



Waiver Transition Report

Minnesota Waiver Reimagine Project
Study 1, Task A.8





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The Human Services Research Institute (www.hsri.org) is a nonprofit, mission-driven organization that works with government agencies and others to improve health and human services and systems, enhance the quality of data to guide policy, and engage stakeholders to effect meaningful systems change.

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Background

The Minnesota Department of Human Services, Disability Services Division (DSD) is looking to improve the system of support to give people more choice and control over the services they receive. As part of that effort, DSD has commissioned two studies from a study team composed of HSRI and its partners.

Study 1 will determine potential options for reconfiguring four Medicaid Home and Community Based Services (HCBS) waivers associated with people with disabilities. Study 2 will determine a unified individual budgeting model for the proposed reconfiguration—one that meets the needs of individuals who are self-directing and those who are not.

This report contains the team’s recommendation for transition from the four current disability waivers – [Developmental Disabilities](#) (DD), [Community Access for Disability Inclusion](#) (CADI), [Community Alternative Care](#) (CAC), and [Brain Injury](#) (BI)— to the reconfiguration recommended in *Waiver Reimagine: Feasibility & Recommendation Report*¹. In this report, the project team recommends that Minnesota consolidates its four waivers into two: a Supports Waiver for people living independently or at home with family, and a Comprehensive Waiver for people living in paid residential settings. In this configuration, both waivers would use a support range framework, in development as part of Study 2, based on support need as measured by the MNChoices assessment instrument. This report outlines considerations to achieve this reconfiguration related to policy and waiver development, outcomes and monitoring, and communication and training for a broad range of stakeholders.

¹ Taylor, B., Kardell, Y., Agosta, J., Sowers, & M., Fay, M.L. (2018). *Waiver Reimagine: Feasibility & Recommendation Report*. Tualatin, OR: Human Services Research Institute



Transition Plan

Transition Options

In pursuing a two-waiver consolidation, DSD has several pathways from which to choose. In consideration of logistical issues associated with the range of available options, the project team has identified two primary options for transition: creating two entirely new waivers or retaining one of the current waivers as the Comprehensive Waiver and creating a new waiver for the Supports Waiver. Both are viable options with benefits and challenges that need to be weighed. The latter would be achieved through amending the selected receiving waiver to serve as the Comprehensive Waiver. Individuals currently enrolled in that waiver who are living independently, or in the family home would need to transition to the new Supports Waiver. Individuals served in the three other waivers would be transitioned either to the receiving waiver or the new Supports Waiver depending on their living setting. The option of creating two entirely new waivers presents the opportunity to start anew with both waivers and transfer all current recipients to one of the new waivers depending on their living setting but will require DSD to operate a total of six waivers during the transition period to ensure continuity of services for those currently served.

An important feature of the recommended reconfiguration is the identification of the new structure as a singular, identifiable program within the state. The two waivers will provide the operational structure behind this program masthead. New waivers will enable a program launch that is not anchored to a historical, disability-specific waiver, which may have lasting vestiges that could hinder the new program's recognition.

A major consideration impacting either route forward will be DSD's anticipated timeline for rollout. Minnesota has received initial approval for its HCBS Statewide Transition Plan² to achieve compliance with the HCBS Final Rule and is on its way to fulfilling the requirements for final approval on or before March 17, 2022. This is important to both options for transition, each of which include use of a new waiver. All current and new waivers must be fully compliant with this settings rule as of 2022. Given the state's own projected timeline for implementation of the reconfiguration and the progress already underway in the state, the project team assumes that HCBS compliance will not be a hindrance to pursuing this transition within the near future.

In addition, the timing of transition will impact the current waiver structure. As shown in Figure 1, all the current four waivers under the purview of this study have different expiration dates and DSD will need to carefully plan activities to support,

² See: <https://www.medicaid.gov/medicaid/hcbs/downloads/mn/mn-initial-approval-addendum.pdf>

amend, and perhaps extend the current waivers as needed in the years leading up to implementation.

Figure 1

Waiver expiration dates

CADI	BI	DD	CAC
9/30/2020	3/31/2021	6/30/2022	3/31/2023

Transition Strategy

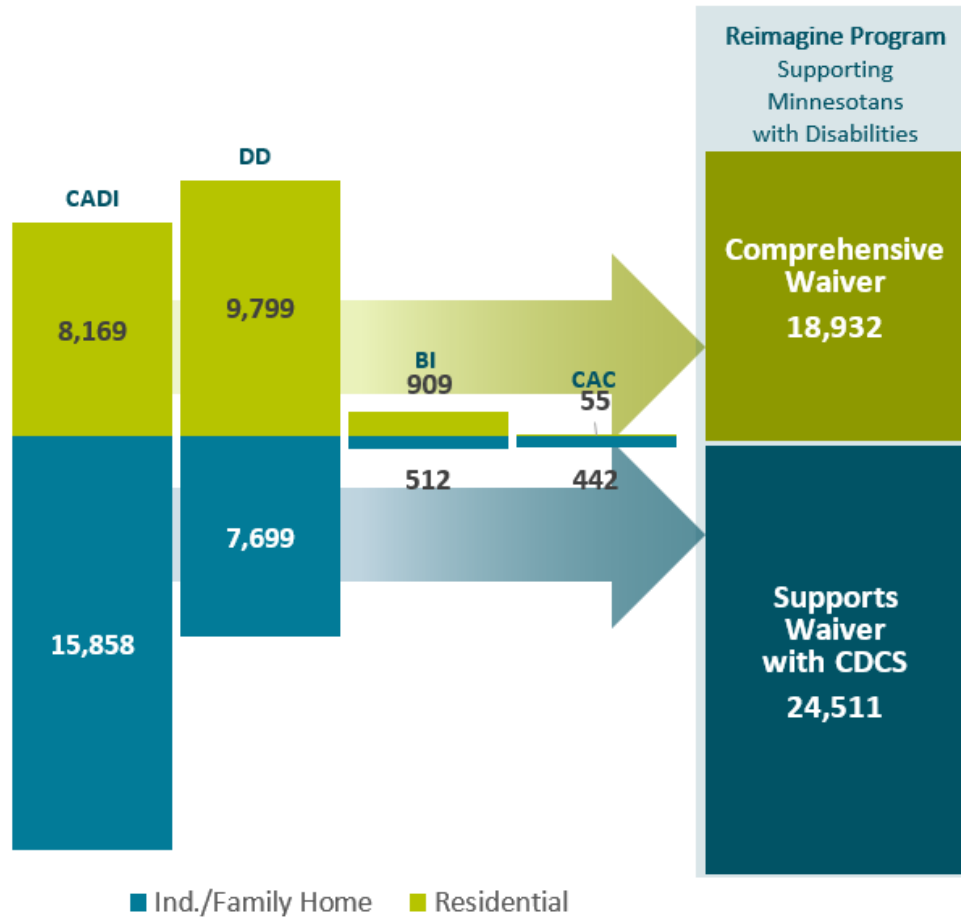
Through discussion with DSD, it has been determined that a transition plan which moves from the current four waivers to two entirely new waivers will be pursued. Part of the implementation strategy will be to include the launch of the supports budget framework under the two new waivers. As of the writing of this report, DSD anticipates a target date for full implementation of the reconfiguration and supports budgets by 2023. To achieve this milestone in a manner that maintains and optimizes individual outcomes and assures system stability, this transition will occur across multiple years, with strategies for alignment in the four existing waivers preceding the move to the new waivers to ensure minimal disruption. An important first step, as illustrated in Figure 5 *Major Activities by Year*, is the 2020 alignment of service arrays within the existing waivers, enabling both a gradual familiarization of individuals and families with the uniform service package and a means to monitor impact of service array and payment rate alignment.

