



## Waiver Reimagine Update

# Agenda/Introduction

## **Agenda:**

- Waiver reimagine and simplified service menu refresher
- Update on waiver reconfiguration and individual budgeting
- Discuss how, what when of engaging on waiver Reimagine going forward

## **Presenters:**

- Leah Zoladkiewicz- Waiver policy consultant/Waiver reimagine project coordinator
- Christina Samion- Waiver policy and federal compliance lead
- Hannah Lamb- Fiscal policy analyst
- Colin Stemper- Fiscal policy supervisor

## What is Waiver Reimagine?

As the need for waiver programs grows, we must respond to challenges that people and families have told us about. The waiver system should support you to lead a meaningful life based on your goals and what is important to you.

Waiver Reimagine is intended to address the challenges people and families have raised. We recently heard common concerns about waiver programs, including how:

- Waiver programs are too complex and difficult to understand.
- People feel like there is a lack of information.
- There is limited flexibility, control and choice over services.

Waiver Reimagine is meant to respond to these concerns by:

- Making the waiver system easier for you to understand and use.
- Empowering you with more control over your services.
- Providing equity across waiver programs and people.



# Project Overview

## 2017-18:

- We conducted extensive research and stakeholder engagement that informed the Waiver Reimagine legislative report and recommendations.

## 2019:

- Simplifying the service menu changes were passed into law.

## 2020:

- We are continuing to research reshaping the waivers, support ranges (individual budgets) and self-direction. We are conducting more stakeholder engagement events to inform policy and a second legislative report.

## 2021:

- Simplifying the service menu changes take effect Jan. 1, 2021. We will publish the second Waiver Reimagine legislative report with more detail on reshaping the waivers, support ranges (individual budgets) and self-direction.

## 2022 and beyond:

- After approval from the Legislature, we will submit plans to the Centers for Medicare & Medicaid Services (CMS). Implementation will be in 2023 or later.

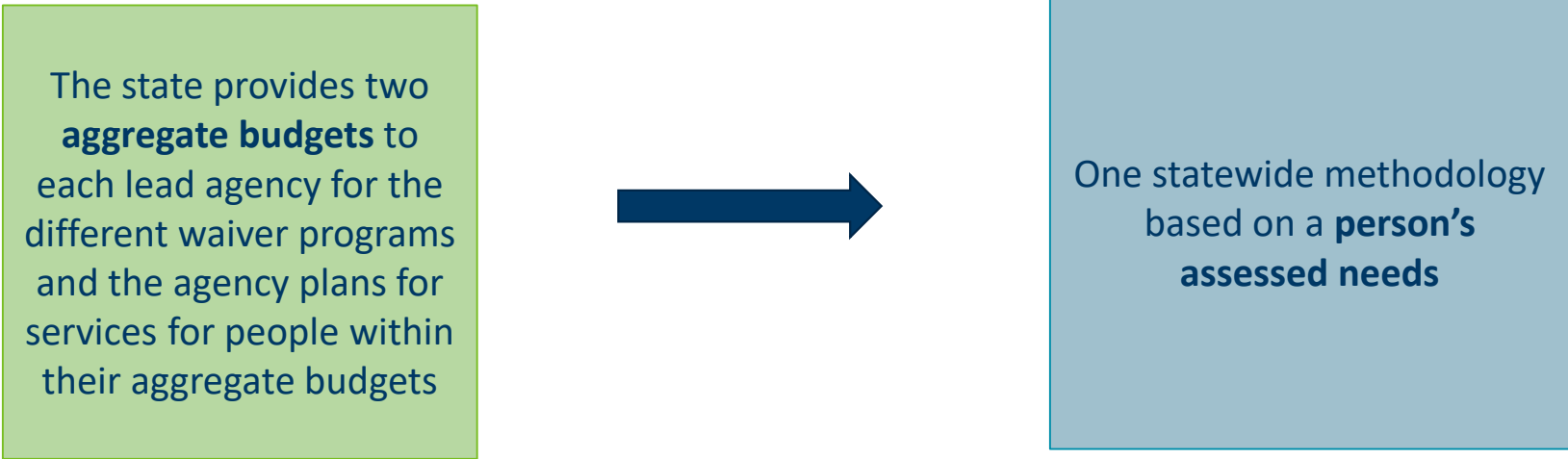
# Simplifying the Service Menu

Existing Configuration	Streamlined Service
Corporate Foster Care SLS Corporate	Community Residential Services
Family Foster Care SLS Family	Family Residential Services
Personal Support Adult Companion	Individualized Home Supports (without Training)
Independent Living Skills, Training Individualized Home Supports Supported Living Services (15 min unit)	Individualized Home Supports (with Training)
In-Home Family Supports	Individualized Home Supports (with Family Training)
Day Training & Habilitation Structured Day Program	Day Support Services

