Document Overview

The recommendations are sequenced in the following order:

1. Proof-of-concept: Will the design work in the real world?
2. System readiness: Can the design be successfully implemented?
3. Are the outcomes achieved? Is it working for people, as well as the system?
4. Move toward continuous improvement.

Each recommendation has an identifier using letters for recommendations to DHS and numbers for those to the Legislature.

Preliminary status: Reflects the red, green and yellow status of the task force members participating at the meeting on Aug. 28, 2026.

Context | Explanation: This section provides key points to ground the recommendation. Many of these emerged from the work groups.

Strengths | Opportunities: This section captures strengths or opportunities reflected in this recommendation.

Concerns | Open Actions: This section captures some of the concerns or open items associated with this recommendation.

Task force member temperature at August meeting: This section captures the sentiment of the group using the red, green and yellow approach.

Possible revisions/recommendations: This section includes recommendation revisions based upon task force member comments.

Overarching notes:

1) Edits made during the meeting are bracketed—[Like this].
2) There was a suggestion that all recommendations be grounded in stakeholder engagement. Suggested language is welcome.

Recommendations overview

DHS A: End-to-end design testing using specific scenarios and simulations to ground-truth the redesign (real stories, real settings).

Preliminary status: Green **Page**: 5

Leg 1: Require and [provide sufficient funding for] ~~fund~~ MnCHOICES reliability and validity testing; strengthen MnCHOICES to include missing components like mental health and [medical complexity] or move to a more comprehensive, validated commercial platform.

Preliminary status: Green **Page**: 6

Leg 2: Require end-to-end design testing using specific scenarios and simulations to ground-truth the redesign (real stories, real settings), [expand this to include each existing waiver type].

Preliminary status: Green **Page**: 7

DHS B: Complete the budget framework and related processes including the budget exception process and the in-out of budget elements. Attend to identified system vulnerabilities including, but not limited to, waiver transitions and appeals processes.

Preliminary status: Green **Page**: 8

DHS C: Establish, monitor and publish system readiness measures that include provider/workforce capacity and service availability as part of the go/no go thresholds; readiness assessments should include county and Tribal Nation partners to assure comprehensive system readiness.

Preliminary status: Green **Page**: 9

Leg 3: Treat provider and workforce capacity as elements critical to WR success; require an analysis of the reasons behind the differences between authorization and utilization rates to more fully understand any disconnects.

Preliminary Status: Green/yellow **Page**: 10

Leg 4: [Concept] Establish a community living investment fund that could be used to grow community-based services and short-term creative solutions that fall outside what is possible with federal funding. Consider funding through a portion of funds saved when redirected from provider-controlled settings (not all the funds are returned to the state general fund).

Preliminary Status: Red **Page**: 11

DHS D: Develop, implement, monitor and publicly report short-term and long-term outcomes that assess impacts on people as well as system and process results.

Preliminary status: Green **Page**: 13

DHS E: Measure [facilitator note: financial*] success not only by whether total waiver spending slows, but by whether a greater share of [reword Medicaid dollars] supports people [to live in the places that they want to live] homes they control.

Preliminary status: Red **Page**: 15

Leg 5: Require outcome indicators based upon the experiences of users and not just system or process indicators.

Preliminary status: Green **Page**: 16

Leg 6: Require an early-warning and course-correction system that includes contingency plans and resource teams to help individuals meet their needs, possibly in new ways. Require human case review for substantial budget reductions by a cross-functional team including, but not limited to, [service users], DHS, case managers, support planners and other subject matter experts.

Preliminary status: Green/yellow (red) **Page**: 18

Leg 7: Require DHS to monitor and regularly publicly report indicators such as budget exceptions, appeals, unmet authorized services, movement between own-home and residential settings, residential admissions, service gaps, crisis/hospital use and expenditures by setting.

Preliminary status: Mostly yellow **Page**: 19

Leg 8: Require DHS to demonstrate that Waiver Reimagine reduces total system costs [note all WR goals] without shifting people [to places they don't want to live] or expenditures into provider-controlled residential settings, hospitals, crisis services or other public programs [not shifting cost to counties].

