

# Reform 2020: Pathways to Independence

Section 1115 Waiver No. 11-W-00286/5

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**Demonstration Year IX**  
**October 1, 2021 through December 31, 2021**  
**Quarterly Report**

**Submitted to:**

U.S. Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services

**Submitted by:**

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# 1. Introduction

Minnesota’s Reform 2020 section 1115 demonstration provides federal waiver authority to implement key components of Minnesota’s broader reform initiatives to promote independence, increase community integration and reduce reliance on institutional care for Minnesota’s older adults and people with disabilities. Federal waiver authority for the five-year demonstration was scheduled to expire on June 30, 2018. On July 19, 2017 the state submitted a request to renew the Reform 2020 waiver through June 30, 2021. The Reform 2020 waiver operated under a temporary extension through January 31, 2020. CMS approved the extension of the waiver on January 31, 2020 for the period February 1, 2020 through January 31, 2025.

## 1.1 Alternative Care Program

The Alternative Care program provides a home and community services benefit to people age 65 and older who need nursing facility level of care and have income or assets above the Medical Assistance (MA) standards. The Alternative Care program was established as an alternative to provide community services to seniors with modest income and assets who are not yet eligible for MA. This allows people to get the care they need without moving to a nursing home. The Reform 2020 demonstration waiver provides federal matching funds for the Alternative Care program.

## 1.2 Goals of Demonstration

The Reform 2020 waiver provides federal support for the state’s Alternative Care program. The Alternative Care program is designed to assist the state in its goals to:

- Increase and support independence and recovery;
- Increase community integration; and
- Reduce reliance on institutional care.

# 2. Enrollment Information

Demonstration Populations (as Hard coded in the CMS 64)	Enrollees at close of quarter (December 31, 2021)	Current Enrollees (as of data pull on January 4, 2022)	Disenrolled in Current Quarter (October 1, 2021 to December 31, 2021)
<b>Population 1:</b> Alternative Care	2,727	2,707	7

## 2.1 Alternative Care Program Wait List Reporting

There is no waiting list maintained for the Alternative Care program and there are no plans to implement such a list.

### **3. Outreach and Innovative Activities**

#### **3.1 Minnesota Department of Human Services Public Web Site**

Information on the Alternative Care program is available to the public on the Department of Human Services (DHS) website. The [Alternative Care](#) web page provides descriptive information about program eligibility, covered services, and the program application process. The web page also refers users to the Senior LinkAge Line® (described in the following section) where they can speak to a human services professional about the Alternative Care program and other programs and services for seniors.

#### **3.2 Senior Linkage Line®**

The [Senior Linkage Line®](#) is a free telephone information service available to assist older adults and their families find community services. With a single call, people can find particular services near them or get help evaluating their situation to determine what kind of service might be helpful. Information and Assistance Specialists direct callers to the organizations in their area that provide the services in which they are interested. Specialists can conduct three-way calls and offer follow-up as needed. Specialists are trained health and human service professionals. They offer objective, neutral information about senior service and housing options.

#### **3.3 Statewide Training**

DHS staff provides on-going consultation and training on Alternative Care program policy to all lead agencies. For the Alternative Care program, the lead agency can be a county social service department, local public health agency or a Tribal entity. Training sessions on the Alternative Care program are offered twice a year via statewide video conferencing. These training sessions cover the policies and procedures for the Alternative Care program. The training targets staff with up to 12 months of program experience. Staff with more experience is encouraged to attend if they have not previously attended or need a refresher in the program basics. The learning objectives for the training include understanding the Alternative Care program eligibility requirements and service definitions, and case manager roles and responsibilities in administering the Alternative Care program.

DHS also publishes and maintains provider and MMIS manuals and provides technical assistance through a variety of means including written resource material, electronic and call-in help centers and weekly training opportunities via statewide video conferencing on topics related to aging. Ongoing training related to MMIS tools and processes, long term care consultation and level of care determinations, case management, vulnerable adult and maltreatment reporting and prevention is also provided. DHS staff regularly attends regional meetings convened by lead agencies.

### **4. Updates on Post-Award Public Forums**

In accordance with paragraph 42 of the Reform 2020 special terms and conditions, DHS planned to hold the next public forum in late fall of 2021, but was delayed due to limitations related to COVID-19. A public forum via teleconference is planned for early 2022.

## 5. Policy and Operational Developments

There were no significant program developments or operational issues for populations covered under this waiver during the quarter ending December 31, 2021.

## 6. Financial and Budget Neutrality Development Issues

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. DHS will also provide CMS with quarterly budget neutrality status updates using the Budget Neutrality Monitoring Tool provided through the performance metrics data base and analytics (PMDA) system.

