

Adult Day License Stakeholder Group Kick-off Meeting, Tuesday, September 10, 1:30-3:30 p.m.

Agenda

- 1:30-1:40pm Welcome and introductions
- 1:40-1:50pm Purpose of the stakeholder group
- 1:50-2:50pm Context for our work
- 2:50-3:20pm Overview of current license
- 3:20-3:30pm Next meeting and project questions



Purpose of the stakeholder group

Peter Spuit
Aging and Adult Services Division

Stakeholder group purpose and process

- The purpose of the stakeholder group is to provide input on the development of new licensing standards for adult day services.
- The stakeholder group consists of approximately 15-20 members with a balance of representatives including service providers, consumer advocates, and lead agencies.
- The stakeholder group will work through three major phases of work:
 - Vision and goals for the service
 - Discussion of issue areas
 - Discussion of new adult day services standards concepts and language

Stakeholder group timeline and responsibilities

- Stakeholder meetings will be held September 2019 November 2020.
- Stakeholder group meetings will be held approximately every other month.
 Monthly meetings may be needed as the project concludes.
- DHS anticipates each meeting will be approximately 2 hours. Meetings will be held in-person at DHS or a nearby location in St. Paul. For members who are unable to travel to St. Paul, we will provide a conference-call and screen-sharing option.
- We anticipate limited time commitments or stakeholder responsibilities between meetings.

Agenda

- 1:50-2:50pm Context for our work
 - 2018 Adult Day Services Study and 2019 Legislative Report [Rachel Shands]
 - Centers for Medicare and Medicaid Services HCBS Settings Rule [Jennifer Stevens]
 - DHS Disability Services Division policy direction on adult day services [Leah Zoladkiewicz]
 - Federal Office of Inspector General report; 2019 legislative changes [Jill Slaikeu]



Context for our work – Part 1

2018 Adult Day Services Study and 2019 Legislative Report

Rachel Shands
Aging and Adult Services Division

Adult Day Services Study

2017 Legislation directed DHS to study adult day services

DHS shall:

- 1) Study existing adult day service models, including resident acuity, staffing and support levels, and quality assurance
- 2) Project demand for adult day services into the future
- 3) Report to the legislature by January 1, 2019

DHS addressed adult day demand projections, staffing ratios, and participant acuity in a separate Rate Evaluation.

Adult Day Services Study - Objectives

The objectives of the Adult Day Study were to:

- Understand the features of adult day service models that support providers to comply with the HCBS settings rule and deliver personcentered services
- Identify and recommend potential data or measure that can be used to demonstrate impact of adult day services and outcomes for adult day participants
- Develop recommendations for potential changes to adult day service definition to more clearly define the appropriate use of this service

Adult Day Services Study - Stakeholders

- DHS worked with Navigant Consulting and a stakeholder group on the study
- The study focused on center-based adult day and not Family Adult Day

Key Adult Day Study Activities

- Study activities occurred May to November 2018
- Review and analyze existing program documents
- Obtain stakeholder input on adult day service best practices from providers, participants/caregivers, and state regulators
- Conduct a national scan of adult day standards and service definitions in other states
- Identify criteria to assess potential recommendations
- Identify recommendations and develop interim and final reports

Adult day study key findings

- When adult day service is delivered well, participants experience the following:
 - Social support and alleviation of isolation and loneliness
 - Engagement in recreational and community activities
 - Support for physical and mental health, including nutritious meals and cognitive stimulation, and
 - Oversight and increased support for participants with limited or no informal caregivers

Adult day study key findings

- Informal caregivers also experience benefits, including:
 - Respite from their caregiving responsibilities
 - Formal caregiving of a loved one supports continued employment
 - Social support and counsel from adult day program staff, and
 - Care recipients with improved physical and mental health

Adult day study key findings

- Characteristics of high quality adult day services
 - Longevity and stability of direct care staff
 - Program staff that develop an interest in and knowledge of each participant
 - Tailoring programming to each participant, and allowing each participant to make their own choices
 - Programming that reflects the cultural and personal preferences of the participants
 - A strong individualized service planning process
 - Good quality and readily available food, and food options, to allow for choice
 - A program space that is welcoming, safe, and comfortable
 - Access to well-coordinated transportation

2019 Legislative Report Recommendations

Primary recommendation: Update licensing standards for adult day service

- The licensing standards for adult day services have been in place for many years. Adult day participants, providers, and the state would benefit from a comprehensive review and update of the licensing standards that govern this service.
- DHS recommends that the state develop a proposal for new licensing standards for adult day services with the support of a stakeholder group. This proposal should be reported to the legislature by January 1, 2021.

