WAIVER REIMAGINE: MINNESOTA AND OTHER STATE WAIVER RECONFIGURATION EFFORTS

HCBS 2018
MEET THE TEAM

Brittany Taylor
btaylor@hsri.org
Research & Policy Analyst

Mary Sowers
msowers@nasddds.org
Director of Special Projects

Colin Stemper
colin.stemper@state.mn.us
Fiscal Policy Lead, MN Disability Services Division

Elyse Bailey
elyse.bailey@state.mn.us
Research, Evaluation and Fiscal Policy Lead, MN Disability Services Division
AGENDA

01 Waiver Reimagine Project
02 Federal Context
03 Reconfiguration Options
04 Work to Date
FEDERAL CONTEXT
HCBS Regulations: Target Groups

- The 2014 final regulations included an important change to the regulatory provision regarding target groups. Provision became effective March 17, 2014.

- 42 CFR 441.301(b)(6): Be limited to one or more of the following target groups or any subgroup thereof that the State may define:
  (i) Aged or disabled, or both.
  (ii) Individuals with Intellectual or Developmental Disabilities, or both.
  (iii) Mentally ill.
Background

Before the issuance of the 2014 final regulations, States were required to develop separate section 1915(c) waivers to serve more than one of the specified target groups.

The 2014 regulatory change permits states to combine multiple target groups within one waiver, removing a barrier for states that wish to design a waiver that meets the needs of more than one target population.

States must still determine that without the waiver, participants will require an institutional level of care.
Why Might States Utilize This Flexibility?

• Seamlessly serving individuals of different target groups who may live together (e.g., an individual with an intellectual disability and his/her aging parent)

• Recognition that an individual’s needs may make them eligible under more than one target group

• Offering an array of services to meet a wide range of needs, regardless of diagnostic category

• Potential to gain administrative efficiencies if state has been offering same service array to more than one target group (previously requiring more than one waiver)
Program Design Considerations

• Strategies to maintain the key program expertise needed to address the unique needs of each population
• Eligibility and assessment strategies that will serve all populations well
• Appropriate services (including provider qualifications and reimbursement strategies) to meet the health and welfare of all individuals served
Program Design Considerations (cont.)

• Strategies for ensuring no group is disenfranchised by the consolidation

• Exploring opportunities for reserved capacity to ensure equal access across all groups

• Quality strategies that will enable nuanced discovery to identify issues that may be more typical in certain populations (i.e., falls, dysphasia, etc.)
Quality Improvement

• CMS requires, at 42 CFR 441.302(a)(4), an assurance that the State is able to meet the unique service needs of the individuals when the State elects to serve more than one target group under a single waiver.

• Discovery, remediation and system improvement strategies must be effectively tailored to ensure efficacy for all target groups.

• Tailored strategies may be needed if issues are identified that appear to be affecting only one target group.

• The State, through the CMS 372 reports, will provide data in the quality section, for waivers serving multiple target groups, that a single target group is not being prioritized to the detriment of other groups.
Stakeholder Engagement...Essential

- Stakeholder engagement is especially important when the waiver will meet the potentially diverse needs of different target groups.
- Specific requirements for public notice apply, and states are advised to begin engagement early, using many avenues, to ensure a thorough and ongoing opportunity for meaningful input.
A Potential Tool for Innovation

Especially as states:

- Consider ways to ensure access to HCBS supports throughout the life span and as specific needs arise, as in life.
- Explore new ways to support families and family caregivers.
- Consider administrative efficiencies while maintaining needed program expertise.
WAIVER REIMAGINE PROJECT
Project Background

- Examining the program structures of the four disability waivers.
- Seeks to recommend structural changes that simplify and improve the programs.
- Includes two legislative studies:
  - Study 1: Disability Waiver Reconfiguration
  - Study 2: Individual Budgeting Model
Project Values

- Flexibility to encourage person-centered supports
- Enhance personal authority over service choice
- Simplify waiver program information and administration
- Equity across waiver programs and participants
- Align benefits across waivers
- Ensure a smooth transition
• Partnering with national research leaders – the Human Services Research Institute (HSRI), NASDDDS, the University of Minnesota, and Burns & Associates to complete this work.

