Reform 2020: Pathways to Independence

Section 1115 Waiver No. 11-W-00286/5

Demonstration Year V
October 1, 2017 through December 31, 2017
Quarterly Report

Submitted to:

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services

Submitted by:

Minnesota Department of Human Services
540 Cedar Street
St. Paul, MN 55164-0983

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1. Introduction

On October 18, 2013, the Centers for Medicare & Medicaid Services approved Minnesota's section 1115 demonstration project, entitled Reform 2020. The five year demonstration provides federal waiver authority to implement key components of Minnesota's broader reform initiatives to promote independence, increase community integration and reduce reliance on institutional care for Minnesota's older adults and people with disabilities. The Reform 2020 waiver provides federal support for the Alternative Care program and provides access to expanded self-directed options under the CFSS program for people who would not be eligible for these services under the 1915(i) and 1915(k) state plan option. The demonstration is effective through June 30, 2018.

1.1 Alternative Care Program

The Alterative Care program provides a home and community services benefit to people age 65 and older who need nursing facility level of care and have income or assets above the Medical Assistance (MA) standards. The Alternative Care program was established as an alternative to provide community services to seniors with modest income and assets who are not yet eligible for MA. This allows people to get the care they need without moving to a nursing home. The Reform 2020 demonstration waiver provides federal matching funds for the Alternative Care program.

1.2 Community First Services and Supports (CFSS)

Minnesota is redesigning its state plan personal care assistance services to expand self-directed options under a new service called Community First Services and Supports (CFSS). This service, designed to maintain and increase independence, will be modeled after the Community First Choice Option. It will reduce pressure on the system as people use the flexibility within CFSS instead of accessing the expanded service menu of one of the state's five HCBS waivers to meet gaps in their needs.

The new CFSS service, with its focus on consumer direction, is designed to comply with the regulations regarding section 1915(k) of the Social Security Act. Minnesota is currently seeking federal approval of the 1915(i) and 1915(k) state plan amendments required to implement this PCA reform initiative. To avoid a reduction in services for people currently using PCA services, CFSS will be available both to people who meet an institutional level of care [via 1915(k)] and people who do not [via 1915(i)]. These two components of CFSS are designed to work together seamlessly to provide appropriate services to people who have a functional need. Services authorized under 1915(i) will be identical to those authorized under 1915(k). The enhanced FMAP rate will apply to the 1915(k) services and the regular FMAP rate will apply to the 1915(i) services. Appropriateness of CFSS services will be based on the CFSS functional eligibility criteria.

Federal authority under the Reform 2020 section 1115 demonstration waiver allows Minnesota to extend the CFSS benefit to people who would not be eligible to receive such services under

the state plan. Under the Reform 2020 demonstration waiver, a 1915(i)-like benefit will be available for people with incomes above 150% of the federal poverty level (FPG) who do not meet an institutional level of care and who receive the reformed PCA benefit (CFSS). The regular FMAP rate will apply to these services. A 1915(k)-like benefit will be available for people who meet an institutional level of care, receive the reformed PCA benefit (CFSS), are not receiving HCBS waiver services and are financially eligible if using financial eligibility rules for HCBS waivers. The regular FMAP rate will apply to these services. CFSS will be implemented for all populations once Minnesota's 1915(i) and 1915(k) state plan amendments are approved by CMS. Reporting on the 1915(i)-like and 1915(k)-like component of the Reform 2020 demonstration will begin once approval of the state plan amendments has been secured and implementation has begun.

1.3 Children under 21 with Activities of Daily Living (ADL) Needs

The Reform 2020 waiver provides federal expenditure authority for children under age 21 who are eligible under the state plan and who meet the March 23, 2010 institutional level of care criteria, but do not meet the institutional level of care criteria established in state law effective January 1, 2015, and would therefore lose Medicaid eligibility or home and community based services eligibility. Please refer to Section 7.1 of this report for more detail.

1.4 Goals of Demonstration

The Reform 2020 demonstration is designed to assist the state in its goals to:

- Achieve better health outcomes;
- Increase and support independence and recovery;
- Increase community integration;
- Reduce reliance on institutional care;
- Simplify the administration of the program and access to the program; and
- Create a program that is more fiscally sustainable.

2. Enrollment Information

Demonstration Populations (as Hard coded in the CMS 64)	Enrollees at close of quarter (December 31, 2017)	Current Enrollees (as of data pull on January 8, 2018)	Disenrolled in Current Quarter (October 1, 2017 to December 31, 2017)
Population 1: Alternative Care	2,621	2,600	7
Population 2: 1915(i)-like			
Population 3: 1915(k)-like			
Population 4: ADL Children			

3. Alternative Care Program Wait List Reporting

There is no waiting list maintained for the Alternative Care program and there are no plans to implement such a list.