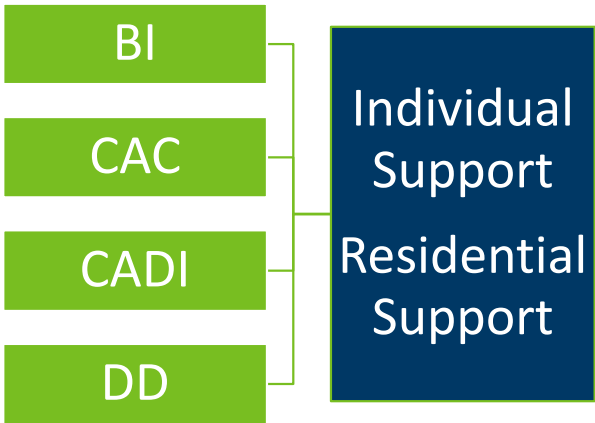
- Rolling implementation beginning January 1, 2021
- The new services are expected to be authorized at a person's annual reevaluation.
- At any annual reevaluation after January 1, 2021 following federal approval of these new services and the Department's completion of system updates, whichever is later, case managers must transition people from current residential or day services to the new services.

# Waiver reimagine- Phase 2

- Develop an individual budget methodology based on a person's unique service and support needs



- Reconfigure the waivers from four to two



# Waiver Reimagine & Individual Budgeting

- Individual budget process overview
- Individual budgeting: 2020 work
  - Adult budget recalibration
  - Children's budget development
- Future work & future engagements



# Current budgeting system

- Currently, **there is not one specific way** to determine how much a person will or can spend on traditional waiver services.
- Instead, **each lead agency** (county or tribal nation) balances people's waiver spending together within a single lead agency budget.
- People who self-direct their services through consumer directed community supports (CDCS) have an **individual budget**.
  - Waiver Reimagine's proposed support ranges **do not** use the same method as CDCS to determine a person's budget

# Steps in developing budgets

1. Create budgeting levels with statistical data modelling
2. Develop support range descriptions and verify with stakeholders
3. Verify budgeting levels through qualitative check with stakeholders
4. Finalize budget level criteria
5. Develop service mixes (amount and cost of services)
6. Verify budgeting levels and amounts with qualitative check with stakeholders

# Waiver Reimagine and support ranges

- Waiver Reimagine will create a more **equitable** and **transparent** system for people with disabilities.
- People have shared that they feel the system is not equitable—the county where they live determines their access to waiver funds, services and supports.
- Waiver Reimagine includes a new way to **determine waiver funding based on a person's needs** and not on which county they live in.
- This new method would assign each person a **support range**.

# Clarifying terms

- **Support ranges** are the levels of a person's needs based on the MnCHOICES assessment.
  - **Support range descriptions** describe a person's needs across multiple areas, or domains, of their life within each support range.
- **Budget ranges** are determined with qualitative and quantitative analysis under the individual budget methodology, including:
  - Statistical analysis
  - Expert panel work and review.
- Each support range has an associated budget range.

