

# Reform 2020: Pathways to Independence

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

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**Demonstration Year VIII**  
**July 1, 2020 through June 30, 2021**  
**Annual Report**

**Submitted to:**

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

**Submitted by:**

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## **1. Introduction**

Minnesota's Reform 2020 section 1115 demonstration provides federal waiver authority to implement key components of the state'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. Federal waiver authority for the five-year demonstration was scheduled to expire on June 30, 2018. On July 19, 2017 the state submitted a request to renew the Reform 2020 waiver through June 30, 2021. The Reform 2020 waiver operated under a temporary extension through January 31, 2020. CMS approved the extension of the waiver on January 31, 2020 for the period February 1, 2020 through January 31, 2025.

### **1.1 Alternative Care 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 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 Children under 21 with Activities of Daily Living (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 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 reporting on the number of children meeting these criteria began January 1, 2015. Expenditure authority for the children with ADL needs program component of the waiver was effective until October 31, 2020, to allow the state time to transition this small population out of the demonstration to be possibly covered under its Medicaid state plan.

### **1.3 Goals of Demonstration**

The Reform 2020 waiver provides federal support for the state's Alternative Care program. The Alternative Care program is designed to assist the state in its goals to:

- Increase and support independence;
- Increase community integration; and

- Reduce reliance on institutional care.

## 2. Enrollment Information

Demonstration Populations (as Hard coded in the CMS 64)	Enrollees at close of quarter (June 30, 2021)	Current Enrollees (as of data pull on July 7, 2021)	Disenrolled in Current Quarter (April 1, 2021 to June 30, 2021)
<b>Population 1:</b> Alternative Care	2,703	2,685	10

### 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 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.

### 3.2 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.

### 3.3 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.

#### **4. Updates on Post-Award Public Forums**

In accordance with paragraph 42 of the Reform 2020 special terms and conditions, DHS planned to hold the next public forum in late fall of 2021, but was delayed due to limitations related to COVID-19. A public forum via teleconference is planned for early 2022.

#### **5. Policy and Operational Developments**

There were no significant program developments or operational issues for populations covered under this waiver during demonstration year VIII.

#### **6. Financial and Budget Neutrality Development Issues**

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. DHS will also provide CMS with quarterly budget neutrality status updates using the Budget Neutrality Monitoring Tool provided through the performance metrics data base and analytics (PMDA) system.

#### **7. Member Month Reporting**

<b>Eligibility Group</b>	<b>Jul 2020</b>	<b>Aug 2020</b>	<b>Sep 2020</b>	<b>Oct 2020</b>	<b>Nov 2020</b>	<b>Dec 2020</b>	<b>Jan 2021</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>Apr 2021</b>	<b>May 2021</b>	<b>Jun 2021</b>
<b>Population 1:</b> Alternative Care	2,811	2,825	2,820	2,847	2,860	2,869	2,818	2,797	2,788	2,778	2,769	2,767

## 8. Consumer Issues

### 8.1 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 July 1 2020 through June 30, 2021.

#### Alternative Care Program Beneficiary Grievance and Appeal Activity July 1, 2020 through September 30, 2020

	<b>Affirmed</b>	<b>Reversed</b>	<b>Dismissed</b>	<b>Withdrawn</b>
<b>Filed</b>	0	0	0	1
<b>Closed</b>	0	0	2	1

#### Alternative Care Program Beneficiary Grievance and Appeal Activity October 1, 2020 through December 31, 2020

	<b>Affirmed</b>	<b>Reversed</b>	<b>Dismissed</b>	<b>Withdrawn</b>
<b>Filed</b>	0	0	0	0
<b>Closed</b>	0	0	0	1

#### Alternative Care Program Beneficiary Grievance and Appeal Activity January 1, 2021 through March 31, 2021

	<b>Affirmed</b>	<b>Reversed</b>	<b>Dismissed</b>	<b>Withdrawn</b>
<b>Filed</b>	0	0	1	5
<b>Closed</b>	0	0	1	5

#### Alternative Care Program Beneficiary Grievance and Appeal Activity April 1, 2021 through June 30, 2021

	<b>Affirmed</b>	<b>Reversed</b>	<b>Dismissed</b>	<b>Withdrawn</b>
<b>Filed</b>	0	0	0	0
<b>Closed</b>	0	1	0	0