4. Outreach and Innovative Activities

4.1 Minnesota Department of Human Services Public Web Site

Information on the Alternative Care program is available to the public on the Department of Human Services (DHS) website. The Alternative Care web page provides descriptive information about program eligibility, covered services, and the program application process. The web page also refers users to the Senior LinkAge Line® (described in the following section) where they can speak to a human services professional about the Alternative Care program and other programs and services for seniors.

4.2 Senior Linkage Line®

The Senior Linkage Line® is a free telephone information service available to assist older adults and their families find community services. With a single call, people can find particular services near them or get help evaluating their situation to determine what kind of service might be helpful. Information and Assistance Specialists direct callers to the organizations in their area that provide the services in which they are interested. Specialists can conduct three-way calls and offer follow-up as needed. Specialists are trained health and human service professionals. They offer objective, neutral information about senior service and housing options.

4.3 Statewide Training

DHS staff provides on-going consultation and training on Alternative Care program policy to all lead agencies. For the Alternative Care program, the lead agency can be a county social service department, local public health agency or a Tribal entity. Training sessions on the Alternative Care program are offered twice a year via statewide video conferencing. These training sessions cover the policies and procedures for the Alternative Care program. The training targets staff with up to 12 months of program experience. Staff with more experience is encouraged to attend if they have not previously attended or need a refresher in the program basics. The learning objectives for the training include understanding the Alternative Care program eligibility requirements and service definitions, and case manager roles and responsibilities in administering the Alternative Care program.

DHS also publishes and maintains provider and MMIS manuals and provides technical assistance through a variety of means including written resource material, electronic and call-in help centers and weekly training opportunities via statewide video conferencing on topics related to aging. Ongoing training related to MMIS tools and processes, long term care consultation and level of care determinations, case management, vulnerable adult and maltreatment reporting and prevention is also provided. DHS staff regularly attends regional meetings convened by lead agencies.

5. Updates on Post-Award Public Forums

In accordance with paragraph 32 of the Reform 2020 special terms and conditions, the State held a public forum on December 15, 2017 to provide the public with an opportunity to comment on the progress of the Reform 2020 demonstration. An overview of the December 15, 2017 public forum is provided at Attachment A. DHS plans to hold the next public forum in December 2018.

6. Operational Developments and Issues

6.1 1915(i) and 1915(k) State Plan Amendments

Two types of federal authorities are necessary for the state to implement CFSS – both state plan and waiver authorities. Implementation of the 1915(i)-like and 1915(k)-like components of the Reform 2020 waiver is contingent upon approval of the corresponding 1915(i) and 1915(k) state plan amendments. Due to systems modernization efforts, projected implementation of the CFSS benefit has been delayed.

6.2 CFSS 1915(b)(4) Waiver

On June 20, 2014, DHS submitted a 1915(b)(4) selective contracting waiver request to limit the number of financial management services contractors and consultation service providers.

Under CFSS, people may directly employ and pay qualified support workers and/or purchase goods or environmental modifications that relate to an assessed need identified in their service delivery plan. Spending must be limited to the authorized amount. A financial management services contractor (FMS) will be the employer-agent assisting participant-employers to comply with state and federal employment laws and requirements and for billing and making payments on behalf of participant-employers. In addition, participants will utilize a consultation services provider to learn about CFSS, select a service delivery model, and develop a person-centered service delivery plan and budget and to obtain information and support about employing, training, supervising and dismissing support workers.

Under this waiver, DHS would contract with FMS and consultation services providers via competitive procurement. Competitive procurement is appropriate for FMS and consultation services providers to ensure the most qualified providers are utilized and to allow DHS to concentrate provider training and monitoring efforts on a few highly qualified providers. FMS and consultation services providers will have a new and critical role in ensuring that participants learn how to use this self-directed option and experience expected outcomes, funds are spent appropriately and participant's identified needs are met. This waiver authority will help to ensure a smooth transition to this more flexible benefit, and to implement quality services, by limiting the pool of FMS and consultation services providers to a small number of highly qualified entities. In addition, selective contracting is particularly appropriate because other states offering participant-directed benefits have had success in purchasing financial management services at a lower price when the number of contractors is limited so that the

contractors have a sufficient volume of participants. The effective date of the 1915(b)(4) waiver will coincide with the approval of the state plan amendments referenced in Section 6.1 of this report.