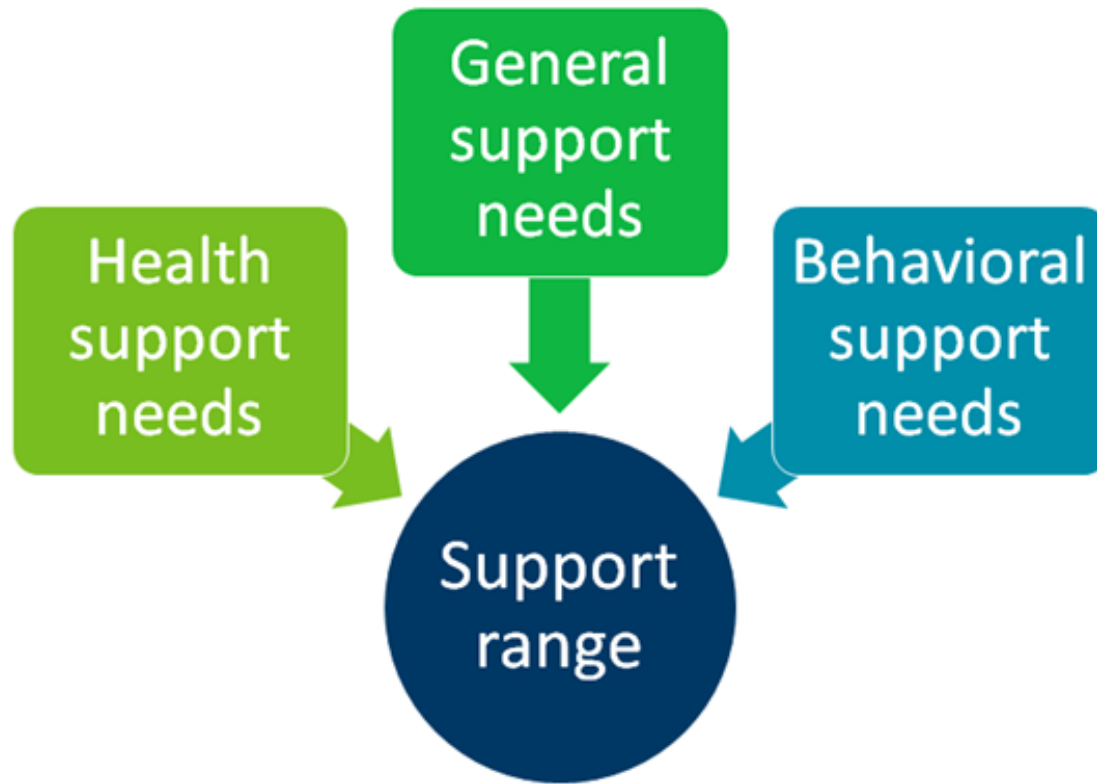
# Support ranges and consumer directed community supports (CDCS)

- People who use the current self-direction option on the disability waivers, consumer directed community supports (CDCS), will be familiar with having a budget and determining how to spend it on services and supports.
- However, support ranges would NOT be determined by the same method as CDCS.
- Currently, CDCS budgets are different from traditional budgets.
- Under Waiver Reimagine, the support ranges would be the same for those choosing to self-direct all, some or none of their services and be more stable and predictable over time.

# Support ranges and the Disability Waiver Rate System (DWRS)

- Waiver Reimagine and the proposed support ranges would not change the Disability Waiver Rate System (DWRS).
- Support ranges would be only one part of a person's waiver plan. A person's unique goals and needs would still be part of the planning process.
- A person's support range would determine spending, not what supports they choose.

# How is a person placed in a support range?



- A combined score across each of the following assessment areas would determine the support range:
  - General support needs
  - Health support needs
  - Behavioral support needs.
- No single question or handful of questions would determine the support range.

# The individual budget model



**Support  
Range  
Descriptions**

**Support  
Range  
Criteria**

**Service  
Mixes**



# Support range descriptions

## Life domains from Charting the LifeCourse framework

**Support  
Range  
Descriptions**



Daily Life &  
Employment



Community  
Living



Safety &  
Security



Healthy  
Living



Social &  
Spirituality



Advocacy &  
Engagement

# Support range description example

Life domain	Description
Safety & Security	To stay safe, I need to learn safety and decision-making skills, and may rely on my parent or caregiver to help me make safe decisions. To understand the supports I need to stay safe, I need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community and online and about my rights and responsibilities. I might rely on technologies to be safe like a tracking device. I may also need extensive physical support and constant supervision in the community and to respond to emergencies.
Citizenship & Advocacy	To advocate for myself, I need to start making choices about my daily life. I need support to understand my choices and their consequences and experiences to support me choosing. I also need help to understand my disability and the choices that I have for services. My parent or caregiver may need help to advocate for me.

