

Reform 2020: Pathways to Independence

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

Demonstration Year 11
January 1, 2024 through March 31, 2024
Quarterly Report (Q3)

Submitted to:

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

Submitted by:

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

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1. Introduction

Minnesota’s Reform 2020 demonstration waiver, authorized under section 1115 of the Social Security Act, provides federal waiver authority to implement key components of Minnesota’s broader reform initiatives to promote independence, increase community integration and reduce reliance on institutional care for Minnesota’s older adults. Federal waiver authority for the five-year demonstration was scheduled to expire on June 30, 2018. On July 19, 2017 the Minnesota Department of Human Services (DHS) submitted a request to renew the Reform 2020 waiver through June 30, 2021. The Reform 2020 waiver operated under a temporary extension through January 31, 2020. CMS approved the extension of the waiver on January 31, 2020 for the period February 1, 2020 through January 31, 2025.

1.1 Alternative Care Program

The Reform 2020 waiver provides federal matching funds for the Alternative Care program which was established as an alternative to provide community services to older adults with modest income and assets who are not yet eligible for Medical Assistance (MA). The Alternative Care program provides a home and community services benefit to people age 65 and older who need nursing facility level of care and have income or assets above the state’s MA standards. This allows people to get the care they need without moving to a nursing home.

1.2 Goals of Demonstration

The Reform 2020 waiver provides federal support for DHS’ Alternative Care program. The goals of the Alternative Care program are to:

- Increase and support independence;
- Increase community integration; and
- Reduce reliance on institutional care.

2. Enrollment Information

The following tables provide the third quarter enrollment data.

Quarter 3 (Jan. 1, 2024 – Mar. 31, 2024)

Demonstration Population (as hard coded in the CMS 64)	Enrollees at close of quarter (3/31/2024)	Current Enrollees (as of data pull 4/9/2024)	Disenrolled in Current Quarter (1/1/2024 to 3/31/2024)
Population 1: Alternative Care	2,602	2,596	8

2.1 Alternative Care Program Wait List Reporting

There is no waiting list maintained for the Alternative Care program and there are no plans to implement such a list.

3. Outreach and Innovative Activities

3.1 Minnesota Department of Human Services Public Website

Information on the Alternative Care program is available to the public on DHS' website. The [Alternative Care](#) webpage provides information about program eligibility, covered services, and the program application process. The webpage also refers people to the Senior LinkAge Line® (described in the following section) where they can speak to a human services professional about the Alternative Care program and other programs and services for seniors.

3.2 Senior Linkage Line®

The [Senior Linkage Line®](#) is a free information service available to assist older adults and their families find applicable community services. Information is available on the website or people can call to receive information about services near them or get help evaluating their situation to determine what kind of service might be helpful. Information and Assistance Specialists work with the person and/or their caregiver to understand the person's needs and preferences, help connect them with services in their community, refer them to their county or tribal human service agency for an assessment to determine eligibility for services and supports, and follow-up as needed to support long-term success. Specialists are trained health and human service professionals. They offer objective, neutral information about senior services and housing options.

3.3 Statewide Training

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

In addition, DHS offers two training opportunities for certified assessors and case managers, Building Your Skills and Advancing Your Skills: Enhancing Support Plans. The Building Your Skills training is a 15-part series of recorded webinars that focus on foundational skills and best practices for developing a person-centered support plan. The Advancing Your Skills: Enhancing Support Plans training is a live webinar series that focuses on advanced topics related to support planning. Additional instructions and guides to help county and tribal human service agencies navigate the assessment and support planning process can be accessed within the MnCHOICES system.

DHS also publishes and maintains the following policy manuals to provide direction and support the work of county and tribal human service agencies.

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

- [MMIS User Manual](#) for payment of claims for services.

