

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Douglas County**

Waiver Review Site Visit: October 2012

Report Issued: November 2012

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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 Douglas 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	
Case File Review	51 cases
Provider survey	14 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 Douglas County

In October 2012, the Minnesota Department of Human Services conducted a review of Douglas County's Home and Community Based Services (HCBS) programs. Douglas County is a rural county located in west central Minnesota. Its county seat is located in Alexandria, Minnesota and the County has another ten cities and twenty townships. In State Fiscal Year 2011, Douglas County's population was approximately 36,172 and served 510 people through the HCBS programs. In 2011, Douglas County had an elderly population of 18.6%, placing it 28th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of 6,567 County's elderly population, 8.8% are poor, placing it 53rd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Douglas County Public Health is the lead agency for the EW, AC, CAC, CADI, and BI waiver programs (LTC programs). Douglas County has one Public Health Supervisor who oversees the EW, AC, CAC, CADI and BI programs. The Public Health Supervisor manages 12 case managers and three assessors who do not have a caseload. All Public Health case managers are Registered nurses. The Public Health case managers specialize by program or are assigned to a certain customized living or adult foster care home. The average caseload for LTC case managers is about 50 cases. Case managers who have CADI cases with high mental health needs tend to have a lower caseload. Finally, the county provides care coordination for PrimeWest Health Managed Care Organization (MCO).

Douglas County Social Services is the lead agency for the DD waiver program. The county has one Social Services Supervisor who oversees the DD waiver. The Social Services Supervisor oversees three social workers who are DD case managers. One of the DD case managers specializes in working with younger participants while the other two have a primarily adult DD participant caseload. Each DD case manager has an average of 47 cases, which includes both waiver and Rule 185 participants. The Social Services Supervisor also manages four adult mental health case managers who provide support on some CADI cases.

The Public Health and Social Services departments collaborate to assess needs and provide services for participants. The county performs dual LTCC assessments for the LTC programs. An exception is for EW cases; a public health nurses perform assessments by themselves and ask a social worker to accompany them when needed. DD screenings are generally completed by a single social worker, but a public health nurse will sometimes help with screenings and case consultations when a participant has high medical needs. Many CADI, BI, and DD participants enrolled in Special Needs Basic Care (SNBC) with PrimeWest receive dual case management, as a public health nurse is assigned to do SNBC case management.

Douglas County's Public Health department has one nurse who performs intake duties for all LTC programs. All phone calls to the agency from individuals with questions about services and requests for waived services are routed to this nurse. The intake nurse writes up referrals and gives them to the Public Health Supervisor to assign to an assessor. One of the three assessors will perform the LTCC assessment. The case is then assigned to a case manager based mainly on specialization or geographic location. The Public Health Supervisor shared that specialization by geographic location helps the case managers and providers know who to contact regarding participants. The Public Health Supervisor noted that participants very rarely request a particular case manager. Social Services has one full-time intake worker who takes calls, requests relevant information, and obtains releases. If the individual is eligible for the DD waiver, the Social Services Supervisor makes the assignment decision based on the individual's age and case manager caseloads.

Working Across the Lead Agency

Douglas County has three financial workers who work with all waiver programs and divide the caseload alphabetically. Case managers noted that they know which financial workers to contact and that they have a lot of contact with these workers because they are located in the same building. County staff use the case manager/ financial worker form created by the State (DHS-5181) and e-mail to communicate with one another so that contact is documented. The Public Health Supervisor shared that financial workers are very busy, but are very good about staying up-to-date with cases. The Social Services Supervisor shared that financial workers understand importance of maintaining eligibility and will send notices to case managers if a participant is in danger of a lapse in eligibility. However, supervisors noted that financial workers have very high caseloads.

The two departments work closely together to address other needs a waiver participant may have. The Social Services Supervisor oversees many of the other units within that department, including adult protection, child protection, and mental health. If case manager can address a possible adult protection issue without making formal complaint, the worker will start the process. If the issue is criminal in nature, an adult protection worker will be assigned. The Public Health Supervisor is on the vulnerable adult team and attends monthly meetings. A public health assessor will attend vulnerable adult investigations with Social Services. While Public Health does not work as closely with child protection, they are very hands-on with adult protection and mental health cases.

