Assistive Technology Equipment for Home and Community Based Services Waivers Funding Development

Disability Services Division

February 1, 2014

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Legislative Report

Minnesota Department of **Human Services**

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Legislative Report

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I. Executive summary

As required in the 20*13 Laws of Minnesota, Chapter 108, Article 7, Section* 59, this report describes DHS Medical Assistance funding streams that bring assistive technology and modifications to people with disabilities, older adults, and people with chronic medical conditions, including:

- State plan durable medical equipment and medical supplies with assistive technology expenditures just over $57.6 million during state fiscal year 2012 in support of 131, 937 people with disabilities, older adults and people with chronic health conditions,
- Fee for service home and community-based waiver expenditures for assistive technology and modifications of over $15.4 million during state fiscal year 2012 in support of 16, 194 fee for service home and community based services waiver participants,
- Elderly waiver expenditures for assistive technology and modifications of over $2.1 million during the first six months of 2012, in support of 10,805 managed care participants
- Assessment for assistive technology and modifications by appropriate qualified professionals available through state plan services, extended assessments available through waiver services and Tech4Home, a grant funded project that brings cutting edge assistive technology assessments and training to Minnesotans in their own homes,
- Assistive technology leasing policy and practice based on federal parameters,
- Computer tablet device funding through home and community based waivers and state plan augmentative communication device funding streams
- Monitoring technology, including the use of passive sensors that transmit information to remote locations, funded through home and community-based waivers, and the development of protocols and procedures that comply with federal requirements

Table 1: State fiscal year 2012 total DHS assistive technology and modification spending

Funding stream	Amount	Unique recipients
State plan durable medical equipment and medical supplies	$57.6 million	131,937
Fee-for-service home and community-based waivers and Alternative Care	$15.4 million	16,194
Elderly Waiver Managed Care participants (6 months of SFY 2012)	$2.1 million	10,805
TOTAL	**$75.1 million**	**158,936**

B. A. Recommendations

The following recommendations can all be pursued within existing resources:

- Continue flexible funding of assistive technology through home and community based waiver services to reduce dependence on human assistance and promote integrated community living.
- Based on the outcomes of the Tech4Home grant, biennially assess if future changes are needed to funding of assessment, other support services, and the acquisition of assistive technology through home and community based services.
- Regularly review changes in the marketplace as new technologies, applications and any barriers to access emerge, so they may be addressed in home and community based services.
- Evaluate criteria and protocols for the use of home and community based funding payment for cell phones, tablets or other mobile technology.

II. Legislation

2013 Laws of Minnesota, Chapter 108, Article 7, Section 59.
ASSISTIVE TECHNOLOGY EQUIPMENT FOR HOME AND COMMUNITY-BASED SERVICES WAIVER FUNDING DEVELOPMENT.

(a) For the purposes of this section, "assistive technology equipment" includes computer tablets, passive sensors, and other forms of technology allowing increased safety and independence, and used by those receiving services through a home and community based services waiver under Minnesota Statutes, sections 256B.0915, 256B.092, and 256B.40.

(b) The commissioner of human services shall develop recommendations for assistive technology equipment funding to enable individuals receiving services identified in paragraph (a) to live in the least restrictive setting possible. In developing the funding, the commissioner shall examine funding for the following:

(1) an assessment process to match the appropriate assistive technology equipment with the waiver recipient, including when the recipient's condition changes or progresses;

(2) the use of monitoring services, if applicable, to the assistive technology equipment identified in clause (1);

(3) the leasing of assistive technology equipment as a possible alternative to purchasing the equipment; and

(4) on-going support services, such as technological support.

(c) The commissioner shall provide the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services policy and finance a recommendation for implementing an assistive technology equipment program as developed in paragraph (b) by February 1, 2014.

III. Introduction

Assistive technology devices combine with computer technology to create possibilities for people with disabilities, older adults, and people with chronic health conditions that were unimagined a decade ago. As computers expand our ability to control the environment, and industry expands methods used to control computers, people with disabilities and older adults experience wider, more productive lives.