Preliminary status: Mostly green **Page**: 21

DHS F: Increase meaningful [partner] engagement including strengthening collaborations with [service users, families, providers, counties, Tribes], MN state agencies and offices (OIO, others).

Preliminary status: Green **Page**: 23

See revised recommendation draft

DHS G: Invest in the certification of at least 3 DHS/DSD and 1(each) county and tribal representative in the disciplines of continuous improvement. Certification should be from a credible commercial vendor working in the areas of Lean government, human-centered design, Agile government or similar. [meaningful partner engagement]

Preliminary status: Mostly red **Page**: 24

See revised recommendation draft

Leg 9: Transform DHS program integrity efforts into a program focused on service efficiency and the disciplines of continuous improvement in government.

Preliminary status: Mostly red **Page**: 26

See revised recommendation draft

Recommendations from the floor

DHS or Leg #TBD: A task force member requested that people receiving CAC waiver services be excluded from the budget ranges or otherwise automatically provided with exceptions.

Preliminary status: n/a **Page**: 28

Recommendation detail

DHS A. End-to-end design testing using specific scenarios and simulations to ground-truth the redesign (real stories, real settings)

Preliminary status: Green

Context | Explanation

Before full implementation, test the redesign against real or realistic participant circumstances, involve people with lived experience, and use the testing to identify weak spots, surprises, and unintended consequences.

This had been a key component of the scenarios workgroup, but more protection for private medical information may be needed than what is possible in the workgroup context.

Strengths | Opportunities

This testing will help everyone understand the processes and the system.

The testing will help surface weaknesses, areas needing more attention and other unexpected

Concerns | Open actions

Need to define end-to-end.

Request to do the same design testing with existing waivers.

Sample scenarios will need to be developed.

Task force member temperature at August meeting

Green	Green	Green
Green	Green	Green
Green	Green	Green
Green	Green	
Green	Green	

Leg 1: Require and [provide sufficient funding for] fund MnCHOICES reliability and validity testing; strengthen MnCHOICES to include missing components like mental health and [medical complexity] or move to a more comprehensive, validated commercial platform.

Preliminary status: Green

Context | Explanation

- MnCHOICES is doing a lot of heavy lifting in Waiver Reimagine. The lack of instrument testing makes many service users and partners skeptical of the impacts on people and the viability of the project.
- There's no perfect instrument — a task force member expressed concern that in other states that have switched eligibility tools, some participants have been determined ineligible.

Strengths | Opportunities

- Reliability and validity testing, even if concurrent with instrument use, will identify areas of ongoing improvement for MnCHOICES and the assessment process.
- "Medical complexity" was added during the meeting.

Concerns | Open actions

- Suggested that the recommendation be that sufficient funding is provided to allow DHS to conduct that testing. Funds have been set aside but may not be enough to cover the complete cost. "Provide sufficient funding for" was added after the meeting.
- Concerns that testing will delay the project roll-out.
- Counties and Tribes not having adequate time and resources to prepare for changes to MnCHOICES.
- There is also concern that counties do not have the infrastructure to process large numbers of exception requests, and that they cannot wait long for DHS to respond to exception processes. Counties need a clear and robust process to follow for exceptions and appeals.
- Change the requirements to administer the assessment.
- May we please add medical complexity.

Task force member temperature at August meeting

Green

Green

Green

Green

Green

Green/yellow

Yellow

Yellow

Leg 2: Require end-to-end design testing using specific scenarios and simulations to ground-truth the redesign (real stories, real settings), [expand this to include each existing waiver type].

Preliminary status: Green

Context | Explanation

- This recommendation links to DHS recommendation A.

Strengths | Opportunities

- Makes the end-to-end testing expectation more visible to the legislature.

Concerns | Open actions

- Request was that the design testing be done for each waiver for comparison. This was added to the earlier recommendation (DHS A).
- There is concern that a requirement from the Legislature does not always give DHS sufficient flexibility to act in ways that are best for participants.

