

NUMBER

#18-25-04C

DATE

October 4, 2018

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

County Public Health Directors

Tribal Health Directors

Long -Term Care
Consultation Contacts

HCBS Program Managers

Managed Care
Organizations

ACTION/DUE DATE

Implement for reassessments
occurring on or after August 1,
2018.

EXPIRATION DATE

October 4, 2020

Corrected #18-25-04: Elderly Waiver Participants in Managed Care Provide Feedback About Certain HCBS Services

TOPIC

The Department has implemented quality initiatives that includes home and community-based program participant experience feedback. Elderly Waiver (EW) participants who receive adult day, customized living or foster care service under managed care will provide this feedback as part of annual reassessment.

PURPOSE

This bulletin provides information to managed care organizations about inclusion of the EW participant experience feedback at reassessment. This bulletin includes a correction in Section V, subsection B, item 4.b that incorrectly labeled the Adult Day Service (ADSY) field and is now correct.

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SIGNED

CLAIRE WILSON
Assistant Commissioner for Community Supports

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

The Department of Human Services (the department, or DHS) has implemented several quality initiatives related to the assessment of, and improvement in, the quality of care and quality of life experienced by home and community-based services (HCBS) program participants. These initiatives rely on participant experience feedback as well as other administrative and programmatic information.

These initiatives also aim to address the requirements outlined in the federal home and community-based services rule, issued in 2014. The rule requires that states:

- Implement a person-centered planning process for all HCBS program participants, and
- Ensure that HCBS services are only delivered in settings that have characteristics that are home and community-based in nature.

States submitted transition plans to the Centers for Medicare & Medicaid Services (CMS) to comply with the HCBS settings requirements within established timelines. Section III provides a brief description of one part of Minnesota's transition plan to ensure compliance in customized living, adult foster care, and adult day services.

This bulletin provides information about the use of a structured set of questions developed by the department to gather participant experience feedback about adult day, foster care and customized living services. The strategy and tools in this bulletin apply only to Elderly Waiver (EW) participants enrolled in managed care. This same information will be gathered for EW participants served under fee-for-service using parts of the MnCHOICES software application developed to support the quality initiatives described above¹.

II. EW Participant Feedback About Services

Reviewing services included within a coordinated services and support plan (CSSP) has always been part of the lead agency activity completed at reassessment, and during other case manager monitoring contacts. This review necessarily includes conversation with the participant about how well providers are delivering services, are helping participants achieve their goals as noted in the CSSP, and addressing any concerns or issues identified by the person. Participants also continue to be offered choice among services and among providers of services, and are required to be provided with sufficient information to make meaningful choices.

Person-centered planning models reflect these activities, as do federal requirements related to services planning and case manager monitoring of the adequacy of plans over time. In addition to person-centered planning requirements, there are also requirements related to participant rights and choices available to them when served in certain settings. These requirements are referred to as the "HCBS settings" requirements.

¹ The department launched Phase I of the Long-Term Services and Supports (LTSS) Improvement Tool in fall 2017 as part of the MnCHOICES Support Plan application. Please go to the link found in section VII about the LTSS Improvement Tools for more information.

By gathering information related to satisfaction with service delivery and provider performance at predictable points in time, case managers/care coordinators can use this information when changes in services and providers, and in service delivery plans for individual providers, will be completed and/or updated. Using standardized questions helps focus the conversation on those person-centered planning and HCBS settings requirements that should be reflected in the person's CSSP. Gathering standardized information is also of great value to the department in assessing overall EW participant experience, and in identifying opportunities for systematic improvements.

Only managed care organizations are required to gather this EW participant experience information as described in sections IV and V below. As noted, counties and tribes are gathering this same information using different tools.

III. Provider Attestations

The Center for Medicare/Medicaid Services (CMS) requires states to assess all settings that provide HCBS services to people served in groups to determine whether the settings meet the HCBS rule requirements. Each state developed and implemented a transition plan to ensure compliance in all settings within federal timeframes². Minnesota's Transition Plan for compliance with federal HCBS settings requirements can be found at <https://mn.gov/dhs/hcbs>

In response to these federal requirements, the department partnered with providers to conduct site-specific assessments. DHS developed, tested and launched an online provider attestation process for designated HCBS settings in 2017.

