



Champions of Homecare

Home Care in Minnesota

Home care services are becoming increasingly important in Minnesota. The Minnesota State Demographic Center projects that one in five Minnesotans will be 65 years or older by 2030, and they will outnumber the 18 and under population by 2035. Enrollment in the state Medical Assistance program (Minnesota's version of Medicaid) is projected to increase 85% to 71,500. The aging population is expanding the need for services that enable older adults and people with disabilities to live independently at home.

According to data from the Quarterly Census of Employment and Wages, the number of home health care establishments in Minnesota more than tripled between 2000 and 2015 to a total of 471, while employment in the field increased by 154.9% to a total 23,795 jobs. Services for older adults and persons with disabilities experienced remarkable growth during the same 15-year period, with the number of establishments growing by 153.1% to 919 while employment increased by 369.8% to 39,403 total jobs.

Minnesota now has more than 93,000 home care workers¹, including personal care aides and home health aides, and the state will need more to meet demand in the coming years. Minnesota will see openings for home care workers increase by 27% between 2014 and 2024, and the state will require more than 25,000 additional home care workers to meet market needs².

Home Care Workforce

Even as the demand for long-term care intensifies, existing workforce and service gaps could leave many Minnesotans without the care they need to live independently at home. Adjusted for inflation, hourly wages for home care workers have declined over the last decade³, and more than 75% of Minnesota's home care workers report working less than full-time⁴.

Inadequate training, poor supervision and a lack of professional advancement opportunities contribute to an unsustainably high rate of turnover within the home care workforce, ranging from 40 to 60% nationwide¹. Home care providers in Minnesota's rural communities face even more obstacles. A decades-long exodus of young workers has weakened the ability of small communities to meet residents' caregiving needs.

Despite the many issues facing the home care workforce, Minnesota is well-positioned to address current workforce shortages. The state leads the nation in the effectiveness of its long-term services and supports, according to AARP's Long-Term Services and Supports Scorecard. To meet the state's rising home care needs through improved recruitment and retention, Minnesota's long-term care providers will require higher wages; comprehensive benefits; full-time hours; competency-based training; and skilled, supportive supervision.

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Minnesota's Approach to Home Care¹

Two official occupations comprise the home care workforce in Minnesota: personal care assistants (PCAs) and home health aides. PCAs help people maintain independence in their homes and communities by helping with activities of daily living, such as eating, dressing, mobility and bathing. These services are provided through personal care agencies, which are not required to have a state license but must be enrolled as Minnesota Health Care Programs providers. Individual PCAs must pass a criminal background check and pass an online training course.

Home health aides (HHAs) provide medically oriented tasks at a person's place of residence in order to maintain health or aid in the treatment of illness, such as assisting in administration of certain medications or supporting ambulation and exercise. These services are provided through Medicare-certified home health agencies, while individual HHAs must be certified by the Minnesota Department of Health.

Long-term services and supports (LTSS) provided by home care workers are financed through a combination of public and private funds. Medicaid is the primary payer of services for low-income individuals through the state's Medical Assistance program and through additional waiver programs, which allow the state to more flexibly use Medicaid dollars toward home and community-based services. Sixty-five percent of Medicaid and state LTSS spending is allotted to home and community-based settings, the second highest proportion of state funds in the country¹. An additional state program, MinnesotaCare, provides coverage for people who do not have access to affordable health insurance but whose income is above the threshold of eligibility for the state's Medicaid program.

Medicare plays a much smaller role in funding long-term care in Minnesota. Medicare covers short stays (up to 100 days) in skilled nursing facilities after a hospital admission and will also cover home health services on a part-time, intermittent basis if they are deemed necessary as home-based support following discharge from a nursing facility. For older adults who are ineligible to receive Medicaid or Medicare coverage, they must use their own savings or private long-term care insurance to cover institutional care or HCBS.

Minnesota's LTSS for older adults are overseen by the Department of Human Services (DHS) and Minnesota Department of Health (MDH). DHS is responsible for managing and developing Medicaid policies, as well as community services, resources, and options counseling for older adults. DHS also approves and regulates PCA agencies. MDH licenses nursing homes, assisted living, and home care and home health agencies.

The Definition of Home Care in Minnesota

Home care includes medical and health-related services and assistance with day-to-day activities to people in their homes. It can be used to provide short-term care for people moving from a hospital or nursing home back to their home, or it can be used to provide continuing care to people with ongoing needs.

In the state of Minnesota, home care services are available to people:

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- Who are eligible for Medical Assistance or MinnesotaCare Expanded (pregnant women and children)
- Who have medically necessary needs that are physician-ordered and provided according to a written service plan

Medical Assistance covers the following home care services:

- Equipment and supplies, such as wheelchairs and diabetic supplies
- Home care nursing
- Home health aide
- Personal care assistance
- Skilled nursing visits, either face-to-face or via tele-care technology
- Therapies (occupational, physical, respiratory and speech)

All home care services require authorization from the Minnesota Department of Human Services, except for home care therapy services and the first nine skilled nursing visits per calendar year. More information on home care services in Minnesota is available [here](#), and contact information for local county agencies and tribes is available [here](#).

Personal Care Assistance

Minnesota's personal care assistance program provides services to people who need help with activities of daily living (ADL's) to allow them to be more independent in their own homes. A personal care assistant is an individual trained to help persons with basic daily routines and helps individuals with physical, emotional or mental disability, mental illness or an injury.

