

Summary of Stakeholder Meeting
Consumer-Directed Community Supports Evaluation
October 25, 2004

Overview

Two meetings were held with county and consumer stakeholders approximately five weeks after the evaluation contract was signed. Each meeting was designed to be about one and ½ hours long (the evening session ran to two and ¼ hours). The meetings were held at the DHS Roseville Office from 3:00-4:30 pm, and 6:00 to 8:15 pm. The evaluation team members were: Dr. Connie Schmitz (Professional Evaluation Services), Dr. Nancy Eustis (University of Minnesota), and Dr. Michael Luxenberg, Anne Betzner, and Julie Rainey (afternoon only) from Professional Data Analysts, Inc.

Participation

Invitations to attend the meeting were sent out by the evaluation team and the DHS Disability Services Division (DSD) to all identified CDCS county contacts, with requests to forward the invitation to family members serving on county advisory boards.

- 28 people registered for the meeting, 22 attended (two were on telephone hook-up).
- 11 people were family members representing consumers; 8 of the consumers were MR/RC waiver recipients, 2 were CADI recipients.
- 11 people were county staff. All but one was from the 7-county metro area.

Presentation and Materials

A prepared presentation on the CDCS evaluation was made by Connie Schmitz, the lead member of the evaluation team. Materials provided in participant folders included:

- power point presentation slide handout
- list of participants
- evaluation team biographies
- fact sheet on the evaluation
- evaluation timeline and list of deliverables
- guiding evaluation questions
- small group discussion handout

Small Group Discussions

Participants in the afternoon sessions were divided into two groups (consumer and county staff). Due to the smaller number of people attending the evening session, and the fact that all but one evening participant was a consumer family member, the discussion was held in one large group. All discussions were led by members of the evaluation team with the assistance of a note-taker. Each group was asked to comment or address three questions (see next page).

Small Group Discussion Questions

1. How would you define “successful CDCS implementation?”

- What would indicate to you that the policies are working / not working?
- What would give you confidence that CDCS is ready for expansion? What “bugs” have to be worked out before expansion?
- What red flags / green flags should we watch for?

2. What specific things can we learn from county case managers and fiscal support entities?

- What can we learn from these groups and their experiences that would help us know whether the CDCS implementation is successful or not?
- What survey questions would you like to know the answers to?

3. Do you have any overall reactions, questions, suggestions, concerns about the evaluation?

Wrap-Up Sessions

Due to the fact that both the prepared presentation and the small groups ran over in time, the meetings ended with little time for synthesis and final summary.

Discussion Notes

What follows next is a summary of the main discussion points that emerged across both meetings and all break-out groups. Overall, county staff and family members shared similar perspectives on these points. Where there were differences, they were related to their own personal circumstances or job. Most of the discussion reflected participants’ concerns about the CDCS and their definitions of “implementation success.” Questions and concerns about the evaluation were also aired. There was not enough time to cover the second question regarding the county and FSE surveys in any depth.

Participants’ Definitions of Implementation Success

Access

- All consumers have true access to CDCS. Language and cultural barriers do not stand in the way; degree of disability does not preclude an individual’s ability to participate in CDCS.
- Changes in CDCS policies¹ do not unfairly discriminate against neediest consumers.

¹ e.g., formula with 70% discount, moving the cost of Day Training & Habilitation (DT&H) to consumer budgets, cost of flexible case management, disallowed expenses

- Current consumers have a true “choice” between CDCS and traditional waiver services. Affordable, alternate services of quality are available for consumers whose CDCS budgets have been reduced and can no longer remain on CDCS.

Information / Education

- All consumers understand CDCS; they know their budget, how it was derived, what expenses are allowed vs. not allowed.
- Language and cultural barriers, access to internet, and other special accommodation needs do not prevent consumers from understanding the CDCS.
- Ongoing feedback loops of communication between counties and DHS, and between consumers and DHS are established, so emerging problems can be solved.
- Information about CDCS, rules governing CDCS remain consistent; the stress caused by unpredictable, “constantly changing rules” subsides.

Costs

- County budgets aren’t destabilized by consumers opting out of CDCS for more expensive options (e.g., fully using authorized waiver budget, going into out-of-home placement).
- Consumers aren’t forced to choose a more costly service, due to un-allowed expenses.
- Costs of flexible case management don’t preclude consumers from getting help with the new Community Support Plan and making FSE arrangements.
- Unrealistic expenses incurred by isolated consumers are curbed, unwarranted services are not authorized. But these “exceptions” are not allowed to penalize all consumers.

Budget Fairness / Logic

- The budget formula generates a budget that is reasonable given the individual’s needs.
- The budget setting process includes some opportunity to take individual cases into consideration.
- Current consumers whose budgets have increased actually need the money; it’s not just a “windfall.”

