

Reform 2020: Pathways to Independence

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

Demonstration Year 12
July 1, 2024 through September 30, 2024
Quarterly Report (Q1)
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Submitted by:

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

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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 12, first quarterly report for the period of July 1, 2024 through September 30, 2024.

Federal waiver authority for the five-year demonstration was initially approved by the Centers for Medicare and Medicaid Services (CMS) on October 18, 2013 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. CMS approved an extension of the waiver on January 31, 2020 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. The extension request is pending with CMS.

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). 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 state's MA standards. This allows people to get the care they need without moving to a nursing home.

1.2 Goals of Demonstration

The Reform 2020 waiver provides federal support for DHS' Alternative Care program. 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 table provides the first quarter enrollment data.

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)
Population 1: Alternative Care	2,596	2,595	6

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 on 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 program application process. The webpage also includes information about the Senior LinkAge Line® (described in the following section) where people can speak to a human services information specialist 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 their 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, including housing options.

3.3 Statewide Training

DHS supports county and tribal human service agencies by providing technical assistance through response to issues and questions via email and phone contacts. DHS offers self-paced online training related to MnCHOICES assessments and support planning, the Medicaid Management Information System (MMIS) tools and processes, long term care consultation and level of care determinations, case management, waiver services and supports, vulnerable adult and maltreatment reporting and prevention.

In addition, DHS offers two training opportunities for certified assessors and case managers, Building Your Skills and Advancing Your Skills: Enhancing Support Plans. 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. The Advancing Your Skills: Enhancing Support Plans training is a live webinar series that focuses on advanced topics related to support planning. 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 the following policy manuals to provide direction and support the work of county and tribal human service agencies.

- [Community-Based Services Manual](#) (CBSM) for counties and tribal human service agencies who administer home and community-based services that support people receiving services;
- [Minnesota Health Care Programs](#) (MHCP) Provider Manual for providers enrolled to provide services; and
- [MMIS User Manual](#) for enrollment staff that process service claims.

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. The next public forum is scheduled for February 2025.

5. Policy and Operational Developments

There is one policy and operational update this quarter:

1. Community First Services and Supports approval.

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 waiver amendment on November 29, 2023 to add CFSS to Reform 2020. 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 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.

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 provided through the Performance Metrics Database and Analytics (PMDA) system.

7. Member Month Reporting

Eligibility Group	Month 1: July 2024	Month 2: Aug. 2024	Month 3: Sept. 2024	Total for Quarter Ending Sept. 30, 2024
Population 1: Alternative Care	2,629	2,640	2,645	7,914

8. Consumer Issues

8.1 Alternative Care Program Beneficiary Grievances and Appeals

A description of DHS' grievance system and the dispute resolution process is outlined in Minnesota's home and community-based services waiver application and the CMS-372 report for the Elderly Waiver, authorized under section 1915(c) of the Social Security Act. These processes apply to the Alternative Care program. 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 identifying significant trends or patterns in grievances and appeals filed. The following is a summary of Alternative Care program grievance and appeal activity during the period July 1, 2024 through September 30, 2024.

**Alternative Care Program Beneficiary Grievance and Appeal Activity
July 1, 2024 through September 30, 2024**

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

8.2 Alternative Care Program Adverse Incidents

A detailed description of safeguards applicable to Alternative Care participants, 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 section 1915(c) HCBS Waiver application and the CMS-372 report for the Elderly Waiver.

Incidents of suspected abuse, neglect, or 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 also screen all reports for immediate risk and make necessary referrals. Immediate referral is made by MAARC staff to county social services when there is an identified emergency safety need. Reports containing information regarding an alleged crime are forwarded immediately by MAARC staff to law enforcement. Additionally, 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 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 files.

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. DHS submitted this data with the DY11 annual monitoring report in PMDA on October 30, 2024.

9. Quality Assurance and Monitoring Activity

9.1 Alternative Care Program and HCBS Quality Strategy

Staff across the Adult and Disability Services Administration meet as needed when issues are identified, and a sub-group within the Aging and Adult Services Division meets monthly to discuss issues identified. The sub-group is responsible for integrating performance measurement and remediation associated with monitoring data and recommending system improvement strategies. The scope of the strategies are determined by the issues and related data.

Problems or concerns requiring intervention beyond existing remediation processes, such as systems improvements, are directed to the Aging and Adult Services Division policy area for more advanced analysis and improved policy and procedure development, testing, and implementation. This sub-group implemented a quality monitoring and improvement process for determining the level of remediation and any system improvements needed based on the performance monitoring.

Paragraph 35 of the Reform 2020 waiver's STCs require that DHS 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 full 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: 1) Level of Care, 2) Qualified Providers, 3) Service Plans, and 4) Health and Welfare. DHS responded on May 23, 2024. On July 9, 2024, CMS sent the state their final report, finding the state to be in compliance with three of the six areas: 1) Administrative Authority, 2) Financial Accountability, and 3) Health and Welfare. CMS directed DHS to address the remaining three areas in the extension application.

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 is modeled after the Elderly Waiver annual CMS-372 report and includes information on deficiencies, data related to cases of maltreatment and neglect, and corrective action/remedial steps taken. DHS submitted the annual report in PMDA on October 30, 2024, with the DY11 Q4 monitoring report.

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

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

Christina Samion
Federal Relations
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

(651) 431-5885
christina.samion@state.mn.us