DHS Legislative Reports – Adult Day Study

• The January 2019 Legislative Report on the results of the Adult Day Study is available online here:

https://mn.gov/dhs/media/legislative-information/legislative-reports/

DHS Legislative Reports - Elderly Waiver rates evaluation

- A second Legislative Report on the results of the concurrent Elderly Waiver rates evaluation is also available online here: https://mn.gov/dhs/media/legislative-information/legislative-reports/
 - The report summarizes the evaluation findings and recommendations for service rates for adult day and other services
 - The report also relays findings on adult day demand projections, staffing, and participant acuity

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Context for our work – Part 2

Centers for Medicare & Medicaid Services HCBS Settings Rule

Jen Stevens Aging and Adult Services Division

HCBS Settings Rule

- In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations that changed the definition of home and community-based settings for the Medicaid HCBS waivers.
- The rule raises expectations around what is possible for older adults and people with disabilities.
- The purpose of the rule is to maximize opportunities for people who receive HCBS. The HCBS rule is not about taking away services or closing down programs.

Home and Community-Based settings requirements

The home and community-based setting requirements apply to all settings where people receive HCBS. The requirements focus on the quality of a person's experiences. They maximize opportunities for people to have access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate to meet their needs. (See handout)

Examples of HCBS Rights, people have the right to:

- Privacy, dignity and respect, and freedom from coercion and restraint
- Engage in community life and control personal resources
- Optimize individual initiative, autonomy and independence in making life choices including daily schedule and with whom to interact

Support Planning Requirements

DHS provides training and resources for our case managers/care coordinators to implement HCBS settings specific support planning requirements and to promote new services

• Offer choice of settings including non-disability settings, adhering to the assessment and support planning requirements in <u>256B.0911</u>, <u>Subd. 3(g)(2)</u> and assure community integration is at the forefront of service planning.

Status of Minnesota's Statewide Transition Plan (STP)

- MN's statewide transition plan received FINAL approval on February 12th, 2019
- Our statewide transition plan is a document that outlines how Minnesota will ensure compliance with the HCBS Settings Rule. For final approval, CMS required the following:
 - Site-specific assessment and validation outcomes
 - Remediation strategies to resolve areas of non-compliance
 - Detailed plans for identifying settings presumed to have institutional/isolating characteristics and plan for preparing submissions for CMS heightened scrutiny review
 - Processes for ongoing monitoring to ensure all settings remain fully compliant in the future

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Ongoing monitoring to ensure all settings providing HCBS continue to remain fully compliant

- Revised state licensing and housing with services requirements to align with the rule. Ongoing monitoring for compliance will be conducted by these regulatory entities
- We launched the LTSS improvement tool to assess a person's experience with HCBS qualities at annual reassessment
- We developed an HCBS specific assurance statement and added an HCBS settings requirements module to Waiver 101 training for new providers



Context for our work – Part 3

Disability Services Division policy direction on day services

Leah Zoladkiewicz Disability Services Division

Adult day standards redesign vs. day service redesign

- Adult day service standards redesign is based off of recommendations from the <u>2019 Adult Day Services Study Legislative</u> <u>Report</u> to <u>modernize adult day licensing standards</u>.
- Day service redesign for people on disability waivers: Will be implemented as part of "tiered standards" required through <u>HCBS</u> settings rule transition plan and recent 2019 legislative authority to implement <u>Waiver Reimagine</u>.

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Adult day standards redesign vs. day service redesign

Goals of Adult Day Standards Redesign

- Update licensure standards to reflect modern ADS operations
- Update licensure regulations to better reflect person-centered principles and individualized participant services
- Better articulate expected elements required in an individualized service plan

Goals of Day Service Redesign

- Creates a modern community based service which does not include employment
- Replaces Day Training and Habilitation
- Replaces Adult Day Services for individuals under age 55
- Increases competitive employment outcomes for people who choose to work
- Simplifies services to make it easier for people to make informed choices

Day Support option

- The purpose of day service redesign is to streamline and simplify day services and to create a day support option that promote full community integration.
- DHS has been working with stakeholders on development work for several years and will continue to work with them on implementation.
- The new service option will apply to new service authorizations effective January 1, 2021.



