

# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

*Center on Residential Services and  
Community Living  
Institute on Community Integration (UAP)  
College of Education and Human Development*

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April 21, 1999

Dear Advisory Group member,

Thank you again for accepting our invitation to participate in the Home and Community Based Services (HCBS) Evaluation Stakeholders Advisory Group. We commend your willingness to devote your time, talent, and energy to this project over the next eight months. This type of commitment is essential to the future of community supports for persons with Developmental Disabilities in Minnesota.

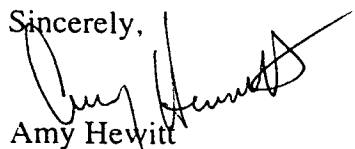
Our first meeting is scheduled for Tuesday April 27, 1999 from 1:00 to 4:00 PM in room 5E (fifth floor) of the Minnesota Department of Human Services (DHS) building at 444 Lafayette Rd. in St. Paul, MN. Parking is available in the Visitors Parking lot, immediately South of the DHS building. Please register your name and car at the Security desk on the first floor.

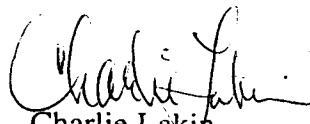
We have included the following set of information to help you prepare for the meeting:

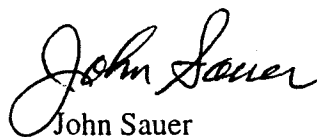
- An agenda.
- A draft copy of the Core Indicators Consumer interview protocol.
- Draft copies of possible questions to ask agencies and case managers.
- A copy of a table that describes the research topics and related data sources and research tasks for the evaluation project.
- A list of the Advisory Group members.

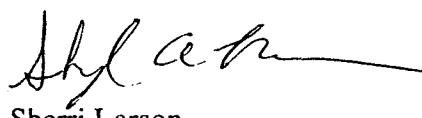
We look forward to your participation in the first meeting of the Stakeholders Advisory Group next week. If you have any questions or concerns, please contact Amy Hewitt at (612) 625-1098 or via E-mail at [hewit005@umn.edu](mailto:hewit005@umn.edu) or John Sauer at (612) 626-0535 or via E-mail at [sauer006@umn.edu](mailto:sauer006@umn.edu).

Sincerely,

  
Amy Hewitt  
Research Associate

  
Charlie Lakin  
Senior Research Associate

  
John Sauer  
Project Coordinator

  
Sherri Larson  
Research Associate

**MN HCBW Evaluation Advisory Committee**

**April 27, 1999**

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**April 27, 1999**

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# Minnesota Home and Community Based Services Program (HCBS)

## *Stakeholders Advisory Group*

### Meeting Agenda

April 27, 1999

- |      |  |                               |
|------|--|-------------------------------|
| 1:00 | Welcome and Introductions  | Kristin Johnson<br>Amy Hewitt |
|      | Overview of the DHS and U. of MN contract<br>Vision for HCBS in Minnesota<br>Role and Expectations of the Advisory Group   | Bob Meyer                     |
|      | Review of Data Sources for the Project   | Sherri Larson                 |
| 2:00 | Work in Small Groups <ul style="list-style-type: none"><li>• Group structure and format</li><li>• What are the critical issues to evaluate?</li><li>• What kinds of questions should we ask?</li></ul> | John Sauer<br>Amy Hewitt      |
| 3:15 | Group Report Outs  | Amy Hewitt<br>John Sauer      |
| 3:50 | Summary and Wrap-Up<br>Schedule Next Meeting   | Charlie Lakin                 |
| 4:00 | Adjourn  |                               |

MN HCBW Evaluation Advisory Committee

June 23, 1999

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June 23, 1999

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June 23, 1999

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MN HCBW Evaluation Advisory Committee  
June 23, 1999

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# Minnesota Home and Community Based Waiver Services Evaluation