# Support range criteria



## Support Range Criteria

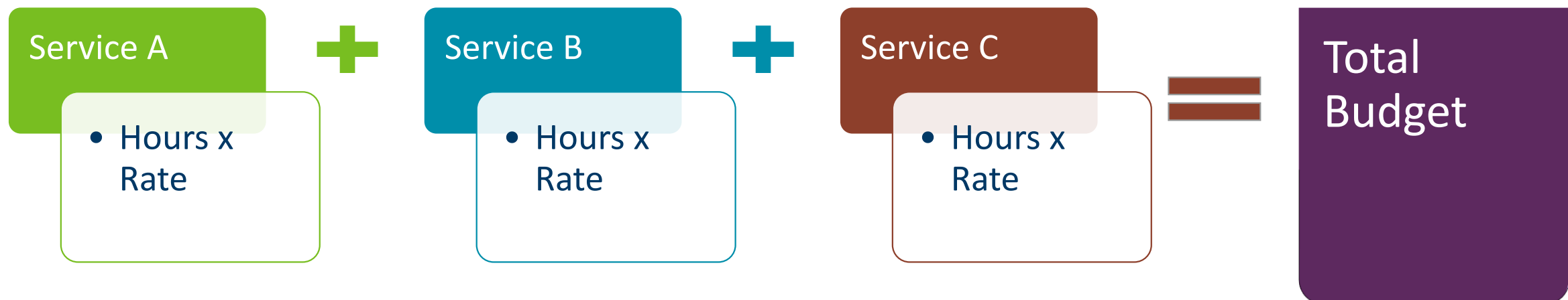
1	Low general support need with typical health and behavioral support needs
2	Moderate general support need with typical health and behavioral support needs
3	High general support need with typical health and behavioral support needs
4	Extensive general support need with typical health and behavioral support needs
L	Low to moderate general support need with high health and/or high behavioral support needs
H	High to extensive general support need with high health and/or high behavioral support needs
E	Any general support need with extraordinary health and/or behavioral support needs



		Living Independently						
		1	2	L	3	4	H	E
<i>Personal Supports</i>								
Individualized Home Supports	Hours/ Week	14	14	17	17	21	21	21
Individualized Home Supports with Training	Hours/ Week							
Extended Personal Care Assistance	Hours/ Week			7	7	7	7	7
Homemaker	Hours/ Week	3	3	3	3	4	4	4
Chore	Hours/ Week							
<i>Day and Employment Services</i>								
Day Support Services	Hours/ Week	5	5	7	7	12	12	12
Prevocational Services	Hours/ Week							
Employment Exploration	Hours/ Year							
Employment Development	Hours/ Year							
Employment Support	Hours/ Week	5	5	7	7	7	10	10

# What is a service mix?

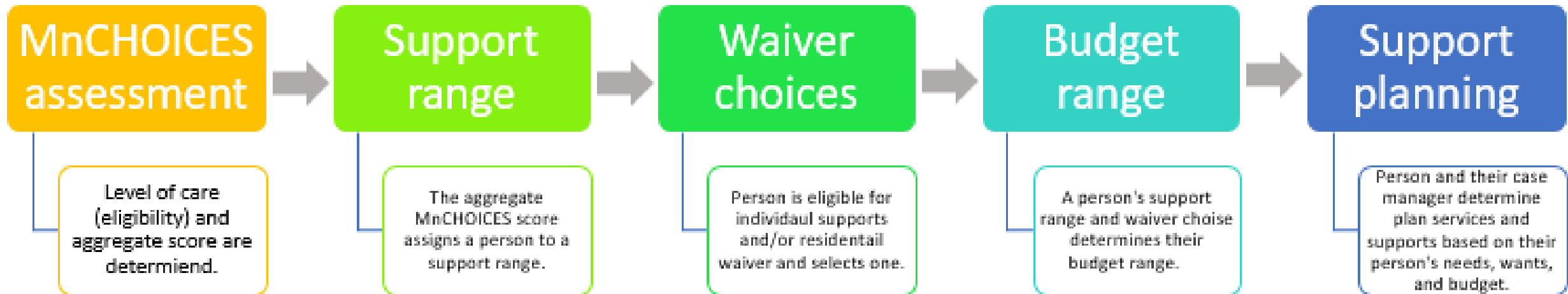
- An estimate of the types and amounts of services needed by individuals in each support range, for each living setting, and for adults and children
  - Service mixes use assumptions from inputs in the appropriate DWRS frameworks to determine the precise budgets
  - Service mixes don't dictate service use--individuals can use their budget flexibly to buy the services that they want and need



# Why bring rate calculations into service mixes?

- Tying the rates into the budget structure leads to increased flexibility for budgets. If a service rate increases, the budgets can easily be adjusted to accommodate that change for future spending.
- For example, if a component in the rates changed the base rate assumptions in the budgets could be recalculated at the same time. Meaning that individuals will not lose any of the buying power that had before the rate change.
- This full integration between rates and budgets will result in a budgets that grow and change with the system.