Because the Social Services Supervisor oversees adult mental health, there is a lot of work with Public Health on CADI cases with waiver and Rule 79 case management. The Public Health Supervisor shared that they try to have both Public Health and Social Services involved with cases where participants have mental health needs. DD waiver participants with mental health needs are assigned one DD case manager; this case manager consults and refers to mental health services as a resource, but the participant does not have a separate mental health case manager.

The county has team meetings where Social Services case managers who work with mental health, SNBC, Public Health and children's mental health get together with an open agenda for

case consultation, planning, and discussing allocations. Supervisors shared that the open forum enhances teamwork, communication, and relationships amongst the different units.

The Public Health Supervisor or Public Health Director meets with the County Board to discuss contracts every two years, anytime there are changes in contracts, or when any other topics of interest arise. The Social Services Director manages communication with the County Board regarding the DD waiver program, and the Social Services Supervisor is not involved. Board members will call the Social Services Director if there are complaints, and he may then follow-up with the Supervisor directly. County staff shared that the Board involvement primarily includes staying knowledgeable about contracts and providers. County supervisors shared that the Board has been supportive of the agency when major issues arise and has done a good job of keeping up-to-date on the waiver programs, contracts, and providers.

Health and Safety

In the Quality Assurance survey, Douglas 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 identified well trained and knowledgeable case managers and good, open communication with case managers as county strengths. County staff shared that case managers are organized and work closely with providers to ensure participants are safe and successful in the community.

Public Health staff receive bulletins and e-mails from the supervisor about changes. Bulletins are discussed during bi monthly staff meetings. Public Health has a waiver coordinator, she has been with the county for 16 years, and leads the staff effort to keep up with program and policy changes. DD staff read bulletins and listserv announcements forwarded to them by the supervisor. If problems come to the attention of the Social Services Supervisor from providers or family members, she will follow-up with case managers and review or audit the case file. Social Services and Public Health have joint staff meetings once a month.

Service Development and Gaps

In general, Douglas County has a wide variety and choice of providers. However, the county noted that they still face challenges in finding all the needed services for participants. One challenge staff mentioned is finding respite for families serving as the PCA choice provider at home. The Provider Survey results echoed this, with services to support informal caregivers, such as respite, chosen as the greatest unmet need. Another challenge is finding jobs for participants that pay. Case managers added that some participants face barriers to finding transportation to attend appointments. County staff also noted that the county has a shortage of providers of specialty mental health services including foster care for participants with high behavioral needs, psychiatrists, and crisis services for participants with urgent mental health needs. County staff said that there has been a general shortage of workers for providers to hire in the area, including staff for customized living 24-hour care.

Douglas County has worked to develop services that meet the needs of participants. In the past, the county has held a number of focus groups to do service development including some to help guide the development of the SNBC program to include services that are needed and wanted by participants and their families. The county also had a focus group for families with younger, transition-age children to discuss options to help these participants be more independent in their own home.

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.

Douglas County Case Manager Rankings of Local Agency Relationships

	Count of Ratings for Each Agency		
	1 -2	3 -4	5+
	Average	Average	Average
Nursing Homes	0	0	7
Schools (IEIC or CTIC)	0	7	0
Hospitals (in and out of county)	2	7	2
Home Care providers	0	7	0

The county is in regular communication with providers. The county has annual meetings with providers to bring providers together to talk about changes and keep them updated about new information. PrimeWest also has a provider meeting that is fairly large. PrimeWest also conducts a survey of its providers and shares those results with the county. This allows the county to see how various service providers are rating on participant satisfaction, and it allows the county to monitor its own performance, as it too is surveyed as a contracted care coordinator.

The Social Services Supervisor shared that DD case managers routinely ask participants about satisfaction during visits, even if it is not always documented. Public Health does not have a protocol that is used by case managers for assessing satisfaction during visits. When there is an issue with providers, the case managers will go to a supervisor if they are unable to resolve it on their own.

