

Reform 2020: Pathways to Independence

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

Demonstration Year 12
July 1, 2024 through January 31, 2025
Annual Report
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1. Introduction

Minnesota's Reform 2020 demonstration waiver, authorized under section 1115 of the Social Security Act, 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. This is the state's demonstration year (DY) 12 annual report for the period of July 1, 2024 through January 31, 2025.

Federal waiver authority for the five-year demonstration was initially approved by the Centers for Medicare & Medicaid Services (CMS) on October 18, 2013. The initial waiver was approved through June 30, 2018. On July 21, 2017, the Minnesota Department of Human Services (DHS) submitted an application to CMS to extend the waiver for the three-year period of July 1, 2018 through June 30, 2021. The Reform 2020 waiver operated under temporary extensions from July 1, 2018 through January 31, 2020. On January 31, 2020, CMS approved a waiver extension for the period of February 1, 2020 through January 31, 2025. On August 2, 2024, DHS submitted a waiver extension request for the five-year period of February 1, 2025 through January 31, 2030 which CMS approved on January 2, 2025.

1.1 Alternative Care Program

The Reform 2020 waiver provides federal matching funds for the Alternative Care program. The program was established as an alternative to provide community services to older adults with modest income and assets who are not yet eligible for Medical Assistance (MA), Minnesota's Medicaid program. The Alternative Care program provides a home and community services benefit to people age 65 and older who need nursing facility level of care, have income or assets above the state's MA standards, and do not have enough income or assets to pay for a nursing facility stay lasting longer than 135 days. This allows people to get the care they need without moving to a nursing home.

1.2 Goals of Demonstration

The goals of the Alternative Care program are to:

- Increase and support independence;
- Increase community integration; and
- Reduce reliance on institutional care.

2. Enrollment Information

The following tables provide the annual enrollment data. Because this reporting period covers seven months from July 1, 2024 through January 1, 2025, only one month of data is provided for quarter 3 (January).

Quarter 1 (July 1, 2024 – September 30, 2024)

Demonstration Population (as hard coded in the CMS 64)	Enrollees at Close of Quarter (9/30/2024)	Current Enrollees (as of data pull 10/2/2024)	Disenrolled in Current Quarter (7/1/2024 to 9/30/2024)
Alternative Care	2,596	2,595	6

Quarter 2 (October 1, 2024 – December 31, 2024)

Demonstration Population (as hard coded in the CMS 64)	Enrollees at Close of Quarter (12/31/2024)	Current Enrollees (as of data pull 1/2/2025)	Disenrolled in Current Quarter (10/1/2024 to 12/31/2024)
Alternative Care	2,579	2,576	4

Quarter 3 (January 1, 2025 – January 31, 2025)

Demonstration Population (as hard coded in the CMS 64)	Enrollees at Close of Quarter (1/31/2025)	Current Enrollees (as of data pull 4/2/2025)	Disenrolled in Current Quarter (1/1/2025 to 1/31/2025)
Alternative Care	2,576	2,602	4

2.1 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.

3. Outreach and Innovative Activities**3.1 Minnesota Department of Human Services Public Website**

Information about the Alternative Care program is available to the public on DHS' website. The [Alternative Care](#) webpage provides information about program eligibility, covered services, and the application process. The webpage also includes information about the Senior LinkAge Line® (described in the following section) where people can obtain information about the Alternative Care program and other programs and services for seniors.

3.2 Senior Linkage Line®

The [Senior Linkage Line®](#) is a free information service available to assist older adults and their families find applicable community services. Information is available on the website or people can call to receive information about services near them or get help evaluating their situation to determine what kind of service might be helpful. Information and Assistance Specialists work with the person and/or their caregiver to understand the person's needs and preferences, help connect them with services in their community, refer them to the appropriate county or tribal human service agency for an assessment to determine eligibility for services and supports, and follow-up as needed to support long-term success. Specialists are trained professionals who offer objective information about senior services.

3.3 Statewide Training

County and tribal human service agencies determine eligibility, complete person-centered planning, and coordinate Alternative Care services for eligible participants. DHS supports county and tribal human service agencies by providing technical assistance through response to issues and questions via email and phone contacts. DHS also offers self-paced online training related to MnCHOICES assessments and support planning, the Medicaid Management Information System (MMIS) tools and processes, level of care determinations, case management, services and supports, vulnerable adult and maltreatment reporting and prevention.

MnCHOICES is a computer application used by county and tribal human service agencies to facilitate the person's assessment and support planning work completed by certified assessors and case managers. MnCHOICES assessors must be certified by DHS. DHS offers ongoing training opportunities for certified assessors and case managers such as the Building Your Skills training. The Building Your Skills training is a 15-part series of recorded webinars that focus on foundational skills and best practices for developing a person-centered support plan. Additional instructions and guides to help county and tribal human service agencies navigate the assessment and support planning process can be accessed within the MnCHOICES system.

DHS also publishes and maintains several manuals to provide direction and support the work of county and tribal human service agencies, including:

- [Community-Based Services Manual](#) (CBSM) includes information for counties and tribal human service agencies who administer home and community-based services that support people receiving services in the community;
- [Minnesota Health Care Programs](#) (MHCP) Provider Manual includes information about covered services, provider Medicaid enrollment information, and provider standards; and
- [Instructions for Completing and Entering the LTCC Screening Document and Service Agreement Into MMIS](#) includes instructions for county and tribal human service agency staff who enter screening documents and service agreements in MMIS.