Planned updates to the MNChoices assessment, Version 2.0, are underway with an anticipated launch of summer 2019. This will require a period of data collection with the new assessment and a recalibration of the preliminary supports range framework since the current framework is constructed using particular items from the assessment, which may change with the new version. While discussed in more detail as part of Study 2, activities to update the framework will undoubtedly need to be considered in the overall transition and implementation timeline if the intent is to launch two new waivers that include the use of a supports budget framework.

Figure 2 estimates the number of people currently served that will move to the Reimagine Program, to either the Comprehensive or the Supports Waiver, based on living setting. The estimates are based on FY2016 data provided by DSD as part of the initial RFP for this work. While more recent data was obtained for analyses during this study, approximately 11,000 people did not have a living setting designation and could not be used to determine movement toward a particular waiver. The name “Reimagine Program” is used in this figure for illustrative purposes only as DSD will select an official name of its overall program prior to implementation. Approximately 18,932 will move to the Comprehensive and 24,511 will move to the Supports Waiver. These data do not include anticipated new waiver enrollees.

Figure 2

People Transitioning to Two New Waivers in the Reimagine Program by Their Present Waiver Affiliation and Residential Type



Individuals currently served will transition to the new waivers based on their annual plan date. This approach allows a full year for transition which is anticipated to take place from January 1, 2022 through December 31, 2022. This strategy aims to mitigate the impacts on current waiver recipients because the annual service plan meeting will provide an opportunity to plan for services needed in the upcoming year and implement any changes to the planning process as necessary under the new waiver structure. This also provides for a logical start date for an annual authorization for each waiver participant under a new waiver. This will be particularly important for operating the supports range and budget framework, which allows individuals to make choices about the type and amount of services they receive within an annual supports budget.

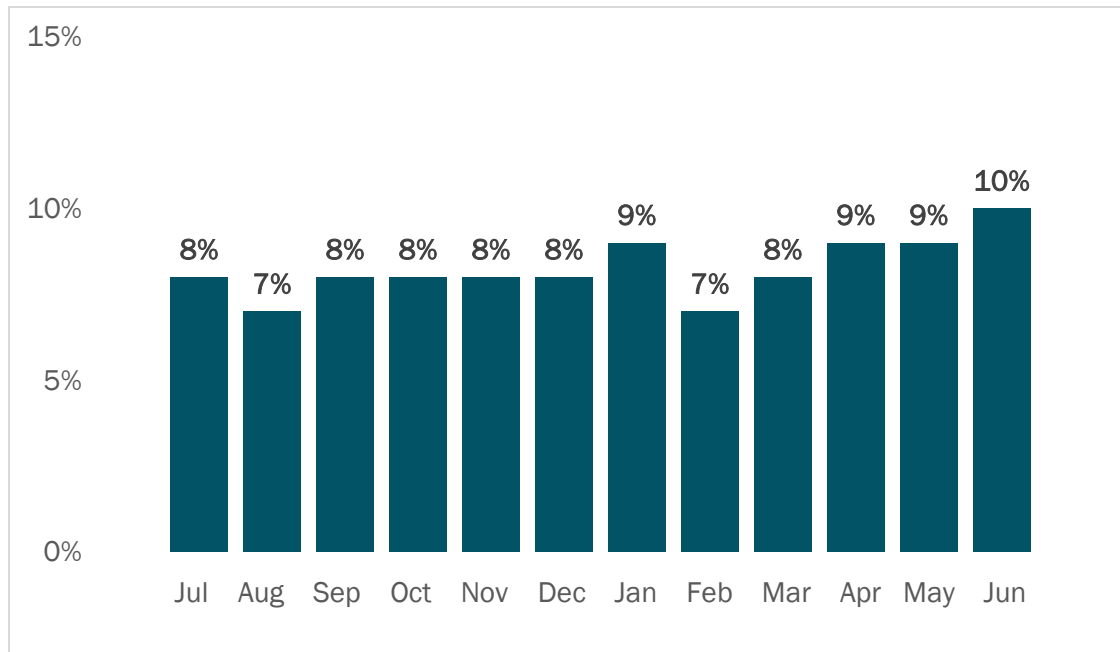
Under this configuration, the Consumer Directed Community Supports (CDCS) option has a natural fit under the Supports Waiver as this participant-directed service model is currently available to people across all four waivers who are living in the family home or independently. The methodology that is used to determine individual budgets for CDCS participants will be replaced with the supports range and budget

framework. Specific details regarding the CDCS budgets will be included as part of Study 2. Within these contexts, the State is exploring ways to enhance opportunities for self-directing within the waivers.

Per Minnesota Statute §256B.49, the state partners with lead agencies for the performance of critical operational functions of HCBS waiver programs. The phrase "Lead agencies" refers to counties, tribes, or health plans under contract with the commissioner to administer long-term care consultation assessment and support planning services. To support a smooth transition, lead agencies will need to anticipate the number of people expected to transition each month based on plan date. Derived from data for FY 2017 based on the latest date that an individual had a new service authorization, Figure 3 presents the estimated percent of the population with plan dates in each month. While authorizations are generally distributed throughout the year, due to circumstances related to prior waiver enrollment, January, April, May, and June show a slightly higher percent of individuals with plan dates in those months. As transition to the new waiver structure approaches, the state may want to conduct a detailed review of the distribution by month by lead agency to anticipate any pressure points within the system.

Figure 3

Estimated percent of annual plan dates by month across all four waivers FY 2017 (n=45,926)



With the move to the aligned service array occurring in 2020, the most significant change during the transition period for individuals and families will likely be the move to the supports range and budget framework, so coordinated communication on the entirety of the system transformation will be pivotal.

Figure 4 shows a detailed look at the total number and percent of annual plan dates by waiver. This information is for illustrative purposes only. Assumptions based on service authorization data were used to approximate a plan date for each service recipient.

Figure 4

Number and percent of annual plan dates for participants by waiver FY2017 (n=45,926)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Total - #	3,465	3,289	3,468	3,840	3,877	3,472	4,266	3,279	3,825	4,275	4,118	4,752	45,926
Total - %	8%	7%	8%	8%	8%	8%	9%	7%	8%	9%	9%	10%	100%
BI - #	114	89	90	112	126	82	104	95	108	106	113	124	1,263
BI - %	9%	7%	7%	9%	10%	6%	8%	8%	9%	8%	9%	10%	100%
CAC - #	38	34	32	44	45	45	53	32	48	54	54	51	530
CAC - %	7%	6%	6%	8%	8%	8%	10%	6%	9%	10%	10%	10%	100%
CADI - #	1,759	1,828	1,989	2,126	2,055	2,036	2,047	2,133	2,456	2,372	2,432	2,571	25,804
CADI - %	7%	7%	8%	8%	8%	8%	8%	8%	10%	9%	9%	10%	100%
DD - #	1,554	1,338	1,357	1,558	1,651	1,309	2,062	1,019	1,213	1,743	1,519	2,006	18,329
DD - %	8%	7%	7%	9%	9%	7%	11%	6%	7%	10%	8%	11%	100%

Concurrent Activities by Year

Undertaking a redesign of this magnitude will require the development of a multi-year detailed workplan with a comprehensive strategy to address the need to maintain, amend, and ultimately phase-out the four current disability waivers, while developing and implementing two new ones. In addition to identifying and tracking major milestones, the workplan will need to provide a level of operational detail necessary for DSD staff to manage and anticipate the workload related to each major task toward transition. While not intended as an exhaustive example, Appendix A illustrates a workplan that includes suggested tasks relevant to this endeavor.

