

February 18, 2004

QUESTIONS RELATED TO OLA EVALUATION OF WAIVER

- 1. During the open enrollment that occurred in 2001, were people added to the waiver program who were not at risk of institutionalization? If so, how many were added? What will the Department do to get these individuals off the waiver and into programs such as personal care assistant programs only or other types of less expensive programs?**
- 2. This evaluation report shows that the Department of Human Services has not managed or administered the waiver programs efficiently or effectively. In the past the Department has underspent or overspent in the waiver by as much as \$45 million annually. What fundamental changes will be made inside DHS to address administrative capacity? Will there be any type of reorganization of the division responsible for the waiver administration? Will there be staff replaced by those with accounting/business backgrounds to better administer the program and bring consistency statewide? This type of improvement cannot be achieved by outside contractors (the answer given to Berglin's committee).**
- 3. Did the OLA find or does DHS know of any instances of counties that have refinanced their case management system using waiver funds? Why wasn't this practice mentioned in the OLA report?**
- 4. Did the OLA find or does DHS know the level of minority participation in the waiver program? Is it disproportionate to state population? Considering that the State Demographer has found that 27 percent of children labeled with a disability come from minority groups, the Dept cannot use the rough guide of 10-12 percent minority.**

5. Does DHS have an Olmstead plan in place? If so, how can we receive copies? (Note, DHS spoke of Olmstead in explaining the growth in CADI and TBI waivers, but MN is one of only a handful of states without an official plan in place according to the NCSL.)
6. Consumer Directed Community Supports: According to the DHS's own estimates, over 1,000 people will be returning to institutional settings if the federal government approves their latest waiver amendment. Won't that increase costs? If so, what is the estimate? Also, the OLA stated that those individuals on CDCS spend more of their funds, isn't that because one of the fundamental principles of CDCS is that the individual can do his/her own hiring and also pay a higher rate than providers/traditional vendors pay direct care staff. Did the OLA take that into account?
7. In the past 20 years, DHS has had two evaluations completed on the waiver program, both by the U of Minnesota; what recommendations have NOT been implemented from those previous reports? Why?