



HCBS Partners Panel

October 30, 2015

Welcome and Introductions

Lori Lippert, *Disability Services Division*

Updates

Jean Wood, *Aging and Adult Services Division*

Alex Bartolic, *Disability Services Division*

Q: Can you give an update on the status of the Community First Services and Supports (CFSS) program?

A: DHS is ready to open negotiations with CMS.

July 2016 is the anticipated launch date, but that date is open to change.

CFSS needs to be in compliance with the HCBS Settings Rule prior to its implementation. CMS has not approved our plan but a call is scheduled in November to work through details. We are completing analysis of self-assessment information. Will begin working on other criteria with the stakeholder group.

Q: What else is held up by this?

A: DHS needs to assure we will be in compliance before they will approve anything new.

Q: Can there be a place on the DHS website that lists the amendments and their status?

A: Proposals for waiver amendments submitted to CMS can be found here:

<http://mn.gov/dhs/general-public/about-dhs/public-participation/index.jsp>

Q: Can we list stakeholder groups and opportunities for participation?

A: Information about opportunities for involvement in DHS initiatives and proposed program changes can be found here: <http://mn.gov/dhs/general-public/about-dhs/public-participation/>

Long-Term Care Ombudsman Program

Natasha Merz, *Deputy Ombudsman*

Natasha went through PowerPoint that gives an overview of the Ombudsman Office, provided background about the new rule, and explained what the impact of the new rule will be.

Q: Can you give examples of how volunteers are engaged and how many?

A: Volunteers get assigned to work with specific nursing homes. They help residents follow-up on complaints/concerns. They provide support for resident/family councils.

Q: Is there an age limit to who the Ombudsman Office works with?



- A: The office serves individuals age 18 and older.
- Q: Has the office seem more referrals because of MAARC? No.
- Q: How do you seeing contradiction that the Ombudsman Office staff are not mandated reporters, some of the individuals who work for them are licensed social workers and nursing homes, and that makes them mandated reporters?
- A: The Office's interpretation is that Federal statute trumps state statute, and the Ombudsman rules are dictated by federal statute. Therefore, if the person learns of suspected abuse or neglect in their Ombudsman role, they are not mandated to report it.
- Q: How many cases does the office handle?
- A: The Office receives about 2500 complaints per year. 80% are resolved to satisfaction of resident.

National Core Indicators Surveys and Staff Stability Survey

Sarah Thorson, Disability Services Division

Kari Benson, Aging and Adult Services Division

A handout about the NCI surveys was provided that gives an overview, explains the purpose and summarizes the indicators measured in the surveys, along with the planned schedule for conducting the surveys.

- Q: Will the NCI-AD interview family caregivers supporting older adults?
- A: No, the NCI surveys are specifically about the experience of people who use services. However, the 2015 Survey of Older Minnesotans did ask respondents if they were caregivers.

The Disability Services Division is launching a new survey called the Staff Stability Survey. The survey will assess the quality and stability of the Direct Support Professionals (DSP) working in programs serving people with intellectual and developmental disabilities (IDD). The goal is to use the survey results (which will include data on turnover, wages, benefits and recruitment/retention) to develop policies and programs to support the DSP workforce.

National Core Indicators (NCI) - a collaboration between the National Association of State Directors for Developmental Disabilities Services (NASDDDS) and Human Services Research Institute (HSRI) - has launched a new Staff Stability Survey to assess the quality and stability of the Direct Support Professionals (DSP) working in the programs for people with intellectual and developmental disabilities (IDD). The data gathered from this survey have the potential to become a **comprehensive data source** on DSP wages, turnover, staffing rates, benefits, and recruitment/retention strategies. Agency participation is critical to ensure the collection of this valuable information.

The survey asks questions about:

- Types of services provided
- Turnover/tenure
- Wages



- Benefits
- Recruitment and retention strategies

If you have any questions, contact Sarah Thorson, Manager, DHS Disability Services Division, at 651 431-4360.

The survey will go to the CEO. A request for CEO contact information was sent through MN.IT.

Q: Can DHS also send the survey to another staff member?

A: DHS does not have that information in its system.

Service Access Study

Jessica Kasten, Truven Health Analytics

See the PowerPoint that was used for this presentation.

The purpose of the Service Access Study was to measure the effect that rate changes made on access to/utilization of services.

Analytics included:

- Provider availability
- Size of provider
- Level of acuity of caseload of provider

The study will continue to focus on the four services included in contract years 1 and 2.

The analysis focused in on areas considered “hot spots”, that is, areas of the state where there is high level of need AND low provider availability. They also identified high risk areas for younger people with disabilities. The full report will include maps of these areas.

The data from the study will be made available through a Service Access Dashboard. Panel members can still provide feedback on the dashboard. A is available. To do so, first see the [prototype of the dashboard](#), then use the [survey](#) to give feedback.

What can we conclude from this study? We see that some access issues are due to challenges in attracting sufficient workforce. This is both a reimbursement issue and one of demographics – more people in need of services than available numbers of people to provide them.

Going forward, we are open to hearing your ideas about what other factors we should be looking at. What do we do about what we have learned? We want to know how Panel members want to delve more into the data. DHS will provide another opportunity to do so.

Home and Community-Based Services (HCBS) Critical Access Study

Sara Galantowicz, Abt Associates

See the attached list of services that were included in the study.

See the PowerPoint that was used for this presentation.



DHS Gaps Analysis Study

Mary Olsen Baker, Disability Services Division

See handouts.

See also website at mn.gov/dhs/gaps-analysis

MN Adult Abuse Reporting Center (MAARC)

Jean Wood, Aging and Adult Services Division

Jennifer Kirchen, Aging and Adult Services Division

The MAARC continues to receive 1,000 reports a month (which is similar to the reporting volume prior to the launch of MAARC). Of those 70% are by phone, 23% by web.

Staff have received feedback on ease of reporting.

At the county stakeholder group yesterday, comments were very positive, though there was one complaint regarding the amount of emergency protective services referrals. MAARC has provided training to help people know how to handle these referrals.

10% of reports were for DHS licensing

49% of reports went to MDH. Half of these reports actually came in through the MDH website where people can go directly to make nursing home reports.

41% of reports went to counties.

Next quarterly release of SSIS will bring further improvements to the system. One comment is that the on-line text box is too small. This is one of the things that will be improved in the next release. It will be bigger and the number of characters will not be limited. The changes will first be piloted by three counties, and then statewide launch is scheduled for Dec. 7 and 8.

Communication with all stakeholders continues and is very important.

The contract for a public awareness campaign is in place. The group working on this campaign have met with stakeholder groups. The campaign will launch in mid-2016.

A Panel member suggested staffing the call center with social workers or people with some human service background and that these people could then do some initials screening, perhaps eliminating some of inappropriate referrals. Jennifer responded that this would require a statute change in the meaning of the common entry point to include screening within its scope.