# Future process under individual budgeting



# 2020 Adult budget recalibration

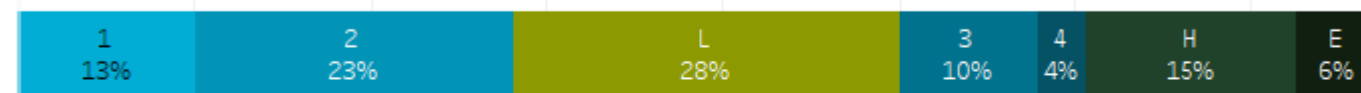
- 2020 work follows the same trajectory as 2018 but on a condensed scale.
- Our team validated and adjusted the methodology developed in 2018 with additional information available in 2020.
- **Quality assurance testing** (statistical modelling) with additional years of data (FY2017-2019).
  - Model testing/blind QA process
  - Population validation
- **Review service mixes**
  - Review services
  - Review rates for services



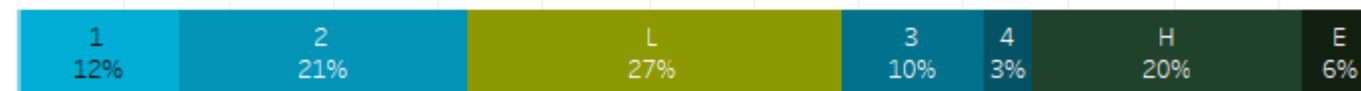
# Quality assurance testing

- Only small change to data-specific criteria were adjusted in the adult methodology in 2020
  - In a blind test of the 2018 methodology accuracy, the HSRI team was able to recreate the same outcomes. Indicating that interpretation and the methodology did not diverge from the original intentions since its development.
- With the addition of FY2018-2019 data, HSRI was able to compare the distribution of the population as validation. This showed expected small change.

**2018:**



**2020:**



# Review service mixes

- Rates and use of services have changed since 2018 which results in changes to the service mixes which then results in changes in budget ranges
- Some of the major rate changes are:
  - The end of rate banding in 2019
  - The continued implementation of employment services
  - Legislative rate component changes across the services

# Rates and service mixes

- 2018 work: the DWRS system was still in the banding period and average rates across support ranges were used to create the service mixes.
- 2020 work: Banding rates will be transferred into framework rates that allow for a more robust rate conversation to be included in the service mix discussion.

# Making rate decisions

- In order to decide how rates would be set for the budget mixes DHS took into consideration many factors:
  - Current utilization data
  - Legislative guidance on independent living first, employment first, and self-direction first
  - Support ranges relation to each other across a person's life changes as they age or needs change
- Through collaboration with internal and external partners, DHS created guiding principles that helped guide decision making for rate inputs
  - Certain rate components that are typically low-use but are essential to access
  - Services that DHS wants to promote to support policy directives, such as employment-first policy