• Studies will occur throughout 2018

• Legislative report and recommendations in December 2018 and January 2019.
MN Disability Waiver Programs

- Community Access for Disability Inclusion (CADI)
- Developmental Disabilities (DD)
- Brain Injury (BI)
- Community Alternative Care (CAC)
CADI Waiver

1915(c), operated since 1987

Nursing facility level of care

34 available services

26,967 recipients in FY17

Average annual recipient cost (FY17): $30,292
DD Waiver

- 1915(c), operated since 1984
- ICF/DD level of care
- 26 available services
- 18,629 recipients in FY17
- Average annual recipient cost (FY17): $69,088
BI Waiver

1915(c), operated since 1992

Nursing facility and neurobehavioral hospital levels of care

36 available services

1,351 recipients in FY17

Average annual recipient cost (FY17): $73,177
CAC Waiver

1915(c), operated since 1985

Hospital level of care

31 available services

564 recipients in FY17

Average annual recipient cost (FY17): $64,818
State Context

- County and tribe administered (87 lead agencies)
- Lead agencies manage waiver spending through aggregate lead agency budgets determined by the state
- Currently no waitlist for disability waivers
State Context

Builds upon years of work and progress achieved in Minnesota:

- Robust service system of supports for people
- Work on aligning services and standards across the waivers
- Implementation of a standardized rate structure
- Implementation of a standardized assessment for all populations
- Individualized supports and person-centered planning
Study 1: Disability Waiver Reconfiguration

**Intent**
Identify efficiencies, simplifications, and improvements through reconfiguring the disability waiver program structures.

**Recommendations may include**
Consolidating one or more waivers or offering additional waivers.

**Objectives**
Equity between populations and programs to provide access to the services and supports people need.
Study 2: Individual Budgeting Model

**Intent**

Develop an individual budgeting model for all disability waiver recipients. Recommend changes to the current budget methodology to the Consumer Directed Community Supports (self-directed services).

**Recommended model may include**

Individuals’ support needs, MnCHOICES assessment information, living circumstances, and other potential factors.

**Objectives**

Enhance personal authority people have over choosing the type and amount of HCBS they receive.
Opportunities

• Looked at values they want to embed in the system, and what people in their system wanted, then coupled this with research.

• Chance to align the state’s goals more closely with service recipients, families, and other stakeholder’s goals.

• Ability to use reconfiguration to help develop the kind of system they want in the future.

• Reduce the variability and inequities in the type and amount of services available to people across the state.

• Increase the administrative capacity to strategically govern the programs.

• Reduce complexity for people and families and increase personal authority over supports.
Challenges

- Many moving parts in the system—numerous other efforts and studies currently taking place.
- Narrow timeline.
- No direct precedent for combining these four populations within a waiver.
- Balancing goals.
WORK TO DATE
Project Activities

- Researching other states’ waiver reconfiguration efforts
- Gathering feedback from service recipients, families, lead agencies, and providers across the state
- Analyzing the current waiver structures in Minnesota, including the people receiving services and the services provided
- Recommending a reconfigured waiver structure based on study findings
- Analyzing impact and recommending transition planning
# Researching Select State Efforts

<table>
<thead>
<tr>
<th>STATE</th>
<th>WAIVER EFFORT</th>
<th>FUNDING AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>Pathways to Employment</td>
<td>1915 (i)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Centennial Care</td>
<td>1115</td>
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<tr>
<td>New Mexico</td>
<td>Mi Via</td>
<td>1915 (c)</td>
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<tr>
<td>New York</td>
<td>Bridges to Health</td>
<td>1915 (c)</td>
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<tr>
<td>Pennsylvania</td>
<td>Community Health Choices</td>
<td>1915 (b/ c)</td>
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<tr>
<td>Tennessee</td>
<td>TennCare II</td>
<td>1115</td>
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</table>
Delaware: Pathways to Employment

• Targets youth ages 14-25 with visual impairments, physical disabilities, or intellectual disabilities/autism spectrum disorder/or Asperger’s Syndrome

• Goal: Support low-income youth with disabilities to gain the skills they need to find and succeed in work.
• Unifies physical health, behavioral health, long-term care, and community benefits (akin to HCBS services) in one program

• Goals: Streamline, modernize, tailor services to individual needs, increase quality, slow program costs without cutting services, eligibility, or rates
New Mexico: Mi Via

- First entirely self-directed waiver(s) in the country. Originally two waivers (HIV/AIDS and I/DD & Medically Fragile), now just one for I/DD.
- Goal: Enable participants to self-direct services, providing greater choice and control.
New York: Bridges to Health

