

Reform 2020: Pathways to Independence

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

Amendment Request
April 8, 2022

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. Overview

The Minnesota Department of Human Services (DHS) is redesigning its state plan personal care assistance (PCA) services to expand self-directed options under a new program called Community First Services and Supports (CFSS). This amendment to the Reform 2020 waiver reflects the addition of the new CFSS benefit under the Alternative Care program.

DHS is currently seeking federal authority under sections 1915(i) and 1915(k) of the Social Security Act to add CFSS as a new Medical Assistance benefit to replace the PCA program. The CFSS benefit will expand people's choices about how they receive their services, including who can provide services, additional support for writing plans, more self-directed options and the ability to purchase goods that aid a person's independence. CFSS is a participant-controlled method of selecting and providing services and supports that allows the person maximum control. Participants may choose the degree to which they direct and manage their supports, including directly employing support workers. CFSS covers all the services currently covered by PCA and eligibility requirements for CFSS will be the same as PCA.

Once the 1915(k) amendment is approved by the Centers for Medicare & Medicaid Services (CMS), the CFSS benefit will replace PCA services for seniors enrolled in the Alternative Care program. This will happen gradually, after every eligible person has received an assessment under the new benefit. The new CFSS benefit will be authorized at each eligible participant's annual reevaluation. The PCA benefit will continue until all AC recipients have completed the transition to CFSS.

The Reform 2020 special terms and conditions have been amended at paragraph 20 to reflect the transition to CFSS under the AC program. Please refer to Attachment A for the proposed revisions.

2. Impact of Amendment on Beneficiaries

Minnesota is redesigning its state plan PCA services to expand self-directed options under a new benefit called CFSS. CFSS will cover all the services currently covered by PCA and eligibility requirements for CFSS will be the same as PCA. The proposed amendment to Minnesota's Reform 2020 waiver reflects the addition of the new CFSS benefit under the Alternative Care program. The transition to CFSS will happen gradually and will be authorized at each AC participant's reevaluation. The PCA benefit will continue until all recipients have completed the transition to CFSS. While seniors enrolled in the AC program may choose to receive traditional PCA services under the new benefit, CFSS will also expand people's choices about how they receive their services, including who can provide services, additional support for writing plans, more self-directed options and the ability to purchase goods that aid a person's independence.

3. Beneficiaries Affected by the Demonstration

In state fiscal year 2021, 674 AC participants received PCA services. We expect all people who receive PCA to transition to CFSS.

4. Impact of Amendment on Demonstration Reporting, Quality and Evaluation Plans

Within our demonstration reporting and quality and evaluation plans, all references to PCA will be updated to include both PCA and CFSS, and eventually will be fully replaced by CFSS.

5. Impact of Amendment on Budget Neutrality Agreement

The state is proposing no changes to the trend projections in the current budget neutrality agreement for the Reform 2020 waiver. The projections in the budget neutrality agreement are based on the state forecast and implementation of CFSS under the Alternative Care program was built into these projections.

6. Public Notice & Process for Comment

A notice requesting public comment on the proposed amendment to the Reform 2020 waiver was published in the Minnesota State Register on February 28, 2022. The comment period ran from February 28, 2022 to March 29, 2022. The notice provided a summary description of the amendment request. In addition, the notice included information about two virtual public hearings scheduled to provide stakeholders and other interested parties the opportunity to comment on the amendment request. The date and time for the two public hearing webinars, along with information about how to speak at either of the hearings, was provided. Finally, the notice provided a link to the Federal Health Care Waivers web page for complete information on the Reform 2020 waiver amendment request including the public input process, planned hearings and a copy of the waiver amendment application. A copy of the notice is provided as Attachment B.

The Department provided the public with information about this waiver amendment request on the Department's public web site. The web site is updated on a regular basis and includes information about the public notice process, opportunities for public input, planned hearings and a copy of the waiver amendment application. After the comment period, this page will be updated to alert web visitors of the upcoming federal comment period on the Reform 2020 amendment and to provide a link to the federal website for comment when it is available. A copy of the final draft of the waiver request that includes any modifications made based on public input will be posted on the web page.

The Department used an electronic mailing list to notify all stakeholders on the agency-wide electronic mailing list informing them of the State's intent to submit this amendment request and directing them to the web page for this waiver.

In lieu of in-person public hearings, the Department held two webinars to provide stakeholders and other interested parties the opportunity to comment on the amendment request. The first webinar was held on March 2, 2022. There were three individuals that attended the first webinar. These attendees had no questions or comments regarding the proposed amendment. The second webinar was held on March 4, 2022. There were no attendees at the second webinar.

7. Tribal Consultation

In Minnesota, there are seven Anishinaabe (Chippewa or Ojibwe) reservations and four Dakota (Sioux) communities. Recognizing American Indian tribes as sovereign nations, each with distinct and independent governing structures, is critical to the work of the Department. The Department has a designated staff person in the Medicaid Director's office who acts as a liaison to the Tribes.

On February 28, 2022 a letter was sent via email to all tribal chairs, tribal health directors, tribal social services directors, the Indian Health Service Area Office Director, and the Director of the Minneapolis Indian Health Board clinic informing them of the State's intent to submit a request to amend the Reform 2020 waiver. A copy of the amendment request and information about where to submit questions and comments was included with the letter. Please refer to Attachment C for a copy of the February 28, 2022 letter.

8. Public Comment

There were no comments received by the Department during the public comment period.

