

## HCBS Partners Panel Meeting Notes

Lutheran Social Services

October 5, 2018

### Welcome, Introductions

Lori Lippert, Disability Services Division

### DHS Strategic Plan

Chuck Johnson, *Department of Human Services Deputy Commissioner*

Claire Wilson, *Assistant Commissioner, Community Supports Administration*

Presentation on DHS' strategic plan (See handouts)

**Q: Was there any discussion regarding if DHS is too big, i.e., trying to do too many things?**

A: DHS has had this conversation in multiple ways over the course of time. We see there's value in having the broad spectrum of services in one place to help alignment and better person-centered service delivery, and splitting DHS up into multiple agencies would make it more difficult to work together. Direct Care and Treatment (DCT) is the administration that most often comes up on this topic, and they are not as central when considering this issue. But having children's and family services and mental health services along with the other areas creates a real synergy by working together.

**Q: Are there efforts to collaborate and reach out to other agencies in state government as part of the strategic plan? How much of this is embedded into the strategic plan?**

A: Within all of DHS key initiatives, there is some level of engagement with stakeholders. DHS mostly developed the strategic plan internally, but in order to successfully implement the plan, it will require outreach and stakeholder engagement. Although Individual stakeholders are not specifically named in the plan cross-partner collaboration is essential for certain efforts, for example, the Integrated Services Business Model (ISBM), the Olmstead Plan, or work with counties which encompass public health, corrections, etc.

**Q: How much does financing come into play when doing strategic planning, particularly in the area of technology? Is the financing a significant barrier in implementing the strategic plan?**

A: DHS is dependent on the legislature for funding. So DHS directs efforts into the ISBM and business readiness to make sure we are developing the right systems and we leverage federal dollars whenever possible, for example 90% federal dollars for Medicaid eligibility-related activities. DHS was able to leverage the 87 waiver which brought the State 90% federal dollars that did not have to be directly related to MA eligibility, but had something to do with MA. This is the waiver you had mentioned that is likely to go away at the end of the year, but DHS is working with other states to see if we will be able to get an extension.

**Q: What is the timing of the action planning teams you had mentioned? Will they be cross-functional teams?**

A: The action teams around each of the teams have already been formed. Most of them have already been meeting over the last six to eight weeks. The teams cut across the entire agency and volunteers were welcome from any area to be on any team. Some of the teams have also done recruitment if they've needed particular expertise they were lacking.

**Q: Is there a foundational document that helps to understand the service inequities that we're trying to correct?**

A: No, there is not a singular document that summarizes all of the inequities in one place that we're trying to correct. That said, DHS does have an equity policy, and we do have a number of documents that speak to various disparities the department is trying to address. The department also does the compilation of equity review for the report back to the [Cultural and Ethnic Communities Leadership Council \(CECLC\)](#). The elimination of disparities is called out as a priority in all of our strategic planning efforts.

**Q: With the strategic plan having the depth and breadth that it does, why does the strategic plan only cover two years, from 2018 to 2020? Will another plan be done in 2020?**

A: The plan is a three year plan. We didn't get started as early as we wanted in 2018, so the plan may extend into 2021. The plan is not intended to be done in three years. Rather, it's a plan to guide our work and to measure much progress we made over the three year timeframe. The plan is not longer than three years because once you plan much longer than that, it gets much more speculative.

**Comment:** Regarding equity, state data has consistently shown over the last 20 years that African-American, Native-American, and new immigrant populations disproportionately suffer from injury and violence at higher levels.

### [MN2030 Strategic Plan](#)

Kari Benson, Director, Aging and Adult Services Division  
Presentation on Mn2030 strategic plan (See handout)

**Q: How is the plan addressing the transition for those moving from the disability services system to the aging services system?**

A: A key part of implementing the plan is looking at the critical transitions that could and should work better for people between programs and settings. The Disability Services Division is a big partner in this work. But also DHS needs to work at the federal level, for example, if there are policies that are getting in the way of person-centered service delivery.

**Q: It would be helpful if there was equity and disparity analysis information available in one location so that partners would be able to see this information and determine how to best work together on these issues.**

A: DHS agrees this information needs to be more accessible. Recently the Board on Aging through its diversity committee launched an effort to bring together data on the disparities that exist regarding the prevalence of diseases and conditions as well as service access.

### [Update on workgroups for the safety and protection for elders and vulnerable adults](#)

Kari Benson, Director, Aging and Adult Services  
Presentation on the six workgroups for the safety and protection for elders and vulnerable adults  
(See handout)

**Comment:** From a provider's perspective, we need to understand where the gaps are and have a clear understanding of the rules and regulations.

Response: We've been making progress on increasing our understanding of these things and the work will continue on this.

**Q: I am concerned about young adults getting into long-term care, especially those with traumatic brain injuries and strokes. The care being provided to the younger population doesn't seem to be appropriate for people of younger ages and with these conditions, and caregivers are not well trained. How are these issues being addressed in this work?**

A: There is an assisted living licensure workgroup that is working on these issues. Aging, as well as Disability Services Division is on the workgroup. And there's consensus that this work cuts across ages and there's no cut off age for people served in these settings.