4. Updates on Post-Award Public Forums

In accordance with paragraph 42 of the Reform 2020 waiver's special terms and conditions (STCs), DHS holds public forums to provide the public with an opportunity to comment on the progress of the waiver. During the COVID-19 pandemic the schedule of forums was interrupted. In communications with CMS on August 23, 2023 the state shared the forum dates to resume the forum schedule prior to the pandemic. Forums were held March 6, 2024 and March 26, 2025. The next forum for the period of July 1, 2024 through June 30, 2025 (DY12 and DY13) is planned to be held in July 2025. To cover a 12-month period, DY12 and DY13 will be combined.

5. Policy and Operational Developments

There were four policy and operational updates during this reporting period:

1. Community First Services and Supports was approved;
2. Rates and monthly budgets were increased;
3. Asset assessments for married applicants were modified; and
4. Qualifications for certified assessors were updated.

5.1 Community First Services and Supports

DHS is redesigning its state plan Personal Care Assistance (PCA) services to expand self-directed options under a new service called Community First Services and Supports (CFSS).

DHS received approval on February 27, 2024 to cover CFSS under Minnesota's Medicaid state plan effective June 1, 2024. The service is authorized under sections 1915(i) and 1915(k) of the Social Security Act. DHS submitted a corresponding amendment on November 29, 2023 adding

CFSS as a service option under the Reform 2020 waiver. CMS confirmed on February 28, 2024 that no additional authority was required for CFSS to be covered under the Reform 2020 waiver for Alternative Care participants. DHS subsequently submitted amendments for the 1915(i) and 1915(k) waivers on June 13, 2024 to update the effective date of CFSS from June 1, 2024 to October 1, 2024. CMS approved the amendments on August 29, 2024.

5.2 Rate and monthly budget increases

DHS implemented rate and budget increases effective January 1, 2025 as authorized by the state legislature.

A. Rate increases

- 6.195% increase to home-delivered meals
- 3.14% increase to extended home care services, including home health aide, home care nursing, and skilled nursing
- 4.37% increase to personal care services.

B. Budget increases

- 4.53% increase to monthly case mix budget caps
- 4.53% increase to consumer directed community supports budgets.

5.3 Asset assessments for married applicants

Effective October 1, 2024, married people who apply for AC are no longer required to have an asset assessment completed by a financial worker, but may request one. If the assessment is not completed by a financial worker, the individual must complete a disclosure form annually or when they have financial changes.

5.4 Qualifications for certified assessors

The qualifications for certified assessors was updated in state law to remove the requirement that registered nurses must have two years of home and community-based service work experience. Certified assessors must now:

1. Either have a bachelor's degree in social work, nursing with a public health nursing certificate, or other closely related field or be a registered nurse; and
2. Have received training and certification specific to assessment and consultation for long-term care services in the state.

6. Financial and Budget Neutrality Development Issues

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. DHS also provides CMS with quarterly budget neutrality status updates using the Budget Neutrality Monitoring Tool submitted in the Performance Metrics Database and Analytics (PMDA) system.

7. Member Month Reporting

The following tables provide the annual member month reporting data. Because this reporting period covers seven months from July 1, 2024 through January 1, 2025, only one month of data is provided for quarter 3 (January).

Quarter 1 (July 1, 2024 – September 30, 2024)

Eligibility Group	July 2024	Aug. 2024	Sept. 2024	Total for Quarter
Alternative Care	2,629	2,640	2,645	7,914

Quarter 2 (October 1, 2024 – December 31, 2024)

Eligibility Group	Oct. 2024	Nov. 2024	Dec. 2024	Total for Quarter
Alternative Care	2,628	2,623	2,621	7,872

Quarter 3 (January 1, 2025 – January 31, 2025)

Eligibility Group	Jan. 2024	Total for Quarter
Alternative Care	2,636	2,636

8. Consumer Issues

8.1 Alternative Care Program Beneficiary Grievances and Appeals

Grievances and appeals filed by Alternative Care program participants are reviewed by DHS on a quarterly basis. Alternative Care program staff assist in resolving individual issues and identify significant trends or patterns. The following is a summary of Alternative Care program grievance and appeal activity during the period July 1, 2024 through January 31, 2025. Because this reporting period covers seven months from July 1, 2024 through January 1, 2025, only one month of data is provided for quarter 3 (January).

Quarter 1 (July 1, 2024 through September 30, 2024)

	Affirmed	Reversed	Dismissed	Withdrawn
Filed	0	0	0	1
Closed	0	1	0	1

Quarter 2 (October 1, 2024 through December 31, 2024)

	Affirmed	Reversed	Dismissed	Withdrawn
Filed	0	0	0	0
Closed	1	0	1	1

Quarter 3 (January 1, 2025 through January 31, 2025)

	Affirmed	Reversed	Dismissed	Withdrawn
Filed	0	0	0	1
Closed	0	0	0	0

8.2 Alternative Care Program Adverse Incidents

Incidents of suspected abuse, neglect, and exploitation are reported to the Minnesota Adult Abuse Reporting Center (MAARC) established by DHS. MAARC staff forward all reports to the respective investigative agency. In addition, MAARC staff screen all reports to evaluate immediate risk and possible criminal issues, and make necessary referrals. An immediate referral is made to county social services when there is an identified emergency safety need. An immediate referral is made to law enforcement when there is an alleged or possible crime involved. MAARC staff immediately forward reports of suspicious deaths to law enforcement, the medical examiner, and the Ombudsman for Mental Health and Developmental Disabilities.

