

# WRAC meeting chat transcript

Feb. 23, 2023

9:56 AM from Facilitator Lea to everyone: Thank you Saudade

10:09 AM from Zahnia to everyone: Hello Everyone! I was having issues with Webex - Im Zahnia nice to see everyone today!

10:09 AM from Facilitator Lea to everyone: Welcome Zahnia!

10:24 AM from Bud Rosenfield, OMHDD he/him to everyone: DSD staff, Looking at the last slide reminded me that we should spend a little time talking about the Notice of Action. The current form is not designed to provide people info about how their budgets get (or will get) determined and how to appeal the budget if the person thinks it's incorrect.

10:26 AM from Meghan Lindblom-DHS to everyone: That is a great reminder Bud! There is no end to documents we will have to update or completely rethink in light of these changes. The Notice of Action is just one of many.

10:29 AM from Kelly Friesen to everyone: Can I clarify why only 245 providers are referenced? Is that just one example of available providers?

10:29 AM from Kelly Friesen to everyone: 245D

10:32 AM from Bud Rosenfield, OMHDD he/him to everyone: Cindy, should everyone who indicates an interest in CDCS be provided with their CDCS budget BEFORE they decide on using CDCS? We've run into examples where lead agencies do not want to provide that info until the person decides to use CDCS, which causes a chicken & egg, informed choice problem.

10:34 AM from Zahnia to everyone: Is this for ALL sevice models?

10:35 AM from Kelly Friesen to everyone: If someone is on a traditional waiver and moves to a CDCS model, wouldn't the budget stay the same?

10:37 AM from Meghan Lindblom-DHS to everyone: I will clarify that Andrew, Cindy and Pat are talking about the current support planning processes and experiences. The budgets will be consistent in the new Waiver Reimagine budget model. Currently the two budget methods, Traditional or CDCS, are different.

10:37 AM from Bud Rosenfield, OMHDD he/him to everyone: (Kelly: No, there's a CDCS-specific budget formula that can lead to different budgets than what the lead agency can approve.)

10:38 AM from Kelly Friesen to everyone: Thank you for the clarification.

10:38 AM from Zahnia to everyone: Are there any meetings about CDCS where we could learn more specifically about CDCS and FMS?

10:38 AM from Zahnia to everyone: Trainings as well

10:38 AM from Andrew N. Johnson to everyone: Hello Kelly, you asked "Can I clarify why only 245 providers are referenced? Is that just one example of available providers?" Yes, this is an

example of additional planning and monitoring activities that are required by 254D licensing requirements.

10:40 AM from Kelly Friesen to everyone: Thank you Andrew.

10:43 AM from Bud Rosenfield, OMHDD he/him to everyone: Zahnia: Many (all?) of the counties offer CDCS trainings. DHS has a ton of info online, including a CDCS Consumer Manual and Policy Manual. You can find links here:

[https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID\\_048211](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_048211)

10:44 AM from Meghan Lindblom-DHS to everyone: Thank you so much Pat!

10:44 AM from Cindy Grebin to everyone: Zahnia - we have a online training module that anyone can access that will give you information about CDCS and FMS. It's located on this page:

[https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-305365](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-305365)

10:45 AM from Bud Rosenfield, OMHDD he/him to everyone: Thanks for sharing, Pat.

10:45 AM from Fartun Weli to everyone: Thank you Pat for sharing

10:46 AM from Polly Owens to everyone: I am an independent Support Planner for people who use the Consumer Directed Supports (CDCS) option of the waiver. I would like to note that, as with any waiver service option, the quality of the planning supports you receive depends on the person you are working with. It sounds like Pat's experience is typical. It depends on the knowledge of the people you are working with.

10:50 AM from Pat wright to everyone: Sorry I can't access the chat?

10:50 AM from Polly Owens to everyone: As I have noted before, if you have an individual budget, a person directed plan and choose the services and support syou purchase you are really self-directing services. You may not be hiring and managing support workers but you are directing your supports.

10:53 AM from Meredith McKinnon to everyone: my slides dont match up either

10:54 AM from Rosalie Eisenreich, SEMCIL to everyone: My slides are different from what is being presented. Arbdella, thank you for speaking up.