## 7. Member Month Reporting

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending December 31, 2021
<b>Population 1:</b> Alternative Care	2,776	2,798	2,793	8,367

## 8. Consumer Issues

### 8.1 Alternative Care Program Beneficiary Grievances and Appeals

A description of the State’s grievance system and the dispute resolution process is outlined in the 1915(c) HCBS Waiver application and the 372 report for the Elderly Waiver. These processes apply to the Alternative Care Program. Grievances and appeals filed by Alternative Care program recipients are reviewed by DHS on a quarterly basis. Alternative Care program staff assist in resolving individual issues and identify significant trends or patterns in grievances and appeals filed. Following is a summary of Alternative Care program grievance and appeal activity during the period October 1, 2021 through December 31, 2021.

#### Alternative Care Program Beneficiary Grievance and Appeal Activity October 1, 2021 through December 31, 2021

	Affirmed	Reversed	Dismissed	Withdrawn
AC Appeals Filed	0	0	0	0
AC Appeals Closed	0	0	0	0

## **8.2 Alternative Care Program Adverse Incidents Consistent with 1915(c) EW Waiver Requirements**

A detailed description of participant safeguards applicable to Alternative Care enrollees, including the infrastructure for vulnerable adult reporting, the management process for critical event or incident reporting, participant training and education, and methods for remediating individual problems is outlined in the 1915(c) HCBS Waiver application and the 372 report for the Elderly Waiver.

Incidents of suspected abuse, neglect, or exploitation are reported to the common entry point (CEP) established by DHS. The CEP forwards all reports to the respective investigative agency. In addition, CEP staff also screen all reports for immediate risk and make all necessary referrals. Immediate referral is made by the CEP to county social services when there is an identified emergency safety need. Reports containing information regarding an alleged crime are forwarded immediately by the CEP to law enforcement. Reports of suspicious death are forwarded immediately to law enforcement, the medical examiner and the ombudsman for mental health and developmental disabilities.

For reports not containing an indication of immediate risk, the CEP notifies the lead agency responsible for investigation within two working days. The lead investigative agency provides information, upon request of the reporter, within five working days as to the disposition of the report. Each lead investigative agency evaluates reports based on prioritization guidelines. DHS has made use of a standardized tool required for county lead investigative agencies to promote safety through consistent, accurate and reliable report intake and assessment of safety needs.

Investigation guidelines for all lead investigative agencies are established in statute and include interviews with alleged victims and perpetrators, evaluation of the environment surrounding the allegation, access to and review of pertinent documentation and consultation with professionals.

Supported in part by funding under a CMS Systems Change Grant, DHS developed, implemented and manages a centralized reporting data collection system housed within the Social Services Information System (SSIS). This system stores adult maltreatment reports for the CEP. SSIS also supports county functions related to vulnerable adult report intake, investigation, adult protective services and maintenance of county investigative results. Once maltreatment investigations are completed the county investigative findings are documented within SSIS.

The SSIS system has the capacity to provide statewide maltreatment summary information, supplies comprehensive and timely maltreatment information to DHS, allows the department to review maltreatment incidents statewide and analyze by program participation, provider and agency responsible for follow-up. Data from SSIS is drawn on a quarterly and annual basis. This allows DHS to review data and analyze for patterns and trends including program specific patterns and trends that may be addressed through DHS and partners in maltreatment response and prevention, or policy. Maltreatment data gathered from SSIS is also used by DHS to evaluate

quality in preventative and protective services provided to vulnerable adults, assess trends in maltreatment, target training issues and identify opportunities for program improvement.

Please refer to Attachment A for a report on allegations and investigation determinations of maltreatment where the county was the lead investigative agency and the alleged victim was receiving services under the Alternative Care program for the period October, 2021 to December 31, 2021.

The reporting of suspected maltreatment for all vulnerable adults in Minnesota recently changed from a county based reporting system to a centralized reporting system operated under DHS. The centralized reporting system includes more robust data for use in analysis for prevention and remediation. Modifications to the existing data warehouse are required to accommodate the increased data being reported. These modifications are underway and are expected to be completed soon. Reports which include allegations and investigation determinations of maltreatment where DHS or the Minnesota Department of Health was the lead investigative agency and where the alleged victim was receiving services under the Alternative Care program will be provided once this data becomes available.

