

Olmstead HCBS Waiver Wait List Report

Continuing Care Administration
September 2014

For more information contact:

Minnesota Department of Human Services
Disability Services Division
St. Paul, MN 55101
651-431-4262

This information is available in accessible formats to individuals with disabilities by calling 651-431-4262,

Or by using your preferred relay service.

For other information on disability rights and protections, contact the agency's ADA coordinator.

Printed with a minimum of 10 percent post-consumer material. Please recycle.

Contents

Olmstead Plan Language.....	3
Introduction	3
Background Information	3
Research Process.....	4
Defining Urgent	4
Recommendation: Using Four Categories to Define Urgency	5
Tracking Urgency and Those Waiting for Services	6
Improving the Waiting List Process	7
Additional Issues Affecting Waiver Services	7
Recommendations Summary	8
Appendix A: Olmstead Wait List Workgroup Participants.....	10
Appendix B: Waiver Reserve Group Participants	11

Olmstead Plan Language

“By September 30, 2014 DHS will report to the Olmstead Subcabinet, or its designee, recommendations on how to improve processes related to the home and community-based supports and services waiting list. The process will include the prioritization based on urgency and needs and describe how adopting these practices will result in the waiting list moving at a reasonable pace.”

-Minnesota's Olmstead Plan – November 1, 2013 (proposed modifications July 10, 2014) Page 68.

Introduction

Supports and services provided through Minnesota's Home and Community-Based Service (HCBS) waivers provide desired assistance for people with disabilities to live in integrated settings and fully participate in the community. Access to waiver services may be critical to some for successful community living. Ensuring access to waiver services for those with the most urgent need allows services to be used appropriately to divert services that are more restrictive.

Language in Minnesota's Olmstead Plan requires that this report include recommendations on improving the process related to the waiting list for Minnesota's HCBS waivers. As dictated in the Olmstead Plan language, the report addresses the definition of urgency, how to track urgency and those waiting for waiver services and how adopting the recommended practices in the following sections will result in improving the waiting list process.

Background Information

Historically, the state has provided waiver waiting list information through the [DHS public website](#). This tool allows the public to examine the waiting list by a number of different factors including county, age, service, and more. As of July 8, 2014, the date data was last available for this report, there were 1,393 people waiting for services under the Community Alternative for Disabled Individuals (CADI) waiver. Statewide, there were 3,507 people waiting for services under the Developmental Disabilities (DD) waiver.

Minnesota Statute 256B.092, subdivision 1f directs county agencies to maintain waiting lists for individuals needing and qualifying for HCBS waiver services, but who cannot receive waiver services at that time. Minnesota Statutes 256B.092, subdivision 12 and 256B.49, subdivision 11a establish statewide priorities for individuals on a waiver waiting list. Section (c) of each of these statutes also grants the commissioner the power to transfer waiver funds between lead agencies to accommodate these statewide

priorities, while accounting for a necessary base level reserve amount for each lead agency.

These statutes list criteria for establishing which people would have priority for moving into services, but they do not address the factor of urgency. While several individuals may meet one or more of the criteria, some individuals are in a more urgent need of service than others. Creating categories of urgency that inform prioritization of the waiting list should give lead agencies guidance for consistent management of the waiting list.

Categorizing urgency must account for other complications that arise when managing a waiting list. These complications include:

- Individuals can receive non-waiver services that meet most of their needs while they are on a waiting list. For example, currently 66 percent of people on DD and 62 percent of people on CADI waiver waiting lists receive some other non-waiver service. These statistics also do not account for informal or other supports, such as schools, that meet individuals' needs.

Research Process

Three meetings with stakeholders, facilitators from the Management Analysis & Development (MAD) division of Minnesota Management & Budget, and DHS staff preceded the creation of this report. Stakeholders included county representatives and professional advocates from the disability community. After DHS staff completed the report, they held a fourth meeting for stakeholders to provide feedback.

Stakeholders recognized that Minnesota lacked a consistent process for prioritizing urgency in waiver services. Stakeholder and DHS identified this issue as the mandate for the workgroup in the Olmstead plan. When identifying best practices for prioritizing urgency, DHS raised the idea of using the Prioritization of Urgency of Needs for Services (PUNS) system. Tony Records, a consultant specializing in Olmstead, identified this system in an earlier presentation to DHS. Workgroup members identified the PUNS system as a method to base a Minnesota prioritization system on. An example of the PUNS form is located on the Pennsylvania [Department of Public welfare website](#).

Defining Urgent

Pennsylvania and Illinois use the PUNS system to define urgency while on a waiting list for waiver services. The PUNS system uses 30 Yes/No questions to determine a category of need and a level of urgency for each person. At first, stakeholders did not recommend that Minnesota should begin using the PUNS system; however, they found helpful the broad categories the system uses to create levels of urgency.

After reviewing the PUNS system, stakeholders do not support use of the PUNS system in its entirety because it would add another rigid layer to an already large assessment structure. Representatives also expressed a belief that urgency criteria should take into consideration factors such as those listed in M.S. 256B.092, subd. 11a and M.S. 256B.49, subd. 12, as well as criteria adapted from the PUNS system. Given the subjective nature of these factors, county representatives expressed a strong desire to retain flexibility in decision-making about these factors.

