building blocks of the leaner HCBS system of the future.

**Strategies and Measure(s):**

AAA can document the following:

1. Increase the proportion of Title 3-funded organizations that offer a self-directed option and can effectively assist clients to use this option. Participate in joint MBA-AAA review of self-direction in Title 3 programs and opportunities for expansion.

Measure: Percent of Title III participants who use a self-directed model to sustain community living, by type of model, included in quarterly reports.

2. Provide technical assistance to organizations to maintain/increase regional capacity to provide core supports including one or more of the following: nutrition services, caregiver support services, health promotion/risk reduction programs, homemaker, chore and transportation.

Measures: Number of providers assisted in developing/maintaining service capacity, by type of service, included in quarterly reports.

3. Support Title 3-funded organizations' efforts to target services to those with highest need who are not eligible for Alternative Care or Elderly Waiver. Provide assistance with new Title 3/NAPIS data collection system and data analysis.

Measures: Number of Title 3-funded organizations who are using new data collection system (by program) and number of Title 3-funded organizations who are provided with data analysis/targeting assistance included in quarterly reports.

**Supporting Activities:**

1. Arrowhead AAA currently has 2 Title III-funded organizations that offer a self-directed option. We will work to increase the number of Title III grantees offering a self-directed option to at least 4 in 2011. Arrowhead AAA is committed to participating in joint MBA-AAA review of self-direction in Title III programs and opportunities for expansion.
2. Arrowhead AAA will work with *all* Title III funded projects (18-20 organizations) in the region to maintain/increase regional capacity to provide core supports of nutrition, caregiver support services, health promotion/risk reduction, homemaker, chore and transportation.
3. Arrowhead AAA is requesting that *all* Title III funded projects in the region utilize the new NAPIS reporting system in 2011. We will provide technical assistance to improve data, targeting and reporting.

**Budget Impact**

*Briefly state what this outcome will cost and its funding source(s).*

<b>Resource A.</b>	<u>PD&amp;C</u>	\$	<u>25,000</u>
<b>Resource B.</b>		\$	
<b>Resource C.</b>		\$	

**Total Cost for This Outcome:** \$ \$25,000

**System Development: COMMUNITIES FOR A LIFETIME**

**Outcome:** Minnesota's communities are good places to grow up and grow old, and offer physical, social and service features for their residents of all ages.

**Rationale:** Most boomers and current older people want to remain in their own homes and communities as long as possible and to age-in-place there. They are more likely to be able to do so if communities provide physical, social and service supports needed by residents of all ages and abilities. In order to prepare for the aging of the population, Area Agencies on Aging play a critical leadership role in working with a broad range of partners to address community-wide issues related to the aging of the population.

**Strategies and Measure(s):**

AAA can document the following:

1. Provision of information on Communities for a Lifetime promising practices to community groups and organizations.  
Measure: Number of groups/organizations that received information included in quarterly reports.
2. Facilitate community strategic planning efforts to address one or more components of a Community for a Lifetime.  
Measure: Number of groups provided strategic planning assistance by Communities for a Lifetime component included in quarterly reports.
3. Measure communities progress towards becoming a Community for a Lifetime, using an existing assessment tool.  
Measure: Number and name of communities measured and assessment results included in quarterly reports.

**Supporting Activities:**

1. Arrowhead AAA will provide information on Communities for a Lifetime (CFL) promising practices to *any* community group / organization in the region that requests such information. We will also target development efforts to at least one leading community organization per county (seven counties) in the region in 2011.
2. Arrowhead AAA will facilitate community strategic planning assistance to anyone in the arrowhead region requesting such assistance. We will also target strategic planning assistance to 2-5 communities and/or organizations that are or seem to be undertaking the implementation of CFL strategies.
3. Arrowhead AAA will assist 2-5 communities or organizations, using an existing assessment tool, to assess their community toward becoming a Community for a Lifetime

**Budget Impact**  
*Briefly state what this outcome will cost and its funding source(s).*

Resource A.	<u>PD&amp;C</u>	\$	<u>25,000</u>
Resource B.	<u>EDP</u>	\$	<u>20,000</u>
Resource C.		\$	
<b>Total Cost for This Outcome:</b>		\$	<u><b>45,000</b></u>