DSD has identified key areas of activity necessary to achieve the planned systems redesign including legislative requirements, updates to the MNChoices assessment required to establish the support range framework, administration of the current waivers, and development of two new waivers. The table below outlines the major activities in each category by year.

Figure 5

Major activities by year

	2019	2020	2021	2022	2023
Legislative	Budget Year Request funding to implement supports budgets and new waivers Request funding and legislation for support budget structure Request changes to services to align across waivers	Policy Year Revise statute to transition the four waivers to the two new waivers Request waiver transition funding/ authority	Budget Year Revise legislation as necessary	Policy Year	Budget Year
MNChoices	Launch MNChoices 2.0	Begin recalibration with MnChoices 2.0 data	Finalize recalibration with MNChoices 2.0 data FY2020/21 and other rate/service changes	Integrate budget with MNChoices Annual Assessment	Continue to administer MNChoices accordingly

	2019	2020	2021	2022	2023
Current Waivers	Assess need and timeline for renewal and/or extension of current waivers Amend waivers to align services and rates	Align services across all four waivers	Amend waivers to include transition plan	Transfer into new waiver options with annual service planning	Allow waivers to expire
New Waivers	Begin writing concept paper for waiver plans and outreach to CMS	Begin waiver plan submission process Convene public comment period	Finalize new waivers with CMS Begin planning waiver sunsets	January 1: Launch supports budgets and waiver enrollment on rolling basis	January 1: Reach full implementation of new budget and new waivers

Changes to and Eventual Phase-Out of Current Waivers

To begin, DSD will seek approval from the legislature to begin pursuit of waiver reconfiguration during the legislative session of 2019. This will be followed by requisite negotiations with CMS on short and long term plans necessary to achieve reconfiguration. Also in 2019, DSD will engage in work to bring waiver services into alignment across the four current waivers in line with the services that will be offered in the Reimagine Program through the Comprehensive and Supports waivers. Offering the same array of services across the current four waivers in advance of the transition will help DSD to gain momentum toward their overall change effort and will give service users time to acclimate to changes in the services available to them. This will require that DSD finalize the service array, service definitions, provider qualifications, and any rate adjustments, and then map the amendments necessary for each of the waivers to result in the same service array across all four waivers.

Critical to the success of this initiative will be a strong stakeholder engagement strategy and an early partnership with CMS around the state’s policy objectives and timelines. As noted in the table, there are several key points at which DSD will engage with CMS and discuss the transition pathway.

As previously mentioned, the current four waivers have different expiration dates. Therefore, DSD must enact a strategy for extending the waivers through 2022 to accommodate a period of transition. Some of the options may coincide with amending the current waivers in 2019 to achieve service alignment. The following table presents options for DSD to consider. The feasibility of these options will depend largely on

negotiations with CMS and their early guidance on viable renewal/extension options will be essential to finalized planning. Their flexibility will be informed by numerous considerations, including state performance on evidence-based review/ quality reports and adherence to all requisite CMS-372 reporting requirements. In addition, the state’s assurances related to the fastidious efforts to assure health and welfare and due process during this transition will be essential communication components.

Figure 6

Waiver expiration dates and options for extension

Waiver	Expiration Date	Options
CADI	9/30/2020	Option 1: Renew early in 2019 when amending all waivers for service alignment Option 2: Amend to align services in 2019 and request streamlined renewal in 2020. Note: CMS has discussed in the past the potential for a streamlined renewal process when there are no substantive changes to the operations or content of the waiver and when the waiver assurances are in good standing.
BI	3/31/2021	Option 1: Request a series of temporary extensions to enable the state to operate under current renewal authority through 12/31/2022 (21-months in total). Option 2: Renew as scheduled, with an included phase-out schedule ending the waiver in 2023.
DD	6/30/2022	Request a series of temporary extensions to enable the state to operate under current renewal authority through 12/31/2022 (6 months in total)
CAC	3/31/2023	No action needed as expiration date occurs after 12/31/2022 Advise CMS of intent to allow the waiver to expire at end of renewal period and include any necessary phase out procedures during the 2019 amendment to align services.

Data collection and submission to CMS on the statutory assurances will be an important consideration in the timing of any renewals and extensions and as the state moves toward waiver closeout. These elements should be a key point of discussion with CMS early in the strategy negotiation to ensure that the methods for data collection, analysis and aggregation will be aligned within the established timelines.

DSD will also need to develop a transition plan to include in Attachment #1 during the waiver amendment process for the four current waivers. According to the *CMS Instructions, Technical Guide, and Review Criteria*, when a new waiver is replacing

an existing waiver: *the state is required to prepare a transition plan to describe how the transition between the existing and the new waiver will be accomplished*³.

The following presents the required items that need to be addressed in the transition plan in Attachment #1.

- Description of the similarities and differences in covered service between the approved waivers
- Description of how the health and welfare of persons receiving services under the approved waiver will be guaranteed if current service offerings are reduced or removed
- Comparison between existing waiver eligibility and new waiver eligibility
- Description of how limitations on service will be implemented, if applicable, and how they differ from existing limitations on service
- Outline of steps the state will take to move any current participant found ineligible for the new waiver to alternative community services and supports
- A time table for moving people onto the newly developed waivers
- Plans for participant notification of the change and communication of fair hearing rights

Appendix B provides an example of Attachment #1 completed by Pennsylvania to describe its plan for transitioning individuals from its existing waivers to the new Community Health Choices (CHC) program. Pennsylvania was a state that was reviewed as part of Study 1 and a description of the state's consolidation activities was included in the first report of this series, *Analysis of Federal Funding Authorities & Research Into Other State Activities*.⁴

Development of Two New Waivers

In 2019, DSD will begin work to articulate the overall vision for the system and operational components of the transition through a concept paper. Sections of the paper may include:

- A brief history or background of the current system,
- The goals of redesigning the system,
- A comprehensive view of the new and enhanced structures available to provide services and supports including the two new waivers,

³ Centers for Medicare & Medicaid Services (2015). *Application for a §1915 (c) Home and Community Based Waiver. Version 3.5. Instructions, Technical Guide and Review Criteria*.

⁴ Taylor, B., Kardell, Y., Agosta, J., Sowers, & M., Fay, M.L. (2018). *Analysis of Federal Funding Authorities & Research Into Other State Activities*. Tualatin, OR: Human Services Research Institute

- Services offered with in each proposed waiver,
- How the proposed strategies align with the stated goals,
- How the reconfigured waiver will enhance quality, choice, autonomy and flexibility within the service system, and
- The path DSD intends to take toward implementing the new system in a manner that ensure system stability and improvement.