For reports that do not contain an indication of immediate risk, MAARC staff notify the agency responsible for investigation (lead investigative agency) within two working days. If requested by the reporter, the lead investigative agency provides information to the reporter within five working days about the disposition of the investigation. Each lead investigative agency evaluates reports based on requirements and prioritization guidelines in state law.

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

DHS manages a centralized reporting data collection system housed within the Social Services Information System (SSIS). This system stores adult maltreatment reports for MAARC. 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 in SSIS.

Paragraph 36 of the Reform 2020 waiver's STCs require DHS to report annually the number of substantiated instances of abuse, neglect, exploitation and/or death, the actions taken regarding the incidents and how they were resolved. Please refer to Attachment A 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 of July 1, 2024 to January 31, 2025.

9. Quality Assurance and Monitoring Activity

9.1 Alternative Care Program and HCBS Quality Strategy

The Data, Policy and Quality Assurance workgroup within the Aging and Adult Services Division is responsible for reviewing the quality improvement strategy and coordinating with other applicable areas of the agency based on the issue. The workgroup analyzes data regarding performance measures and identifies remediation processes as needed. Issues requiring intervention beyond existing remediation processes (i.e., system improvements outlined below) are directed to the Aging and Adult Services Division policy team. The policy team completes additional analysis and, if indicated, develops new or revises policies and procedures. The policy

team responsible for this work within the Aging and Adult Services Division meets monthly when issues are identified.

Paragraph 35 of the Reform 2020 waiver's STCs require DHS to have an approved Quality Improvement Strategy and that DHS work with CMS to develop approvable performance measures within 90-days following the approval of the waiver. On July 17, 2020, DHS submitted its quality improvement strategy (QIS) to CMS as final. The QIS includes assurances and performance measures for the Alternative Care program and parallels DHS' section 1915(c) waiver QIS process. Specifically, DHS collects three complete years of data and submits the data 18 months prior to submitting the extension request.

DHS submitted the QIS data for Alternative Care for DY8, DY9 and DY10 on February 8, 2024. CMS conducted an accelerated review of the state's Evidence Report and provided its response on March 29, 2024. The response report requested the state provide additional information in four areas: Level of Care; Qualified Providers; Service Plans; and Health and Welfare. DHS responded on May 23, 2024. On July 9, 2024, CMS sent their final report, finding the state to be in compliance with three of the six areas: Administrative Authority, Financial Accountability, and Health and Welfare. CMS directed DHS to address the remaining three areas in the extension application: Level of Care; Qualified Providers; Service Plans. The state will work with CMS to develop quality performance measures for the new demonstration period as required in paragraph 35 of the Reform 2020 waiver's STCs.

Paragraph 36 of the Reform 2020 waiver's STCs require DHS to report annually the deficiencies found during the monitoring and evaluation of the quality assurances, an explanation of how these deficiencies have been or are being corrected, as well as the steps that have been taken to ensure that these deficiencies do not reoccur. The Alternative Care program report includes information on deficiencies, data related to cases of maltreatment and neglect, and corrective action/remedial steps taken. Please refer to Attachment A for the state's annual report for the period of July 1, 2024 to January 31, 2025.

9.2 Electronic Visit Verification

Paragraph 34 of the Reform 2020 waiver's STCs requires DHS to demonstrate compliance with the Electronic Visit Verification (EVV) system requirements. EVV for personal care services and home health services was phased in beginning in June 2022 with the final phase of implementation completed in October 2023.

The Alternative Care services subject to EVV as personal care services are:

- Consumer directed community supports (direct support workers within the personal assistance category)
- Personal care assistance
- Homemaker (assistance with activities of daily living)
- Individual Community Living Supports (in-person)
- Respite (in-home)

The Alternative Care services subject to EVV as home health services are:

- Home health aide

- Nursing services
- Skilled nursing visit
- Tele-homecare

10. Demonstration Evaluation

While the information in this section was provided in previous quarterly reports, it is included because it is relevant to the waiver's operation during this reporting period.

10.1 Evaluation Design

DHS contracted with the University of Minnesota for development of an evaluation design and analysis plan that covers all elements outlined in paragraph 68 of the Reform 2020 waiver's STCs. A draft evaluation plan for the waiver extension period effective February 1, 2020 through January 30, 2025 was submitted to CMS on July 7, 2020. CMS provided initial feedback on April 4, 2021, and additional feedback on July 6, 2021. DHS addressed CMS' feedback on September 7, 2021, and CMS gave final approval of the evaluation plan on September 21, 2021.

10.2 Summative Evaluation Report

The draft Summative Evaluation Report for the previous demonstration period of July 1, 2013 through January 31, 2020 was submitted to CMS on August 12, 2021. CMS' comments on the draft report were received on January 11, 2022. DHS revised the report in response to CMS' feedback and resubmitted the report on March 4, 2022. CMS approved the Summative Evaluation Report on May 30, 2024.

