

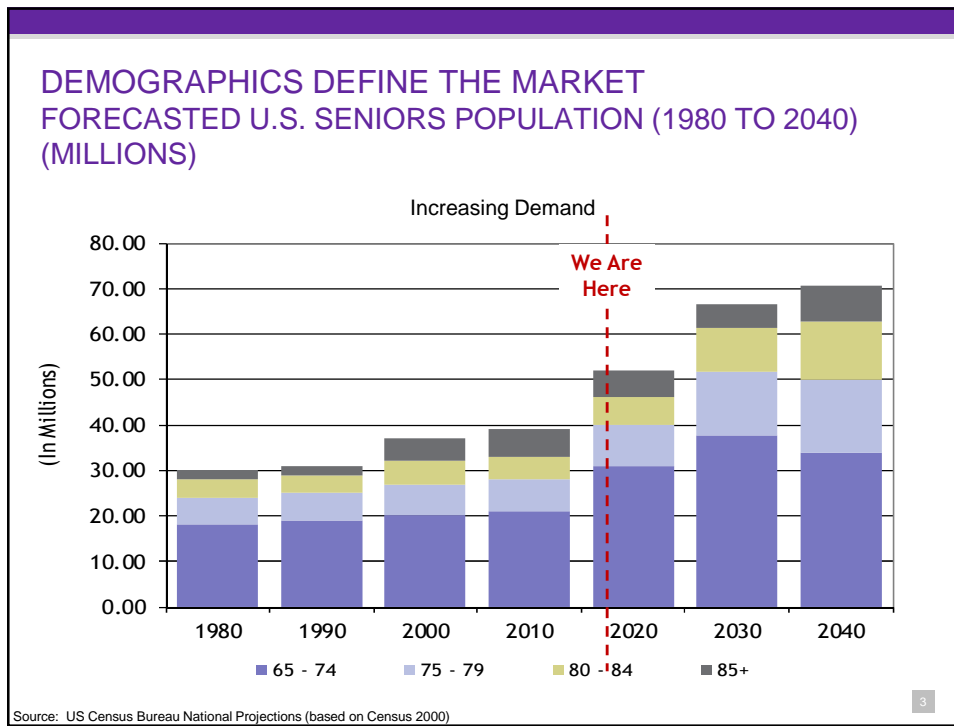
## SNP Alliance

ALIGNING COMMUNITY-BASED CARE  
AND WORKFORCE NEEDS FOR HIGH  
COST AND HIGH NEEDS  
POPULATIONS

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## FIRST – LET’S START WITH THE PROBLEM



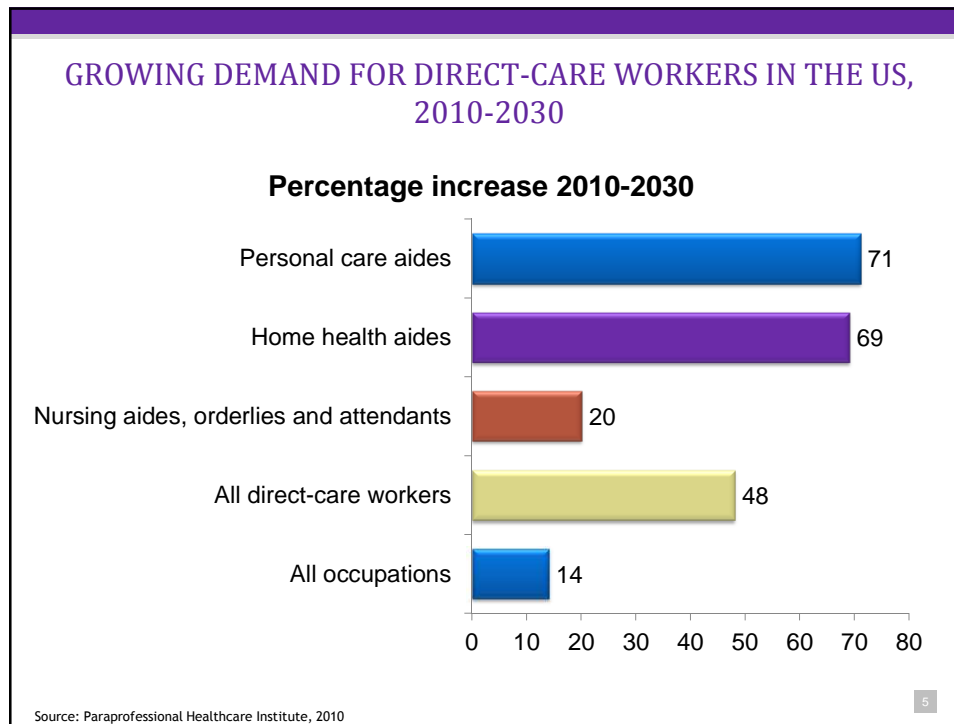


### DEMAND FOR LABOR

Occupation	Number of New Jobs (Projected) 2014-2024	2016 Median Pay
Personal Care Aides	458,100	\$21,920
Registered Nurses	439,300	\$68,450
Home health aides	348,400	\$22,600
Combined food prep and serving workers	343,500	\$19,440
Retail salespersons	314,200	\$22,680
Nursing Assistants	262,000	\$26,590

*The U.S. Bureau of Labor Statistics projects that five of the top six occupations with the highest increase in employment by 2024 are involved in the seniors housing industry. The demand for personal care aides alone is projected to increase by nearly 500,000 employees in the 10-year span from 2014 to 2024.*

