Minnesota’s Home and Community-Based Services Rule Statewide Transition Plan

Disability Services and Aging and Adult Services divisions

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I. Background

What is the federal HCBS rule?

In January 2014, the federal Centers for Medicare & Medicaid Services (CMS) released a rule regarding home and community-based services (HCBS). The rule requires that people who receive publicly paid long-term services and supports must receive those supports in the most integrated setting and have full access to the benefits of community living. The rule has requirements for person-centered planning, service settings and opportunities for involvement in the community.

What does the rule mean for people who receive public long-term services and supports?

The rule governs certain home and community-based services, which are sometimes called HCBS for short. HCBS are services people receive in a community setting and are an alternative to those provided in an institutional setting, such as a hospital, nursing facility or intermediate care facility for people with developmental disabilities (ICF-DD).

The rule requires that people:

- Have enough information to make informed choices about the type of services they receive
- Are treated with respect and in a person-centered way so that they can make decisions about how, when and where they get their services
- Have the opportunity to be involved in their community, including living and working in integrated settings and coming and going where and when they want

The rule might mean services will change to be more person-centered. Where people live and work might change to give them more opportunities to interact directly with their communities.

Who is affected by the HCBS rule?

This rule applies to people who receive services through the following programs:

- Alternative Care (AC) program
- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)
Why did CMS make this rule?

The rule assures that home and community-based services are provided differently from institutional services. Even though the service is not provided by an institution, the setting might have qualities that feel like an institution to the person who receives the services. The rule looks carefully at whether the setting for a service isolates the person from the community. Generally, being isolated means that a person is separated or treated differently from other people who live in the community.

What kind of changes might happen?

The rule requires Minnesota to look at all settings and decide if they have institutional qualities. The federal government has given some guidance and examples about what this means. States must look at such things as the location of the setting and other qualities that isolate people from the broader community.

If the state decides some settings are like an institution, it can either:

- Present information to CMS about why the setting should be allowed for waiver recipients (in some cases, the provider might be able to make changes to meet the rule) [Begin add] or [End add]
- Provide a process to support the person while he or she identifies other services or service providers that comply with the new requirements

What additional requirements apply to residential settings?

The rule includes additional standards that apply to residential settings owned or controlled by the provider. These standards relate to qualities such as:

- Eviction and appeals processes
- [Begin Add] Choice of roommate if sharing a unit or a bedroom
- Freedom to furnish and decorate
- Control of daily schedule, including access to food
- The right to have visitors at any time
- The setting's physical accessibility  [End Add]
- Individual autonomy with life choices
- Privacy protections
Are there any person-specific exceptions to the standards?

The HCBS settings rule allows the following rights to be modified when people live in settings where they receive customized living, foster care or supported living services:

- Have personal privacy (including the use of the lock on the bedroom door or unit door)
- Take part in activities that he/she chooses and have an individual schedule that includes the person’s preferences supported by the service provider (this right cannot be modified in customized living settings.)
- Have access to food at any time
- Choose his/her own visitors and time of visits

The modification must be:

- Necessary to ensure the health, safety and well-being of the person
- Based on a specific and individualized assessed need that is justified in the support plan
- Approved by the person through informed consent

[Begin add] The Minnesota Department of Human Services (referred to as “MN DHS” or “we” throughout this transition plan) developed an HCBS rights-modification support plan attachment form (PDF) for case managers/care coordinators, providers and individuals to document and coordinate modifications of a person’s rights as described above. We developed a video tutorial to teach case managers that any modification to the requirements will be based on a plan that includes the following:

- The specific and assessed needs of the person that require a modification of rights
- Prior interventions and supports, including less-intrusive methods
- Description of the person’s diagnosis/condition(s) or behaviors and related assessed need
- Ongoing data that will be collected to measure effectiveness of modification
- Established time limits for periodic review of modifications
- The person’s informed consent
- Assurance that interventions and supports will not harm the person.

Each person is unique, so considerations for each person’s person-centered plan will be different, including the appropriate use of rights modifications. It is therefore vital for person-centered planning teams to include the person in this process, solicit the person’s view of the benefits or success of an intervention and consider together an appropriate course of action. The person-centered planning team must consider what is a reasonable amount of time (e.g., week, month, year) to evaluate the effectiveness of an HCBS rights modification plan, based on the individual circumstances, as well as weigh the risk, success and
amount of time given for a response. Person-centered planning teams must collect and document data related to the use of positive interventions and supports, as well as less-intrusive methods of addressing the need, before making or amending any modification. The person-centered planning team might need assistance from specific experts, such as a behaviorist or behavior specialist, to aid in the person-centered planning process (e.g., behavior analysis, crisis-intervention plan). The person-centered planning team should document these considerations in the person-centered plan to support the determination of the rights modification plan effectiveness. The person-centered planning team must review modifications on a regular basis, at least annually, and should never consider them as “standing orders” without time limits. In addition, the person-centered plan and HCBS Rights Modification Support Plan Attachment (DHS-7176H) must be finalized and agreed to in writing, based on the informed consent of the person. [End add]

[Begin Delete] All existing settings must comply with the new rule; however, in some cases these requirements may be changed or modified if:

- Supported by a specific assessed need
- Justified in the person-centered service plan
- Documented in the person-centered service plan. [End Delete]

**Can states set higher standards for home and community-based settings?**

The regulations set the minimum requirements. Minnesota DHS has elected to set higher standards for what constitutes an acceptable HCBS setting for designated new service settings. You may find more details under Tiered standards for providers funded by BI, CAC, CADI or DD waivers in the transition plan.

**What is the HCBS rule transition plan?**

The federal government is allowing states until March 17, [Begin delete] 2019-[End delete] [Begin add] 2022 [End add], to comply fully with the new settings requirements. All states, including Minnesota, submitted a transition plan to CMS and are working to refine and agree to steps in the plan. The plan includes a review of current settings as well as all related state regulations and policies. The reviews will determine what changes the state needs to make to comply with the rule.
II. Minnesota’s vision

Disability services:
For many years, it was common for people with disabilities to live their lives separately from their families and friends. The few services that were available were mostly provided in institutions. In the 1980s, MN DHS created services to help people leave those institutions. In 2001, the last Minnesotans with disabilities who lived in state-run institutions moved out.

Today, most people with disabilities grow up in their family homes, go to school in their own neighborhoods and have many of the same hopes and dreams as people who don’t have disabilities. Yet, the service system hasn’t always offered the individualized options or flexibility that would allow those dreams to be realized.

Today, the focus of Minnesota’s disability service system is on one person at a time. People want to make informed choices that add to their quality of life and meet their needs to stay healthy, safe and well. The supports and services a person gets should reflect this balance.

The principles of person-centered planning are the foundation of the HCBS rule. These principles further support people’s rights to make informed choices and decide what is important both to them and for them.

It also supports the same values as other recent initiatives in Minnesota, including:

- **Minnesota’s Olmstead Plan**, which promotes:
  - Employment First
  - Planning protocols for the person to make informed decisions about supports for community living
  - Opportunities for community engagement and self-determination
- **Positive supports rule**, which focuses on the use of positive behavior supports and prohibits use of restraints and seclusions
- **MnCHOICES**, which is a way to learn from and plan with a person through an assessment and support-planning process
- **Disability Waiver Rate System**, which ensures a consistent statewide disability waiver rate system and centralized provider oversight
- **Minnesota Statutes, chapter 245D, licensure**, which ensures consistent provider standards and centralized provider oversight

Aging and adult services:

Minnesota’s population will undergo dramatic shifts in the next two decades. The state demographer projects the number of Minnesotans age 65 and older will double between 2010 and 2030, from 685,000 to 1.3 million. The number of people age 85 and older (who tend to need long-term
care) will nearly double, growing to 163,000 and then double again by 2050, rising to 324,000 people. By 2020, there will be more people age 65 or older than school-aged children in Minnesota. (source: Minnesota Board on Aging State Plan FFY 2015 – 2017 [PDF])

With the aging of the population, the need for home and community-based services will increase. We have put in place many creative strategies to address this demand. The state focuses on educating and empowering older adults and their families to make informed decisions about and easily access home and community-based services. The state works to ensure access to a wide range of supports to help people remain in their homes and communities for as long as possible. The state is committed to supporting HCBS providers so they can comply with the HCBS settings rule and continue to provide high-quality services to people, no matter how services are paid for.
III. Minnesota’s statewide transition plan

The federal government is allowing states until March 17, 2022, to comply fully with the new settings requirements. A statewide transition plan is a document that outlines how Minnesota will ensure compliance with the HCBS Settings. The statewide transition plan outlines how we will ensure that each setting complies with HCBS rule requirements. CMS requires the transition plan to include three main components:

- Systemic assessment and remediation
- Site-specific assessment, validation and remediation
- Stakeholder input

The HCBS rule originally allowed a five-year transition plan for existing programs to comply with its home and community-based setting requirements. On May 9, 2017, CMS announced that states have until March 2022 to bring their systems into compliance with the HCBS settings requirements, extending the deadline by three years. To read more, see Extension of Transition Period for Compliance with Home and Community-Based Settings Criteria (PDF).

Initial approval

[Begin add] MN DHS submitted an initial statewide transition plan on Jan. 8, 2015. We rewrote and resubmitted the statewide transition plan on Dec. 2, 2016 to incorporate new guidance issued by CMS and to address gaps identified by CMS in the initial plan. On June 2, 2017, CMS gave its initial approval to Minnesota’s statewide transition plan to bring settings into compliance with the federal HCBS regulations. To read more, see the June 2 letter from CMS to DHS (PDF).

Initial approval means that CMS approves of Minnesota’s systemic assessment and the plan to update regulations as needed. On July 9, 2018, CMS sent an Initial Approval Addendum Letter (PDF) to MN DHS explaining what we need to change to receive final approval. [End add]

[Begin Delete] Minnesota submitted an initial, statewide transition plan on Jan. 8, 2015, to address the new rule governing home and community-based services funded through Medical Assistance. CMS issued the new rule in January 2014. CMS requires each state to create a transition plan detailing how the state will comply with the requirements for home and community-based settings by March 17, 2019. This document offers the framework Minnesota will use to ensure compliance.
Amended statewide transition plan

This amended statewide transition plan builds upon the transition plan submitted on Jan. 8, 2015.

Amendments include:

- An updated approach to the transition plan and milestones to accomplish requirements
- A progress report on milestones, including findings from the state’s systemic assessment
- Additional information in response to correspondence from CMS on Oct. 8, 2015 (PDF), and April 26, 2016 (PDF), and subsequent conference calls.
- An effort to reformat and simplify information so the public may better understand the purpose and intent.

Accomplishments and lessons learned

Provider self-assessment survey: In April 2015, the Department of Human Services (DHS) launched a self-assessment survey for providers of day and residential services in settings that are owned or controlled by the provider. The goal was to use the information to determine site-specific compliance in response to CMS’s guidance. The survey results:

- Did not determine site-specific compliance because we learned that service standards and expectations required under the rule needed clearer definition. Providers also needed an opportunity to make changes to the way they operate, train staff and deliver services to comply with new expectations.
- Provided valuable information on the training and technical assistance needed to support providers as they worked to comply with the rule.
- Informed the development of new service standards.

Systemic assessment: In June 2015, DHS completed a systemic assessment to analyze the state’s current level of compliance with HCBS settings criteria. The systemic assessment showed some waiver services will need regulatory and/or practice changes to comply with the rule.

The statewide transition plan is a document that outlines how Minnesota will ensure compliance with the HCBS Settings Rule.

CMS requires the transition plan to include three main components:

- Systemic and site-specific assessment
- State action steps
- Stakeholder input
The HCBS rule originally allowed a five-year transition plan for existing programs to come into compliance with its home and community-based setting requirements. [End delete]

To receive final approval, states must assess the level of compliance of each site, validate compliance and describe the plan to remediate areas of non-compliance.

[Begin add] Minnesota will use the following strategies to ensure compliance with the HCBS settings rule (which are explained later in this document):

1. Provider attestation requirement for every setting
2. Desk audit of every setting’s attestation and submitted documentation to support compliance
3. Identify Prong 1, 2 and 3 – Presumed not to be HCBS settings
4. Assess and validate Prong 1, 2 and 3 – Presumed not to be HCBS settings: On-site visits and outreach
5. Implement person’s experience assessments
6. Develop and implement residential tiered standards for BI, CAC, CADI and DD waivers
7. Develop and implement non-residential tiered standards for BI, CAC, CADI and DD waivers
8. Implement methods for ongoing HCBS compliance
9. Assess people’s ongoing experience
10. Assess lead agencies
11. Assess service gaps

**Transition protocol for people who receive services**

MN DHS has no indication that any providers will not become compliant with the HCBS rule requirements.

If any setting remains noncompliant after all validation and remediation strategies are exhausted, or the heightened-scrutiny process determines a setting is institutional in nature, DHS will carry out the following communication plan beginning in March 2020:

- DHS will issue letters via certified mail notifying people who receive services, legal representatives, lead agencies and providers of a setting’s anticipated inability to meet compliance by March 2022. The notices will include:
  - Contact information for the person’s lead agency, the LTC Ombudsman Office, the Senior Linkage Line, the Disability Hub, the HCBS transition website and the HCBS specific email box.
Instructions for the lead agency to begin transition planning for affected people using the Person-Centered, Informed Choice and Transition Protocol (PDF) and the My Move Plan Summary, DHS-3936 (PDF). The Person-Centered, Informed Choice and Transition Protocol is a guide that lead agencies (counties, tribal nations and managed-care organizations) must use to implement person-centered practices during transitions. The protocol explains our expectations for lead agencies and other long-term supports and services support planners, including specific expectations when a person is moving from one residence to another or from one service to another. Support planners are primarily responsible for providing support to people during transitions. The protocol outlines transition requirements on pp. 19-21, which will be the protocol for moving people from services/settings that do not comply with the HCBS settings requirements.

- DHS will issue a second notice via email and certified mail, no later than 90 days before the transition to notify:
  - The provider of the intent to transition people from their current service(s) and/or setting.
  - The lead agency to provide each person appeal rights information per the Notice of action, DHS-2828B.
  - The person who receives services of the intent to transition him or her from current service(s) and/or setting, including contact information for the person’s lead agency, the LTC Ombudsman Office, the Senior Linkage Line, the Disability Hub, the HCBS transition website and the HCBS specific email box.

DHS will provide targeted technical assistance to lead agencies, service providers and people to support transitions. [End add]
IV. Public engagement

Targeted communication to people and families

Our engagement of people who receive services and their families is critical as MN DHS implements the HCBS settings rule. We conducted the following outreach:

- **2014**: Seven in-person listening sessions across the state. We designed the sessions to inform people of the HCBS rule, to get initial input about how the rule would affect their lives and to inform the transition plan. The target audience for the listening sessions included seniors, people with disabilities and their families.

- **2015-2016**: 21 in-person community meetings across the state. We designed the sessions to inform people of the HCBS rule, to get feedback on how specific elements of the rule would affect their lives and to provide feedback on new standards recommended by the HCBS advisory group. The target audience for the community meetings included people with disabilities and their families.

- **2017**: We designed and sent a series of communications to explain to people who receive services what is changing, why it is changing and what those changes might mean for them. Each communication included fact sheets including “My best life, my way: The HCBS rule (PDF)” and “What does person-centered mean for me?” (PDF) for the person to learn more about the rule. The fact sheets included ways people can learn more including:
  - View the Home and Community-Based Services Rule Overview video for more information
  - Contact the Disability Linkage Line at 1-866-333-2466
  - Go to mn.gov/dhs/hcbs

- **We designed and sent a mailing about services, supports and funding that can help people achieve their housing goals:**
  - A July 13, 2017, memo (PDF) listing available housing resources
  - A flyer, entitled “My home. Creating the best home for me.” (PDF)

- **We developed and mailed the Aging and Adult Services Division letter to people receiving HCBS services (PDF) directly to each person.** The letter included information about HCBS rights, how the HCBS rule and the requirements apply to people receiving adult day services, adult foster care or customized living, and how they can obtain more information.

