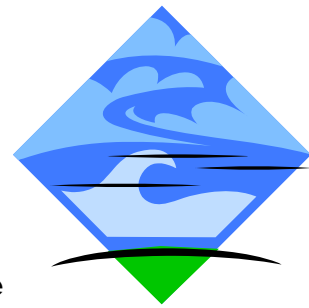
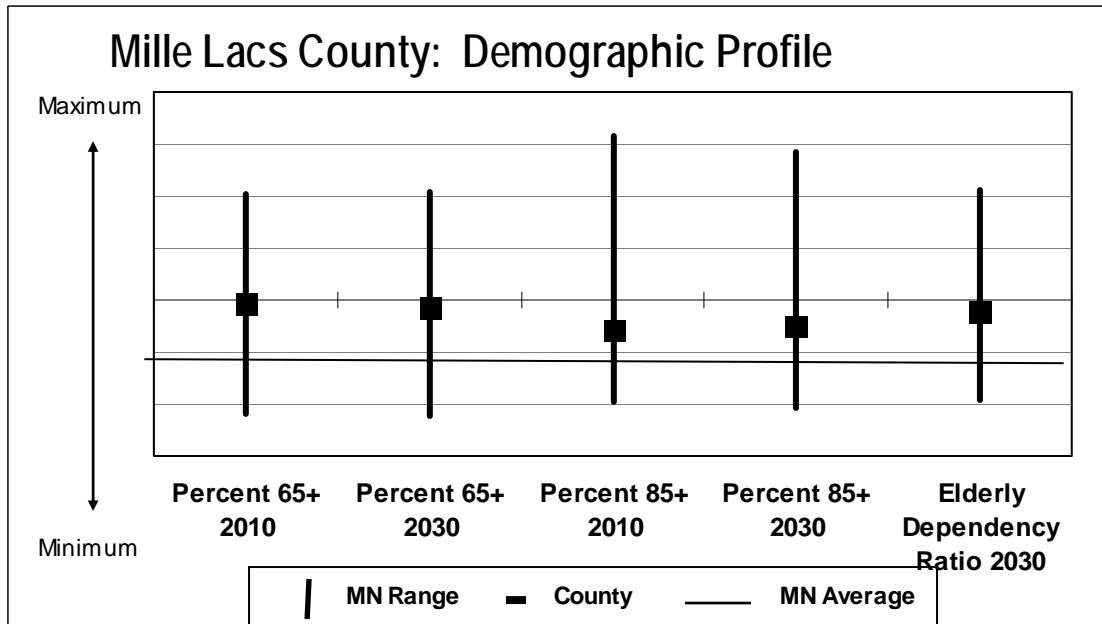


Transform 2010 Mille Lacs County



County-Specific Demographic and Service Profile



Mille Lacs County Population Estimates by Age

Calendar Year	Total County Population	65+ County Population	County Percent 65+	State Percent 65+	85+ County Population	County Percent 85+	State Percent 85+
2000	22,330	3,602	16.13	12.08	546	2.45	1.74
2010	26,180	4,210	16.08	12.47	580	2.22	1.96
2030	34,160	8,220	24.06	20.59	1,020	2.99	2.61

Elderly Dependency Ratio¹ in Mille Lacs County

Calendar Year	65+ County Population	15-64 County Population	County Dependency Ratio	State Dependency Ratio
2000	3,602	13,906	25.90	18.53
2010	4,210	16,870	24.96	18.37
2030	8,220	19,670	41.79	33.84

2004 Mille Lacs County 65+ Population Estimates by Race and Ethnicity²

Total 65+ County Population	White American	African American	American Indian	Asian American	Two or More Races	Hispanic American
3,817	3,735 (97.9%)	5 (0.1%)	72 (1.9%)	3 (0.1%)	2 (0.1%)	16 (0.4%)

Percent of 65+ Population Living Alone in Mille Lacs County

Calendar Year	65+ County Population	65+ Living Alone	County Percent (%) 65+ Living Alone	State Percent (%) 65+ Living Alone
2000	3,602	1,035	28.73	29.79
2010	4,210	1,140	27.08	28.28
2030	8,220	2,160	26.28	26.88

Family Caregiver Ratio³ in Mille Lacs County

Calendar Year	85+ County Population	Females 45-64	County Ratio	State Ratio
2000	546	2,535	21.54	15.94
2010	580	3,540	16.38	14.74
2030	1020	3960	25.76	23.08

SERVICE UTILIZATION DATA

Total Public Long-Term Care Expenditures on Institutional versus Home and Community-Based Services for the 65+ Population in Mille Lacs County

