

# Home and Community Based Services Report Card

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Minnesota Department of **Human Services**

## Legislative Report

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## **I. Executive Summary**

Minnesota Statute 2013, section 256B.439, subdivision 3b directed the Commissioner of Human Services (in cooperation with the Commissioner of Health) to work with existing Department of Human Services advisory groups to develop recommendations for a home and community-based services (HCBS) report card.

HCBS generally refers to those services that help people with “daily activities” and allow them to live successfully in their homes and avoid moving to a nursing home or other type of institution. Overall, the HCBS report card project has several important purposes that are part of the larger long-term care system reform strategy. This type of information will make it possible for people, their family members or friends, caregivers and others to make the most informed decision about which service to choose. It will give the ability to compare one provider of a particular type with another and learn about the experiences of others. It will continue to move the system toward a person-centered culture so that people can make the best possible care decisions for themselves.

After a thorough review of the data available in Minnesotahelp.info<sup>®</sup>, the available data outside of Minnesotahelp.info<sup>®</sup> and the pressing timelines to launch the first set of measures, the recommendation is to phase in implementation beginning with three initial topics: Supported Employment Services (SES), Registered Housing with Services focusing on the designated Assisted Living (AL) settings but not including homeless shelters, and Independent Living Skills (ILS) services.

Stakeholders were engaged throughout this process to ensure feedback from people served by HCBS, the general public and providers. The stakeholder process will be replicated throughout each phase of the project to ensure the final product represents a community consensus about what will work for all people needing HCBS. There were areas of agreement among providers and consumers and these areas will be the focus of the first roll out of measures on July 1, 2015.

## II. Legislation

**Minnesota Statutes 2013, section 256B.439, subdivision 3b** *Home and community-based services report card in cooperation with the commissioner of health.*

The commissioner shall work with existing Department of Human Services advisory groups to develop recommendations for a home and community-based services report card. Health and human services staff that regulate home and community-based services as provided in chapter 245D and licensed home care as provided in chapter 144A shall be consulted. The advisory groups shall consider the requirements from the Minnesota Uniform Consumer Information Guide under section 144G.06 as a base for development of the home and community-based services report card to compare the housing options available to people. Other items to be considered by the advisory groups in developing recommendations include:

1. Defining the goals of the report card, including measuring outcomes, providing consumer information, and defining vehicle-for-pay performance;
2. Developing separate measures for programs for the elderly population and for persons with disabilities;
3. The sources of information needed that are standardized and contain sufficient data;
4. The financial support needed for creating and publicizing the housing information guide, and ongoing funding for data collection and staffing to monitor, report, and analyze;
5. A recognition that home and community-based services settings exist with significant variations in size, settings, and services available;
6. Ensuring that consumer choice and consumer information are retained and valued;
7. The applicability of these measures to providers based on payor source, size, and population served; and
8. Dissemination of quality profiles.

The advisory groups shall discuss whether there are additional funding, resources, and research needed. The commissioner shall report recommendations to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services issues by August 1, 2014. The report card shall be available on July 1, 2015.

### III. Report Card Implementation

#### A. Minnesota Board on Aging Role

In the 2013 Legislative session, Minnesota Statutes section 256B.439, subdivision 3b was passed into law directing the creation of a Home and Community Based Services (HCBS) Report Card for Minnesota providers. This initiative was part of a larger proposal that focuses on redesigning access for Minnesotans who need long-term care services and supports. People who need HCBS, as well as families, friends and others, like case managers or care coordinators that are a part of a person's formal or informal network can use this report card. This includes physicians and nurses, religious leaders, school personnel and many others who can use this tool to find and compare services to help.

The Minnesota Board on Aging in partnership with the Commissioners of the Departments of Health and Human Services is statutorily mandated to provide information on the internet about long-term care. It maintains a web site called [Minnesotahelp.info](http://Minnesotahelp.info)<sup>®</sup> that contains information from over 12,000 providers to support people who need information about local supportive services including HCBS.

#### B. The Purpose of an HCBS Report Card

HCBS generally refers to those services that help people with “daily activities” and allow them to live successfully in their home and avoid moving to a nursing home or other type of institution. For many of those needing HCBS, families provide the majority of long-term care supports.

For older adults, the majority of care they receive is informal. For the most part, formal care is paid out of one's own funds or that of family, through private insurance or through Medicaid or Medicare<sup>1</sup>. For younger people with disabilities, the opposite is true. Medical Assistance (the term for “Medicaid” in Minnesota) is overwhelmingly the larger funder of HCBS.

New reforms being implemented in Minnesota will give people with disabilities of all ages more non-institutional options. These reforms are moving the system toward ensuring people with disabilities can access supports in the setting of their choice so that they remain independent and productive members of the community. This can be accomplished through a variety of services including community based housing options, employment supports, recreational assistance and community living options. Accessing up-to-date information about these services is important to helping someone remain in the community.