- **2018**: We designed communications about new employment services and sent them to people who receive services in May and June:
  - Several memos about new employment service options, including a memo from DHS Disability Services Director Alexandra Bartolic about new employment options (PDF)
  - Disability Hub MN informational flyer about employment: Employment matters: More money. More freedom More options (PDF)
  - E-list announcement: Communication about employment options to people who use disability waivers

- **We designed communication about the new strategies and tools developed by the department to gather participant experience feedback about adult day, foster care and customized living services for people who are on Elderly Waiver (EW) and enrolled in managed care:**
  - June 21 video conference: EW Participants in Managed Care Evaluate Certain Services at Reassessment
July 2 E-list announcement: Corrected #18-25-04: Elderly Waiver Participants in Managed Care Provide Feedback About Certain HCBS Services

- We will use the following strategies to provide targeted outreach to people who receive services and their families throughout the remainder of the transition period:
  - Meetings with self-advocates
  - [Begin Add] Disability Hub virtual insight panel [End Add]
  - Direct mailing/fact sheets
  - On-demand videos

[Begin Delete] Table 1: 2015-2016 Community meeting dates and locations

<table>
<thead>
<tr>
<th>Date</th>
<th>City</th>
<th>Number of people in attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 6, 2016</td>
<td>Albert Lea</td>
<td>21</td>
</tr>
<tr>
<td>April 14, 2016</td>
<td>Rochester</td>
<td>15</td>
</tr>
<tr>
<td>April 21, 2016</td>
<td>Willmar</td>
<td>36</td>
</tr>
<tr>
<td>June 28, 2016</td>
<td>Austin</td>
<td>24</td>
</tr>
<tr>
<td>July 15, 2016–two meetings</td>
<td>Brooklyn Park</td>
<td>30</td>
</tr>
<tr>
<td>July 19, 2016–two meetings</td>
<td>Minneapolis</td>
<td>20</td>
</tr>
<tr>
<td>July 25, 2016–two meetings</td>
<td>Brainerd</td>
<td>45</td>
</tr>
<tr>
<td>Date</td>
<td>City</td>
<td>Number of people in attendance</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>--------------------------------</td>
</tr>
<tr>
<td>July 28, 2016 - two meetings</td>
<td>Roseville</td>
<td>43</td>
</tr>
<tr>
<td>Aug. 1, 2016</td>
<td>Edina</td>
<td>70+</td>
</tr>
<tr>
<td>Aug. 8, 2016 - two meetings</td>
<td>Bemidji</td>
<td>14</td>
</tr>
<tr>
<td>Aug. 12, 2016</td>
<td>Duluth</td>
<td>7</td>
</tr>
<tr>
<td>Aug. 15, 2016 - two meetings</td>
<td>Moorhead</td>
<td>7</td>
</tr>
<tr>
<td>Aug. 17, 2016 - two meetings</td>
<td>Rochester</td>
<td>9</td>
</tr>
<tr>
<td>Aug. 22, 2016</td>
<td>Mankato</td>
<td>10-[End Delete]</td>
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**HCBS advisory group**

A significant component of MN DHS’s public engagement efforts includes collaboration with the HCBS rule advisory group.

[Begin Delete] The HCBS advisory group, which first met in May 2014, is composed of members from the DHS partners panel. The partners panel, established in 2008, supports the continuous improvement of Minnesota’s HCBS system. The partners panel is a group of diverse stakeholders with expertise in long-term services and supports who represent aging, disability and mental health. [End Delete] The members include county government, service providers, managed-care organizations and advocates. State agency staff also participate.
See Appendix A: Organizations represented in HCBS advisory group. The advisory group’s activities included the following:

- 2014: Provided recommendations on the public-input process used in the development of Minnesota’s HCBS settings rule statewide transition plan.
- 2015-2016: Developed recommendations to MN DHS on policy expectations and practice considerations. The group reviewed HCBS rule standards and discussed expectations, responsibilities of case managers, care coordinators and providers and the licensing authority responsible to the standard. The standards developed by the advisory group will inform system changes and how settings were assessed via the provider attestation. We will engage the advisory group regularly throughout the remainder of the transition period to provide input as we make the transition plan part of our operations.
- 2017-2018: Helped us to test the provider-attestation process, provided input on the provider-attestation form, provided technical assistance throughout the attestation process, provided input on the desk audit and site visit processes and protocols and provided technical assistance to providers during the desk audit follow-up and site visits.

We will engage the advisory group regularly throughout the remainder of the transition period to provide input as we incorporate the statewide transition plan into our operations.

**Communication campaign strategies**

MN DHS also launched a communication campaign to provide information and operational guidance to people, providers and lead agencies.

- 2014-2015: We hosted a series of videoconferences and webinars, sent electronic updates, held focus groups and presented at conferences.
- 2016-2017: We developed tools/resources and provided targeted outreach and technical assistance that has helped nearly 6,000 HCBS settings complete a provider attestation to comply with the HCBS rule requirement of site-specific assessments.
- 2018: We developed a Guide to Putting the HCBS Settings Rule into Practice (PDF) and notified providers (and other stakeholders) via direct email and electronic distribution lists. We used email contacts through the attestation process to communicate directly with providers about desk audit follow-up and site visits.

MN DHS uses the HCBS transition plan webpage and the HCBS settings email box as a central location for sharing information, tools and resources related to the HCBS settings rule. There, all stakeholders can access the same current information, such as:

- Status updates:
  - results of completed activities
  - upcoming activities
  - statewide transition plan status and public comment
- Video trainings
- Resources and tools
- Frequently asked questions
- Communication and outreach activities
During 2014-2016, we conducted the following outreach efforts:

- **Videoconferences and webinars**
  - DHS hosted a series of videoconferences and webinars including:
    - HCBS Lead Agency Input Sought on Minnesota’s Development of a Compliance and Transition Plan to Comply with New CMS Rule (PDF)
    - Medicaid Home and Community Based Services Final Rule (PDF)
    - Questions for Lead Agencies (PDF)
    - HCBS Adult Foster Care and Community Residential Support Provider Input Sought on Minnesota’s Development of a Compliance and Transition Plan to Comply with New CMS Rules (PDF)
    - HCBS Employment and Day Supports (DT&H, Prevocational Services, Structured Day Program and Adult Day Services) Input Sought on Minnesota’s Development of a Compliance and Transition Plan to Comply with New CMS Rules (PDF)
    - Minnesota’s Development of a Compliance and Transition Plan to Comply with New CMS Rules (PDF)
    - Customized Living Service Input Sought on Minnesota’s Development of a Compliance and Transition Plan to Comply with New CMS Rules (PDF)
    - HCBS Self-Assessment and Plan Webinar Series (6 sessions)

- **Electronic updates**
  - March 16, 2015, HCBS Rule Transition plan
  - May 21, 2015, Deadline for HCBS provider self-assessments is May 29, 2015
  - June 26, 2015, DHS seeks public feedback on changes to waiver employment services for people with disabilities
  - Nov. 12, 2015, Update on Minnesota’s HCBS rule statewide transition plan
  - March 29, 2016, Status of Minnesota HCBS statewide transition plan
  - Aug. 4, 2016, New person-centered practices content available on the DHS website

- **Provider focus groups**
  - Association of Residential Resources in Minnesota
  - Coalition for Choice and Housing
  - Leading Age Minnesota
  - Lutheran Social Services
  - Minnesota Organization for Habilitation and Rehabilitation

- **Speaking engagements**
  - Care Providers of Minnesota
  - Minnesota Adult Day Services Association
  - Minnesota Age and Disability Odyssey Conference
  - Minnesota Association for County Social Service Administrators
  - HCBS Partners Panel (counties, service providers and advocates)
  - County-state work group
  - State Quality Council
  - Advocacy organizations, including the Minnesota Self Advocacy Network
  - Meetings and conferences, as invited
DHS has and will continue to use a number of strategies to provide information and seek input from stakeholders throughout the transition period. These stakeholders include people who receive services and their family members, providers, lead agencies (counties, health plans and American Indian tribes), advocacy organizations and other interested parties. We will use the following communication strategies:

- Community meetings
- Direct mailing
- Electronic mailing lists
- HCBS advisory group
- On-demand videos
- Provider focus groups
- Speaking engagements
- Videoconferences and webinars

Outreach through advocacy organizations, the Area Agencies on Aging and others.
V. Systemic assessment and remediation

Step 1: Initial settings analysis

Minnesota examined the settings associated with the services available in each of the state’s HCBS programs to guide the state’s approach to further assessment activities.

- **Residential settings** under the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waivers in which people are receiving HCBS. Those settings included individual/family homes, shared living and congregate settings in which two or more people share services.

- **Day service settings** under the Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waivers in which people are receiving HCBS. Those settings included group day service settings and individual and group supported employment settings.

- **Residential settings** under the Elderly Waiver (EW) in which people are receiving HCBS. Those settings included individual/family homes, shared living and congregate settings in which two or more people share services.

- **Day service setting** under the Elderly Waiver (EW) and the Alternative Care (AC) 1115 Demonstration Project in which people are receiving HCBS. Those settings included adult day service and family adult day settings.

You may find a list of services by waiver and a description of services in the provider manual for Elderly Waiver/AC program and the community based program manual for BI, CAC, CADI and DD waivers.

### Table 2: HCBS rule service analysis

<table>
<thead>
<tr>
<th>Status</th>
<th>Description of status</th>
</tr>
</thead>
<tbody>
<tr>
<td>No modifications needed</td>
<td>Settings where these services are provided fully comply with the regulation because the services, by their nature, are individualized, provided in the community, [Begin delete] or [Bnd delete] the member’s private home [Begin add] or non-disability-specific setting [End add] and allow full access to the broader community according to a person’s needs and preferences. People choose which services and supports they receive and who provides them. Providers of these services will not undergo the site-specific assessment[Begin add]/validation [End add] process; [Begin add] however, we will monitor services that are provided in the person’s private home through case management (case management is required for everyone who receives waiver services). [End add]</td>
</tr>
<tr>
<td>Modifications needed</td>
<td>[Begin delete] Certain [End delete] Settings where these services are provided may require changes to comply fully with the regulation. [Begin add] These services are typically provided to groups of people who receive Medicaid HCBS. [End add] Providers of these services will undergo the assessment process and, when necessary, the remediation or heightened scrutiny processes.</td>
</tr>
<tr>
<td>Not applicable</td>
<td>The service is not offered through that program.</td>
</tr>
<tr>
<td>Waiver service</td>
<td>AC</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>24-hour emergency assistance</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Adult companion services</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Adult day services</td>
<td>Modifications needed</td>
</tr>
<tr>
<td>Adult day services bath</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Adult foster care (corporate)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Adult foster care (family)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Assistive technology</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Behavioral support</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Case management</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Waiver service</td>
<td>AC</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Chore</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Child foster care</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Consumer-directed community support</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Crisis respite</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Customized living services/24 hour</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Day training and habilitation</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Environmental adaptations</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Home health aide (HHA)</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Extended nursing services (LPN &amp; RN)</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Extended therapies (OT, PT, Speech and RT)</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Waiver service</td>
<td>AC</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Extended personal care assistance</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Extended home care nursing</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Family adult day services (FADS)</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Family caregiver coaching and counseling (including assessment)</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Family caregiver training and education</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Family training and counseling</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Home-delivered meals</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Homemaker</td>
<td>No modifications needed</td>
</tr>
</tbody>
</table>

Minnesota’s Home and Community-Based Services Rule Statewide Transition Plan
<table>
<thead>
<tr>
<th>Waiver service</th>
<th>AC</th>
<th>EW</th>
<th>BI</th>
<th>CAC</th>
<th>CADI</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing access coordination</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>ILS therapies</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Independent living skills (ILS) training</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Night supervision services</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Non-medical transportation</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Nutrition</td>
<td>No modifications needed</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Personal support</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Prevocational services</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Modifications needed</td>
<td>Not applicable</td>
<td>Modifications needed</td>
<td>Modifications needed</td>
</tr>
<tr>
<td>Residential care services [Begin add]</td>
<td>Not applicable</td>
<td>Modifications needed</td>
<td>Modifications needed</td>
<td>Not applicable</td>
<td>Modifications needed</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Note: This service was discontinued June 30, 2018, with approval from CMS via waiver.
<table>
<thead>
<tr>
<th>Waiver service</th>
<th>AC</th>
<th>EW</th>
<th>BI</th>
<th>CAC</th>
<th>CADI</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>amendment. [End add]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential habilitation – in-home family support services (child and adult)</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Residential habilitation – supported living service (child and adult)</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Modifications needed</td>
</tr>
<tr>
<td>Respite (in-home and out-of-home)</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Specialist services</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Specialized equipment and supplies</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
</tr>
<tr>
<td>Structured day program</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Modifications needed</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Supported employment services</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
</tr>
</tbody>
</table>
### Waiver service

<table>
<thead>
<tr>
<th>Service</th>
<th>AC</th>
<th>EW</th>
<th>BI</th>
<th>CAC</th>
<th>CADI</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group supported employment is provided under day training and habilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional services</td>
<td>Not applicable</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
<td>No modifications needed</td>
</tr>
</tbody>
</table>

### Step 2: Further assessment activities

#### Process

The state conducted a systemic assessment of the service settings listed in Table 4 following state standards for settings that group or cluster people together for purposes of receiving HCBS (see Table 4). A detailed assessment, including remediation strategies and key milestones can be found in the BI, CAC, CADI and DD Waiver Systemic Assessment Crosswalk (PDF) and the Aging and Adult Services Waivers Systemic Assessment Crosswalk (PDF).

- State statutes, administrative rules
  - Service specifications and provider standards for all five 1915(c) waivers including the Brain Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Access for Disability Inclusion (CADI) Waiver, Developmental Disabilities (DD) Waiver, Elderly Waiver (EW) and the 1115 Demonstration Alternative Care (AC) program
  - Case-management standards
  - Administrative and operational processes
  - Monitoring and operational oversight activities
## Table 4: Services provided in provider-controlled settings that group people together

<table>
<thead>
<tr>
<th>Waiver service</th>
<th>Setting type</th>
<th>Waiver (1915c/1115)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult foster care</td>
<td>Adult foster care</td>
<td>BI, CAC, CADI, and EW</td>
</tr>
<tr>
<td></td>
<td>Community residential setting</td>
<td></td>
</tr>
<tr>
<td>Child foster care</td>
<td>Child foster care</td>
<td>BI, CAC, and CADI</td>
</tr>
<tr>
<td>Customized living</td>
<td>Housing with services establishment</td>
<td>BI, CADI, EW</td>
</tr>
<tr>
<td></td>
<td>Note: Minnesota requires providers to deliver customized living services in a registered housing with services establishment by an arranged home care. In this model, the services and the housing are governed by separate statutes, and tenants/service recipients have protections under both sets of statutes. This relationship between the housing establishment and the service provider means that customized living is delivered in a provider-owned or -controlled residential setting.</td>
<td></td>
</tr>
<tr>
<td>Adult day care</td>
<td>Adult day care facility or family adult day care</td>
<td>AC, BI, CADI, CAC, DD, and EW</td>
</tr>
<tr>
<td>Day training and habilitation</td>
<td>Day service facility</td>
<td>DD</td>
</tr>
<tr>
<td>Prevocational services</td>
<td>Day service facility</td>
<td>BI, CADI, and DD</td>
</tr>
<tr>
<td>Structured day program</td>
<td>Day service facility</td>
<td>BI</td>
</tr>
<tr>
<td>Waiver service</td>
<td>Setting type</td>
<td>Waiver (1915c/1115)</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Supported living-adults</td>
<td>Community residential setting</td>
<td>DD</td>
</tr>
<tr>
<td>Supported living-child</td>
<td>Child foster care</td>
<td>BI, CAC, CADI, and EW</td>
</tr>
</tbody>
</table>

Summary of systemic assessment

1) Revisions to state statute/rules

- **Minnesota Rules, chapter 9555, and Minnesota Statutes, chapter 245A, governing adult foster care for EW**, need to be strengthened to assure that there is a legally enforceable agreement that addresses eviction protections and that people have the right to:
  - Privacy in their bedrooms, including a lockable door
  - Choice of roommate
  - Furnish and decorate their bedrooms or living units
  - Access to their personal possessions
  - Have visitors at any time
  - Have access to food at any time
  - Come and go at will.

