

## Proposal to Centralize Minnesota's Common Entry Point System

10/03/2008

Minnesota's long-term care system has changed dramatically and our consumer protection capacity has not kept up with the changes. By 2030 the number of Minnesotans over the age of 65 will double, rising to 1.3 million and older people will represent over 20 percent of the states population. By 2010 the increased need for health and long-term care by the aging population will stretch the currents systems ability to meet upcoming challenges to ensure protection of consumers.

### **The current protective system includes:**

- The county level common entry point. In 1995 MN Statute 626.557 was amended to designate a common entry point for reports of suspected maltreatment [626.557 Subd. 9 (a)]. The statute states that each county board shall designate a common entry point and that two or more county boards may jointly designate a single common entry point. The common entry point triages the reports to the appropriate lead investigative agency: DHS Licensing, Minnesota Department of Health Office of Health Facility Complaints, local county Adult Protection agency. Because this system does not have state funding base, local capacity varies greatly from County to County, resulting in delays in investigation, reports of maltreatment not being taken or errors in distribution to the correct lead investigative agency.
  - There is approximately 437 staff, in the State of Minnesota, trained and performing the function of common entry point, during business hours (according to 2007 snap survey of counties). After hours the reports are taken by a number of different agencies, mostly law enforcement. At the present time, reporters must be familiar with 87 different contact numbers.
  - Approximately 13,000 reports of suspected maltreatment are taken every year. DHS adult protection policy unit is aware that this number may be skewed due to human error and failure to report results to DHS adult protection for data collection purposes.
- Local county agency adult protection units. They are charged with the responsibility of Vulnerable Adult protective services and investigations of maltreatment. The level and type of services provided varies between each of the 87 counties depending upon the counties financial capacity to support the role of adult protection. The result is delay in investigation or no investigation of suspected maltreatment.
  - Because the number of community-based reports is increasing, counties need to re-focus additional staff resources to direct-service investigative duties. Many of these individuals served are self-neglecting vulnerable adults who have no other agency resources available to assist them.

As a result of these deficits, there is minimal ability for those charged with protecting vulnerable adults to respond quickly, even in cases of immediate jeopardy. Inadequate resources for investigation and follow up. The system is not efficient.

### Proposal:

- Amend Statute 626.557 naming the Commissioner of Human Services as the designee for administering the Common Entry point.
- The Commissioner of Human Services would create a call center for the purpose of taking of reports of suspected maltreatment.
  - The call center would have voice over IP, phone, web and email capacity.
  - Secure data center
  - Call tracking, including call monitoring/call review
  - use a prefix routing system to regional offices or use a central office approach
  - Provide for 24 hour 7 day per week staffing
  - Utilize blended media for taking reports (telephone or online reporting system)

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- Manage incident reporting
  - Approximate number of FTE's 40.
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- Funding strategies for reform in the maltreatment reporting system would be based upon review of other States, such as Texas, funding strategies.

These changes restructure the roles of protection for the vulnerable adult population. These changes will result in a system that is:

- Responsive 24/7 to reports of suspected maltreatment.
- Provide the public with a single telephone number to call to report vulnerable adult maltreatment.
- Able to Meet Federal Medicaid Home and Community-Based Services (HCBS) waiver requirements "the state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation" of HCBS waiver service recipients. Thus preserving Federal Medicaid HCBS waiver matching funds.
- Enhance effectiveness through consolidation and standardize the receipt, screening and triage of reports into a single system with common operating procedures.
  - Efficient in receipt of reports of suspected maltreatment and distribution of the reports to the appropriate lead investigative agency. Nursing Homes that now must complete dual reporting of maltreatment in their facilities to both the State Department of Health and to the Common Entry Point could send a single electronic report to one site for triage as appropriate.
- Enhancement of Adult Protection Staffing.
  - Provide for staff to respond immediately when there is suspected abuse or neglect.
  - Immediate in delivering intervention in cases of imminent jeopardy

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