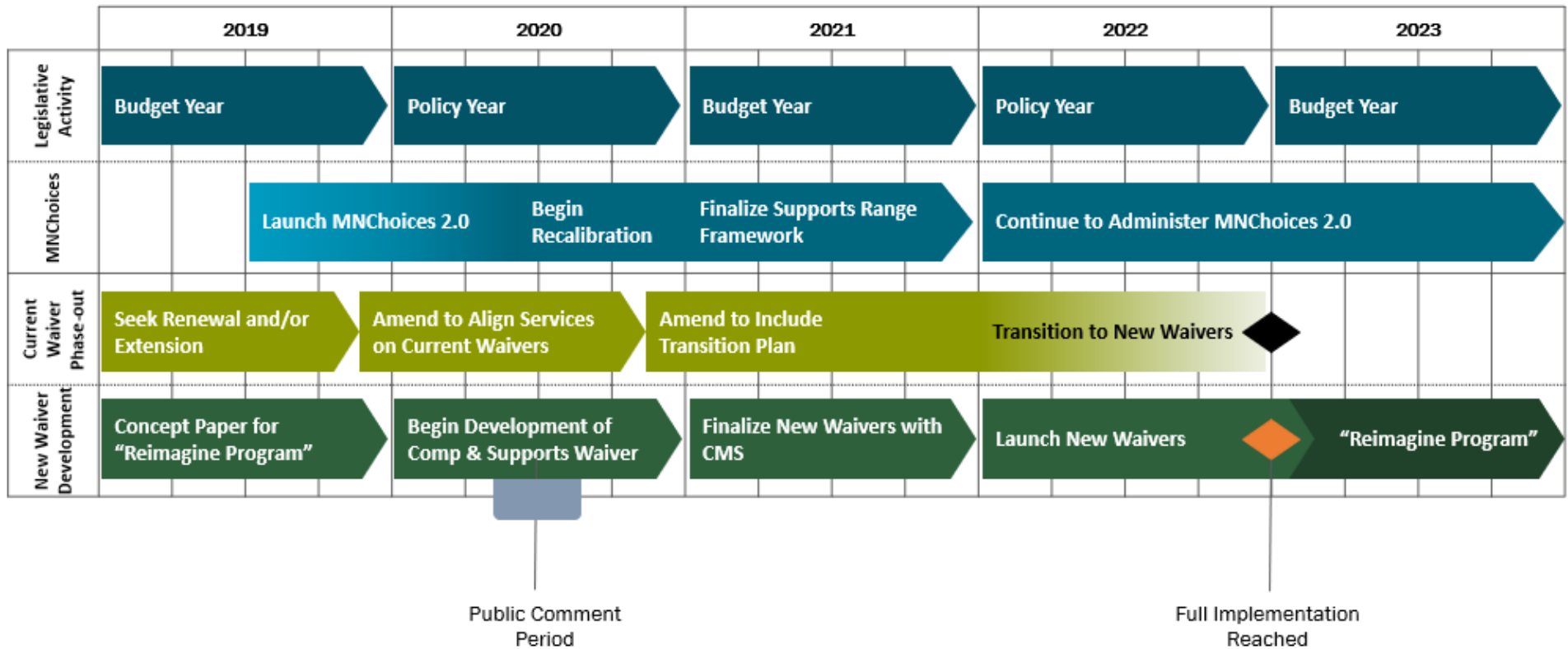
This document should include a simple visual representation of the systems change that can be used to support conversations with stakeholders as well as with representatives from CMS. To achieve the objective of the 2023 date, there will be concurrent work needed with the current waivers to hit the major milestones.

Building upon the extensive and ongoing stakeholder engagement initiated in 2018, the state will build the new waivers informed by both meaningful and ongoing stakeholder engagement and learning from the service alignment effort that will be already underway in 2020. Once the overall concept is reviewed and approved, DSD will begin the waiver development phase including completing the 1915 (c) waiver application templates for each new waiver. Policy change to state statute will be sought in 2020 which will enable the transition from the four current waivers to the two new waivers. With this completed, DSD will immediately turn toward developing a comprehensive submission plan for the new waivers. Currently, it is planned that a public comment period would be sought in the summer of 2020, and the waivers submitted for approval to CMS in the fall of 2020. This will allow enough time for the formal review and approval process with CMS.

In 2021, DSD expects to receive CMS approval for the new waivers, effective January 2022, with enough time to begin education and outreach for the transition from the four disparate waivers to the new, cohesive program.

As the four current waivers will have had phase-out plans included during the amendment and/or renewal process, as of January 2022, all new enrollees will be directly enrolled in the Reimagine Program, with their needs determining the best placement. The state will assist individuals currently in service, as described above to transition to the new waivers on a rolling basis according to plan dates over a one-year period. This puts the state on target to achieve full enrollment of the new waivers at 2023, enabling the final closeout of the four current waivers, leaving the two component waivers of the Reimagine Program.

Figure 7
Phase-in Timeline by Year





Policy Development and Waiver Operations

To ensure a seamless transition from the existing service delivery system to the Reimagine Program, a comprehensive systemic assessment is needed to assure full alignment of all governing documents. Such an assessment will be informed by the creation of an inventory of existing statutes and/or regulations that may need to be modified or established to allow for the use of the Reimagine Program and its component newly constructed waivers and replace language that references the current waivers. This will also include a process to revise any applicable sub-regulatory and/or policy guidance that governs the operations of the waivers by the state, lead agencies, providers and other key stakeholders. This includes detailing the process DSD must utilize to make the necessary changes.

As included in the report, *Analysis of Minnesota Disability Waivers*⁵, some of the statutes, regulations, and policies that the project team identified as pertaining to the delivery of services and supports to the populations included in this study include at least the following:

- 2017 Minnesota Statutes Chapter 256B Medical Assistance for Needy Persons,⁶ especially:
 - 256B.092 Services for Persons with Developmental Disabilities
 - 256B.093 Services for Persons with Traumatic Brain Injuries
 - 256B.49 Home and Community-Based Service Waivers for Persons with Disabilities
 - 256B.4912-502 Home and Community-Based Waivers; Providers and Payment through Rates for Community-Based Services for Persons with Disabilities
- 2017 Minnesota Statutes Chapter 144.0724 Resident Reimbursement Classification (contains Nursing LOC definition)⁷
- 2017 Minnesota Statutes Chapter 245D Home and Community-Based Services Standards⁸
- Minnesota Administrative Rules Chapter 9555, Social Services for Adults⁹
- Minnesota Administrative Rules Chapter 9525, Programs for Persons with Developmental Disabilities¹⁰

⁵ Taylor, B., Kardell, Y., Agosta, J., Sowers, & M., Fay, M.L. (2018). *Analysis of Minnesota Disability Waivers Report*. Tualatin, OR: Human Services Research Institute

⁶ <https://www.revisor.mn.gov/statutes/?id=256B>

⁷ <https://www.revisor.mn.gov/statutes/?id=144.0724>

⁸ <https://www.revisor.mn.gov/statutes/?id=245D&view=chapter>

⁹ <https://www.revisor.mn.gov/rules/?id=9555>

¹⁰ <https://www.revisor.mn.gov/rules/?id=9525>

- Home and Community Based Services (HCBS) Programs Provider Enrollment¹¹
- Handbooks and Manuals¹² including the following:
 - Consumer Directed Community Supports (CDCS) Policy Manual
 - Consumer Directed Community Supports Consumer Handbook
 - CDCS Lead Agency Operations Manual
 - DSD MMIS Reference guide
 - Rates Management System User Manual
 - Social Services Manual
 - Provider Manual, HCBS Waiver Services¹³ section

It is anticipated that transition to two new waivers, particularly the inclusion of a supports range and budget framework, will result in a change to the nature of the roles and responsibilities of the lead agencies charged with administering the waivers. This includes changes to policies and practices for waiver enrollment, service planning and coordination, and overall fiscal management. This is an issue that will require ongoing communication and planning with lead agencies. While there is obvious overlap, the necessary statute and regulatory changes necessary to implement the supports range and budget framework will be included as part of Study 2.