We will place these revisions in chapter 245A, which governs the licensing standards of adult foster care for the EW programs.

- **Minnesota Statutes, chapters 144D, governing customized living services**, needs to be strengthened to ensure that people are supported to fully access and engage in the community and that people have the right to:
  - Privacy including a lockable unit door
  - Furnish and decorate their living spaces
  - Have visitors
  - Food at any time
  - Choose a roommate.

- **Minnesota Statutes, chapter 245D, governing foster care, supported living services, day training and habilitation services, prevocational services and structured day services**, needs to be strengthened to assure that people are supported to fully access and engage in the community, and, for residential services, have the right to:
• Furnish and decorate their living spaces
• Have visitors of their choosing
• A legally enforceable agreement that addresses eviction protections
• Privacy in their bedrooms, including a lockable door.

Minnesota Statutes, sections 256B.49, 256B.0911 and 256B.092, governing the areas of assessment/reassessment and support planning need to be strengthened to assure that people's informed choice of settings includes:
• Non-disability-specific residential and non-residential settings
• Assessment of needs related to a person's engagement in community life; and
• Assignment and documentation of services to meet these needs.

2) Amendments to 1915(c) waivers

• Service definitions, provider specifications and provider qualifications
  • Strengthen current service definitions to support people with fully accessing their communities
  • Add services to other waivers or develop new service options to support people as they:
    • Gain full access to the community
    • Live in their own homes
    • Find and maintain paid employment in community businesses.

3) Training and technical assistance

• DHS must develop and implement provider training, tools and resources as needed to help providers more fully meet the intent of HCBS standards and expectations
• DHS must develop protocols for lead agency partners (counties, tribes, health plans and contracted providers) to implement person-centered principles and practices.

Step 3: Systemic remediation

Our approach to remediating our current HCBS system foundation consists of aligning regulations to the rule, new service development, service modification and technical assistance training. In order to assess and identify areas of alignment and differences in the services delivered by the disability and aging waivers, we assessed the services separately by waiver, but collaboratively. This process allows us to align outcomes and remediation strategies, regardless of a person’s age, when appropriate and to identify different outcomes and remediation strategies because of differences in the needs of the populations served.

Detailed remediation strategies and key milestones can be found in the BI, CAC, CADI and DD Waiver Systemic Assessment Crosswalk and the Aging and Adult Services Waivers Systemic Assessment Crosswalk.
2017-2018 remediation activities:

1) Revised state-licensing standards

[Begin add] The changes made during the 2017 legislative session align Minnesota’s regulatory requirements and provider standards with the HCBS settings rule. The changes address the gaps identified through the systemic assessment. These changes reflect the requirements to ensure provider settings meet the basic requirements of the HCBS settings rule. Changes to state law include:

- Contract requirements related to resident rights for providers of housing with services (Minnesota Statutes, chapter 144D)
- Licensing requirements for providers of adult foster care for people on Elderly Waiver (Minnesota Statutes, chapter 245A and section 256.045)
- Licensing requirements for providers of adult foster care and supported living services for people on the BI, CAC, CADI and DD waivers (Minnesota Statutes, chapter 245D)
- Requirements for long-term care consultations to help people identify potential providers, including services provided in non-disability-specific settings (Minnesota Statutes, chapter 256B.0911)

We have posted a summary of statutory changes to the DHS Licensing Division’s webpage. On Aug. 4, 2017, the Minnesota Department of Health issued Information Bulletin 17-03: Housing with Service (HWS) Resident Rights, Contracts and Lodging License to inform customized living service providers of the changes to Minnesota Statutes 144D.

For a detailed list of statutory changes related to the HCBS rule, review Appendix B of the Transition Plan Implementation for Home and Community-Based Settings Report, January 2018 (PDF).

2) Developed new services

Minnesota has created or modified several services to create more options to ensure people have access to services in non-disability-specific settings among their service options for both residential and non-residential services.

- **Individual community living support (EW and AC):** Individual community living support (ICLS) is a bundled service that offers verbal, visual and/or tactile guidance, assistance and support to EW and AC participants who need cuing, or intermittent or moderate physical assistance to remain in their own homes and in their communities. ICLS services are delivered in a single-family home or apartment owned or rented by the recipient as demonstrated by a lease agreement. The service may also be delivered in an apartment or home that is leased or owned by a friend or family member who has no financial interest in the service.

- **Individualized home support (BI, CAC, CADI, DD):** Individualized home supports are designed to support a person in his or her own home and within his or her community holistically by providing support (e.g. supervision, cuing) and training in four broad community living service areas. With multiple service-delivery methods, individualized home support increases a person’s choices and options for how and where services are delivered to meet his or her customized living service needs. To support community access, an individualized home supports service provider cannot have any financial interest in the property or housing in which services are delivered.
• **Personal support (expanded to BI, CAC and CADI waivers):** Personal support services are nonmedical care, supervision and assistance provided to a person in his or her home or in the community to achieve increased independence, productivity and inclusion in the community. Personal support services may provide supervision and assistance to a participant in accessing community services and participating in community activities.

• **In-home family support (expanded to BI, CAC and CADI waivers):** In-home family support services are residential habilitation services provided to people and their families, including extended family members, to enable the person to remain in or return to his or her home. Habilitation services increase and maintain physical, intellectual, emotional and social functioning and assist people in acquiring, retaining and improving the skills needed to live successfully in the community.

• **Employment exploration (BI, CAC, CADI, DD waivers):** Employment exploration services (EES) is an orientation and experience-based service that introduces a person to the world of work. We intend it to occur predominantly in the community. EES is designed to help people to learn more about and make an informed choice about competitive employment. This service is for those who are undecided about working competitively; it is not a prerequisite for employment development services (EDS). People who already know they want to work should go directly into EDS.

• **Employment development (BI, CAC, CADI, DD waivers):** Employment development services (EDS) is an individualized service that helps a person to achieve competitive employment in the community based on his or her strengths and interests. Services are 1:1 and culminate with the person obtaining competitive employment with a community business, becoming self-employed or establishing a microenterprise business in his or her community.

• **Employment support (BI, CAC, CADI, DD waivers):** Employment support services (ESS) is a community-immersed, individualized assistance and support service that helps people maintain their competitive employment in a community business, their self-employment or their microenterprise business. ESS also includes training and support for time-limited, community-based group employment.

3) **Designed and implemented a person’s experience assessment**

The person’s experience assessment is administered at the person’s mid-year review of the support plan or annual reassessment. MN DHS developed the person’s experience assessment as part of the long-term care consultation reassessment and as a component of the new electronic support plan launched in June 2017. The person’s experience assessment tool will be administered at the person’s mid-year review of the support plan or annual reassessment. The person’s experience assessment tool was implemented in September 2017 and is an ongoing monitoring activity.

4) **Provided training and technical assistance**

Developed provider tools and resources:

• Trained on provider tools and resources
• Improved licensing policy templates and forms
• Developed provider expectation guidance, [Guide to Putting the HCBS Settings Rule into Practice (PDF)]
• Developed a residency agreement template
• [HCBS Rights Modification Support Plan Attachment template (PDF) and video tutorial](https://www.dhs.state.mn.us/health-care/community-based/services-rule-statewide-transition-plan/)

Minnesota’s Home and Community-Based Services Rule Statewide Transition Plan
- Developed HCBS standards frequently asked questions
- Held webinars and open office hours:
  - Aging and Related Topics Training
  - Community Based Services Manual
- Developed on-demand video training
- Modified the College of Direct Support (56 online lessons to train direct support workers)

**2019-2020 planned remediation activities:**

DHS will propose changes to statute and federal waiver plans to align regulatory requirements, service descriptions and provider standards with the federal rule. The proposed changes would also address gaps identified through the regulatory review process. We will propose the changes to statute in phases over the 2017 and 2018 legislative sessions. We will propose the bulk of the legislative changes during the 2017 legislative session. The 2018 legislative session will be used, if necessary, to address any final refinements. Phasing the proposals over two legislative sessions allows us the opportunity to work with stakeholders, especially for issues that are more complicated.

Minnesota has chosen to set higher standards for what constitutes an acceptable HCBS setting for designated new service settings. You may find more details under Tiered standards for providers funded by BI, CAC, CADI or DD waivers in the transition plan. Tiered standards will create more options to ensure people have access to services in non-disability-specific settings among their service options for both residential and non-residential services.

1. Implement tiered standards for day and employment services: For additional details see Tiered Standards for BI, CAC, CADI and DD Waivers
2. Implement tiered standards for customized living services and own home definition/services: For additional details see Tiered Standards for BI, CAC, CADI and DD Waivers

**Rate analysis**

In addition to changes to service standards, we will analyze existing rates for services and establish rate frameworks for new services funded through the BI, CAC, CADI and DD waivers:

- Through full implementation (2019 or 2020, depending on CMS approval of an extension request) of the disability waiver rate system (DWRS), protections exist for recipients, providers, lead agencies and the state. These protections include the rate-stabilization adjustment period, known as banding, as well as the rates exceptions request process for people with needs that might not be met by the rate frameworks. The statute that authorized DWRS requires automatic rate adjustments based on staff wages. The first of these adjustments will occur in July 2017.
- During the remaining years of banding protection, MN DHS will focus on careful analysis to ensure that components within the DWRS accurately reflect the cost of providing services, recipients continue to have access to the high-quality services they need and we implement DWRS fairly and consistently throughout the state.
- DHS has submitted a 2017 legislative proposal for consideration in the governor’s budget for more money to start new employment services. We have considered staffing ratios needed to meet an increased level of service in this legislative proposal.
Alignment with other relevant state activities

1. Comprehensive assessment

Minnesota’s long-term care consultation (LTCC) service helps people to make decisions about long-term care needs and to choose services and supports that reflect their needs and preferences. Lead agencies are responsible for conducting LTCC assessments.

The LTCC program is designed to:

- Make people aware of available home and community-based options, including non-disability-specific settings
- Prevent long-term placement of people in nursing facilities, hospital swing beds and certified boarding care facilities
- Provide options to people so they can make informed decisions about where they want to live. The LTCC assessment process identifies:
  - Level of care
  - Need for supports and services
  - Natural and informal caregiver supports
  - A person's preferences and goals
  - Strengths and functional skills
  - Service options and alternatives in support of informed choice, including non-disability-specific settings
  - Financial resources including all third-party payers.

MnCHOICES is a comprehensive process for assessment and support planning for long-term services and supports. It is a web-based application launched on Nov. 4, 2013. We are transitioning by region and target groups across the state with the goal of statewide use.

MnCHOICES uses a person-centered planning approach to help people make decisions about long-term services and supports. It is one assessment process for people of all ages, abilities and financial status that:

- Promotes choice
- Promotes integrated community living
- Provides a common data-collection tool
- Includes person-centered planning principles
- Focuses on people and not programs
- Determines service eligibility.

2. Implement Minnesota’s Olmstead Plan person-centered planning protocol

MN DHS has created a person-centered planning protocol (PDF) to provide guidance for support planners regarding best practices and expectations for person-centered planning. We will revise it over time based on feedback from support planners and best practices in the field of person-centered practices.
Person-centered practices are based on five key areas. Services for and interactions with people should be judged by their ability to help people:

- Share ordinary places and activities
- Make choices
- Contribute
- Be treated with respect and have a valued social role
- Grow in relationships

We also wrote a series of bulletins and held several learning community sessions specific to the person-centered planning, informed choice and transition protocols. These bulletins and learning community sessions can be found on the Person-Centered Practices website.

- Bulletin Series on Person-Centered Planning
  - Lead Agency Requirements for Person-Centered Principles and Practices - Part 1
  - Lead Agency Requirements for Person-Centered Principles and Practices - Part 2
  - Lead Agency Requirements for Person-Centered Principles and Practices - Part 3

- Support Planning Professionals Learning Community
  - February 24, 2016 - Person-centered practices five common elements part 2 of 5
  - March 30, 2016 - Person-centered practices five common elements part 3 of 5
  - April 27, 2016 - Person-centered practices five common elements part 4 of 5
  - May 25, 2016 - Person-centered practices five common elements part 5 of 5
  - June 29, 2016 - Person-centered planning implementation/oversight and employment first implementation

3. Implement Minnesota Employment First policy

Minnesota’s Employment First policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for people with disabilities.

4. Monitoring service access

MN DHS is committed to developing and maintaining high-quality, accessible HCBS for older adults and people with disabilities. Minnesota faces significant demographic changes as the population ages. The need for HCBS will grow. We will ensure that older adults and people with disabilities are given choice and opportunities for community living. We are committed to supporting HCBS providers so they may comply with the HCBS settings rule and continue to provide high-quality services.

MN DHS monitors and addresses service-access issues in a variety of ways. Since 2001, we have gathered information and analyzed service access. We are changing how we measure access and availability of HCBS for older adults and people with disabilities. Through these projects, we seek to collect, analyze and track objective data about access. MN DHS will also analyze the impact of key individual, service, provider, geographic and other factors on outcomes.
VI. Site-specific assessment, validation, remediation and ongoing HCBS compliance monitoring strategies

**Initial assessment of setting compliance, validation and remediation plan**

Minnesota will have an assessment and multi-layered validation strategy to ensure compliance with rule requirements.

Minnesota is using a multilayered validation strategy to ensure that all identified HCBS settings in Table 4 are compliant with the HCBS final rule requirements.

**Table 5: Site-specific assessment and remediation plan**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Initial-assessment</th>
<th>Validation</th>
<th>Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provider attestation requirement for each setting</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Desk audit/ review provider submitted supporting documentation of compliance</td>
<td>-</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. On-site visits and outreach</td>
<td>-</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Person's experience assessments</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Table 5: Site-specific assessment, validation, remediation and ongoing HCBS compliance monitoring strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Initial assessment</th>
<th>Validation</th>
<th>Remediation</th>
<th>Ongoing HCBS compliance monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provider attestation requirement for every setting</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2. Desk audit of every setting’s attestation and submitted documentation to support compliance</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3. Identify Prong 1, 2 and 3 – Presumed not to be HCBS settings</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4. Assess and validate Prong 1, 2 and 3 – Presumed not to be HCBS settings</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Strategy</td>
<td>Initial assessment</td>
<td>Validation</td>
<td>Remediation</td>
<td>Ongoing HCBS compliance monitoring</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------</td>
<td>------------</td>
<td>-------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>5. Residential tiered standards for BI, CAC, CADI and DD waivers</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Non-residential tiered standards for BI, CAC, CADI and DD waivers</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. State licensure requirements</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Provider enrollment requirements</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Assessing people’s ongoing experience</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Assessing lead agencies</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Assessing service gaps</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes [End add]</td>
</tr>
</tbody>
</table>

**Strategy 1: Initial assessment – Provider attestation requirement for every setting**

The purposes of the provider attestation are:

- To identify settings that are presumed not to be HCBS because they are near an institution or because the setting might have the effect of isolating people who receive HCBS from the broader community (Effect of isolating).
- For providers to report compliance status for every HCBS setting and provide supporting evidence.
We will administer the attestation electronically but will make it available in a paper copy upon request. Providers may submit paper copies by fax or mail.