### 8.2 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 A for reports 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. Reports are provided for the following Reform 2020 waiver reporting periods:

Reform 2020 1<sup>st</sup> Quarter, Demonstration Year VIII, July 1, 2020 to September 30, 2020  
Reform 2020 2<sup>nd</sup> Quarter, Demonstration Year VIII, October 1, 2020 to December 31, 2020

Reform 2020 3<sup>rd</sup> Quarter, Demonstration Year VIII, January 1, 2021 to March 31, 2021  
Reform 2020 4<sup>th</sup> Quarter, Demonstration Year VIII, April 1, 2021 to June 30, 2021

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.

## **9. Quality Assurance and Monitoring Activity**

### **9.1 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, such as systems improvements, are directed to the Policy Review Team 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.

Paragraph 35 of the Reform 2020 special terms and conditions requires that the state have an approved Quality Improvement Strategy and that the state work with CMS to develop approvable performance measures within 90 days following the approval of the waiver. On July 17, 2020, DHS submitted the document entitled Quality Management Model for the Alternative Care Program to CMS which outlines the state's proposed quality improvement strategy, including assurances and performance measures, for the Alternative Care program.

Paragraph 36 of the Reform 2020 special terms and conditions requires the state 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 state is also required to



report on 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 B for the annual report on HCBS services under the AC program for the period of July 1, 2020 to June 30, 2021. This AC program report is modeled after the Elderly Waiver (EW) annual 372 reports and includes information on deficiencies, data related to cases of maltreatment and neglect, and corrective action/remedial steps taken.

## **9.2 Update on Comprehensive Quality Strategy**

Minnesota's Comprehensive Quality Strategy is an overarching and dynamic continuous quality improvement strategy integrating processes across Minnesota's Medicaid program. The Comprehensive Quality Strategy includes measures and processes related to the programs affected by the Reform 2020 waiver. Minnesota's Comprehensive Quality Strategy can be found on the DHS website at [Quality Outcome and Performance Measures](#).

## **10. 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 68 of the Reform 2020 waiver special terms and conditions. A draft evaluation plan for the waiver extension period effective February 1, 2020 through January 30, 2025 was submitted to CMS on July 20, 2020. Initial feedback from CMS was received on April 12, 2021. Additional CMS feedback was received on July 6, 2021. The state incorporated CMS feedback and final approval from CMS on the evaluation plan was received on September 27, 2021.

## **11 State Contact**

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**Attachment A**  
**Analysis of Adult Maltreatment Reported for AC Participants**  
**(7/01/2020 – 9/30/2020)**

Allegations reported while the alleged victim was eligible for Alternative Care services and where  
 Reports were received by the Common Entry Point (CEP) between 7/01/2020 – 9/30/2020  
 Determinations limited to those made between 7/01/2020 and 10/30/2020

<b>Reported Adult Maltreatment Involving AC Participants</b> (7/01/2020 – 9/30/2020)							
	Allegations Reported to CEP where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of 10/30/2020	% 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	25	13.97%	7	18.42%	2	1	8.33%
Physical Abuse	14	7.82%	4	10.53%	2	1	8.33%
Sexual Abuse	0	0.00%	0	0.00%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	7	3.91%	1	2.63%	0	0	0.00%
Financial Exploitation (Non-Fid. Rel.)	19	10.61%	6	15.79%	1	0	0.00%
Caregiver Neglect	17	9.50%	10	26.32%	2	0	0.00%
Self-Neglect	97	54.19%	10	26.32%	5	1	8.33%
<b>Total</b>	<b>179</b>	<b>100.00%</b>	<b>38</b>	<b>100.00%</b>	<b>12</b>	<b>3</b>	<b>25.00%</b>