Task force member temperature at August meeting

Green	Green
Green	Green
Green	Green
Green	Yellow
Green, if done for each waiver	

DHS B: Complete the budget framework and related processes including the budget exception process and the in-out of budget elements. Attend to identified system vulnerabilities including, but not limited to, waiver transitions and appeals processes.

Preliminary status: Green

Context | Explanation

- The WR processes and related procedures need to be developed and finalized. They may be shaped by the end-to-end testing recommended in DHS A.
- These refinements are expected to be done in collaboration with the Task Force and will harness partner input to build the most robust system.

Strengths | Opportunities

- There is still room for changes and refinements based upon service user and partner input.
- Some areas of concern and attention have already been identified as part of the work-group process

Concerns | Open actions

- Blank pending input

Task force member temperature at August meeting

Green	Green	Green
Green	Green	Green
Green	Green	Green
Green	Green	
Green	Green	

DHS C: Establish, monitor and publish system readiness measures that include provider/workforce capacity and service availability as part of the go/no go thresholds; readiness assessments should include County and Tribal partners to assure comprehensive system readiness.

Preliminary status: Green

Context | Explanation

- Blank pending input

Strengths | Opportunities

- Co-created system readiness indicators may help to build confidence in the system

Concerns | Open actions

- Blank pending input

Task force member temperature at August meeting

Green	Green	Green
Green	Green	Green
Green	Green	Green
Green	Green	Green

Leg 3: Treat provider and workforce capacity as elements critical to WR success; require an analysis of the reasons behind the differences between authorization and utilization rates to more fully understand any disconnects.

Preliminary status: Green/yellow

Context | Explanation

- The availability of funding does not guarantee access to services.
- The success of WR depends upon the availability and access to community-based services. As a result, comprehensive system readiness relies on more than just DHS.
- Events of 2026 including immigration control activities, provider revalidation and perceived policy changes among providers have left the provider eco-system fragmented.
- The provider network must be strong enough to support the important work they are required to do.

Strengths | Opportunities

- Blank pending input

Concerns | Open actions

- Task force members are concerned that this might delay WR launch
- Existing analysis was requested to better understand disconnects between authorization and utilization rates

Task force member temperature at August meeting

Green	Green	Yellow
Green	Green	Yellow
Green	Green	Yellow
Green	Yellow	
Green	Yellow	

Leg 4: [Concept] Establish a community living investment fund that could be used to grow community-based services and short-term creative solutions that fall outside what is possible with federal funding. Consider funding through a portion of funds saved when redirected from provider-controlled settings (not all the funds are returned to the State general fund).

Preliminary status: Red

Context | Explanation

- This is a long-term initiative/recommendation to generate, incubate and advance creative solutions.
- The work group material supports finding ways to strengthen community-based supports, develop creative solutions, and establish mechanisms to help generate those solutions.
- The concept is to establish a way to incubate creative and community-based solutions that build on the expertise and savvy of service users, families and providers.
- Some funding sources restrict use of funds in ways that leave service users under-served (e.g.: home modifications when leaving provider-controlled settings). The goal would be to have access to more flexible funding to temporarily help service users bridge program constraints and to help incentivize/bolster access to community-based services.

Strengths | Opportunities

- Strengthening the provider eco-system and enabling creative solutions are good things.

Concerns | Open actions

- While green in concept, there were serious concerns about the feasibility of this recommendation. Thus it was coded red to advance more discussion.
- Learning from past experiences: There was a request that a representative from DSD talk about their previous contingency fund and its relativity to the concept.
- Robust practices and oversight would have to be established to assure program integrity and protect from fraud.
- Funding vehicles would need to be identified. Would it be possible for a portion of state savings to be used to help establish this and pilot this fund?
- **Request**: Unused waiver funds be required to go back to waiver programs to serve people with disabilities.
- A bigger conversation is needed, likely post report submission.

