

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Becker County**

Waiver Review Site Visit: June 2013

Report Issued: August 2013

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Becker County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services (DHS) helps people meet their basic needs by providing or administering health care coverage, economic assistance and a variety of services for children, people with disabilities and older Minnesotans. DHS's Continuing Care Administration strives to improve the dignity, health and independence of Minnesotans in its annual administration and supervision of \$3.5 billion in state and federal funds, which serve over 350,000 individuals.

ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations deliver effective services. The research design, data collection, analysis and reporting expertise of the Improve Group emphasizes building the capacity of local organizations to make information meaningful and useful.

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota’s Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

Table 1 below summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of Data Collection Methods

Method	Number for Becker County
Case File Review	66 cases
Provider survey	21 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 15 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty

nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Becker County

In June 2013, the Minnesota Department of Human Services conducted a review of Becker County's Home and Community Based Services (HCBS) programs. Becker County is a rural county located in northwest Minnesota. Its county seat is located in Detroit Lakes, Minnesota and the County has another six cities and thirty seven townships. In State Fiscal Year 2011, Becker County's population was approximately 32,778 and served 583 people through the HCBS programs. According to the 2010 Census Data, Becker County had an elderly population of 16.3%, placing it 40th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Becker County's elderly population, 8.9% are poor, placing it 50th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Becker County Human Services Department is the lead agency for the HCBS waiver programs and provides the majority of case management for these programs. The lead agency provides care coordination for the Managed Care Organizations (MCOs) Blue Plus and Medica. The Community Health Department and Human Services Department offices are housed in the same building. The supervisors of each office work closely together and both oversee the waiver case managers. A Social Services Supervisor oversees the Adult Services unit. This includes eleven waiver case managers representing all of the programs, with two working in CADI programs, three in CADI and DD, five in EW and AC, and one in EW and Community Well. The Social Services Supervisor also oversees two case aides who enter service agreements into MMIS and provide additional office support to social workers. The Community Health Supervisor oversees

five waiver case managers which include three who work in CADI, CAC and BI and two who work in CADI only. There are some case managers from the Mental Health unit that manage CADI, EW, AC and DD cases as well. Becker County contracts with Meridian for a few adult services cases.

In the Mental health unit, one social worker is responsible for the adult intake line and there is a back-up intake worker. In the Adult Services unit staff rotate intake responsibility. In Community Health, public health nurses share intake duties; they rotate on a weekly basis. Case assignments are made by social services, community health, and mental health supervisors during their weekly meeting to discuss assessment results. Participants who have higher medical needs are assigned to public health nurses and participants with more social needs are assigned to social workers. DD referrals are sent directly to the Social Services Supervisor who reviews them and then typically assigns a social worker to complete the screenings based on current caseloads. CADI cases are assigned to Mental Health case managers if mental illness is a primary condition.

Public health nurses working under the Community Health Supervisor complete most of the initial LTCC assessments. Public health nurses are on rotation, so requests for LTCC assessments go to the assigned worker for the week. Occasionally, public health nurses complete initial DD assessments if complex medical needs are present. Typically, EW and AC assessments are completed by public health nurses and then transferred to the Human Services Department for case management. AC and EW reassessments are completed by social workers.

DD case managers have an average of 60 cases and CCB case managers have an average of 40 cases. EW/AC case managers have caseloads of between 45 and 75 cases which also include Community Well cases. CADI mental health case managers have between 25 and 35 cases.

Working Across the Lead Agency

Three financial workers are co-located with the waiver case managers. There is ongoing communication between the financial workers, public health nurses, and social workers as they meet monthly to discuss program changes and resolve issues. Case managers shared that they

have a close working relationship with financial workers and that they are responsive to their requests. Case managers also mentioned that while the financial workers prefer to communicate through email, they are open to face-to-face communication as well. Financial workers are specialized by program area. Within the program area, cases are assigned to financial workers alphabetically; as a result, case managers know specifically who the financial worker is for each participant.

Waiver case managers generally work closely with case managers assigned to child and adult protection cases. Case managers are involved to a higher degree in child protection services than they are adult protection services. Staff from the mental health unit attends child protection team meetings so that they know when there may be an issue with their waiver participants. They also attend Family Group Decision Making meetings that are held when a child is removed from a home and all involved units meet with the family to discuss options. Case management staff consult with the adult protection worker as needed. The Adult Services unit receives referrals regularly from Children's Services so that they can support participants needing additional services. Typically, when a child protection issue is reported for a waiver participant, the child protection case is closed and transferred to a waiver unit.

The Becker County Board has limited involvement in Human Services operations; their primary role is approving contracts. The Director handles all of the communications with the Board. Human Services gives reports and responds to questions as they come up.

Health and Safety

In the Quality Assurance survey, Becker County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Becker County has well trained and knowledgeable case managers and they are responsive to changes in participant needs.

The Social Services and Community Health Supervisors attend regional meetings to stay current on changes in programs and policies. The Community Health Supervisor explained that the public health nurses stay current on policy changes through their own unit staff meetings, weekly waiver team meetings, and monthly meetings with financial workers, case managers, and public health nurses. One supervisor shared that staff are very experienced which helps everyone stay up-to-date; however, there is no official lead worker who stays current on policies.

The Social Services Supervisor said that there are periodic staff meetings where they discuss changes, but there is no formal process for monitoring staff's compliance with regulations. Case reviews used to be done on a regular basis, but this is no longer happens. Case managers shared that one of the biggest challenges Becker County faces is the constant change in policies and a lack of communication about those changes. Case managers said they keep up with changing regulations individually and rely on regional meetings, bulletins, listservs, webinars and help from the case aide to stay current on program and policy changes. They also mentioned that they would like to know what the grand design of future waiver policy is so that they can understand why the incremental changes are made.