10.3 Interim Evaluation Report

DHS identified an unexpected delay in completion of the Interim Evaluation Report that was due to be submitted with the Reform 2020 waiver extension request in January 2024. At that time, the evaluation report was expected to be completed in June 2024. DHS sought direction from CMS about the timing of the extension request relative to the expected evaluation completion. CMS informed DHS via email on October 18, 2023 that the waiver extension application could be submitted in June 2024. In June and July 2024, DHS consulted with CMS about the timing of the waiver application submission and CMS agreed to allowing DHS additional time. The Interim Evaluation Report was submitted to CMS on June 12, 2024 and remains under CMS review.

11. State Contact

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**Annual Report on Home and Community Based Services Waiver
Alternative Care 1115 Waiver
May 2025 for the period of 7/1/2024 – 1/31/2025**

Documentation:

Provide a Brief description of the process for monitoring the safeguards and standards under the waiver

Minnesota monitors waiver services provider standards through the following:

- Ongoing individual care monitoring by county case managers and tribal case managers.
- Provider Enrollment process through which the department determines whether providers meet the qualifications/standards specified in the waiver. Providers that meet the qualifications are enrolled and assigned a provider number. The number is used in MMIS to identify the provider on service authorizations, verify the services enrolled to provide, and to process claims. If providers do not have, or no longer have, the proper qualifications and/or license/certifications to provide AC services, they will not be enrolled, or will be disenrolled and cannot be paid for providing AC services.
 - A county or tribal human services agency may approve non-enrolled vendors to deliver HCBS waiver services for services classified as Approval Option Services by the department. When doing so, county or tribal human services agencies must document that the vendor meets standards established by DHS. As part of the DHS HCBS Lead Agency Review activities, a county or tribal human services agency must provide the required documentation that is used to track the qualified vendors that agency has approved. When a county or tribal human services agency is found to be non-compliant with the documentation requirements they have 60 days to correct it.
- Licensing and certification standards for and reviews of Adult Day Service, Home Health services, respite, adult companion and homemaker. The licensing entity (DHS or MDH) determines whether the provider meets necessary criteria to obtain and retain licensure through periodic licensing reviews. The licensing entity is also responsible to

follow up on reported complaints, concerns and maltreatment reports involving licensed providers. Licensing information is shared with Provider Enrollment. Termination of a license will result in disenrollment of the provider;

Minnesota monitors waiver services planning and delivery through the following:

- Reviews of county or tribal human services agencies by the Department are conducted remotely. The Lead Agency Reviews include surveys of case managers and assessors, review of support plans and related policies and procedures, and HCBS attestation documents. These reviews include health and safety components of the support plans. If the department finds the county or tribal human services agency overall deficient in a required waiver activity, corrective action at the county or tribal human services agency level is required. The deficiencies requiring corrective action are identified in a report and the county or tribal human services agency must submit a corrective action plan which is posted publicly on the department website. All individual cases that are found out of compliance with waiver requirements are required to be remediated. A county or tribal human services agency has 60 days to correct all compliance issues and certify that the corrections were made.
- Interviews and surveys with Alternative Care participants;
- On-going policy consultation, training and technical assistance/instruction provided by Department staff with all county or tribal human services agencies, including written resource material and help desk technical support;
- Department staff/regional meetings with county or tribal human services agencies;
- Fair Hearing Process and monitoring fair hearing requests –participants receive information concerning their right to a fair hearing and how to request a hearing, including any time their waiver services are changed (e.g., increased, decreased, suspended, or terminated).

Department staff who manage the waiver review fair hearing requests assist in resolving individual issues, and identify possible trends or patterns in appeals to identify opportunities for additional training, policy clarification, systems changes, etc.

Minnesota's incident management system to protect individuals from, and respond to reports of maltreatment:

- County social service agencies, Minnesota Department of Health (MDH) or Department of Human Services (DHS) Office of Inspector General respond to reports of suspected maltreatment, including abuse, neglect or financial exploitation of vulnerable adults. Minnesota designed and implemented a single statewide common entry point called Minnesota Adult Abuse Reporting Center (MAARC), as designated under Minnesota statute by the commissioner of human services to receive and act on reports of maltreatment. Each report received by the common entry point is entered into the Social Service Information System (SSIS) and forwarded to the lead investigative agency responsible for responding to the report. Each report received is subsequently assessed by a lead investigative agency to determine the required action. Actions required under Minnesota statute are taken as follow-up to reports of suspected maltreatment received by the common entry point;
- Investigation dispositions for reports of suspected maltreatment of a vulnerable adult received by the common entry point are reported to DHS via SSIS when the county, Department of Human Services, or the Department of Health is the lead investigative agency (work is underway to capture in SSIS investigative outcome data from the Department of Human Services Office of Inspector General and Minnesota Department of Health). Aggregate maltreatment data for waiver recipients is reviewed and analyzed for patterns and trends for use in program management and policy planning;
- Interface with existing Ombudsman programs and data.

Other waiver design elements that contribute to assurances:

- MMIS system edits that ensure, as part of waiver design, that institutional level of care is established and verified, that the person has eligibility for long term care services and that providers of services are enrolled and qualified to provide authorized services;
- Financial Management Services (FMS) which are the Consumer Directed Community Supports (CDCS) Medicaid enrolled provider for all CDCS services must be certified by the department prior to providing services. Recertification reviews are conducted every two years or as determined by the department;

Quality Initiatives:

DHS uses available data sources to complete MMIS reports of various waiver activities and issues. Information from MMIS (i.e., prior authorizations, assessment results, financial eligibility and claims) is downloaded into the DHS data warehouse. The data warehouse includes data from across the department and can be used to research and analyze various waiver issues.

