

MINNESOTA -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Federal and state funding streams and fiscal policies still reflect an institutional bias.
- The state does not have a centralized system for providing accurate and culturally appropriate information about services.
- Very few consumers are utilizing the option for consumer-directed services due to inadequate information about and support for this option. In particular, the case management system, service providers, and public agency staff operate with a prescriptive philosophy that is not supportive of consumer-directed service coordination.
- There is a need for greater involvement of primary consumers in program design, development, and evaluation.

Perceived Strengths

- Statutes are in place to support consumer-directed services and home- and community-based services (HCBS) waivers are being amended to ensure that consumer-directed service options will be available in all waiver programs.
- The Minnesota Department of Human Services operates a public web site and a SeniorLinkageLine that provides some information about services.
- The state has generated several successful consumer-driven projects.
- Minnesota's consumers, service providers, and public agencies are in agreement that a consumer-driven system needs to be created.

Primary Focus of Grant Activities

- Develop a consumer designed and driven quality assurance and improvement system.
- Develop a model for a centralized information, referral, and assistance (IR&A) system.

Goals, Objectives, and Activities

Overall Goal. Improve access to and satisfaction with consumer-directed services by developing and testing models for a comprehensive consumer-directed service system that will enhance consumer self-sufficiency and quality of life.

Goal. Assure that consumers have access to timely, consistent, accurate information that supports self-determination and informed choices.

Objectives/Activities

- Update the state's web site so that consumers, advocates, providers, and agencies receive the same information in a useful, easily understood manner.

- Initiate a 1-800 number system that ties together state and local information and connects people needing additional help with advocates and providers.
- Develop a model for information, referral, and assistance (IR&A) and create three regional IR&A networks to provide service to target populations.
- Develop training materials to be used for and with the IR&A networks.

Goal. Develop a model for consumer-designed and driven quality assurance and improvement functions to be implemented within the long-term care delivery system in Minnesota.

Objectives/Activities

- Recruit and convene a 15-member quality design commission comprising 51 percent primary consumers.
- Develop a model for consumer-driven quality assurance and quality improvement.
- Develop an automated consumer feedback system to evaluate and measure consumer satisfaction with the service delivery system and consumer quality of life outcomes.

Goal. Integrate consumer-driven quality assurance and improvement functions into every aspect of the project to assure that frequent and accurate customer feedback and information are obtained and used effectively to correct or prevent problems as they are identified.

Objectives/Activities

Develop an automated consumer feedback system to evaluate and measure consumer satisfaction with the service delivery system, and consumer quality of life outcomes.

Key Activities and Products

- Recruit and convene a 15-member quality design commission comprising 51 percent primary consumers.
- Develop a model for consumer driven quality assurance and quality improvement.
- Develop an IR&A model and create three regional IR&A networks to provide service to target populations.
- Develop training materials to be used for and with the IR&A networks.
- Develop an automated consumer feedback system to evaluate and measure consumer satisfaction with the service delivery system, and consumer quality of life outcomes.
- Upgrade and expand the current DHS public web site with essential information to assure a centralized source of accurate information.
- Pursue regulatory reforms necessary to achieve more flexible consumer-directed service coordination options.

Consumer Partners and Consumer Involvement in Planning Activities

- Invitations were sent to local and state advisory committees, providers, and consumer and advocacy organizations for people of all ages with disabilities to form a consumer task force.

- The state held 50 meetings to inform and seek input on the grant development. The meetings included focus groups, general information, and input-seeking meetings, one-on-one meetings with consumers and advocates, and discussions with county agencies. Opinion surveys were also circulated to public and private partners who forwarded it to their constituents to obtain additional input, and to individual partners who had attended grant input meetings or had requested to be added to a contacts list.

Consumer Partners and Consumer Involvement in Implementation Activities

- A Quality Design Commission, comprising a minimum of 51 percent primary consumers, as well as family members and public/private partners in the aging and disability communities, will be responsible for overall project oversight and evaluation. The Commission will determine which type of consumer input methods will be used to inform the project.
- Information on consumer preferences for information, referral, and assistance services, and their satisfaction with services, will be gathered. Surveys, focus groups, and reviews of existing data may all be used to obtain this information. Special outreach activities will be used to reach those with severe disabilities, those with low incomes, and people of color.
- Monitoring and evaluation activities will include ongoing consumer feedback.
- Consumers participating in service design and evaluation activities will be paid for their time.

Public Partners

- Department of Human Services—Medicaid Agency.
- Department of Economic Security, Rehabilitation Services.
- Department of Children, Families and Learning.
- Department of Health.
- Department of Corrections.
- Local county agencies.

Private Partners and Subcontractors

Community-based organizations and county agencies to be determined through an informal Request for Information (RFI) process. It is expected that they will include:

- Area Agencies on Aging.
- Tribal Nations.
- Independent Living Centers.
- Community service providers.
- Health and long-term service providers.

Public and Private Partnership Development/Involvement in the Planning Phase

Initially and throughout the grant proposal development process partners were invited to participate in planning sessions to help identify unmet needs to support community service options, strategies to overcome any barriers, desired outcomes, and priorities for development. As the proposal was developed partners were asked to provide feedback on activities to be undertaken and to make recommendations to assure a consumer focus. The opinion survey was also sent out to individuals and partners to assure stakeholder and consumer input.

Public and Private Partnership Development/Involvement in Implementation

- The Community Quality Initiatives Division is currently recruiting a 15-member Quality Design Commission that will involve at least 51 percent primary consumers as well as public and private stakeholders. The commission will be involved in the design, monitoring, and evaluation of quality assurance processes throughout the Minnesota Department of Human Services.
- The regional Information Referral and Assistance networks will be required to develop partnerships within their communities. Training and technical assistance will be provided to help these networks promote consumer-driven options that are currently available. Consumer feedback obtained throughout the grant on the IR&A and the automated consumer feedback system will be used to make ongoing quality improvements.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

The most focused effort to date with various partners, beyond the grant planning process, has involved the CQI steering committee. This committee of aging and disability community partners has provided direct input into developing the charge and objectives for the 15-member Quality Design Commission that will act as a consumer and stakeholder quality oversight committee on grant and non-grant quality assurance activities assigned to the CQI division. Outreach activities to recruit consumers and stakeholders have been extensive with organizations in our target populations and other consumer and stakeholder groups.

Oversight/Advisory Committee

- The Quality Design Commission will be responsible for overall project oversight and evaluation, and approval of final reporting functions.
- The DHS Continuing Care Community Quality Initiatives Division will ensure coordination among critical DHS divisions and act in a consultant capacity throughout the grant period.

Formative Learning and Evaluation Activities

- Subcontractors will submit quarterly progress reports that document benchmarks and milestones to the Project Coordinator who is the liaison to the Project Design Teams.
- Consumer satisfaction and evaluation surveys will be used to identify the impact of the project on the quality of life and the quality of service delivered to consumers.

- Project Design Teams will be responsible for oversight of individual project progress and outcomes, and will report progress and make recommendations for quality improvements to the Commission.
- Consumer satisfaction and evaluation surveys will identify the impact of the project on the quality of their services and on their quality of life.

Evidence of Enduring Change/Sustainability

- Improvements in the state's IR&A system will endure beyond the grant period.
- A final model will be designed to be replicated for other locally based IR&A networks for people with disabilities.

Geographic Focus

At least three counties within the state could be part of an information network. These three counties will share information with three other counties that can benefit from lessons learned.