DHS training on the new CDCS Amendment
Washington County
Friday, May 7, 2004

Background

- DHS sent their initial CDCS amendment to CMS in September, 2002. The amendment was approved on March 2004. What happened during this time?
  - They continued to get ongoing feedback.
  - CMS needed to "really understand" this amendment. They typically use a template called "Independence Plus" which would have created a new waiver. Minnesota didn't want to create a new waiver. It wanted the current one to be fluid, flexible. It took some time to work through it.
  - One primary issue was paying parents of minor children. Minnesota will be the first state in the U.S. to offer this option without it being a demonstration waiver. It will have National impact.
  - DHS has had intense negotiations with CMS. Parents were part of the discussion and were helpful getting the option to pay parents of minors passed. It took 3 to 4 months with many attorneys involved.
  - These discussions resulted in the resubmission of the amendment in it's current format.

Legislative Auditors Report/ Independent Evaluations

- They wanted to evaluate how things were going now—but what was happening "now" wasn't going to be what was happening in the future.
- DHS will be looking at a process improvement tool. They want the state to have a good assessment tool.
- They will look at the whole process for individually set budgets.
- DHS will offer an RFP for an independent evaluation of CDCS May 17th.

Plan

- Currently there are 37 counties offering CDCS. All counties (87) will offer CDCS in the future across CAC, CADI, TBI, Elderly and MR/RC Waivers. They are expecting the 37 counties to expand to other waivers first. Based on the administrative assessment, the CDCS waiver will be "live" with all counties and across all waivers by April 2005.
- Current counties have done lots of work on CDCS and are vested. Their work is appreciated. The next phase is to expand the option to other waivers. Share this information with other parts of the county.

CDCS Training Plan

- DHS introduced a comprehensive training plan starting now and ending 7/1/05.
- It offers timelines for consumer manual, consumer tool kit, announcement bulletin, CDCS brochure, training-PowerPoint, video conference, community support plan (goal for development 7/04), community support plan training, transition activities, transition materials and flexible case management

including draft text outline-contract for training module-fact sheet-curriculum-web based modules (goal 7/1/04).

Flexible Case Management (FCM)

- All people providing Flexible Case Management will require training—even current counties. There are some considerations for testing out of certain areas.
- Even individuals who provide FCM for one person (family) need to go to training.
- FCM is paid as a part of the individual's budget.
- There has been some discussion about what the maximum rate would be. At this time it has not been determined, but could be the maximum rate counties may bill for.
- There can be more then one FCM per person.
- The foundation of the training is person centered training.
- If counties have developed curriculum that meets criteria DHS will review and approve it.
- The FE can be the FCM as long as they are not the employer of record.

Background checks

- There is a code for background checks. Family determines if a check is done.
  - County pays for CDCS background checks if the family is the employer of record.
  - If someone else is the employer of record, they can mandate background checks are done (per their practices.)
  - Licensed agencies require background checks and bill it as a part of their rate.
- What recourse do counties have? Counties primary concern is health and safety. The service may be withdrawn if health and safety concerns are apparent.

Technology

- There will be a focus on technology for distribution of training and information. DHS knows that not everyone has access, but it will facilitate a large portion that does have access.
  - Examples: CD ROM training, video conferences, dedicated area of the DHS website for CDCS (currently). This decided area allows everyone to see the information at the same time, even people out of state who want information on the development of CDCS. Information should be everywhere.
- CDCS mail box: email address for the general public to provide information to DHS. There will be an auto response, but the emails will not be answered directly. This is just to provide DHS information. It's an "in box".

DHS.CDCS@state.mn.us

- Each county should provide a contact name for quick distribution of information.

Fiscal Entity (FE)

- The FE must provide a variety of services and offer the option for the person/legal representative to be the employer of record.
- DHS wants to ensure that the foundation of services for CDCS is the continuum from:

Fiscal conduit >>	Payroll services>>	Provider agency>>

- Effective October 1, 04 the program components of the CDCS amendment take affect. The budget aspects don't take affect for at least one year after the renewal date of the plan, but not beyond April 1, 2006.
- Readiness review—DHS staff found it interesting that in certain areas people in a county may not meet provider standards for FE. For instance, having a BS in Accounting to be a FE.
- DHS tried to put as many good practices into the amendment itself, rather then have counties identify these areas in contracts.
- Every person needs a FE. There needs to be a disclosure agreement for each situation. If the FE is the employer, they can't also be the flexible case manager.
- DHS received 20 responses back from their RFP. They are still working on the details.

Counties had many questions about the specific timelines and would like to work with DHS on this. Jacki at Three Rivers Arc said it was important for counties and the state to work together so families get the same message.

Translation to other languages

- DHS would like help to identify top priorities. They plan to translate all materials.