10:54 AM from Elizabeth Scheel-Keita to everyone: I support what arbdella is saying. It makes accessibility hard

10:54 AM from julie morrison to everyone: So much (all) of this seems dependent on your case manager. What if you don't have an engaged case manager or more typical constant turnover of case manager. Is there another level of contact/support other than the case manager to ask questions/problem solve?

10:54 AM from Rosalie Eisenreich, SEMCIL to everyone: Its not just what was sent in the mail.

10:55 AM from Rosalie Eisenreich, SEMCIL to everyone: Sending materials out after the meeting is not a measure of access.

10:56 AM from Rosalie Eisenreich, SEMCIL to everyone: But it wasn't just the accessibility documents

10:56 AM from Rosalie Eisenreich, SEMCIL to everyone: via mail

10:56 AM from Rosalie Eisenreich, SEMCIL to everyone: Its not just important. Its necessary for access.

10:57 AM from Rosalie Eisenreich, SEMCIL to everyone: Stop gaslighting Arbdella

10:57 AM from Rosalie Eisenreich, SEMCIL to everyone: Please pause the meeting next time if all do not have what they need to access the meeting.

10:58 AM from Tricia Brisbane to everyone: Did anyone else just lose audio?

10:58 AM from Gina to everyone: Are others able to hear Collin? I am not currently

10:58 AM from Andrew N. Johnson to everyone: I lost audio as well

10:58 AM from Chad Wilson to everyone: I lost audio

10:58 AM from Meredith McKinnon to everyone: i can hear

10:59 AM from DHS - DSD to everyone: If you need to use the phone:

10:59 AM from DHS - DSD to everyone: Dial in number: 855-282-6330

Webinar ID: 2488 857 9223

Access Code: 2498 209 5534

10:59 AM from Elizabeth Scheel-Keita to everyone: if you lose audio you can also turn on the live captions

11:00 AM from Facilitator Lea to everyone: Thank you for the tip Elizabeth!

11:01 AM from Dr. Kate Jirik to everyone: Why the rates based on provider costs as opposed to the osts incurred by all participants?

11:02 AM from Facilitator Lea to everyone: Can everyone hear now? I want to be sure everyone has access to what is being said.

11:02 AM from Zahnia to everyone: no audio

11:02 AM from Mary Fenske to everyone: I hear nothing

11:02 AM from Mary Fenske to everyone: now back

11:02 AM from Chad Wilson to everyone: My audio is back.

11:11 AM from Bud Rosenfield, OMHDD he/him to everyone: Colin, it might help to note that those hourly payment rates examples aren't quite an apples-to-apples comparison because of staffing ratios (employment support is typically 1 to 1, but CRS typically gets 4 hourly rates for four clients to pay one staff for each hour).

11:13 AM from Rosalie Eisenreich, SEMCIL to everyone: Is DHS planning to include PCA, CDCS and homemakers in the rate framework moving forward?

11:13 AM from Polly Owens to everyone: Licensing rules as well as CDCS procedures require that planners and providers use person centered planning and positive support practices when developing plans and services with individuals. Does the DWRS and CDCS budget methodology include a percentage of overall service amount to cover the cost of training provider staff in how to plan and provide supports in a person centered way? It should be available as additional funding in the cost of doing business. Current rates do not provide adequate funding for this. It is basically an unfunded mandate. Feedback I have been receiving from providers in my region and the Data Action Group is that they are concerned about this with individual budget rate calculations going forward.

11:16 AM from Bud Rosenfield, OMHDD he/him to everyone: CDCS budgets are based on old cost analyses that didn't even include "positive supports" at the time.

11:19 AM from Kelly Friesen to everyone: This does not need to be addressed today, but I would like to add that if the "Paid Family/Caregiver Leave" passes in Legislation, it will likely drive costs up for providers as they may need more staff to cover those staff out on leave. It may also affect the number of staff available to provide care.

11:20 AM from Rosalie Eisenreich, SEMCIL to everyone: How is service mix calculated on and off CDCS?

11:20 AM from Rosalie Eisenreich, SEMCIL to everyone: What is exact math?

11:20 AM from Rosalie Eisenreich, SEMCIL to everyone: What factors are being included and why to these calculations of rates and service mix?