6.3 Alternative Care Program Operational Protocol

The operational protocol was updated to incorporate changes made to the program after the State's 2017 legislative session and submitted on July 19, 2017 as Attachment A of the state's request to renew the Reform 2020 waiver.

7. Policy Developments and Issues

7.1 Delay in Changes to the NF LOC Standard and Children with ADL Needs

In 2009, the Minnesota Legislature passed legislation that changes the nursing facility level of care criteria for public payment of long-term care services. These revised criteria were implemented on January 1, 2015. The change affects people who would receive publicly-funded nursing facility services or publicly-funded long-term care services in the community through programs such as Elderly Waiver (EW), Alternative Care (AC), and Community Alternatives for Disabled Individuals (CADI). Governor Dayton requested a delay to provide additional time to make sure the appropriate supports are available to Minnesotans affected by this change.

The Reform 2020 waiver provides federal expenditure authority for children under the age of 21 who are eligible under the state plan and who met the March 23, 2010 nursing facility level of care criteria, but who do not meet the revised nursing facility level of care criteria and would therefore lose Medicaid eligibility or home and community-based services eligibility. Quarterly enrollment and member-month reporting for children meeting these criteria will begin January 1, 2015.

7.2 HCBS Settings Final Rule

The State has reviewed the final rule for the Medicaid home and community-based services settings, issued by CMS in January 2014. The final regulation addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for home and community-based services. In particular, the state has assessed requirements established in the rule for the qualities of settings that are eligible for Medicaid reimbursement for home and community-based services provided under sections 1915(c), 1915(i) and 1915(k) and the potential implications for Minnesota's personal care assistance services redesign initiative and the state's efforts to expand self-directed options under CFSS. On January 7, 2015 DHS submitted Minnesota's plan to transition to compliance with the CMS regulation governing home and community –based settings. The transition plan applies to all five of Minnesota's home and community-based waiver programs under authority of §1915(c) of the Social Security Act. On June 2, 2017, the state received initial approval of systemic assessment and remediation strategies to be implemented under the Statewide Transition Plan. The State is currently working with CMS to secure final approval of its Statewide Transition Plan.

8. Financial and Budget Neutrality Development Issues

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10.

9. Member Month Reporting

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending December 31, 2017
Population 1: Alternative Care	2,702	2,692	2,673	8,067
Population 2: 1915(i)-like				
Population 3: 1915(k)-like				

Population 4: ADL Children During the period of October 1, 2017 through December 31, 2017, there was one child identified as meeting the criteria outlined in the Special Terms and Conditions paragraph 18 for the ADL Children eligibility group. All services received by this child were provided on a fee-for-services basis. Service expenditures for this child are reported each quarter on a separate Form CMS-64.9 Waiver.

10. Consumer Issues

10.1 Alternative Care Program Beneficiary Grievances and Appeals

A description of the State's grievance system and the dispute resolution process is outlined in the 1915(c) HCBS Waiver application and the 372 report for the Elderly Waiver. These processes apply to the Alternative Care Program. Grievances and appeals filed by Alternative Care program recipients are reviewed by DHS on a quarterly basis. Alternative Care program staff assist in resolving individual issues and identify significant trends or patterns in grievances and appeals filed. Following is a summary of Alternative Care program grievance and appeal activity during the period October 1, 2017 through December 31, 2017.

Alternative Care Program Beneficiary Grievance and Appeal Activity
October 1, 2017 through December 31, 2017

	Affirmed	Reversed	Dismissed	Withdrawn
AC Appeals	0	0	0	0

10.2 Alternative Care Program Adverse Incidents Consistent with 1915(c) EW Waiver Requirements

A detailed description of participant safeguards applicable to Alternative Care enrollees, including the infrastructure for vulnerable adult reporting, the management process for critical

event or incident reporting, participant training and education, and methods for remediating individual problems is outlined in the 1915(c) HCBS Waiver application and the 372 report for the Elderly Waiver.

Incidents of suspected abuse, neglect, or exploitation are reported to the common entry point (CEP) established by DHS. The CEP forwards all reports to the respective investigative agency. In addition, CEP staff also screen all reports for immediate risk and make all necessary referrals. Immediate referral is made by the CEP to county social services when there is an identified emergency safety need. Reports containing information regarding an alleged crime are forwarded immediately by the CEP to law enforcement. Reports of suspicious death are forwarded immediately to law enforcement, the medical examiner and the ombudsman for mental health and developmental disabilities.

For reports not containing an indication of immediate risk, the CEP notifies the lead agency responsible for investigation within two working days. The lead investigative agency provides information, upon request of the reporter, within five working days as to the disposition of the report. Each lead investigative agency evaluates reports based on prioritization guidelines. DHS has made use of a standardized tool required for county lead investigative agencies to promote safety through consistent, accurate and reliable report intake and assessment of safety needs.

