

HCBS Partners Panel Meeting Notes

Lutheran Social Services

August 3, 2018

Welcome, Introductions

Lori Lippert, DHS-Disability Services Division

2019 Legislative session priorities

Alex Bartolic, DHS-Disability Services Division

Rachel Shands, DHS-Aging and Adult Services Division

Mary McGurran, DHS-Aging and Adult Services Division

Lori facilitated a panel discussion after presentation on the legislative session priorities, asking members where they see alignment or differences.

- Interested in broad Medical Assistance (MA) reform as it relates to homecare and rate customization
- Interested in more choice and control for consumers
- Excited about transportation recommendations and behavioral health needs for older adults
- Concerns with changes to the Individual Community Living Supports (ICLS) and the 'middle service'
- Did not hear anything that addresses the gap in services to address depression and anxiety in older adults
- 'Life sharing' and family foster care is discussed at all the MN2030 community listening sessions
 - 'Life sharing' noted as one solution to help address workforce shortages
- Generally aligned
- Supportive of waiver reimagine and system level improvement with the waivers
 - Need to simplify, clarify and align service menus
 - Need to improve communicating with people what service options are available to them to meet their needs. Help make it more transparent so people can make informed choices. Need more than a laundry list of services.
 - Need to strengthen HCBS capacity
- Supportive of the various rate initiatives
 - Supportive of rate customization for high behavioral needs on both disability and aging populations
 - Asking for exceptions is time consuming and cumbersome, so we support reforming rates so exceptions would not be needed as often
 - Looking forward to working on EW rate reforms
 - Likes competitive workforce factor in rates
 - Supportive individualized rates for 'all' direct care services. Otherwise, access and self-direction is hindered.
 - It's difficult to hire, and keep, PCA staff at current rate
 - Would like to see automatic rate increases built in
- Looking forward to how to continue work from last session on vulnerable adult reforms
- Concerns noted with tiered standards with the waivers
 - Need to resolve nursing as a part of that

- The use of age 55 is concerning and folks don't necessarily make different choices once they turn 55. This could be an issue with accessing mental health services.
- Need to make sure that legislators are part of the conversation to address their concerns of how reforms will affect their constituents
- Supportive of PCA reform
- Concern expressed regarding involving “non-traditional” community members in process
- Interest noted in wanting more information and detail of the work coming out of the MN2030 planning initiative
- Getting transportation is difficult—it's an access issue
- Supportive of adult protection's proposals relating to people getting access to information so they can make better decisions

Q: How does the PCA rate framework diverge from DWRS reform?

A: DWRS reform does not include PCA. PCA never had an automatic rate increase as DWRS did.

Q: Are we looking at promoting planning for post-retirement and/or expanding the quality and availability of long-term care insurance?

A: Yes, there are ideas that LaRhae Knatterud is bringing forward related to Own Your Future

Q: Will rate customization be tied to outcomes, or something else?

A: This needs to be worked through with providers relating to what makes a difference for rates, (e.g., additional training).

Panel members discussed other legislative initiatives they have an interest in:

- CDCS under Alternative Care
- Workforce issues are key and are a factor with access to services
 - Training opportunities for workforce will help so they don't feel they are 'just' a PCA
 - Need more training opportunities for staff
 - Excited about looking at recommendations coming out of the Institute on Community Integration (ICI) and Olmstead Subcabinet relating to the workforce (e.g., the possibility of a credentialing structure to tie pay to training)
- Support for victim survivors of sexual abuse for those with intellectual and developmental disabilities
- Want to increase housing opportunities. People are ending up in group home settings that could otherwise be in their own home.
- MA reform (e.g., asset levels, income limits, spend-downs) so people can keep more of their income
- Want to work with transition age youth moving from children's to adult programming
- How to help individuals that are moving out of the criminal justice system
- MnCHOICES-related proposal to address the administrative costs and reimbursement methodologies for counties
- Reducing TEFRA parental fees

Q: Does there need to be any electronic visit verification (EVV) legislation?

A: Implementing EVV is required under current legislation that passed. There is a one-year delay with implementation before states face penalties. DHS will be moving forward with a funding request and policy changes in order to implement.

[Workforce Task Force Recommendations](#)

Linda Wolford, *Disability Services Division*

Presentation on Workforce Task Force Recommendations (See PPT presentation)

Linda provided a background of the Direct Care/Workforce Shortage Cross Agency Steering Team that was convened by the Olmstead Subcabinet in response to the significant workforce shortage issue. They have expressed that this is the #1 issue they have heard testimony about. In April, 2017, the Department of Employment and Economic Development (DEED) and DHS convened this cross-agency group consisting of state agency staff, providers, consumers, parents, the University of Minnesota and other advocacy organizations. The issued a report which contains their recommendations, organized into seven topics and listed in priority order. Linda went over these priority areas pulling out just the 32 action items that were chosen from the more than 120 total recommendations. She gave a short description of these 32 action items.

Comment: Regarding item 7E1, DHS has contracted with Audacious Inquiry which is attempting to improve the process of routing MA beneficiary admission and discharge notices.

Comment: Gustavus Adolphus College requires their nursing students have HHA or CNA certification with some experience, which is invaluable to make stronger workforce.

Q: Were the seven items that you presented on the highest priorities out of the larger list of priorities that the report identified?

Answer: Yes, out of the larger list of 36 identified items, the seven I presented on were rated as the highest priority.

Q: A number of the highly rated priorities were related to PCA. Were there broader issues that were also discussed?

A: Yes, there were broader priorities discussed which are included in the report. The reason that PCA had such a major focus and high priority is because PCA has the lowest reimbursement rate (\$17.41 per hour).

[Update on HCBS Settings Rule transition](#)

Rachel Shands, *Aging and Adult Services Division*
Stephen Horn, *Disability Services Division*

Presentation on HCBS Settings Rule transition (See PPT presentation)

Q: Can you tell how many sites from the survey were identified as ‘presumed not to be HCBS’?

A: For prong 1 and 2 (i.e., in or adjacent to an institutional setting), we identified approximately 130 sites. For prong 3 (i.e., has the effect of isolating), we identified approximately 320 sites.

Q: Can you clarify the distinction between Structured Day Services and Adult Day Services—is the primary distinction the age range?

A: Yes, age is a factor as well as the waiver that the person is receiving services through. Structured Day Services is only available to those on the Brain Injury (BI) waiver.

Q: Did you say the transition plan was going to go out for public comment in September?

A: Yes, the transition plan will go out for public comment in September of this year.

Closing

Lori Lippert, Disability Services Division