## **9. Quality Assurance and Monitoring Activity**

### **9.1 Alternative Care Program and HCBS Quality Strategy under the 1915(c) EW Waiver**

As described in the 1915(c) EW waiver, the DHS Quality Essentials Team (QET) within the Continuing Care Administration will meet twice a year to review and analyze collected performance measure and remediation data. The QET is a team made up of program and policy staff from the Alternative Care and HCBS waiver programs. The QET is responsible for integrating performance measurement and remediation association with monitoring data and recommending system improvement strategies, when such strategies are indicated for a specific program, and when DHS can benefit from strategies that impact individuals served under the Alternative Care and HCBS programs.

Problems or concerns requiring intervention beyond existing remediation processes, such as systems improvements, are directed to the Policy Review Team for more advanced analysis and improved policy and procedure development, testing, and implementation. The QET has identified and implemented a quality monitoring and improvement process for determining the level of remediation and any systems improvements required as indicated by performance monitoring.

Paragraph 35 of the Reform 2020 special terms and conditions requires that the state have an approved Quality Improvement Strategy and that the state work with CMS to develop approvable performance measures within 90 days following the approval of the waiver. On July 17, 2020, DHS submitted the document entitled Quality Management Model for the Alternative Care Program to CMS which outlines the state's proposed quality improvement strategy, including assurances and performance measures, for the Alternative Care program.

## **9.2 Update on Comprehensive Quality Strategy**

Minnesota's Comprehensive Quality Strategy is an overarching and dynamic continuous quality improvement strategy integrating processes across Minnesota's Medicaid program. The Comprehensive Quality Strategy includes measures and processes related to the programs affected by the Reform 2020 waiver. Minnesota's Comprehensive Quality Strategy can be found on the DHS website at [Quality Outcome and Performance Measures](#).

## **10. Demonstration Evaluation**

DHS has contracted with researchers at the University of Minnesota and Purdue University for development of an evaluation design and analysis plan that covers all elements outlined in paragraph 68 of the Reform 2020 waiver special terms and conditions. A draft evaluation plan for the waiver extension period effective February 1, 2020 through January 30, 2025 was submitted to CMS on July 20, 2020. Initial feedback from CMS was received on April 12, 2021. Additional CMS feedback was received on July 6, 2021. The state incorporate CMS feedback and final approval from CMS of the evaluation plan was received on September 27, 2021.

## **11. State Contact**

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**Attachment A**  
**Analysis of Adult Maltreatment Reported for AC Participants**  
**(10/01/2021 - 12/31/2021)**

Allegations reported while the alleged victim was eligible for Alternative Care services and where  
 Reports were received by the Common Entry Point (CEP) between 10/01/2021 - 12/31/2021  
 Determinations limited to those made between 10/01/2021 and 2/9/2022

**Reported Adult Maltreatment Involving AC Participants**  
 10/1/2021 - 12/31/2021

	Number of Allegations Reported to CEP where Alleged Victim is an AC Enrollee	Percent of Total Allegations Reported to CEP where Alleged Victim is an AC Enrollee	Number of investigations investigated by the County	Percent of Total Allegations investigated by the County	Number of County Investigations with Final Disposition	Number Substantiated	Percent Substantiated of Total Investigated with Final Disposition
Emotional Abuse	29	14.57%	27	20.77	7	1	3.03
Mental Abuse	0	0.00%	0	0.00	0	0	0.00
Physical Abuse	16	8.04%	23	17.69	5	0	0.00
Sexual Abuse	1	0.50%	0	0.00	0	0	0.00
Financial Exploitation (Fid.Rel.)	12	6.03%	12	9.23	2	0	0.00
Financial Exploitation (non-Fid. Rel.)	32	16.08%	42	32.31	9	1	3.03
Involuntary Servitude	0	0.00%	0	0.00	0	0	0.00
Caregiver Neglect	37	18.59%	19	14.62	5	0	0.00
Self-Neglect	72	36.18%	7	5.38	5	1	3.03
Total	199	100.00%	130	100.00	33	3	9.09

**Disposition of County Investigations of Maltreatment Allegations Involving AC Participants**  
 CEP Reported Allegations: 10/1/2021 - 12/31/2021  
**Allegation Disposition**

	Substantiated Maltreatment	False Allegation	Inconclusive	No Determination- Investigation Not Possible	Total
Emotional Abuse	1	6			7
Mental Abuse					0
Physical Abuse		5			5
Sexual Abuse					0
Financial Exploitation (Fid.Rel.)		1	1		2
Financial Exploitation (non-Fid. Rel.)	1	8			9
Involuntary Servitude					0
Caregiver Neglect		5			5
Self-Neglect	1	1	2	1	5
Total	3	26	3	1	33