Service Development and Gaps

Becker County staff shared that while one of their strengths is the ability to provide choice in services to families, they also face service gaps in a variety of areas. Transportation is problematic for people living in remote areas, although it is also an issue for those who live in a more central location because public buses do not run on nights or weekends. Becker County has had some issues in contracting with smaller providers which limits the number of provider options. Smaller providers do not want to pay for insurance or carry out the contracting and billing requirements to offer HCBS services. Lack of crisis respite is a considerable problem for people with mental health issues and for those who are on the DD waiver. Although there are options for DD respite, they require coordinating in advance and therefore cannot be used for emergency situations. There are no services for participants with autism; referrals in this area are growing and the lack of services makes it difficult to accommodate these individuals' needs. Integrating mental health and waivers has been a challenge. Housing for seniors and individuals

with mental health issues is also an underdeveloped area; many seeking foster care placement have to go outside of the county to receive services.

Becker County has looked at board and lodging with services in the past, but it has never come to fruition. Recently, lead agency staff spoke with a few parents of DD participants in the community about developing a residential option as an alternative to corporate foster care homes. Becker County is also going to look into who they could contract with to coordinate this service.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Becker County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facility	0	0	9
Schools (IEIC or CTIC)	2	2	2
Advocacy Organizations	2	0	0
Hospitals (in and out of county)	0	10	1
Customized Living Providers	1	5	0
Corporate Foster Care Providers	2	4	0
Family Foster Care Providers	2	1	1
Employment Providers (DT&H, Supported Employment)	0	4	2
Home Care Providers	0	8	2

The Social Services and Community Health Supervisors meet with provider supervisors to address problems if they persist and also meet with large providers individually on a yearly basis. Case managers attend care conferences and discharge planning meetings with nursing facility providers. The foster care licenser sends a questionnaire to waiver case managers who have participants placed in each foster care home prior to the licensing renewal visit to gather information on the provider's performance. Case managers noted that there is high turnover of staff in licensing. Becker County's Independent Living Service (ILS) and Day Activity Center (DAC) providers also administer consumer surveys as do some of their residential and home care providers. The surveys are usually completed yearly or every few years and the results are shared with the lead agency.

Case managers explained that getting to know the providers well is a key strength of Becker County. Case managers identified having good communication with nursing facilities and home care providers. All case managers indicated that they have good relationships with nursing facilities which they attributed to good communication and key contacts that have been there a long time.

Case managers said that their relationships with area schools are average. Case managers shared that schools are not good about educating participants of their right to remain at school until age 21. Schools do not always provide strong transition planning. Case managers also mentioned that young CAC participants who are medically fragile would benefit from having regular coordination meetings with schools. Case managers shared that one positive aspect of their relationship with schools is that the Special Education staff members go above and beyond to help families.

However, lead agency staff also expressed there is room for growth in communication with some providers. They specifically noted the need for a formal process for negotiating a budget with providers. Lead agency staff also mentioned that many foster care providers serve participants for long periods of time and are unwilling to help them transition out of this setting.

Relationships with both family and corporate foster care providers were rated average to below average. Case managers listed many reasons for giving unsatisfactory ratings of corporate foster

care including turnover of good staff due to poor and inconsistent wages and unconventional hours. They explained that family foster care providers do not want to take participants from certain programs, only wanting to provide for CADI, EW and Group Residential Housing (GRH) cases.

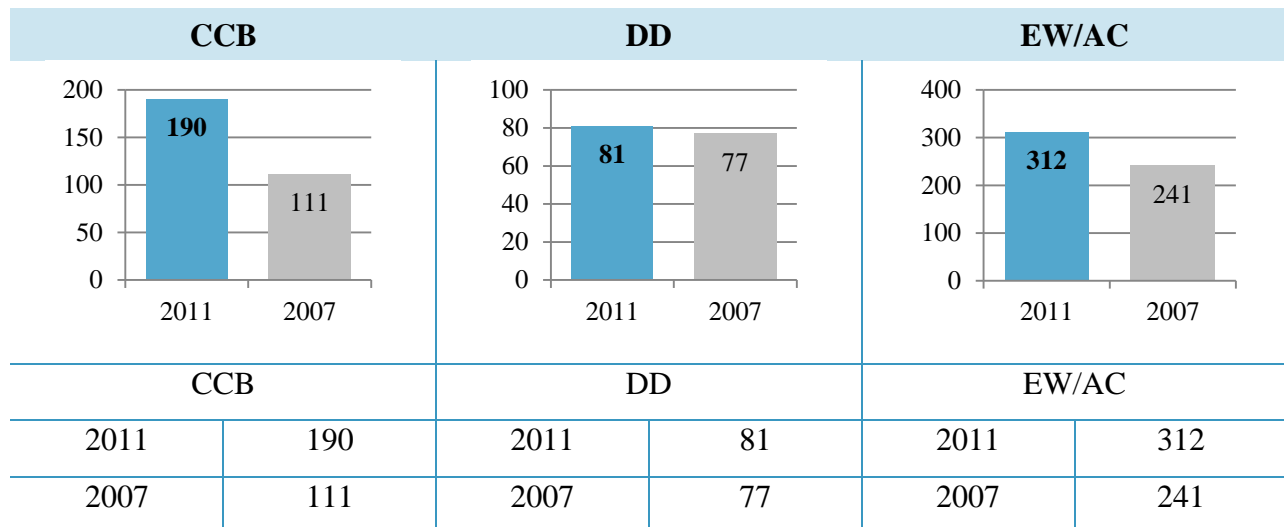
Case managers rated their relationships with customized living providers as average. They mentioned customized living providers are not always adequately staffed, making it difficult to hold them accountable. Case managers described how customized living providers tend to move participants out of their facility when the participant has difficult health needs even though they advertise providing end-of-life care. Case managers also voiced that customized living providers are not always reviewing the participants care plan.