In addition to the needed changes to the policy framework supporting the reconfigured waivers, the state must do a comprehensive assessment of the information technology ecosystem for the service system, both as it exists today and any necessary changes for the reconfigured approach. This will include IT related to program support as well as financial claims and oversight functions.

It is likely that policies and procedures for case management and service planning will need to be reviewed and adjusted in advance of transition. As previously described, individuals will transfer to the appropriate waiver as of their plan effective date. The current service planning protocols may need to be adjusted to account for this circumstance and ensure that all necessary actions can be taken to enroll individuals in a new waiver. For example, current timelines for scheduling and convening service planning meetings with individuals and their circle of support may need to be held earlier to allow for adequate time to plan for and adjust service authorizations due to the switch to a new waiver and the addition of a supports budget range and budget methodology.

¹¹ http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_017530

¹² http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Manuals

¹³ http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008995

Case Managers play a critical role in the planning and coordination of services and supports for waiver recipients, and they will need to have clear guidance about how to navigate conversations with the individuals they support about the transition to a new waiver. Not only will they need to understand the implementation strategy, new enrollment procedures, and which services will be offered under each waiver, they will also need to assist individuals and their planning teams with managing a supports budget. This will require that policies and practices for planning within a supports budget are developed and trained on in advance of implementation. Because the state has efforts underway to examine the functions of case management, the state should deftly identify and design the functions to be performed in a manner that can be translatable to an array of potential case management structures.

During this transition, it will be important for DSD to consider its policies related to notifying current service recipients and their families and/or guardians of any prospective changes that will affect them. Individuals should be provided general information about what they can expect with the proposed changes, as well as specific communication or Notice of Action (NOA) as required at the individual level if the change results in a reduction, denial, or termination of services. DSD does not anticipate any widescale issues of service reduction, but being prepared is important nonetheless.

DSD will likely build on its current policies and practices for when it is necessary to issue a notice and may work closely with specific staff or departments that typically assist with such legal matters. DSD will want to work closely with lead agencies to prepare for transitioning individuals in ways that allow for adequate planning and mitigation of disruptions to services and supports for individuals with disabilities. In a similar vein, DSD may wish to engage early with the entities responsible for administering Fair Hearings to ensure a complete and contemporary understanding of the service delivery system changes.

Moreover, with administrative changes, the State will want to diligently review its approved Memoranda of Understanding and administrative claiming tools to ensure they remain congruent with all new or newly aligned functions that are eligible for federal financial participation.

Overall, in advance of implementation, DSD staff and lead agencies need to be ready to enact HCBS waiver reforms. Though many previously completed activities will have helped to prepare these individuals to participate in a successful roll out, DSD should conduct a comprehensive readiness review to be sure that all relevant parties are prepared to implement. To this end, a “Readiness Checklist” can be prepared and used to determine if the state is prepared.



Outcome Monitoring and Evaluation

DSD will want to monitor and assess the impacts of the transition into the new waiver configuration. In addition to serving as a mechanism to meet the requirement of a transition plan within the new waiver applications, such monitoring will allow DSD be sure the transition is meeting the aims of reconfiguration and that any unintended consequences, positive or negative, are being identified. Such monitoring will require identifying and collecting relevant data from multiple sources prior to, during, and after implementation. There are several levels of evaluation to consider such as identifying the intended outcomes for the system overall, as well as for individuals and their families. For each level, DSD will need to determine the types of outcomes that are sought, the type of metrics or indicators that could be used to measure progress toward those outcomes, current mechanisms in place to collect qualitative and quantitative data, and at what intervals data should be collected and analyzed. While data collection and analysis can be time consuming and at times seem to impede or extend implementation timelines, allowing time during the transition process for ongoing evaluation activities can help to inform course adjustments as necessary.

In terms of evaluating a successful roll-out, or process outcomes, DSD may want to collect data at regular intervals during the transition to the new program. One state reviewed for this study, Pennsylvania, created a list of outcome measures it tracked for the first six months of implementation to ensure smoothness, and then others it continues to monitor since that period has ended. DSD may wish to do something similar and may also wish to evaluate overall system impacts at the time rollout has been completed, and perhaps again one year later.

System Level Outcomes

The stated intentions of this initiative have been a strong signal throughout the redesign effort and will be used to create the benchmarks against which success will be measured. Throughout the process, DSD will want to know if the reconfiguration is moving in the direction of simplification of the system overall, streamlined administration of services and supports, increased responsiveness to individual needs, preferences, circumstances, and life stages, and a smooth transition between programs.

Multiple data sources will need to be harnessed to support a comprehensive evaluation effort. An advantage here, is that DSD already has robust data collection practices in place, and it is anticipated that most data needed to conduct such a review is readily available. Particular outcome metrics, however, may be new, and will need to be determined.

To assess overall impacts of transition on service utilization and costs, information available from Medicaid claims and the MNChoices database can be used to track individual and aggregate service use patterns before and after transition. To begin, a baseline of service usage and spending will need to be established based on the amount of services that individuals used in the fiscal year prior to transition. It will be important to consider both authorized spending—the amount that is authorized after exceptions requests have been considered, services used, and actual expenditures—the amount of services that are actually used within an annual period and their cost.

If one of the aims of this system level outcome monitoring is to adjust the course during the first period following implementation, it will be important that data are collected, analyzed, and reported on quickly and with regularity. While a later review of these data elements still has the potential to provide a wealth of information, it may come after a point where new systems policies and practices have already become entrenched. By agreeing on an analysis plan even as early as the point of waiver submission, then implementing the plan and replicating the analysis on a set interval, gathered information can be reviewed and built upon regularly. For such an evaluation DSD will need to:

- Identify the full range of inquiries to be made of the data and identify a complete list of relevant and available data elements.
- Develop an operational plan for collecting and storing the data across all required data elements.
- Develop an analysis plan outlining the desired inquiries and process outputs desired by DSD.

Dependent on DSD's aims, an analysis plan may include review of past expenditures, the anticipated supports budgets, service requests, authorizations, exceptions requests and eventually actual spending.

One strategy for reviewing pre-and post-reconfiguration trends in service use, spending, and other factors is to collect data according to a meaningful sample of waiver participants. It is important to include adults and children from all waivers, and individuals who do/do not self-direct in such as sample to account for expected differences in historical and anticipated use patterns within these differing populations. This review should allow DSD to track notable changes between the old system and new on multiple fronts. If a sample strategy is selected, it may also be desirable to review some data points for the entire service population to fully reflect systems level outcomes of the waiver redesign.

Questions regarding the streamlining of program administration and simplification of the system overall are not as easily answered via review of individual level data and will likely require a different set of data points related to case manager processes and administrative effort.

