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## Minnesota Department of Human Services Continuing Care Administration

Addendum to: Region 10 Quality Assurance Commission Report to the Commissioner Department of Human Services June 2004

January 5, 2005

# **Introduction:**

On June 30, 2004, the Minnesota Region 10 Quality Assurance Commission (QA Commission) submitted a report to the Commissioner of Human Services. This report covers the work, progress and effectiveness of the VOICE (Value of Individual Choice and Experiences) alternative licensing demonstration.

The Region 10 Quality Assurance System (QA System) is a process that uses a holistic, comprehensive review of an individual's life and experience. The QA Commission uses this information to make recommendations to families and providers to enhance independence and quality of life for people with developmental disabilities. VOICE information is also used to make licensing recommendations for the 82 license holders<sup>1</sup> within the system. These are programs that serve people with developmental disabilities that are licensed by Department of Human Services (DHS) under the Human Services Licensing Act (HSLA), Minnesota Statutes, chapter 245A and the Consolidated Standards, Minnesota Statutes, chapter 245B.

#### Legislative Requirements

Current legislation<sup>n</sup> requires the QA Commission to submit a report in consultation with the commissioner of human services by December 15, 2004. Specifically, the Legislature asked the QA Commission to address issues regarding the QA System efforts to conduct outreach and expansion and to list barriers to expansion of the system to other populations or geographic areas of the state. The commissioner is required to provide recommendations regarding the expansion or continuation of the program<sup>iii</sup>.

#### **Barriers to expansion**

The report and attachments provide information that supports VOICE as a positive system for individuals. It is supported by families, consumers, county personnel and providers. The system has also received national recognition for its support of person-centered quality assurance.

The QA Commission has not yet identified specific barriers to expansion. From a state perspective, barriers to expansion of the program occur in three major areas: 1.) Replicability 2.) Cost 3.) Scope.

# 1. Replicability

The report by the QA Commission presents a system that is highly successful at the local level. In particular, the QA System relies on:

- Grass roots support
- Community and family involvement
- Volunteerism.

The QA Commission has made considerable effort to expand the program to populations other than people with developmental disabilities, and to market the program in other counties<sup>iv</sup>. Despite these efforts, only five out of 11 counties in Region 10 have joined the system<sup>v</sup>. As yet, there is not enough information to determine whether other counties outside of Region 10 would be able to generate the same level of community support for the program.

## 2. Program Cost

Program cost is another barrier that the QA Commission has not yet addressed. Table 1 presents the number of licensed providers utilizing the QA System versus the statewide total. The 82 providers within the QA System represent only 5 percent of 1,626 DHS licenses statewide.

#### Table 1: Statewide and Region 10 QA System Licenses

CR= Crisis Respite

- DTH= Day Training and Habilitation
- RS= Residential Service; A Supervised Living Facility (SLF) certified as an Intermediate Care Facility for persons with Mental Retardation (ICF/MR) SLF license and certification issued by MDH)
- RS-N= Residential Service, Non-certified (SLF license issued by MDH)
- SES= Supported Employment Services
- SILS= Semi-Independent Living Service
- WS= Waiver Service

Statewide (the	se numbe	ers includ	le Region	10 QA I	icenses)			
	CR	DTH	RS	RS-N	SES	SILS	WS	Total
	14	273	222	17	73	125	902	1626
Region 10 QA Only								
	CR	DTH	RS	RS-N	SES	SILS	WS	Total
Fillmore	0	2	1	0	1	2	3	9
Houston	0	2	2	0	0	1	2	7
Mower	0	4	5	0	2	3	10	24
Olmsted	0	6	6	0	2	4	13	31
Winona	0	2	0	1	2	1	5	11
Total	0	16	14	1	7	11	33	82

Table 2 presents Region 10 grant awards since the project began. Currently, Region 10 is conducting approximately 40 licensing reinspections every year. Current standards assume that a single licensor within the DHS Division of Licensing will conduct 84 on-site inspections per year, among other responsibilities. There is not enough information to determine how much it will cost to continue to provide Region 10 QA services as a licensing alternative; nor how much it would cost to provide these or similar alternatives to other persons across the state.