4. Updates on Post-Award Public Forums

In accordance with paragraph 42 of the Reform 2020 waiver’s special terms and conditions (STCs), DHS held an annual public forum on March 6, 2024. The forum was held in-person and had a virtual option available. On February 2, 2024, an email was sent via GovDelivery¹ to provide information about the annual public forum. A notice about the annual public forum was published in the Minnesota State Register on February 5, 2024. Public notice was published on the DHS website on February 6, 2024 with the date, time and location of the annual forum, and instructions on how to participate. Four people registered, but did not attend.

5. Policy and Operational Developments

There are four policy and operational updates:

- Electronic Visit Verification requirements;
- Community First Services and Supports;
- Rate and monthly budget increases; and
- Consumer Directed Community Support (CDCS).

5.1 Electronic Visit Verification

Paragraph 34 of the Reform 2020 waiver’s STCs require that DHS demonstrate compliance with the Electronic Visit Verification (EVV) system requirements. EVV for personal care services and home health services was phased in beginning in June 2022 with the final phase of implementation completed in October 2023. For services subject to the requirements, EVV is expected to reduce inappropriate service payments by 1%² through the identification of recordkeeping inaccuracies, administrative errors, and fraud during post-payment review.

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

- CDCS direct support workers within the personal assistance category
- Personal care assistance
- Homemaker (assistance with activities of daily living)
- Individual Community Living Supports (in person)
- Respite (in-home)

The Alternative Care services subject to EVV as home health services are:

- Home health aide
- Nursing services
- Skilled nursing visit
- Tele-homecare

¹ GovDelivery is a subscription-based email system used by Minnesota state government to share information with the public. It is also sent to specific provider and stakeholder groups as applicable.

² This is based on the state’s analysis completed for related state legislation.

5.2 Community First Services and Supports

DHS is redesigning its state plan Personal Care Assistance (PCA) services to expand self-directed options under a new service called Community First Services and Supports (CFSS).

DHS' received approval on February 27, 2024 to cover CFSS under Minnesota's Medicaid state plan effective June 1, 2024. The service is authorized under sections 1915(i) and 1915(k) of the Social Security Act. DHS submitted a corresponding waiver amendment on November 29, 2023 to add CFSS to Reform 2020. CMS confirmed on February 28, 2024 that no additional authority was required for CFSS to be covered under the Reform 2020 waiver for Alternative Care participants.

5.3 Rate and monthly budget increases

DHS implemented rate and budget increases effective January 1, 2024.

A. Rate increases

- 56.67% increase to homemaker
- 8.81% increase to home-delivered meals
- 14.99% increase to family caregiver services
- 75.72% increase to chore services, 15-minute
- 48.21% increase to individual community living supports (ICLS)
- 170.31% increase to adult companion
- 28.63% increase to adult day
- 58.86% increase to respite
- \$600 increase to environmental accessibility adaptations – home and vehicle installation and assessments (to \$20,600 from \$20,000).

B. Budget increases

- 32.63% increase to monthly case mix budget caps
- Increase to consumer directed community supports (CDCS) budgets to align with case mix budgets.

5.4 CDCS

Effective January 30, 2024, spouses who are authorized to provide personal assistance services may provide up to 60 hours of paid support in a seven-day period, based on the participant's individualized support plan. This is an increase to the previous limit of 40 hours.

6. Financial and Budget Neutrality Development Issues

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. DHS also provides CMS with quarterly budget neutrality status updates using the Budget Neutrality Monitoring Tool provided through the Performance Metrics Database and Analytics (PMDA) system.

7. Member Month Reporting

Eligibility Group	Month 1: Jan. 2024	Month 2: Feb. 2024	Month 3: Mar. 2024	Total for Quarter Ending Mar. 31, 2024
Population 1: Alternative Care	2,644	2,648	2,645	7,937

8. Consumer Issues

8.1 Alternative Care Program Beneficiary Grievances and Appeals

A description of DHS' grievance system and the dispute resolution process is outlined in Minnesota's home and community-based services waiver application and the CMS-372 report for the Elderly Waiver, authorized under section 1915(c) of the Social Security Act. These processes apply to the Alternative Care program. Grievances and appeals filed by Alternative Care program participants are reviewed by DHS on a quarterly basis. Alternative Care program staff assist in resolving individual issues and identifying significant trends or patterns in grievances and appeals filed. The following is a summary of Alternative Care program grievance and appeal activity during the period January 1, 2024 through March 31, 2024.