Touch, voice, eye and breath controlled computer devices integrate with environmental sensors allowing some people with disabilities to control their home environment without human assistance for the first time. Tablet devices with adaptations and appropriate communication software replace devices formerly available at more than 10 times the cost for some people with communication barriers. Innovations such as eye gaze technology and speech recognition software mean more people are able to communicate their wishes, needs and choices even after stroke, traumatic brain injury or the acquisition of severe disabilities.

These rapidly evolving technologies with their obvious potential benefits present challenges to publicly funded systems of support for people with disabilities, older adults and people with chronic health conditions. Medical Assistance funding requires outcomes that promote health and safety, and confer benefit directly to the participant. To determine whether "off the shelf" technologies available to the public at-large may also meet the health and safety needs of an individual with disabilities, Medicaid systems rely on assessments conducted by occupational and physical therapists, and speech language pathologists. During person-centered evaluations these experts test and train on devices and systems that can be operated by each individual. When a person needs adaptations to make a device work, expert problem solving by highly trained staff is required when planning for, choosing, installing and training on a solution.

IV. Report Process

This report is submitted to the Minnesota Legislature pursuant to *2013 Laws of Minnesota, Chapter 108, Article 7, Section 59.* The law directs the commissioner of the Department of Human Services to develop recommendations for assistive technology equipment funding to enable waiver participants to live in the least restrictive setting possible. Assistive technology is defined to include computer tablets, passive sensors and other forms of technology that support safety and independence.

During preparation of this report, meetings were held across divisions of the Minnesota Department of Human Services.

Data was collected from the:

- Home and community based waivers expenditure reports,
- MinnesotaHelp.info website activity reports for the senior and disability linkage lines,
- Payment reports of state plan durable medical equipment and services, and
- Payment data on augmentative communication devices

This report acknowledges the role of federal policy and funding and describes:

- Medical Assistance state plan funded assistive technology which provides the largest funding stream for devices, now including tablets for communication,
- Waiver funding for assistive technology and modifications not covered under the Medicaid State Plan,
- The role of professional assessment in the face of changing technology and changing individual need,
- An explanation of how these funding sources interact,
- Assistive technology leasing policy and practice,
- Online resources
- Minnesota's plan to develop federally compliant monitoring technology,
- The current status of Tech4Home, a demonstration project on assistive technology and modifications consultation, which brings access to high level expertise to persons with disabilities across the state, and
- A few stories of people whose lives have been changed

V. MN DHS System to Provide AT and Environmental Modifications

The Minnesota Department of Human Services continues to partner with other public agencies to provide Minnesotans with disabilities with the assistive technology they need to flourish and live their most productive and most independent lives. In the Department of Administration, the STAR program provides information and training on assistive technology devices. Although several agencies, such as the Department of Employment and Economic Development, the Department of Education, and local school districts provide workers and students with some assistive technology, Medical Assistance continues to contribute the majority of funding for assistive technology and modifications for Minnesotans with disabilities.

In state fiscal year 2012, $75.1 million was spent on assistive technology and modifications through Minnesota DHS state plan durable medical equipment and medical supplies, and home and community-based waiver services. Federal and state funds combine in these programs to provide Minnesotans with disabilities, older adults, and people with chronic health conditions the supports they need to remain healthy, safe and productive.

Table 1 (repeated): State fiscal year 2012 total DHS assistive technology and modification spending

Funding stream	Amount	Unique recipients
State plan durable medical equipment and medical supplies	$57.6 million	131,937
Fee-for-service home and community-based waivers (BI, CAC, CADI, DD, EW and Alternative Care)	$15.4 million	16,194
Elderly Waiver Managed Care participants	$2.1 million	10,805
TOTAL	**$75.1 million**	**158,936**

A. State Plan Services

Based on professional assessment of individual need, state plan durable medical equipment and supplies provide assistive technology from the simple to the complex, from walkers and canes to power wheelchairs and augmentative communication devices. During the 2013 legislative

session, statute passed that mandated state plan coverage of tablet devices used for communication for those who are eligible and can use the devices. Policy regarding acquisition and funding of these devices for communication purposes will shift this funding and process within DHS to the state plan durable medical equipment and supplies area from the home and community based waivers.

