



## Minnesota Department of **Human Services**

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December 29, 2015

Ms. Lynell Sanderson  
Health Insurance Specialist, Disabled and Elderly Health Programs Group  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Mailstop S2-14-26  
Baltimore, MD 21244

Re: Supplementary Information on the Development of Minnesota's Statewide Transition Plan

Dear Ms. Sanderson:

This letter is in response to CMS's request to provide supplementary information as part of the review and approval of Minnesota's Statewide Transition Plan. During the conference call of December 11 with CMS, Minnesota proposed an approach to address the requirements of the HCBS settings rule. Thank you for your willingness to review the information in this document prior to Minnesota posting the revisions to the plan for public comment. We are asking CMS to provide feedback to us by January 7, 2016, in order to allow time for a 30-day public comment period, to make changes to the plan based on public comments, and to submit the plan by CMS' deadline of February 24, 2016.

Minnesota values the new HCBS regulations and sees this as an opportunity to evolve our HCBS system and to assure that all individuals receiving HCBS are afforded the same benefits.

Below is a summary of our accomplishments and lessons learned, and a description of the approach Minnesota is proposing as we move forward.

### Accomplishments

**Stakeholder engagement:** Throughout 2015, we engaged with stakeholders to communicate the intent of the HCBS rule and provided technical assistance to providers completing the self-assessment survey. We sought input from people receiving services and other interested stakeholders through presentations in the community and at conferences, webinars, provider newsletters, a website dedicated to HCBS services, and email. We also reconvened the HCBS advisory group to collaborate on transition plan activities and goals.

**Practice assessment:** In April 2015, DHS launched a provider self-assessment survey with the original goal of using the information to determine site-specific compliance per CMS's guidance. The survey results did not inform site-specific compliance, but they provided valuable

information on the training and technical assistance needed to support providers to comply with the rule. The survey results will also inform development of new service standards.

**Policy assessment:** In June of 2015, DHS completed a regulatory review to assess the state's current level of compliance with HCBS settings criteria. The regulatory review identified that some waiver services will need regulatory and/or practice changes to comply with the rule.

## Lessons learned

**Stakeholder concerns:** People receiving services and their families are very concerned that services they are currently receiving will be taken away. We need to assure that they understand the reasons for the changes and the alternatives that are available.

**Barriers to assessing site-specific compliance:** There were many benefits to providers self-assessing compliance. Most importantly, we discovered that providers are invested in providing quality services and willing to make changes to policy and practice. However, in order to make changes at a systemic level, measurable standards and clear expectations must be developed prior to assessing site-specific compliance.

**Development of new services to support community inclusion:** DHS needs time to work with stakeholders to improve services to comply with federal regulations and develop new service options to support community inclusion.

## Minnesota's approach

We will work with our stakeholders to establish measurable standards based on the HCBS settings rule and to assess whether our policies align with the new regulations and to develop the criteria we will use to accomplish system change. We believe this approach will be the most successful and efficient way to come into compliance with the rule and improve the quality of our home and community-based services for people with disabilities and older adults.

Minnesota plans to amend the transition plan to include the following milestones:

### 2016

- Redefine service standards, policy and practice and, if needed, redefine service functions. CMS' exploratory questions will be used as the foundation for developing policy standards and practice expectations to meet the HCBS requirements.
- Identify practice changes needed to support new standards.
- Identify settings that need a closer state assessment and CMS review
  - Geo-mapping will be used to identify settings that are presumed not to be community-based due to institutional proximity

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- Criteria will be developed to identify settings that may have the effect of isolating using the characteristics of settings that have been identified by CMS as typically isolating)
- Explore a tiered option to maintain current settings that meet standards and for new settings/services, encourage development of alternative approaches that support inclusive community models.

**2017**

- Propose changes to state law and federal waiver plans to align regulatory requirements, service descriptions and provider standards with the federal rule
- Work with stakeholders to understand practice changes, provide technical assistance and develop tools and resources to support new standards

**2018**

- Determine which settings will be submitted to CMS for heightened scrutiny and notify the public of these settings
- Establish a process to verify compliance

**2018-2020**

- Verify all compliance with new standards through the schedule of licensing reviews beginning in 2018 and ending in 2020

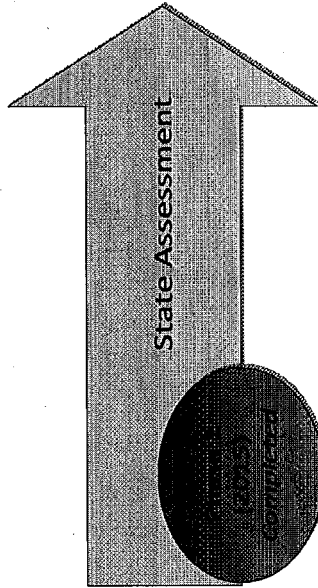
We hope the information provided in this letter is helpful to CMS as Minnesota prepares to seek final approval of its statewide transition plan. Please feel free to contact me with any questions by phone at 651-431-2193 or by email at [ann.berg@state.mn.us](mailto:ann.berg@state.mn.us). Thank you for your attention to this matter.

Sincerely,

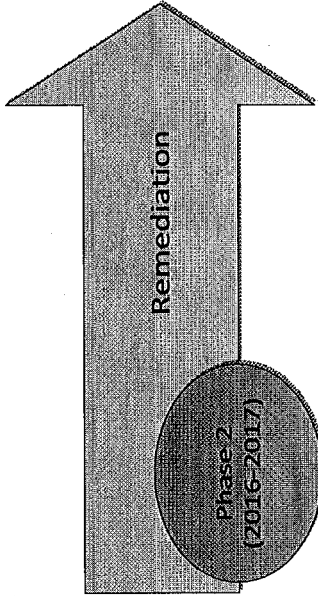


Ann Berg  
Deputy Medicaid Director

# HCBS Transition Plan- Overview



- Compare current state/federal regulatory requirements to federal rule and analyze to determine changes (regulatory review)
- Conduct provider self-assessments to determine current practice
- Develop strategies to address compliance gaps



- Determine state standards and setting expectations
- Determine criteria for settings needing closer state assessment and CMS review
- Propose regulatory changes
- Address changes needed to policy manuals and website content
- Establish criteria and process for settings to come into compliance ongoing
- Determine which settings will be submitted to CMS for heightened scrutiny
- Explore Tiered Standards



- Propose final regulatory changes
- Verify compliance of all settings

Stakeholder Input