• Three waivers serving youth with I/DD, medically fragile youth, and youth with serious emotional disturbance (SED)
• Goal: Meet needs specific to youth in foster care and juvenile justice system to enable them to remain in their communities and out of unnecessary hospitalization.
Pennsylvania: Community Health Choices

• Combines five 1915(c) waivers that served aging individuals, people with physical disabilities (both who self-direct and who do not), people with TBI, and people with developmental disabilities that meet Nursing LOC

• Goal: Program alignment and decrease administrative burden of operating multiple waivers with overlapping populations
Tennessee: TennCare II

• Longstanding managed care waiver that incorporated individuals with PD and over 65 in 2009 and I/DD in 2016.

• Goal: Expand access to services, and continually improve quality of services by cross-applying learning (i.e., using HCBS lessons to improve other LTSS services).
Focus Groups

- In-person and online

- 265 participants; 66 out of 87 counties

Primary findings:
- Reduce program complexity; required knowledge
- Address inter- and intra-program silos
- Encourage more flexibility
- Rural service availability; culturally competent providers
- Systemic challenges: transportation, workforce shortage
Stakeholder Engagement

• Dedicated stakeholder group
• Meetings with counties, service providers, and people with disabilities
• What’s working/not working in the current service system?
• “We’re glad you talked to us now”
• Engagement work beyond the study period
# Analysis of Current Waivers

<table>
<thead>
<tr>
<th></th>
<th>BI</th>
<th>CAC</th>
<th>CADI</th>
<th>DD</th>
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<tbody>
<tr>
<td><strong>Number of Participants</strong></td>
<td>1,421</td>
<td>497</td>
<td>24,027</td>
<td>17,498</td>
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<td><strong>Number using CDCS</strong></td>
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<td>224</td>
<td>1,876</td>
<td>2,496</td>
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<td>Hospital</td>
<td>Nursing</td>
<td>ICF/ DD</td>
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<td><em>Primary.</em> Aged or Disabled, or Both. <em>Subgroup:</em> Brain Injury</td>
<td><em>Primary.</em> Aged or Disabled, or Both, General <em>Subgroup:</em> Disabled (Other)</td>
<td><em>Primary.</em> Aged or Disabled, or Both, General <em>Subgroups:</em> Disabled (Physical) and Disabled (Other)</td>
<td><em>Primary.</em> Intellectual Disability or Developmental Disability, or Both <em>Subgroups:</em> Intellectual Disability and Developmental Disability</td>
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<td><strong>Age</strong></td>
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<td><em>Age:</em> 0-64</td>
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<td>Service Array</td>
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<td><strong>24-hour Emergency Assistance</strong></td>
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<td><strong>Chore Service</strong></td>
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<td><strong>Consumer Directed Community Support:</strong></td>
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<td><strong>Environmental Mod</strong></td>
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<td><strong>Personal Assistance</strong></td>
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<td><strong>Self Directed Support</strong></td>
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<td><strong>Treatment &amp; Training</strong></td>
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<td><strong>Crisis Respite</strong></td>
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<td><strong>Environmental Accessibility Adaptations</strong></td>
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<td><strong>Transitional Services</strong></td>
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<td><strong>Transportation</strong></td>
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## Service Array (cont.)

<table>
<thead>
<tr>
<th>BI Waiver</th>
<th>CADI Waiver</th>
<th>CAC Waiver</th>
<th>DD Waiver</th>
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<td>Prevocational Services</td>
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<td>Extended State Plan Nursing</td>
<td>Extended State Plan Nursing</td>
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<tr>
<td>Adult Foster Care</td>
<td>Adult Foster Care</td>
<td>Adult Foster Care</td>
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<tr>
<td>Child Foster Care</td>
<td>Child Foster Care</td>
<td>Child Foster Care</td>
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<tr>
<td>Independent Living Skills Training</td>
<td>Independent Living Skills Training</td>
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<td>Individualized Home Supports</td>
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<td>Adult Companion Services</td>
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<td>Customized Living</td>
<td>Customized Living</td>
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<td>Residential Care (DISC)</td>
<td>Residential Care (DISC)</td>
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<td>Independent Living Skills Therapies (BI Only)</td>
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<td>Day Training and Habilitation (DD Only)</td>
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<td>Assistive Technology (DD Only)</td>
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<td>Residential Habilitation (DD Only)</td>
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Support Needs