Recommendation: Using Four Categories to Define Urgency

The workgroup recommends that DHS consider using a PUNS approach to categorize an individual's level of urgency respective to receiving waiver services. The following structure could build on the assessment process and provide guidelines to lead agencies to categorize an individual's level of urgency:

Urgency Category	Description
Institutional Exit	Individuals in this subcategory have an immediate need due to exiting an institutional setting. Waiver planning must start within 90 days.
Immediate Need	Individuals in this category have an immediate need and must receive waiver services within 90 days.
Serious Need	Individuals in this category have assessed needs that may develop into an immediate need, and monitoring will occur to watch if this happens. If a county has waiver funds available, and all individuals in the "Immediate" and "Institutional Exit" categories are served, those in this category may begin waiver services.
Planned Need	Individuals in this category may have a need for waiver services at a point in the future. Until that point, they may use non-waiver disability services or other supports.

Potential recipients who are exiting institutions will begin waiver services at a reasonable pace, defined as no more than 90 days. If the lead agency, in consultation with the individual, determines 90 days will be too little time to have services and housing ready for someone exiting an institution, the planning process for this individual must begin within 90 days of the assessment. Those determined to have an "Immediate Need" for waiver services will also begin services within 90 days. This proposed

categorization system establishes a statewide structure while retaining the professional decision-making flexibility desired by county representatives.

Conversations with county representatives have shown that, currently, the judgment of those conducting assessments has informed the level of prioritization for individuals in need of services. To inform prioritization, DHS will establish criteria that incorporate statutory priorities and measures adapted from the PUNS system. When assessing a person's level of urgency, lead agencies will consider the criteria established in M.S. 256B.092, subd. 11a for the DD waiver and M.S. 256B.49, subd. 12 for the CAC, CADI, and BI waivers, as well as guidance DHS delivers related to an individual's assessed needs, a caregiver's ability to provide support, and an individual's environmental issues. Lead agencies may consult with DHS staff to ensure consistency in professional judgment. DHS will provide lead agencies with further information on the criteria on prioritizing urgency of need.

Tracking Urgency and Those Waiting for Services

Implementing the above categorization system would standardize data collection on a statewide basis, and is needed to make sure those with the most urgent needs, including individuals in segregated settings, receive waiver services at a reasonable pace. After the categorization system has been implemented and DHS collects this data, the state may understand whether individuals remain in non-integrated settings because of a lack of access to waiver services.

One workgroup suggestion is to use an electronic record system created by DHS for use across all waivers for capture of the individual's assessed level of urgency.

This new adaptation would allow lead agencies and the state to pull and view urgency data to create a complete picture of how many individuals enter the waiting list at different levels of urgency. It will be necessary to establish a consistent record system across all of the waivers.

DHS would also recommend tracking of the number of days individuals are on the waiting list. This will ensure that those placed in the "Institutional Exit" and "Immediate Need" categories begin receiving waiver services at a reasonable pace. DHS staff will monitor whether lead agencies are moving at a reasonable pace. DHS staff and system reminders will help counties understand how long someone in the "Institutional Exit" or "Immediate Need" categories has been waiting for services.

If lead agencies do not comply with the reasonable pace requirement, DHS will undertake steps to learn why, and take appropriate action. Actions may include reallocation of resources if a county is unable to service individuals with urgent needs within their county waiver budget, providing technical assistance to the county to establish services and managing priorities within the resources available to them, and as necessary, documenting when the demand for services exceeds statewide resources. Those assessed to have a Serious or Planned Need will be tracked using

the electronic record system to monitor how long they are on a waiting list. Lead Agencies are expected to begin waiver services for Serious Need individuals as funding and services are available.

Improving the Waiting List Process

Implementing the recommendations mentioned above will improve the waiting list process because it will provide transparency and statewide consistency in prioritizing access to waiver services. In conjunction with using professional judgment, guided by statute, to determine the urgency of a person's need, lead agency staff will also be able to apply a uniform categorization process across the state. Additionally, individuals on the waiting list will have a greater understanding of the prioritization process, and their status on the waiting list. DHS will also make summary data available to the public on an annual basis through its public website.

DHS is in the process of transitioning to a new assessment process. Therefore, a multi-tiered approach to collecting waiting list data is required. In the immediate-term, the temporary electronic record system will allow DHS to collect waiting list information while the assessment transition occurs. Once the transition is complete, DHS may move to an electronic record system that interacts with the new assessment. This process allows DHS to collect and monitor data without delay.

Additional Issues Affecting Waiver Services

Some discussion in the Olmstead Wait List Workgroup meetings surrounded the level of "county reserves". County reserves are the difference between what counties have been allocated in their waiver budgets, and what they authorize and spend. Currently, lead agencies are not using all of their allocated budgets. Waiting lists would be reduced if reserves were lowered to a reasonable and necessary level and funds used to provide service to more individuals. All workgroup attendees recognized the need for additional attention, understanding and discussion of the county reserve issue. Within three months, DHS will convene a group of county and disability stakeholders to discuss what options exist to maximize the benefit of waiver funds.