Alternative Care Program Beneficiary Grievance and Appeal Activity January 1, 2024 through March 31, 2024

	Affirmed	Reversed	Dismissed	Withdrawn
Filed	0	0	1	2
Closed	0	0	1	3

8.2 Alternative Care Program Adverse Incidents

A detailed description of safeguards applicable to Alternative Care participants, including the infrastructure for vulnerable adult reporting, the management process for critical event or incident reporting, participant training and education, and methods for remediating individual problems is outlined in the section 1915(c) HCBS Waiver application and the CMS-372 report for the Elderly Waiver.

Incidents of suspected abuse, neglect, or exploitation are reported to the Minnesota Adult Abuse Reporting Center (MAARC) established by DHS. MAARC staff forward all reports to the respective investigative agency. In addition, MAARC staff also screen all reports for immediate risk and make all necessary referrals. Immediate referral is made by MAARC staff to county social services when there is an identified emergency safety need. Reports containing information regarding an alleged crime are forwarded immediately by MAARC staff to law enforcement. Additionally, MAARC staff immediately forward reports of suspicious deaths to law enforcement, the medical examiner and the ombudsman for mental health and developmental disabilities.

For reports that do not contain an indication of immediate risk, the MAARC staff notifies the agency responsible for investigation within two working days. If requested by the reporter, the lead investigative agency provides information to the reporter within five working days about the

disposition of the investigation. Each lead investigative agency evaluates reports based on requirements and prioritization guidelines in state law.

Investigation guidelines for all lead investigative agencies are established in state law and include interviews with alleged victims and perpetrators, evaluation of the environment surrounding the allegation, access to and review of pertinent documentation and consultation with professionals, as applicable.

DHS manages a centralized reporting data collection system housed within the Social Services Information System (SSIS). This system stores adult maltreatment reports for MAARC. SSIS also supports county functions related to vulnerable adult report intake, investigation, adult protective services and maintenance of county investigative results. Once maltreatment investigations are completed, the county investigative findings are documented in SSIS files.

Please refer to Attachment A for a report on allegations and investigation determinations of maltreatment where the county was the lead investigative agency and the alleged victim was receiving services under the Alternative Care program for the period of January 1, 2024 to March 31, 2024.

9. Quality Assurance and Monitoring Activity

9.1 Alternative Care Program and HCBS Quality Strategy

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

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

Paragraph 35 of the Reform 2020 waiver's STCs require that DHS have an approved Quality Improvement Strategy and that DHS work with CMS to develop approvable performance measures within 90 days following the approval of the waiver. On July 17, 2020, DHS submitted its quality improvement strategy (QIS) to CMS as final. The QIS includes assurances and performance measures for the Alternative Care program and parallels DHS' section 1915(c) waiver QIS process. Specifically, DHS collects three full years of data and submits the data 18 months prior to submitting the extension request. DHS submitted the QIS data for Alternative Care for DY8, DY9 and DY10 on February 8, 2024. CMS conducted an accelerated review of the state's Evidence Report and provided its response on March 29, 2024. The response report requested the state provide additional information in four areas: 1) Level of Care, 2) Qualified Providers, 3) Service Plans, and 4) Health and Welfare. DHS will respond by May 31, 2024.

Paragraph 36 of the Reform 2020 waiver's STCs require DHS to report annually the deficiencies found during the monitoring and evaluation of the quality assurances, an explanation of how these deficiencies have been or are being corrected, as well as the steps that have been taken to ensure that these deficiencies do not reoccur. DHS is also required to report on the number of substantiated instances of abuse, neglect, exploitation and/or death, the actions taken regarding the incidents and how they were resolved. The Alternative Care program report is modeled after the Elderly Waiver annual CMS-372 report and includes information on deficiencies, data related to cases of maltreatment and neglect, and corrective action/remedial steps taken.

