

**Minnesota Statewide Quality Assurance Activities by Service Type:
A Working Document**

**Minnesota Quality Assurance Panel
February, 2007**

The Minnesota Quality Assurance Panel examined existing quality assurance activities in Minnesota before developing its recommendations for revisions to this system. This document is a work in progress. QA Panel members summarized the information they had about the various QA activities in tabular format. The tables were reviewed by various Department of Human Services staff for input about missing or incomplete information.

What follows are the draft summaries describing those activities. Table 1 describes in brief narrative form, the design, discovery, remediation, and improvement activities for various parts of the quality assurance infrastructure in Minnesota. The DHS Quality System Architecture Initiative reportedly has created a more comprehensive description of Minnesota's quality assurance business design but did not share that summary with the QA Panel in time for this report.

Tables 2 and 3 list all supports and services available in Minnesota to persons with disabilities (across the top), and the quality assurance design elements currently being used at the state level (down the left side). X's are used to designate quality assurance design elements that are applicable to each particular service type. Table 2 includes the services funded by Medicaid Home and Community Based Services Waivers, while Table 3 includes services funded by other programs.

The panel recognizes that the information on these tables is incomplete. It includes only the information provided to the panel through the project. The project did not have sufficient resources to do the extensive document review and interviewing that would have been needed to complete the work. However, it was also clear that the product of such an effort would not have changed the Panel's conclusions about the need for change in Minnesota's quality assurance system. Panel members found Tables 2 and 3 in particular to be helpful in illustrating the complexity of Minnesota's current Quality Assurance System. The Panel interpreted the lack of information about quality improvement activities as an indication that quality improvement is not currently a priority or a focus of the quality assurance system for Minnesotans with disabilities.

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
An infrastructure created and sustained to support quality assurance and improvement discovery, remediation and improvement activities	Knowing what outcomes are being accomplished, identifying problems, determining opportunities for improvement, and finding sources of effective practice	Responding to problems on a individual, agency and system-wide basis	Using information about programs and persons enrolled in them, knowledge of effective practices and information and knowledge dissemination to improve the quality of services and supports, and elevating the expectations of and demand for higher quality by service recipients and their advocates.
Provider Agencies			
MHCP Enrolled Provider	Individual or agency must submit a completed and signed: Provider Application (may be specific to provider type) and Provider Agreement (includes a statement of terms for MHCP participation); Must submit related documentation, e.g., verification of licensure, certification or registration if required; Providers may be required to enroll once, at the time their initial provider number is assigned, others may be required to renew or reenroll on regular schedule. MHCP enrolled providers must submit a change of information to Provider Enrollment when provider information changes occur.	If the provider application and agreement are approved, DHS assigns a 9-digit MHCP provider number. MHCP providers submit claims for services delivered under their provider number through MMIS. Billing errors that are discovered may result in . . .	

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
245B License	<p>Application and relevant documentation must be submitted. Application fee paid. Background study required on person signing application and controlling individual(s). License issued after commissioner has determined the application is complete and meets all licensing requirements. Licenses are not issued to applicants who were previously disqualified as a result of the background study findings or who previously had DHS licenses revoked. All licensed programs are reviewed to determine compliance with licensing requirements at two year intervals. Exceptions apply. The license review process verifies compliance through a review of consumer and staff records; a review of the program's policies, procedures, and practices, and their implementation; and consumer interviews. Provider satisfaction surveys and other program evaluation data are required by 245B for monitoring purposes. Licensing reviews and investigations are done on a periodic basis.</p>	<p>A correction order or an order of conditional license is issued by the commissioner if violations have been determined. The type of order and corrective actions required depend on the nature, severity, and chronicity of the violation. The commissioner may issue sanctions or fines against a license depending on the nature, severity, and chronicity of the violation. Sanctions the commissioner may impose include suspension or revocation of the license, imposing a fine, or securing an injunction against the continued operation of the program. License holders may exercise due process rights available to them to appeal the order or sanction imposed.</p>	

