Support Planning Professional Learning Community (SPP LC)
February 27, 2019
To ask a question during the presentation use the Q&A Panel in WebEx

Select “All Panelists”, type your question, and click Send.
Announcements

Case Management Redesign

Waiver Reimagine Project
Building a Strong Foundation of Knowledge: Rule 185 and the Developmental Disability Waiver Webinars

- Session 2, Part 1: March 13, 9:30 am – 12:00 pm
- Session 2, Part 2: February 28, 9:30 – 11:30 am

January Support Planning Professionals Learning Community

- Exploring the rights of people under guardianship or conservatorship
- Wednesday, April 17, 10:00 am – 12:00 pm

Future Topics

- March 27: Disability HUB and Brain Injury Awareness Month
- April 24: Rights restrictions for Home and Community-Based Services
CADI and DD Waivers CSP/CSSP Examples

- MnCHOICES CountyLink Support Plan Page

Minnesota Age & Disability Odyssey Conference

- July 31 – August 1, 2019
- Duluth Entertainment Convention Center

Communities of Practice – DSD.RRS@state.mn.us
Case Management Redesign
Support Planning Professionals Community Webinar
February 27, 2019

Lisa Cariveau, Case Management Redesign Lead
Community and Care Integration Reform
• Background
• Stakeholder and community engagement
• The draft service design - how to give your input
• Next steps for the case management redesign initiative
Why redesign case management services?
Medicaid-funded case management in Minnesota includes:

- Targeted Case Management (TCM)
  - Adult mental health TCM
  - Children’s mental health TCM
  - Vulnerable adult TCM
  - Developmental disability TCM
  - Child welfare TCM
  - Relocation services coordination TCM
• Waiver Case Management
  • Community Alternative Care (CAC)
  • Community Access for Disability Inclusion (CADI)
  • Developmental Disabilities Waiver (DD)
  • Elderly Waiver (EW)
  • Brain Injury (BI)
  • Alternative Care (AC)
• Non-MA funded Developmental Disabilities Case Management
• Create a planning infrastructure to support a long-term, collective approach to case management redesign.

• Ensure community and civic engagement in the development of policies.

• Build upon past work to solidify a universal definition of case management and to develop a core set of activities that form the foundation of any case management benefit. Found in draft service design.

• Document the current county and state finances involved in delivering case management services.
Ensure that the people we serve, families and caregivers, providers, and other stakeholders are engaged throughout the case management redesign process.
Goals of community engagement

Goals
• Stakeholder and community-informed redesign process
• Influence the decision making process
• Intentional and meaningful inclusion of voices of underrepresented/underserved communities
• Governor Dayton’s Civic Engagement Plan (2016)
Community listening sessions

Community events

Additional sites for community events may be added.
Developing the service design

The initial design team was created to draft a definition for the service of case management and create a foundational set of standards around the delivery of the service so that people know what they can expect and rely on.

The primary purpose of this team was to create a draft service design to be reviewed more broadly so that as many people as possible can provide input into the design. The team utilized information gathered from the community and stakeholder engagement events to help create the content in the draft service design.
Vision for case management

Services are simple, flexible, person-centered, culturally responsive, universally available to those who qualify for them, and are effective in assisting people and families to access formal and informal supports.
Goals of case management

• Assist people and families to access formal and informal services and supports that help people achieve their goals and meet their basic needs

• Promote health, safety, and stability across settings and situations

• Support individually meaningful connections to family, friends and communities

• Support the quality of life as defined by the person
Service design components (assess, plan, refer, monitor)

• Expected activities
• Standards for how the service should be delivered
• Policies regarding implementation of the service component
Draft service design- highlights

• Solidified definitions and expectations
• Person at the center
• Elements that must be included in an assessment within case management
• Elements that must be included in a plan
• Expectations of communication and delineating roles when someone has more than one case manager or care coordinator
Questions?

Email
dhs.cmredesign@state.mn.us

Call
651-431-4895
Next steps

• Continue to gather feedback on the draft service design

• Summarize and share the input with the initial design team who will help to finalize recommendations for a legislative proposal
Thank you!