Source: DHS Data Warehouse 10/30/2020

<b>Disposition of County Investigations of Maltreatment Allegations Involving AC Participants</b> CEP Reported Allegations: 7/01/2020 – 9/30/2020					
	<b>Allegation Disposition</b>				
	Substantiated Maltreatment	False Allegation*	Inconclusive	No Determination- Investigation Not Possible^	Total
Emotional Abuse	1		1		2
Physical Abuse	1		1		2
Sexual Abuse					0
Financial Exploitation (Fid. Rel.)					0
Financial Exploitation (Non-Fid. Rel.)		1			1
Caregiver Neglect		2			2
Self-Neglect	1	3		1	5
<b>Total</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>12</b>

^ Includes No Determination - not a vulnerable adult

Source: DHS Data Warehouse 10/30/2020

**Analysis of Adult Maltreatment Reported for AC Participants  
(10/01/2020 - 12/31/2020)**

Allegations reported while the alleged victim was Eligible for Alternative Care Services and where:  
Reports were received by the Common Entry Point between 10/01/2020 and 12/31/2020  
Determinations limited to those made between 10/01/2020 and 04/10/2021

CEP- Reported Adult Maltreatment Involving AC Participants (10/01/2020 - 12/31/2020)							
	Allegations Reported to CEP where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of 4/10/2021	% 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	16	10.32%	4	12.50%	2	1	5.26%
Physical Abuse	12	7.74%	2	6.25%	1	0	0.00%
Sexual Abuse	0	0.00%	0	0.00%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	11	7.10%	4	12.50%	3	0	0.00%
Financial Exploitation (Non-Fid. Rel.)	22	14.19%	3	9.38%	2	1	5.26%
Involuntary Servitude	0	0.00%	0	0.00%	0	0	0.00%
Caregiver Neglect	25	16.13%	5	15.63%	3	0	0.00%
Self-Neglect	69	44.52%	14	43.75%	8	3	15.79%
<b>Total</b>	<b>155</b>	<b>100.00%</b>	<b>32</b>	<b>100.00%</b>	<b>19</b>	<b>5</b>	<b>26.32%</b>

Source: DHS Data Warehouse 04/14/2021 (this should be at least 3 mos 10d following end of waiver reporting period.)

Disposition of County Investigations of Maltreatment Allegations Involving AC Participants CEP Reported Allegations : 10/01/2020 and 12/31/2020					
	Allegation Disposition				
	Substantiated Maltreatment	False Allegation	Inconclusive	No Determination - Investig Not Possible^	Total
Emotional Abuse	1			1	2
Physical Abuse		1			1
Sexual Abuse					0
Fin. Exploitation (Fid Rel)			1	2	3
Fin. Exploitation (Non-Fid Rel)	1	1			2
Involuntary Servitude					0
Caregiver Neglect		1	1	1	3
Self -Neglect	3	3		2	8
<b>Total</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>19</b>

^ Includes No determination - Not a Vulnerable Adult

Source: DHS Data Warehouse 04/14/2021 (this should be at least 3 mos 10d following end of waiver reporting period.)

**Analysis of Adult Maltreatment Reported for AC Participants  
(01/01/2021 - 03/31/2021)**

Allegations reported while the alleged victim was Eligible for Alternative Care Services and where:  
Reports were received by the Common Entry Point between 01/01/2021 and 03/31/2021  
Determinations limited to those made between 01/01/2021 and 07/10/2021

CEP- Reported Adult Maltreatment Involving AC Participants (01/01/2021 - 03/31/2021)							
	Allegations Reported to CEP where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of 7/10/2021	% 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	11	6.63%	5	9.80%	2	1	3.85%
Physical Abuse	3	1.81%	1	1.96%	0	0	0.00%
Sexual Abuse	0	0.00%	0	0.00%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	12	7.23%	4	7.84%	2	1	3.85%
Financial Exploitation (Non-Fid. Rel.)	17	10.24%	11	21.57%	6	2	7.69%
Caregiver Neglect	32	19.28%	10	19.61%	5	0	0.00%
Self-Neglect	91	54.82%	20	39.22%	11	3	11.54%
<b>Total</b>	<b>166</b>	<b>100.00%</b>	<b>51</b>	<b>100.00%</b>	<b>26</b>	<b>7</b>	<b>26.92%</b>

Source: DHS Data Warehouse 09/13/2021 (this should be at least 3 mos 10d following end of waiver reporting period.)