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
DHS License; not 245B	Application and relevant documentation must be submitted. Application fee paid. Background study required on person signing application and controlling individual(s). License issued after commissioner has determined the application is complete and meets all licensing requirements. Licenses are not issued to applicants who were previously disqualified as a result of the background study findings or who previously had DHS licenses revoked. All licensed programs are reviewed to determine compliance with licensing requirements at two year intervals. Exceptions apply. The license review process verifies compliance through a review of consumer and staff records, a review of the program's policies, procedures, and practices, and their implementation.	A correction order or an order of conditional license is issued by the commissioner if violations have been determined. The type of order and corrective actions required depend on the nature, severity, and chronicity of the violation. The commissioner may issue sanctions or fines against a license depending on the nature, severity, and chronicity of the violation. Sanctions the commissioner may impose include suspension or revocation of the license, imposing a fine, or securing an injunction against the continued operation of the program. License holders may exercise due process rights available to them to appeal the order or sanction imposed.	
County License	Application and relevant documentation must be submitted. Application fee paid. Background study required on person signing application and controlling individual(s). Counties are responsible for ongoing monitoring of outcomes, and identifying problems. County case managers, service coordinators and public health nurses are involved in monitoring service quality for the individuals on their caseloads. Counties vary in their use of consumer experience surveys to learn about problems.		Counties use local needs determinations, planning efforts, county gaps analysis and county RFP processes to identify and create programs to improve supports and services in their communities.

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
County Contract	Counties are responsible for ongoing monitoring of outcomes, and identifying problems. County case managers, service coordinators and public health nurses are involved in monitoring service quality for the individuals on their caseloads.		
County Purchase Agreement			
Accreditation Survey			
DHS or Local Certification			
MDH Licensed			
Class A Home Care Agency			
Class E Assisted Living			
Assisted Living Home Care Provider			
Assisted Living Provider			
Board & Lodge			
Minnesota Department of Health Compliance Monitoring Division Licensing	Basic compliance is monitored by the Department of Health, the Environmental Service Division, or the Compliance Monitoring Division.	If there are violations noted, there is a findings system. Fines are levied if non compliance continues	
MDH Survey (DTH as outside ICF/MR Services)			
MDH Registered			
MDH Certification			
Medicare Certified Agency			
Rehabilitation-Vocational Outpatient			
Community Health/Mental Health Center			
Accreditation			
Multiple Provider Qualifications Allowed			
Individual Providers			

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
Professional Degree /Licensure /Certification /Registration			
Para-Professional Certification/Registration			
Social Worker			
Other Credentials/Requirements			
Background Study (BGS)	<p>A BGS is required for all direct service staff and volunteers (if unsupervised) in DHS or MDH licensed programs; and if working for a non-licensed PCPO to determine if the person has any existing characteristics that would disqualify him/her from providing direct service to children or vulnerable adults. If the subject of a BGS is determined to have a disqualifying characteristic, the subject is disqualified from being able to provide direct service to children or vulnerable adults. DHS notifies the program and the subject of its findings and orders the program to remove the person from any direct contact with the people receiving services. DHS also notifies the subject of his/her due process rights and the steps the subject must take to request a reconsideration of the findings or to have the disqualification set aside to allow the person to work for the program.</p>	<p>If BGS does not clear DHS requires specific action by the license holder or the BGS subject until additional investigation is completed or the subject's request for reconsideration has been decided. Action may require immediate removal from direct service or continued direct supervision. Continuous and direct supervision required for direct service staff until the BGS is cleared.</p>	
Supports to Individuals			
Service Agreements	<p>Counties create service agreements with provider organizations to meet the needs of individuals or groups of individuals based on the service plans for those individuals or groups. Outcomes are monitored according to the terms of the service agreements.</p>		
Information & Access			

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
Rule 185 Case Management	Applies only to persons with MR/RC. Requires initial and periodic assessments of each individual person's support services and needs.	Counties are responsible for monitoring and addressing gaps between the Rule 185 Individual Service Plan and the actual services provided to individuals.	
Other Case Mgt/Service Coordination /Public Health Nursing			
Service Plans			
COMPLAINT/INCIDENT REPORTING SYSTEM	A Common Entry Point for reporting complaints is set up in each county and at the state. Reports are made to the common entry point in each county and forwarded to the designated lead investigative agency. DHS licensing, health department office of health complaints or any of the 87 counties. Depending on the nature of the complaint the lead agency could be DHS Maltreatment, County Adult Protection, County Child Protection, or the Department of Health Licensing. Several different types of reports are collected from providers, counties and others in the system. Those reports include: DHS Incident-Licensure, DD Program Death & Serious Injury, Mandated Reporters Maltreatment report, MH/DD Death & Serious Injury, and the MA Fraud & Abuse (SIRS).	The lead agency evaluates the report and accepts or investigates further. They return to an existing case manager for remediation or refers the case to another resource for further action as needed. The Surveillance & Integrity Review Section (SIRS)....	
DUE PROCESS			
Consumers-Social Service Appeal	Individual service recipients and their representatives can use this process to appeal eligibility for certain supports and services.		
DD Case Mgt-Conciliation Conference			
Licensed Provider-Hearings			