Lisa Cariveau, LISW
lisa.cariveau@state.mn.us
Case Management Redesign Lead
Community and Care Integration Reform Division
Minnesota Department of Human Services
The Waiver Reimagine Project

Disability Services Division
Project Background

• Two studies required by the Legislature:
  • Study I: Consolidation/reconfiguration of the DD, CADI, CAC, & BI waivers
  • Study II: Develop an individual budgeting model for these programs and update CDCS budget methodology

• DHS began this work in 2018

• Report to the Legislature in January 2019
Recommendations Overview

1. Consolidate DD, CADI, CAC, and BI waivers into two waivers:
   - **Individual Support Waiver**: A waiver that serves people living independently or at home with family
   - **Residential Support Waiver**: A waiver that serves people living in paid residential settings

2. Adopt an individual budget method that uses support ranges to replace lead agency-based budgets.
Reconfiguration Recommendation

• Consolidate DD, CADI, CAC, and BI waivers into two waivers:
  • **Individual Support Waiver:** A waiver that serves people living independently or at home with family
  • **Residential Support Waiver:** A waiver that serves people living in paid residential settings

• Both waivers support people with all levels of need
• Offer many of the same services, but tailor service menus to each waiver
• CDCS option on the Individual Support Waiver
  • Consistent with current practice
Recommended Waiver Structure

- BI
- CAC
- CADI
- DD

Individual Supports

Residential Supports
# Simplifying the Service Menu

<table>
<thead>
<tr>
<th>Existing Configuration</th>
<th>Reconfigured Menu</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Hour Customized Living</td>
<td>Customized Living</td>
</tr>
<tr>
<td>Customized Living</td>
<td></td>
</tr>
<tr>
<td>Corporate Foster Care</td>
<td>Community Residential Services</td>
</tr>
<tr>
<td>SLS Corporate</td>
<td></td>
</tr>
<tr>
<td>Family Foster Care</td>
<td>Family Residential Services</td>
</tr>
<tr>
<td>SLS Family</td>
<td></td>
</tr>
<tr>
<td>Personal Support</td>
<td>Individualized Home Supports</td>
</tr>
<tr>
<td>Adult Companion</td>
<td></td>
</tr>
<tr>
<td>Independent Living Skills, Training</td>
<td>Individualized Home Supports with Training</td>
</tr>
<tr>
<td>Supported Living Services (15 min unit)</td>
<td>Individualized Home Supports with Family Training</td>
</tr>
<tr>
<td>Individualized Home Supports</td>
<td></td>
</tr>
<tr>
<td>In-Home Family Supports</td>
<td>Individualized Home Supports with Family Training</td>
</tr>
<tr>
<td>Day Training &amp; Habilitation</td>
<td>Day Support Services</td>
</tr>
<tr>
<td>Structured Day Program</td>
<td></td>
</tr>
</tbody>
</table>
### Services Shared by Both Waivers

<table>
<thead>
<tr>
<th>Day Support Services</th>
<th>Family Training &amp; Counseling</th>
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</thead>
<tbody>
<tr>
<td>Prevocational Services</td>
<td>Environmental Accessibility Adaptations</td>
</tr>
<tr>
<td>Adult Day Services</td>
<td>Housing Access Coordination</td>
</tr>
<tr>
<td>Case Management</td>
<td>Positive Supports</td>
</tr>
<tr>
<td>Specialized Equipment &amp; Supplies</td>
<td>Specialist Services</td>
</tr>
<tr>
<td>Crisis Respite</td>
<td>Transitional Services</td>
</tr>
<tr>
<td>Employment Development Services</td>
<td>Transportation</td>
</tr>
<tr>
<td>Employment Exploration Services</td>
<td>Extended Home Health Care</td>
</tr>
<tr>
<td>Employment Support Services</td>
<td>Extended State Plan Nursing</td>
</tr>
</tbody>
</table>
## Services Available on One Waiver

<table>
<thead>
<tr>
<th>Residential Support Waiver</th>
<th>Individual Support Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Residential Services</td>
<td>Individualized Home Supports</td>
</tr>
<tr>
<td>Family Residential Services</td>
<td>Individualized Home Supports with Training</td>
</tr>
<tr>
<td>Customized Living</td>
<td>Individualized Home Supports with Family Training</td>
</tr>
<tr>
<td>Life Sharing</td>
<td>Consumer Directed Community Supports (CDCS)</td>
</tr>
<tr>
<td>Integrated Community Supports</td>
<td>24-Hour Emergency Assistance</td>
</tr>
<tr>
<td></td>
<td>Caregiver Living Expenses</td>
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<tr>
<td></td>
<td>Chore Services</td>
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<td></td>
<td>Extended PCA</td>
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<td></td>
<td>Home Delivered Meals</td>
</tr>
<tr>
<td></td>
<td>Homemaker</td>
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<tr>
<td></td>
<td>Night Supervision</td>
</tr>
<tr>
<td></td>
<td>Respite</td>
</tr>
</tbody>
</table>
• Legislative requirement to develop new CDCS budget methodology