The HCBS Lead Agency Reviews are a multi-year statewide initiative conducted by DHS to collect and analyze data on the local administration and implementation of home and community-based waiver programs. This evaluation process uses a comprehensive, mixed-method approach to review data, much of which is gathered during a multi-day review. These methods are intended to provide a full picture of compliance, context, and practices within each county or tribal human services agency, and further explain how individuals benefit from the HCBS programs. The length of the review depends on the county or tribal human services agency's waiver participant population, which determines the sample size of individual cases reviewed. The sampling strategy is: 10% of cases by program; 10 cases; or all cases if there are less than 10 in a program – whichever is largest. For the largest few county human service agencies, a sample size that reaches 95% +/- 10% significance is used. County or tribal human services agencies are required to correct all cases reviewed that are found to be out of compliance with program requirements. A county or tribal human services agency has 60 days to correct all compliance issues and submit certification to DHS that the corrections were made. County or tribal human services agencies are required to submit corrective action plans to DHS when a pattern of non-compliance is identified with program requirements. Individual county or tribal human services agency reports, and corrective action plans are posted publicly on the DHS website.

DHS manages a centralized data base called the Social Services Information System (SSIS) which contains a module for the Common Entry Point (CEP)/ Minnesota Adult Abuse Reporting Center (MAARC) and for county adult protective services. All reports of suspected Vulnerable Adult (VA) Maltreatment made to the commissioner-designated common entry point are put into SSIS and referred to the lead investigative agency responsible for the report. Once resulting investigations are complete, the investigative findings for the counties as the Lead Investigative Agency are documented within SSIS. The VA maltreatment data gathered from SSIS is used for state supervision of the adult protection system to evaluate outcomes and quality in preventative and protective services provided to vulnerable adults, assess trends in maltreatment, improve and target training issues and better identify opportunities for program and policy improvement. Adult protection information in SSIS is available to the counties to self-monitor performance as well.

Fair Hearings

During the reporting period, seven fair hearing requests involving an AC participant were filed with DHS (3,085 persons were on AC during this reporting cycle). Of these requests, three were withdrawn before an issue could be determined and one is still open. Three fair hearing requests were heard: one was dismissed because the appeal was not timely, one where the fee was in question was affirmed, and one where benefits had been reduced was reversed. Due to only three appeals being filed and heard, no significant patterns could be identified.

Adult Protection

Data Importance: Minnesota encourages reporting of allegations of suspected maltreatment of a vulnerable adult. Reports of suspected maltreatment of a vulnerable adult are required to be made by mandated reporters and may be made by any person. Reports are received by the centralized Minnesota Adult Abuse Reporting Center (MAARC), the single state-wide common entry point (CEP) designated by the commissioner. MAARC enters each report into the state's Social Services Information System (SSIS) and makes required evaluation and referrals.

Minnesota's Vulnerable Adult Act requires the CEP to immediately screen and refer reports to the appropriate county agency if the vulnerable adult may be in need of emergency adult protective services. Immediate notification is made by MAARC to law enforcement if the report contains suspected criminal activity. Each report is referred to the appropriate lead investigative agency (LIA) as soon as possible, but no longer than two working days from the receipt of the report. The LIAs are county adult protection agencies, Department of Human Services Office of Inspector General, and the Minnesota Department of Health.

Each report made to the CEP may contain multiple allegations. Duplicate reports of the same incident may also be made. Each allegation reported is reviewed by the LIA responsible. Lead investigative agencies have 5 business days to conduct intake on the reported allegation(s) and determine if an investigative response is appropriate. County agencies use standardized tools provided by DHS to make decisions on report response. If the LIA determines an investigative response is required, the LIA has 60 days to conduct the investigation and determine, based on a preponderance of the evidence, if the reported allegation was substantiated, false, inconclusive or unable to be investigated. Investigations may be extended past 60 days with required notifications. LIAs and law enforcement are required to coordinate investigations and may share information for protection of the vulnerable adult.

Data Calculation:

Total allegations:

Numerator: Number of allegations for discrete allegation types reported to the CEP in the time period for vulnerable adults (VAs) identified as an Alternative Care participant where a county is the LIA responsible.

Denominator: Total of all allegation types reported for VAs identified in the state system as Alternative Care participants in the time period where the county is the LIA responsible.

Allegations investigated:

Numerator: Number of allegations for discrete allegation types reported to the CEP in the time period for VAs identified as Alternative Care participants where the allegation was investigated by a county LIA.

Denominator: Total of all allegation types investigated by the county LIA in the time period for VAs identified as Alternative Care participants.

Allegations with final disposition:

Numerator: Number of allegations for discrete allegation types substantiated following county investigation where the VA was identified as an Alternative Care participant where the investigation was completed at least 3 months following the end of the time period.

Denominator: Total number of all allegation types investigated by the county LIA with a substantiated disposition at least 3 months following the end of the time period.

