

Case Study

Minnesota Legislature Collaborates to Reform Long Term Care*

The Problem

Long-term care (LTC) is becoming one of greatest policy challenges facing state governments across the nation. With the baby boom generation

approaching retirement, and more people

living past the age of 85, the number

of citizens requiring LTC is expected to

double by the year 2030. This problem is

especially acute in Minnesota, which

has the nation's second highest life

expectancy and more residents over 85

than any other state.

In the 2000 Legislative Session, the

Minnesota General Assembly began to

hear public outcry over the state's failing LTC

policies. Consumers and providers expressed

concerns about shortages of help, declining

occupancy rates in nursing homes, increasing

gaps between consumer needs and available

services, and low reimbursement rates for home

and institutional care. The Minnesota LTC system

had reached a crisis, and it was time to address

the issues and design reform.

The Policy Makers

In a proactive move to address the public's

concern, and to help initiate LTC reform,

Department of Human Services' Commissioner

Michael O'Keefe approached the leadership of

the Legislature and suggested they create a special

Legislative Task Force. The Legislature agreed, and

together they convened the Minnesota Long Term

Care Task Force. The task force was a bipartisan

body composed of 15 members: three

Republicans and three Democrats from both the

House and the Senate; the Housing Finance

Agency Commissioner; the Department of Health

Commissioner, and Commissioner O'Keefe from

Human Services, who served as Chair.

Other Players

To help expose the gaps between the current

system and the state's needs, the task force relied

heavily on stakeholder involvement. Stakeholders

included consumers and their families, providers,

advocacy organizations, local governments,

workers and unions, and citizens.

The Process

The mission of the task force was to reach

consensus on policy strategies that addressed the

needs and issues in LTC for Minnesota's older

citizens. These strategies would form the

foundation of a comprehensive proposal for the

2001 Legislative Session.

From the outset, the task force placed emphasis on

stakeholder participation, and to organize this

effort they retained a neutral third party with skills in

facilitation and expertise in health care issues. The

neutral, Michael Bailit, Bailit Health Purchasing,

LLC, facilitated discussions and provided an

continued on reverse



essential link between task force members and the stakeholder groups.

The task force began by meeting to discuss options and possible strategies. They reviewed the current system, held public meetings, and spoke with leading health care experts. In conjunction with those meetings, the facilitator established communication with an extensive list of stakeholders and conducted consumer focus groups in communities throughout the state.

Next, the task force formed five working groups in an intensive effort to assimilate the information they received from the experts and the affected communities. The working groups were composed of task force members, stakeholders, legislative staff, and representatives from county and state agencies. Together they worked to identify and analyze a range of strategies designed to narrow the gap between the current policy and the needs of the community. Through collaboration and consensus building, the task force agreed on 48 recommendations. Of those recommendations, 15 strategies were identified that would form the foundation of a proposal submitted in the 2001 Legislative Session.

The Product

The final proposal passed both houses with only slight modifications, and implementation began immediately. Re-shaping the Minnesota LTC system is an ongoing effort, and the remaining recommendations will be implemented incrementally, over time. The collaborative efforts of stakeholders helped to create a new legal

foundation, a vision for the future, and the relationships necessary to sustain the effort for years to come.

State Senator Sheila Kiscaden, task force member, said, "The Minnesota Legislature's Health and Human Services Committees have had a great deal of success using work groups, joint task forces, and facilitated discussions to arrive at decisions on tough issues like long term care, welfare reform, and health care costs. These approaches have enabled us to find common ground, and at the same time, streamline our decision-making process," she said.

For more information about this case contact:
<http://www.dhs.state.mn.us/agingint/lcttaskforce/reportsum.htm#Intro>



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