**Comment: Due to staffing shortages, we are seeing more and more people with disabilities move into residential settings because they can't get the staff they need in the community. I'd like to encourage everyone, especially those who work in disability services, to participate in these workgroups to influence the direction.**

Response: Thank you for encouraging everyone's participation.

## 2019 Legislative Proposals – the deeper dive

- Strengthening HCBS capacity
- Waiver Reimagine
- PCA rate changes
- Competitive workforce

Rachel Shands, Manager, Aging and Adult Services Division  
Elyse Bailey, Colin Stemper, Christina Samion, Disability Services Division  
Presentations on DHS' 2019 legislative proposals (see handouts)

## Strengthening HCBS Capacity

---

**Q: How does Minnesota compare nationally relating to rates?**

A: The study didn't look at rates themselves, rather, it looked at the different methodologies states are using to determine rates. This was looked at for each component. The general impression is that states set rates in a variety of different ways and there were not any strong findings as to certain methods being superior to others. We did learn that many states are developing a rate methodology similar to what Minnesota is developing.

**Q: Are there rates best practices in Minnesota?**

A: For Elderly Waiver and Alternative Care, this is Minnesota's first foray into this type of rate methodology, and we're learning a lot from other states and from the disability waiver rates system here in Minnesota.

**Q: This rate methodology seems similar to what's been done in disability services, and I'm concerned the methodology will create more complexity and confusion. Was this an intentional approach?**

A: Disability Services Division (DSD) and Aging and Adult Services Division (Aging) have historically had different methodologies. Aging did not start from scratch when looking at how to develop the rate methodology. We learned a lot from the disability waiver rate setting system (DWRS), and I don't think we're creating more complexity. In addition, some of the services that are in scope for this project, but were not included in previous evaluations, were looked at. These include home delivered meals, homemaker, companion and chore. And we're making sure to stay aligned across the waivers as we move forward. Finally, although there are a number of factors that go into setting a rate, these are done behind the scenes, a rate is determined, and this is the rate case managers authorize and providers are billing for.

**Q: Is there a plan to go from a 10/90 rate implementation calculation to a 100 percent, and what's the timeline?**

A: The decision to implement the 10/90 calculation was made by the legislature. The discussion about the funding will need to take place. Aging's focus right now is on putting forward a rate methodology that's sound, accounts for the costs, is tailored to each services, can be defended, and is reasonable.

### Waiver Reimagine

---

**Q: With the new individualized budget model, would funding be paid directly from the state or be funneled through the counties?**

A: This individual budgeting model will improve the planning process so that the person will be aware of their budget at assessment, long before service planning occurs. The planning would still occur at the county, but the budget would inform the person and their family how much the plan should typically cost.

**Q: Are there other improvements besides efficiencies that will be addressed with MnCHOICES 2.0?**

A: There is a lot of work being done to improve the questions, workflow and technology.

**Q: Is Minnesota considering value-based purchasing structure?**

Answer: Due to the time constraint, DHS will not be studying value based purchasing as part the Waiver Reimagine project. But as part of the proposal, DHS is recommending that a specialized study be conducted on value based purchasing and other models that pay for outcomes and that a report which includes recommendations be given to the legislature.

### PCA Rate Changes

---

**Q: How does this proposed rate change interact with Community First Services and Supports (CFSS)?**

A: This will be seamless. DHS is developing recommendations that will be a long-term solution and work for both programs.

### Competitive Workforce

---

**Q: Does the high needs customization add-on include nursing services?**

A: The add-on will apply to the direct care component of the framework, not nursing.

**Q: Will this proposal include regional variance factors?**

A: There are regional factors in the methodology. DHS wants to evaluate how frequently the rates should be adjusted.

**Q: Relating to the eligibility for high-needs add-on. Why would you want to do reports annually rather than bi-annually?**

A: Because the economy changes so frequently and that this is such an important topic, we want to be able to measure changes in the direct care staff labor market over time. DHS is asking for resources to be able to conduct these reports annually.

**Q: Will the data needed for these reports be available all the time, or will you need to wait for other reports that have the data?**

A: DHS wants to do a sample of HCBS provider pool; including disability, PCA, and home care providers.

**Q: Do you have a vision of what the direct care reports will look like? Are you looking at utilization, service types, regional or county geographic areas, or demographic data?**

A: DHS would like to model the report after last year's language that the legislature requested. We would be happy to work with stakeholders on what is important to be included for the legislature to know.

**Comment: Because DHS is committed to equity, this should be embedded in the report.**

A: Agreed, we will be sure to include this.

**Q: Are there assurances that the proposal will direct dollars to direct workforce wages and benefits?**

A: Yes, the proposal does ensure that the direct care workforce component goes to wages and benefits of direct care staff.

**Q: Are there similar proposals for direct care workforce increases for Intermediate Care Facility (ICF) staff?**

A: I am not sure but will get back to you on this.

**Q: What's the timeframe for this proposal?**

A: The implementation timelines for the workforce factor are 2020 and 2021 for the high needs factor. That said, these are ideas we're developing, but we don't know if they will be chosen by the next governor as a proposal to move forward.

**Q: Does the rate setting methodology account for cost of living across the state?**

A: Yes, we do have a regional variance factor that's based on wages across the state.

Closing

Lori Lippert, Disability Services Division