Data Limitations:

Data from 7/1/2024 through 1/31/2025 reflects reported allegations of suspected maltreatment made to MAARC and entered into the Social Services Information System (SSIS) where the county was the Lead Investigative Agency (LIA) responsible for the report and the vulnerable adult, who was the subject of the report, was able to be identified in the state's data warehouse as an Alternative Care participant type identified in this report. Data calculations from 7/1/2024 through 1/31/2025 do not reflect MAARC reported allegations where DHS or MDH were the LIA responsible for the report.

Data includes only allegations of suspected maltreatment of a vulnerable adult reported to MAARC that received an investigative response and were determined by a LIA between July 1, 2024 and January 31, 2025. Not all people who are the subject of reports or all incidents reported meet the definition of vulnerable adult or maltreatment established under Minnesota laws. Not all allegation investigations are completed within the calendar year in which the allegation was reported. Not all investigations are able to be completed by the LIA. Not all allegations investigated are able to be determined.

This calculation does not reflect Alternative Care waiver participants who were not cleared to the state's system to identify the person's status with respect to enrollment in the Alternative Care waiver. For reported allegations from 7/1/2024 through 1/31/2025, clearing to state systems to identify the person is done only for persons who are the subject of reported allegations when the county is the LIA responsible.

This data does not reflect investigation decisions related to maltreatment allegations made to MAARC when the investigation was not completed within 3 months and 10 days following the end of the report time period.

Data is from a working database, thus numbers can change over time due to data cleanup and statutory requirements for data destruction after 3 years.

In Minnesota, vulnerable adult maltreatment reporting moved from a county-based to a single state entry point system on 7/1/2015. The table below shows the total number of allegations reported to MAARC, by allegation type where the alleged victim was on Alternative Care at the time the allegation was reported, and a county was the lead investigative agency responsible for the report. Each allegation reported to MAARC is assessed by the lead investigative agency responsible. County lead investigative agencies use a standardized tool, provided by the department, to determine if adults reported meet policy criteria as potentially vulnerable and maltreated as defined in the Vulnerable Adult Act. County agencies may apply their own prioritization in final decisions for which referred adults are accepted for an adult protection assessment. Counties may provide referrals and supports during intake processes for adults not accepted for adult protective services. For vulnerable adults who are accepted for adult protective services, the adults are offered emergency and continuing protective social services through assessment of strengths, needs, and service planning with protective interventions to stop, reduce risk, and prevent maltreatment. The county, as the lead investigative agency, may change the allegation reported or add new allegations discovered during assessment. Resources are offered to the adults regardless of the final investigative determination. The table also summarizes the disposition of county investigations of maltreatment involving Alternative Care participants including the number of allegations opened for investigation and service assessment by a

county adult protection program. The second table summarizes investigation final determinations by allegation assessed during adult protection response.

CEP- Reported Adult Maltreatment Involving AC Participants (07/01/2024 - 01/31/2025)							
	Allegations Reported to CEP where Alleged Victim is a participant*		Allegations Investigated by the County		County Investigations with Final Disposition as of	% Substantiated Maltreatment (of Allegations Investigated with Final Disposition)	
					04/07/2025		
	#	% 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	34	9.86%	17	17.71%	8	1	1.79%
Physical Abuse	18	5.22%	8	8.33%	3	2	3.57%
Sexual Abuse	0	0.00%	0	0.00%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	17	4.93%	4	4.17%	2	0	0.00%
Financial Exploitation (Non-Fid. Rel.)	45	13.04%	20	20.83%	14	2	3.57%

Caregiver Neglect	55	15.94%	17	17.71%	7	0	0.00%
Self-Neglect	176	51.01%	30	31.25%	22	11	19.64%
Total	345	100.00%	96	100.00%	56	16	28.57%
Total Deduplicated AC participants with substantiated maltreatments							14

Source: DHS Data Warehouse 04/07/2025 (this should be at least 3 months following end of waiver reporting period.)

Disposition of County Investigations of Maltreatment Allegations Involving AC Participants						
CEP Reported Allegations: 07/01/2024 and 01/31/2025						
	Allegation Disposition					
	Substantiated Maltreatment	False Allegation	Inconclusive	No Determination - Investigation Not Possible*	Total	
Emotional Abuse	1	6	0	1	8	
Physical Abuse	2	1	0	0	3	
Sexual Abuse	0	0	0	0	0	
Fin. Exploitation (Fid Rel)	0	1	0	1	2	
Fin. Exploitation (Non-Fid Rel)	2	5	5	2	14	
Caregiver Neglect	0	5	2	0	7	
Self -Neglect	11	10	0	1	22	
Total	16	28	7	5	56	

* Includes No Determination: Not a Vulnerable Adult

Source: DHS Data Warehouse 04/07/2025 (this should be at least 3 months following end of waiver reporting period.)

Interventions Offered and Provided by County Adult Protective Services to Remediate Maltreatment of a Vulnerable Adult (VA)

Interventions are recommended, referred or implemented by county adult protective services (APS) as part of safety planning for the VA during the investigation and through case closure. Intervention may be for the VA or the Primary Support Person (PSP) for the VA. The PSP is the individual who is providing or managing the majority of ongoing care for the vulnerable adult. The primary support person can be different than a caregiver.

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination. Adults have the right to accept or refuse services.