Analysis of available MnCHOICES data affirmed that support needs differed by waiver:

• Medical need was highest on CAC
• Psychosocial need was highest on BI
• Individuals on the CADI and DD waivers had a diverse range of needs
Service Use

<table>
<thead>
<tr>
<th>Living Setting</th>
<th>Cost Per Person, Per Year</th>
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<tbody>
<tr>
<td>Corporate Foster Care</td>
<td>$103,988</td>
</tr>
<tr>
<td>Family Foster Care</td>
<td>$77,038</td>
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<tr>
<td>Other Residential</td>
<td>$53,441</td>
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<tr>
<td>With Family with CDCS</td>
<td>$46,927</td>
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<tr>
<td>With Family without CDCS</td>
<td>$41,564</td>
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<tr>
<td>Independent with CDCS</td>
<td>$26,882</td>
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<tr>
<td>Independent without CDCS</td>
<td>$25,012</td>
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<table>
<thead>
<tr>
<th>Waiver</th>
<th>Cost Per Person, Per Year</th>
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<tbody>
<tr>
<td>BI</td>
<td>$84,185</td>
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<tr>
<td>CAC</td>
<td>$202,942</td>
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<tr>
<td>CADI</td>
<td>$45,824</td>
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<tr>
<td>DD</td>
<td>$79,717</td>
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<table>
<thead>
<tr>
<th>Service</th>
<th>FY17 Expenditure</th>
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<tr>
<td>Independent Living Skills Training (BI, CAC, and CADI Waivers)</td>
<td>$59,822,627</td>
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<td>Personal Support (DD Waiver)</td>
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<td>Adult Companion Services (BI and CADI Waivers)</td>
<td>$1,979,477</td>
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<tr>
<td>In-Home Family Support (DD Waiver)</td>
<td>$33,834,650</td>
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</table>
DSD and the study project team have engaged in discussion over the summer about how best to meet DSD’s goals for reconfiguration through various models.

**Considerations:**
- Who will be eligible for services?
- How will the state and lead agencies administer supports and services?
- What services will be available to people?
- What changes will be made to service planning?
- What will need to be done to ensure a smooth transition between structures?
Overall Benefits of Consolidation

• Simplifies the current system for individuals, case managers, lead agencies, and the administration

• Allows individuals to be served based on needs and preferences rather than diagnoses

• Creates greater uniformity in service offerings across populations
Overall Challenges of Consolidation

- Service array must be robust enough to meet the needs of people with a variety of disabilities and support needs; real or perceived advantages of specialization by diagnostic classifications may be dissolved.
- Difficulty predicting changes to cost.
- Systemic disruption.
- Determining how much to weigh flexibility and how much to weigh administrative control.
Unified Waiver

- Consolidate four current waivers into one
- Keep all LOCs
- Offer a single, common service array
Unified Waiver: Benefits

• Achieves the goal of simplifying the disability waiver structure by combining all four waivers under one 1915(c).

• Changes/amendments would be implemented one time under a unified waiver.

• Recipients have greater flexibility to move into different living settings depending on life changes.

• The consumer-directed option would be available to all those enrolled in the waiver should they choose to use it.
Unified Waiver: Challenges

• Reduces the ability to apply controls and limits that currently exist due to the natural separation between waivers, which may result in substantial impacts on costs.

• Administrative structures will need to be in place to efficiently manage the overall budget.

• Determining a common service array that will meet the needs of all individuals served.
Supports & Comprehensive Waiver

- Consolidate four current waivers into two:
  - Supports waiver that would serve individuals living independently or at home with family
  - A comprehensive waiver that would serve individuals living in paid residential settings
- Keep all LOCs in both waivers
- Offer many of the same services, but tailor arrays to each waiver
Supports & Comprehensive: Benefits

- Reduces administrative burden by reducing the number of waivers.
- Offers a way to differentiate by living setting, targeting resources and supports to best serve individuals where they live.
- Both waivers will combine all disability populations currently served under the four existing waivers.
- Allows state to make changes to a narrowed scope of service recipients if needed.
Supports & Comprehensive: Challenges

- Considerable debate over how to operate the supports waiver
- Maintaining consistency in service arrays between waivers
- Managing movement between waivers
Thank You.