Investigation guidelines for all lead investigative agencies are established in statute and include interviews with alleged victims and perpetrators, evaluation of the environment surrounding the allegation, access to and review of pertinent documentation and consultation with professionals.

Supported in part by funding under a CMS Systems Change Grant, DHS developed, implemented and manages a centralized reporting data collection system housed within the Social Services Information System (SSIS). This system stores adult maltreatment reports for the CEP. SSIS also supports county functions related to vulnerable adult report intake, investigation, adult protective services and maintenance of county investigative results. Once maltreatment investigations are completed the county investigative findings are documented within SSIS.

The SSIS system has the capacity to provide statewide maltreatment summary information, supplies comprehensive and timely maltreatment information to DHS, allows the department to review maltreatment incidents statewide and analyze by program participation, provider and agency responsible for follow-up. Data from SSIS is drawn on a quarterly and annual basis. This allows DHS to review data and analyze for patterns and trends including program specific patterns and trends that may be addressed through DHS and partners in maltreatment response and prevention, or policy. Maltreatment data gathered from SSIS is also used by DHS to evaluate quality in preventative and protective services provided to vulnerable adults, assess trends in maltreatment, target training issues and identify opportunities for program improvement.

Please refer to Attachment B for a report on allegations and investigation determinations of maltreatment where the county was the lead investigative agency and the alleged victim was receiving services under the Alternative Care program for the period October 1, 2017 to December 31, 2017.

The reporting of suspected maltreatment for all vulnerable adults in Minnesota recently changed from a county based reporting system to a centralized reporting system operated under DHS. The centralized reporting system includes more robust data for use in analysis for prevention and remediation. Modifications to the existing data warehouse are required to accommodate the increased data being reported. These modifications are underway and are expected to be completed soon. Reports which include allegations and investigation determinations of maltreatment where DHS or the Minnesota Department of Health was the lead investigative agency and where the alleged victim was receiving services under the Alternative Care program will be provided once this data becomes available.

11. Quality Assurance and Monitoring Activity

11.1 Alternative Care Program and HCBS Quality Strategy under the 1915(c) EW Waiver

As described in the 1915(c) EW waiver, the DHS Quality Essentials Team (QET) within the Continuing Care Administration will meet twice a year to review and analyze collected performance measure and remediation data. The QET is a team made up of program and policy staff from the Alternative Care and HCBS waiver programs. The QET is responsible for integrating performance measurement and remediation association with monitoring data and recommending system improvement strategies, when such strategies are indicated for a specific program, and when DHS can benefit from strategies that impact individuals served under the Alternative Care and HCBS programs.

Problems or concerns requiring intervention beyond existing remediation processes (i.e. system improvement) are directed to the Policy Review Team (working with QET) for more advanced analysis and improved policy and procedure development, testing, and implementation.
The QET has identified and implemented a quality monitoring and improvement process for determining the level of remediation and any systems improvements required as indicated by performance monitoring.

11.2 Update on Comprehensive Quality Strategy

Minnesota's comprehensive quality strategy is an overarching, comprehensive and dynamic continuous strategy integrating all aspects of the quality improvement programs, processes and requirements across Minnesota's Medicaid program, Medical Assistance. Minnesota has incorporated measures and processes related to the programs affected by this waiver. An initial draft was submitted to CMS in February 2015. DHS is currently updating its Comprehensive Quality Strategy in an effort to streamline quality measurement across all Medicaid populations served by Minnesota's managed care and fee-for-service delivery systems.

12. Demonstration Evaluation

DHS has contracted with researchers at the University of Minnesota and Purdue University for development of an evaluation design and analysis plan that covers all elements outlined in paragraph 60 of the Reform 2020 waiver special terms and conditions. A draft evaluation design was submitted to CMS on February 14, 2014. In response to CMS feedback, DHS modified the draft evaluation design so that it aligns with the desired format for section 1115 demonstrations. A revised evaluation design was submitted on December 9, 2014. On April 6, 2015 CMS provided additional feedback and requested an updated evaluation. DHS has revised the evaluation design in response to CMS feedback. The revised plan was submitted to CMS on March 9, 2016. On May 17, 2017 DHS received additional comments from CMS. The evaluation plan was revised and submitted on June 22, 2017.

13. State Contact

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2017 Reform 2020 Public Forum Home and Community-Based Services Partners Panel Meeting December 15, 2017

9:00 a.m. – 12:00 p.m.