Case managers said there are very few home care providers in the county. Case managers shared that some home care providers are not willing to provide a single, low wage service like homemaking unless it can be provided for a minimum amount of hours. They said this problem is especially an issue with participants on the AC program. Supervisors shared that they have a lot of appeals from participants using the PCA program.

Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

Program Enrollment in Becker County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Becker County has increased by 79 participants (71.2 percent); from 111 in 2007 to 190 in 2011. Most of this growth occurred in the case mix B, which grew by 33 people. As a result, Becker may be serving a greater proportion of people with mental health needs. Additionally, large growths occurred in case mix A (20 people) and case mix E (11 people). Decreases occurred in two case-mixes; C and J.

Since 2007, the number of persons served with the DD waiver in Becker County increased by 4 participants, from 77 in 2007 to 81 in 2011. In Becker County, the DD waiver program is growing slower than in the cohort as a whole. While Becker County experienced a 5.2 percent increase in the number of persons served from 2007 to 2011, its cohort had a 6.9 percent increase in number of persons served. In Becker County, profile group 2 grew by 5 people, and groups 3 and 4 each increased by 1 person. The greatest change in the cohort profile groups occurred in persons having a Profile 3. The number of people in Profiles 1 and 2 increased by 2 people in

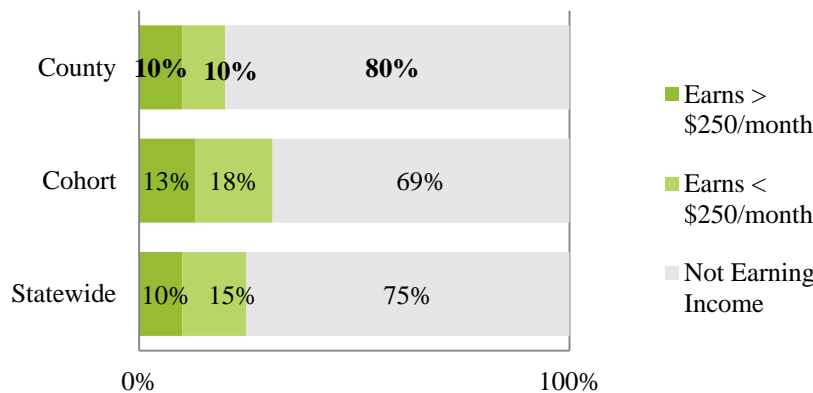
Becker County, because of this they now serve exactly the same percentage of persons in these groups (33.3 percent) as its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Becker County has increased by 71 people (29.5 percent), from 241 people in 2007 to 312 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Becker County served 12 more lower needs participants in 2011 than in 2007. In addition, case mixes B, E, and H grew considerably. As a result, Becker County is serving 59 additional higher needs people than they did in 2007.

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

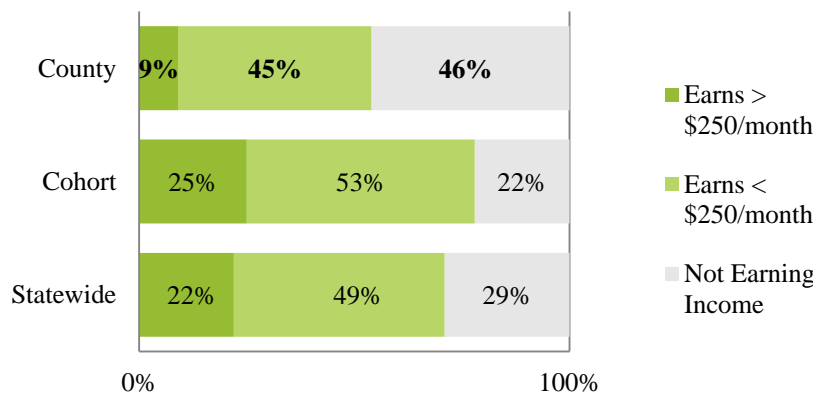
CCB Participants Age 22-64 Earned Income from Employment (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Becker County	10%	10%	80%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Becker County served 134 working age (22-64 years old) CCB participants. Of working age participants, 19.4% had earned income, compared to 31.6 percent of the cohort's working age participants. **Becker County ranked 61st of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Becker County 9.7 percent of working age participants earned \$250 or more per month, compared to 13.4 percent its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

DD Participants Age 22-64 Earned Income from Employment (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Becker County	9%	45%	46%
Cohort	25%	53%	22%
Statewide	22%	49%	29%