3 Month SA

- CMS and administration were concerned that funds would last the entire year. They had heard stories positively and negatively. They want some reasonability on how funds would be used. They hope to control funds on the FE side. Because the CDCS amendment is going across five programs, DHS has to be careful. DHS is looking for opportunities.
- Bills need to be paid through the FE. They will do the billing for CDCS. New HIPPA codes will be available October 1, 04. The billing side will capture the four categories.
  - Personal assistance
  - Treatment and training
  - Environmental modifications and provisions

- Self-direction and support activities

- Can there be more then one FE for one person? Yes
- Will the FE be required to have a county contract? We don't know yet. We would like to address this in a breakout session
- How will budgets be determined? A standardized formula. Information has already been shared on the criteria the formula uses. Ask Arc MN
- How long will it take to get a new budget if a new screening is done? We are expecting that you would see the change by the next "data dump" from the DHS tracking system. Hope to use the 3.1 system
- How sensitive is the formula? If there are minor changes the formula is not intended to be that sensitive. The person must have fairly significant changes
- Can the county add funds to the CDCS budget? No, the only area they can augment if funds are available through their aggregate, is the modifications category

- When the family chooses licensed options through CDCS, what role does the county have? This is still up for discussion, but initially DHS feels that the required parts of the licensed service would have to continue to be met. We may discuss this more in a breakout group. Some decisions will have to be made with input now or will ultimately be made by DHS later. Any formal service has to go through the FE. Family should also be aware that there may be additional costs from the licensed provider. It's the person/legal rep's choice.

Unitary Residency Act—there was much discussion about excluded time services. Currently, if an individual has an excluded time service (certain home care services like PCA) and moves to another county, the original county continues to be the county of financial responsibility after 60 days. With the new billing codes county staff wondered 1) how the excluded time service would be identified and 2) how the PCA supervisor will be identified. New rules require the county to enter this person on the SA.

- When can therapies be paid? When they are prescribed by a MN Physician or MN Health Care Provider. (clarification: MN Physician was added.)
- THE POWER IS IN THE PERSON'S PLAN.
- What plan will be used? DHS is developing a plan that will blend the one developed by the State redesign committee and Home Care Services. They hope to add automated components from MMIS (name/address, etc.)

Memberships—are not allowed. It's ok to buy the service, but not the membership. If it looks or smells like a membership, it can't be purchased.
Room and board costs—can't pay for room and board for caregiver training or to support a person on a vacation. This is a negotiation that is continuing with CMS, but not allowable now.

Computers—nothing says computers are excluded. Again, it's all in the person's plan.

Paying Parents of Minor Children—this was a tough negotiation with CMS. Payment for parents is only allowed when behavioral supervision or support for independent living skills is needed. Interested families will complete a brief assessment taken from the "Minnesota Long Term Care Consultation Services Form: Supplemental form for Assessment of Children Under 18" *Determination of Age-Appropriate Dependencies.*

- The brief 2-page assessment indicates ages a child is not dependent in certain areas. For instance, 0 to 36 months or N/A for children 0 to 12 months.
- In order for a parent to be paid the child must meet criteria in areas of the plan indicated with an *asterisk.*
- Examples of areas: dressing, grooming, bathing, eating, transfers, mobility (walking), positioning (bed mobility) and toileting.
- DHS used this assessment to show the CMS that MN has a tool to use that can address parental responsibility. CMS was particularly interested in the tool because MN is the first state to offer payment to parents of minors without using a demonstration waiver.
- It should be noted that the dressing assessment area has a question addressing "constant supervision needed". This area--even though it says dressing can be used to assess behavioral support/supervision needed. If it's checked, it's an option for parents of minors to provide care.
- The assessment does not translate into a specific number of hours that can be delivered. Counties must use their discretion. Parents need to define what they are doing. The maximum for parents is 40 hours, even if siblings are involved. The Feds had no interest in "micro managing". They just said 40 hours/week is the limit. County needs to know they are asking the right questions. (family burn out,etc.) The maximum hourly rate is the state maximum for PCA reimbursement—gross rate, not net rate. ($14.93/hr)

What about a parent who is a nurse? $14.93 is still the maximum rate if the staff is the parent, no matter the service they provided...even if nursing was needed, but provided by the parent.

What does revision without county approval mean?
Families can make minor changes in their plans without contacting the county if the change does not change the intent of the plan. The key is "minor changes".

What about people exiting MA more then 1x per plan year?

- It's difficult to make a cost-effective argument when people are going on and off the waiver more then 1x in a plan year.
- It is the intent to allow ICF-MR respite, but they are working on this.

Since there was no time to break into small group discussions another meeting is scheduled for Friday, May 21, 2004. 9AM at Washington County.

Additional Handouts included:

- Agenda
- CDCS Outline of Presentation
- Functional Assessment: Activities of Daily Living (ADLs)
- MN Long Term Care Consultation Services Form
- PowerPoint Presentation: "County Presentation on CDCS"
- Appendix B1, Attachment A
- Appendix B1, Attachment B
- Appendix B1, Attachment C
- Excerpts from CMS Questions and Responses
- MR/RC Waiver Flyer
- CDCS Training Plan
- MA/GAMC/ MN Care Non-covered Services (for reference to MA only not MR/RC Waiver.)
- CDCS Amendment
- AC, WE, CADI and TBI Case Mix Classification Worksheet
- Flow Chart of CDCS Service Delivery developed by DHS
- Evaluation