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
ADVOCACY			
Ombudsman for Older Minnesotans, MH/DD, Managed Care	The ombudsman office receives and investigates complaints. They look into things that are unfair or unreasonable when done in accordance with current law or rule. They also investigate unintended consequences of rules.	The ombudsman office investigates and if there is merit to an issue, the ombudsman then advocates for a fair outcome. The ombudsman researches appropriate solutions and advocates for change.	Recommendations may reveal systemic problems which could lead to changes in laws, rules or systemic change.
MN Disability Law Center (P&A)	Both formal and informal legal processes are used to collect information about problems, outcomes and effective practices for individuals and for groups of service recipients.		The Disability Law Center is involved in legislative and policy advocacy to improve systems of supports for persons with disabilities.
Advocacy Organizations	Several consumer advisory boards and commissions such as the State Council on Disability and the Minnesota DD Council are appointed to review the concerns of citizens with disabilities and to communicate those concerns to elected and appointed officials.		Consumer advisory boards and commissions participate in legislative and policy advocacy to improve systems of supports for persons with disabilities.
FUNDING Mechanisms			
CAC HCBS Waiver			
CADI HCBS Waiver			
MR/RC HCBS Waiver			
TBI HCBS Waiver			
MA State Plan			
Consumer Support Grant			
Family Support Grant			
County Funded Services or Grants			
INFORMATION SYSTEMS	Description		
Medicaid Management Info Sys (MMIS)	Automated system for payment of medical claims and capitation payments for MHCP which includes MinnesotaCare, MA, Prescription Drug Program, GAMC and Medicare Supplement Programs		

Table 1: Brief Description of the Design, Discovery, Remediation and Improvement Components of Minnesota's Quality Assurance Activities			
DESIGN:	DISCOVERY:	REMEDATION:	IMPROVEMENT:
Income Eligibility Verification (MAXIS)	System used by state and county workers to determine eligibility for public assistance and health care		
Social Services Info Sys (SSIS)	Child welfare case management		
Common Entry Point (CEP)	VA maltreatment reporting system within each county available 24 hours a day/7 days a week		
Licensing Information System (LIS)	Maintains data on license holders and programs; background studies; and maltreatment reporting and investigation.		
Minnesota Department of Health Compliance Monitoring Division Licensing	Basic compliance is monitored by the Department of Health, the Environmental Service Division, or the Compliance Monitoring Division.	If there are violations noted, there is a findings system. Fines are levied if non compliance continues	
ASPEN	Federal data available through reports in QIES, CASPER and OSCAR		

Table 2: Quality Assurance Design Elements Applicable to Various Medicaid Home and Community Services Funded Services in Minnesota