Disposition of County Investigations of Maltreatment Allegations Involving AC Participants CEP Reported Allegations : 01/01/2021 and 03/31/2021					
	Allegation Disposition				Total
	Substantiated Maltreatment	False Allegation*	Inconclusive	No Determination - Investig Not Possible^	
Emotional Abuse	1		1		2
Physical Abuse					0
Sexual Abuse					0
Fin. Exploitation (Fid Rel)	1		1		2
Fin. Exploitation (Non-Fid Rel)	2	1	3		6
Caregiver Neglect		2	3		5
Self -Neglect	3	6	2		11
<b>Total</b>	<b>7</b>	<b>9</b>	<b>10</b>	<b>0</b>	<b>26</b>

\* Includes No Determination: No Maltreatment

^ Includes No determination - Not a Vulnerable Adult

Source: DHS Data Warehouse 09/13/2021 (this should be at least 3 mos 10d following end of waiver reporting period.)

**Analysis of Adult Maltreatment Reported for AC Participants  
(04/01/2021 - 06/30/2021)**

Allegations reported while the alleged victim was Eligible for Alternative Care Services and where:  
Reports were received by the Common Entry Point between 04/01/2021 and 06/30/2021  
Determinations limited to those made between 04/01/2021 and 10/10/2021

CEP- Reported Adult Maltreatment Involving AC Participants (04/01/2021 - 06/30/2021)							
	Allegations Reported to CEP where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of #REF!	% 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	22	10.05%	2	7.41%	2	0	0.00%
Mental Abuse	0	0.00%	0	0.00%	0	0	0.00%
Physical Abuse	14	6.39%	1	3.70%	1	0	0.00%
Sexual Abuse	3	1.37%	0	0.00%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	13	5.94%	2	7.41%	1	0	0.00%
Financial Exploitation (Non-Fid. Rel.)	27	12.33%	2	7.41%	1	1	8.33%
Involuntary Servitude	0	0.00%	0	0.00%	0	0	0.00%
Caregiver Neglect	42	19.18%	7	25.93%	3	1	8.33%
Self-Neglect	98	44.75%	13	48.15%	4	0	0.00%
<b>Total</b>	<b>219</b>	<b>100.00%</b>	<b>27</b>	<b>100.00%</b>	<b>12</b>	<b>2</b>	<b>16.67%</b>

Source: DHS Data Warehouse 09/15/2021 (this should be at least 3 mos 10d following end of waiver reporting period.)

Disposition of County Investigations of Maltreatment Allegations Involving AC Participants CEP Reported Allegations : 04/01/2021 and 06/30/2021					
	Allegation Disposition				Total
	Substantiated Maltreatment	False Allegation*	Inconclusive	No Determination - Investig Not Possible^	
Emotional Abuse			2		2
Mental Abuse					0
Physical Abuse			1		1
Sexual Abuse					0
Fin. Exploitation (Fid Rel)		1			1
Fin. Exploitation (Non-Fid Rel)	1				1
Involuntary Servitude					0
Caregiver Neglect	1	1	1		3
Self-Neglect		3	1		4
<b>Total</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>12</b>

\* Includes No Determination: No Maltreatment

^ Includes No determination - Not a Vulnerable Adult

Source: DHS Data Warehouse 09/15/2021 (this should be at least 3 mos 10d following end of waiver reporting period.)

**Attachment A - Annual Report on Home and Community Based Services Waiver  
Alternative Care 1115 Waiver  
Dec 2021 for the period of 7/1/2020 – 6/30/2021**

## **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 Lead Agency may approve non-enrolled vendors to deliver HCBS waiver services for services classified as Approval Option Services by the department. When doing so, lead agencies must document that the vendor meets standards established by DHS. As part of the DHS HCBS lead agency review activities, a lead agency must provide the required documentation that is used to track the qualified vendors a lead agency has approved. When a lead 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:

