



Minnesota Department of **Human Services**

Fast Facts: 2013 Legislative Session

Quality promoted across long-term services, supports

Along with rate increases for long-term care providers, the 2014-15 state budget includes incentives for these providers to increase quality outcomes for the people they serve. Performance-based payments address concerns about the quality of care provided in home and community-based and institutional settings. They also help the Department of Human Services leverage quality in its purchasing role. Experience has demonstrated that even small payment incentives for performance lead to quality improvement, as does public reporting of performance measures.

Legislation promoting quality among long-term care providers includes:

Rate increases for home and community-based service providers

On April 1, 2014, a 1 percent increase in rates and grants goes into effect for providers of home and community-based services for people with developmental disabilities and older adults. A Performance Improvement Project Program is established to give these providers grant awards for increasing quality outcomes. An additional 1 percent increase effective July 1, 2015, will be tied to the quality of provider services.

Nursing facility rate increase and quality add-on

Nursing facilities will see an increase, averaging 5 percent across facilities, to operating rates effective Sept. 1, 2013. Of the increase, 75 percent will be an across-the-board increase and 25 percent will be tied to a facility's performance on three measures of the [Nursing Home Report Card](#). A similar increase, averaging 3.2 percent across the state's 376 nursing facilities, will go into effect Oct. 1, 2015.

Consistent waiver provider standards

As part of a legislative package to bring Minnesota home and-community-based waiver programs into compliance with federal law, a consistent set of provider qualification and service standards is established across waiver programs. These programs include the Elderly Waiver, the Community Alternative Care waiver, the Community Alternatives for Disabled Individuals waiver, the Brain Injury waiver and the Development Disabilities waiver. Other provisions of the package require waiver service providers to obtain a license and pay a fee to provide services. Legislation also designates DHS as the lead investigative agency for adult maltreatment reports involving these licensed providers. DHS and the Minnesota Department of Health are required to jointly develop an integrated licensing system for providers of home care services, which are regulated by the Department of Health, and home and community-based services, which are regulated by DHS.

Positive practice and behavior safeguards and supports

New legislation establishes standards for licensed providers of home and community-based services for people with disabilities and the elderly to use when addressing challenging behavior. The legislation also prohibits certain practices, such as restraint and seclusion. Training modules will be developed related to the use of restrictive procedures and psychotropic medications. A database will be maintained to track the use of emergency manual restraint.

Related information:

- Omnibus Health and Human Services bill:
<https://www.revisor.mn.gov/laws/?id=108&doctype=Chapter&type=0&year=2013>
- DHS fact sheet page: <http://mn.gov/dhs/media/fact-sheets/>

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