HCBS serve a variety of populations. Such populations include persons with mental illnesses and/or physical or developmental disabilities. Minnesota provides waived services to people of all ages who meet the income and eligibility criteria at over 17,000 services/locations across the state. The services are included in [Minnesotahelp.info](http://Minnesotahelp.info)<sup>®</sup> and made available through the site

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<sup>1</sup> Medicare pays for very little long term care. It generally covers only short term nursing home stays in a Medicare-certified facility, if a patient needs skilled care (skilled nursing, physical therapy or other types of therapy). Medicare will cover only the first 20 days of care at 100% and then people must pick up a large portion of the daily costs. Once day 100 is reached, a beneficiary must pay 100% of the nursing home cost.

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for use by the public. Portions of the site allow for a secure login so that a user can save searches and come back. However, the site is intended to be an open site. Any and all data is open for use by the public.

Each of the services in Minnesotahelp.info<sup>®</sup> has “features” attached. A feature can include building amenities, client conveniences or types of meals served. There are 773 features in Minnesotahelp.info<sup>®</sup> that can be attached to a service. A new Minnesotahelp.info<sup>®</sup> “Long Term Care Services Link” is now available on the site. The Link gives people the ability to search for waiver-funded services as well as other services that are not publicly funded. It can be used by anyone needing long-term care help.

After a thorough review of the data available in Minnesotahelp.info<sup>®</sup>, the available data outside of Minnesotahelp.info<sup>®</sup> and the pressing timelines to launch the first set of measures, the report recommends phased in implementation beginning with three initial topics: Supported Employment Services (SES), Registered Housing with Services focusing on the designated Assisted Living (AL) settings but not including homeless shelters, and Independent Living Skills (ILS) services.

Data used in the report card must be:

- Universally available. It should describe each of the potential service providers and not represent a sampling across providers or services.
- Consistent. The same criteria should be used for all providers of a given service in order to make the data comparable by the consumer.
- Transparent. The basis for any ratings or judgments should be clear.
- Understandable. Written without jargon and in plain language.

During the initial phase of the project an environmental scan of data sources available was completed. National experts were consulted about similar types of projects in other states that could be leveraged as learnings for Minnesota. In addition, private sector strategies including other web sites that provide report card like information and consumer reviews were considered as well as ideas gathered from many consumer and provider advocacy organizations.

A series of consumer and provider focus groups were used to collect feedback from people who receive or provide services in each of three targeted service areas. Participants were asked to describe past experiences with one of the three home and community based services covered in this report, to discuss potential report card attributes around each service area and identify who and/or what are trusted resources when comparing each service. People who use the services and HCBS providers in the three initial categories of services were consulted to gather input for this report. Areas of agreement for the report card were identified and are laid out in Table 1.

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Table 1. Areas of Agreement between Providers and People Who Use HCBS

Assisted Living	Supported Employment Services	Independent Living Skills
<ul style="list-style-type: none"> <li>• Aspects of the physical environment (facility is accessible, safe, home-like, clean)</li> <li>• Staff-related items (staff is competent, responsive, and treats people politely, with respect.)</li> <li>• Meaningful physical and social activity</li> <li>• Food (quality of the food; enjoyable mealtimes; people can find something they like to eat; dietary choices; etc.)</li> <li>• Value and transparency (people feel like they're getting their money's worth; the cost of services is clear and there are no surprises, etc.)</li> <li>• Care (someone competent is available to help people; care about people)</li> <li>• Overall satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Competence (counselors able to help find the job)</li> <li>• Availability</li> <li>• Friendliness and respect (counselors listen to consumer)</li> <li>• Helped meet goals</li> <li>• Community integration (counselor helped consumer become part of the community)</li> <li>• Quality of life</li> <li>• Responsive supervisor</li> <li>• Overall satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Reliability (people can depend on ILS worker; reachable when needed)</li> <li>• Staff-related items (staff treat people politely, with respect, staff are friendly, competent)</li> <li>• Care (ILS worker is responsive to requests; supports efforts to achieve goals)</li> <li>• Training (ILS worker has adequate training)</li> <li>• Quality of life</li> <li>• Flexibility and autonomy</li> <li>• Language</li> <li>• Communication</li> <li>• Overall satisfaction</li> </ul>

Emphasis has been placed on creating a simple interface for displaying the report card measures using MinnesotaHelp.info<sup>®</sup> features as well as creating stakeholder agreement and discussion around consumer reviews (like Amazon or eBay style consumer review methods) and rating HCBS.

Over the next several years, stakeholder input (providers and people who use HCBS) will be gathered at each step of the development. The process of identifying measures and consumer preferences will prompt providers and people who use HCBS, their family and friends as well as others who help them, to regularly use this tool. This will improve the information over time. In addition, as providers receive consumer input through the consumer reviews, they will have an opportunity to respond.

The next steps for the Phase I portion of the project will involve systematically collecting consumer and provider ideas about what should be included in each report card and developing mock ups of possible report formats for input at road shows across the state.