Source: US Bureau of Labor Statistics, 2016



## Current Trends in Aging Service

- Shift from facilities to in-home and community-based
- More ethnically/racially diverse older adults and staff
- More highly educated, demanding older adults
- Increased complexity of care needs

## POLICY SOLUTIONS NEEDED

- Medicare/Medicaid reimbursement to address workforce needs
- Workforce quality measures
- Dollars for workforce numbers and education
- Rural & disadvantaged communities challenges
- Immigration policies



## CENTER FOR WORKFORCE SOLUTIONS WEBSITE

[www.leadingage.org/workforce](http://www.leadingage.org/workforce)



## Example of Community Partnerships



### First – What are “Special Needs Plans”?

- Special Needs Plans (SNPs) are a specialized type of Medicare Advantage (managed care) plan designed to serve the health care system’s fastest growing population – frail, disabled, and chronically-ill individuals.
- SNPs enable Medicare Advantage plans to target care to high risk beneficiaries and tailor care to the needs of a targeted population with complex conditions. The program aligns incentives and contains costs by emphasizing primary care, chronic care management, and integrated health care services.
- Over 2.4 million beneficiaries are in SNPs.
- SNPs are required to offer all Medicare Part A and B benefits and serve beneficiaries who are dually eligible for Medicare and Medicaid, have certain chronic conditions, or receive long-term care in an institutional setting such as a Skilled Nursing Facility.

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- Began operations in 2001
- Owned by 11 rural Minnesota Counties
- Serve approximately 42,000 enrollees
- Must be eligible for Medicaid
- Minnesota Medicaid Managed Care Organization and Medicare Advantage

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## AbilityCare SNP

**As of October 2017:**

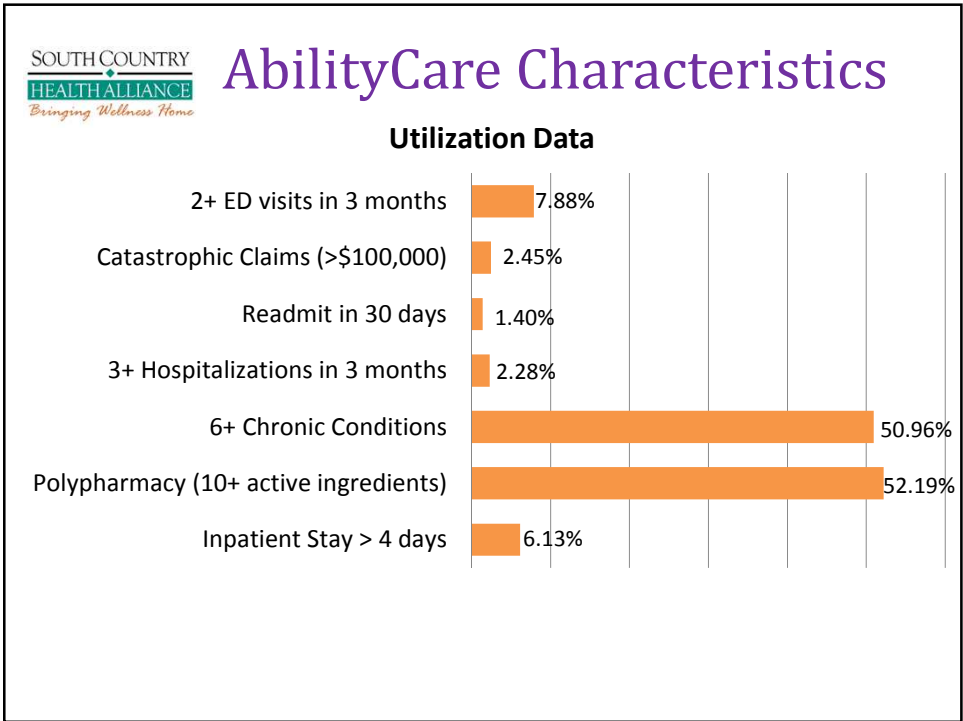
- Total Enrollment: 599
- Highest average claim costs in age band 50-59 years
- Males 44%  
Females 56%

AbilityCare Age Breakdown	
18-24 years	5
25-29 years	25
30-39 years	101
40-49 years	129
50-59 years	235
60-64 years	104

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**AbilityCare Characteristics**

- 35% have an intellectual disability diagnosis
- 51% are enrolled in a home and community-based services (HCBS) waiver
- 78% have a household income of less than \$20,000 per year
- 87% have a psychosocial condition





## Care Model-Linking to Community Workers

- All enrollees are assigned a Care Coordinator.
- Unique relationship with our counties; able to offer a comprehensive care coordination program at a local level.
- South Country utilizes county-based care coordinators to provide the overall care coordination of the enrollee's needs.



## Care Model - Who are the Community Workers?

- Care Coordinators work within the county system where the enrollee resides.
  - Required to be a social worker, public health nurse, registered nurse, physician assistant, nurse practitioner, or physician.
  - Wealth of experience regarding service coordination and direct access to other county services, e.g. Veterans Services, Income Maintenance, etc....



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## Challenges

**Biggest challenges for the Care Model:**

- Focus on basic needs for enrollees so they can then focus on their health care needs.
- Needing more frequent and complex medical care and coordination of care; high-touch, face-to-face care coordination.
- Needing formal in-home, community-based services and supports for personal care or physical/mental assistance plus a range of medical and informal community services.

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