There are three indicators to monitor when managing the waiver funding. The first is the funding granted to a county through an allocation process of dollars that are to be used for waiver services. Counties must manage the number of individuals and the amount of services authorized, not only for new individuals, but also for the changing needs of those already on the program within this waiver allocation. The second factor is the amount of dollars authorized for individuals for their services and is the maximum a provider can deliver and bill. The third is the reimbursement level, which is the actual level of spending in the program. The Medical Assistance forecast is based on the reimbursement level.

Based on historical averages, county reserve levels could be lowered. For the CAC, CADI and BI waivers the average statewide reserve from Fiscal Year 2012 to 2014 was

8.65 percent. For the DD waiver the average statewide reserve from Calendar Year 2011 to 2013 was 6.99 percent. The central issue surrounding county reserves is how to maximize dollars to serve as many individuals with the appropriate level of service as possible within county waiver budgets.

As mentioned above, the commissioner already has statutory authority to transfer funds between lead agencies to accommodate statewide priorities. There has not yet been a situation where this has been necessary. DHS will develop and publish a protocol for transferring funds between lead agencies for greater transparency.

Recommendations Summary

In summary, DHS will take the following administrative actions based on the recommendations of the Olmstead Wait List Workgroup members:

- Within three months of this report's presentation, DHS will convene a group of county and disability stakeholders to discuss further action on maximizing the benefit of waiver funds. This was completed on September 5, 2014.
- By December 31, 2014, DHS will:
 - Establish four levels of urgency (Institutional Exit, Immediate Need, Serious Need and Planned Need) for individuals requesting waiver services. Lead agencies will prioritize individuals applying for waiver services on their assessed level of urgency.
 - Develop and distribute criteria based on statute and the PUNS system that will be used to determine urgency of need.
 - Establish and publish a training curriculum on using the temporary electronic record system. This system will collect data on urgency of need categorizations.
 - Offer support to lead agencies prior to implementation of the electronic record system.
 - Create a temporary electronic record system to track the urgency of need categories across the DD, CAC, CADI and BI waivers.
- By February 1, 2015, DHS will develop and publish a protocol for implementing the provisions of M.S. 256B.092, subd. 12 and M.S. 256B.49, subd. 11a, granting the commissioner the power to transfer waiver funds between lead agencies to accommodate statewide priorities.
- Beginning February 1, 2015, DHS will:
 - Require that individuals with the "Institutional Exit" categorization begin service planning within 90 days of an assessment. DHS will require that individuals with the "Immediate" categorization receive services within 90 days to the extent that statewide resources are available to support them. This may be accomplished through DHS technical assistance or transferring waiver funds between lead agencies. Categorization of individuals will be completed on a rolling basis, as they are assessed and reassessed. Information about the number of days an individual has been

on the waiting list will be available to DHS through the temporary electronic record system.

- Provide technical assistance to lead agencies that do not comply with the reasonable pace requirement.
- By July 1, 2015, DHS will provide technical assistance to lead agencies on their ability to access a second year to control excess spending as per M.S. 256B.0916, subdivision 11.
- Beginning February 1, 2016, DHS will provide summary data about waiting list urgency categories to the public on an annual basis.
- By February 2017, DHS will create a final electronic record system that may work with the state's electronic assessment system to track the urgency of need categories across the DD, CAC, CADI and BI waivers. Corresponding training and support will be offered to lead agencies before this date. This system will replace the temporary electronic record system.
- DHS will participate in upcoming discussion on waiver waiting lists, hosted by the National Association of State Directors of Developmental Disabilities Services.

Appendix A: Olmstead Wait List Workgroup Participants

Stakeholders:

Sue Abderholden, National Alliance on Mental Illness – Minnesota
Rebecca Covington, Minnesota Consortium for Citizens with Disabilities
Andrew Ervin, Hennepin County
Sandra Foy, Ramsey County
Cindy Grosklags, Renville County
Carol Huot, Dakota County
Tim Jeffrey, Stearns County
Steve Larson, The Arc of Minnesota
Bud Rosenfield, Minnesota Disability Law Center
Bill Velte, Hennepin County

Minnesota Department of Human Services:

Alex Bartolic
Curtis Buhman
Patti Harris
Larraine Pierce
Colin Stemper
Nan Stubenvoll

Management Analysis & Development:

Renee Raduenz
Barbara Tuckner

Appendix B: Waiver Reserve Group Participants

Stakeholders:

Matt Burdick, National Alliance of Mental Illness – Minnesota
Sandy Foy, Ramsey County
Tracie Koskela, Hubbard County
Andrew Ervin, Hennepin County
Steve Larson, The Arc of Minnesota
Ryan Marshall, Hennepin County
Mark Nelson, St. Louis County
Karen Bunkowski, Winona County

Minnesota Department of Human Services:

Lisa Antony-Thomas
Curtis Buhman
Patti Harris
Karen Peed
Lorraine Pierce
Colin Stemper
Nan Stubenvoll

Management Analysis & Development

Renee Raduenz
Barbara Tuckner