In addition to a dedicated HCBS team email box (hcbs.settings@state.mn.us), we used the following documents and resources to provide notification, guidance, instruction and templates for providers to complete an attestation for every HCBS setting:

**Provider attestation form, instructions and resources:**

- Home and Community-Based Services (HCBS) Provider Attestation online form, DHS-7176-ENG (PDF)
- Video on how to use the form
- March 31, 2017, HCBS waiver provider attestation webinar announcement (PDF)
- Important links for provider attestation process
- Provider attestation frequently asked questions

**HCBS service specific form templates:**

- **Adult Day Service**
  - HCBS Provider Attestation Guidebook for Day Settings - Adult Day Services, DHS-7176C-ENG (PDF)

- **Elderly Waiver Adult Foster Care Service**
  - HCBS Provider Attestation Guidebook for Residential Settings - Elderly Waiver Foster Care Services, DHS-7176D-ENG (PDF)
  - Individual Resident Placement Agreement (IRPA) (PDF)
  - Grievance Policy Sample for License Holder (3-17)(PDF)
  - AFC Recipient Rights – Programs that serve individuals funded by Elderly Waiver (DOC)
  - AFC Service Termination Policy – Programs that serve individuals funded by Elderly Waiver (DOC)
  - AFC Program Plan – Programs that serve individuals funded by Elderly Waiver (DOC)
  - Program Abuse Prevention Plan (PAPP) (PDF)
  - HCBS Rights Modification Support Plan Attachment, DHS-7176H-ENG (PDF)

- **Customized Living Service**
  - HCBS Provider Attestation Guidebook for Residential Settings - Customized Living, DHS-7176E-ENG (PDF)
  - Minnesota Home Care Bill of Rights
A. All providers of day programs and residential services identified in Table 4 as needing modifications were required to submit a provider attestation by Dec. 31, 2017. Based on the provider responses reported on the attestations, we initially placed settings into one of the three categories. Providers will be required to complete attestations that identify whether they comply with HCBS characteristics. Providers will be required to attest that each setting is “compliant” with each HCBS requirement and submit supporting evidence to validate this determination or report that the setting is “not fully compliant” with each HCBS requirement and plans to come into compliance and may need technical assistance. Providers also had the overall option to “opt-out” of providing the HCBS waiver service or is opting out of providing services to waiver participants. Additional...
Providers submit the attestation and supporting documents as evidence of compliance.

1. **Settings that completed an attestation.** Include settings that self-reported either full compliance with HCBS requirements or not yet in full compliance with one or more HCBS requirements. All settings were required to submit supporting documentation as evidence of compliance. Examples of supporting documentation submitted include: provider policies and procedure manuals, staff training documentation, activity program calendars, resident handbooks, leases or other setting-specific information. Providers reporting they are not yet in full compliance with one or more HCBS requirements will be offered MN DHS technical assistance, instructional guidance, and resources and one-to-one outreach. Providers and be required to submit a site-specific compliance plan.

2. **Opt out:** Settings that reported they were unwilling or unable to comply with the HCBS requirements were given the choice to opt out. Once settings are identified as opting out of providing services or are determined not able to fully comply with the settings rule by March 2019, we will conduct outreach to people affected as set forth in the transition protocol. Once we have identified settings that have chosen to opt out of providing HCBS or that do not fully comply with the HCBS settings rule requirements by March 2022, we contact the people affected as set forth in the transition protocol.

3. **Did not respond:** We conducted robust and focused outreach to nonresponsive providers. If attempts to contact non-responsive providers are unsuccessful, DHS assumes the setting is not compliant and will begin to relocate the people served in the setting. Outreach to people affected as set forth in the Person-centered, informed choice and transition protocol.

**Table 6: Number of attestations submitted by setting type and self-reporting outcomes as of July 27, 2018**

<table>
<thead>
<tr>
<th>Setting type</th>
<th>Number of settings</th>
<th>Settings that completed an attestation</th>
<th>Opt out</th>
<th>Did not respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care / SLS (adult and child)</td>
<td>4,291</td>
<td>4,264</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Customized living</td>
<td>1,204</td>
<td>1,188</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Adult day</td>
<td>189</td>
<td>181</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>DTH, prevocational, structured day</td>
<td>307</td>
<td>304</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5,991</td>
<td>5,937</td>
<td>43</td>
<td>11 [End add]</td>
</tr>
</tbody>
</table>
Strategy 2: Validation – Desk audit of every setting’s attestation and submitted documentation to support compliance

To validate setting compliance, MN DHS will conduct desk audits for 100 percent of the 5,991 provider-submitted attestations, including review of all supporting documents submitted by the setting. DHS will conduct additional desk audits for settings identified as presumed not HCBS. We anticipate the majority of DT&H, prevocational and structured day settings will need further state assessment, including a desk audit. These settings typically are designed specifically for people with disabilities or for people with a certain type of disability and may have the effects of isolating people from the broader community.

Table 6: Number of desk audits by setting type

<table>
<thead>
<tr>
<th>Setting type</th>
<th>Number of desk audits</th>
<th>Number of settings (as of October 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care / SLS (Adult and Child)</td>
<td>352</td>
<td>4,111</td>
</tr>
<tr>
<td>Customized living</td>
<td>289</td>
<td>1,160</td>
</tr>
<tr>
<td>Adult-day</td>
<td>119</td>
<td>171</td>
</tr>
<tr>
<td>DTH, prevocational, structured day</td>
<td>166</td>
<td>290</td>
</tr>
<tr>
<td>Total</td>
<td>926</td>
<td>5,732 [End delete]</td>
</tr>
</tbody>
</table>

A. Desk audit: Resources and training requirements

The state will track settings that report compliance and have sufficient supporting documentation. If the state determines the documentation did not support setting-specific compliance, the setting will receive technical assistance and submit a site-specific compliance plan.

MN DHS developed HCBS service-specific desk audit protocols, training curriculum and oversight to ensure that we trained each auditor to conduct attestation desk audits in a factual and consistent method. After the training, we assigned auditors to groups focused on specific services. Each auditor group met regularly with the service’s subject matter expert. We initially assigned the service-specific auditor groups “training attestation” files to review. We then compared these findings to the cohort of auditors’ findings and to the subject expert’s findings of the same file. We repeated this method with different audit files until the cohort and individual consistency thresholds were met. Each service-specific auditor group met with the subject matter expert regularly to answer questions. The subject matter expert for each group also conducted unannounced auditing of setting files to monitor ongoing consistency and validity of the audit outcomes.
We created a complex Access database to maintain an electronic file for each of the 5,991 attestations received and the supporting documentation. This allowed us to track notifications sent to and received from each setting and the status of each setting’s attestation submission, desk audit outcome and desk audit reviewer assignments.

B. Desk audit: Outcome categories

In Strategy 1 above, MN DHS reported the number of settings that were required to complete an attestation to demonstrate compliance with the HCBS rule requirements. For Strategy 2, we report the outcome of MN DHS’s desk audit of each setting’s attestation responses as of Sept. 5, 2018. The desk audit included a review of all supporting documents to validate each setting’s compliance. The desk audit outcome categories reflect the compliance status for each setting required to submit an attestation as identified in Strategy 1. We describe the state’s actions for each desk audit outcome below:

1. **Full compliance with HCBS requirements:** We will notify settings that received a desk audit outcome of full compliance with all HCBS requirements by email of this finding. We will continue to monitor settings for ongoing compliance through MN DHS oversight processes, such as licensing and provider enrollment and revalidation processes. For example, in order to meet the definition of full compliance related to integration to the broader community, settings were required to submit evidence of offsite community activities offered. If a provider submitted evidence that showed only reverse integration to address the community integration standard, we provided technical assistance to the provider until we received evidence that those changes have been implemented. We will use the following remedial strategies for remaining providers that do not comply but can with modifications:

   o **Outreach to help providers reach full compliance with HCBS requirements:** We sent an electronic version of the HCBS Provider Attestation Audit Summary Report to those settings that did not fully comply with all HCBS requirements. This report includes electronic links to service-specific, HCBS-compliant documents developed by MN DHS. Providers who receive an HCBS Provider Attestation Audit Summary Report fall into the “Does not comply, but could with modifications” category. Settings were required to respond to the HCBS Provider Attestation Summary Report notification within 30 days of receiving the notice. Settings that responded to the audit report with additional or revised supporting documentation received additional desk audit(s) of the newly submitted supporting documentation. After the subsequent desk audit(s), if all HCBS requirements were met, we moved the provider to the “Full compliance” category and would follow the ongoing monitoring processes as described in “Full compliance with HCBS requirements.” The service-specific desk audit summary reports are listed below:

   - HCBS Provider Attestation Audit Summary Report for Adult Day Services (PDF)
   - HCBS Provider Attestation Audit Summary Report for Customized Living Services (PDF)
   - HCBS Provider Attestation Audit Summary Report for Disability Waiver Foster Care (PDF)
   - HCBS Provider Attestation Audit Summary Report for DTH, Prevocational and Structured Day Services (PDF)
   - HCBS Provider Attestation Audit Summary Report for Elderly Waiver Adult Foster Care (PDF)

   o **Minnesota Health Care Programs (MHCP) provider revalidation:** In 2019, all waiver providers will be revalidated to assure compliance with all enrollment requirements and service and setting-specific provider qualifications (including HCBS setting specific assurances). Settings that remain non-complaint after all outreach efforts are exhausted will be prioritized for revalidation. View the Provider Screening Requirements for more information...
2. **Opt out**: We are reaching out to providers that chose to opt out because they are unwilling or unable to comply with requirements. We sent an electronic notification to these providers offering technical assistance and confirming the setting’s choice to opt out. We will also contact people who receive services and lead agencies affected by providers that chose to opt out, as set forth in the Person-centered, informed choice and transition protocol for people who receive services.

3. **Did not respond**: We conducted robust and focused outreach to nonresponsive providers through electronic notifications and phone calls. If we were not able to contact them, we assumed the setting is not compliant. We will provide outreach to people and lead agencies affected by settings that chose to opt out as set forth in the Person-centered, informed choice and transition protocol for people who receive services.

Table 7: Number of setting attestation desk audits and audit outcomes as of Sept. 6, 2018

<table>
<thead>
<tr>
<th>Setting type</th>
<th>Number of settings</th>
<th>Full compliance</th>
<th>Does not comply, but can with modifications</th>
<th>Opt out</th>
<th>Did not respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care / SLS (Adult and Child)</td>
<td>4,291</td>
<td>4,072</td>
<td>31</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Customized living</td>
<td>1,204</td>
<td>1,015</td>
<td>12</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Adult day</td>
<td>189</td>
<td>126</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>DTH, prevocational, structured day</td>
<td>307</td>
<td>301</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5,991</td>
<td>5,514</td>
<td>51</td>
<td>43</td>
<td>11</td>
</tr>
</tbody>
</table>
Strategy 3: Validation - Identify and assess Prong 1, 2 and 3 settings On-site visits and outreach

Presumed not to be HCBS settings

Providers will be required to respond to the questions to self-identify each setting that meets the “presumed not-to-be HCBS” criteria, listed below:

1. **Prong 1 settings**: Located in a public or private institution that also provides inpatient treatment

2. **Prong 2 settings**: Located adjacent to or on the grounds of public institutions

3. **Prong 3 settings**: Settings that have the effect of isolating people who receive HCBS from the broader community (effect of isolating)

Of the 5,991 settings required to complete an attestation, 368 were identified as meeting the prong 1, 2 or 3 criteria, as shown in tables 8, 9, 10 and 11 below.

See Strategy 3 for more information.

MN DHS took additional steps to validate each setting’s responses on the attestation that identified the setting as meeting criteria for prongs 1, 2 or 3. Prong 1, 2 and 3 setting information may be found in the “Presumed Not-To-Be” sections of the STP.

In Table 7, we identify the minimum number of desk audits that MN DHS will conduct for each of the setting types listed and the desk audit outcome.

This section of the statewide transition plan describes the internal review process MN DHS used to identify settings that are presumed not to meet the requirements of the settings rule. First, we will outline the process used to identify settings based on proximity to institutions (prongs 1 and 2), followed by the process used to identify settings that have the effect of isolating (Prong 3). Following that is a description of the evaluation and assessment plan for settings that are presumed not to be HCBS.

**Prong 1 and 2 – Identification of settings in proximity to institutions**

MN DHS conducted an analysis to determine which settings are presumed not to be HCBS. Further evaluation might be necessary to determine compliance with the HCBS rule. We used mapping software to compare the location of HCBS services to the location of institutions. The analysis was strictly to identify those settings based on geographical criteria/proximity to institutions; settings that have the effect of isolating will be evaluated and...
outlined below. We will not automatically classify an existing setting as not HCBS based solely on its geographic location. If a setting meets geographical criteria, the setting will have to overcome the presumption that it has institutional qualities and fully complies with HCBS rule requirements through an on-site assessment.

We collected paid claims from fiscal year 2015 that include provider address, then cross-referenced the unique services and setting addresses to a list of institutions. The institutions included nursing facilities, hospitals, community behavioral health hospitals (CBHH), intermediate care facilities (ICF-DD) and institutes for mental disease (IMD).

The grid below shows the number of settings that meet the presumed not to be HCBS criteria as defined by prongs 1 and 2.

**Prong 1** is a setting that shares an address or a common wall with an institution. Settings vary greatly in the way they are configured and physically connected to institutions. To apply a consistent standard, MN DHS has determined all HCBS settings that are physically connected to an institution, in any manner, are considered to have a common wall and therefore meet the definition of “in an institution.”

**Prong 2** is a setting that is next to and abuts the public institution or its property. “Abuts” means that the setting is contiguous or touching the public institution or its property with no intervening parcel of land between the two settings. The list of publicly owned institutions included city, county, state, tribal and federal institutions.

In the provider attestation, providers were asked to identify whether their setting meets the definition for either Prong 1 or Prong 2. The responses from the attestation were then cross-checked with the results of the geo-mapping analysis as a method to validate the setting location.

**Table 8: Number of settings in proximity to institutions**

<table>
<thead>
<tr>
<th>Prong 1: Settings in a publicly or privately operated facility that provides inpatient institutional treatment</th>
<th>Prong 2: Number of settings in a building on the grounds of, or adjacent to, a public institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>94</td>
<td>32</td>
</tr>
</tbody>
</table>

**Prong 3 – Identification of settings that have the effect of isolating**

CMS has also identified settings that are presumed not to be home and community-based because they have the effect of isolating. MN DHS will identify, through provider attestation responses and reviews of supporting documentation, settings that have the effect of isolating.
Criteria identified in groups 1 and 2 will be used to identify settings that isolate people with disabilities and older adults. For settings that provide services funded through the BI, CAC, CADI or DD waivers, the additional characteristics in group 3 will also be used to identify settings have effect of isolating.