Hi-Way Federal Credit Union Admin Office 840 Westminster Street
St. Paul MN 55103

Time	Agenda Item	Speaker
9:00 – 9:10	Welcome, Introductions	Lori Lippert, *facilitator, Disability Services Division*
	Reform 2020 public forum	
9:10 – 9:30	Update on Reform 2020	Kari Benson, *Aging and Adult Services Division* Alex Bartolic, *Disability Services Division* Rachel Shands, *Aging and Adult Services Division*
9:30-9:45 (more time, if needed)	Public Comment	
	HCBS Partners Panel agenda	
9:45-10:45	MnCHOICES 2.0 update and discussion	Rita Chamberlin, *Disability Services Division* Jill Schweisthal, *Disability Services Division*
10:50-11:00	Break	
11:00-11:30	This is Medicaid Coalition	Susie Schatz, *Lutheran Social Services*
11:30-11:55	Planning for 2018 Meetings	Panel Members
11:55-noon	Closing	Lori Lippert, *facilitator, Disability Services Division*

Tentative Meeting Schedule for 2018

FIRST Friday of every other month, 9-noon

Date	Location
February 2, 2018	Hi-Way Federal Credit Union Admin Office 840 Westminster Street
April 6, 2018	Hi-Way Federal Credit Union Admin Office 840 Westminster Street
June 1, 2018	Hi-Way Federal Credit Union Admin Office 840 Westminster Street
August 3, 2018	Hi-Way Federal Credit Union Admin Office 840 Westminster Street
October 1, 2018	Hi-Way Federal Credit Union Admin Office 840 Westminster Street
December 7, 2018	Hi-Way Federal Credit Union Admin Office 840 Westminster Street