Providers were required to submit their online attestations by September 1, 2017. The attestations allowed providers to evaluate the settings in which their services were delivered, provide supporting evidence, and allow providers who were not in compliance to devise plans to meet requirements.

The attestation tools included questions for provider response that are mirrored in the HCBS participant service evaluations.

The attestation included the following items:

- The setting provides opportunities for people to seek employment and work in competitive integrated settings
- The setting provides people opportunities to access and engage in community life
- The setting supports the person's control of personal resources (their money)
- The setting ensure people's right to privacy
- The setting ensure' s people's dignity and respect
- The setting ensure' s people's freedom from coercion and restraint
- The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily schedules and with whom to interact

The attestation also included the following items for residential service providers only:

² The original deadline for states to demonstrate compliance was March, 2019. CMS has recently extended this date to March 2022. This extension did not affect provider requirements for submission of their attestations.

- Each person at the setting has a written lease or residency agreement in place providing protections to address eviction processes and appeals
- Each person at the setting has privacy in his/her sleeping or living unit, including a lockable door
- The setting facilitates that a person who shares a bedroom is with a roommate of their choice
- The setting provides people with the freedom to furnish and decorate their bedroom or living units within the lease or residency agreement
- The setting provides people with the freedom and support to control their schedule and have access to food any time
- The setting allows people to have visitors at any time
- The setting is physically accessible to the individual

Required documentation to validate the provider's responses would include, but not be limited to, a blank lease, service plan, provider policies, and staff training content.

The department will continue to validate provider compliance with HCBS setting requirements over time as part of Provider Enrollment, and as part of licensing application and review.

IV. EW Participant Feedback Questions

Questions have been developed to gather EW participant feedback related to adult day, foster care, or customized living service at reassessment. These questions and response choices, as well as instruction for the case manager/care coordinator are included in DHS Form 3428Q, *Person's Evaluation of Foster Care, Customized Living, or Adult Day Service*.

If the managed care organization requires a mid-year care coordinator/case manager visit or contact, the evaluation can be completed during the visit or by phone, and data entered in MMIS at the next reassessment. The evaluation is conducted using DHS Form 3428Q to document responses, and provide the information needed for entry in MMIS at reassessment. If the evaluation is not actually completed during the reassessment visit but at a mid-year visit or contact, please note this and the date actually completed in the Case Manager Comments screen in MMIS.

The Services question has been added to DHS Form 3428 (new item J.25) and 3428A (new item G.25), which is a mandatory question for all EW participants in managed care at reassessment. Reminder text has been added at the new item directing staff to complete DHS Form 3428Q as applicable. All DHS forms can be found at [eDocs](#) or <https://mn.gov/dhs/general-public/publications-forms-resources/edocs/>

DHS Form 3428Q includes step-by-step instructions for the case manager/care coordinator to determine who should be asked the participant feedback questions, and the questions to be completed, depending on which service is identified. For individuals who receive both adult day and foster care or customized living service, the case manager/care coordinator will select those questions relevant to the residential service.

V. MMIS Support for EW Participant Feedback

A. Where the Participant Experience Feedback Will Be Entered in MMIS

In addition to the development and publication of the questions and response choices, the department created MMIS support for this activity to ensure completion and validity of data gathered. Reassessments (as well as many other administrative activities) are recorded for people in EW in the Long Term Care Screening Document (LTC SDOC) subsystem in MMIS. Case managers/care coordinators will ask the EW participant the evaluation questions during reassessment, or at other required monitoring contacts. Lead agencies will enter responses in the LTC SDOC subsystem when entering other reassessment data.

DHS Form 3427, *LTC Screening Document - AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC*, mirrors where, and on which MMIS screen, data is entered in the LTC SDOC subsystem. DHS Form 3427 has been updated to include fields to support this service evaluation activity. Three fields (Service, Provider NPI, and Person) are located on the ALT4 screen in MMIS, and found at LTC SDOC field numbers 108, 109, and 110, respectively, on DHS 3427. The responses to the participant experience questions are located following the Service Plan Summary section (Section G) on 3427, and on the ALT5 screen in MMIS below the service plan summary codes.