Goals of Consumer Direction Are Maintained

- Respect for family / consumer knowledge, skill, and motivation is not undermined by the impersonal budget formula, standardization of available services, and new oversight.
- The innovative aspect of CDCS is not lost.
- Changes in CDCS policy don’t result in unintended consequences, i.e., consumers lose control of the ability to hire and manage good staff.

- Stories of how life-saving, and valuable the CDCS has been surface in the evaluation. If reports of problems outweigh reports of improvement for consumer and for families, then the CDCS has been poorly implemented.
- Changes in CDCS policy don't make it impossible for MR/RC families to care for their child(ren) at home.
- Consumers are able to live in an environment that is as "normal" and integrated into the community as possible.
- Long-term goals for consumers are not lost; consumers receive supports in order to lead productive, meaningful lives with dignity.

Efficiency, Complexity

- New FSE requirements don't un-necessarily complicate existing arrangements for fiscal oversight for counties.
- The complexity of FSE arrangements don't prevent consumers from accessing CDCS, or result in greater burdens for the consumer.
- Information and support materials (i.e., manuals, tool kits) are readily available and user friendly so counties can work with consumers.

Concerns / Questions About the Evaluation

- Why is the evaluation team not studying the actual budget methodology?
- Can the evaluation team survey consumers sooner, rather than later (i.e., by February Report to Legislature)?
- What will the evaluation team be able to report to the Legislature by February (2005)?
- Will the final report also be sent to the Legislature?
- Is the evaluation team really "independent" from the DHS? Can its work be trusted?
- Are there previous evaluations (e.g., DHS Focus Groups, 2002; University of Minnesota Center for Community Integration study), in addition to the Legislative Auditor's February 2004 report, that should be used or taken into consideration?
- What are the language competencies of the evaluation team? How will language, cultural, and other barriers be accommodated in the consumer survey?
- What policies or decisions are likely to change as a result of the evaluation?
- Can the evaluation look at the impact of the policy changes on CDCS consumers who are in foster care?

For responses to these questions, see next page.

Answers to the Questions About the Evaluation

Why is the evaluation team not studying the budget methodology?

- Based on the RFP we responded to in June, the evaluation team proposed to study the implementation of the new CDCS policies primarily through three survey components. We were not asked to re-analyze data for the budget methodology when our contract was drawn up in August, and individual budgets were all in place when we were hired on September 15. We have since been informed that DSD has contracted with another vendor² to study and redesign the state's resource allocation methodology for the MR/RC waiver program. DSD reports that it will not be able to re-examine the CDCS budget formula until the results of this work are known (i.e., summer of 2005).
- As part of our reports, we will describe the DSD's rationale for the budget methodology and document its effects on county and consumer perceptions, experiences, challenges, and decisions. We will report changes in CDCS budgets across all five waiver groups and by county. We will monitor consumer enrollment (and anticipated dis-enrollment) in CDCS by all five waiver groups over time. We will be working with DHS to identify other administrative data that can be obtained within the timeframe of our contract that describes how the budget methodology is affecting counties and consumers.

Can the evaluation team survey consumers sooner, rather than later (i.e., by February Report to Legislature)?

- We considered this suggestion. Our main reasons for maintaining the current schedule are: 1) we need to survey all five waiver groups, not just MR/RC, and enrollment for the new groups is expected to start slowly and build over time; 2) we need to survey consumers in new counties, not just currently participating counties, and the statewide expansion is scheduled for next spring; and 3) we believe we will get more useful data if we survey MR/RC consumers when they are further into their "transition year," and have a clearer idea of whether they will stay vs. leave CDCS. Additionally, even if we began the consumer survey development process next month, we would not be able to complete it and report any results by February.

What will the evaluation team be able to report to the Legislature by February (2005)?

- We will describe the evaluation context, the evaluation plan, and the status of our work.
- We will describe elements of the CDCS amendment and policy changes that respond to the Legislative Auditor's evaluation report.
- We will report on the changes in consumer budgets due to the DHS budget formula.
- We will report estimated enrollment in CDCS by the new waiver groups.
- We will report on the status of DSD operational milestones (e.g., training, outreach schedules; when budgets were announced, when county and consumer materials became available, when FSEs were contracted, availability of flexible case managers).

Will the final report also be sent to the Legislature?

- Yes.

² Johnston, Villegar-Grubbs and Associates, in association with The Lewin Group, Americhoice MSO, and HCBS Strategies, Inc.

Is the evaluation really "independent" from the DHS? Can its work be trusted?