- Site reviews of lead agencies by the Department have been conducted virtually beginning April 2020 due to COVID-19 pandemic safety requirements. The measures monitored by the Lead Agency Review (LAR) unit remain unchanged. On-site reviews of lead agencies conducted by the Department 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. The review process includes remediation at the individual case level and, when warranted by overall non-compliance, corrective action at the lead agency level.
- Interviews and surveys with waiver enrollees;
- On-going policy consultation, training and technical assistance/instruction provided by Department staff with all lead agencies, including written resource material and help desk technical support;
- Department staff/regional meetings with lead agencies;
- Fair Hearing Process and monitoring fair hearing requests –enrollees 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 staffs 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) Office of Health Facility Complaints or Department of Human Services (DHS) Licensing Division 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, 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 or the Department of Human Services is the lead investigative agency (work is underway to capture in SSIS investigative outcome data from the 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 are 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 site visit. These methods are intended to provide a full picture of compliance, context and practices within each lead agency, and further explain how individuals benefit from the HCBS programs. The length of on-site portion of the review depends on the lead 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 lead agencies, a sample size that reaches 95% +/- 10% significance is used. Lead agencies are required to correct all cases reviewed that are found to be out of compliance with program requirements and report the results to DHS [within](#) 60 days. Lead Agencies are required to submit corrective action plans to DHS when a pattern of non-compliance is identified with program requirements. Individual lead agency reports and corrective action plans are posted 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) and for county adult protective services. All reports of suspected Vulnerable Adult (VA) Maltreatment made to the commissioner designated common entry point are 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 12 month reporting period, 8 fair hearing requests involving AC enrollees were filed with DHS (3,562 persons were on AC during this reporting cycle). Of these requests, 7 were dismissed before they went to hearing. Of the 7

dismissals, 6 were withdrawn before an issue could be determined and 1 was dismissed. 1 fair hearing request was heard and the previous ruling was reversed. Due to only 1 appeal going to hearing, 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 law 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 LIA's are: county adult protection agencies, DHS-OIG Licensing 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 days to conduct intake on the reported allegation(s) and determine if an investigative response is appropriate. County agencies use standardized tools provided by the 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. LIA's 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 (VA's) identified as an Alternative Care waiver enrollee where a county is the LIA responsible.

Denominator: Total of all allegation types reported for VA's identified in the state system as Alternative Care waiver enrollees in the time period where the county is the LIA responsible.

Allegations investigated:

Numerator: Number of allegation for discrete allegation types reported to the CEP in the time period for VA's identified as Alternative Care waiver enrollees 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 VA's identified as Alternative Care waiver enrollees.

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 waiver enrollees where the investigation was completed 3 months and 10 days following the end of the time period.

Denominator: Total number of all allegation types investigated by the county LIA with a substantiated disposition 3 months and 10 days following the end of the time period.

### **Data Limitations:**

Data from 7/1/2020 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 waiver enrollee type identified in this report. Data calculations from 7/1/20 do not reflect MAARC reported allegations where DHS or MDH were the LIA responsible for the report.

Data Limitations: 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 in state fiscal year 21 (SFY21); July 1, 2020 - June 30, 2021. All people who are the subject of reports and all alleged incidents reported do not meet the definitions of vulnerable adult and 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. Data calculations from July 1, 2020 do not reflect reported allegations where DHS or MDH were the LIA responsible for the report.

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 7/1/2020, 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. Vulnerable adults who are the subject of reports of suspected maltreatment are offered emergency and continuing protective social services for purposes of safeguarding the person and preventing further maltreatment. The table also summarizes the disposition of county investigations of maltreatment involving Alternative Care waiver enrollees including the number of allegations opened for investigation and services by a county. The second table summarizes investigation final determinations by allegation.

**CEP- Reported Adult Maltreatment Involving AC Participants  
(07/01/2020 - 06/30/2021)**

	Allegations Reported to CEP where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of	% Substantiated Maltreatment (of Allegations Investigated with Final Disposition)	
	#	% Total Allegations	# Allegations Investigated by the County	% of Total Allegations Investigated by the County	<u>10/10/2021</u>	# Substantiated	% Substantiated of Total Investigated with Final Disposition
<b>Emotional Abuse</b>	74	10.15%	28	11.67%	17	3	2.34%
<b>Physical Abuse</b>	44	6.04%	28	11.67%	11	1	0.78%
<b>Sexual Abuse</b>	3	0.41%	0	0.00%	0	0	0.00%
<b>Financial Exploitation (Fid. Rel.)</b>	41	5.62%	12	5.00%	5	1	0.78%
<b>Financial Exploitation (Non-Fid. Rel.)</b>	88	12.07%	38	15.83%	25	6	4.69%
<b>Caregiver Neglect</b>	116	15.91%	77	32.08%	34	0	0.00%
<b>Self-Neglect</b>	363	49.79%	57	23.75%	36	9	7.03%
<b>Total</b>	729	100.00%	240	100.00%	128	20	15.63%