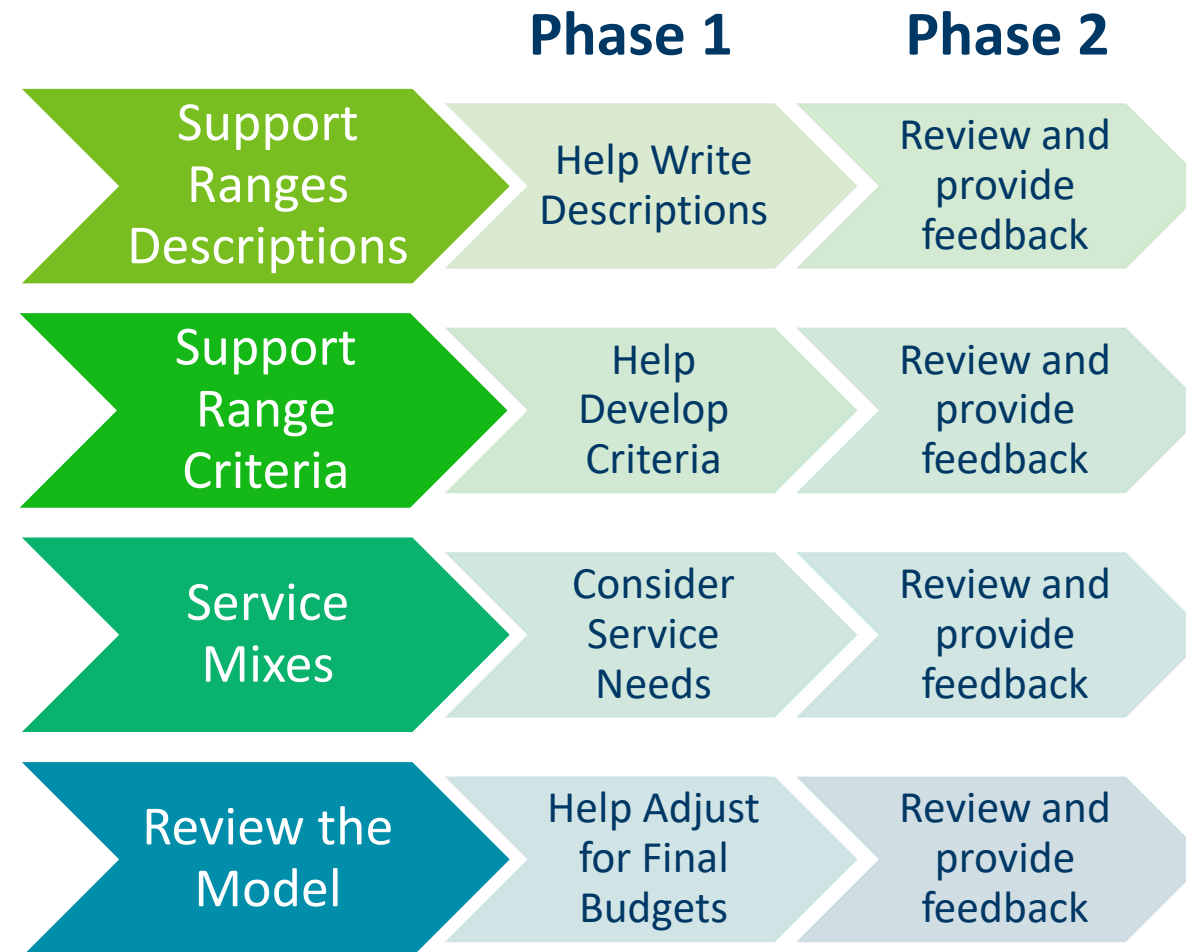
# 2020 Children's budget development

- Ensure the children's framework and adults framework work together
- Recognize that the support needs differ through a person's lifespan from 0 to 18
- There are 4 age groups
  - Ages 0 to 5
  - Ages 6 to 13
  - Ages 14 to 17
  - Adults (18+)

# Children's budgets: qualitative and quantitative work

- Statistical work
  - Analyze rates, service authorizations with a focus on CDCS
  - Explore various age range combinations and their relation to service use and rates
- Expert Panel and stakeholder engagement
  - Phase 1: An intensive group that worked over the summer to refine the methodology; made up of DHS and Lead Agency staff with expertise in children's support planning
  - Phase 2: A review group that challenges or validates the work of the intensive group through review of the proposed materials; made up of advocates, providers, and budgeting experts.

# Children's expert panel work



# Support ranges for children ages 0 to 5

L	Children with low to moderate general support need with or without high health and/or high behavioral support needs
H	Children with high to extensive general support need with or without high health and/or high behavioral support needs
E	Children with any general support need with extraordinary health and/or behavioral support needs



# Support ranges for children ages 6 to 13

1	Children with low to moderate general support need with typical health and behavioral support needs.
2	Children with high to extensive general support need with typical health and behavioral support needs.
L	Children with low to moderate general support need with high health and/or high behavioral support needs
H	Children with high to extensive general support need with high health and/or high behavioral support needs
E	Children with any general support need with extraordinary health and/or behavioral support needs

# Support ranges for children ages 14 to 17

1	Children with low to moderate general support need with typical health and behavioral support needs
2	Children with high to extensive general support need with typical health and behavioral support needs
L	Children with low to moderate general support need with high health and/or high behavioral support needs
H	Children with high to extensive general support need with high health and/or high behavioral support needs
E	Children with any general support need with extraordinary health and/or behavioral support needs

\*Please note that the methodology changes between the age groups of 6 to 13 and 14 to 17, even though the support ranges are the same.