Fiscal Year ⁴	Alternative Care ⁵	Fee For Service Elderly Waiver ⁶	MSHO EW Add On ⁷	Non-Waiver Medical Assistance Home Care ⁸	Medical Assistance Nursing Home	Total Cost	County % Nursing Home/ % Home & Community	State % Nursing Home/ % Home & Comm
2000	90,773	200,704		19,086	6,388,181	6,698,743	95 / 5	88 / 12
2001	118,904	266,143		7,010	6,671,353	7,063,409	94 / 6	86 / 14
2002	209,483	338,648		15,016	6,192,752	6,755,898	92 / 8	84 / 16
2003	268,230	441,338		88,329	5,896,794	6,694,692	88 / 12	80 / 20
2004	205,164	608,158	140,220	95,054	6,239,788	7,288,383	86 / 14	79 / 21

Percent of Older Adults Served in Elderly Waiver (EW) and Alternative Care (AC) Programs with Higher Care Needs⁹ in Mille Lacs County

Fiscal Year	Total County AC/EW Eligible Clients	County Non-A Case Mix	County % Non-A Case Mix	State % Non-A Case Mix
2000	118	31	26.3	35.70
2001	103	22	21.4	35.30
2002	119	37	31.1	37.20
2003	115	36	31.3	39.70
2004	139	44	31.7	42.30

Nursing Home Beds per 1,000 Older Adults Age 65+ and 85+ in Mille Lacs County

Calendar Year	County Total Nursing Home Beds	County Beds Per 1,000 65+	State Beds Per 1,000 65+	County Beds Per 1,000 85+	State Beds Per 1,000 85+
2001	339.0	94.1	69.69	620.9	483.80
2003	302.0	82.8	65.7	494.3	431.4
2005	301	78.9	60.4	497.5	378.6

2005 COUNTY GAPS ANALYSIS RESULTS

Home and Community-Based Long-Term Care Services

- Overall supply of home and community-based services was deemed adequate.
- Transportation, in-home respite, caregiver support, grocery shopping services, fiscal intermediary, and assisted living were identified as having been added or expanded in the county.
- Chore services and adult day services were identified as having been decreased or eliminated in the county.
- In-home respite, caregiver support, out-of-home respite, and funding for waiver programs were identified as inadequate.
- Highest priority is to increase the amount and flexibility of options for home care services so seniors can remain in their homes.

Housing Options

- Overall supply of housing and services was deemed inadequate.
- One new housing development with 30 units was added in the county.
- Subsidized rental apartments for seniors (no services) were identified as inadequate.

- The development of two assisted living facilities (that are physically accessible) was identified as the highest priority. The facility in Milaca will have 20 units plus 10 apartments and the Onamia facility will have 30 units.

Nursing Homes

- Overall supply of nursing home beds was deemed adequate.
- The supply of dementia care beds was identified as inadequate.
- The cap on bed expansion was identified as a barrier to ensuring an appropriate supply of nursing home beds.

¹ Elderly Dependency Ratio: the number of individuals age 65+ divided by the number of individuals ages 15-64.

² Race categories are single race alone, except for the “two or more races” category. Individuals of Hispanic origin can be of any race.

³ Family Caregiver Ratio: the ratio of the number of older adults age 85+ to the number of females ages 45-64 (who are the typical caregivers).

⁴ Fiscal Year: state budget year beginning July 1 and ending June 30 of following year.

⁵ Alternative Care Program: is a state-funded program that supports certain home and community-based services for older Minnesotans age 65 and over who are at risk of nursing home placement, have low levels of income and assets, but are not eligible for Medical Assistance.

⁶ Fee For Service Elderly Waiver Program: is a program that funds home and community-based services for people age 65 and older who are eligible for Medical Assistance (MA) and require the level of medical care provided in a nursing home but choose to reside in the community. Individuals in the Fee for Service program are not receiving their care through MSHO.

⁷ MSHO EW Add On: is payment for EW services within MSHO. Minnesota Senior Health Options (MSHO) is a health care program that combines all health care services and long-term care services into one health care package. It is for people ages 65 and older who are eligible for Medical Assistance (MA) and enrolled in Medicare Parts A and B or who have MA only.

⁸ Non-Waiver Medical Assistance Home Care: is MA home care services for individuals who are not receiving their services through a waiver program because they are not deemed at risk of nursing home placement.

⁹ Individuals with Higher Care Needs: those individuals who are assessed at Case Mix levels B-K. Case Mix A is the classification used for those individuals with the lowest level of care needs.