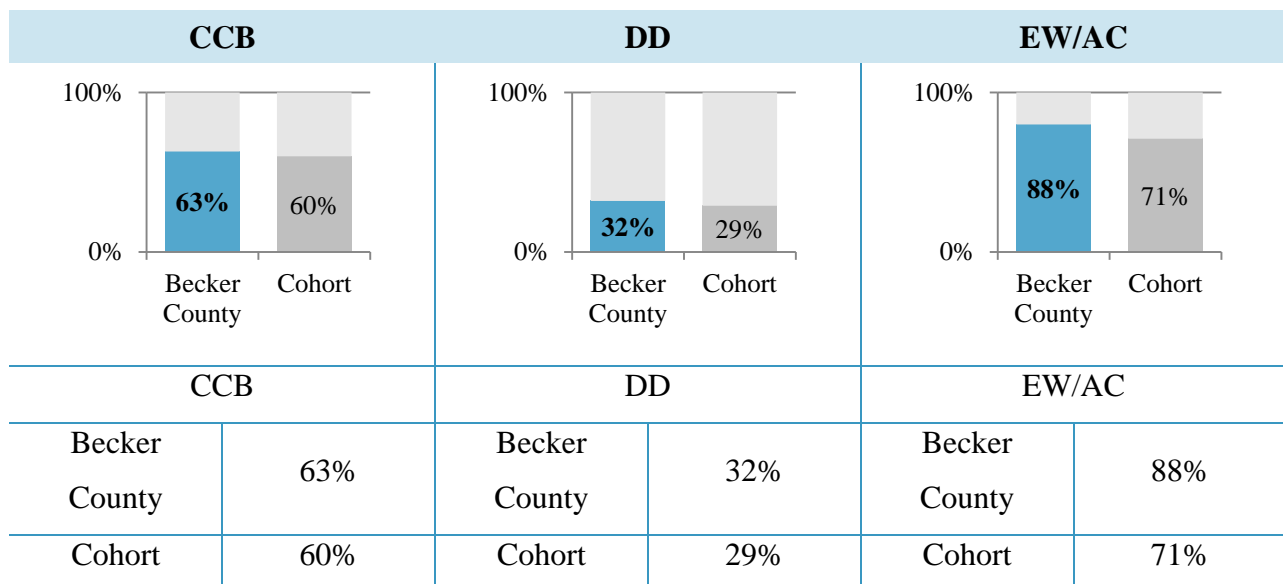
In 2011, Becker County served 69 DD waiver participants of working age (22-64 years old). **The county ranked 84th in the state for working-age participants earning more than \$250 per month.** In Becker County, 8.7 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 53.6 percent of working age DD waiver participants in Becker County had some earned income, while 77.2 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Becker County operates a sheltered work shop for disabled participants which operate under a certificate from the U.S Department of Labor where participants earn a commensurate wage (wages paid on productivity). The Becker County Sheltered Workshop has been in operation for about 13 years and serves about 42 participants. The lead agency contracts with a director to manage the business and is responsible for finding work for participants. The work is generally completed on site, but sometimes groups of participants do work in the community.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2011)



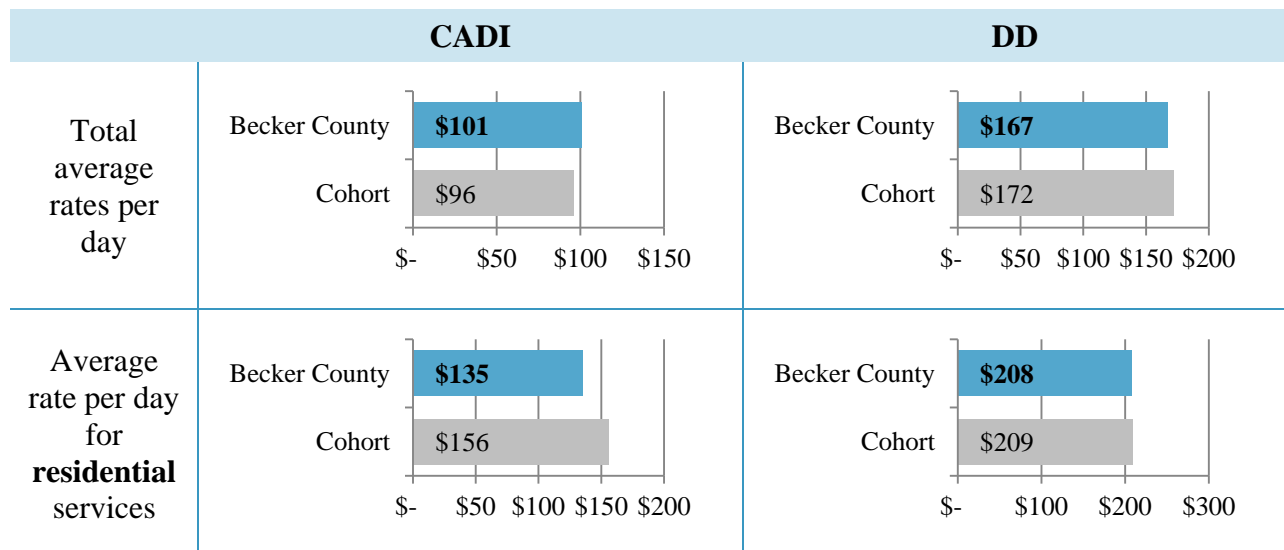
Becker County ranks 42nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 119 participants at home. Between 2007 and 2011, the percentage decreased by 10.4 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 62.6 percent of CCB

