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### Friday Focus: Review assures waiver clients' needs are being met

For more than a year DHS (MN Department of Human Services) has been conducting a county waiver review process, designed to make sure that assurances about home and community-based service waiver programs are being met. The process also helps DHS gain county perspectives on the issues and challenges involved in administering programs for people with disabilities.

"We believe this is a very valuable process," said Robert Meyer, director of fiscal analysis and planning in the Continuing Care administration. "It not only enables us to meet requirements in order to continue federal funding of these programs, but it helps us and the counties identify problem areas and correct them. It also helps the state and counties identify strengths and build on them."

Waiver reviews have been conducted in 24 counties since May 2006 and reports for 17 reviews have been finalized and published since then. Another five reviews are to be conducted in 2007 and DHS is making plans to review all the other counties and other lead agencies that manage [home and community-based waiver programs](#) in the next three years.

The waiver review process documents the six assurances that the state of Minnesota makes to the [Center for Medicare and Medicaid Services](#) (CMS) about waiver programs and the [Alternative Care Program](#). Because these programs all receive federal funding, CMS requires DHS to monitor them and assure that counties – which administer the programs – are in compliance with the policies and rules that go along with receiving the federal funds. It is also an opportunity to discuss program opportunities, trends and barriers; to evaluate whether the needs of program participants are being met; and to identify successful practices that improve services to participants.

"We make assurances to CMS that the waiver rules are being enforced and that we are monitoring the programs," Meyer said. "The waiver review is a critical component of our response that we are keeping track of the practices and policies of these programs."

The assurances that the state makes to CMS are:

- All individuals have the opportunity to evaluate their need for institutionalization.
- Individual care plans are responsive to individual needs.
- Individuals are served by qualified providers.

- The health and welfare of individuals is ensured.
- The state Medicaid agency holds authority over the home and community-based service waiver (HCBS) programs.
- The HCBS programs are financially accountable.

The reviews themselves are carried out by Meyer and his associate, strategic planning specialist Jean Martin. They conduct site visits with the assistance of the Improve Group, a Bloomington research firm. The site visits can last from one to several days and consist of:

- An examination of participant case files and contract documents, plus interviews and staff focus groups
- An initial report that identifies program strengths and areas needing improvement
- A final report, including an executive summary. It is published on the DHS Web site along with any applicable corrective actions.

In addition to documenting assurances DHS makes to CMS about the programs, the process also:

- Provides local lead agencies with information needed to meet the quality assurance requirements of federal and state laws and guidelines for HCBS
- Provides information to local lead agencies to improve the effectiveness, administration and operations of their HCBS.

"We will continue to monitor systems data and conduct site visits to track progress, identify promising practices and review compliance," Meyer said. "And where necessary, DHS will ensure that corrective actions plans are put in place and recommendations are followed."