DESIGN	WAIVERS-COVERED SERVICES	24 hour emergency assistance	Adult Companion Services	Adult Day Care/ADC Bath	Customized Living	24 hour Customized Living	Assistive Technology	Behavior Programming	Case Mgmt/Service Coordination	Case Management Aide	Chore Service	Cognitive Rehab. Services	Companion Services	Cons. Direct. Comm. Supports	Consumer Train. & Education	Crisis Respite	Day Training & Habilitation	Family Train., Ed., & Counsel.	Foster Care	Home Care-Extended Services	Home Delivered Meals	Home Maker	Housing Access Coordination	In-Home Family Support (IHFS)	Independent Living Skills (ILS)	ILS-TBI Therapies	Live-in Personal Caregiver Exp.	Modifications & Adapt/Equipment	Night Supervision Services	Nutritional Therapy	Personal Care Services Extended	Personal Support	Prescription Drugs-Extended	Pre-vocational Services	Residential Care Services	Respite (Not ICR-MR)	Specialist Services	Specialized Supplies & Equip.	Structured Day Services	Supported Employ. Services (SES)	Supported Living Services (SLS)	Transportation	Transitional Services	
	Provider Agencies																																											
MHCP Enrolled Provider		x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	x	x	x	x	x	
245B License																x	x							x										x		x			x	x	x			
DHS License; not 245B		x	x	x	x	x	x	x	x	x	x			x	x	x		x	x	x	x	x	x			x									x				x	x				
County License																																							x	x				
County Contract		x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	x	x	x	x	
County Purchase Agreement							x																																					
Accreditation Survey																	x																		x					x				
DHS or Local Certification																																												
MDH Licensed					x																																							
Class A Home Care Agency					x																																							
Class B Home Care Agency																																												
Class F Home Care Agency																																												
Assisted Living Provider				x	x																																							
Board & Lodge																																				x								
Minnesota Department of Health Compliance Monitoring Division Licensing					x															x																								
MDH Survey (DTH as o/side ICF/MR Service)																	x																											
Medicare Certified Agency (Home Care, Hospice)																																												
Rehabilitation-Vocational																																			x					x	x			

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DESIGN	WAIVERS-COVERED SERVICES	24 hour emergency assistance	Adult Companion Services	Adult Day Care/ADC Bath	Customized Living	24 hour Customized Living	Assistive Technology	Behavior Programming	Case Mgmt/Service Coordination	Case Management Aide	Chore Service	Cognitive Rehab. Services	Companion Services	Cons. Direct. Comm. Supports	Consumer Train. & Education	Crisis Respite	Day Training & Habilitation	Family Train., Ed., & Counsel.	Foster Care	Home Care-Extended Services	Home Delivered Meals	Home Maker	Housing Access Coordination	In-Home Family Support (IHFS)	Independent Living Skills (ILS)	ILS-TBI Therapies	Live-in Personal Caregiver Exp.	Modifications & Adapt/Equipment	Night Supervision Services	Nutritional Therapy	Personal Care Services Extended	Personal Support	Prescription Drugs-Extended	Pre-vocational Services	Residential Care Services	Respite (Not ICR-MR)	Specialist Services	Specialized Supplies & Equip.	Structured Day Services	Supported Employ. Services (SES)	Supported Living Services (SLS)	Transportation	Transitional Services			
Outpatient																																														
Community Health, Mental Health Center																																														
Accreditation																	x									x																				
Multiple Provider Qualifications Allowed																																														
Individual Providers																																														
MDH Registered						x																																								
MDH Certification																																														
Professional Degree, License, Certification, Registration								x	x			x						x								x					x							y								
Para-Professional Certification/Registration								x										x													x															
Social Worker									x									x																												
Other Credentials/Requirements		x						x	x	x	x				x			x		x	x	x	x		x	x	x	x	x		x						x	x								
Background Study (BGS)				x	x	x											x	x		x																										
Supports to Individuals																																														
Service Agreements		x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	
Information & Access		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Rule 185 Case Management																																														
Other Case Mgt/Service Coordination/Public Health Nursing		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Service Plans																																														
COMPLAINT/INCIDENT REPORTING SYSTEM		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

Table 2: Quality Assurance Design Elements Applicable to Various Medicaid Home and Community Services Funded Services in Minnesota