- Independence is sometimes in the eye of the beholder. The evaluation team is under DHS contract, and much of our interaction involves DHS personnel. In these first few weeks it has been important for us to understand the history of the CDCS and the recent policy amendment from the Department's perspectives. However, the evaluation team has been given full support from the DHS to conduct its work. This includes access to documents, staff, and logistical assistance to reach stakeholders and advocates. We have taken steps to understand the view points of consumers, county staff, and the Legislative auditor. We have adopted a policy of open information and communication with all stakeholders about the evaluation plan and findings. We will continue to share information and seek input from consumers and advocates throughout the evaluation.

To date, we have found that the philosophy and goals of consumer direction are widely shared by the DHS, counties, and consumers. Having said that, we are also aware of strongly competing goals: cost containment and fiscal accountability; fairness and equity across waiver groups, consumers, and counties; and preserving the integrity of the CDCS in an era of declining resources. The CDCS operates in a narrow space between these goals. We see our job as standing in that space and reporting on the health of CDCS. We are committed to doing so in a way that respects the viewpoints of each constituency.

Are there previous evaluations (e.g., DHS Focus Groups, 2002; University of Minnesota Center for Community Integration study), in addition to the Legislative Auditor's February 2004 report, that should be used or taken into consideration?

- We have a copy of the DHS Focus Group sessions and will pursue other references.

What are the language competencies of the evaluation team? How will language, cultural, and other barriers be accommodated in the consumer survey?

- The evaluation team only speaks English. We will be working with DHS and stakeholder groups on the consumer survey at a later date, and hope to address these valid concerns.

What policies or decisions are likely to change as a result of the evaluation?

- The evaluation findings will contribute to discussions among DHS key leaders and the Legislature regarding future support of CDCS, and lead to improvement in specific aspects of the CDCS. Results of this evaluation may influence the priority DHS places on re-examining the CDCS budget formula, and possibly the timing of, or approach to statewide expansion.

Can the evaluation look at the impact of the policy changes on CDCS consumers who are in foster care?

- We will include in our consumer survey sample those MR/RC consumers who became ineligible for CDCS because they were (are) in foster care.

Consumer-Directed Community Supports (CDCS) Evaluation Timeline and Deliverables

Evaluation Task	Month	Deliverable
1. Meet with DHS staff to review evaluation plan. Obtain and review background materials. Meet individually with program and policy staff, key leaders to understand evaluation context, CDCS policy changes and implementation.	Sept-Oct '04	1. Revised evaluation plan, tasks, and timeline.
2. Meet with Legislative Auditor evaluation staff to understand their perspectives.	Sept '04	
3. Meet with DHS staff to identify key administrative data and determine measures of operational success.	Oct '04	
4. Meet with representatives of advocacy organizations to discuss the evaluation.	Oct '04	
5. Convene and facilitate 1 st stakeholder meeting to discuss the evaluation.	Oct '04	2. Meeting agenda and notes.
6. Draft the county administrator survey, secure respondent list and DHS approval.	Dec '04	3. Completed survey instrument, admin. protocol.
7. Collect, analyze, and report county administrator survey data.	Dec '04-Feb '05	4. Oral report of findings with power point presentation.
8. Summarize evaluation progress, preliminary findings, and recommendations to date.	Feb '05	5. <u>Preliminary Report for Legislature</u>
9. Draft fiscal entity interview guide; secure respondent list and approval from DHS.	Jan-Feb '05	6. Completed interview guide and administration protocol.
10. Collect, analyze, and report fiscal entity interview data.	Mar '05	7. Oral report of findings with power point presentation.
11. Convene 2 nd stakeholder meeting to discuss the consumer survey.	Mar '05	8. Meeting agenda and notes.
12. Develop protocol for identifying and surveying consumers. Obtain human subjects approval. Train interviewers.	April '05	9. Completed administration protocol and staff training.
13. Review background documents, literature; draft parallel forms of the consumer survey for waiver recipients and caregivers; pre-test with a small sample.	Mar-May '05	10. Completed consumer survey instrument.
14. Meet with DHS to review results of county administrator and fiscal entity surveys; consider recommendations; and approve the consumer survey.	June '05	11. <u>Interim Report on Evaluation Progress and Findings</u>
15. Identify / recruit consumers for the survey.	May-July '05	12. Final sample.
16. Collect consumer data, review data.	July-Sept '05	13. Descriptive statistics.
17. Analyze consumer data and summarize results.	Oct-Dec '05	14. Oral report of findings with power point presentation.
18. Meet with DHS to incorporate administrative data, review all findings and discuss implications for CDCS and future summative evaluation.	Jan '06	15. <u>Final Report</u> : Summary of Project Findings and Recommendations for CDCS.