DSD can use information on outcomes collected as part of its participation in the National Core Indicators (NCI) and National Core Indicators Aging and Disabilities (NCI-AD) projects as part of its outcomes evaluation. The state's continued use of this outcomes measure is anticipated and NCI and NCI-AD already surveys participants on all four of the waivers marked for consolidation. While the information collected as part of NCI and NCI-AD is often for a relatively small sample¹⁴, the state may elect to expand participation in these efforts to increase the sample or may launch other means to gather similar outcome data across the entire LTSS population currently served via these waivers.

Once the Comprehensive and Supports waivers are operational, DSD will want to track demand for and movement between these waivers, reasons for which are described in the Waiver Reimagine report.

Individual Level Outcomes

While the impetus for streamlining the state's waiver strategy was in part to achieve system efficiencies, a clear intention is to better respond to the needs of individuals with disabilities and their families in ways that are person-centered and promote optimal opportunities for community connection. In addition to analysis of outcomes related to service use, DSD should continue to engage with stakeholders to elicit feedback on their experience with transition and with the new waivers. Engaging with many of the groups DSD met with during the study phase of this work will help provide the Department with lived experience with these waivers that will be integral to ensuring DSD understands what is working and what is not.

To satisfy the requirements set forth in the transition plan included in Attachment #1 when amending the current waivers, DSD may devise a strategy for collecting qualitative information from a sample of the service population. For example, DSD may decide to create a survey or interview protocol to collect individual experiences with transition.

Quality Monitoring

Quality monitoring activities will continue to be necessary to meet state and federal requirements and reporting, and particularly important during transition. For example, related to the operation of an HCBS waiver, CMS requires that states provide evidentiary support for the following items, submitted as part of the amendment or renewal of a waiver application:

- State conducts level of care determinations consistent with the need for institutionalization

¹⁴ NCI-AD 2016-17 Minnesota Report noted the following sample size: CAC Waiver n=8, CADI Waiver n=352, BI Waiver n=28. NCI Minnesota Report identified a total n=2,199 but did not specify if everyone surveyed were participants on the DD Waiver.

- Service plans are responsive to waiver participant needs
- Qualified providers serve waiver participants
- Health and welfare of waiver participants
- State Medicaid agency retains administrative authority over the waiver program
- State provides financial accountability for the waiver

Quality Monitoring is one area where streamlining is already supported by CMS even without waiver consolidation. Quality improvement reporting can be consolidated with one evidence report meeting criteria for multiple waivers. The systems improvement processes already in play for Minnesota's four relevant 1915(c) waivers overlap in the current structure but may not be reflective of where the state hopes to go with regard to monitoring and reporting moving forward, particularly when considering the capacity for such monitoring to provide meaningful insight into the progress toward DSDs project aims. The mechanisms that DSD currently has in place to track and report on these items may need to be revised due to differences anticipated in the new waivers or based on the aims outlined to be achieved via such reporting within the new system.



Communication Plan

All understand the importance of good communication with stakeholders and the necessity of framing intentions and actions in ways to inform and garner support. Given the scale of the anticipated change, a communication plan will necessarily involve a multi-phase strategy to saturate the field with the right information at the right time. The purpose of a communication plan is to promote transparency of systems change initiatives, achieve buy-in among stakeholder groups, and prepare those who will be affected by the changes. It is optimal to involve stakeholders at the onset of a systems change initiative as well as at regular intervals throughout the project. Communicating with stakeholders throughout the process ensures that they will receive accurate information and feel prepared for the changes that will occur. To reach a broad base of stakeholders, information should be made available through a variety of accessible materials and through existing channels of communication.

Toward these ends, the following describes means to:

- Develop and positively frame the message behind the goals and purpose for the system change and what the change process will entail.
- Distribute information to stakeholders, including service recipients and their families, advocacy organizations, and providers, to describe and gather input about the changes DSD seeks.
- Actively engage stakeholders to speak directly with constituency leaders, gain insight into the impact of the changes, problem-solve perceived issues, and build common cause among stakeholders consistent with the efforts.

Messaging

DSD must first create a positive frame for the overall initiative. A *frame* is defined as an organizing principle that is socially shared and persistent over time, and that works symbolically to meaningfully structure the social world.¹⁵ The intent behind redesigning the system of supports in Minnesota becomes the organizing principle, or frame, for subsequent communications – to devise a simpler system to support people with disabilities to live in their communities and achieve their vision of a good life. As mentioned throughout this report, DSD will move toward operating one program with multiple mechanisms to deliver the right supports including two HCBS waivers, and robust services offered through the state plan. While specific communications can be tailored to meet the needs of target audiences, the overall frame will remain the same.

The following list describes activities that DSD can undertake to support the use of a consistent message:

¹⁵Stephan D. Reese, *Framing Public Life* (2001). Retrieved from Frameworks Institute, Framing Public Issues Toolkit, 2002.

- Create a name and motto for the initiative or program that succinctly conveys the overall frame or message.
- Design a logo and color palette for communication materials.
- Develop a suite of materials that can be modified as needed such as memos, Frequent Asked Questions (FAQ), talking points, diagrams, etc.

Target Audiences

It is important that stakeholders understand the rationale behind the redesign effort and the overarching goals for moving toward the new system. In addition, each stakeholder group will have specific issues and concerns that will need to be addressed. They will need to understand *why* the changes are taking place, *what* the changes are, and *how* they will be affected. Target audiences need to be identified so that their current roles and responsibilities can be assessed against what is anticipated to change under the new system. The types of target audiences likely to be included in Minnesota are described below.

Centers for Medicare and Medicaid Services

DSD will build on its collaboration with CMS to deliver home and community-based services and supports to Minnesotans with disabilities and their families. To accomplish the proposed transition, it is beneficial to engage with CMS at key points during the planned development of the new waivers and phasing-out of the four current waivers. As previously noted, preparing brief materials to relay the most salient points, can be useful in supporting these conversations and articulating the vision for the proposed change.

State Staff

Multiple levels of internal DHS staff will need to have familiarity with the proposed redesign and depending on their role will need to be able to articulate the goals and path forward. For some state staff, the planned transition might also result in a change to their roles and responsibilities and will require specific instruction and training on new responsibilities and expectations.

Lead Agencies

Lead agencies are a critical partner in the coordination and delivery of services and supports at the local level. Their input and feedback during the design phase will be important to be able to accurately assess the impacts of this change. Lead agencies will need to have a clear understanding of the proposed waiver structure and the introduction of a supports range and budget framework.

Case Managers

Case managers will need to have the ability to understand the intent of the overall systems change as well as the new policies and procedures as it relates to their job

responsibilities. They often serve as a conduit of information between the system and the end-user. In addition to informational sessions and specific trainings on new policies and procedures, it can be beneficial to provide this group with talking points or other accessible materials that can be easily referenced during conversations with those they support should they encounter questions or concerns.

Providers

Service providers bring a specific perspective and will need to understand how the change to the system will impact service delivery and expectations, as well new processes related to billing and fiscal management.

Individuals & Families

Any change to the services and supports that people rely on to get their day-to-day needs met can create a sense of apprehension. Therefore, this group will need to have a continual thread of information available to them in accessible ways to ease their fears and be responsive to their needs. It will be important for DSD to consider the “messengers” who are likely to interact with service recipients and who will be setting the frame, perhaps unintentionally, for the overall systems redesign.

Advocacy Organizations

Organizations that include a mission to advocate on behalf of people with disabilities and their families are included as a target audience as they are often charged with sharing information with individuals and families. DSD can use this opportunity to build on established relationships with organizations such as Minnesota Disability Law Center, Minnesota’s Governor’s Council on Developmental Disabilities, Minnesota Brain Injury Alliance, The Arc of Minnesota, Minnesota Statewide Independent Living Council, and the Institute on Community Integration and UMN.