To be eligible for the personal care assistance program, a person must meet all these criteria:

- Be eligible to receive Medical Assistance or MinnesotaCare Expanded (pregnant women and children)
- Require services that are medically necessary
- Be able to make independent decisions about your care or have someone you trust who can make decisions for you
- Meet the federal definition of disability

PCA services include:

- Activities of daily living (eating, toileting, grooming, dressing, bathing, transferring, mobility and positioning)
- Complex health-related functions (includes, under state law, functions that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant)
- Instrumental activities of daily living (includes meal planning and preparation, managing finances, shopping for essential items, performing essential household chores, communication by telephone and other media and getting around and participating in the community)
- Observation and redirection of behavior (includes monitoring of behavior)

To receive PCA services, Minnesotans can arrange for an assessment with their county or tribal nation public health nurse. The nurse will explain more about PCA options available, including types of agencies that provide PCA services and how to hire staff. More information on personal care assistance is available [here](#).

PCA Choice

The PCA Choice option offers clients greater control and choice. By selecting this option, the consumer is acting as the employer of their direct support workers (and referred to as a “participant-employer.”)

With PCA Choice, the participant-employer is responsible for finding, hiring, training, scheduling and firing their staff. They are also responsible for finding their own backup staff and developing their personal care plan. The participant-employer must also pick a PCA Choice provider agency by the date listed on their service agreement letter.

More information on PCA Choice is available [here](#).

Traditional PCA

With Traditional PCA services, the provider agency is responsible for recruiting, hiring, training, scheduling and firing PCA staff. The client may inform the agency of any dissatisfaction they may have with their services and request a new PCA. The agency is also responsible for assuring back up staff and developing the personal care plan in cooperation with the client. Choosing Traditional PCA services provides the client less control over the recruitment, scheduling and terminating of PCA employees.

Home and Community-Based Service Waivers

Minnesotans with disabilities or chronic illnesses who need certain levels of care may qualify for the state’s home and community-based service (HCBS) waiver programs. Medicaid home and community-based service waivers afford states the flexibility to develop and implement creative alternatives to placing Medicaid-eligible people in hospitals, nursing facilities or Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD). HCBS waivers allow states to put together various service options that are not available under regular Medical Assistance. These service options are available to people in addition to services covered by Medical Assistance. Generally, these services are targeted to people with specific needs or diagnosis.

Minnesota has entered into several waiver agreements with the federal government to provide Minnesotans with more choice in their services. There are some differences in the services available in each waiver and the amount of money a person can use to purchase supports. HCBS waiver programs available to people who meet the eligibility criteria include:

- Alternative Care
- Brain Injury Waiver
- Community Alternative Care Waiver
- Community Access for Disability Inclusion Waiver

- Development Disabilities Waiver
- Elderly Waiver

Minnesotans can apply for waiver programs at their local county social services agency. A screening process determines eligibility for all waiver programs. More information on home and community-based service waivers is available [here](#).

Consumer-Directed Community Supports

Consumer-directed community supports (CDCS) provide individuals with more choice and responsibility for their services and supports. Using CDCS, the client:

- Chooses or designs the services and supports that fit their assessed needs
- Decide when they should receive services and supports
- Hire the people they want (including parents and spouses) to deliver those services and supports.

CDCS includes services and supports available through Medical Assistance waivers. It also allows individuals to buy non-traditional supports, such as special therapies, assistive technology, and home and vehicle modifications.

CDCS is an option for people enrolled in the following programs:

- Alternative Care
- Brain Injury Waiver
- Community Alternative Care Waiver
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Development Disabilities Waiver
- Elderly Waiver
- Minnesota Senior Health Options (MSHO)

To learn more about arranging CDCS, Minnesotans should contact their [local county or tribal office](#), or their [MSHO health plan member services](#) if they are enrolled in Minnesota Senior Health Options. More information on CDCS is available [here](#).

Consumer Support Grant Program

The Consumer Support Grant program is a state-funded alternative to Medicaid home care services of home health aide, personal care assistance and/or private duty nursing.

Medicaid services are paid for with a combination of state and federal money. The Consumer Support Grant Program allows eligible consumers to convert the state portion of payments for specific home care services into a cash grant. The monthly cash grants replace fee-for-service home care services payments. With county assistance, consumers can manage and pay for a variety of home and community-based services.

The CSG program gives consumers greater flexibility and freedom of choice in service selection, payment rates, service delivery specifications and employment of service

providers. Parents, spouses, family members, trusted neighbors or friends can be paid for service, as well as employees of traditional home care provider agencies.

To be eligible for the CSG program, a person must meet all these criteria:

- Be enrolled in or eligible for Medical Assistance
- Be eligible to receive home care services from the Medical Assistance Home Care Program
- Demonstrate limitations in everyday functioning, such as self-care, language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency
- Require ongoing supports to live in the community
- Live in a natural home setting
- Live in a county that offers the Consumer Support Grant program

Consumers cannot receive this grant while receiving services through Minnesota's Alternative Care program, home and community-based service waivers, managed care programs or MA home health aide services, personal care assistance or private duty nursing.

To apply for the CSG program, consumers can contact their [local county agency or tribe](#). Currently, not all counties offer the Consumer Support Grant. More information about participant employer options is available [here](#), and more information on the Consumer Support Grant Program is available [here](#).

August 2020

¹PHI, "State of Care: Minnesota's Home Care Landscape," 2017.

²U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections Program (2015, December 8). National Employment Matrix, 2014-2024. Retrieved from: <http://www.bls.gov/emp/>.

³U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (2016, March 30). May National Employment and Wage Estimates United States, 2005 to 2015. Retrieved from <http://www.bls.gov/oes/#data>.

⁴PHI analysis of the American Community Survey, U.S. Census Bureau (2015). 2010-2014 ACS 5-year PUMS. Retrieved from <http://www.census.gov/programssurveys/acs/data/pums.html>.