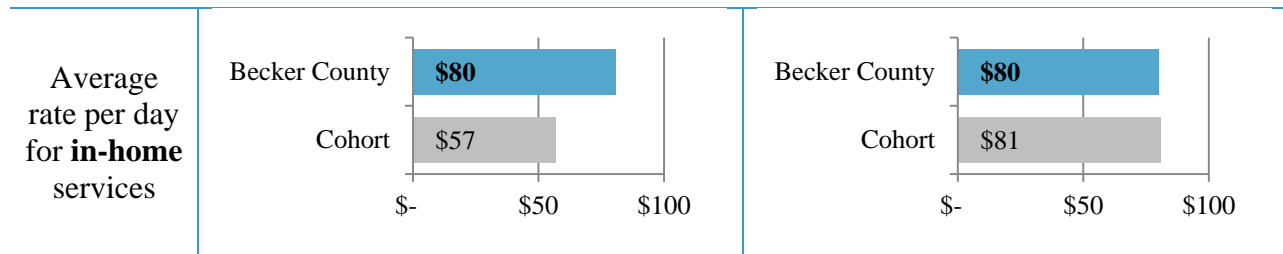
participants in Becker County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Becker County ranks 29th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 26 participants at home. Between 2007 and 2011, the percentage increased by 10.0 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.5 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

Becker County ranks 15th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 274 participants at home. Between 2007 and 2011, the percentage decreased by 1.4 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Becker County serves a higher proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2011)





Average Rates per day for CADI services (2011)

	Becker County	Cohort
Total average rates per day	\$100.71	\$95.98
Average rate per day for residential services	\$135.14	\$155.87
Average rate per day for in-home services	\$80.48	\$56.68

Average Rates per day for DD services (2011)

	Becker County	Cohort
Total average rates per day	\$167.20	\$171.92
Average rate per day for residential services	\$207.67	\$208.53
Average rate per day for in-home services	\$80.17	\$80.99

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Becker County is \$4.73 (4.9 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Becker County spends \$20.73 (13.3 percent) less on residential services and \$23.80 (42.0 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Becker County ranks 50th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52. From 2007-2011, the average cost per day for CADI waiver participants in Becker County increased by \$21.03 (26.4 percent), from \$79.68 to \$100.71. In comparison, the average cost per day in the cohort increased by \$23.57 (32.6 percent), from \$72.41 to \$95.98. Similarly, the statewide average cost increased by \$23.16 (29.9 percent) over the same time period, from \$77.36 to \$100.52.

The average cost per day for DD waiver participants in Becker County is \$4.72 (2.7 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Becker County spends \$.86 (0.4 percent) less on residential services, and \$.82 (1.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Becker County ranks 33rd of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

Becker County has a lower use in the CADI program than its cohort of some residential based services (Foster Care (26% vs. 28%)), but a similar use of others (Customized Living (9% vs. 8%)). The county has a lower use of vocational services such as Prevocational Services (8% vs. 11%) and Supported Employment Services (4% vs. 11%). They have a higher use of some in-home services, such as Independent Living Skills (18% vs. 13%), Home Delivered Meals (27% vs. 21%), Home Health Aide (8% vs. 7%), and Homemaker (31% vs. 28%). Forty-five percent (45%) of Becker County's total payments for CADI services are for residential services (40% foster care and 5% customized living) which is notably lower than its cohort group (56%).

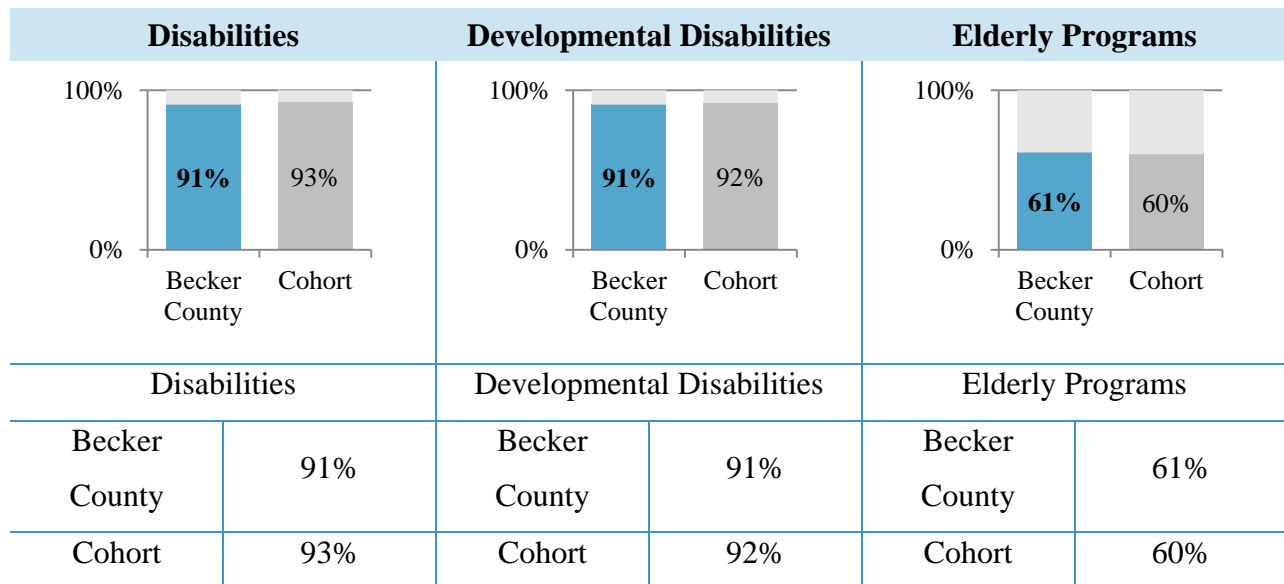
Becker County's family foster care rates are higher than its cohort when billed daily (\$150.02 vs. \$145.85 per day). Corporate foster care rates are lower than its cohort when billed daily (\$166.20 vs. \$192.17 per day).