For December 15, 2017

Conference code number to use to dial in from your phone—

All callers: 1-888-742-5095

Conference Code: 2103168236

REMEMBER, IF YOU ARE PHONING IN—DO NOT PUT YOUR PHONE ON HOLD! DOING SO SUBJECTS EVERYONE ELSE TO LISTEN TO MUSIC

Reform 2020 Implementation: Public Forum

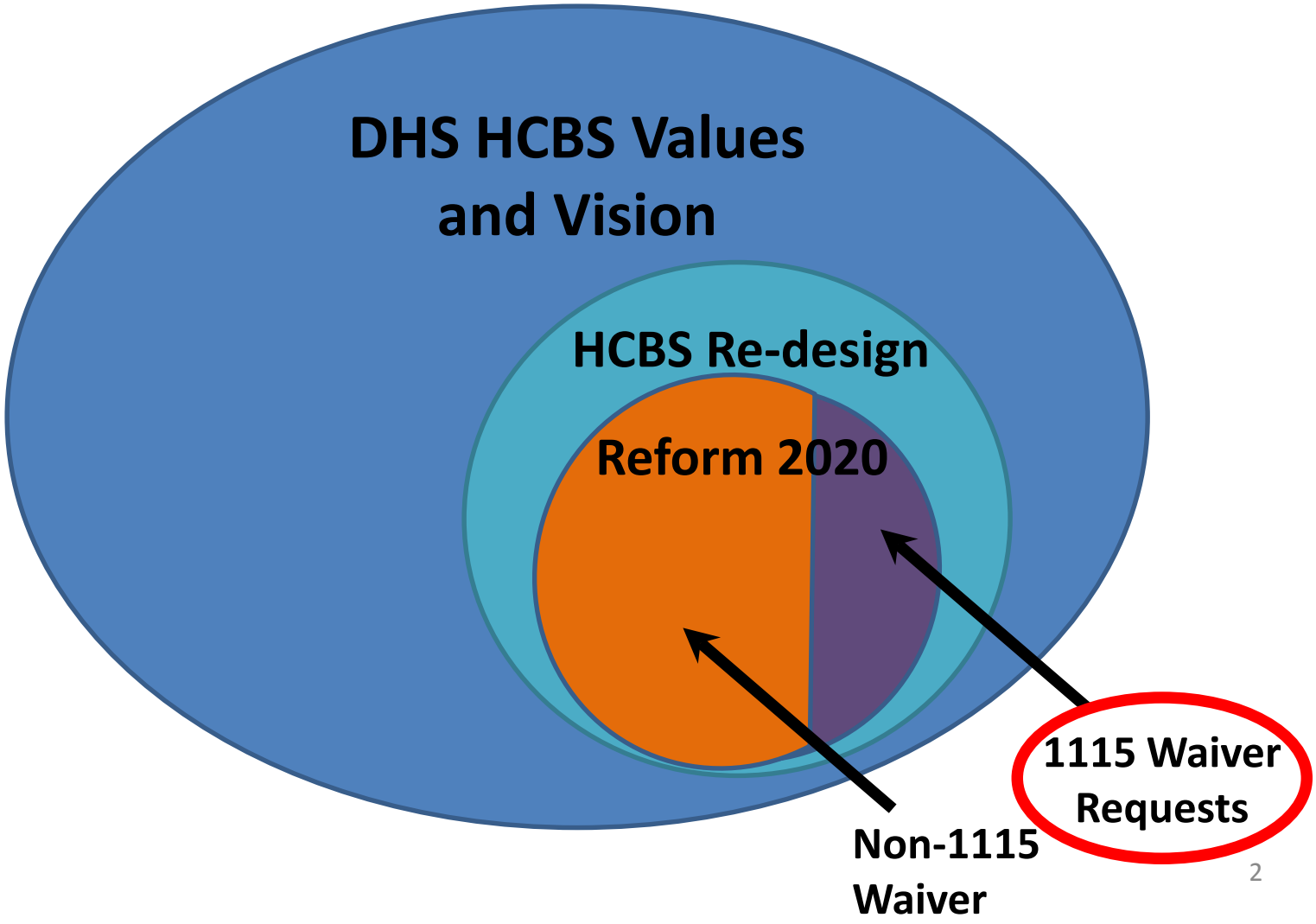
HCBS Partners Panel

December 15, 2017

Alex Bartolic, *Director, Disability Services Division*

Kari Benson, *Director, Aging and Adult Services Division*

Orientation to Today's Discussion



Values and Vision

- Long Term Services and Supports (LTSS) support people in having a meaningful life at all stages of life, according to their own goals, providing opportunities to make meaningful contributions, and built upon what is important to them
- Minnesota's long-term supports and services system is flexible, responsive and accessible by people who have an assessed need for LTSS
- The LTSS system is well-managed to ensure its sustainability in order to be available to those who need it in the future

Goals of HCBS Redesign

1) Better individual outcomes

- Increased flexibility to better meet the needs of each individual
- Increased stability in the community
- Better-informed individual decision-making about LTSS options
- Promotion of person-centered planning—life-long and crisis
- Improved transitions between settings and programs, preventing avoidable health crises.
- Recognize and address the social determinants of health care need and cost

Goals of HCBS Redesign

2) Right service at the right time

- Low-cost, high-impact services reach people earlier
- Decreased reliance on more costly services
- HCBS, not institutional care, is the entitlement

3) Ensuring the future of LTSS

- Increased sustainability of the LTSS system
- Increased efficiency in the use of public LTSS resources

What was “Reform 2020”?

- Bi-partisan initiative to reform MA
- Effort to meet the challenges of rising MA costs and growing demand
- Opportunity to develop/test new ways of operating; successful models could be expanded and in place by 2020
- Several foundational transformation projects, already underway, set the platform for other reform efforts
- Some initiatives required approval and/or participation of the federal government
- Several initiatives required state legislative action

Reform 2020

- Redesign to address pressures on the system while achieving certain goals

Pressures	Goals
• Rising costs of care • Future growth of aging population • Growing population of people with disabilities	• Better health outcomes • Greater independence and recovery • Community integration • Reduced reliance on institutional care • Simpler administration and access • Fiscal sustainability

- Goals achieved by modifying existing services, providing new services to targeted groups and testing innovative approaches

Reform 2020 – two approaches

1115 Waiver

- Budget-neutral from a federal perspective
- Projected savings of state funds used to invest in other high-priority Reform 2020 initiatives
- Some items were approved, others not approved

Strategies that used non-1115 waiver mechanisms

- Improve navigation and streamline access to services and supports
- Redesign and improve services
- Improve service coordination and integration
- Administrative efficiency and sustainability

1115 Waiver – Approved Items

- Replacement of PCA services – new program called ***Community First Services and Supports***
  - Status: Negotiations in progress with CMS
- Requested Federal Financial Participation in ***Alternative Care Program***
  - Status:
    - Now receiving Federal Financial Participation
    - Implementing required evaluation

Alternative Care Evaluation

- Compare the AC population before and after November 1, 2013 when the waiver was implemented, and compare the AC population to the Elderly Waiver population before and after November 1, 2013.
- Evaluation looks at:
  - Level of need, demographic characteristics, and service use patterns for AC and EW over time
  - Use of and access to consumer-directed options
  - Length of time in the community compared to NF use
  - Use of Essential Community Supports, a program designed to serve seniors with emerging needs for community support