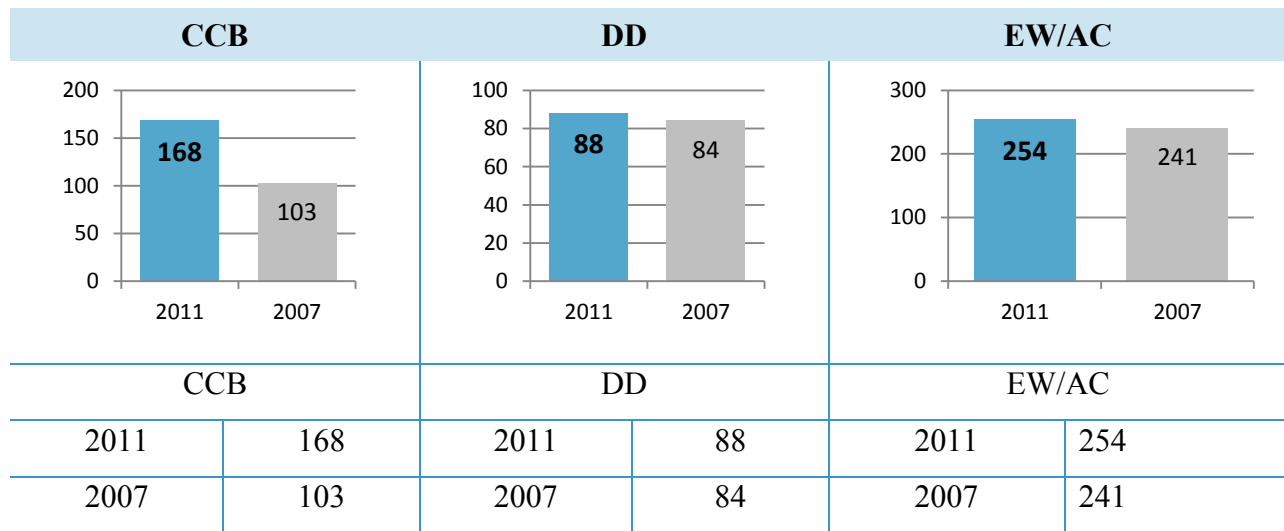
Supervisors shared that many providers are very dedicated to providing services to their participants and providers have good relationships with case managers. Case managers shared that their relationships with schools depend on the staff member the case manager is working with. The county is working on having meetings to reconnect with schools. The county sometimes receives referrals from advocacy organizations or will give referrals to them. The county does not use PACER, but will give referrals to them. Relationships with hospitals are mixed. Case managers said that hospital nurses sometimes feel case managers overstep their boundaries, and they may not be notified when a participant has been discharged. Case managers

have very good communication with nursing homes; the county notifies nursing homes when waiver participants are admitted.

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 Douglas County (2007 & 2011)



Since 2007, the number of persons served in the EW/AC program Douglas County has increased by 13 people (5.4 percent), from 241 people in 2007 to 254 people in 2011.

Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants (those with case mixes A and L). The largest increases occurred in case mixes B and E, which typically represent people with mental health needs. Douglas County serves a larger proportion of people with mental health needs on the EW/AC programs than their cohort.

Since 2007, the total number of persons served in the CCB Waiver program in Douglas County has increased by 65 participants (63.1 percent); from 103 in 2007 to 168 in 2011. Most of this growth occurred in the case mix B, which grew by 47 people. Participants in this category

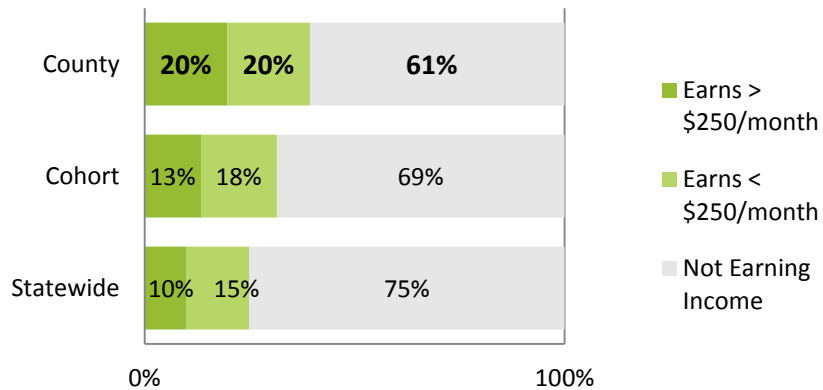
often have mental health needs. Douglas County serves a much higher percentage of people with mental health needs on the CCB waivers than their cohort.