**Prong 3 - Group 1:** The state will identify day and residential settings providing services funded by the BI, CAC, CADI, DD and EW waivers/Alternative Care program that meet requirements under the rule, but still may have the effects of isolating people receiving HCBS from the broader community. [Begin add] We will review supporting documentation to determine which settings have the effect of isolating. [End add]

The following settings will be submitted to CMS for a heightened-scrutiny review if the state finds sufficient evidence to support consideration:

- Farmsteads or disability-specific farm communities
- Residential schools
- Gated or secured communities for people with disabilities

**[Begin add] Table 9: Prong 3 – Group 1**

<table>
<thead>
<tr>
<th>Isolating characteristic</th>
<th>Number of settings identified that will receive a site visit in 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farmsteads or disability-specific farm communities</td>
<td>11</td>
</tr>
<tr>
<td>Residential schools</td>
<td>3</td>
</tr>
<tr>
<td>Gated or secured communities for people with disabilities</td>
<td>9 [End add]</td>
</tr>
</tbody>
</table>

**Prong 3 - Group 2:** The state will identify and develop criteria to determine if heightened CMS scrutiny is needed for the following settings:

- A setting designed to provide multiple types of services and activities to people with disabilities or older adults on-site, including any two of the following: 1) residential, 2) day services and 3) medical without the option to receive these services off-site.
- A residential setting where the provider also owns/operates multiple homes on the same street or adjacent property (does not include duplex or multiplex houses, unless there is more than one on the same street).
Table 10: Prong 3 – Group 2

<table>
<thead>
<tr>
<th>Isolating characteristic</th>
<th>Number of settings identified that will receive a site visit in 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>A setting designed to provide multiple types of services and activities to people with disabilities or older adults on-site, including any two of the following: 1) residential, 2) day services and 3) medical without the option to receive these services off-site.</td>
<td>0</td>
</tr>
<tr>
<td>A residential setting where the provider also owns/operates multiple homes on the same street or adjacent property (does not include duplex or multiplex houses, unless there is more than one on the same street).</td>
<td>161 [End add]</td>
</tr>
</tbody>
</table>

We will further evaluate settings identified in group 2 to determine whether they meet criteria for having the effect of isolating. We will review settings further to determine the extent to which people have choice of community services when multiple services are on-site and the extent to which there is shared staffing and programming when there are multiple properties on the same street or adjacent property.

Prong 3 - Group 3: The state will identify other settings that have the effect of isolating

MN DHS will conduct an assessment of settings that meet the following characteristics, to determine if they have the effect of isolating:

- Settings (with a capacity of six or more people) that are primarily or exclusively for people with disabilities
- Settings in which 25 percent or more of the total setting capacity is intended to serve people with disabilities under the age of 55.
In order for DHS to determine that a setting does not have the effects of isolating, the setting must demonstrate that it:

- Engages people in regular discussions about what they would like to do or participate in
- Surveys people about their interests on a regular basis
- Used person-centered practices for support planning and service delivery
- Plans and provides routine opportunities for community activities
Ensures that people have varied schedules based on assessed interests and preferences

**We will identify settings that may have the effect of isolating based on the following criteria:**

- No process for planning daily/community activities
- Schedules are not varied – daily activities are the same for everyone; no individualized options.
- Reverse integration is the primary method of “community engagement”
- Limited or sporadic opportunities are provided for people to access the community or there are barriers to accessing the community
- Large group “bus field trips” are the only option
- Community opportunities are provided at a “group” level and not individualized

**Table 11: Prong 3 – Group 3**

<table>
<thead>
<tr>
<th>Isolating characteristic</th>
<th>Estimated number of settings that will receive a site visit in 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The setting (with a capacity of six or more people) is primarily or exclusively for people with disabilities or 25 percent or more of the total setting capacity is intended to serve people with disabilities under the age of 55 and either:</td>
<td>58 [End add]</td>
</tr>
<tr>
<td>- People have limited, if any, interaction with the broader community</td>
<td></td>
</tr>
<tr>
<td>- Daily activities are typically designed to take place on-site.</td>
<td></td>
</tr>
</tbody>
</table>

All providers will have the opportunity to demonstrate that the setting meets the requirements of a home and community-based setting, as defined by the CMS rule. Settings identified in group 3 will not be determined to have the effect of isolating solely because of concentration levels. Information obtained during the assessment will determine what the ongoing evaluation criteria will be and will be submitted through the waiver-amendment process.

In summer 2016, we conducted on-site visits to select residential settings to explore best practices in current settings designed for people with disabilities. The insights gained from these visits informed the development of service standards and expectations for similar types of settings. These standards and expectations would increase community inclusion, opportunities and choice for people in these settings and offset any isolating factors within the existing congregate setting. [Begin add] Onsite visits also informed the creation of tiers for future settings. [End add]
New settings for people with disabilities (further described under Tiered Standards) will not be allowed if they are presumed not to meet the requirements of the settings rule or if they fall under groups 1, 2 or 3, unless approved through a needs-determination process. We are developing a needs-determination process (with input from stakeholders) and are developing criteria that settings must meet for state approval.

**Strategy 4: Assess and validate prongs 1, 2 and 3 - Presumed not to be HCBS settings: On-site visits and outreach**

[Begin delete] Assessing compliance of presumed not HCBS settings [End delete]

MN DHS will evaluate each setting presumed not to be HCBS based on institutional proximity and effects-of-isolating criteria to determine if there is evidence the setting can overcome this presumption.

We will evaluate these all presumed not to be HCBS settings by assembling results from:

- Provider attestation and desk audits
- Site-specific compliance plans from the provider attestation
- On-site visits and observations
- Setting-specific transition plans from on-site assessment findings
- Public comments
- Person’s experience assessments
- The analysis from settings identified as presumed not to be HCBS

The evaluation process will include one-on-one outreach including additional supporting documentation from providers and/or a site visit. All settings identified in Prong 1, 2 or 3 will have an on-site visit conducted by HCBS trained DHS staff.

[Begin add]Prongs 1, 2 and 3 – On site assessment of settings [End add]

MN DHS began on-site assessments across the state at each of the 368 settings identified in Table 8: Number of settings in proximity to institutions in April 2017 and began on-site assessments of 368 settings identified in Table 9: Prong 3 - Group 1, Table 10: Prong 3 - Group 2 and Table 11: Prong 3 - Group 3 in July 2018 and plan to complete these visits by March 2019. We developed an on-site assessment protocol that includes observation information and interview tools to collect the evidence needed for the state to support that the setting meets the rule’s requirements, and is not institutional or isolating in nature. MN DHS staff received training for the on-site visit protocol. In addition to the training, regional MN DHS staff were also required to follow a subject matter expert during an on-site visit and then had to be observed by a subject matter expert while performing an on-site visit before performing on-site assessments independently.
The tools developed by MN DHS to help the on-site assessor to collect evidence of a setting’s HCBS compliance, include:

- **Site visit staff process for HCBS provider site visits** – This is a step-by-step guide for on-site assessment staff to complete the visit process. Steps include initial contact with the setting, confirmation of site visit dates, site visit assessment steps, documentation of findings, reporting the evidence back to the subject matter expert and followup communication with the setting.

- **Site visit lead process for HCBS provider site visits** – This is a step-by-step guide for leads (subject matter experts) to follow before assigning an on-site visit to an assessor. It also includes the steps required after the completion of the site visit to ensure accurate tracking and documentation. This may include sending an HCBS Provider Transition Plan to a setting to notify the provider of non-compliance, if required.

- **HCBS provider site visits – observation protocol** – This document lists factors that an assessor is required to observe. The assessor must take photos as evidence of the presence or absence of each factor. The document provides descriptions of CMS criteria that are used to identify whether a setting has HCBS characteristics, institutional characteristics or effects of isolating. The sections included in this tool include:
  - **Transportation**
    - Information posted
    - Transportation vehicles observed
  - **Setting and facility entrances and signage (designated space)**
    - Separate signage and/or entrances
    - HCBS designated space
    - Storage of personal belongings
  - **Residential settings – integration into the community**
    - Local community surroundings
    - Visitors
    - Geographic location
  - **Community life activities**
    - Calendars, bulletin boards
    - Visible signs of restriction: gates, Velcro strips, locked doors, fences or other barriers
  - **Engagement with the broader community**
    - People moving about inside and outside the setting
    - People or activities from the community occurring on-site
  - **General observations:**
    - Dignity and respect
    - Dining experience
    - Locks on living unit doors
    - Individual living unit decorations and furnishings

- **HCBS provider site visits – administration and staff interview protocol** – This document guides the assessor through a series of questions to ask of both the setting administrator (or his/her designee) and a direct care staff person (nurse, personal care aide, other staff person providing hands-on care) about how the setting is meeting HCBS-compliance requirements. These interviews are done individually and separately. The sections included in this tool include:
  - **Interconnectedness between the facility/institution and the setting**
    - Shared staffing between institutional setting and HCBS setting
  - **Community life activities**
• Multiple questions about on-site and community-based activities facilitated by the setting, individually and in groups
  ▪ Person’s right to choose to participate in activities, as desired
  ▪ Setting’s restrictions of or policies about person’s coming and going from the setting
  
  o Transportation
    ▪ Options available
    ▪ Methods used and information provided to notify people of transportation services and options
    ▪ Setting’s transportation support services provided
  
  o Food/snacks
    ▪ Availability of food at any time
  
  o Choice of providers
    ▪ Day or medical services provided on-site
    ▪ Methods used or information provided to notify people of their right to choose where and from whom to receive services
    ▪ Supports provided to people to obtain services from community providers
    ▪ Setting’s restrictions or policies on use of community providers
  
  o Employment
    ▪ Status of people who currently work or volunteer in any capacity
    ▪ Setting’s accommodations for people who work or volunteer
    ▪ Additional questions about employment, specifically for day training and habilitation, prevocational and structured day settings

• HCBS provider site visits – person interview protocol – This document guides the assessor through a series of questions to ask of a minimum of two people who receive services at the setting about how their HCBS rights requirements are being met. These interviews are done individually and separately with people who receive services, are able to give consent and willing to be interviewed. Before the interview, we gave each person a verbal Tennessen Warning, which enables people to make informed decisions about whether to give information about themselves to the government. The sections included in this tool include:
  
  o Quality of services
    ▪ Person’s rating of overall quality of services received at the setting
  
  o Community life activities
    ▪ Discussion of the person’s awareness of the setting’s activity calendar
    ▪ Types of on-site and community activities the person enjoys the most
    ▪ Person’s preferences for attending on-site and community activities
    ▪ Frequency of attending community-based activities
    ▪ Person’s satisfaction with frequency of community-based activities
  
  o Food/snack
    ▪ Availability and options to access food at any time
  
  o Transportation
    ▪ Setting’s options and/or process to provide support to obtain transportation, when desired.
  
  o Employment
    ▪ Work and/or volunteer status and frequency
    ▪ The work or volunteer preference of the person who receives services
  
  o Choice of providers
    ▪ Awareness of the person’s right to choose community-based providers
• Person’s current choice of community-based or setting-based providers
• Setting’s supports provided to the person when he or she chooses to use a community-based provider
  - **Additional questions for people who live in HCBS residential settings**
    • Questions to ensure that people who receive services are aware of and provided the HCBS rights required under the federal rule. Rights topics include:
      • Choice of daily schedule
      • Access to personal resources
      • Lease/residency agreement
      • Privacy in living unit, including locks on doors
      • Choice of roommate, if shared living space
      • Decorating and furnishing personal living space
      • Physical accessibility of personal living space and common areas of the setting
      • Visitors at any time

[DHS will determine which settings have overcome the presumption of not being HCBS. DHS will submit an evidentiary package for these settings to CMS for heightened scrutiny. Proposed submissions to CMS for heightened scrutiny will be announced publicly. The public will have an opportunity to comment about the settings in question. A summary of public comments will be submitted as part of the updated transition plan.]

**Prong 1, 2 and 3 - Setting-specific transition plans and outreach**

If MN DHS determines, as a result of on-site assessment, that a setting in prongs 1, 2 or 3 has characteristics that make it institutional or isolating in nature, we will identify and communicate to the provider what changes it will need to make to receive state support that the setting is HCBS. The state will provide tools and information to support the provider by sending an instructional email, including the HCBS Provider Transition Plan document.

[The HCBS Provider Transition Plan document (PDF) includes detailed information, unique to the setting, to inform the provider of each institutional, isolating or other non-HCBS finding that is determined not to be in compliance with the HCBS rule requirements.]

The document includes a section for each finding. Each section lists the following:

• Compliance status
• HCBS requirement
• Institutional or isolating quality found
• MN DHS resources, recommendations and/or guidance
• Transition plan
• Date action completed (by the provider)

DHS instructs the provider to complete an action plan with steps the setting will take or has taken to remedy each of the institutional or isolating qualities identified on the form. The provider must return the completed form to MN DHS within 60 days of receipt of the notice. The provider may also submit
additional supporting information for MN DHS review. Examples of supporting documentation might include revised provider policies, training curriculum and pictures of setting changes, such as new signage or locks on living unit doors.

If the setting is unable to take the necessary steps to comply with the HCBS requirements, we will start the Person-centered, informed choice and transition protocol [Begin delete] relocation [End delete] [Begin add] for people who receive services.

**Submitting information to CMS for heightened scrutiny**

MN DHS will determine which settings in prongs 1, 2 and 3 have overcome the presumption of not being HCBS.

We will use the following sources of information to develop this setting’s evidentiary package (PDF):

- The setting’s attestation and additional information submitted to MN DHS
- Geo-mapping and location demographics
- Licensing review findings, if available and applicable
- On-site assessment findings
- Public comments in response to the evidentiary package

**Public comment period**

Proposed submissions to CMS for heightened scrutiny will be announced publicly. The public will have an opportunity to comment about the settings in question. DHS will submit a summary of public comments as part of each evidentiary package submitted. We will seek public comment for 30 days about the state’s determination that the settings have overcome the institutional presumption. We will seek comment by methods including, but not limited to the following:

- Evidentiary package will be posted online at Home and Community Based Services Rule transition plan website
- Notice of public comment period via eList announcements
- Lead agency notification via regional resource specialists
- Provider notification via email/direct mail
- Evidentiary packages specific to each setting will be posted in a common area of the setting to solicit public comment
- Disability Hub virtual insight panel

**Submission of evidentiary package to CMS for heightened scrutiny**

MN DHS will evaluate all of the evidence collected and summarize the public comments received during the public comment period. If we find that the evidence collected supports the setting as having the characteristics of an HCBS setting and not of an institution or having the effects of isolating, MN DHS will submit the setting’s evidentiary package to CMS for heightened scrutiny. Batches of evidentiary packages will be submitted to CMS quarterly.
CMS final determination

CMS will notify MN DHS of the final heightened-scrutiny determination for each setting. One of the following two outcomes is possible:

1. CMS will determine the evidence submitted supports the state’s recommendation. The setting does in fact have the characteristics of an HCBS setting and does not have the characteristics of an institution or effects of isolating.
2. CMS will determine the evidence submitted does not support the state’s recommendation. The setting does not have the characteristics of an HCBS setting and does have the characteristics of an institution or the effects of isolating.

Notification of heightened scrutiny final determination

MN DHS will notify the provider of CMS’s final determination after heightened scrutiny.

We will also publish the determinations for each submitted setting on the Home and Community Based Services Rule transition plan website.

Strategy 5: Residential [End add] [Begin delete] tiered standards for BI, CAC, CADI and DD waivers

We are working with existing HCBS settings to meet, at minimum, the basic requirements of the HCBS rule. We will, however, require higher standards for designated new service settings. New setting standards will address the intent of HCBS standards more fully and support community-inclusive service models.

The following new developments/settings serving people with disabilities on the BI, CAC, CADI and DD (DSD) waivers will be subject to a higher state standard:

Customized living for people with disabilities on the BI and CADI waivers

The customized living (CL) service provides a package of individualized health-related and support services to a person in a congregate setting. The service design focuses on supporting older adults as part of the [Begin add] array of [End add] community service options. CL services include a variety of living arrangements, including single site, congregate site, scattered site and clustered site. Each of these settings has a different level of provider control. As the state, community of providers, families and people with disabilities have sought ways to support independent living in the community, CL’s original service design has been stretched to fill the gaps in waiver services. The CL service was not designed to provide the level of treatment, support and behavioral services that adults who receive CADI and BI waiver services might need to live in the community.