Becker County's use of Supportive Living Services (SLS) is higher than its cohort (75% vs. 70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Becker County's daily SLS rates in corporate foster care settings are lower than its cohort (\$171.99 vs. \$186.50). For vocational services, the county's use of Day Training & Habilitation (59% vs. 64%) and Supported Employment (3% vs. 5%) are lower than its cohort. Its use of Respite Services is higher than its cohort (28% vs. 19%).

Usage of Long-Term Care Services

Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

Percent of LTC Participants Receiving HCBS (2011)



In 2011, Becker County served 404 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 70 in institutional care. Becker County ranked 64th of 87 counties in the percent of LTC participants receiving HCBS with 91.4 percent of their LTC participants receiving HCBS. This is slightly lower than their cohort, where 92.6 percent were HCBS participants. Since 2007, Becker County has increased its use of HCBS by 1.2 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Becker County served 128 LTC participants (persons with developmental disabilities) in HCBS settings and 12 in institutional settings. Becker County ranked 52nd of 87 counties in the percentage of DD participants receiving HCBS with 91.2 percent of its DD participants receiving HCBS; a slightly lower rate than its cohort (92.3 percent). Becker County has improved the rate of participants receiving HCBS services. Since 2007, the county has

increased its use by 1.5 percentage points while its cohort rate has also increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Becker County served 323 LTC participants (over the age of 65) in HCBS settings 218 in institutional care. Becker County ranked 37th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 61.0 percent received HCBS. This is slightly higher than their cohort, where 59.9 percent were HCBS participants. Since 2007, Becker County has increased its use of HCBS by 11.2 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

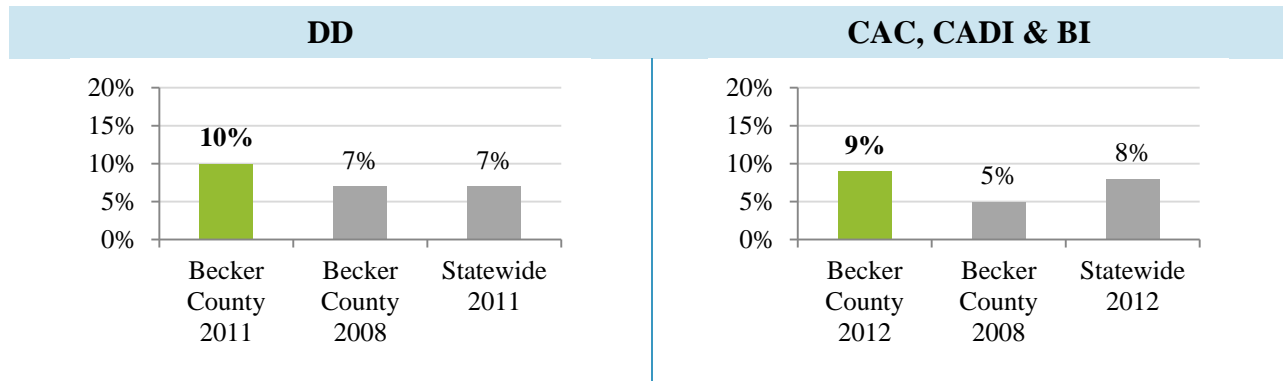
	Becker County	Cohort	Statewide
Age 0-64	0.72	0.46	0.47
Age 65+	30.93	26.01	23.11
TOTAL	5.66	4.59	3.24

In 2011, **Becker County was ranked 55th** in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Becker County also has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 2.4 percent in Becker County. Overall, the number of residents in nursing facilities has increased by 0.6 percent since 2009.

Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Becker County (2012)	10%	9%
Becker County (2008)	7%	5%
Statewide)	7%	8%

At the end of calendar year 2011, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Becker County had a 10% balance at the end of calendar year 2011, which indicates the DD waiver budget, had a reserve. Becker County’s DD waiver balance is larger than its balance in CY 2008 (7%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Becker County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Becker County had a 9% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%) and the balance in FY 2008 (5%).

There is currently no waiting list for DD, but there is a waitlist of about 16 participants in the CCB programs. DD case managers meet as a team to discuss allocations if there are new openings. CCB case managers meet weekly with the three supervisors from public health, human services and mental health and discuss allocations at this time if necessary. All of the waiver allocations go through the Social Services Supervisor who runs simulations in the Waiver Management System. Case managers meet with him to negotiate rates when adding participants to the waiver or increasing allocations for current participants. The supervisors believe Becker County has done a good job of managing their budget, but also said that they should probably be spending more in some areas. They explained they carefully consider the ways in which they spend money and want a safety net for crises. The Social Services Supervisor shared that the staff advocates on behalf of the participants, and sometimes supervisors have to negotiate with them to meet in the middle. Occasionally, the Social Services Supervisor gets a request for a second waiver slot because the participant is not getting everything they need from their provider. Costs over \$500 are discussed at a waiver review team meeting.

Lead Agency Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

Becker County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	1	0	3	0
Help Desk	0	1	2	0	0
Disabilities Service Program Manual	0	0	7	0	0
DHS website	4	7	2	1	0
E-Docs	0	2	2	6	2
Disability Linkage Line	0	2	1	0	0
Senior Linkage Line	0	4	0	2	0
Bulletins	1	7	5	1	0
Videoconference trainings	5	9	0	0	0
Webinars	6	6	2	0	0
Regional Resource Specialist	2	3	4	0	0
Listserv announcements	3	3	0	1	0
MinnesotaHelp.Info	0	0	1	0	0
Ombudsmen	2	3	0	2	0

Case managers reported that E-Docs and Policy Quest were the most useful DHS resources and videoconference trainings and webinars have been the least useful resources for their work. Case managers shared that they use the Disabilities Services Program Manual (DSPM), but that it is in

need of improvement as legislative changes are not reflected in a timely manner and the system is difficult to navigate. They had a similar critique of the DHS website explaining that it is also difficult to navigate and it is not clear if the intended user is the public or human services staff. Case managers said the bulletins are sometimes useful, but that they are not written in user-friendly language and are difficult to understand.