Table 3: State Plan Durable Medical Equipment and Supplies Expenditures State Fiscal Years 2007 and 2012

Request type	SFY 2007	SFY 2012	SFY 2007	SFY 2012
	Unique recipients	Unique recipients	Dollars paid	Dollars paid
Augmentative Communication Device	132	166	$313,927.71	$749,588.79
Bath and Toilet Aids	1,821	2,217	$163,057.67	$466,216.62
Hearing Aids	2,119	2,090	$1,213,615.47	$1,112,401.15
Mobility Device	5,268	6,869	$4,736,364.42	$5,764,690.38
Other DMES	63,888	107,124	$35,665,381.76	$43,641,941.95
Patient Lifts	126	193	$88,912.41	$124,893.37
Prosthetics Orthotics	10,175	13,279	$4,117,872.88	$5,746,418.48
Totals	**83,529**	**131,938**	**$46,299,132.32**	**$57,606,150.74**

From 2007 to 2012, Medicaid fee-for-service member months increased from approximately 2.4 million to 3 million. Total durable medical equipment and supply spending in state fiscal year 2007 was approximately $46.3 million, and in state fiscal year 2012, it was more than $57.6 million. Spending per member month increased slightly from $18.71 to $18.93.

The number of Medicaid participants using equipment and supplies increased from 83,529 in 2007 to 131,938 in 2012. In 2007, expenditures per user averaged $554.29; in 2012 the average expenditure per user was $436.62.

B. Waiver Services

In compliance with federal rules for Medicaid and Medicare, all services and supports that are funded through state plan entitlement programs are accessed before home and community-based waiver services. Therefore, we find the vast majority of assistive technology is funded through state plan durable medical equipment and supplies.

Home and community-based services waiver programs for people with disabilities and older adults funded assistive technology and modifications that were not covered in the state plan.

Approximately $15.4 million was spent on assistive technology and modifications for fee-for-service participants in home and community-based services waiver programs. In the first six months of 2012, $2.1 million was spent on assistive technology and modifications for 10,805 managed care participants on the elderly waiver.

Minnesota home and community-based waivers began funding tablet devices for communication when it became apparent that many people could benefit from augmentative communication programming, but they did not require the complex and expensive devices that had established the field. In the 2013 session, legislation passed mandating state plan coverage of tablet devices for communication, so this cost will shift for those individuals.

Meanwhile state plan services do not cover any modification to a fixed, privately held asset. Therefore, modifications to the environment are funded through waiver expenditures. Some modifications that make it possible for people to live in their own homes include:

- Ramps and lifts
- Embedded environmental controls
- Passive sensors that trigger door openers allowing people who cannot lift a door to control their own egress
- Wider doorways
- Wheelchair accessible bathrooms
- Alarms to indicate a need for help

Some people with disabilities are highly sensitive to environmental factors, and process sensory information differently. Waiver programs fund lights that dim, soundproofing to create quiet areas, and material changes as people's needs are identified or change.