MN DHS recognizes why CL is used to fill in the service gaps, but we must address the confusion caused by the lack of a clear distinction between the services delivered in different types of living arrangements.
We plan to address these gaps and the array of service needs by:

- Creating a tiered set of standards for customized living services
- Creating a new service (yet to be named) integrated community supports to address the gaps in the current service menu service continuum. We will do that by aligning waiver services based on a person’s living arrangement.
- Clarifying the definition of a person’s own home.

Throughout the development of the new service, there was broad stakeholder engagement in designing integrated community supports throughout a two-year process that includes people with disabilities, families, advocates, trade associations, community providers, lead agencies and state agencies. We will continue to partner with stakeholders throughout the implementation of integrated community supports.

**Current CL settings (Tier 1):** For current CL settings that comply with the HCBS settings rule, the setting may continue to deliver CL services to adults on the BI and CADI waivers. To ensure all Tier 1 CL settings comply with the HCBS rule requirements, each Tier 1 CL setting must complete a site-specific assessment and validation strategy. See Strategy 1 and Strategy 2 for details about the site-specific assessment process and validation strategy. We do not intend to monitor site capacity when we implement Tier 1 standards for CL service settings. This will allow Tier 1 CL settings to continue supporting current and new adults in the setting.

**New CL settings (Tier 2):** New CL service settings will be limited to people aged 55 and older on BI and CADI waivers. The new CL service setting must comply with service standards for the Elderly Waiver. People aged 55 and older may choose CL or other service options to meet their needs.

The implementation of the CL Tier 1 and 2 standards will correspond to the implementation of the new HCBS service for BI, CAC, CADI and DD waivers. We do not intend to monitor Customized Living site capacity at the time of implementing the Tier 1 standards for CL service settings. This will allow Tier 1 CL settings to continue supporting current and new adults in the setting.

**New Medicaid home and community-based services (HCBS) service for BI, CAC, CADI and DD waivers:**

The new HCBS service name is called integrated community supports. Integrated community supports will provide a new option for people 18 to 54 years old, as well as people 55 and older. MN DHS will develop a new HCBS waiver service to substitute for Customized Living. Integrated community supports will add to the array of services, creating the option of new service settings that serve people who use the BI, CAC, CADI and DD waivers.

The new HCBS waiver service will support the spectrum of residential setting options, the new integrated community supports service will support people living in a setting that does not meet the definition of a person’s “own
In settings delivering integrated community supports, the service provider will have a level of control over the living unit. Implementing integrated community supports will require legislative approval before adding the service to our waivers via the waiver-amendment process. Settings where this new service is developed will include only 25 percent of residents that receive HCBS services funded by BI, CAC, CADI or DD waivers in order to ensure that settings, by their nature, do not isolate or create a stigma for people living there.

**Integrated community supports:**

- Will be licensed under Minnesota Statutes, chapter 245D
- May deliver up to 24 hours of service in a day
- Will provide supervision, assistance and, as needed, skill development for adults 18 and older in four community-living service areas:
  - Community participation
  - Health, safety and wellness
  - Household management
  - Adaptive skills

HCBS service providers will deliver integrated community supports in multifamily housing (e.g., apartment units, etc.) the HCBS provider owns, leases or has direct or indirect financial relationship with the property owner. These are considered HCBS provider-controlled settings. Only one HCBS provider may deliver integrated community supports service in the HCBS provider-controlled setting. A person may live in these settings and receive HCBS services from a different HCBS provider who is not the HCBS provider who controls the residential setting.

A HCBS provider who controls a setting may provide the integrated community supports in:

- All of the units in a multifamily building of four or fewer units
- A setting with fewer than 25 percent of people funded under BI, CAC, CADI and DD waivers who receive integrated community supports in the HCBS provider-controlled units
- A setting that serves 25 percent or more of people funded under the BI, CAC, CADI and DD waivers who receive the integrated community support service in HCBS provider-controlled units must have a site-specific review approved.

When 25 percent of a setting’s BI, CAC, CADI and DD waiver recipients use the integrated community supports, or when the HCBS provider expects the setting to exceed that threshold, the HCBS provider that controls the setting must complete a site-specific review process to receive MN DHS approval. The HCBS provider who controls the setting will submit supporting documentation to MN DHS, via a site-specific review process, to validate the setting is HCBS and does not isolate or create a stigma for people living there.

When fewer than 25 percent of a setting’s BI, CAC, CADI and DD waiver recipients use the integrated community supports service, a site review by MN DHS is not required.

To ensure settings do not isolate or create a stigma, DHS will review settings through a needs-determination process if the setting is designed to serve more than 25 percent of people with disabilities using home and community-based services.
We MN DHS will approve the needs determination when site-specific review if it:

- Meets basic HCBS setting characteristics and to-be-determined additional requirements (as developed through stakeholder input)
- Explains other options available in the community through an informed-choice process. This includes how the HCBS service provider ensures people are given informed choice of service options and integrated community support service delivery in the setting.

Housing that is developed, funded or designed specifically for people with disabilities must be approved through the needs-determination site-specific review process before the new service may be authorized and paid for in the setting.

In addition to existing guidance on compliance with the settings rule (i.e., the HCBS Provider Attestation guidebooks under “Attestation resources by service” and A Provider’s Guide to Putting the HCBS Rule Into Practice), providers must meet additional requirements as part of the site-specific review process to ensure settings do not have the effects of isolating. That may include, but is not limited to:

- Describing how opportunities are present and available for people to interact with the broader community individually and in groups, as they desired. (e.g., how often people are asked about their interest in activities in the community, how people participate as desired, etc.)
- Describing how people may choose activities to participate in individually (e.g., not everyone has the same activities or schedule, how people are informed of available activities, etc.)
- Describing how people are informed that they may choose offsite community service providers (e.g., people may choose to go offsite to a salon for a haircut or to a clinic for counseling services, etc.)

Clarifications to the definition of the person’s own home

To provide a clearer expectation of what a person’s own home means, MN DHS developed a standard definition of the Requirements for a person’s own home, which has been published in our on-line Community-Based Services Manual (CBSM). Over the past several years, to support new living options for people, the community of providers arranged or developed service options that were not recognized by the policy definition of a person’s own home or a residential service because the provider maintained some level of influence over the housing. During this same time, we analyzed the different definitions of a person’s own home in our waiver plans, statutes and policy. To develop the new HCBS waiver service (to replace CL for people age 18-54) for BI, CAC, CADI and DD and to support the full service continuum, we will further clarify the definition of a person’s own home.

The current requirements for a person’s own home require the person to:

- Sign a lease agreement that outlines the responsibilities of the person and the responsibilities of the landlord
- Select a service provider(s), based on individual assessed needs and preferences
- Maintain the home (as outlined in the lease agreement) independently, through natural supports or through a provider(s) chosen and paid to assist with home maintenance; and
- Pay for all room and board costs (i.e., rent/mortgage, food, home maintenance, etc.) with personal resources and/or public funding.
MN DHS will [Begin add] consider clarifying [End add] [Begin delete] that the definition of a [End delete] person’s “own home” [Begin add] to include factors that support: [End add]

- Must be rented on the open market [End delete]
- Housing that does not require a person to have a specific disability with the expectation that the person receives HCBS waiver-funded services to live in the residence
- Housing that does not market or advertise that the apartment building is specifically designed for people with disabilities to receive HCBS waiver-funded services or promote specific programming for people with disabilities to receive HCBS waiver-funded services. [End add]

The setting where the person lives is a private residence not owned by an unrelated caregiver (who is paid for providing HCBS services to the person). A setting owned by an unrelated caregiver is considered a provider-owned or controlled setting and cannot be considered a person’s own home.

For purposes of HCBS-funded services, DHS will clarify that a person’s own home:

- Must be rented on the open market
- Does not require a person to have a specific disability and expectation to have services funded with HCBS
- Does not market or advertise that the apartment building is designed for people with disabilities or promote specific programming for people with disabilities. [End delete]

Changes to the definition of “own home” will factor in affordable housing policies and funding. The goal is to align the appropriate services with each type of living arrangement.

We will post [Begin add] clarifications to the [End add] the person’s own home policy in our CBSM.

To support tiered standards and people who live in their own home, MN DHS [Begin delete] will add or expand [End delete] [Begin add] added or expanded the [Begin delete] following [End delete] [Begin add] service options identified in the 2017-2018 remediation activities (Developed new services). Through the waiver amendment process, MN DHS will ensure supports are aligned across the full array of living arrangements on the BI, CAC, CADI and DD waivers. [End add] [Begin delete] through the waiver amendment process, the following service options supporting people who live in their own homes: [End delete]

Supports across the full [Begin delete] continuum [End delete] [Begin add] array [End add] of living arrangements means (BI, CAC, CADI, and DD waivers):

To create more opportunities and options for people, we will clarify and enhance the [Begin delete] continuum [End delete] [Begin add] array [End add] of living arrangements. By identifying the full [Begin add] array of [End add] services [Begin delete] continuum [End delete], we will identify and develop supports for living arrangements that fall between a person’s own home and [Begin delete] fully [End delete] [Begin add] current [End add] provider-controlled [Begin add] settings [End add]. For such living arrangements, we will develop a structured option [Begin add], still considered provider-controlled, [End add] for a person to assign specific responsibilities for support to a provider without the home being licensed. [Begin add] This structured option is the new HCBS service as described in tiered standards for customized living. [End add] By supporting a continuum of housing choices, including self-contained living units [Begin add] in a multifamily building [End add] (e.g. an apartment) that are not congregate settings, we [Begin delete] allow [End delete] [Begin add] support [End add] people to live in more integrated settings with appropriate [Begin add] services and [End add] supports within their communities.
The full continuum of living arrangements includes services in a person’s own home, services in settings where the integrated community supports a new HBCS service are delivered and in licensed residential settings.

MN DHS will consider a possible moratorium on new foster care or supported living settings that would be collocated and operationally related; any moratorium would include an exception process that would take into account the unique characteristics of each county and identified needs of people who seek services.

**Strategy 6: Non-residential tiered standards for BI, CAC, CADI and DD waivers**

**Tier 1: MN DHS will add or expand, through the waiver-amendment process, the following non-residential service options.**

Day training and habilitation services:

DT&H was one of the earliest community services in Minnesota. Families and churches often started these services to help people living at home with their families. The services have evolved over time. DT&H services are currently considered bundled services because of the multitude of services covered under DT&H, such as skills-development, therapies, behavioral supports, transportation, community integration, paid on-the-job training and supported employment.

We knew we needed to make substantial changes to our DT&H service definition. These changes were needed to ensure the service meets the definition of a home and community-based service and aligns with the Employment First policy. We began working with stakeholders on a plan that will unbundle DT&H services to make it easier for people to make clear choices about services. These changes would increase community integration and inclusion and increase competitive employment outcomes across all the BI, CAC, CADI and DD waivers.

As part of our plan, we have proposed legislation for consideration in the 2017 governor’s budget which was approved and went into effect on July 1, 2018, for new employment services. This legislation will pull the community employment components out of the current DT&H service and separated supported employment services to create three distinct services that are available across the BI, CAC, CADI and DD waivers:

- Employment exploration (BI, CAC, CADI, DD waivers): Employment exploration services (EES) is an orientation and experience-based service that introduces a person to the world of work. We intend it to occur predominantly in the community. EES is designed to help people to learn more about competitive employment and make an informed choice about competitive employment. This service is for those who are undecided about working competitively; it is not a prerequisite for employment development services (EDS). People who already know they want to work should go...
Employment development (BI, CAC, CADI, DD waivers): Employment development services (EDS) is an individualized service that actively helps a person to achieve competitive employment in the community consistent with his or her strengths and interests. Services are 1:1 and culminate with the person either successfully obtaining competitive employment within a community business, becoming self-employed or establishing a microenterprise business in his or her community.

Employment support (BI, CAC, CADI, DD waivers): Employment support services (ESS) is a community-immersed, individualized assistance and support service that helps people maintain their competitive employment in a community business, their self-employment or their microenterprise business. ESS will also include training and support for time-limited, community-based group employment.

This change will further Minnesota’s Employment First policy to provide people the opportunity to seek employment and work in competitive, integrated settings. It will promote inclusion in the community and ensure people receive enough information about employment, through exposure and actual experiences, to make an informed choice. Individual service plans will reflect more accurately the services people receive and lead to better outcomes.

The second part of our plan to bring DT&H into compliance with the HCBS rule was to redefine, in collaboration with various stakeholders, our DT&H service. We have been working to create a new day service and definition so people may identify what they want from the provider in order to meet their goals and achieve their desired outcomes. The focus will be on developing and maintaining essential and personally enriching life skills, along with the necessary therapies, support and training needed for people to participate fully in their preferred activities and communities. Through a person-centered planning process, people will work with teams to help them to identify things that are important to and for them. Providers will then develop opportunities for people to build skills to access their communities independently and or provide the support necessary for people to engage in desired community activities. Current structure around staffing ratios and related impact on rates will be evaluated and adapted as necessary to fit the more individualized needs of the service once we finalize the service definition.

People across the BI, CAC, CADI and DD waivers will be able to access the new day service while receiving any of the new employment services. This will further support people as they explore, seek or maintain competitive employment by providing them the option to increase their engagement in community life at the same time. It will also serve as a valuable resource for people who are not interested in employment, or for whom it’s not the right time for work (e.g., instability in a person’s health or aging into retirement phase of life). People will benefit from the service in a wide variety of ways based on their individual interests, needs and abilities. We will work with stakeholders to develop a process that ensures people continue to receive employment-related counseling, information and experiences. This will ensure they have the best service options to meet their needs and ensure continued informed choice.

Prevocational services:

We have been working with stakeholders to develop a plan to move the paid on-the-job skills-training component of DT&H into prevocational services. The parts of this service that fall under the definitions for EES, EDS and ESS will move to those respective services. We will be expanding prevocational services to include people on the DD waiver.
Structured day service:

Through our continued work with the people using the service, Minnesota’s Brain Injury Advisory Group and other interested stakeholders, we will work to strengthen the focus of this service on development of the essential skills needed for the person to experience community inclusion.

Adult day service for people with disabilities on the BI, CADI or DD waivers:

Adult day services (ADS) provide supervision, care, assistance, training and activities based on the participant’s needs and directed toward the achievement of specific outcomes as identified in the community support plan. Services must be designed to meet both the health and social needs of the participant. Services must be appropriate in providing care and supervision.

To ensure compliance with the HCBS rule requirements, MN DHS will set criteria for participating in adult day services that incorporate:

- Informed choice
- Individualized, age-appropriate need for the service
- A person’s desired outcomes and assessed goal(s).

Regardless of age, people on the BI, CADI or DD waivers will be able to make informed choices about their schedules, community integration, activities and other services that may meet their needs in addition to or instead of this service.

People receiving BI, CADI or DD waivers currently using adult day services, regardless of age, may continue to use adult day services if they have an assessed need for the service and if they choose it. The case manager must ensure all people have information about the continuum of services available to them.

Tier 2: Continue progress from Tier 1, and taking things to the next level

Redefine DT&H services:

The second part of our plan to bring DT&H into compliance with the HCBS rule is to, in collaboration with various stakeholders, redefine our DT&H service. We are clarifying the service definition so people can identify what they want from the provider in order to meet their goals and achieve their desired outcomes. The focus needs to be on developing and maintaining essential and personally enriching life skills, along with the necessary therapies, support and training needed for people to participate fully in their preferred activities and communities. Through a person-centered planning process, people will work with teams to help them to identify things that are important to and for them. Providers will then develop opportunities for people to build skills to access their communities independently and/or provide the support necessary for people to engage in desired community activities. Current structure around staffing ratios and related impact on rates will be evaluated and adapted as necessary to fit the more individualized needs of the service.