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The next steps include:

1. Implement a process for feedback for selecting the final measures.
2. Generate stakeholder input on the consumer interface (the number one objective of all stakeholders.)
3. Create a comprehensive communication plan to increase awareness and knowledge about the report card among potential users.
4. Test the implementation across various venues to ensure access and address the following:
  - a. Users of the report card will be very diverse in interest, background and preference and the goal is create a consumer-centered interface
  - b. Users have various levels of access and ability to use online resources

### C. Findings from Focus Groups with Providers and People Who Use HCBS

#### **Focus Groups with People who use HCBS and their Families**

Focus groups were used as a way to elicit in-depth input from people who use HCBS. Through conversation guided by open-ended questions, the preferences, thoughts and feelings of individuals and the group were captured. For the HCBS project, the focus groups are used as a snap shot into what Minnesotans may find useful in a report card.

#### *Assisted Living*

Six focus groups were conducted with:

- Older adults and younger adults in an Assisted Living designated setting
- Older adults living independently
- Caregivers/family members with an older adult in an Assisted Living designated setting

A total of 87 individuals participated in these conversations. Focus groups were conducted in urban, suburban, and rural areas throughout Minnesota. Focus group participants were asked to discuss potential report card attributes around each service area.

In summary, geographic location was cited as the most important factor for choosing Assisted Living. This was the top consideration for focus group participants, but does not have direct connections to consumer satisfaction. It was subjective to the distance closest to primary caregivers/family members and/or the community where the individuals had been living for a long period of time.

After facility location, focus group participants identified staff, facility, cost, and services as key indicators when choosing Assisted Living. In addition, within each indicator, focus group

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participants identified aspects that are meaningful as part of their research when looking for services.

### *Independent Living Skills and Supported Employment Services*

Six focus groups as well as one-on-one interviews were conducted with individuals with disabilities and family members of individuals who have received Independent Living Skills (ILS) and/or Supported Employment Services (SES). A total of 59 individuals participated in these conversations. Focus groups were conducted in urban, suburban, and rural areas throughout Minnesota.

People who use ILS connected their experiences to their direct service provider and the agency employing those individuals. Potential report card measures are largely related to a person or family members' perception of these individuals and organizations.

Similar to ILS, individuals and family member using SES connected their experiences to both the individual job counselor and provider agency. It should be noted that some focus groups and interview respondents emphasized what made a major difference in their experience was the larger employment supports and resources an agency provider offers.

### **Provider Input**

Two provider and stakeholder information sessions were held to solicit provider feedback for this legislative report. These informational, all-day sessions included a morning and afternoon session devoted to Assisted Living and Independent Living Skills/Supported Employment services. A total of 45 providers in St. Paul and a total of 15 people from greater Minnesota attended.

Meetings held with providers elicited the following recommendations:

#### *Assisted Living*

- Focus on mental health needs
- Define Assisted Living
- Provide the ability to compare
- Ensure service descriptions state simply what the provider is offering
- Consumer reviews need to be current
- Keep the interface as simple as possible and provide a connection to the provider
- Limit the reporting burden for the provider
- If possible, consider risk adjusting the measures

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- Consideration of the needs of different cultures, ethnicities, and sexual orientation
- Urban vs. greater Minnesota use of the information due to availability of services

### *Independent Living Skills/Supported Employment Services*

- Provide a clear definition of services
- Data sources for the report card
- Challenge with using consumer reviews
- People will filter services to find information in order to make decisions.

In all sessions, many agreed that people would filter their searches in order to find the information that they are looking for specifically.

### D. Evaluation of the Report Card

Both providers and people who use HCBS discussed that one indicator for a successful report card is satisfaction and usefulness from both the consumer and their family. Elements of the evaluation include the following:

- Is the report card accessible, readable, and easy to use?
- Are the quality measures or preferences easily understood by all people?
- Are the quality measures or preferences accurately reflecting what people value?
- Do people use the website and/or refer other people to it to help them make decisions?
- Do providers update their information in a timely manner?
- Is the provider portal easy to use?

## IV. Next Steps

### Timeline for Implementing Services in the Report Card

#### Phase One – Completed By FY2015

- Assisted Living
- Supported Employment
- Independent Living Skills

#### FY 2016 and Beyond

- Caregiver Training And Education
- Assistive Technology
- Adult Foster Care
- Case Management
- Consumer-Directed Community Supports
- Behavioral Programming by Professionals
- Home-Delivered Meals
- Modifications to Home or Vehicle
- Homemaking and Chore
- Specialized Supplies and Equipment
- Transportation Services
- Respite Care
- Certified Community Residential Services (Residential Care)
- Extended Home Care Services, Including Therapies
- Transitional Services
- PCA
- Mental Health

#### *Timeline for Project through July 1, 2015 launch date*

- August 2014 – Statewide video conference – presenting final legislative report, recommendations and findings from the various stakeholder sessions.
- Fall 2014 – Metrics and data collection strategy finalized. Circulate Minnesotahelp.info<sup>®</sup> mockups to stakeholders through road shows and consumer focus groups to gather input and prioritize measures.
- Winter 2014 – Web site programming begins
- Spring 2014 – Testing and early release to providers so that they can review and improve their features in Minnesotahelp.info<sup>®</sup>.
- July 1, 2015 – Release to public