Channels of Communication

Providing information through multiple channels is a beneficial strategy to increase engagement with stakeholders. DSD may use existing channels of communication such as interagency memorandums for communicating within DHS, regular meetings with lead agencies and advocacy organizations, and newsletters and email listservs. In addition, DSD may support additional communication channels during the transition and implementation period to provide ongoing and up-to-date information relevant to stakeholders. For example, one state that was reviewed for this study, provided a regularly scheduled open conference call hosted by the Department to provide updates and opportunities for stakeholders to ask questions. This strategy allowed the state to provide accurate information and address any problem areas or misinformation in a timely manner.

It is beneficial to utilize certain communication channels to reach particular audiences. While electronic means of communication such as through email, social media, and websites can reach a broad audience, in-person meetings with family and

self-advocacy organizations, and provider associations can reinforce the state's commitment to working collaboratively throughout the transition process. Figure 8 provides suggested channels of communication for each audience type.

Responding to Challenges

Even with a well-planned and executed implementation strategy, there may be instances that raise cause for concern and require adjustment before proceeding with the planned roll-out. This requires DSD staff are prepared to establish a feedback loop during the transition that allows for the collection of information from the field and a process to deliberate on the findings and make decisions accordingly. Changes that are made as a result of feedback also need to be communicated out; not only to inform stakeholders of the changes, but to illustrate the willingness to consider the issues that arise and make course corrections when deemed necessary.

Training and Technical Assistance

For particular target audiences, communication goes beyond just the sharing of information to include training on specific topics, policies, practices, or new roles and responsibilities as a result of the transition or the redesigned system going forward. Successful transition will require that DSD be prepared to provide effective training and technical assistance to these audiences. Training is meant to impart knowledge and understanding and increase skill development and will involve a variety of instructional formats and forums. To contrast, the technical assistance DSD offers will serve primarily as a problem-solving activity to address specific informational needs or issues encountered.

Regarding service recipients, DSD carries a responsibility for educating these individuals regarding the changes that are being made and how it may affect them, but also regarding how they might apply the changes in ways to improve their lives. The training that is offered to service recipients may also be relevant to family members and others in their circle of support. To conduct these trainings, DSD could use a variety of mediums including letters, videos, or handouts to help people learn about the overall systems redesign and what they can expect during the transition process. The timing of training particularly for service recipients and their families needs to be balanced between providing information in advance of implementation but not so early that necessary detail is not available leaving people to feel uncertain about the road ahead.

It is imperative that staff within DHS/DSD responsible for oversight and management of the HCBS waiver programs are well informed about the program, can effectively describe the changes, and competently perform new functions required for day-to-day operations. Some designated staff may also need to be trained as trainers on particular topics within their area of expertise.

DSD may want to consider the development or enhancement of existing mechanisms to provide technical assistance to lead agencies to assist them to navigate through this

transition. It is anticipated that lead agencies may request technical assistance with issues such as navigating the impacts on fiscal management on managing concurrent systems during the transition year, implementing the supports range and budget framework, navigating changes to exceptions and appeals processes, and implementing new policies and procedures for person-centered planning.

Similar to lead agencies, DSD may want to consider pathways to provide technical assistance to service providers during this transition as the change may result in any number of new requirements for service providers. They will need training and guidance over how to proceed. To accommodate the needs of these individuals, an effective training and technical assistance plan must, at the least, include strategies to:

- Utilize features of the communications plan to impart knowledge, including having a well-conceived website, distribution of materials, conduct of webinars, and interactions among stakeholders.
- Integrate information about the new program into training and technical assistance efforts already in place in the state, including staff training curricula or telephone hotlines people may access regarding DSD services.
- Prepare and disseminate training and resource materials, including operational guides keyed to particular audiences. For instance, a guide might be prepared for service recipients to advise them about how to make the best use of available HCBS. Likewise, a guide for case managers might be prepared to provide information about the changes and how it affects their work, ways to address questions that are posed to them by stakeholders, and specifics regarding how to do their day-to-day jobs.
- Provide technical assistance to resolve difficulties that emerge. This might include capacity to respond through remote means to problems as they arise, such as by phone, email, or web-chat. It may also involve capacity for offering face-to-face consultation.

Figure 8

Waiver Reimagine Communications Plan

Overall Communication Objective: To promote aspects of the systems change initiative that will achieve stakeholder buy-in.

Audience	Objectives	Message	Channel	Timing
Service Recipients & Families	<p>Understand rationale for systems change</p> <p>Understand key components of the new system</p> <p>Know how to maneuver in the new system</p> <p>Respond to system changes favorably</p>	<p>Current system is complex</p> <p>Move to one program, with multiple service mechanisms to get what you need</p> <p>Change is based on values, fairness, equity, efficiency, sustainability</p>	<p>Face-to-face presentations</p> <p>Accessible web content – web pages, PPTs, videos</p> <p>Email listservs</p> <p>Written materials – brochure/workbook, newsletters, handouts</p> <p>Phone contact number</p>	<p>Public forums with stakeholders prior to implementation</p> <p>Ongoing during implementation</p> <p>Critical point during the service planning process</p> <p>Follow-up after implementation</p>
Advocacy Orgs.	<p>Understand rationale for systems change</p> <p>Understand key components of the new system</p> <p>Distribute information to others</p>	<p>Current system is complex</p> <p>Change is based on values, fairness, equity, efficiency, sustainability</p> <p>Assurances regarding the health and welfare of service recipients through the transition</p> <p>Assist families and individuals understand the new system</p>	<p>Face-to-face presentations</p> <p>Web content – web pages, PPTs</p> <p>Written material – brochures, workbooks, handouts</p>	<p>Regularly scheduled meetings or as requested</p> <p>Ongoing during implementation</p> <p>Critical point during the service planning process</p> <p>Conferences, etc.</p>

Audience	Objectives	Message	Channel	Timing
Lead Agency Staff	<p>Understand key components of the new system</p> <p>Progress on implementation</p> <p>Understand new policies procedures, and staff roles and responsibilities</p>	<p>Change is based on values, fairness, equity, efficiency, sustainability</p> <p>Project timeline and key milestones</p> <p>New policies and procedures for operations/service delivery</p>	<p>Face-to-face meetings/Trainings</p> <p>Web content – web pages, PPT’s</p> <p>Email listservs</p> <p>Written material – reports, technical guide, memos</p>	<p>Regularly scheduled meetings prior to implementation</p> <p>During implementation</p> <p>Follow-up after implementation</p>
Service Providers	<p>Understand rationale for systems change</p> <p>Understand key components of the new system</p> <p>Understand policies and procedures, and new staff roles and responsibilities</p>	<p>Current system is complex</p> <p>Change is based on values, fairness, equity, efficiency, sustainability</p> <p>New requirements regarding billing/service delivery</p>	<p>Face-to-face meetings/Trainings</p> <p>Web content – web pages, PPTs</p> <p>Email listservs</p> <p>Written material – reports, technical guide, memos</p>	<p>Regularly scheduled meetings prior to implementation</p> <p>During implementation</p> <p>Follow-up after implementation</p>
Legislature	<p>Understand rationale for systems change</p> <p>Understand the fiscal impact</p>	<p>Current system is complex</p> <p>New system is efficient use of available resources to serve people with disabilities</p> <p>Change is based on values, fairness, equity, efficiency, sustainability</p>	<p>Legislative Hearings</p> <p>Reports</p> <p>One-on-one meetings with legislators</p>	<p>Regular intervals as required or requested</p>
Public	<p>Understand rationale for systems change</p> <p>Respond to system changes favorably</p>	<p>Current system is complex</p> <p>Change is based on values, fairness, equity, efficiency, sustainability</p>	<p>Press Releases</p> <p>Web content – web pages, PPTs, handouts</p>	<p>Prior to implementation</p> <p>During implementation</p> <p>Follow-up after implementation</p>