## Stakeholders Advisory Group

### Meeting Agenda

June 25, 1999

1:00	Welcome and introductions Review handouts	Kristin Johnson Amy Hewitt
	Update on evaluation project to date	
	- sample	Sherri Larson
	- survey development and feedback	Amy Hewitt
	- interviewer training June 30, 1999	Bob Brick Amy Hewitt
2:15	BREAK	
2:30	1992 evaluation recommendations	Amy Hewitt
	- which recommendations do you feel we need to attend most closely to?	
	- have we asked the right questions of the right people in order to determine if the recommendation has been achieved?	
3:15	Identifying best practices	John Sauer
	- What are we looking for? What are best practices?	
	- How can we discover best practices?	
	- What questions should we ask of whom?	
3:45	Wrap up Announcements	

### Handouts

Sample characteristics summary

Informed consent forms for the family and consumer surveys

Arc interviewer training agenda

Updated advisory committee member list

1992 Waiver report recommendations/executive summary

**Arc Interviewer Training**  
6-30-99

Sheraton Mid-Way  
St. Paul, MN

**Agenda**

10:00 – 10:30	Welcome & Introductions	Amy Hewitt Kristin Johnson Bob Brick
10:30 – 11:00	Project Overview Purpose ICI role Arc MN role Sample Surveys/Interviews	Amy Hewitt
11:00 – 11:30	Your role as a researcher Data practices Confidentiality of interview data Vulnerable adults/children	Amy Hewitt
11:30 - 12:15	The consumer interview Information flow/data collection -ICI role -Arc role -Timelines Survey instrument	John Sauer
12:15 – 1:00	LUNCH	
1:00 – 1:30	Effective interview techniques	John Sauer
1:30 – 2:30	Simulated interviews	Arc interviewers
2:30 – 3:00	Feedback/discussion/questions	All

**HANDOUTS**

Data management chart  
Project overview /description/timelines  
Consumer interview form  
Informed consent form  
Data privacy guidelines  
Core Indicators list  
Core Indicators project overview  
Effective interviewing techniques

## **Data Sources**

- HCBW payment files
- HCBW screening documents
- Consumer face-to-face interview
- Case manager interview/ survey
- Provider agency survey (residential/vocational)
- Family Survey
- Licensing results for every agency in 23 counties
- VA reports for each agency in 23 counties

# WAIVER SERVICES

SUMMARY FROM LAST REVIEW

ANY RECOMMENDATIONS?

WHAT'S CHANGED/IMPROVED—WORSE

ABUSE/NECLECT/DEATHS

WHY SO MUCH PAPER WORKS, i.e.: FINANCE BOOKLET 62 pages!

Disability doesn't go away

Questions seem to focus on folks with less severity, what about those with more disability?

Training? Train the trainer? Who is trained?

Lack of services—which has final responsibility for well being of customer?

Once person is screened and deemed eligible, isn't state liable for some well being for

The individual

## ***1992 HCBS Waiver Evaluation Recommendations***

- 1. The State should implement strategies to improve awareness of certain requirements of the HCBS program regarding access and enrollment.**
  - a). Evidence is clear that family members are initially informed that HCBS are an option to ICF-MR services and that they may choose ICF-MR services. However, most fail to remember this option after HCBS have been provided for a period of time. Even when access to ICF-MR services is limited to large institutions, periodic reminders should be provided to HCBS recipients and their families of the right of choice they retain.
  - b). "Deferred screenings", that is when people are not screened for their eligibility for HCBS until HCBS allocations are available, should be eliminated; such practices are out of compliance with state regulations, cause underestimation of the need for HCBS and may affect access to HCBS for persons deferred.
- 2. The State should work to establish more consistent and systematic policies among counties in the prioritization of individuals to receive HCBS.**
- 3. The State should work with counties and minority community organizations to improve knowledge about and utilization of HCBS by individuals from racial and ethnic minority groups.**
- 4. The Department of Human Services should work with counties and with other Departments to improve access to needed HCBS and related services.**
  - a). Respite care and employment services are the most frequently identified general services needs, while speech and communication training and psychological or behavioral services are the most frequently identified professional service needs.
  - b). The State should seek to increase the number of individuals and agencies providing services, especially through the recruitment and development of new providers.
  - c). The State should consider alternative requirements for the training, licensing and/or approval of potential providers of non-technical services such as respite care.
- 5. The State should carefully examine its use of state-only funds through Minnesota Supplemental Aid (MSA) to fund supervision services that could be legitimately cost-shared with the federal Medicaid program.**
  - a). The current practice of funding supervision with MSA appears in conflict with existing state regulations limiting MSA contributions for HCBS recipients to "room and board" which as defined in state regulation does not include supervision.
  - b). Although including the supervision costs currently paid for by MSA under HCBS could increase average HCBS costs by about \$7 or \$8 per day, those costs a) would still be under Minnesota's allowable HCBS expenditures, b) would have no adverse effect on the nature of quality of supervision; and c) would be shared with the federal government at the State's Medicaid matching rate and thereby reduced by 53% to the State.