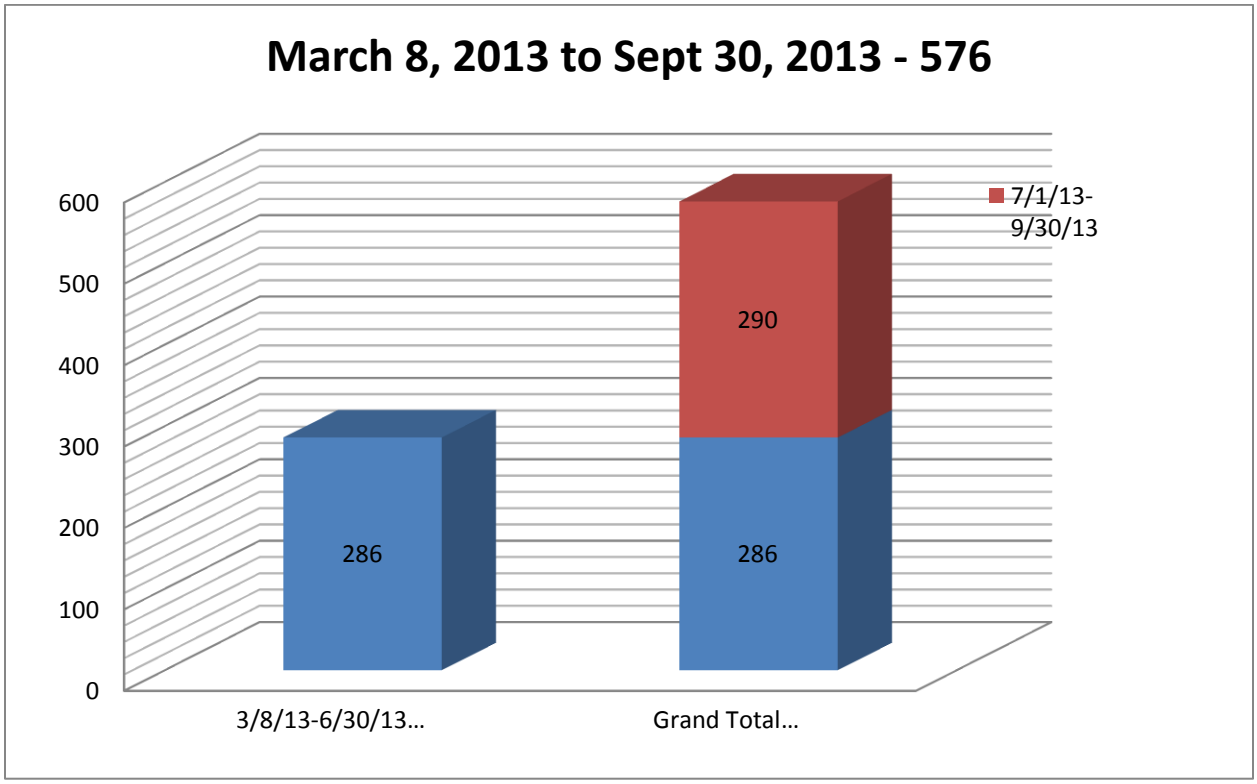
Assessment by highly qualified, appropriate professionals is available to all people with disabilities or chronic health conditions, and older adults served by Medical Assistance. Certain limits to frequency of assessment may fluctuate as cost controls are attempted at the federal level. However, many people with disabilities, older adults and people with chronic health conditions may experience changes of functioning, and they need to maintain professional expertise over and above a benefit set designed for people without disabilities or complex medical conditions. Therefore, home and community-based waivers fund assessments, training and other state plan services over and above those available through state plan funding.

C. Tech4Home

When the legislature put a moratorium on additional corporate foster care settings in 2009, the legislature appropriated funding to provide grants to help people with disabilities use technologies that helped them remain in or move to homes of their own. Over 700 people were trained in the importance of assistive technology, the importance of qualified assessment, and the role it can play to increase independence. The Disability Services Division received input from counties, people with disabilities, and their supporters who reported that access to high levels of assistive technology assessment expertise differed throughout Minnesota. Federal and state efforts to control costs in response to economic downturns and the demographic pressures of our aging population resulted in limits on how many evaluation appointments were available to each person through state plan funding. Some people didn't get the assessment and training they needed. Barriers to use that could only be observed in home environments went unresolved in our current clinic or facility-based assessment system that does not pay for travel to people's homes. Strict controls on appointment times in clinic settings meant some people with complex conditions were unable to get the time they needed to test options until they were presented with the solution that worked for them.