B. MMIS Rules Related to EW Reassessments and Participant Feedback

MMIS now includes logic and editing of the LTC SDOC to support this initiative. Field numbers included below refer to the field numbers found on DHS Form 3427, *LTC Screening Document – AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC*.

1. When the **Activity Type is 06** (reassessment), and
 - a. the Activity Date is equal to or greater than August 1, 2018, and
 - b. the lead agency code (LTCC County) indicates a managed care organization is completing the reassessment³, and
 - c. the program type is EW (PT 03 or 04)
2. Then an additional question is required to be completed to assist the case manager/care coordinator in determining **who should participate** in the experience feedback questions:

What is the service? A new field called “**Services**” (Field 108 on the LTC SDOC) will be required to be completed for all reassessments for EW participants served under managed care. The valid values for this field are:

- AD (adult day)
- CL (customized living)
- FC (foster care)

³ MMIS will allow a county or tribal lead agency for an EW participant to complete this evaluation when reassessments are entered in MMIS, but will not edit against required completion. There is no requirement for county or tribal assessors or case managers to gather this EW participant feedback at reassessment using the tools and processes outlined in this bulletin.

- NA (None of the above)

If the person does not receive adult day or residential services, the evaluation questions are not completed, and NA is entered into the LTC SDOC. This is a mandatory field at reassessment. **Edit 173** will post if the Services field is not completed; the field will turn red if an invalid value is entered.

3. If adult day or residential service is selected, two additional questions are required to be completed to identify the provider, and the person’s ability to participate in the evaluation. If a person has both adult day service and a residential service, the lead agency will choose the residential service provider (CL or FC) for the evaluation.

- a. **Who is the provider?** Enter the Provider NPI for the service selected (Field 109 on the LTC SDOC). The Provider NPI can be found in the Residential Services Workbook, on internal authorization forms, or claims submitted by the provider.

Provider NPI _____ **Edit 412** will post if the provider listed is not enrolled to provide the category of service (COS) associated with the service selected.

- b. **Who is responding to these questions?** *Case manager/care coordinator completes.* **Who will complete the evaluation?** In the field called **Person**, indicate who will complete the evaluation. The valid values for the Person field (field 110) are:

- 1- Does this person understand that he or she receives (this service) from (this provider)? Yes/No If yes, complete evaluation. Enter 1 in LTC SDOC field 110: Person present and understands she/he receives services from this provider.
- 2- If no, does the person have a guardian? Yes/No If yes, complete the evaluation. Enter 2 in LTC SDOC field 110: Person does not understand and has a guardian/conservator to complete evaluation. Note: A person may be able to, and encouraged to, participate to some extent.
- 3- **If no to both under b., do not complete evaluation.** Enter value 3 in the LTC SDOC field 110: Person does not understand that this provider is providing this service, and has no guardian/conservator, unable to complete evaluation.

MMIS Edit 173 will post if the Provider NPI and/or Person questions are not completed when a service code indicates the person receives either adult day or residential services in LTC SDOC field 108.

4. Complete the person experience questions with the person who has adult day, foster care, or customized living AND the value in the Person field is 1 or 2. The participant can choose not to answer any given question.

Responses to these questions will be entered in fields 112 through 134 on the LTC SDOC as applicable to the service. **MMIS edit 174** will post if required fields based on the service selected are not populated. Invalid values will turn red if entered.

- a. If Person field is 1 or 2, and the Service field is AD, CL or FC, then the following fields are mandatory:
 - **Respect (RSPT)**
 - **Privacy (PVCY)**
 - **Performance (PERF)**
 - **Response (RESP)**
 - **Goal (GOAL)**
 - **Work (Work)**
 - **Community (COMM)**
 - **Funding (FUND)**

- **Quality (QUAL)**
 - **Recommendation (RECM)**
 - **Different (DIFF)**
- b. If Person field is 1 or 2 and the Service field is AD, then the Adult Day Services (ADYS) field is also mandatory (LTC SDOC field 123).
- c. If Person field is 1 or 2 and the Service field is CL or FC then the following fields are also mandatory:
- **Day (DAY)**
 - **Time (Time)**
 - **Food (Food)**
 - **Housing (HOUS)**
 - **Lease (LEAS)**
 - **Lock (LOCK)**
 - **Share (SHAR)**
 - **Decorate (DECO)**
 - **Visitors (VIST)**
 - **Access (ACCS)**
 - **Spaces (SPAC)**

The evaluation questions will not be allowed to be completed in MMIS if the Service code is NA or the Person code is 3 (unable to participate).