11:21 AM from Gina to everyone: I believe service mixes will continue to be calculated from the MnChoices assessments? Is this correct?

11:21 AM from Susan Mackert to everyone: Concerned that research being conducted to determine DWRS rates is not kept up-to-date. This gives legislators inadequate information on which to make informed decisions and may cause providers to drop services.

11:21 AM from Zahnia to everyone: Greed Kelly the Paid Family Leave will drive up costs and will need to be considered in future budgets

11:22 AM from Zahnia to everyone: Agreed\*

11:22 AM from Bud Rosenfield, OMHDD he/him to everyone: Other budget-related concerns: CAC waiver recipients seem to be impacted negatively more than others (and need to figure out how to pay for and self-direct home care nursing); Not clear how new MnCHOICES will impact budget ranges; not clear if new MnCHOICES will gather better/more comprehensive needs data than current version; need a lot of discussion about exceptions - what triggers them, who decides, how much, etc; also need discussion about rate exceptions and budgets/exceptions.

11:22 AM from Pat Wright to everyone: I'm wondering about adding services eg for those living independently with mental health diagnosis? Peer support services?

11:22 AM from Bud Rosenfield, OMHDD he/him to everyone: I think you've asked us for these types of questions in the past, too (in case I'm forgetting some budget issues now!)

11:22 AM from Lisa Evert to everyone: The concept of accessing budgets inside and outside is not person centered. Especially if the person goes backwards under the new waiver program. Meaning we have made it more challenging or difficult just to keep what they have today for budget and services.

11:23 AM from Arbdella Hudson to everyone: I don't have the proper information to be able to do this

11:24 AM from Meredith McKinnon to everyone: What about services that are more expensive such as 24 hour crisis service? I have had to keep a traditional waiver because that single necessary service covers almost my entire calculated CDCS budget

11:25 AM from Dr. Kate Jirik to everyone: Why are corporate care costs included in a person's waiver amount and not separated out in the interest of transparency?

11:30 AM from Kelly Friesen to everyone: Are you saying those are the only services that will be allowed within the 2 different waivers?

11:30 AM from Bud Rosenfield, OMHDD he/him to everyone: Meghan: Does DHS have data on the #/% of people, by waiver type, who are currently getting an exception rate for 1 or more services and which support range categories they fall into?

11:32 AM from Zahnia to everyone: what is the rationale?

11:33 AM from Susan Mackert (privately): My sincere apologies. I must leave. Husband is stuck in snow.

11:33 AM from Polly Owens to everyone: Why are they lower for people living independently? The person has the same need wherever they live. The differences in data you have may be based on accessibility to these services rather than needs. I work with many people who live independently who have difficulty accessing some of those more formal services.

11:33 AM from Lisa Evert to everyone: Great point Polly

11:34 AM from Dr. Kate Jirik to everyone: When was this data collected? There is often a lack of availability of services in independent living situations.

11:34 AM from Elizabeth Scheel-Keita to everyone: yes Polly!

11:34 AM from Zahnia to everyone: Are we making room for higher utilization based on more education of these services versus using past utilization?

11:34 AM from Bud Rosenfield, OMHDD he/him to everyone: Meghan, your example of day services utilization really obscures some programmatic problems. CRS providers often "require" clients to also use day services, and help coordinate them and provide transportation (in some instances). That's far less true in in-home settings. There are LOTS of reasons not related to need or choice that persons in in-home settings would "utilize" fewer hours of day services. And they accordingly get authorized fewer hours of that service.

11:35 AM from Kelly Friesen to everyone: Agreed Dr. Kate! Many people are on waiting lists for VR to get services, so if they can get them, they are not being utilized.

11:35 AM from Kelly Friesen to everyone: cannot

11:35 AM from lisa evert to everyone: How does establishing these ranges of hours equate to person centered planning? It seems like you must fit in the box and not get services you need.

11:36 AM from Kelly Friesen to everyone: Agree Bud!

11:38 AM from Dr. Kate Jirik to everyone: Vacation time must be paid out of CDCS budget. Is this included in the budget methodology?

11:38 AM from julie morrison to everyone: AGree with all the issues mentioned...It is the chicken or the egg -- if you don't know, don't have access, isn't available, you can't use!