10. Demonstration Evaluation

DHS contracted with the University of Minnesota for development of an evaluation design and analysis plan that covers all elements outlined in paragraph 68 of the Reform 2020 waiver's STCs. A draft evaluation plan for the waiver extension period effective February 1, 2020 through January 30, 2025 was submitted to CMS on July 20, 2020. CMS provided initial feedback on April 12, 2021, and additional feedback on July 6, 2021. DHS addressed CMS' feedback, and CMS gave final approval of the evaluation plan on September 27, 2021.

The draft Summative Evaluation Report for the previous demonstration period of July 1, 2013 through January 31, 2020 was submitted to CMS on August 12, 2021. CMS' comments on the draft report were received on January 11, 2022. DHS revised the report in response to CMS' feedback and resubmitted the report on March 4, 2022. DHS has not received feedback on this report to date.

DHS identified an unexpected delay in completion of the Interim Evaluation Report that was due to be submitted with the Reform 2020 waiver extension request in January 2024. The evaluation report is expected to be completed in June 2024. DHS sought direction from CMS about the timing of the extension request relative to the expected evaluation completion. CMS informed DHS via email on October 18, 2023 that the waiver extension application could be submitted in June 2024. DHS will coordinate with the waiver's CMS project officer as the expected submission date is now July.

11. State Contact

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

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

Analysis of Adult Maltreatment Reported for AC Participants (01/01/2024 - 03/31/2024)

Allegations reported while the alleged victim was Eligible for Alternative Care Services and where:
Reports were received by the Common Entry Point between 01/01/2024 and 03/31/2024
Determinations limited to those made between 01/01/2024 and 04/07/2024

MAARC - Reported Adult Maltreatment Involving AC Participants (01/01/2024 - 03/31/2024)							
	Allegations Reported to MAARC where Alleged Victim is an enrollee*		Allegations Investigated by the County		County Investigations with Final Disposition as of <i>4/7/2024</i>	% Substantiated Maltreatment (of Allegations Investigated with Final Disposition)	
	#	% Total Allegations	# Allegations Investigated by the County	% of Total Allegations Investigated by the County	# County Investigations with Final Disposition	# Substantiated	% Substantiated of Total Investigated with Final Disposition
Emotional Abuse	23	13.37%	11	19.30%	4	0	0.00%
Physical Abuse	9	5.23%	2	3.51%	2	0	0.00%
Sexual Abuse	0	0%	0	0%	0	0	0.00%
Financial Exploitation (Fid. Rel.)	7	4.07%	3	5%	1	0	0.00%
Financial Exploitation (Non-Fid. Rel.)	36	20.93%	21	36.84%	5	0	0.00%
Caregiver Neglect	33	19.19%	6	10.53%	0	0	0.00%
Self-Neglect	64	37.21%	14	25%	1	0	0.00%
Total	172	100%	57	100%	13	0	0.00%
De-duplicated AC Participants with substantiated allegations						0	

Source: DHS Data Warehouse 04/16/2024

Disposition of County Investigations of Maltreatment Allegations Involving AC Participants MAARC Reported Allegations : 01/01/2024 and 03/31/2024					
	Allegation Disposition				
	Substantiated Maltreatment	False Allegation	Inconclusive	No Determination - Investig Not Possible^	Total
Emotional Abuse	0	4	0	0	4
Physical Abuse	0	2	0	0	2
Sexual Abuse	0	0	0	0	0
Fin. Exploitation (Fid Rel)	0	1	0	0	1
Fin. Exploitation (Non-Fid Rel)	0	4	1	0	5
Caregiver Neglect	0	0	0	0	0
Self -Neglect	0	1	0	0	1
Total	0	12	1	0	13

^ Includes No determination - Not a Vulnerable Adult

Source: DHS Data Warehouse 04/16/2024