Task force member temperature at August meeting

Green	Green	Green
Green	Green	Green
	Green	Green

Green	Red	Green
Green/Yellow	Yellow	

DHS D: Develop, implement, monitor and publicly report short-term and long-term outcomes that assess impacts on people as well as system and process results

Preliminary status: Green

Context | Explanation

- TF work-group members recognized that both short-term and long-term indicators will be necessary to understand the effects of Waiver Reimagine on service users, families, providers, and public resources. Early indicators/ red flag areas include, but are not limited to:
    - Degree of budget change (especially reductions)
    - Early Olmstead non-compliance potential
    - Medicaid laws and requirements
    - Budget exception process (#'s, speed to process, $$)
    - Confirm people are receiving services during time to find providers
    - Confirm people are not being moved to a more restrictive condition
    - Degree of informed choice
- The work members also agreed that collecting data alone is insufficient. Information gathered through monitoring should be actively used to inform future decisions and improve implementation over time.
- While many implementation measures focus on budgets, authorizations, and service utilization, the ultimate test of Waiver Reimagine is its impact on the lives of people receiving services.
- Service-user reported outcomes and direct feedback should be incorporated into monitoring efforts. Administrative data can describe what services were authorized or delivered, but only participants can fully describe whether those services were available and helped them achieve the lives they want to lead.

Strengths | Opportunities

- Indicators used to assess the early stages may be used long-term to monitor the experiences and operating dynamics of the system.

Concerns | Open actions

- A task force member recommended including stakeholder engagement in all the recommendations. A specific recommendation/wording was requested.
- Outcomes, data-collection methods and follow-through processes need to be developed.
- DHS would like to have confidence that the task force would support this.

Task force member temperature at August meeting

Green	Green
Green	Green
Green	Green

Green	
Yellow	
Yellow	
	Yellow — need for implementation, but need for developing system to avoid problems for individuals
	Yellow

DHS E: Measure [facilitator note: financial*] success not only by whether total waiver spending slows, but by whether a greater share of [reword Medicaid dollars] supports people [to live in the places that they want to live] homes they control.

Preliminary status: Red, needs more dialogue

Context | Explanation

- There was an error in the presentation of this recommendation. This was specifically a funding-related recommendation, based upon the WR organizing objective of slowing investment in provider-controlled settings and shifting resources to community-based, integrated settings.
- "Financial" was added in preparing this summary as a point of clarification.
- The work groups provide support for measuring success through movement toward community-based supports, trends in provider-controlled settings, and increased autonomy, choice, and community integration.

Strengths | Opportunities

- "Monitoring changes in living arrangements will help assess whether Waiver Reimagine is supporting movement toward more integrated community settings or unintentionally contributing to more restrictive environments." — Early indicators work group

Concerns | Open actions

- From TF members—
    - "Need to add the risk for and actual or potential harm including but not limited to death, hospitalization, institutionalization. Needs to include adverse outcomes and quality measures, reduction in quality of life." These may be included in recommendation DHS D and Legislative 5.
    - Metric should be people living where they want to live, not whether they are in their own homes.
    - Metric could be a greater share of LTSS spending, rather than a great share of Medicaid dollars.
    - **Possible language**: To observe and account for potential or actual adverse outcomes, including but not limited to hospitalization, death, placement in a facility against their choice and other harm." (please see DHS D & Leg 5)
    - Slowing or reducing spending may negatively impact people, so it is important that this metric does not view reduced spending as a good outcome if that reduction causes harm; requested removing the slowing of waiver spending as a measure of success. (please see DHS D & Leg 5)

TF member temperature at August meeting

Red	Green	Green
Red	Green	Green
Yellow	Yellow	Yellow

Leg 5: Require outcome indicators based upon the experiences of users and not just system or process indicators.