In response to these reports, the Disability Services Division launched a project to seek improved outcomes. Many highly experienced occupational and physical therapists and speech language pathologists with certifications in clinical competence, come together in this project. No matter where Minnesotans reside, Tech4Home has discovered improved outcomes result when high level expertise is available to people with disabilities, older adults and people with chronic health conditions of all ages at home or at work. Between March 8, 2013 and Sept. 30, 2013, 576 people received assessments in their own homes, or in other settings as they sought to move to homes of their own. Counties, individuals and their supporters report very high levels of satisfaction with Tech4Home.

Table 4: Assistive Technology services to people from March 8 to Sept. 30, 2013



Tech4Home success stories

A Little Girl in Southern Minnesota:

A Tech4Home Speech Pathologist with a certification in clinical competence and an Occupational Therapy consultant saw a 5 year old girl in southern MN. She has Cerebral Palsy and vision field cuts which interfere with her sight.

> A little girl had a Dynavox communication device, a mount, and yet no way to make the device work - she could not touch the keys. The speech therapist in her community had recommended she use a switch with her hands but she did not have the muscle control to do this, so she did not like using the device. At school, the aides/teachers were holding their hands to either sides of her face and having her move towards their hands for yes/no. She had this expensive device, but was unable to use it, and could only communicate basic yes/no with someone else's help.
>
> Tech4Home saw this young girl at her home with her teacher, mom and aide present. We found that she could hit a jelly bean switch mounted near her chin with 100% accuracy. Although she was accurate, her responses were very delayed because of her lack of

muscle control. With a blue tooth switch connected to a tablet device and the switch near her chin, she was able to play a game that required perfect timing and accuracy! It was amazing and wonderful that the staff/mom were there to see this happen! We ordered her a switch covered by insurance and educated mom/staff on how to set it up.

I feel like this is what the grant is all about. This little girl already had the equipment and this expensive device, but she didn't have the training she needed. She just needed the right team to help her make it work.

A woman in central Minnesota:

One of the Tech4Home occupational therapy consultants saw a 60 year old woman living in a nursing home who had meningitis. A county worker referred her to Tech4Home to be assessed for a potential move home at the family's request.

When the Tech4Home staff called the nursing home the first response from the social worker was, "She is on the long term care floor here; she does not have a goal to go home."

The Tech4Home consultants started to work with the nursing home to help the woman explore moving home as an option. The following descriptions were noted at intake:

- Couldn't speak
- Pain in right leg and arm, and transferred with a manual lift with one staff person
- Couldn't control bowel and bladder.
- Needed support to cook, eat, dress and use a bathroom.
- Depressed.
- Able to feed herself only when her food was in front of her
- Couldn't wash her face, or brush her teeth or hair.

Her sister and father were present during the Tech4Home assessment. According to the nursing home occupational and physical therapy staff, the lady was not making progress in therapy. Therefore, they recommended that these therapies should end.

Tech4Home set up a tablet device for communication and, in one afternoon, using pictures, the woman could answer yes or no questions, identified what she liked to eat, and made clear that she wanted to go home.

The Tech4Home speech therapist and nurse arranged for:

- A tablet device and taught the woman to use Face Time
- Wheelchair seating and positioning evaluation, since her chair was not supporting her
- A visit home for the weekend

At home, the woman:

- Smiled for the first time in many months
- Used her tablet device to communicate
- Let her family know when she needed to use the bathroom, and
- Let them know that she didn't want to go back to the nursing home

Her care conferences are attended by the Tech4Home occupational therapist via phone. The team was very clear her goal is to return home. A home assessment and wheelchair assessment have been set up to get this woman ready to go home.

A Young Man in Northern Minnesota:

After a car accident, a young man was living in a senior assistive living center while completing outpatient rehabilitation. His outpatient team referred him to Tech4Home to assess his abilities and needs for technology if he moved to an apartment.

He needed adaptations to cook simple meals, open his door, use a phone, and to use a computer to explore school or job options. He wanted to earn money to buy land and build an accessible home.