5. Retain the evaluation form in the person's file; follow record retention schedule as with other reassessment information. Include the person's name, the case manager/care coordinator who completed the evaluation, and the date completed.

VI. Incorporating the Participant's Response into Service Planning

While the department is interested in gathering participant feedback across all EW participants receiving adult day, foster care or customized living, the primary purpose *for the individual* of including these questions at reassessment is that the case manager/care coordinator use the information to address concerns or issues identified by the person in subsequent service planning. This may include requests to change services or providers of service. There is an expectation that the case manager/care coordinator act on information provided by the participant to improve services and/or participant experience.

If the person's responses indicate they are not satisfied, the case manager/care coordinator may need to take follow-up action for remediation or improvement. Follow-up action may include a discussion with the provider to resolve the identified issue, updating the person's CSSP or Collaborative/Comprehensive Care Plan (CCP) used by managed care organizations, or documenting in a case note why no action was needed or taken by the case manager/care coordinator. There are reminders for follow-up imbedded in the question response sets.

That said, the case manager/care coordinator must also reassure the participant that their responses can remain confidential if the person so chooses. This may be reflected in notes indicating why no action was taken. This reassurance does not change mandated reporter requirements if the person reports provider maltreatment.

An example is provided here to show how the reminder for follow-up appears in the question set.

Do staff from (this provider) treat you with respect?

- 1- Almost always
- 2- Most of the time
- 3- Some of the time (*Case manager/care coordinator, follow up action needed.*)
- 4- Rarely (*Case manager/care coordinator, follow up action needed.*)
- 0- Chose not to answer

Space for follow-up notes is included in the questionnaire; follow-up notes are used to direct any changes in the CSSP or CCP, or other actions identified by the person and case manager/care coordinator.

The type and extent of follow up needed will, of course, differ based on a variety of considerations:

- Whether the person wants follow up to occur (can be related to desired confidentiality)
- How significant the person thinks the problem is, the extent of impact on their life and choices (e.g.)
- Why limitations are needed, and how well a person can understand the inclusion of limitations in their CSSP
- Whether the changes the person might want in their CSSP are within the scope and definition of the service

For customized living, the enrolled home care provider is responsible to ensure they are delivering services in allowable settings. The home care provider has contractual or other arrangements with the housing provider. The enrolled home care provider completed an attestation for each setting in which services were (or will be) delivered; this attestation included requirements typically governed by and documented in leases, such as policies related to visitors, locks, decorating, and so on.

If a participant evaluation of any aspect of service delivery or setting indicates a need for follow-up as agreed to by the person, the case manager can bring all matters to the attention of the home care provider. The enrolled provider remains responsible for the delivery of services in settings that meet HCBS requirements.

VII. Additional Resources

All DHS forms can be found at [eDocs](#) or <https://mn.gov/dhs/general-public/publications-forms-resources/edocs/>

For more information on the MSHO and MSC+ screening document please see the manual *Instructions for Completing and Entering the LTCC Screening Document into MMIS for the MSHO and MSC+ Programs (DHS-4669)*.

The Resource Center assist lead agency staff to resolve edits and error messages on service agreements and screening documents. Contact the Resource Center at DHS.ResourceCenter@state.mn.us

Information about the LTSS Improvement Tool, go to <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/mnchoices/ltss-tool-faq.jsp>

Minnesota's Transition Plan for compliance with federal HCBS settings requirements can be found at <https://mn.gov/dhs/hcbs> Information about the HCBS Provider Attestation process and tools can be found at this link as well.

For more information about the provider attestation process and content, see DHS Form 7176E (HCBS Provider Attestation Guidebook for Residential Settings: Customized Living), DHS Form 7176D (HCBS Provider Attestation Guidebook for Residential Services: Elderly Waiver Adult Foster Care Services), and DHS Form 7176C (HCBS Provider Attestation Guidebook for Day Settings: Adult Day Services).

Americans with Disabilities Act (ADA) Advisory

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