Since 2007, the number of persons served with the DD waiver in Douglas County increased by four participants, from 84 in 2007 to 88 in 2011. In Douglas County, the DD waiver program is growing more slowly than in the cohort as a whole. While Douglas County experienced a 4.8 percent increase in the number of persons served from 2007-2011, its cohort had a 6.9 percent increase in number of persons served. In Douglas County, the profile groups two and three increased by seven and four people respectively. The greatest change in the cohort profile groups occurred in persons having a Profile 3. Douglas County serves a smaller proportion of the persons in profiles one and two, the highest needs profiles. Their cohort serves 33.3 percent of participants in these groups, while only 31.8 percent of participants in Douglas County have these profiles.

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)

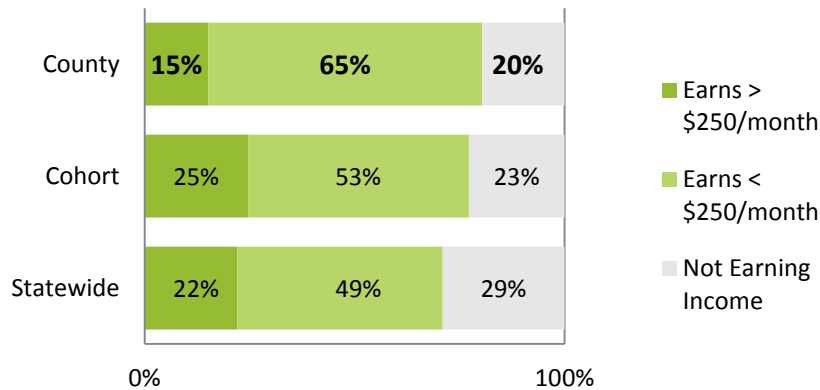


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Douglas County	20%	20%	61%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Douglas County served 132 working age (22-64 years old) CCB participants. Of working age participants, 39.4 percent had earned income, compared to 31.6 percent of the cohort's working age participants. Douglas County ranked 12th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Douglas County, 19.7 percent of the participants earned \$250 or more per month, compared to 13.4 percent of 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.

From 2007-2011, the number of working age CCB participants in Douglas County increased from 97 to 132 people. Over the same time period, the percentage of those participants with earned income increased from 29.9 percent to 39.4 percent. In comparison, its cohort increased just slightly from 30.1 percent to about 31.6 percent and the statewide rate increased from 10.2 percent to 25.0 percent.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Douglas County	15%	65%	20%
Cohort	25%	53%	23%
Statewide	22%	49%	29%

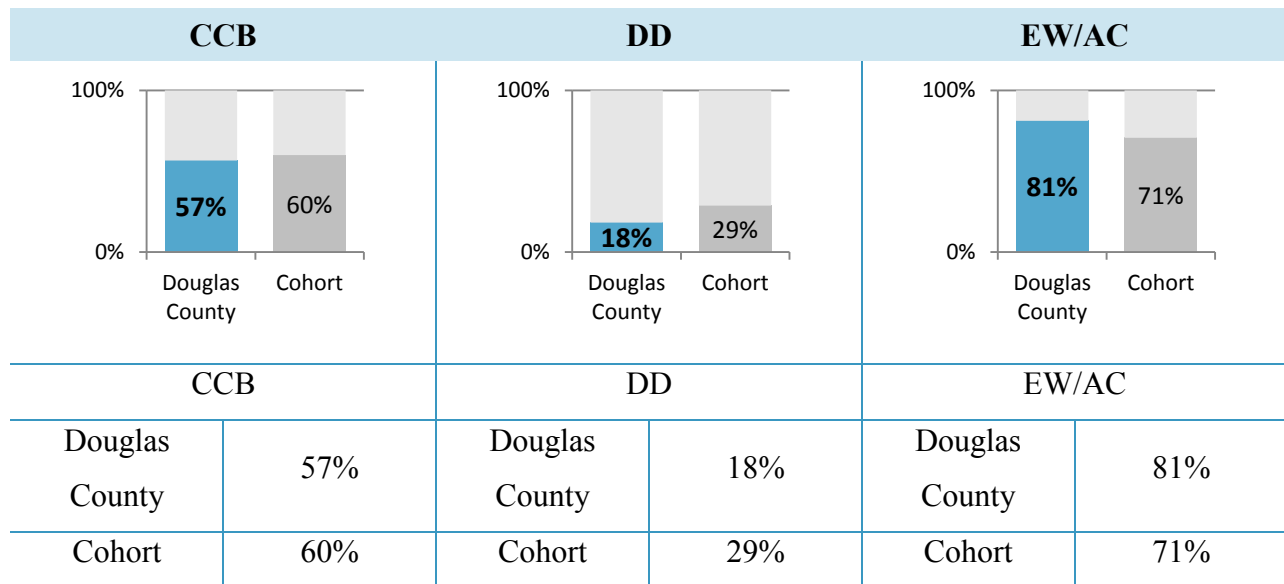
In 2011, Douglas County served 66 DD waiver participants of working age (22-64 years old). The county ranked 76th in the state for working-age participants earning more than \$250 per month. In Douglas County, 15.2 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also 80.3 percent of working age DD waiver participants in Douglas 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.