Three weeks after meeting with Tech4Home, the young man moved to his own apartment. His phone came from the Telephone Distribution Program, so he can use it from his wheelchair or bed. Tech4Home completed the home and community based CADI waiver assessment and application for the door modification he needs to secure and lift his apartment door independently.

Back in his own home with assistive technology and modifications, this young man is back in his life, hunting with his friends, smiling and interacting with others, and planning to get a job so he can buy land and build a wheelchair accessible home near his family. He will apply to Vocational Rehabilitation Services for help going back to school and finding work.

D. Online Resources

Minnesota home and community-based services, funded by state plan and waivers, depend on dedicated lead agency staff who must navigate the system to meet the needs of the people they serve. The internet has assisted in maximizing staff time and increasing distribution of accurate, consistent information. Minnesota's Department of Human Services has developed www.MinnesotaHelp.info that manages online resources, which help lead agency workers, the people we serve, and all interested persons navigate program information.

www.MinnesotaHelp.info includes the Senior LinkAge Line® and the Disability Linkage Line. Here are the requests for assistive technology and modification information from state fiscal year 2012.

Table 5: Senior LinkAge Line® requests for Assistive Technology and Modification information from state fiscal year 2012.

The number of sessions in which Accessibility/Modifications issues were handled with clients between July 1, 2012 and June 30, 2013:

Code	Problem/Need	Unduplicated Sessions	Unduplicated Clients
003.010	Business barriers and modifications	7	7
003.020	Forms Assistance	14	14
003.030	General	99	97
003.050	Home barriers and modifications	220	203
003.070	Needs assessment	42	41
003.090	Ramp construction	97	82
003.110	Vehicle modifications	19	18
003.130	Workplace evaluations	1	1

Table 6: Disability Linkage Line® requests for Assistive Technology and Modification information from state fiscal year 2012.

The number of sessions in which Accessibility/Modifications issues were handled with clients between July 1, 2012 and June 30, 2013:

Code	Problem/Need	Unduplicated Sessions	Unduplicated Clients
003.010	Business barriers and modifications	8	8
003.020	Forms Assistance	2	2
003.030	General	31	31
003.050	Home barriers and modifications	54	52
003.070	Needs assessment	11	11
003.090	Ramp construction	38	36
003.110	Vehicle modifications	22	22
003.130	Workplace evaluations	1	1

E. Leasing Policy and Practice

Equipment leasing policy and practice is defined by federal regulation and described in the Minnesota Health Care Provider Manual in the durable medical equipment and supplies chapter. Waiver leasing policy for assistive technology follows these federal standards. A chart which indicates leasing or purchase parameters can be found in the Minnesota Health Care Provider manual.

Covered Services as described in the Minnesota Health Care Provider Manual

MHCP covers medical supplies and equipment, subject to limitations, authorization, and other requirements. Additional restrictions apply to supply and equipment coverage for recipients residing in long term care (LTC) facilities.

- When the medical equipment or supply is purchased for a recipient, the item is the recipient's property

- Rent for most durable medical equipment is covered up to 13 months, or to the purchase price of the equipment. After 13 months of rental or when the purchase price is reached, the item is the recipient's property
- Durable medical equipment determined by Medicare to require frequent and substantial servicing is not subject to the 13 month / purchase price rental limit
- MHCP assumes a reasonable useful lifetime of five years for all durable medical equipment
- MHCP will not cover equipment that serves the same purpose as usable equipment previously purchased for the recipient
- MHCP covers repairs to medically necessary recipient-owned equipment and maintenance on equipment that requires frequent cleaning and/or routine calibration to ensure proper working order
- All purchased equipment must be new upon delivery to the recipient. Equipment that is intended to rent until converted to purchase must be new equipment. Used equipment may be used for short-term rental, but if eventually converted to purchase, must be replaced with new equipment.