Intervention Definitions:

Addiction Assessment, Treatment, or Counseling – Services and activities to deter, reduce or eliminate substance abuse or chemical dependency. Includes referral for assessment, treatment, and counseling services for gambling and other addictions.

Animal Control – Office or agency responsible for enforcement or control, impounding or disposition of animals.

Caregiver Support Services or Education – Assistance for family or other informal caregivers to improve or sustain capacity for caregiving. Includes counseling, support groups, training, or respite.

Case Management/Care Coordination – Assessment of needs, development and monitoring of a service plan, service referral, coordination, and advocacy to ensure the safety and well-being of the adult who is vulnerable.

Commitment – Court process for involuntary treatment of mental illness or chemical dependency under circumstances of danger to self or others.

Education and Support – APS worker provides information, help, or support to the adult who is vulnerable to improve insight, understanding, or change behavior to prevent/reduce risk of maltreatment.

Education, Employment, and Training Services – Services, education, coaching, or other activities to assist in achieving or maintaining economic self-support.

Emergency Assistance – Food, shelter, clothing, transportation, social services, or financial assistance provided on an emergency basis. Includes counseling or supervision.

Emergency Hold – 72-hour hold by law enforcement, physician, or public health.

Family Counseling or Mediation – To help family members improve communication, resolve conflict, or identify and change patterns. Provided by a trained or licensed therapist or mediator.

Financial Fiduciary – Power of attorney or trustee to assist with finances.

Financial Management Assistance – Services or activities to assist in managing finances or planning for future financial needs. Includes meeting with financial institutions, financial planning, estate planning, money management and planning to meet needs associated with impaired capacity.

Guardian/Conservator Appointment or Replacement - Court order, including state or tribal courts, resulting in appointment, appointment revocation or modification of a guardian or conservator.

Health and Welfare Check – Requested by APS and performed by law enforcement.

Health Care Directive Completed or Modified – Executing a new health care directive or modifying an existing directive to name or change an agent or identify advance health care planning.

Home or Community Based Services – Supports provided outside of a nursing home or hospital to meet needs for food, shelter, clothing, health care or supervision.

Housing Clean-Up or Repair – Supports to clean up or repair dilapidated or hazardous housing conditions or meet housing codes.

Housing Code Inspection – Housing or fire code inspection. Includes coordination with inspection or support to meet code.

Law Enforcement – Coordination with LE when the allegations include potential crimes.

Legal Services – Includes legal advice, counsel or representation or asset recovery, fiduciary appointment, supported decision making, or advocacy.

Medical Assistance Hardship Waiver – Applying and meeting verifications for a hardship waiver.

Medical or Dental Services – Services to attain or maintain physical health.

Mental Health Services – Services to attain or maintain mental health.

MNCHOICES Assessment/Long Term Care Consultation – Referral and/or support through the process.

Moved or Relocated the Adult Vulnerable to Maltreatment– Assistance or support.

Moved or relocated the Person Alleged Responsible–Assistance or support.

Multidisciplinary Adult Protection Team Review – Using an MDT for service recommendations, support of safety planning, case review or coordination with MDT members.

Office of the Inspector General – Fraud investigation.

Ombudsman – Advocacy for rights of people receiving long-term services and supports or mental health and developmental disability services.

Public Assistance Benefits – Includes Cash assistance, Supplemental Nutrition Assistance Program (SNAP), medical assistance, energy, or childcare assistance.

Referral to Prosecutor Office – Includes coordination with city, county, state, or federal prosecuting attorney and may or may not result in conviction.

Restraining Order for Removal of Person Alleged Responsible– Order for Protection, Harassment Order, Restraining Order for the protection of the adult who is vulnerable.

Representative Payee Appointed or Modified – New or modified Social Security, Veterans Administration, or other government retirement income Payee.

Sexual Assault Examination and Treatment – Medical forensic services to diagnosis, treat and preserve evidence of assault.

Sought Legal Authority to Remove the Adult Who is Vulnerable – Court order for Protective Arrangement, 72-hour hold, emergency hold order.

Support System for the Adult Who is Vulnerable Engaged – Family, responsible party, informal supports identified, located, engaged to support, meet, or monitor needs, or provide safety to prevent maltreatment.

Supportive Decision-Making – Includes facilitation of surrogate decision makers less restrictive than guardianship or conservatorship to assist with personal and/or financial decision which do not result in removal of person's rights.

Transaction Hold–The delay, stop or hold of a financial transaction by an investment advisor, broker dealer, bank, trust, or credit union through the authority of the Commerce Department under Chapter 45A to stop or prevent financial exploitation.

Transportation – Provide or arrange travel to access services, medical care, or employment.

Tribal Agency for Social Services– Tribal social or health services.

Unique Services – Selected when the intervention type is not listed

Victim Services – Provided to, or on behalf of, victims in the criminal justice system. Includes post sentencing services and supports for crime victims handled by a prosecutor's office. Includes all services for victims of maltreatment such as domestic violence/abuse, sexual assault, and financial exploitation. Also, includes the recovery of the assets or property of the adult who is vulnerable.

