

# Reform 2020: Pathways to Independence

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

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**Demonstration Year 11**  
**October 1, 2023 through December 31, 2023**  
**Quarterly Report (Q2)**

**Submitted to:**

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

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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. Federal waiver authority for the five-year demonstration was scheduled to expire on June 30, 2018. On July 19, 2017 the Minnesota Department of Human Services (DHS) 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 Reform 2020 waiver provides federal matching funds for the Alternative Care program which 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 tables provide the second quarter enrollment data.

### Quarter 2 (Oct. 1, 2023 – Dec. 31, 2023)

Demonstration Population (as hard coded in the CMS 64)	Enrollees at close of quarter (12/31/2023)	Current Enrollees (as of data pull 1/8/2024)	Disenrolled in Current Quarter (10/1/2023 to 12/31/2023)
<b>Population 1:</b> Alternative Care	2,818	2,605	11

### 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 DHS' website. The [Alternative Care](#) web page provides information about program eligibility, covered services, and the program application process. The web page also refers people 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 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 and follow-up as needed to support long-term success. Specialists are trained health and human service professionals. They offer objective, neutral information about senior services and housing options.

#### **3.3 Statewide Training**

DHS supports county social service and tribal health care agencies by providing technical assistance through webinars and response to issues and questions via email and phone contacts. Ongoing training related to the Medicaid Management Information System (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 attend regional meetings convened by county social service and tribal health care agencies. DHS also publishes and maintains the following policy manuals to provide direction and support the work of county social service and tribal health care agencies. The primary manuals are:

- [Community-Based Services Manual](#) (CBSM) for counties and tribal health care 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 payment of claims for services.

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

In accordance with paragraph 42 of the Reform 2020 waiver's special terms and conditions, 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 March 2024.

## 5. Policy and Operational Developments

There are two policy and operational updates:

- Implementation status of the Electronic Visit Verification requirements; and
- The amendment status of Community First Services and Supports.

### 5.1 Electronic Visit Verification

Paragraph 34 of the Reform 2020 waiver's special terms and conditions requires that DHS 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. For services subject to the requirements, EVV is expected to reduce inappropriate service payments by 1%<sup>1</sup> through the identification of recordkeeping inaccuracies, administrative errors, and fraud during post-payment review.

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

- Consumer Directed Community Supports (CDCS) 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

### 5.2 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). This service, designed to maintain and increase participant's independence, is modeled after the Community First Choice Option.

DHS' request to add CFSS to Minnesota's Medicaid state plan under the 1915(i) and 1915(k) options were submitted to CMS on March 18, 2022. Following receipt of and response to CMS' request for additional information (RAI), DHS withdrew its RAI response. DHS submitted revised 1915(i) and 1915(k) requests to CMS on November 30, 2023, restarting the federal review period. DHS concurrently resubmitted a corresponding amendment to include CFSS coverage under the Reform 2020 waiver. The revised submissions address issues raised by CMS through technical assistance meetings that were held between October 2022 through November 2023. The CFSS amendment to the Reform 2020 waiver is currently pending with CMS.

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<sup>1</sup> This is based on the state's analysis completed for related state legislation.

## 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: Oct. 2023	Month 2: Nov. 2023	Month 3: Dec. 2023	Total for Quarter Ending Dec. 31, 2023
<b>Population 1:</b> Alternative Care	2,697	2,694	2,677	8,068

## 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 October 1, 2023 through December 31, 2023.

#### Alternative Care Program Beneficiary Grievance and Appeal Activity October 1, 2023 through December 31, 2023

	Affirmed	Reversed	Dismissed	Withdrawn
<b>Filed</b>	0	0	0	0
<b>Closed</b>	0	0	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 all 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, the MAARC staff notifies the 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 to the reporter. 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 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.

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 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.

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 October 1, 2023 to December 31, 2023.

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

### **9.1 Alternative Care Program and HCBS Quality Strategy**

As described in the section 1915(c) Elderly Waiver, the DHS Quality Essentials Team (QET) within the Aging and Disability Services Administration meets to review and analyze collected performance measure and remediation data. Meeting frequency is determined based on potential issues identified in the data, and averages twice a year. The QET is a team comprised of program and policy staff from the Alternative Care and HCBS waiver programs. The QET 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 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 waiver's special terms and conditions requires 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 plans to parallel this process and submit the QIS data for Alternative Care for DY8, DY9 and DY10 during the next quarter.

Paragraph 36 of the Reform 2020 waiver's special terms and conditions requires 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. DHS 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. 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.

## **10. Demonstration Evaluation**

DHS contracted with 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's 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. CMS provided initial feedback on April 12, 2021, and additional feedback on July 6, 2021. DHS addressed CMS' feedback, and CMS gave final approval of the evaluation plan on September 27, 2021.

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. DHS has not received feedback on this report to date.

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. The evaluation report is 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.



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