Revise the needs determination for DT&H, [prevocational, structured day and adult day service (for people under age 55)];
Minnesota has long used a needs-determination process to plan the development of DT&H services. That process requires lead agencies to complete an application any time they want to create, expand or increase DT&H services. As part of our DT&H redesign effort, we will continue to revise our needs-determination process to include a greater emphasis on community inclusion. We will consider size limits and a possible moratorium on new DT&H [Begin add] prevocational service and structured day program settings; [End add] any moratorium would include an exception process that would take into account the unique characteristics of each county and identified needs of people seeking services. [Begin add] In addition, we will work with stakeholders to establish criteria for new sites to be considered integrated into their communities, taking geographic location into account.

As mentioned above, [End add] we will consider size limits and identify characteristics that would be needed for new sites to be fully integrated into their communities, [Begin delete] we will [End delete] take [Begin add] ing [End add] e-e [End delete] each county’s geographic location into account.

[Begin add] Put limits on prevocational services:

In addition to a needs-determination process to plan development of prevocational services, we have been working with stakeholders to set criteria for prevocational services including a time limit of three years for the service for any new enrollments. We will require that prevocational services be taken in conjunction with either the new day service or EES. This approach will allow people to explore what employment might mean for them, which might look very different from one person to the next. [End add]

- [Begin delete] **Supported employment:** We developed a plan with our stakeholders and proposed legislation to separate this service into three separate services: employment exploration services, employment development services and employment support services. Employment support services (ESS) will provide ongoing support to people working in both group and individual employment positions. The rate will be different based on which type of employment it is, with preference given to individual employment.

DHS staff visited job sites where these services were being provided to gain a better understanding of the types of work arrangements that are occurring. We also held focus groups with stakeholders to share our findings and get input from them. These focus groups helped to define group and individual employment as it looks now, as well as how it might look in the future. For example, at a later date, we will pay the higher individual employment ESS rate only for employment that meets the Employment First policy’s definition of competitive employment.

- **Prevocational services:** We will work with stakeholders to develop a plan to move the paid on-the-job skills-training component out of DT&H and into prevocational services. The parts of this service that fall under the definitions for EES, EDS and ESS will move to those respective services. We will expand prevocational services to include people on the DD waiver. At the same time, we will work with stakeholders to set criteria for prevocational services including time limits for the service. We will also develop a process that will require people receive employment-related counseling, information and experiences both before enrollment and while receiving this service to ensure continued informed choice. This approach will allow people to explore what employment might mean for them, which might look very different from one person to the next. [End delete]

- [Begin add] These [End add] [Begin delete] DT&H [End delete] services currently vary widely; some providers will need to make more changes than others. Throughout the transition, MN DHS will provide information and technical assistance to the people being served and help providers adjust their business models as needed. Several factors will affect the transition, such as licensing standards, service definitions and corresponding payment rates. It may take several legislative sessions to make all of the policy and fiscal changes needed for a sustainable shift in service delivery and meet the intended outcomes. Only providers who opt out because they are unwilling or unable to comply with requirements would no longer be able to provide waivered services.
### Table 7: Tiered standards for employment and day services for people with disabilities

<table>
<thead>
<tr>
<th>Current employment and day services</th>
<th>Waivers affected</th>
<th>Tier 1 Changes to current services</th>
<th>Tier 2</th>
<th>Stakeholder involvement and other work</th>
</tr>
</thead>
</table>
| Day training and habilitation (DT&H) | BI, CADI, DD | Redefine DT&H services:  
• Strengthen focus on essential skill development for individual to experience community inclusion  
• As appropriate, move related functions to prevocational service, EES, EDS and ESS  
• Expand day training service to CADI and BI | Continue changes made to Tier 1 through a stakeholder process and:  
• Limit size of new DT&H sites  
• Establish criteria for new site locations to be considered integrated into their community taking geographic location into account  
• Develop a process that requires people to receive employment-related counseling, information and experiences prior to enrollment and while receiving services to ensure informed choice  
• Revise needs determination process to include greater emphasis on community inclusion and consider possibility of a moratorium on new DT&Hs | For the past two years, stakeholders have been involved in discussions about moving the employment functions from DT&H to the new employment services.  
 Recently began meetings with DT&H stakeholders to discuss redefining DT&H to strengthen community inclusion.  
 Continue work with stakeholders on:  
• Strengthening community inclusion focus, and Tier 2 standards |
| Supported employment | BI, CAC, CADI and DD | Separate supported employment into three new services:  
A. Employment exploration service (EES)  
B. Employment development service (EDS)  
C. Employment supports services (ESS) | Continue changes from Tier 1 and work with stakeholders to define further what would be considered group employment under Tier 2.  
Only employment that meets the definition of competitive employment will be paid at the individual employment ESS rate under Tier 2.  
Definition as follows:  
- Full-time, part-time or self-employment with or without supports  
- In the competitive labor force  
- On payroll of a competitive business  
- Pays at least minimum wage, but not less than customary wage and benefits paid to workers without a disability performing same or similar work | We have shared new employment service descriptions with stakeholders (including people with disabilities and families) over the past year.  
Continue meetings with stakeholders to work through possible Tier 2 standards and implementation strategies.  
Secure additional funding to increase rates for new services. |
| --- | --- | --- | --- | --- |
| Prevocational service | BI and CADI | Changes to current prevocational service:  
- Move related functions to three new services: EES, EDS and ESS  
- Define criteria for center-based training and time limits  
- Expand to DD waiver. | Continue changes from Tier 1 and work with stakeholders to develop possible Tier 2 standards including, but not limited to, the following:  
- Work with stakeholders to develop a process that requires people to receive employment-related counseling, information and experiences prior to enrollment and while receiving service to ensure informed choice | We have shared new employment service descriptions with stakeholders (including people with disabilities and families) over the past year.  
Work with stakeholders to define and establish criteria for prevocational services and possible Tier 2 standards. |
| Structured day | BI | Changes to structured day service: Strengthen focus on essential skill development for individual to experience community inclusion | Continue changes made to Tier 1 and:  
- Limit size of new structured day service sites  
- New site locations must be considered fully integrated into their community, taking geographic location into account  
- Work with stakeholders to determine what is unique about this service or if it can be blended with the modified DT&H service | Begin work with stakeholders for the BI waiver to:  
- Strengthen community-inclusion experiences  
- Limit size and locations of new sites. |
|----------------|----|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Adult day | BI, CAC, CADI and DD | People currently using adult day services, regardless of age, may continue to use adult day if they are assessed to need the service and if they choose it from other options. The case manager must ensure all people have information about the continuum of services available to them. | Future new authorizations for the service may only occur when:  
 a. Following the informed choice process, which includes exploration of employment and day training and habilitation, the person did not choose employment or DT&H  
 b. The service is age-appropriate  
 c. The service meets outcomes desired by the person. Outcomes may include opportunities to: socialize with people chosen by the person; be integrated in his or her community or participate in activities in his or her community of choice. A person’s desired and |
[Begin add] Ongoing setting compliance [End add]

MN DHS will use several strategies at the provider, lead agency and individual recipient levels to assure ongoing compliance with the home and community-based settings requirements.

To assure [Begin delete] initial and [End delete] ongoing provider compliance with the requirements, MN DHS will use mechanisms that are already in place, to the extent possible, with some necessary revisions to accomplish the requirements of the CMS rule. The primary mechanisms are the provider-enrollment process [Begin add], case management [End add] and licensing.

[Begin add] MN DHS will use case management to monitor compliance with the HCBS settings requirements for all settings, including individual private homes. Case management is a required service for every person who receives waiver services. See Strategy 9: Assessing a person’s ongoing experience for more information regarding assessing compliance and remediating HCBS settings rule non-compliance at an individual level (including people who receive services in individual private homes). [End add]

New providers

MN DHS will design a process to evaluate new providers for compliance upon their request to enroll as a waiver provider. This process must balance the need for providers to have up-front information with CMS’s requirement that providers be operational before they can be evaluated, with heightened scrutiny conducted as necessary. New providers will be asked to [Begin add] attest to their compliance [End add] with the HCBS settings requirements when they enroll with MN DHS. We will monitor compliance through licensing standards. If a new provider indicates that it meets one of

anticipated outcomes and goal(s) must be documented in their community support plan. Services must be designed to meet both health and social needs, including their appropriateness in providing care and supervision. The decision is made through informed choice, with documentation of his or her informed choice. When appropriate, a goal to reduce isolation may be used in addition to the goals of the current definition for adult day service.--[End delete]
the criteria for a setting that is presumed not to be home and community-based, we will require further evaluation. MN DHS will design a process for this evaluation that can be conducted as quickly as possible. This process must balance the need for providers to have up-front information with CMS’ requirement that providers be operational before they can be evaluated. [Begin add] More information may be found below in strategies 7-10. [End add]

In summary, the state will monitor HCBS rule compliance through multiple approaches and evaluate:

- Compliance at the setting and of the service provider through state staff and licensing entities
- A person’s experience through an annual assessment administered by his or her case manager
- Roles and responsibilities of case managers and lead agencies for person-centered planning through lead agency reviews.

**Strategy 7: State [Begin delete]Licensure[End delete] [begin add]-licensure [end add] requirements**

Setting requirements for the CMS rule are or will be included in state licensing standards (i.e., home and community-based service license, residential and day service setting licenses, foster care license, home care license) to allow licensors to assure [Begin delete] initial and [End delete] ongoing compliance for individual settings. [Begin delete] Once all standards are established through statute, rule and waiver amendments, DHS or MDH will use the existing licensing process to conduct site-specific assessments. [End delete]

We will use the results from each year of licensing reviews to inform the state if additional changes to the system are needed. [Begin delete] We will use the [End delete] [Begin add] We use the [End add] licensing-review process to [Begin add] conduct ongoing monitoring of providers, including desk audits (e.g. policy review) and site visits (e.g. observations, interviews). The following monitoring activities are conducted to assure initial and ongoing compliance and as an opportunity to provide technical assistance to providers:

- DHS licensors conduct license inspections for new and existing adult day, foster care/ supported living, day training and habilitation, prevocational and structured day service programs once every two (adult day) to four years to monitor compliance with license requirements and provide technical assistance. When we find problems, licensors may:
  - Issue correction orders and fines
  - Place a program’s license on conditional status
  - Suspend or revoke a license.

Requirements related to compliance monitoring and remedial activities can be found in Minnesota Statutes, chapter 245A. The Minnesota Department of Health is required to survey licensed home care providers at least once every three years. Requirements related to compliance monitoring and remedial activities can be found on the MDH Home Care Survey webpage. [End add]

- [Begin delete] settings that have been determined to need additional assistance. The following approaches may be used to assure initial and ongoing compliance:
Site visits and outreach:

All identified day and residential service settings are licensed by the state. The table below provides information on the licensing process and anticipated number of licensing visits in 2017-2019. The visits will provide outreach, communication and validation of setting compliance with the HCBS rule. As we add new provider standards, licensors will incorporate them into their ongoing compliance visits.

Table 9: Licensing process and number of anticipated visits in 2017-2019

<table>
<thead>
<tr>
<th>Type of setting</th>
<th>Brief description of licensing process</th>
<th>Links to more licensing information</th>
<th>Number of licensing visits in 2017</th>
<th>Number of licensing visits in 2018</th>
<th>Number of licensing visits in 2019</th>
</tr>
</thead>
</table>
| Foster care / Supportive living services | The HCBS licensing review process includes a review of the license holder’s compliance with applicable laws and rules. We review documentation for compliance, including a review of the service recipient and staff records, including orientation, training and background studies. The licensing review also includes a review of a variety of required administrative records, including policies and procedures. As indicated, the licensing review includes observation of services being provided to the service recipient in his or her home or community and inspection of licensed facilities. | Foster care licensing information  
Supportive living services licensing information | 1,068  
1,068  
1,068 |
<table>
<thead>
<tr>
<th>Type of setting</th>
<th>Brief description of licensing process</th>
<th>Links to more licensing information</th>
<th>Number of licensing visits in 2017</th>
<th>Number of licensing visits in 2018</th>
<th>Number of licensing visits in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customized living</td>
<td>The Minnesota Department of Health Home Care and Assisted Living Program (HCALP) conducts unannounced on-site licensing surveys at least once every three years to determine substantial compliance of comprehensive licensed home-care providers. The surveys include: review of reporting of maltreatment; orientation to home care bill of rights; statement of home-care services; initial evaluation of clients and initiation of services; client review and monitoring; service plan implementation and changes; client complaint and investigation process; competency of unlicensed personnel; infection control; delegation to unlicensed personnel; assessment, monitoring and reassessment of clients; medication, treatment and therapy management.</td>
<td><a href="#">Customized living service license information</a></td>
<td>355</td>
<td>355</td>
<td>355</td>
</tr>
<tr>
<td>Type of setting</td>
<td>Brief description of licensing process</td>
<td>Links to more licensing information</td>
<td>Number of licensing visits in 2017</td>
<td>Number of licensing visits in 2018</td>
<td>Number of licensing visits in 2019</td>
</tr>
<tr>
<td>----------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>Adult day</td>
<td>Unannounced on-site licensing reviews every other year. The process includes a review of the license-holder’s compliance with applicable standards, including an inspection of the facility, observation of services being delivered and a document review. The document review includes participant records, personnel records including background studies and a variety of required administrative records.</td>
<td>Adult day licensing information</td>
<td>84</td>
<td>85</td>
<td>86</td>
</tr>
<tr>
<td>DT&amp;H, prevocational, structured day</td>
<td>The HCBS licensing-review process includes a review of the license-holder’s compliance with applicable laws and rules. Documentation is reviewed for compliance, including a review of the service recipient and staff records, including orientation, training and background studies. The licensing review also includes a review of a variety of required administrative records, including policies and procedures. As indicated, the licensing review includes observation of services being provided to the service recipient in his or her home or community and inspection of licensed facilities.</td>
<td>DT&amp;H licensing information</td>
<td>75</td>
<td>75</td>
<td>75-End delete</td>
</tr>
</tbody>
</table>
Strategy 8: Provider enrollment/revalidation requirements

All home and community-based services providers will be required to submit a Home and Community-Based Settings Applicant Assurance Statement assuring compliance with waiver requirements of meeting provider standards as part of new enrollment (new provider record), re-enrollment (inactive to active) or revalidation every five years (review of enrollment documents of currently active record) as a Medicaid provider.

Strategy 9: Assessing people’s ongoing experience

The state worked with the University of Minnesota, Institute of Community Integration (ICI) to develop questions to measure a person’s experience with HCBS. ICI researched valid and reliable survey tools, ensuring questions were person-centered and asked in a manner that allowed us to capture measurable information. We based the tool on recommendations from the National Quality Forum report, Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement.

For people in the MnCHOICES Support Plan application, the tool used to assess a person’s experience is called the LTSS improvement tool. More information about the tool may be found in the Frequently asked questions about the new LTSS Improvement Tool.

Lead agencies assign a case manager to each person receiving HCBS services and will assess their experience annually. This assessment will evaluate whether a person’s experience is consistent with the standards and expectations under the settings rule and validate the provider’s attestation of compliance.

The case manager administers the person’s experience assessment at the person’s mid-year review of the support plan or annual reassessment. We are developing the person’s experience assessment as part of the LTCC reassessment and as a component of the new electronic support plan expected to launch in June 2017. Following training for lead agencies, we began using the experience assessment in September 2017.

This is a new initiative designed to ensure sustainability in the collection of experiential data for all people who receive HCBS services. We expect the proportion of assessments received will increase over time (in 2018 and 2019) as case managers receive training and as more case managers begin to use the electronic support plan as part of their ongoing practice. We expect initial assessment data to be available in 2018.