- 6. The State should better communicate about and solicit input from counties into the process of requesting and negotiating allocation and distribution of allocations for diversion and conversion enrollees.**
  - a). Forums should be expanded to assure that county officials', case managers' and families' opportunities to receive accurate information about the various constraints and choices in the HCBS application process and ample opportunity to make suggestions on how the State might respond to them.
  - b). The State should communicate balance and sensitivity between the use of HCBS for its goals of deinstitutionalization and the counties concerns about the growing numbers of unserved individuals and families.
- 7. The State should work with counties and providers to prevent overuse of the 3 or 4 persons group home to deliver HCBS.**
  - a). In many counties the financing and operation of "corporate foster care" homes is very similar to that of ICFs-MR, with the individual's home and services under the control of his/her service provider; potential HCBS benefits of individual control over housing, choice of services and service providers or the potential cast implications of competition and service alternative are often substantially reduced under this model.
  - b). Choice and personalization of HCBS should be enhanced by efforts to reduce the economic interest that service providers have in the places HCBS recipients live.
- 8. The State should develop a concerted effort with counties to increase the pool of potential service providers.**
  - a). The State should become directly involved in and provide technical assistance to counties in the recruitment of potential HCBS providers.
  - b). The State should consider a revolving account to assist new providers with loans of "start up" costs until the reimbursement for services cash flow is established.
  - c). The State should develop information and technical assistance programs on getting started as a HCBS provider and dealing with the financial and administrative aspects of a HCBS business.
- 9. The State must begin soon to develop the kind of decentralized capacity for providing training, technical assistance, resource development and other quality enhancement activities that is needed to support the rapid growth and increasing dispersal of community service sites.**
  - a). At current projections by the end of this decade Minnesota's HCBS program will be its largest Medicaid program for persons with MR/RC. Despite this decentralization of services and dispersal of service recipients to rapidly growing numbers of different sites, the State had done little to improve the access of families and HCBS providers to the kinds of training, technical assistance, and basic supports needed to assure the potential benefit of community living.

- b). Minnesota has a current and rapidly growing need to decentralize its efforts to assure, enhance and maintain quality in community services through the development of 8-10 localized programs that are integrated involved in service provision in geographically localized areas of the State.
- c). The move to more geographically localized systems of assistance and support to community providers should be balanced with careful consideration of areas in which regulatory an paper compliance burdens can be replaced by more cooperative and productive commitments to improved quality of services.
- d). Localized quality enhancement programs should be independent entities governed by a broadly representative Board including key constituencies (e.g., state, county, provider and consumer representatives) with renewal based in performance. It is critical to their success that the selection and continuation of programs be based on objective assessment of their ability to understand the community needs of HCBS recipients, families, HCBS providers, county managers and others and to generate the programs and resources that can meet these needs in local communities. A State Support System project involving Minnesota professionals of the highest levels of knowledge, skill and recognition in assisting others to deal with the many challenges of providing community services should be developed to provide training, technical assistance, resources and support to the area quality enhancement programs.
- e). Funding for the quality enhancement system should be pegged to a firm standard of commitment to quality management and improvement, minimally 2% of total community Medicaid program expenditures, with the state and federal governments each contributing 1% through the Medicaid cost sharing or administrative expenditures.