DESIGN	WAIVERS-COVERED SERVICES	24 hour emergency assistance	Adult Companion Services	Adult Day Care/ADC Bath	Customized Living	24 hour Customized Living	Assistive Technology	Behavior Programming	Case Mgmt/Service Coordination	Case Management Aide	Chore Service	Cognitive Rehab. Services	Companion Services	Cons. Direct. Comm. Supports	Consumer Train. & Education	Crisis Respite	Day Training & Habilitation	Family Train., Ed., & Counsel.	Foster Care	Home Care-Extended Services	Home Delivered Meals	Home Maker	Housing Access Coordination	In-Home Family Support (IHFS)	Independent Living Skills (ILS)	ILS-TBI Therapies	Live-in Personal Caregiver Exp.	Modifications & Adapt/Equipment	Night Supervision Services	Nutritional Therapy	Personal Care Services Extended	Personal Support	Prescription Drugs-Extended	Pre-vocational Services	Residential Care Services	Respite (Not ICR-MR)	Specialist Services	Specialized Supplies & Equip.	Structured Day Services	Supported Employ. Services (SES)	Supported Living Services (SLS)	Transportation	Transitional Services		
DUE PROCESS																																													
Consumers-Social Service Appeal																																													
DD Case Mgt-Conciliation Conference																																													
Licensed Provider-Hearings																																													
ADVOCACY																																													
Ombudsman for Older Minnesotans, MH/DD, Managed Care		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
MN Disability Law Center (P&A)		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Advocacy Organizations		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
FUNDING																					x																								
CAC HCBS Waiver			x	x					x	x				x				x	x	x	x	x						x			x			x			x						x		
CADI HCBS Waiver			x	x	x	x			x	x				x				x	x	x		x			x				x						x	x	x		x				x		
MR/RC HCBS Waiver		x	x				x		x		x			x	x	x	x					x	x	x				x	x			x						x	x			x	x		
TBI HCBS Waiver			x	x	x	x			x	x	x	x		x				x	x	x	x	x				x	x		x	x					x	x	x		x	x			x		
MA State Plan																			x																									x	
Consumer Support Grant											x		x					x			x							x									x						x		
Family Support Grant																																													
County Funded Services or Grants																																													
INFORMATION SYSTEMS																																													
Medicaid Management Info Sys (MMIS)		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Income Eligibility		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Table 2: Quality Assurance Design Elements Applicable to Various Medicaid Home and Community Services Funded Services in Minnesota

DESIGN	WAIVERS-COVERED SERVICES	24 hour emergency assistance	Adult Companion Services	Adult Day Care/ADC Bath	Customized Living	24 hour Customized Living	Assistive Technology	Behavior Programming	Case Mgmt/Service Coordination	Case Management Aide	Chore Service	Cognitive Rehab. Services	Companion Services	Cons. Direct. Comm. Supports	Consumer Train. & Education	Crisis Respite	Day Training & Habilitation	Family Train., Ed., & Counsel.	Foster Care	Home Care-Extended Services	Home Delivered Meals	Home Maker	Housing Access Coordination	In-Home Family Support (IHFS)	Independent Living Skills (ILS)	ILS-TBI Therapies	Live-in Personal Caregiver Exp.	Modifications & Adapt/Equipment	Night Supervision Services	Nutritional Therapy	Personal Care Services Extended	Personal Support	Prescription Drugs-Extended	Pre-vocational Services	Residential Care Services	Respite (Not ICR-MR)	Specialist Services	Specialized Supplies & Equip.	Structured Day Services	Supported Employ. Services (SES)	Supported Living Services (SLS)	Transportation	Transitional Services		
Verification (MAXIS)																																													
Social Services Info Sys (SSIS)																																													
Common Entry Point (CEP)		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Licensing Information System (LIS)				x												x	x			x				x												x			x	x					
Minnesota Department of Health Compliance Monitoring Division Licensing						x														x																									
ASPEN																																													
x = people in this service type are covered by this provision																																													
y = people in this service type sometimes are covered or some people in this service type are covered depending on their qualifications																																													

Table 3: Quality Assurance Design Elements Applicable to Various Non-Waiver Funded Community Support Services for Persons with Disabilities in Minnesota

DESIGN	HOME HEALTH CARE	Private Duty Nursing	Home Health Aide	Skilled Nursing Visist (SNV)	Home Care Therapies	PERSONAL CARE ATTEND.	PCA	PCA Supervision	Non-Licensed PCPO	OTHER DIS. SERVICES	ICF/MR	MA Rehab Option	Semi-Ind. Living Services (SILS)	Supvd. Liv. Fac. (SLF w/SLS)	Home Care Aide
Provider Agencies															
MHCP Enrolled Provider		x	x	x	x		x	x			x	x	x	x	
245B License											x	x	x		
DHS License; not 245B															
County License															
County Contract	x	x	x	x	x	x	x			x	x	x	x	x	
County Purchase Agreement															
Accreditation Survey															
DHS or Local Certification												x			
MDH Licensed											x			x	
Class A Home Care Agency															
Class B Home Care Agency															
Class F Home Care Agency															x
Assisted Living Provider															
Board & Lodge															
Minnesota Department of Health Compliance Monitoring Division Licensing														x	
MDH Survey (DTH as o/side ICF/MR Service)											x			x	
MDH Registered															