Context for our work – Part 4

Federal Office of Inspector General report and 2019 legislative changes

Jill Slaikeu Licensing Division

Federal Office of Inspector General

- The federal Office of Inspector General:
 - Audits, investigates, and inspects the federal Department of Health and Human Services' programs
 - Provides cost-saving or policy recommendations for decision-makers and the public

Federal audit

- The federal Office of Inspector General's audit included:
 - An assessment of Minnesota's compliance with federal waiver and state requirements in its oversight of adult day centers, including:
 - A review of 20 adult day centers
 - Unannounced site visits from February 10, 2017 through March 29, 2017
 - Discussions with DHS about how it monitors centers

Audit recommendations

- DHS should...
 - Consider staffing standards and caseload thresholds for licensors
 - Consider developing templates for required documents
 - Ensure instances of noncompliance with health, safety, and administrative requirements are corrected

DHS agreed with these recommendations

2019 changes - Documentation and billing requirements

- Effective Aug. 1, 2019, providers must provide documentation that shows:
 - A needs assessment and current plan of care
 - Attendance records, including:
 - Date of attendance with the day, month, year
 - Pickup and drop-off time in hours and minutes (with a.m. and p.m. designations)
 - Monthly and quarterly program requirements
 - Name and qualification of each registered physical therapist, registered nurse, and registered dietician
 - Location of the service (if alternate location, must provide: address, length of time, and list of participants)

2019 changes - New requirements for billing

- Providers are eligible for reimbursement only if:
 - Service is provided under a federally approved waiver plan
 - Service is provided on days and times specified on the operating license
 - Providers maintain and collect documentation that is in English and legible
 - Providers have documentation that staff have reviewed a statement about falsifying information on billings

• DHS may recover payment if criteria are not met

2019 changes - Recovery of payments

- If a provider exceeds its licensed capacity, DHS must recover all payments for that date of service
 - This involves all Minnesota Health Care Program payments, including Medical Assistance

2019 changes - Licensing reviews

- DHS received funding to hire two additional licensors for adult day services
- Licensing reviews will now occur every 2 years rather than every 4 years

Agenda

• 2:50-3:20pm - Overview of current license

• 3:20-3:30pm - Next meeting and project questions



Overview of current license

Jill Slaikeu Licensing Division

- Adult Day Care or Adult Day Services:
 - a program operating less than 24 hours per day that provides functionally impaired adults with an individualized and coordinated set of services including:
 - health services
 - social services
 - nutritional services
 - directed at maintaining or improving the participants' capabilities for self-care
 - do not include programs where adults gather or congregate primarily for purposes of socialization, education, supervision, caregiver respite, religious expression, exercise, or nutritious meals
 - provide supportive person-to-person assistance primarily to adults with disabilities and elderly people living in their own homes

Food Service and Nutrition:

- Food may be prepared onsite or catered but has to be provided according to the center's license from the MN Department of Health
- If a participant is at the center for more than 4-1/2 hours, they must be served a meal that meets recommended dietary allowances according to a menu approved by a registered dietician
- The center must offer a midmorning and midafternoon snack
- The center must provide modified diets for participants whose written records specify dietary restrictions (CSSP)

• Transportation:

• If a center provides transportation, the maximum transportation time for any participant being transported by a center vehicle between the participant's home and the center shall be 90 minutes, one way.

Structured Exercise Program:

- The center shall offer a daily structured exercise program for participants whose physicians have authorized their participation.
- The program shall be developed in consultation with a registered physical therapist.
- A registered physical therapist shall provide consultation and review of the exercise program, at least quarterly.

Activities of Daily Living:

• The center shall provide participants assistance, when needed, in managing activities of daily living such as dressing, grooming, and eating, and in developing or maintaining the skills necessary to manage these activities on their own.

Daily Program Activities:

- The center shall have a monthly plan for diversified daily program activities. Program activities shall be designed to meet the needs and interests of the participants and shall include:
 - socialization activities, such as group projects and recreational activities;
 - cultivation of personal interests, such as arts, crafts, and music; and
 - activities designed to increase the participant's knowledge and awareness of the environment and to enhance language and conceptual skills.