• Recommend an a la carte approach to self-directed services
  • Different from current “all or nothing” approach to CDCS

• Use the individual budget model as the basis for CDCS budgets
Support range budgets

• People are assigned to a level, or “support range,” based on their assessed need

• Levels can be described in a narrative; making them easy to understand and more transparent than an algorithm

• Levels offer flexibility and are more stable over time

• Improved ability to predict spending based on known needs
The Support Range Methodology

• MnCHOICES data used to define support ranges:
  • “General Support Need”: ADL & IADL assessment results scored
  • “Psychosocial”: Behavior, Emotion, & Mania/Psychosis assessment results scored
  • “Health” assessment results scored

• Support range determined by sum score for each category.

• Methodology refined using stakeholder expert panel.
<table>
<thead>
<tr>
<th></th>
<th>Support Range Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low general support need, typical health and psychosocial support needs</td>
</tr>
<tr>
<td>2</td>
<td>Moderate general support need, typical health and psychosocial support needs</td>
</tr>
<tr>
<td>3</td>
<td>High general support need, typical health and psychosocial support needs</td>
</tr>
<tr>
<td>4</td>
<td>Extensive general support need, typical health and psychosocial support needs</td>
</tr>
<tr>
<td>L</td>
<td>Low to moderate general support need, high health and/or high psychosocial support needs</td>
</tr>
<tr>
<td>H</td>
<td>High to extensive general support need, high health and/or high psychosocial support needs</td>
</tr>
<tr>
<td>E</td>
<td>Extraordinary health and/or psychosocial support needs as determined by an additional process</td>
</tr>
</tbody>
</table>
Service Mix Types

Residential SupportWaiver
- Community Residential
- Family Residential
- Other Residential

Individual SupportWaiver
- Living with Family
- Living Independently
- Children living with Family
### Support Range Distribution by Waiver

Percentage of adults in each updated support range by waiver.

<table>
<thead>
<tr>
<th>Waiver</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>L</th>
<th>H</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI</td>
<td>9%</td>
<td>16%</td>
<td>6%</td>
<td>3%</td>
<td>36%</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>CAC</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>38%</td>
<td>55%</td>
</tr>
<tr>
<td>CADI</td>
<td>15%</td>
<td>23%</td>
<td>10%</td>
<td>3%</td>
<td>30%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>DD</td>
<td>12%</td>
<td>29%</td>
<td>14%</td>
<td>5%</td>
<td>20%</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>Multiple</td>
<td>14%</td>
<td>18%</td>
<td>6%</td>
<td>3%</td>
<td>17%</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>All Waivers</td>
<td>14%</td>
<td>25%</td>
<td>11%</td>
<td>4%</td>
<td>27%</td>
<td>15%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Next Steps

• 2019 - 2020:
  • Service alignment between waivers
  • Continued stakeholder engagement
  • Policy development and systems adaptation
  • Recalibrate individual budgeting model

• 2021 - 2022:
  • Legislative approval of reconfiguration & individual budgeting model
  • Federal approval
Where to find help now

• Person Centered Thinking 2-day Trainings
  • http://rtc3.umn.edu/pctp/training/newdates1.asp?training=1

• Person Centered Practices Webpage
  • http://mn.gov/dhs/partners-and-providers/continuing-care/provider-information/person-centered-practices/

• Olmstead Plan Webpage
  • http://mn.gov/dhs/general-public/featured-programs-initiatives/olmstead-plan/

• DHS Training Archive page
  • http://www.dhs.state.mn.us/main/dhs16_143138

• Bulletins
  • http://www.dhs.state.mn.us/main/id_000305

• Lead Agency Review Website
  • http://www.minnesotahcbs.info/

• E-List Announcements
  • http://www.dhs.state.mn.us/main/id_000677#

• CBSM Main Page
  • http://www.dhs.state.mn.us/main/id_000402

• Disability Hub MN
  • http://disabilityhubmn.org/

• Positive Supports Minnesota
  • https://mnpsp.org/
Please take a moment to let us know your thoughts.

• Take our Survey:

• http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=155112816557
Audio from today’s session will be available beginning tomorrow morning by dialing:

855-859-2056

Conference ID:

2164768

If you have questions following the session, email to DSD.ResponseCenter@state.mn.us
Thank you for attending!