Preliminary status: Green

Context | Explanation

- From the Early Indicators Work Group
    - While many implementation measures focus on budgets, authorizations, and service utilization, the ultimate test of Waiver Reimagine is its impact on the lives of people receiving services.
    - Long-term monitoring should move beyond system performance measures to examine participant outcomes and experiences.
    - Whenever possible, participant-reported outcomes and direct feedback should be incorporated into monitoring efforts.
    - Administrative data can describe what services were authorized or delivered, but only participants can fully describe whether those services were available and helped them achieve the lives they want to lead.

Strengths | Opportunities

- Possible indicators:
    - Access to Needed Services — Are people receiving and able to use the services authorized for them?
    - Meaningful Choice and Control — Do people feel informed, supported, free to choose among available options, and in control of their daily lives?
    - Community Integration — Are people living in and connected to their communities rather than moving toward more restrictive settings?
    - Housing Stability — Are people able to maintain stable housing as the system changes?
    - Safety and Unmet Need — Are unmet support needs resulting in crisis services, emergency room visits, institutional placements, or other adverse consequences?
    - Reliance on Unpaid Caregivers — Are system changes increasing reliance on families or other unpaid supports because needed services are unavailable?
    - Relationships, Employment and Meaningful Life Activities — Are people able to sustain important relationships, pursue employment, and participate in meaningful daytime activities?
    - Participant-Reported Quality of Life and Outcomes — Do participants report that services were available and "helped them achieve the lives they want to lead"?

Concerns | Open actions

- Blank pending input

Task force member temperature at August meeting

Green	Green	Green
Green	Green	Green
Green	Green	Green
Green	Green	Green
Green	Green	Greeen

Leg 6: Require an early-warning and course-correction system that includes contingency plans and resource teams to help individuals meet their needs, possibly in new ways. Require human case review for substantial budget reductions by a cross-functional team including, but not limited to, [service users], DHS, case managers, support planners and other subject matter experts.

Preliminary status: Green/yellow (red)

Context | Explanation

- This is intended as a collaborative solution-finding resource.
- Per guard-rails group recommendation "Establish an innovation / resource panel to act as thinking and support partners for families and providers to generate, incubate and advance creative solutions. Per the workgroup member who provided this recommendation, it would be a group to call when "This isn't working and we need to talk"—not case managers, not appeals, not attorneys, but sitting side-by-side. In the near term, this group could support WR implementation hiccups and long-term can help problem-solve individual solutions.

Strengths | Opportunities

- Takes a collaborative solution-finding approach that leans on the expertise of people with a variety of experiences and diversity of knowledge.

Concerns | Open actions

- Concern about how this would be feasible, given timing and DHS resources.
- Request for a clear process for DHS intervention when a person is at risk of institutionalization
- I don't like people who don't know me making these kinds of decisions about me. (This is intended as a solution-finding resource, not a decision-making body.)
- The specific composition of the proposed cross-functional review team is more prescriptive than the guard-rails work group language.

Task force member temperature at August meeting

Green

Green

Green

Red

Yellow

Yellow

Yellow

Yellow

Yellow

Yellow

Red

Leg 7: Require DHS to monitor and regularly publicly report indicators such as budget exceptions, appeals, unmet authorized services, movement between own-home and residential settings, residential admissions, service gaps, crisis/hospital use and expenditures by setting.

Preliminary status: Mostly yellow — needs more task force deliberation

Context | Explanation

- The Early Indicators group specifically identifies budget exceptions, service access, living-setting changes, crisis/hospital use, institutional placement, and provider-controlled/congregate-setting trends. The work groups were less explicit about regular public reporting, appeals as a monitoring metric and expenditures by setting.
- "The barriers that prevent people from accessing authorized services. The substitute services or informal supports that are being used when authorized services are unavailable. How unmet service needs are resulting in caregiver burden, hospital utilization or other forms of crisis response." — Early indicators work group
- "Monitoring should also consider whether participants experience increased reliance on unpaid caregivers, greater use of crisis services, emergency room visits, institutional placements or other indicators that support needs are not being adequately met." — Early indicators work group

Strengths | Opportunities

- Blank pending input

Concerns | Open actions

- DHS cannot report the data if it represents five people or fewer.
- Task Force member suggested that the public reporting should be plain language and easy for the public to understand.
- Beginning as early as 2028, states may be required by CMS to collect and report using a standardized set of Home and Community-Based Services (HCBS) quality measures — the Medicaid Access Rule.
- Given the anticipated timing of this federal requirement, the coherence of this quality framework with the ADA and the Olmstead decision, and the evolving implementation schedule for Waiver Reimagine, the Early Indicators work group recommends that DHS assess the state's readiness to meet these quality reporting requirements and incorporate key measures in the CMS submission in advance of the federal requirements.