Evaluation, continued

- Outcomes will be examined for AC participants alone, and in comparison to Elderly Waiver participants
- DHS expects the evaluation to show that AC participants have equal or better outcomes, compared to the pre-demonstration AC program
- Evaluation provides DHS an opportunity to examine outcomes for both AC and EW populations with a analytic, research-based approach.
- Understanding better how these programs support older Minnesotans will help DHS to respond to expected increase in demand for services as the population of people age 65 and older grows

Preliminary AC Analysis

- The interim report includes a preliminary analysis of these outcomes, not including Essential Community Supports.
- Preliminary analysis shows some significant differences between the AC and EW populations, but these differences are apparent both before and after implementation of federal financial participation.
- There are no significant changes either within the AC population or in comparison to the EW population before and after implementation in service use, use of CDCS, or the characteristics of the program participants.

Future Activities

- Annual reports to CMS on the progress made in implementation of the evaluation plan.
- Additional repeated analysis at points in time (snapshots) will add more statistical analysis
- Follow groups of people or cohorts over time to look at outcomes related to NF admission, mortality, length of time in the community.
- Final report at the end of the waiver approved period.

1115 Waiver – Not Approved, but moving forward in a different way

- Project for Assistance in Transition from Homelessness (PATH) Critical Time Intervention (CTI)
- Expanded access to transition support
- Empower and Encourage Independence through Employment
- Housing stability services

Activities that were not part of 1115 waiver request

Strategy 1: Improve navigation and streamline access to services and supports

- First Contact Pre-Admission Screening (PAS) Redesign
- Home and Community-Based Services Report Card (HCBS Finder)
- PCA Registry
- Enhancing protections for vulnerable adults through a statewide, centralized common entry point
  - MN Adult Abuse Reporting Center

Reform 2020: System Redesign Initiatives (not part of 1115 waiver request)

Strategy 2: Redesign and improve services

- Planning and service development
  - Eldercare Development Partnerships
  - Live Well at Home Grants
- Essential Community Supports
- Autism Early Intensive Developmental and Behavioral Intervention Benefit

Reform 2020: System Redesign Initiatives (not part of 1115 waiver request)

Strategy 3: Improve service coordination and integration

- Alzheimer's Health Care Home
- Case management redesign
- Technical assistance to divert commitments and address crisis

Reform 2020: System Redesign Initiatives (not part of 1115 waiver request)

Strategy 4: Administrative efficiency and sustainability

- Nursing Facility Level of Care implementation
- New budget methodology for vent-dependent seniors

Opportunity for Public Comment

HCBS Partners Panel Meeting Notes

Hi-Way Federal Credit Union Admin Office

December 15th, 2017

Welcome, Introductions

Lori Lippert, DHS-Disability Services Division

Reform 2020 Public Forum (Update on Reform 2020 and Public Comment)

Jan Kooistra, DHS-Federal Relations
Alex Bartolic, DHS-Disability Services Division
Kari Benson, DHS-Aging and Adult Services Division
Rachel Shands, DHS-Aging and Adult Services Division

Jan Kooistra introduced the forum. The Center for Medicare and Medicaid Services requires the State to hold a public meeting annually, as part of DHS's "Reform 2020" 1115 waiver. The purpose of the meeting is to update the public on the status of the waiver.
Alex Bartolic, Kari Benson and Rachel Shands presented Reform 2020 background and updates (See PPT Reform 2020 Implementation: Public Forum).

Q: Will the evaluation look at Essential Community Supports (ECS) utilization?

A: No.

Q: With increased vulnerable adult reports, is there a corresponding increase of investigations?

A: Yes, investigations have increased.

Q: What does technical assistance (TA) for diverting commitments look like (i.e., who can request TA? How is TA requested? What kind of TA is received)?

A: There are several efforts to provide TA—more than we can do justice to in today. DHS will put this topic on the agenda for a future meeting.

MnCHOICES 2.0 Update and Discussion

Rita Chamberlin, DHS-Disability Services Division
Jill Schweisthal, DHS-Disability Services Division

Presentation on the development of MnCHOICES 2.0, the next iteration of the current 1.0 (See MnCHOICES Presentation documents).

Q: When will MnCHOICES 2.0 be implemented?

A: DHS is still in the process of figuring this out. It requires IT changes and it is hard to predict the timeline for those.

Q: Will MnCHOICES 2.0 affect the long-term care consultation (LTCC)?

A: The LTCC will sunset when all lead agencies are launched into MnCHOICES. This will particularly affect health plans who are not currently launched in MnCHOICES 1.0 but will be with MnCHOICES 2.0.