11:38 AM from Kelly Friesen to everyone: Agree Polly!

11:40 AM from kayte Barton to everyone: I have learned about all the services that I can have, but I am not eligible for most! I live with my parents, but am considered my own household

11:41 AM from Rosalie Eisenreich, SEMCIL to everyone: As a former case manager, this does not even begin to scratch the surface to what is happening in assessment to budget calculation and how overall waiver funds get allocated. We need to see the math in detail. Transparency is needed.

11:41 AM from Dr. Kate Jirik to everyone: Are the percentage of increase due to not cutting budgets for CDCS as is done now?

11:41 AM from Rosalie Eisenreich, SEMCIL to everyone: How did DHS come to this mathematical conclusion? Again, we need to see the math and logic of how this output was created.

11:43 AM from lisa evert to everyone: Less funding means we failed as a committee. Especially if the most medically fragile in Minnesota are the ones facing cuts as a result of wrac.

11:47 AM from Dr. Kate Jirik to everyone: This model ignores all the supports provided by family as unpaid support as there are limitations in how much time can be paid. With the end of the peacetime emergency and lack of availability of staff, family is expected and needs to provide unpaid support which is not acceptable.

11:48 AM from kayte Barton to everyone: People who are high functioning and have invisible disabilities, are also going to have less funding

11:48 AM from Rosalie Eisenreich, SEMCIL to everyone: Agreed, Dr. Jirik. Also, why wouldn't we want a model that incentivizes people receiving more money to live in their own home? Isn't this the goal that we all want? People fully integrated and independent in our community?

11:49 AM from Bud Rosenfield, OMHDD he/him to everyone: Gentle push back: Just because a budget range might make, say, \$100,000 available to you, you still are going to need to show that you have \$100,000 in service needs to use that amount. Not everyone is going to use the

top \$ amount in every support range, and that needs to be accounted for when determining what added costs might occur to the waivers overall.

11:49 AM from Zahnia to everyone: I don't think the idea of meeting people where they are now is the best idea if right now is not sufficient for many people. I think planning for what is sufficient would make more sense

11:50 AM from Lisa Evert to everyone: It seems like what we are saying is that "waiver budgets are here to help those with disabilities, but some people are just too disabled so their budget will decrease." AKA the outliers.

11:50 AM from Zahnia to everyone: It makes more sense to have more than people need than less. There are many services being underutilized due to lack of education of services available in underserved communities

11:51 AM from Dr. Kate Jirik to everyone: Why are residential budgets incorporated into the waiver budget and not broken out so in the interest of transparency there is information available on what the person's needs are and what the corporate care costs are?

11:51 AM from Bud Rosenfield, OMHDD he/him to everyone: Agree, Zahnia. That seems to be a fundamental operating assumption - that current spending under the waiver and utilization rates accurately reflect everyone's needs and the costs to meet those needs. That's not necessarily true for either the proposed residential services waiver (which sometimes "overserves" people) or the individual supports waiver (which often "underserves" people and therefore undercounts the true needs and the cost of effectively meeting those needs).

11:52 AM from Lisa Evert to everyone: Meghan's information was very helpful so that we flush out where we are dropping the ball.

11:53 AM from Polly Owens to everyone: Agreed that families are being asked to provide supports for little or nothing. I work with people who have had to quit their regular job and take huge cuts in pay to stay home and support their adult child.

11:55 AM from Lisa Evert to everyone: Polly, this is true and many hours are worked unpaid. Unpaid generally falls around 50 hours weekly with families I'm aware of. No budget to cover it.

11:55 AM from Bud Rosenfield, OMHDD he/him to everyone: I think we're going to need more than 2 hours for the rate and budget exception discussion...

11:55 AM from Zahnia to everyone: Agreed Bud about the rates

11:55 AM from Fartun Weli to everyone: Thank you

11:56 AM from Gina to everyone: Thank you

11:56 AM from Bud Rosenfield, OMHDD he/him to everyone: Thanks everyone

11:56 AM from Dr. Kate Jirik to everyone: MNChoices gives a set rate for personal care needs not the actual time it takes so it vastly underrepresents the cost of services.