- 2021 and beyond:
  - Aggregate budget management
  - Budget exceptions
  - Self-directed “a la carte” management

?? Questions ??

## Policy decisions:

- Reshape four current disability waivers into a two waiver structure
- Base access on where people choose to live, rather than their diagnosis
- Consider both assessment and choice to determine access to residential support waiver

# Residential Waiver and Individual Waiver

## Residential Support Waiver

Community Residential

Family Residential

Integrated Community Supports

Customized Living

## Individual Support Waiver

Living with family

Living Independently

Family supports

# Residential Support Waiver Access Criteria

A person may be eligible for the residential support waiver when:

- Their assessments determines they meet the current eligibility criteria associated with the BI, CAC, CADI and/or DD waivers; and
- They choose to live in a residential setting amongst other living options in their community.

The choices of where a person lives is impacted by many factors, including what the person wants, a person's safety plan, and the affordability of local housing options.

# Stakeholder engagement- What factors into where people choose to live?

- What the person wants.
- A desire for multiple housing choices that offer flexible and creative combinations of services and supports.
- A person's safety.
- A person's independence and how they define it.
- The ability to access quality care.
- A person's desire and ability to live with family.
- Opportunities to socialize and a person's compatibility with any housemates.
- The availability of community connections and friends and family who support the person.
- Life changes that cause a person to re-examine their wants and needs.
- Affordability of housing options.

# Reshaping the waivers: Next Steps

- Create the process to determine which waiver is right for a person and identify how people will be able to move between the new waivers. This will include developing new policies to support the changes.
- Identify topics related to housing choices to explore in greater detail based on what we learned
- Connect people to existing DHS resources and efforts relevant to the factors people identified as important in choosing where to live.
- Offer more opportunities during the next couple of years to provide input on Waiver Reimagine, including plans to reshape the waivers.



# Waiver transition plan strategies

- Submit two new waivers to CMS in 2022. The two new waivers will start Jan. 1, 2023 and the four exiting waivers – BI, CAC, CADI and DD – will sunset Dec. 31, 2023. Starting Jan. 1, 2023 people will enroll or transition to one of the two new waivers as follows:
  - New people enrolling will go on one of the two new waivers based on their living setting.
  - People who exit and reenroll on a waiver will go on one of the two new waivers based on their living setting.
  - Existing people served through one of the four current waivers will transition to one of the two new waivers based on their living setting at their annual reassessment (between Jan. 1, 2023 to Dec. 31, 2023)

# Future of self-directed services

- In 2020, the Minnesota Legislature passed a “self-direction first” policy directive. Each person using waiver services must have the option to self-direct.
- Consumer directed community supports (CDCS) is the self-direction option on all four of Minnesota’s disability waivers.
- Currently, people who live in group/shared living arrangements (like family foster care or corporate foster care) cannot access Consumer Directed Community Supports (CDCS) as an option.
- As Waiver Reimagine moves us from four waivers based on a person’s diagnosis to two waivers based on where a person lives, we are revisiting limitations on self-direction.

# Self-direction policy decisions

- There will be self-directed service options for people regardless of where they live
- People who self-direct services would have equal budgets to those who choose not to self-direct services
- Ensure services are authorized individually or in categories that are descriptive and meaningful
  - Person receiving services is making an informed decision
  - Program integrity, data driven policy

# Services available for self-direction by waiver

Services for self-direction	Individual Support Waiver	Residential Support waiver
Companionship	Yes	No
Caregiver relief	Yes	No
24-hour on call support	Yes	No
Overnight supervision	Yes	No
extended home health aide	Yes	No
extended personal care assistance	Yes	No
Mobility and transfer support	Yes	No
Help with ADLs (e.g., bathing, eating, dressing)	Yes	No
Help with IADLs (e.g., shopping, basic home maintenance, help with paying bills, laundry, meal preparation)	Yes	No
Environmental supports	Yes	No
Home-delivered meals.	Yes	No
Special diets	Yes	No
Supplies and equipment	Yes	Yes
Adaptive clothing	Yes	Yes
Home modification	Yes	Yes
Vehicle modification	Yes	Yes
Assistive technology	Yes	Yes
Monitoring technology	Yes	Yes
Internet Access	Yes	Yes
Skill building (e.g., meal/restaurant etiquette, shopping, street safety training).	Yes	Yes
Habilitative services	Yes	Yes
Independent living services	Yes	Yes