TF member temperature at August meeting

Red

Yellow

Yellow

Yellow

Yellow

Yellow

Yellow

Yellow

Yellow

Yellow

Green

Leg 8: Require DHS to demonstrate that Waiver Reimagine reduces total system costs [note all WR goals] without shifting people [to places they don't want to live] or expenditures into provider-controlled residential settings, hospitals, crisis services or other public programs [not shifting cost to counties]

Preliminary status: Mostly green; needs more task force deliberation

Context | Explanation

- The intention behind this recommendation is to highlight the concerns related to individuals not being served in their preferred settings or having costs shift to other services, which impacts financial sustainability.
- Highlights from the work-groups:
    - "Monitoring changes in living arrangements will help assess whether Waiver Reimagine is supporting movement toward more integrated community settings or unintentionally contributing to more restrictive environments." — Early indicators work group
    - "Monitoring should also consider whether participants experience increased reliance on unpaid caregivers, greater use of crisis services, emergency room visits, institutional placements or other indicators that support needs are not being adequately met." — Early indicators work group
    - "Work with hospitals to monitor the number of people who are hospitalized with no other place to go." — Guard rails work group

Strengths | Opportunities

- Blank pending input

Concerns | Open actions

- Need to demonstrate individual needs are provided for should be on where people want to live, and that in some cases people may want to live in a provider-controlled setting.
- **Red**: recommendation to explicitly state that the reduction in system costs cannot be due to shifting cost to counties.
- Does not want to see such a large focus on reducing costs and that other goals, such as streamlining processes and improving outcomes for people with disabilities, should be included—please see other recommendations.
- Does not want DHS to demonstrate that Waiver Reimagine result in system savings. The Legislature required DHS implement Waiver Reimagine and they assumed that would result in cost savings, but if DHS is required to show there are cost savings, they will need to make changes that may hurt participants.

Task force member temperature at August meeting

Green	Green	Green	Green
Yellow	Green	Green	Yellow
Green	Green	Green	Yellow

DHS F: Increase meaningful [partner] engagement including strengthening collaborations with [service users, families, providers, counties, Tribes], MN state agencies and offices (OIO, others).

Preliminary Status: Green

Context | Explanation

- Task force members support the intent of this recommendation with the note to move from engagement to partnership.
- There is broad desire to improve working relationships moving from inform, to consult, to involve, to collaborate and finally, true partnership—that is, moving from compliance to true teamwork.

Strengths | Opportunities

- There is alignment on the desire to improve working relationships.

Concerns | Open actions

- Specific expectations associated with this recommendation need to be explored
- Existing relationship strains may shape how this is brought to life. Service users and families speak of the trauma associated in working with DHS and government representatives.
- Resetting these relationships will require the commitment of time and resources which may not currently exist.

Task force member temperature at August meeting

Green	Green	Green
Green	Green	Green
Green	Green	Green
Green	Green	
Green	Green	

Possible revisions/recommendations

DHS Fa: Establish a structured partnership model that engages system users, families, providers, Tribal Nations, counties, state agencies and other partners early and throughout design, implementation and continuous improvement; establishes shared expectations for meaningful engagement; closes the feedback loop; and regularly measure the quality and impact of the partnership.