Lead agency staff attend videoconference trainings and webinars, but they shared that they have had technical issues with these resource and would like it if they received handouts to accompany the presentations. Lead agency staff said the Regional Resource Specialist (RRS) is not very helpful; however, they still call this person often and appreciate the regional meetings she organizes. Supervisors shared that regularly contact the RRS with questions. Lead agency staff mentioned their relationship with the Ombudsmen is not strong explaining that they are not always responsive and they sometimes have negative interactions with them.

Lead Agency Strengths, Recommendations & Corrective Actions

The findings in the following sections are drawn from reports by the lead agency staff, reviews of participant case files, and observations made during the site visit.

Becker County Strengths

The following findings focus on Becker County's recent improvements, strengths, and promising practices. They are items or processes used by the lead agency that create positive results for the county and its HCBS participants.

- **Becker County addresses issues to comply with Federal and State requirements.** During the previous review in 2008, Becker County received a corrective action for the OBRA Level One form, back-up plans for CCB participants, face-to-face visits for CCB and DD participants, documentation of needs in the care plan, signed and dated care plans, and timeliness of referral to screenings for EW and AC. In 2013, none of these issues remain for Becker County indicating technical improvements over time.
- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Case managers are experienced and are

knowledgeable about the services available. Their experience also helps them quickly navigate across agency to provide seamless services for participants. They are resourceful and collaborate with each other when coordinating services to meet participants' needs. Case managers are also visiting participants frequently; DD participants received an average of seven visits in the past 18 months and CAC participants received an average of five visits in the past 18 months.

○ **Case managers work well with each other and other units that serve participants.**

Teamwork and collaboration among social workers and the public health nurses are strengths of the county; this integration helps case managers access both sets of expertise when serving participants. Case managers meet regularly with financial workers which allows them to work together to monitor participant eligibility. They also communicate frequently with child protection and collaborate to ensure participants' health and safety needs are met.

○ **Becker County staff are well-connected with providers and other organizations that serve participants.** Becker County case managers have formed strong connections with staff at hospitals, nursing facilities, residential providers, and other agencies that serve participants both in and out of the county. They work closely with staff and are in frequent communication with providers about the needs of participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Many of the providers responding to the provider survey said that a Becker County strength is the good, open communication between case managers, consumers, and providers.

○ **Becker County has the capacity to serve participants in their own homes.** Becker County has higher rates of participants served at home than its cohort in the DD and elderly programs. 32.1% of DD participants were served at home (29th out of 87 counties) and 87.8% of elderly participants (15th of 87 counties) are served at home indicating less reliance on residential services. Becker County has made efforts to develop services to help participants remain at home and receive services to help keep them safe and healthy. This includes developing a site to help meet the needs of a specific participant so they were able to stay in

the community, and meeting with families to discuss developing residential alternatives to group homes.

- **Becker County has improved their intake process to more efficiently complete assessments/screenings within the required timeframe.** In FY 2012, the lead agency only completed 82% of assessments/screenings for all programs within the required timeframe following a referral. The Human Services and Community Health Departments have developed an efficient process for assigning cases to ensure assessments are completed in a timely manner. As a result, 100% of assessments have been completed within the required timeframe for FY 2013.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Becker County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Becker County and its HCBS participants.

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Becker County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and

their name. The care plan should outline information about the participant's health and safety, needs, and explain how planned services will address these needs.

- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff.** A visit sheet can also be used to document a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant's case file to document the required face-to-face visits. The visit sheet should also include questions to assess participant satisfaction with providers. Only 14% of case files reviewed in Becker County included documentation of participant satisfaction. The lead agency should also request progress reports as a way to monitor provider performance.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** This may involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely in their own homes. . Becker County ranks 55th of 87 counties statewide in their use of nursing facility services for people of all ages. It may also involve strategically developing assisted living services that can care for persons who otherwise may have to live in nursing facilities, such as those living in isolated rural communities or those needing memory care. As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.
- **Expand community- based employment opportunities for participants in the CCB and DD programs.** Becker County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (9.7% vs. 13.4%) which ranks 61st of 87 counties and the DD program (8.7% vs. 24.6%) which ranks 84th of 87

counties. Becker County should focus on strengthening employment by working to reduce use of center-based employment and develop more opportunities in the community that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. The lead agency should consider creating a Request for Information (RFI) for the community-based employment services that they are looking to develop.

- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. The county may want to consider strategies such as: designate a lead worker who maintains a smaller caseload, but has the added responsibility of staying current with program and policy changes and sharing this information with other case managers; create fillable electronic forms or have office support assist in creating packets to ensure forms are current and promote consistency; and expand the use of contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages.
- **Becker County has a small reserve in the CCB and DD budgets and a wait list in the CCB program.** Becker County had a CCB waiver budget balance of 9% at the end of FY 2012 and a 10% budget reserve in their DD budget for CY 2011. Becker County should reduce their wait lists by requesting additional waiver slots and adding participants to the programs. There may also be room in the budget to provide additional services or enhance services such as supportive employment or in-home services for current participants. The lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Becker County was found to be inconsistent in meeting state and federal requirements and will require a response by Becker County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined

that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Becker County will be required to take corrective action.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of their informed right to appeal included in the case file. Seven out of 14 CADI cases, three out of five BI cases, 11 out of 22 EW cases, five out of 10 AC cases, and three out of 10 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, three out of 14 CADI cases, three out of 22 EW cases, and three out of 10 AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, one out of five BI cases and one out of 22 EW cases did not have this completed documentation in the case file. In addition, six out of 22 EW cases and four out of 10 AC cases did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year. One out of 10 AC cases included only partial documentation that the participant had been informed of the county's privacy practices.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. One out of 22 EW cases did not have completed documentation in the case file. In addition, seven out of 22 EW cases and two out of 10 AC cases did not have documentation that the participant had given informed consent to release private information within the past year.

○ Submit the Case File Compliance Worksheet within 60 days of the Waiver Review

Team's site visit. Although it does not require Becker County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 46 cases. All items are to be corrected by August 13, 2013 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

PR: Program Requirement

CCB: A combination of the CAC, CADI, and BI waiver programs

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	17	N / A	16	1	N / A	N / A
Screenings done on time for new participants (PR)	82%	83%	78%	100%	DD	AC / EW
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	55%	100%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=32	CCB n=24	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	91%	88%	96%	N / A	CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=32	CCB n=24	DD n=10	Strength	Challenge
Care plan is current (PR)	98%	100%	96%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	99%	100%	96%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	91%	94%	88%	90%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	94%	100%	83%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	39%	41%	17%	90%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	73%	67%	70%	100%	DD	N / A
OBRA Level I in case file (PR)	95%	100%	88%	N / A	AC / EW	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	80%	N / A	80%	N / A	N / A	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=21</i>)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=21</i>)	90%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=32	CCB n=24	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	100%	80%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	59%	50%	54%	100%	DD	AC / EW, CCB
Back-up plan (PR for CCB)	64%	47%	92%	50%	CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=32	CCB n=24	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	85%	69%	100%	100%	CCB, DD	AC / EW
Person informed of right to appeal documentation in the case file (PR)	42%	31%	46%	70%	N / A	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	80%	63%	96%	100%	CCB, DD	AC / EW
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=32	CCB n=24	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	74%	66%	75%	100%	DD	AC / EW
Documentation of participant satisfaction in the case file	14%	16%	13%	10%	N / A	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	96%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	61%	91%	91%	AC / EW	CCB, DD
Percent of LTC funds spent on HCBS	N / A	35%	83%	90%	N / A	CCB
Percent of waiver participants with higher needs	N / A	47%	71%	75%	N / A	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	95%	99%	DD	CCB
Percent of waiver participants served at home	N / A	88%	63%	32%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	9%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

BI is the Brain Injury Waiver (formerly referred to as the Traumatic Brain Injury waiver).

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

Care Plan is the service plan developed by the HCBS participant's case manager (also referred to as Community Support Plan, Individual Support Plan and Individual Service Plan).

Case Files: Participant case files are the compilation of written participant records and information of case management activity from electronic tracking systems. They were examined for much of the evidence cited in this report.

Case File Compliance Worksheet: If findings from the review indicate that case files do not contain all required documentation, lead agencies will be provided with a Case File Compliance Worksheet that they will use to certify compliance items have been addressed.

CCB refers to the CAC, CADI and BI programs, which serve people with disabilities.

CDCS refers to Consumer-Directed Community Supports. This is a service option available for participants of all waiver programs that allows for increased flexibility and choice.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

CMS is the federal Centers for Medicare & Medicaid Services.

Cohort: All counties are categorized into one of five cohorts to allow for comparisons to be made amongst similar counties. Cohort one includes the counties serving a smaller number of HCBS participants, while cohort five includes the counties serving the largest number of HCBS participants.

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

Disability waiver programs refers to the CAC, CADI and BI Waiver programs.

EW is the Elderly Waiver.

HCBS are Home and Community-Based Services for persons with disabilities and the elderly: For the purpose of this report, HCBS include the Alternative Care program, CAC, CADI, Elderly, DD and BI Waivers.

Home care services refer to medical and health-related services and assistance with day-to-day activities provided to people in their homes. Examples of home care services include personal care assistant, home health aide and private duty nursing.

Lead agency is the local organization that administers the HCBS programs. A lead agency may be a County, Managed Care Organization, or Tribal Community.

Lead Agency Quality Assurance (QA) Plan Survey: Gathers information about lead agency compliance with state and federal requirements, quality assurance activities, and policies/practices related to health and safety.

Lead Agency Program Summary Data is data from MMIS/MAXIS and is used to compare lead agency performance to State averages and similar lead agencies for several operational indicators. This packet of data is formerly known as the operational indicators report. This data is presented to each lead agency during the waiver review site visit.

LTCC, or Long-Term Care Consultation, is used by case managers to assess participant health needs and participants' ability to live safely in their homes.

MN Choices is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

Participants are individuals enrolled and receiving services in a HCBS program.

Promising practice: An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

Policies are written procedures used by lead agencies to guide their operations.

Provider contracts are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

Provider Survey: Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Residential Services support people in outside of their homes, and include supported living services, foster care and customized living services.

Waiver Review Performance Indicators Dashboard is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

Waiver Review Site visit refers to the time DHS and IG are on site with the lead agency to collect data used in this report.