We will compare the data with provider attestation submissions to validate provider compliance. The person’s experience assessment will mirror the provider setting attestation and broader expectations under the rule. We will compare the answers by a unique setting number to identify
discrepancies. If the person’s experience differs from the requirements of the settings rule or the provider attestation, the case manager will discuss individual remediation options with the person and document the person’s desired remediation action. We will provide education and information to address any broader concerns identified by the aggregate data from the person’s experience assessment. We will analyze the data more frequently during the transition period to monitor system wide trends and identify areas where further remediation is needed. We plan to analyze data to determine how a person’s experience changes over time. For example, we may examine whether a person becomes more satisfied with community integration over a period of time. By using the person’s experience assessment, we can gather a person’s feedback annually and compare data across HCBS programs and lead agencies (counties and tribal nations) in Minnesota. MN DHS will integrate this evaluation data with other data produced through the assessment process, service authorization/utilization and surveys. The goal is to demonstrate changes made at the individual, organizational and programmatic level and promote person-centered services and supports.

**Strategy 10: Assessing lead agencies**

Minnesota conducts reviews of all five Medicaid waiver programs and the Alternative Care program in each lead agency responsible for administering these programs (counties, tribal nations and health plans).

**HCBS lead agency reviews of counties and tribal nations:**

- Site visits include a review of participant case files, interviews and focus groups with staff and a review of lead agency data. MN DHS developed this review to monitor compliance with state and federal requirements, identify promising practices that improve the quality of service to HCBS participants, track local improvements and obtain feedback about MN DHS.
- The lead agency review evaluates components of person-centered planning and practices in HCBS programs. Under the Person-Centered, Informed Choice and Transition Protocol (PDF), lead agencies must provide people with increased choices and opportunities for community inclusion.
- We share performance measures and operational indicators during the HCBS lead agency review site visit.

We have incorporated the elements needed to monitor and enforce compliance with the settings rule into this process. Protocols and review elements may be found on the MN DHS HCBS Lead Agency Review website.

**Managed care audits:**
Managed care organizations (MCOs) conduct annual audits of all of their enrollees’ care plans, including people on the Elderly Waiver (EW), through the care plan audit protocol. MCOs have incorporated requirements of the Person-Centered, Informed Choice and Transition Protocol into the audit protocol. At the completion of each annual audit, MCOs report their findings to MN DHS.

[Begin add] **Strategy 11: Assessing service gaps** [End add]

As required by statute, MN DHS conducts a gaps analysis study every two years to gather data from lead agencies about the capacity and gaps in long-term services and supports and housing to support older adults, people with disabilities, children and youth with mental health conditions and adults living with mental illnesses in Minnesota.

We will use the existing national core indicator process to capture quality-of-life and community-engagement data to inform quality-assurance activities and quality-improvement priorities across the system.
[Begin add] VII. Milestones

Milestones are the key steps states are taking or will take to implement their statewide transition plans to comply with the home and community-based setting requirements. To assist states in managing milestone timelines, CMS created an online tracking system. When we complete a milestone, we are required to submit evidence and update the status of the milestone in the system.

Systemic-assessment and remediation milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Description</th>
<th>Proposed end date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of systemic assessment</td>
<td>• Compare state standards to HCBS standards</td>
<td>Completed September 2016</td>
</tr>
<tr>
<td></td>
<td>• Identify gaps: determine whether or not state standards comply, do not comply, partially comply or are silent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify remedial actions to address gaps</td>
<td></td>
</tr>
<tr>
<td>Complete modifying rules and regulations, including provider manuals, inspection manuals, procedures, laws, qualification criteria, etc.</td>
<td>• Revise state licensing standards</td>
<td>Completed January 2018</td>
</tr>
<tr>
<td></td>
<td>• Amend policy manuals, provide training and technical assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Implement new HCBS licensing standards/housing with services contract requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enforce new HCBS licensing standards/housing with services contract requirements</td>
<td></td>
</tr>
<tr>
<td>Complete systemic remediation</td>
<td>• Tiered standards become effective through state regulatory changes and approved waiver amendments</td>
<td>October 2019</td>
</tr>
<tr>
<td></td>
<td>• Tiered standards are implemented</td>
<td></td>
</tr>
</tbody>
</table>
### Site-specific assessment and remediation milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Description</th>
<th>Proposed end date</th>
</tr>
</thead>
</table>
| Completion of site-specific assessment                                    | • Design provider-assessment tool to assess site-specific compliance  
  • Teach providers how to complete provider attestation  
  • Launch provider attestation  
  • Analyze data to identify settings that reported compliance, require site-specific transition plan, presumed not HCBS, opting out or did not respond | Completed April 2018 |
| Completion of site-specific validation and remediation of 100 percent of residential and non-residential settings | • Review “desk audit” supporting evidence submitted by provider to validate provider self-report through attestation  
  • Implement “compliance plans” for settings that are noncompliant based on desk audit to bring them into compliance | Completed: October 2018 |
| Incorporate results of settings analysis into final version of the STP and release for public comment | N/A                                                                                                                                                                                                                                                                                                                                           | June 2019          |
| Submit STP to CMS for final approval                                      | N/A                                                                                                                                                                                                                                                                                                                                           | December 2020      |
| Identification of settings that will not remain in the HCBS system        | Identify settings that are unable to take the necessary steps to comply with HCBS requirements                                                                                                                                                                                                                                         | March 2019         |
### Heightened-scrutiny milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Description</th>
<th>Proposed end date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider</td>
<td>Complete gathering information and evidence on settings that require heightened scrutiny, which the state will present to CMS. Information and evidence will be gathered from the provider attestation, public comment, onsite assessments, provider-submitted documentation and other types of evidence as needed</td>
<td>March 2020</td>
</tr>
<tr>
<td>Prepare batches of evidentiary packages for submission.</td>
<td>Organize information and evidence referenced above into the final version of STP and release for public comment</td>
<td>June 2020</td>
</tr>
<tr>
<td>Submit batches of evidentiary packages for heightened scrutiny</td>
<td>Determine which settings will be submitted for heightened scrutiny, notify public of these settings (public comment) and submit to CMS</td>
<td>October 2020</td>
</tr>
</tbody>
</table>

### Relocation-of-people milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Description</th>
<th>Proposed end date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin notification process related to settings that are not in compliance with the HCBS setting requirements</td>
<td>Notify people who receive services, guardians/legal representatives, providers, lead agencies and any other responsible parties of settings that are not in compliance with HCBS rule requirements and that relocation or alternate funding sources need to be considered</td>
<td>October 2020</td>
</tr>
<tr>
<td>Milestone</td>
<td>Description</td>
<td>Proposed end date</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Complete notification process related to settings that are not in compliance with the HCBS setting requirements</td>
<td>Notify people who receive services, guardians/legal representatives, providers, lead agencies and any other responsible parties about settings that are not in compliance with HCBS rule requirements and that relocation or alternate funding sources need to be considered</td>
<td>March 2021</td>
</tr>
<tr>
<td>Begin relocation or service transition process for people who receive services</td>
<td>Implement transition protocol</td>
<td>October 2021</td>
</tr>
<tr>
<td>Complete beneficiary relocation or alternate funding across all providers</td>
<td>Implement transition protocol</td>
<td>March 2022</td>
</tr>
</tbody>
</table>

**Ongoing-compliance milestones**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Description</th>
<th>Proposed end date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct licensing reviews to validate ongoing HCBS compliance</td>
<td>DHS added HCBS-specific licensing requirements to licensed residential and day services in 2017. We also added HCBS-specific requirements to housing with services statute. Implementation began in January 2018.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Conduct enrollment/revalidation of newly enrolling waiver providers using HCBS-specific validation processes.</td>
<td>DHS developed and required HCBS-specific assurance statements and web-based training modules for any newly enrolling HCBS waiver provider as of September 2018.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Launch person’s experience assessment</td>
<td>N/A</td>
<td>November 2017</td>
</tr>
<tr>
<td>Milestone</td>
<td>Description</td>
<td>Proposed end date</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Analyze data about how a person’s experience changes and follow trends</td>
<td>N/A</td>
<td>Begin March 2019 and ongoing</td>
</tr>
<tr>
<td>over time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Assess lead agency compliance with HCBS setting requirements             | • Conduct reviews of all five Medicaid waiver programs and the Alternative Care program in each lead agency responsible for administering these programs.  
• Monitor compliance with HCBS setting requirements (began in July, 2016) and identify promising practices to improve quality of services to HCBS participants. | Ongoing [End add]           |
<p>| <strong>[Begin delete] Systemic assessment and remediation milestones</strong>         |                                                                                                                                                                                                                                                                                                                                             |                            |
| Compare state standards to HCBS standards                                | 1/1/16                                                                                                                                                                                                                                                                                                                                     | 100% complete              |
| Identify gaps: Determine whether or not state standards comply, do not   | 4/1/16                                                                                                                                                                                                                                                                                                                                     | 100% complete              |
| comply, partially comply or are silent                                  |                                                                                                                                                                                                                                                                                                                                             |                            |
| Identify remedial actions to address gaps                                | 8/1/16                                                                                                                                                                                                                                                                                                                                     | 100% complete              |
| Complete systemic assessment                                             | 9/1/16                                                                                                                                                                                                                                                                                                                                     | 100% complete              |
| Revise state licensing standards                                         | 7/1/17                                                                                                                                                                                                                                                                                                                                     | 75% complete: legislative policy proposals drafted |</p>
<table>
<thead>
<tr>
<th>Systemic assessment and remediation milestones</th>
<th>End-date</th>
<th>Status/notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amend policy manuals, provide training and technical assistance</td>
<td>9/1/17</td>
<td>Not-started</td>
</tr>
<tr>
<td>Implement new licensing standards</td>
<td>11/1/17</td>
<td>Not-started</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site-specific assessment and remediation milestones</th>
<th>End-date</th>
<th>Status/notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design provider site-specific assessment tool (provider attestation) to assess compliance</td>
<td>2/1/17</td>
<td>75% complete: form created, working with IT</td>
</tr>
<tr>
<td>Develop provider expectation guide and other tools to support provider with completion of provider attestation</td>
<td>2/1/17</td>
<td>50% complete: guide development in progress</td>
</tr>
<tr>
<td>Instruct providers on how to complete provider attestation</td>
<td>3/1/17</td>
<td>Not-started</td>
</tr>
<tr>
<td>Launch provider attestation</td>
<td>4/1/17</td>
<td>Not-started</td>
</tr>
<tr>
<td>Analyze data to identify settings that have reported 100% compliance, require a site-specific transition plan, are opting out or did not respond.</td>
<td>10/1/17</td>
<td>Not-started</td>
</tr>
<tr>
<td>Review supporting evidence submitted by provider to validate provider attestation response.</td>
<td>11/1/17</td>
<td>Not-started</td>
</tr>
<tr>
<td>Develop questions for person's experience assessment that mirror provider attestation</td>
<td>8/1/16</td>
<td>100% complete</td>
</tr>
<tr>
<td>Site specific assessment and remediation milestones</td>
<td>End date</td>
<td>Status/notes</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Train case managers on how to conduct the person’s experience assessment and expectations for remediating discrepancies</td>
<td>3/1/17</td>
<td>Not started</td>
</tr>
<tr>
<td>Launch person’s experience assessment</td>
<td>6/1/17</td>
<td>Not started</td>
</tr>
<tr>
<td>Analyze provider experience assessment data to validate compliance and track remediation</td>
<td>6/31/17</td>
<td>Not started</td>
</tr>
<tr>
<td>Develop a site-specific compliance plan template</td>
<td>6/1/17</td>
<td>25% complete</td>
</tr>
<tr>
<td>Conduct outreach activities to support providers</td>
<td>12/31/17</td>
<td>Not started: in planning phase for provider outreach</td>
</tr>
<tr>
<td>Track provider progress toward compliance goals and assure site-specific compliance of all settings</td>
<td>6/1/18</td>
<td>Not started</td>
</tr>
<tr>
<td>Develop a framework of tiered standards for designated new service settings</td>
<td>12/31/16</td>
<td>50% complete: working with stakeholders to finalize tiered standards</td>
</tr>
<tr>
<td>Propose legislation to implement tiered standards framework for customized living services, day training and habilitation services, new employment services and adult day services</td>
<td>7/1/18</td>
<td>25% complete: legislative proposals drafted for employment services</td>
</tr>
<tr>
<td>Submit waiver plan amendments to redefine existing services, tiered standards or add new services that do not add costs</td>
<td>12/31/17</td>
<td>Not started</td>
</tr>
<tr>
<td>Submit waiver plan amendment to redefine existing services, tiered standards or add new services that add costs</td>
<td>9/1/18</td>
<td>Not started</td>
</tr>
<tr>
<td>Site specific assessment and remediation milestones</td>
<td>End-date</td>
<td>Status/notes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Implement waiver amendment changes</td>
<td>3/1/2019</td>
<td>Not started</td>
</tr>
<tr>
<td>Submit second set of waiver plan amendments to continue to redefine existing services, tiered standards or add new services that add costs</td>
<td>9/1/18</td>
<td>Not started</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relocation of people milestones</th>
<th>End-date</th>
<th>Status/notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement transition protocol to give people the opportunity to make informed choices of new services/settings</td>
<td>03/31/18</td>
<td>Not started</td>
</tr>
<tr>
<td>Provide technical assistance to providers and lead agencies regarding relocation of individuals</td>
<td>03/16/19</td>
<td>Not started</td>
</tr>
<tr>
<td>Provide case-management reassessment and transition assistance to people needing relocation of services and/or settings</td>
<td>03/16/19</td>
<td>Not started</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ongoing compliance milestones</th>
<th>End-date</th>
<th>Status/notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement transition protocol to give people the opportunity to make informed choices of new services/settings</td>
<td>03/31/18</td>
<td>Not started</td>
</tr>
<tr>
<td>Provide technical assistance to providers and lead agencies regarding relocation of individuals</td>
<td>03/16/19</td>
<td>Not started</td>
</tr>
<tr>
<td>Provide case-management reassessment and transition assistance to people needing relocation of services and/or settings</td>
<td>03/16/19</td>
<td>Not started</td>
</tr>
<tr>
<td>Ongoing compliance milestones</td>
<td>End-date</td>
<td>Status/notes</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Identify the type of system(s) that must be modified/created for monitoring ongoing compliance</td>
<td>4/1/16</td>
<td>100% complete</td>
</tr>
<tr>
<td>Identify gaps in current monitoring systems and need for new systems</td>
<td>8/1/16</td>
<td>100% complete</td>
</tr>
<tr>
<td>Modify current monitoring systems, create new systems and train</td>
<td>12/1/17</td>
<td>50% complete</td>
</tr>
<tr>
<td>- Legislative proposals to revise licensing standards drafted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Individual experience assessment questions developed, system changes in development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Revalidation protocols in development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person-centered planning protocols are developed for lead agency reviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement ongoing monitoring systems</td>
<td>1/1/18</td>
<td>Not started-[End delete]</td>
</tr>
</tbody>
</table>
VIII. Appendices

Appendix A – HCBS advisory group – Organizations represented

- ARRM
- Care Providers of Minnesota
- Dakota County
- HIV Housing Coalition/Coalition for Choice in Housing/Clare Housing
- Leading Age Minnesota
- Managed Care Organizations
- Mental Health Minnesota
- Minnesota Association of County Social Service Administrators
- Minnesota Organization for Habilitation and Rehabilitation
- Minnesota State Council on Disability
- NAMI Minnesota
- Office of Ombudsman for Long-term Care
- Office of Ombudsman for Mental Health and Developmental Disabilities
- The Arc Minnesota
- The Minnesota Governor’s Council on Developmental Disabilities
- Touchstone Mental Health, Minnesota Association of Community Mental Health Programs
- University of Minnesota & Minnesota Employment First Coalition
- Washington County

Appendix B: Public comments summary on Minnesota’s transition plan

[Begin add] Public comment summaries may be found on the Transition plan for home and community based settings website:

- 2016 summary of public comments (PDF) [pages 52-81]
- 2018 summary of public comments (PDF) [End add]