Conclusion and Next Steps

The information in this report presents a high-level overview of the components necessary for transitioning to the proposed Reimagine Program that consolidates the current four disability waivers into two. Each of the components will need to be carefully considered and folded into the multi-year workplan. Some of the topics addressed in this report will require additional analysis to adequately prepare for transition. These include:

- Compiling an inventory of current policies and procedures that are likely to require revision or development prior to the transition;
- Assessing potential impacts on service recipients including major changes to service authorizations and anticipated service use under the recalibrated supports range and budget framework; and
- Leveraging resources to design and execute a robust communications, training, and technical assistance strategy.

As the conclusion of this study approaches, the project team will work to produce the final report representing a synthesis of the research, analysis, and resulting recommendations as requested at the onset of this work. The final report is intended to provide the information DSD needs to pave the way forward and enhance the system of services and supports available to Minnesotans with disabilities and their families.

Appendices

Appendix A: Example Workplan (see attached Excel document)

Appendix B: Pennsylvania Transition Plan Attachment #1

Attachment #1: Transition Plan

Specify the transition plan for the waiver:

The Commonwealth's Department of Human Services (DHS) is embarking on a phase-in of a Managed Long-term Services and Supports (MLTSS) model of service delivery known as Community Health Choices (CHC). CHC will be implemented in all 67 counties that comprise five (5) geographic zones, and will serve the following Participants:

- Adults age 21 or older who require Medicaid LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility.
- Dual Eligibles age 21 or older whether or not they need or receive LTSS.

The rollout of CHC will begin in January 2018 in southwestern PA, in July 2018 in southeastern PA and in January 2019 in the remainder of the state. DHS will be using one of its other Office of Long-Term Living (OLTL) waivers as the vehicle to consolidate all current OLTL 1915(c) waivers, with the exception of the OBRA Waiver, to one 1915(b)/(c) CHC waiver. The CHC Waiver will have a nursing facility (NFCE) level of care. The OBRA 1915(c) waiver will not be operated concurrently with the CHC 1915(b) waiver, and will continue to operate in all counties of the commonwealth in the fee-for-service delivery system.

Because the OBRA Waiver requires an Other Related Condition (ORC) level of care, it poses a need for special handling of participant transitions. In order to assess for the ongoing appropriateness of waiver services and the health and welfare of participants, DHS will have clinical eligibility determinations performed for all OBRA Waiver participants. These clinical eligibility determinations will begin in June 2017 in preparation for the rollout of CHC in southwestern PA and will continue to be completed in sync with the CHC rollout schedule across the state. Those waiver participants who do not meet nursing facility clinical eligibility, or the age requirements of CHC, will either remain in the OBRA Waiver or be transitioned to a more appropriate DHS waiver or state program, depending on their assessed needs. All OBRA participants will remain in the OBRA Waiver until their zone is transitioned into CHC. In addition, DHS anticipates transferring all 18 to 21 year olds who are currently enrolled in the Attendant Care and Independence waivers into the OBRA waiver in advance of the implementation of CHC. If these participants are eligible for CHC when they reach 21, or become eligible at any point in the future, they will be transitioned to CHC. If not, they will remain in the OBRA waiver.

The process for transitioning OBRA Waiver participants to CHC is as follows:

1. The Service Coordinator will be responsible for contacting the OBRA Waiver participant within six months of the beginning of each CHC roll-out phase to educate them on CHC and coordinate the completion of a clinical eligibility determination (level of care assessment). SCs will be expected to make phone contacts, face to face visits or send letters as appropriate to meet the needs of the OBRA Waiver participant. Service coordinators are required to answer any questions participants and family members have about CHC and the transition process. OLTL will provide guidance to Service Coordination Entities (SCEs) in the second quarter of 2017. A webinar will inform SCs about the waiver transition and provide instruction to the SCs about contacting participants, the information they will provide to participants and detailed steps about the waiver transition process. OLTL has developed a participant letter and information sheet that will be sent by the OLTL to every OBRA Waiver participant in preparation for this transition; OLTL expects SCs to be an additional source of information for the participant.
2. After the clinical eligibility determination is conducted, the results will be forwarded to OLTL. If the participant is found to be nursing facility clinically eligible, at least 90-days prior to CHC beginning in a region, the participant will receive a pre-transition letter from OLTL, notifying them

State:	
Effective Date	

of the change to managed care. The pre-transition letter will be followed by an enrollment information packet which includes important action dates for the participant.

3. The Independent Enrollment Broker (IEB) will be available to participants for telephonic or face-to-face choice counseling to choose the best plan for their needs. The IEB will assign participants into a CHC-MCO if the participant does not select a CHC-MCO on their own. Individuals will be assigned to plans that align with the way in which they are currently receiving their services, and will be based upon the following:
 - First, a Participant enrolled in a D-SNP will be assigned to a CHC-MCO aligned with their D-SNP.
 - Second, if the Participant is transferring from Health Choices, and the HC-MCO is also contracted as CHC-MCO, and the Participant has not made a CHC-MCO selection, the Participant will be enrolled in the affiliated CHC-MCO.
 - Last, if a Participant is receiving HCBS and their primary care physician is contracted with a CHC-MCO, the Participant will be enrolled in that plan. Plan assignment will follow automatic assignment logic after these conditions are exhausted.

The auto-assignment process does not negate the Participant’s option to change his/her CHC-MCO. The auto-assignment formula will direct an equal distribution of the auto-assigned pool in all CHC zones monthly, based on the number of CHC-MCOs in the Zone.

4. Once a recipient has chosen or is assigned to a managed care plan, DHS will notify the CHC-MCO of the new enrollee. Managed care plans are required to send new enrollees a Participant Handbook, and other written materials, with information on participant rights and protections and how to access services within five business days of the participant’s date of enrollment.

Individuals transitioning from the OBRA Waiver to the CHC waiver will not lose any services, and will have access to additional services if so indicated through the needs assessment process. CHC-MCOs are required to maintain continuity of care for all individuals transitioning to CHC from other programs. Individuals transitioning from the OBRA Waiver to CHC will be able to keep their current individual service plan, services, and providers for 180 days or until a new Person-Centered Service Plan (PCSP) is developed and new services and providers are secured, whichever is later. The CHC continuity of care requirements will be outlined in the Program Requirements and Agreement signed between the CHC-MCOs and DHS.

It is the Department of Human Services’ intent to reduce the number of individuals served through the OBRA waiver. DHS will maintain sufficient “slots” so that individuals who do not meet the CHC Waiver eligibility requirements either do not lose services (current enrollees) or access to services (future enrollees). These “slots” have been projected based upon the anticipated number of individuals transitioning to CHC and the historical enrollment of individuals between 18 and 21.

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