Grants	Fiscal Year	Grant Award	Outcomes
1	1997/98	\$160,000.00	Program development
	1998/99	\$160,000.00	Total grants awarded
2	1999/2000	\$210,000.00	during the 7-year
	2000/2001	\$210,000.00	reporting period: \$1,637,000.00
3	2001/2002	\$299,000.00	Five out of 11
	2002/2003	\$299,000.00	counties participating
	2003/2004	\$299,000.00	<ul> <li>300 reviews</li> <li>147 licensures or re- licensures</li> </ul>
	2004/2005	\$299,000.00	(not included in this report)
Total		\$1,936,000.00	

 Table 2: Region 10 Quality Assurance System Funding History

#### Additional Costs of the Region 10 QA System

Although the Region 10 QA System provides an alternative to traditional licensing, the state maintains responsibility for the following activities;

- Conducts background studies on individuals who have direct contact with children or vulnerable adults in Department of Human Services (DHS) licensed programs
- Approves or denies issuance of license based on recommendation from QA System
- Prints and mails licenses to programs issued a license under the QA System
- Licenses crisis respite services
- Annually processes reapplication materials sent to license holders and collects license fees
- Processes license holder requests for variances to the terms of license
- Performs reviews of files maintained by the county on licensed programs and files maintained by the license holders on clients to ensure compliance with delegated licensing functions as necessary
- Conducts random licensing inspections as deemed appropriate
- Conducts investigations of alleged maltreatment
- Determines whether or not to approve informal dispositions of contested cases
- Determines whether or not to approve final actions in a contested case
- Provides technical assistance

Other DHS responsibilities include monitoring for imminent danger and financial collapse. The Department of Human Services also retains the authority to conduct random license inspections and reviews of county case files, when necessary. If the QA system is expanded, the state will continue to incur these costs; the state does not anticipate savings based on the availability of a licensing alternative. If the QA System expands to other populations as proposed, it is important to note that DHS does not license providers serving individuals who receive services under the CAC, CADI and TBI waivers. These providers are managed through county contracts and case management services.

## **3. Scope of the Program:**

With a few exceptions, Minnesota operates under a state-supervised and county-administered service model<sup>vi</sup>. This model assumes that local government and citizens have a better understanding of the needs and desires of individuals than the state would. From a federal perspective, the Department of Human Services is responsible for a broad range of quality assurance indicators, including individual as well as systems-level outcomes<sup>vii</sup>. In Minnesota, the state shares these responsibilities with counties. The state is responsible for monitoring compliance with licensing requirements, protection of basic health and safety, assuring equal access to services, and maintaining fiscal responsibility and program integrity. The county is responsible for planning and monitoring of individual supports and services.<sup>viii</sup> The Region 10 QA system has activities that overlap with both county and state responsibilities.

Data contained within the Region 10 QA report address individual satisfaction with the QA System, but do not address comparable outcomes on a statewide level. In September 2002, the DHS completed a comparison of maltreatment and licensing complaints between the five Region 10 QA counties the rest of the state. The study corrected for capacity and persons served to allow for an equitable comparison. The results did not show a significant difference between Region 10 and other counties on these factors.

### Conclusion

There is not enough information to determine whether the Region 10 Quality Assurance system can be expanded to other populations or geographic areas. Efforts to do so would take community involvement and may require additional funds to support the quality assurance activities the Region 10 QA System provides.

The Department of Human Services recognizes the Region 10 QA System as a local initiative that is most comparable to person-centered planning and case management services. DHS supports person-centered planning models and views the VOICE QA System as a viable strategy for the development of individual service plans. DHS is willing to meet with Region 10 QA stakeholders to explore VOICE reviews as a Person-Centered planning option as a part of an individual's service plan.

<sup>vi</sup> Minnesota Statutes 256 A and 256 B

<sup>vii</sup>Home and Community Based Services Quality Framework, CMS, NASDSS, NASUA, APHSA, February 27, 2004.

<sup>viii</sup> Minnesota Disability Services Program Manual: Manual Overview: State and County Responsibilities, <u>http://www.dhs.state.mn.us/main/groups/county\_access/documents/pub/DHS\_id\_005090.hcsp</u>

<sup>&</sup>lt;sup>1</sup> For a more comprehensive description of the system, please see, *Region 10 Quality Assurance Commission: Report to the Commissioner Department of Human Services June 2004*, Attachment 2

<sup>&</sup>lt;sup>ii</sup>Minnesota Statutes §256B.0951 subd. 3 (d)

<sup>&</sup>lt;sup>iii</sup> Ibid

<sup>&</sup>lt;sup>iv</sup> Minnesota Quality Assurance Commission Report to the Commissioner Department of Human Services June 30, 2004, pp. 8-10.

<sup>&</sup>lt;sup>v</sup> Ibid, Attachment 2