Q: Will the case-mix and budgets be affected by MnCHOICES 2.0 due to different scoring?

A: The scoring from legacy documents and MnCHOICES 2.0 is being compared and will be tested with lead agencies to ensure the language and scores crosswalk accurately.

Q: Is MnCHOICES 1.0 being used now?

A: Yes, but not by health plans.

Q: Did DHS compare data with legacy documents and MnCHOICES?

A: DHS is currently in the process of comparing legacy documents with MnCHOICES 2.0. For MnCHOICES 1.0, the questions are exactly the same as what are in the legacy documents and DHS does not see differences in scoring. If you have examples of differences in scoring, please forward to DHS.

Q: Has a survey been put out for advocacy agencies, etc. for feedback on 1.0? Will there be more guidance regarding getting external feedback?

A: DHS has already gotten a lot of feedback from lead agencies and will continue securing feedback on the development of MnCHOICES 2.0. DHS will look into the possibility of securing external feedback from other stakeholders.

Q: How could you engage individuals with developmental disabilities, etc. about the questions being developed for MnCHOICES 2.0?

A: The assessment does not have questions, it has statements, and it is the assessor's responsibility to come up with the most appropriate questions. That said, DHS does want to hear from people receiving services regarding their experience of the assessment.

This is Medicaid Coalition

Susie Schatz, Lutheran Social Services.

Presentation on Medical Assistance background and advocacy efforts (See PPT presentation).

No questions.

Planning for 2018 Meetings

Discussion to plan for 2018 Partner's Panel meetings, including: what's helpful, what can be improved, how often to meet, for how long, and in what format.

Q: What does the state want from the group?

A: The charter says it's a place to share info back and forth, so it's a venue to give and receive information with home and community-based services partners engaged in policy-development. Membership in the panel is at the association level, so DHS hopes you will distribute information learned to your members and that you will share your member organization's information with DHS.

Q: Can the agenda have a parking lot section to help us track issues we've covered and want to come back to?

A: Good idea. We can try to do this.

Closing

Lori Lippert, DHS-Disability Services Division

Attachment B

Analysis of Adult Maltreatment Reported for AC Participants
(10/01/2017 - 12/31/2017)

Allegations reported while the alleged victim was Eligible for Alternative Care Services and where:
Reports were received by the Common Entry Point between 10/01/2017 and 12/31/2017
Determinations limited to those made between 10/01/2017 and 04/10/2018

CEP- Reported Adult Maltreatment Involving AC Participants
(10/01/2017 - 12/31/2017)

	Allegations Reported to CEP where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of *4/10/2018*	% Substantiated Maltreatment (of Allegations Investigated with Final Disposition)	
	#	% Total Allegations	# Allegations Investigated by the County	% of Total Allegations Investigated by the County	# County Investigations with Final Disposition	# Substantiated	% Substantiated of Total Investigated with Final Disposition
Emotional Abuse	39	15.23%	16	13.68%	6	0	0.00%
Mental Abuse	0	0.00%	0	0.00%	0	0	0.00%
Physical Abuse	11	4.30%	11	9.40%	3	0	0.00%
Sexual Abuse	0	0.00%	0	0.00%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	21	8.20%	9	7.69%	5	1	1.59%
Financial Exploitation (Non-Fid. Rel.)	50	19.53%	39	33.33%	25	9	14.29%
Caregiver Neglect	49	19.14%	26	22.22%	13	0	0.00%
Self-Neglect	86	33.59%	16	13.68%	11	3	4.76%
Total	256	100.00%	117	100.00%	63	13	20.63%

Source: DHS Data Warehouse 08/07/2018 (this should be at least 3 mos 10d following end of waiver reporting period.)

Dispostion of County Investigations of Maltreatment Allegations Involving AC Participants
CEP Reported Allegations : 10/01/2017 and 12/31/2017

	Allegation Dispostion				
	Substantiated Maltreatment	False Allegation*	Inconclusive	No Determination - Investig Not Possible^	Total
Emotional Abuse		4	2		6
Mental Abuse					0
Physical Abuse			3		3
Sexual Abuse					0
Fin. Exploitation (Fid Rel)	1	2	1	1	5
Fin. Exploitation (Non-Fid Rel)	9	8	5	3	25
Caregiver Neglect		8	5		13
Self -Neglect	3	4	2	2	11
Total	**13**	**26**	**18**	**6**	**63**

* Includes No Determination: No Maltreatment
^ Includes No determination - Not a Vulnerable Adult

Source: DHS Data Warehouse 08/07/2018 (this should be at least 3 mos 10d following end of waiver reporting period.)