DHS G: Invest in the certification of at least 3 DHS/DSD and 1(each) county and tribal representative in the disciplines of continuous improvement. Certification should be from a credible commercial vendor working in the areas of Lean government, human-centered design, Agile government or similar. [meaningful partner engagement]

Preliminary status: Mostly red

Context | Explanation

- Several individual recommendations from task force members were rooted in the disciplines of continuous improvement — Lean government, human-centered design, etc.
- The early indicators work group also agreed that collecting data alone is insufficient. Information gathered through monitoring should be actively used to inform future decisions and improve implementation over time. Data collection alone does not drive continuous improvement.
- A shared learning approach across stakeholder groups and eco-system partners can help ensure that monitoring efforts move beyond compliance reporting and contribute to a deeper understanding of how the system is functioning.
- Some DHS staff are currently trained in these disciplines. This raised the question of how practices of continuous improvement are currently deployed in DHS.

Strengths | Opportunities

- Blank pending input

Concerns | Open actions

- Don't see this and making a difference but causing a cost
- Being certified doesn't mean it gets done; requires real change in approach; need more info on idea and current application of process improvement disciplines
- If Lean principles are being implemented in current day without evidence of Lean processes, how would DHS propose implementing improved processes?
- Just training doesn't accomplish what this group is looking for.
- Consider a position requiring a disability
- We shouldn’t dictate how people live their lives through CI systems that are often not designed around access

Task force member temperature at August meeting

Red

Red

Red

Red

Red

Red

	Yellow
Red	Red
Yellow	
Yellow	

Possible revisions/recommendations

DHS G1: Require DHS to establish and visibly deploy a continuous-improvement operating model for Waiver Reimagine that partners with service users, uses, trained staff and system partners into improvement teams, applies structured improvement methods to identified vulnerabilities for participants and measures participant outcomes, in addition to program and system outcomes.

Leg 9: Transform DHS program integrity efforts into a program focused on service efficiency and the disciplines of continuous improvement in government.

Preliminary status: Mostly red

Context | Explanation

- Is there a way to capitalize on the internal efforts associated with program integrity into a long-term disciplines that assure program integrity as well as continuous improvement?

Strengths | Opportunities

- TBD

Concerns | Open actions

- More information needed. Also, not either or, need for both and.
- Government CI is not designed to embrace accessibility
- more partnership
- not person centered, needs partnership
- why do we need to make this a legislative process. This should already be part of the understanding of how DHS works and needs to be done with more collaboration with all parties involved
- This is much bigger than the waivers

Task force member temperature at August meeting:

Red	Red	Yellow
Red	Red	Yellow
Red	Red	Yellow
Red	Yellow	
Red	Yellow	

Possible revisions/recommendations

9A: Strengthen DHS's use of continuous improvement with existing program-integrity and improvement capabilities, in partnership with service users, families, providers, counties, Tribal Nations and other partners. Measure success through demonstrated improvements in accessibility, service delivery, participant experience and outcomes—not simply completion of reports or improvement activities.

Or

9B: Ask DHS to demonstrate how investments in program integrity and continuous improvement are producing measurable improvements in accessibility, participant outcomes, program efficiency and stewardship of public resources.

Recommendations from the floor:

DHS or Leg #X: A Task Force member requested that people receiving CAC waiver services be excluded from the budget ranges or otherwise automatically provided with exceptions.

Preliminary status: n/a

Context | Explanation

- This recommendation was also raised during work group dialogues.
- As part of the budget exception process, DHS has identified individuals with high medical or behavioral needs to qualify for budget exception consideration.
- There is a proposal that applications for budget exceptions for individuals qualifying for service H & E be automatically initiated without a specific request from the service user or case manager.

Strengths | Opportunities

- This exclusion would help to provide peace-of-mind to those currently served by the CAC waiver.

Concerns | Open actions

- It is unclear how CAC waiver participants needs crosswalk with the service category ranges (H&E).
- Would this pass CMS review? Does treating those served by the CAC waiver raise concerns about special treatment? Might this require a third type of waiver?
- "Automatic" exception approvals (as compared to automatic budget exception applications) assumes that the proposed funding for all CAC recipients is inadequate.

Task force member temperature at August meeting

n/a