Most of the subsections have information about specific equipment. For example, from the section on oximeters from the Minnesota Health Care Provider manual:

> Purchase or monthly rental of oximeters that are suitable for intermittent use or spot checks may be medically necessary:
>
> - For periodically checking the oxygen saturation levels in recipients using long term oxygen
> - For checking oxygen saturation levels of the recipient during or following a seizure
>
> Short term, 24 hour or overnight continuous oximetry may be medically necessary:
>
> - To evaluate nocturnal desaturation in patients with chronic respiratory disease
> - To determine the appropriate oxygen needs of the recipient, particularly when there has been a change in the recipient's medical condition.
> - To evaluate the need for a sleep study

Monthly rental of an oximeter that is suitable for continuous use may be medically necessary:

- For recipients being weaned from home oxygen
- For infants less than 12 months of age using home oxygen
- For recipients with a temporary medical need to maintain oxygen saturation within a very narrow range

Purchase or monthly rental of an oximeter that is suitable for continuous use may be medically necessary:

- For recipients that require mechanical ventilation
- For recipients with a tracheostomy
- For recipients with a long-term medical need to maintain oxygen saturation within a very narrow range

VI. Development of Federally Compliant Monitoring Technology

All five Medicaid home and community based services waivers pay to install and support monitoring technology equipment and services. The term monitoring technology is used by the Department to describe the use of technology to monitor, supervise or provide oversight and supports to ensure the health and safety of recipients and support their independence. Monitoring technology can include:

- Sensors in floors, beds, chairs or doorways that track movement and use to trigger responses from outside the home,
- Alarms that trigger help in emergencies, including call pendants,
- Motion detectors and sensors that report movement or breaches in the perimeter,
- Cameras,
- Home security systems, including door and window alarms, and
- GPS tracking devices

The 2009 Minnesota Legislature passed Minn. Stat. Sec. 245A.11, subd. 7a, 7b & 8b, creating an alternative license for adult foster care providers to use monitoring technology as an alternative method of providing overnight supervision. A Monitoring Technology Workgroup assisted the DHS and the state legislature develop language to ensure safety and informed consent when monitoring technology applications are used to replace an onsite, overnight caregiver in an alternative licensed adult foster care home.

Opportunities and challenges have arisen with the emergence of monitoring technology. The use of monitoring technology can allow for an increase in a recipient's independence, community integration and decreased dependence on caregivers. It can also assist in stretching the funding resources a person receives. However, issues have arisen around privacy concerns – particularly when the recipient lives with others – as well as determining whether the use of technology is appropriate for the individual recipient.

The Centers for Medicare and Medicaid Services recently required Minnesota to add protections to its waiver plans governing the use of monitoring technology. In 2013, restrictions were added to ensure that the waivers would not pay for the use of cameras in bathrooms. Additionally, cameras are only permitted in bedrooms as the least restrictive alternative for complex medical needs or other extreme circumstances. DHS must approve the use of cameras in bedrooms. Requests are reviewed to ensure that the cameras are not used in a way that violates the rights of

the individual and are the least restrictive and least costly alternative for meeting the person's needs.

During their 2013 session the state legislature passed Minnesota Laws 2013, Chapter 108, Article 13, Section 12 requiring that DHS establish a Monitoring Technology Review Panel. This Panel will review and approve the plans, safeguards and rates that include residential direct care provided remotely through monitoring technology. The Panel will also review requests for the placement of cameras in bedrooms. DHS published a request for proposal in September 2013 seeking a consultant to assemble the panel. A proposal was selected in December 2013. The Panel is set to convene in early 2014.

VII. Report recommendations

The following recommendations can all be pursued within existing resources:

- Continue flexible funding of assistive technology through home and community based waiver services to reduce dependence on human assistance and promote integrated community living.
- Based on the outcomes of the grant, biennially assess if future changes to funding of assessment and other support services, as well as the acquiring of assistive technology through home and community based services are needed.
- Regularly review changes in the marketplace as new technologies emerge, their applications and any barriers to access to be addressed in home and community based services. This recommendation is budget neutral.
- Evaluate criteria and protocols for the use of home and community based funding payment for cell phones, tablets or other mobile technology.