

January 9, 2004

TO: Shirley York, Director  
Disability Services Division

FROM: Colleen Wieck, Ph.D.  
Executive Director  
Governor's Council on Developmental Disabilities

RE: Comments Regarding the Amendment to Home and Community  
Based Waivers, Consumer Directed Community Services

Thank you for the opportunity to provide feedback on the waiver language that the Department of Human Services (DHS) is proposing for an amendment to Minnesota's Home and Community Based Waiver. We strongly support the Consumer Directed Community Services (CDCS) option. We also agree with the intended outcomes of increased independence, inclusion, and the ability of individuals to remain in the community; and for families to stay together.

Individuals and families who used the CDCS option during the demonstration period experienced the flexibility it offers, and the freedom to choose services that best meet individual needs. As a result, customer satisfaction levels were very high and family stress was reduced.

During the demonstration period, problem areas and suggestions for improvement were identified. The amendment language, however, has not incorporated those improvements and the problem areas remain. Our comments are directed to these issues and clarifications that may be helpful have been requested.

**1. CDCS Service Categories (Attachment A of the proposed amendment language):**

The services that might be included under each of the four service categories are presented as "examples." Some of these services are mentioned in various places throughout the amendment but there is no clear definition of terms.

A glossary of terms would be helpful along with a more complete list of the types of services or supports that would be covered under each of the CDCS service categories. This will assure a greater

understanding of what services will be approved, and will avoid possible inconsistencies that could occur across counties during implementation.

**2. Criteria for Allowable Expenditures, and Listing of Allowable and Unallowable Expenditures (Attachment C of the proposed amendment language):**

- a. Expenses in general: The CDCS option, according to the DHS, is intended to give consumers control of the funds that pay for services and supports by determining an individual budget and then giving consumers the freedom to choose what they will purchase. Independence and inclusion are specific outcomes that must be met for services to be approved.

The limitations that are placed on allowable expenses and the types of expenses that will not be allowed are contrary to the concepts of choice and consumer direction. The very items that the average person would equate with regular life such as memberships, tickets for sporting events, pets, vacations, and Internet access could well be the key to inclusion and independence. Some of these same items, however, would be readily available to people who live in ICFs/MR, a more restrictive living situation.

To predetermine what services consumers may purchase undermines the stated flexibility of CDCS.

- b. Specific expenses: We agree that those involved in developing a community support plan with consumers and those would be providing services to an individual may benefit from receiving training, particularly around the principles of person centered planning. To require training without any travel expenses may make it difficult for some people to meet these requirements and, therefore, unable to provide the assistance and services requested by consumers.

If cost control is an issue, we would suggest that instate travel be an allowable expense with a maximum dollar amount placed on lodging or meals when necessary because of travel distance to the training site.

We agree that expenses related to therapies, special diets, and behavioral supports and services should be allowable expenses. These expenses, however, should not be conditioned on

whether they "mitigate" an individual's disability. These types of services can make the difference in an individual's ability to be more independent and actively participate in community life. They provide the kind of support or assistance that is necessary because an individual has a disability - they serve as accommodations.

**3. Required Case Management and Flexible Case Management:**

Development and implementation of an individual's community support plan is referred to as "flexible case management function" but this term is not defined. The county case manager, however, must prior authorize all goods and services covered under CDCS and this function is listed under "required case management" (page 7).

Clarification is needed regarding the role and functions of a flexible case manager and how these differ from the role and functions of a county case manager under existing statute and rule.

According to the proposed amendment language:

A flexible case manager provides "assistance in determining what will best meet the recipient's needs...." (page 4). This seems contrary to consumer direction and similar to the function of a county case manager who assesses the needs of a person based on the "person's preference...and need for services and supports" (Minn. Rule 9525.0024, Subp.1.).

A flexible case manager is responsible for "coordinating service delivery" (page 4) according to an individual's community support plan. A county case manager is responsible for "assur[ing] coordinated approaches to services among providers consistent with all aspects of the person's individual service plan (Minn. Rule 9525.0024, Subp.7.).

A flexible case manager provides assistance in "accessing goods and services " (page 4). A county case manager "shall assist the person in accessing selected ...services and supports...and promoting the person's access to services that fit the person's needs" (Minn. Rule 9525.0024, Subp.6).

A flexible case manager is responsible for "advocating and problem solving" (page 4). A county case manager, under the individual service plan, specifies, "services the person needs that are not

available and actions to be taken to obtain or develop those services" (Minn. Rule 9525.0024, Subp.3.).

**4. Budget Allowance and Carryover of Funds:**

- a. Budget allowances and calculations appear in several places throughout the amendment language but it is not clear how these calculations are made or the process for approving service and spending decisions.

An individual's budget must include all goods and services purchased in a 12 month service agreement period (page 3). The county is responsible for approving final spending decisions in the individual's community support plan and presumably this plan also covers a 12 month period. However, services are authorized for a three month period only (pages 4 and 6). Therefore, it appears that the same goods and services are authorized four times during a 12 month service agreement period.

Clarification is needed on the spending decision approval and service authorization processes.

- b. Individual budgets are for 365 days (page 6) and the individual's community support plan is for a 12 month period. The plan year is neither a calendar year nor a fiscal year.

The maximum CDCS budget is calculated based on the "average value of state plan home care and waiver services provided to non-CDCS recipients during the calendar year prior to the beginning of the state fiscal year in which the budget will be applied" (page 6).

Clarification is needed regarding who makes the budget calculations and how these budget calculations are made given the differences in a community support plan year and the state/fiscal year statement above.

- c. Page 4 of the proposed amendment language states that the CDCS budget can't exceed 70% of the statewide average cost of non-CDCS recipients based on SFY 2002. In addition, this budget limit is "minus 50% of the case management payments for recipients with comparable conditions and service needs."

Clarification is needed as to how this budget limit, which is significantly less than what is available for non-CDCS recipients, was calculated since "comparable conditions and service needs" were considered.

**5. Customer Satisfaction and Outcomes Measurement:**

A standardized customer satisfaction form will greatly facilitate the data collection process. Random sampling of community support plans and budget reviews are very different from customer satisfaction surveys and measuring customer outcomes.

Clarification is needed about how the outcomes of independence, inclusion, and remaining in the community will be measured, the metrics that will be used, frequency of collecting these data, and how the results will be used to make improvements in the CDCS option.