Table 3: Quality Assurance Design Elements Applicable to Various Non-Waiver Funded Community Support Services for Persons with Disabilities in Minnesota															
DESIGN	HOME HEALTH CARE	Private Duty Nursing	Home Health Aide	Skilled Nursing Visist (SNV)	Home Care Therapies	PERSONAL CARE ATTEND.	PCA	PCA Supervision	Non-Licensed PCPO	OTHER DIS. SERVICES	ICF/MR	MA Rehab Option	Semi-Ind. Living Services (SILS)	Supvd. Liv. Fac. (SLF w/SLS)	Home Care Aide
MDH Certification		?	?	?	?						x				
Medicare Certified Agency															
Rehabilitation-Voc/OutPt															
Community Hlth/Mental Hlth Ctr															
Accreditation													x		
Multiple Provider Qualifications Allowed															
Individual Providers															
Professional Degree, License, Certification, Registration		y			y			y							
Para-Professional Certification/Registration			y				y								
Social Worker															
Other Credentials/Requirements															
Background Study (BGS)		x	x	x	x				x		x		x	x	
Supports to Individuals															
Service Agreements		x	x	x	x		x				x	x	x	x	
Information & Access		y	y	y	y		y	y	y		x	?	x	x	
Rule 185 Case Management															
Other Case Mgt/Service Coordination/Public Health Nursing		y	y	y	y		y	y	y		x	?	x	x	
Service Plans															
COMPLAINT/INCIDENT REPORTING SYSTEM		x	x	x	x		x	x	x		x	x	x	x	
DUE PROCESS															
Consumers-Social Service Appeal															

Table 3: Quality Assurance Design Elements Applicable to Various Non-Waiver Funded Community Support Services for Persons with Disabilities in Minnesota															
DESIGN	HOME HEALTH CARE	Private Duty Nursing	Home Health Aide	Skilled Nursing Visist (SNV)	Home Care Therapies	PERSONAL CARE ATTEND.	PCA	PCA Supervision	Non-Licensed PCPO	OTHER DIS. SERVICES	ICF/MR	MA Rehab Option	Semi-Ind. Living Services (SILS)	Supvd. Liv. Fac. (SLF w/SLS)	Home Care Aide
DD Case Mgt-Conciliation Conference															
Licensed Provider-Hearings															
ADVOCACY															
Ombudsman for Older Minnesotans, MH/DD, Managed Care		X	X	X	X		X	X	X		X	X	X	X	
MN Disability Law Center (P&A)		X	X	X	X		X	X	X		X	X	X	X	
Advocacy Organizations		X	X	X	X		X	X	X		X	X	X	X	
FUNDING															
CAC HCBS Waiver															
CADI HCBS Waiver															
MR/RC HCBS Waiver															
TBI HCBS Waiver															
MA State Plan		X	X	X	X		X	X							
Consumer Support Grant							X								
Family Support Grant															
County Funded Services or Grants															
INFORMATION SYSTEMS															
Medicaid Management Info Sys (MMIS)		X	X	X	X		X	X	X		X	X	X	X	
Income Eligibility Verification (MAXIS)		X	X	X	X		X	X	X		X	X	X	X	
Social Services Info Sys (SSIS)															
Common Entry Point (CEP)		X	X	X	X		X	X	X		X	X	X	X	
Licensing Information System (LIS)											X		X		

Table 3: Quality Assurance Design Elements Applicable to Various Non-Waiver Funded Community Support Services for Persons with Disabilities in Minnesota															
DESIGN	HOME HEALTH CARE	Private Duty Nursing	Home Health Aide	Skilled Nursing Visist (SNV)	Home Care Therapies	PERSONAL CARE ATTEND.	PCA	PCA Supervision	Non-Licensed PCPO	OTHER DIS. SERVICES	ICF/MR	MA Rehab Option	Semi-Ind. Living Services (SILS)	Supvd. Liv. Fac. (SLF w/SLS)	Home Care Aide
Minnesota Department of Health Compliance Monitoring Division Licensing														x	
ASPEN											x				
x = people in this service type are covered by this provision															
y = people in this service type sometimes are covered or some people in this service type are covered depending on their qualifications															