Services for self-direction	Individual Support Waiver	Residential Support waiver
Transportation	Yes	Yes
Supported employment	Yes	Yes
Day services and day programs	Yes	Yes
Extended therapy treatment	Yes	Yes
Family counseling	Yes	Yes
behavioral supports	Yes	Yes
Music therapy, horse therapy, etc.	Yes	Yes
extended home care nursing	Yes	Yes
extended home care therapies	Yes	Yes
Costs needed to manage the budget (i.e., fees charged by the financial management services [FMS] provider)	Yes	Yes
Employer-related fees and taxes (e.g., FICA, FUTA, SUTA, workers' compensation, unemployment)	Yes	Yes
Employer share of benefits (e.g., health insurance, paid time off)	Yes	Yes
Bonuses to workers	Yes	Yes
support planning services	Yes	Yes
Costs for worker recruitment.	Yes	Yes
Training and education to increase a person's ability to manage self-directed services	Yes	Yes
Training and education to paid or unpaid caregivers	Yes	Yes
Residential Supports	N/A	No
Crisis Respite	No	No
Transitional services	No	TBD
Caregiver Living expenses	No	TBD

# Self-direction and budget equality

- Currently, people on CDCS have their budgets determined by a methodology, while people only using traditional services access supports as part of a county-wide budget.
- In the future, DHS proposes to have the same budget methodology across all service types, traditional or self-directed.
- People who self-direct services would have equal budgets to those who choose not to self-direct services.

# Self-direction and à la carte choices

- Currently, people who choose self-direction or CDCS generally self-direct all their services.
- People find it hard to manage and pay for a mixture of self-directed and traditional services.
- In the future, we want to increase options for people to mix and match services to best fit their needs.
- There would be an option to self-direct some services, but not all.
  - We are calling this an à la carte option.

# Self-direction Stakeholder feedback

During the October events, DHS shared plans for the future of self-direction in Minnesota including expanding access to self-directed service, budget parity, and an a la carte option. We asked participants for their ideas and feedback about how we should expand access to self-directed services and make them easier to use.

Event participants shared that they want a self-direction program that is:

- Available to everyone who accesses waivers
- Inclusive of many (if not all) services
- Consistently administered
- Easy to understand through policy and resources.

# Self-direction next steps

As we move forward with developing a self-directed service program that expands access under a two waiver system, the information that participants shared will be used to:

- Identify the types of supports that would be available for self-direction
- Create tools and resources to make self-directed services simpler and easier for more people to access
- Make the administration of self-directed services clearer and more consistent across Minnesota
- Offer additional opportunities to provide input on self-directed services.



# 2020 Communication and Stakeholder Engagement

- To gather feedback, we have and will continue to host a series of online events between August and December of 2020. Event space is limited to support facilitated conversations and hear from everyone for a balanced perspective. The topic schedule is:
  - August: Simplifying the waiver service menu
  - September: Simplifying the four current waivers into two waivers
  - October: Expanding self-directed services
  - November: Individual budgets
  - December: Summary of event findings/preview of 2021 legislative report recommendations
- Communication plan- Video, social media, website, marketing materials, direct mailing, toolkits
- Communication Goals- Ensure people have accurate information, solicit feedback, seek buy-in

# Learn more about Waiver Reimagine

## You can learn more by:

- Watching this [short video introduction to Waiver Reimagine](#).
- Sharing the [Waiver Reimagine introductory flyer \(PDF\)](#)
- Reviewing the [frequently asked questions \(FAQ\)](#) page
- Subscribing to get [DHS Disability Services Division eList announcements](#).
- Emailing DHS at [Waiver.Reimagine@state.mn.us](mailto:Waiver.Reimagine@state.mn.us) with questions or input about Waiver Reimagine.

# Continued involvement

- How does the DWRS Advisory Committee want to be involved?
  - Regular report outs
  - Separate working group
  - Other ideas?

?? Questions ??