Interventions Offered/Provided to Remediate Maltreatment for AC Participants (07/01/2024 - 06/30/2024)

Interventions Offered/Provided to Remediate Maltreatment for AC participants and where:

Reports were received by the Common Entry Point, MAARC, between 07/01/2024 and 01/31/2025

Maltreatment determined to be substantiated following investigation and limited to those made between 07/01/2024 and 04/07/2025

Interventions offered/provided to the vulnerable adult (VA) and the primary support person (PSP)

County is the Lead Investigative Agency

Determinations of the following types were included: Substantiated

Intervention Type	Intervention Code	Intervention Description	# of Intervention Offered/Provided	% of Interventions by Intervention Code
VA	49	Caregiver Support Services or Education	2	3.92%
VA	2	Case Management/Care Coordination	9	17.65%
VA	50	Education and Support	6	11.76%
VA	12	Financial Management Assistance	1	1.96%
VA	15	Health and Welfare Check	4	7.84%
VA	16	Health Care Directive Completed or Modified	1	1.96%
VA	18	Home or Community Based Services	5	9.80%
VA	21	Law Enforcement	2	3.92%
VA	23	Medical or Dental Services	3	5.88%
VA	27	MnCHOICES Assessment/Long Term Care Consultation (LTCC)	1	1.96%
VA	28	Moved or Relocated the Adult Vulnerable to Maltreatment	4	7.84%
VA	30	Multidisciplinary Adult Protection Team Review	4	7.84%
VA	9	Public Assistance Benefits	2	3.92%
VA	38	Support System for the Adult Who is Vulnerable Engaged	5	9.80%

VA	39	Transportation	2	3.92%
Total Interventions Offered/Provided			51	100%
Total De-duplicated AC Participants with Substantiated Maltreatment			14	
Total AC Participants w/included /Remediated Maltreatment			14	
Percent of included with an intervention listed				100.00%

Source: DHS Data Warehouse 04/07/2025 (this should be at least 3 months following end of waiver reporting period.)

Findings of Monitoring:

Deficiencies were detected.

Provide a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary are not necessary):

During the reporting period, DHS licensing deficiencies included both licensing actions and maltreatment reports. The licensing information does not indicate if the actions were specifically related to AC participants.

During the reporting period, DHS received and investigated alleged maltreatment reports related to patient rights, environmental hazards, neglect/self-neglect, and medication administration. The complaint information does not indicate if the complaints were specifically related to AC participants.

Licensing: Department of Human Service (DHS). During the reporting period, licensing deficiencies involving providers of services to AC participants including both licensing actions and substantiated maltreatment findings are summarized below in the aggregate data. The licensing action information does not indicate if the complaints were specifically related to AC participants.

Time Period 7/1/24– 1/31/25

Licensing Sanctions – reflecting sanction issue date

1) <u>Adult Day Centers</u> (7/1/24 - 1/31/25). 181 facilities (07/01/24)	# Issued
Conditional	3
Denial	1
Fine	2
Revocation	1
Temporary Immediate Suspension	0

2) <u>245D Programs</u> (7/1/24 – 1/31/25)*** 7,370 programs (01/01/24)	# Issued
Conditional	8
Denial	5
Fine	26
Revocation	6
Suspension	0
Temporary Immediate Suspension	1

Note: The figures above pertain to providers of AC services licensed by DHS and include Adult Day Centers and 245D Programs. Licensing information does not indicate if the actions were specifically related to AC participants. The complaint information above does not indicate if the complaints were specifically related to AC participants being served by the provider.

*** Licensure under chapter 245D Home and Community Based Services includes services that are offered under AC, EW, and the disability waivers.

Providers Licensed by the Minnesota Department of Human Services (DHS): If it is determined that a participant is at risk of imminent harm, the provider's license may be immediately suspended, or different services arranged for the participant. When a provider fails to comply with regulations, but the failure does not pose an imminent threat to participant health and safety the department may issue a conditional license for a period of time. During this time, the provider must make

changes to correct the issue(s) of noncompliance identified. When the department issues licensing actions, consideration is given to the nature, frequency, and severity of the violation and its real or potential effect on the health, safety, and rights of service recipients.

Maltreatment Allegations/Findings - *no breakdown available for the age of the victim*

1) Adult Day Centers (7/1/24 – 1/31/25)	
Reports completed & substantiated	0
Allegations substantiated	0
Responsibility: Facility/Provider Agency	0
Responsibility: Facility/Provider Staff	0
Responsibility: Inconclusive	0

2) 245D Programs (7/1/24 – 1/31/25)***	
Reports completed & substantiated	34
Allegations substantiated	76
Responsibility: Facility/Provider Agency	2
Responsibility: Facility/Provider Staff	73
Responsibility: Inconclusive	8

*** Licensure under chapter 245D Home and Community Based Services includes services that are offered under AC, EW, and the disability waivers.

Deficiencies have been, or are being corrected.

Provide an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure the deficiencies do not recur:

If it is determined that a participant is at risk of imminent harm, the provider's DHS license may be immediately suspended, or different services arranged for the participant. A license holder may also be subject to suspension or revocation of its license when the provider fails to comply with regulations, knowingly withholds relevant information, or provides false or misleading information related to a license application, staff background study, or maltreatment investigation.

When a provider fails to comply with regulations, but the failure does not pose an imminent threat to participant health and safety, the department may issue a conditional license for a period of time. During this time, the provider must make changes to correct the issue(s) of non-compliance identified. When the department issues licensing actions, consideration is given to the nature, frequency, and severity of the violation and its real or potential effect on the health, safety, and rights of participants.