Social Services:

- interviewing the participant and, when possible, the participant's caregiver as part of the admission procedure
- maintaining a family and social history for the participant's record that is updated annually;
- observing and recording psychological, emotional, social, financial, legal, employment, transportation, and other living situation factors related to the participant's achieving objectives specified in the participant's plan of care; and
- referring the participant and caregivers to community services as required to meet the needs identified by the observation

Health Services:

- The center shall offer health services developed in consultation with a registered nurse. A
 registered nurse shall provide consultation and review of the health services at least monthly.
 Health services must include:
 - monitoring participants' health status and reporting changes to the participant's caregiver and physician and the center director;
 - educating and counseling participants on good health practices;
 - maintaining a listing of professional health resources available for referrals as needed by participants;
 - developing policies and monitoring procedures for participant self administration of medications for training unlicensed personnel who provide medication assistance; and
 - supervising staff distribution of medication and assistance with participant self administration of medication and ensuring compliance with part 9555.9680, subpart 2, item C.

Participant Records:

- an application form signed by the participant or the participant's caregiver
- a medical report dated within the three months prior to or 30 calendar days after the participant's admission to the center, signed by a physician or signed by a physician assistant or registered nurse and cosigned by a physician;
- reports received from other agencies involved in providing services or care to the participant;
- participant's service agreement with the center, that must specify the responsibilities of the participant and the center with respect to payment for and provision of services and shall be signed by the participant or the participant's caregiver and the center director;
- attendance and participation reports and progress notes that are recorded at least monthly
- notes on special problems or on changes needed in medication and on the need for medication assistance

Participant Records:

- participant's needs assessment and current plan of care;
- a copy of the center's statement on participants' rights, signed by the participant or the participant's caregiver to indicate the participant has been informed of rights;
- any incident reports involving the participant;
- copy of the individual abuse prevention plan developed for the participant;
- a statement signed by the center director and the participant at the time of the participant's admission specifying the basis on which the participant was determined to be capable or not capable of taking appropriate action for self-preservation under emergency conditions;
- The center shall provide each participant with written notice ensuring that each participant or participant's guardian or caregiver has been informed of the participant's right to contest the accuracy and completeness of the data maintained in the record

Initial Service Planning:

- Immediately after admission, the center shall conduct a needs assessment and develop a preliminary service plan for the participant:
 - The center shall assess the participant's needs for center services based on observation of the participant and information obtained from other sources.
 - The needs assessment shall address:
 - the participant's psychosocial status (for example, awareness level, personal care needs, need for privacy or socialization);
 - the participant's functional status (for example, endurance and capability for ambulation, transfer, and managing activities of daily living); and
 - the participant's physical status, to be determined by observation, from the intake screening interview, and from the medical report received from the participant's physician.

Initial Service Planning:

- Immediately after admission, the center shall develop a preliminary service plan based on the needs assessment and coordinated with other plans of services for the participant.
- The preliminary service plan must include the following information and specifications:
 - scheduled days of participant's attendance at the center;
 - transportation arrangements for getting the participant to and from the center;
 - participant's nutritional needs and, where applicable, dietary restrictions;
 - role of the participant's caregiver or caregivers in carrying out the service plan; and
 - services and activities in which the participant will take part immediately upon admission.

Individual Plan of Care:

- Within 90 days of the participant's admission to the center, a written plan of care must be developed by the center staff together with the participant, the participant's caregiver, and other agencies and individual service providers. The plan of care must be dated and must include:
 - an update of the preliminary service plan required in subpart 2 and additional services required by the participant;
 - short and long-term objectives for the participant stated in concrete, measurable, and time specific outcomes;
 - the staff members responsible for implementing the individual plan of care;
 - the anticipated duration of the individual plan of care as written; and
 - provisions for quarterly review and quarterly revision of the individual plan of care, including quarterly review and revision of the individual abuse prevention plan.



Next meeting and project questions

Peter Spuit
Aging and Adult Services Division

Next meeting and project questions

Wednesday, November 13, 2019, 10:00am-12:00pm
 DHS Lafayette Building, room 4148

Project questions?

Contact: Peter Spuit, Peter.Spuit@state.mn.us, 651-431-2593