9. State Contact

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Attachment A

20. Benefits under the Alternative Care Program. The Alternative Care program provides an array of home and community-based services similar to the home and community-based services provided under the federally approved 1915(c) Elderly Waiver program (CMS control number 0025.91.R07.00), except that the following services are not covered: transitional support services, assisted living services, adult foster care services, and benefits that meet primary and acute health care needs. Alternative Care does additionally cover nutrition services and discretionary benefits that address special or unmet needs of a client or family caregiver that are not otherwise defined in the Alternative Care program service menu. The monthly cost of the Alternative Care services must not exceed 75 percent of the monthly budget amount available for an individual with similar assessed needs participating in the Elderly Waiver program. The service definitions and standards for Alternative Care services are the same as the service definitions and standards specified in the federally approved 1915(c) Elderly Waiver, except for the service definitions and standards for home health services, personal care and home care nursing, which are the same as the service definitions and standards in the Medicaid state plan. In summary, Alternative Care program benefits include but are not limited to:

- a. Adult day service/adult day service bath;
- b. Family caregiver training and education;
- c. Case management and conversion case management;
- d. Chore services;
- e. Companion services;
- f. Consumer-directed community supports;
- g. Home health services;
- h. Home-delivered meals;
- i. Homemaker services;
- j. Environmental accessibility adaptations;
- k. Nutrition services;
- l. Personal care
- m. Community First Services and Supports (CFSS)¹;
- n. Respite care;
- o. Skilled nursing;
- p. Home care nursing;
- q. Specialized equipment and supplies including Personal Emergency Response System (PERS);
- r. Non-medical Transportation;
- s. Tele-home care; and,
- t. Individual Community Living Supports (ICLS)

¹ Upon federal approval, the new CFSS benefit will be authorized at each eligible participant's annual reevaluation. The personal care benefit will continue until all recipients have completed the transition to CFSS.

Attachment B

Department of Human Services

Health Care Administration

Request for Comments on the Reform 2020 Section 1115 Medicaid Waiver Amendment

Request

DHS is announcing a 30-day comment period on the request to amend the Reform 2020 Section 1115 Medicaid waiver to reflect the addition of Community First Services and Supports (CFSS) as a benefit under the Alternative Care program.

Background

DHS is redesigning its state plan personal care assistance (PCA) services to expand self-directed options under CFSS. The CFSS benefit will expand people's choices about how they receive their services, including who can provide services, additional support for writing plans, more self-direction options and the ability to purchase goods that aid a person's independence. DHS has applied to CMS under section 1915(i) and 1915(k) of the Social Security Act to add CFSS as a new Medical Assistance benefit. A 30-day comment period for the 1915(i) and 1915(k) state plan amendments was held from January 4, 2022 to February 4, 2022. More information about the state plan amendments and the transition to CFSS can be found at [Public comment period for Community First Services and Supports.](#)

CFSS will eventually replace PCA services for seniors participating in the Alternative Care program. This will happen gradually, after every eligible person has received an assessment under the new benefit. CFSS covers all the services currently covered by PCA and eligibility requirements for CFSS will be the same as PCA.

DHS invites public comment on the Reform 2020 waiver amendment request. Comments received will be posted on the DHS website. A copy of the waiver amendment request can be found at [Reform 2020 Waiver](#).

Written comments may be submitted to the following email mailbox:
DHS.Waiver.comments@state.mn.us.

DHS would like to provide copies of comments received in a format that is accessible for people with disabilities. Therefore, we request that comments be submitted in Microsoft Word format or incorporated within the email text. Comments must be received by March 29, 2022.

In addition to the opportunity to submit written comments during the 30-day public comment period, public hearings will be held to provide stakeholders and other interested persons the opportunity to comment on the waiver request.

Public Hearing Webinar #1

Date: March 2, 2022

Time: 4:00 p.m. to 5:00 p.m.

[Register](#) to receive a confirmation email with the WebEx information to join the webinar.

Public Hearing Webinar #2

Date: March 4, 2022

Time: 12:00 p.m. to 1:00 p.m.

[Register](#) to receive a confirmation email with the WebEx information to join the webinar.

Attachment C

February 28, 2022

Subject: Proposal to Amend the Reform 2020 Waiver

Good Afternoon,

This is to inform you that the Minnesota Department of Human Services (DHS) plans to submit a request to amend the Reform 2020 1115 waiver to reflect the addition of Community First Services and Supports (CFSS) as a benefit under the Alternative Care program.

DHS is redesigning its state plan personal care assistance (PCA) services to expand self-directed options under CFSS. The CFSS benefit will expand people's choices about how they receive their services, including who can provide services, additional support for writing plans, more self-direction options and the ability to purchase goods that aid a person's independence. DHS has applied to CMS under section 1915(i) and 1915(k) of the Social Security Act to add CFSS as a new Medical Assistance benefit. A 30-day comment period for the state plan amendments was held from January 4, 2022 to February 4, 2022. More information about the 1915(i) and 1915(k) state plan amendments and the transition to CFSS can be found at [Public comment period for Community First Services and Supports](#).

CFSS will eventually replace PCA services for seniors participating in the Alternative Care program. This will happen gradually, after every eligible person has received an assessment under the new benefit. CFSS covers all the services currently covered by PCA and eligibility requirements for CFSS will be the same as PCA.

A copy of the Reform 2020 waiver amendment request has been included with this letter for your review. Questions and comments regarding the waiver amendment are welcome at any time within the next 30 days and should be submitted to Jan Kooistra via email at jan.kooistra@state.mn.us.

Thank you in advance for your consideration