<b>Total De-duplicated AC participants with substantiated maltreatments</b>	<b>16</b>
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Source: DHS Data Warehouse 10/10/21 (this should be at least 3 months 10d following end of waiver reporting period.)

<b>Disposition of County Investigations of Maltreatment Allegations Involving AC Participants</b>					
<b>CEP Reported Allegations : 07/01/2020 and 06/30/2021</b>					
	<b>Allegation Disposition</b>				<b>Total</b>
	<b>Substantiated Maltreatment</b>	<b>False Allegation</b>	<b>Inconclusive</b>	<b>No Determination - Investigation Not Possible*</b>	
<b>Emotional Abuse</b>	3	6	6	2	17
<b>Physical Abuse</b>	1	6	4	0	11
<b>Sexual Abuse</b>	0	0	0	0	0
<b>Fin. Exploitation (Fid Rel)</b>	1	1	1	2	5
<b>Fin. Exploitation (Non-Fid Rel)</b>	6	12	6	1	25
<b>Caregiver Neglect</b>	0	24	7	3	34
<b>Self -Neglect</b>	9	19	5	3	36
<b>Total</b>	<b>20</b>	<b>68</b>	<b>29</b>	<b>11</b>	<b>128</b>

\* Includes No Determination: Not a Vulnerable Adult

Source: DHS Data Warehouse 10/10/21 (this should be at least 3 months 10d 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:**

**Caregiver education or support** – Assistance for family or other informal caregivers to improve or sustain capacity for caregiving. Includes counselling, 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 VA. .

**Chemical dependency assessment/treatment** – Services and activities to deter, reduce or eliminate substance abuse or chemical dependency.

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

**Criminal conviction of perpetrator** – Perpetrator is criminally convicted.

**Domestic abuse services** – Advocacy, counselling, support, support groups for victims or perpetrators of domestic violence.

**Emergency assistance** – Food, shelter, clothing, transportation, social services or financial assistance provided on an emergency basis.

**Economic assistance** – Cash assistance, Supplemental Nutrition Assistance (SNAP), energy or child care assistance.

**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 mediators.

**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 resulting in appointment, appointment revocation or modification of a guardian or conservator.

**Health and welfare check** - Performed by Law enforcement.

**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.

**Law Enforcement** – Criminal report, coordination of the civil and criminal investigation or for adult protective services for the vulnerable adult.

**Legal advice, counsel or representation** – Legal counsel or representation by an attorney for the VA or support person to address civil or criminal matters such as: housing issues, estate or incapacity planning, asset recovery, bankruptcy or criminal allegations.

**Medical evaluation or care** – Services to attain or maintain physical health.

**Mental health evaluation or services** – Services to attain or maintain mental health.

**Medical Assistance (MA) application** – Applying and meeting verifications for Medical Assistance.

**MN Choices Assessment/Long Term Care Consultation** – Referral and/or support through the process.

**Move or relocation of the VA** – Assistance or support.

**Move or relocation of the perpetrator** – 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.

**No intervention** - VA died

**Power of Attorney or trust completed or modified** - Power of Attorney or trust completed or modified – A power of attorney or trust document was executed, revoked or modified.

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

**Restraining order for removal of the perpetrator** – Order for Protection, Harassment Order, Restraining Order for the protection of the VA.

**Support System for VA Engaged** - Family, responsible party, informal supports identified, located, engaged to support, meet or monitor needs, or provide safety to prevent maltreatment

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

**Unique Service** – 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.



**Interventions Offered/Provided to Remediate Maltreatment for AC Participants  
(07/01/2020 - 06/30/2021)**

Interventions Offered/Provided to Remediate Maltreatment for AC participants and where:  
Reports were received by the Common Entry Point, MAARC, between 07/01/2020 and 06/30/2021  
Maltreatment determined to be substantiated following investigation and limited to those made between  
07/01/2020 and 10/10/2021

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:

<b>Intervention Type</b>	<b>Intervention Code</b>	<b>Intervention Description</b>	<b># of Intervention Offered/Provided</b>	<b>% of Interventions by Intervention Code</b>
PSP	2	Chemical dependency assessment/ treatment	1	4.00%
PSP	10	Unique Services	2	8.00%
VA	3	Chemical dependency assessment/treatment	1	4.00%
VA	12	Financial management assistance	1	4.00%
VA	14	Guardian/conservator appointment or replacement	4	16.00%
VA	18	Home or community based services	2	8.00%
VA	21	Law enforcement	1	4.00%
VA	23	Medical Evaluation or care	1	4.00%
VA	25	Medical Assistance (MA) application	1	4.00%
VA	28	Move or relocation of the VA	3	12.00%
VA	29	Move or relocation of the perpetrator	1	4.00%
VA	30	Multidisciplinary adult protection team review	1	4.00%

VA	35	Restraining order for removal of the perpetrator	1	4.00%
VA	38	Support system for VA engaged (family, responsible party, other)	3	12.00%
VA	44	No intervention - died	1	4.00%
VA	48	Unique Services	1	4.00%
<b>Total Interventions Offered/Provided</b>			<b>25</b>	
<b>Total De-duplicated AC Participants with Substantiated Maltreatment</b>			<b>16</b>	
<b>Total AC Participants w/included /Remediated Maltreatment</b>			<b>15</b>	<b>93.75%</b>
<b>Percent of included with an intervention listed</b>				<b>93.75%</b>
<b>Numerator: Total AC Participants with Remediated Maltreatment</b>				
<b>Denominator: Total De-duplicated AC Participants with Substantiated Maltreatment</b>				
<b>This report shows the number of interventions provided to remediate maltreatment for AC participants where maltreatments were determined to be substantiated following investigation by the Lead Investigative Agency. Remediation is offered/provided to the vulnerable adult (VA) and the primary support person (PSP). The report also shows the percent of offered/provided interventions. County is the Lead Investigative Agency.</b>				

Source: DHS Data Warehouse 10/10/2021 (this should be at least 3 months 10d 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 enrollees.

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 enrollees.

Licensing: Department of Human Service (DHS). During the reporting period, licensing deficiencies involving providers of services to AC waiver enrollees 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 enrollees.

Time Period 7/1/20– 6/30/21

**Licensing Sanctions – reflecting sanction issue date**

1) <u>Adult Day Centers</u> (7/1/20 - 6/30/21). 198 facilities (01/01/21)	# Issued
Conditional	1
Denial	1
Fine	0
Revocation	0
Temporary Immediate Suspension	0

2) <u>245D Programs</u> (7/1/20 – 6/30/21)*** 2,121 programs (01/01/21)	# Issued
Conditional	2
Denial	9
Fine	24
Revocation	6
Temporary Immediate Suspension	3

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 enrollees. The complaint information above does not indicate if the complaints were specifically related to AC enrollees 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 an enrollee is at risk of imminent harm, the provider’s license may be immediately suspended or different services arranged for the enrollee. When a provider fails to comply with regulations but the failure does not pose an imminent threat to enrollee 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 (7/1/20 – 6/30/21)	
Reports completed & substantiated	0
Allegations substantiated	0
Responsibility: Facility/Provider Agency	0
Responsibility: Facility/Provider Staff	0
Responsibility: Inconclusive	0

2) 245D Programs (7/1/2020 – 6/30/21)***	
Reports completed & substantiated	118
Allegations substantiated	234
Responsibility: Facility/Provider Agency	18
Responsibility: Facility/Provider Staff	210
Responsibility: Inconclusive	6

\* Maltreatment findings may be dually represented in programs that have both an AFC license and 245D license.

**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 an enrollee is at risk of imminent harm, the provider's DHS license may be immediately suspended or different services arranged for the enrollee. 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 enrollee 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 enrollees.