From 2007-2011, Douglas County's percentage of working-age DD waiver participants with earned income remained about the same. In comparison, the percentage of working age participants with earned income in the cohort decreased from 80.0 percent to 77.2 percent. Statewide, there was a modest decrease in the number of participants with earnings; from 71.1 percent to 70.8 percent over the same time period.

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)



Douglas County ranks 62nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 95 participants at home. Between 2007 and 2011, the percentage increased by 3.1 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 56.5 percent of CCB participants in Douglas County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Douglas County ranks 81st out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 16 participants at home. Between 2007 and 2011, the percentage decreased by 3.2 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.6 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.

Douglas County ranks 29th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 206 participants at home. Between 2007 and 2011, the percentage decreased by 4.0 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 FY11, 75.4 percent of EW/AC participants were served in their homes statewide. Douglas County serves a higher proportion of EW/AC participants in their home than their cohort or the state.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Douglas County</td><td>\$103</td></tr> <tr><td>Cohort</td><td>\$96</td></tr> </table>	Category	Rate	Douglas County	\$103	Cohort	\$96	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Douglas County</td><td>\$194</td></tr> <tr><td>Cohort</td><td>\$172</td></tr> </table>	Category	Rate	Douglas County	\$194	Cohort	\$172
Category	Rate													
Douglas County	\$103													
Cohort	\$96													
Category	Rate													
Douglas County	\$194													
Cohort	\$172													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Douglas County</td><td>\$165</td></tr> <tr><td>Cohort</td><td>\$156</td></tr> </table>	Category	Rate	Douglas County	\$165	Cohort	\$156	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Douglas County</td><td>\$216</td></tr> <tr><td>Cohort</td><td>\$209</td></tr> </table>	Category	Rate	Douglas County	\$216	Cohort	\$209
Category	Rate													
Douglas County	\$165													
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Category	Rate													
Douglas County	\$216													
Cohort	\$209													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Douglas County</td><td>\$55</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Category	Rate	Douglas County	\$55	Cohort	\$57	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Douglas County</td><td>\$91</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	Douglas County	\$91	Cohort	\$81
Category	Rate													
Douglas County	\$55													
Cohort	\$57													
Category	Rate													
Douglas County	\$91													
Cohort	\$81													

Average Rates per day for CADI services (2011)

	Douglas County	Cohort
Total average rates per day	\$102.68	\$95.98
Average rate per day for residential services	\$164.73	\$155.87
Average rate per day for in-home services	\$55.10	\$56.68

Average Rates per day for DD services (2011)

	Douglas County	Cohort
Total average rates per day	\$194.24	\$171.92
Average rate per day for residential services	\$216.12	\$208.53
Average rate per day for in-home services	\$91.03	\$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 Douglas County is \$6.70 (7.0 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Douglas County spends \$8.86 (5.7 percent) more on residential services and \$1.58 (2.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Douglas County ranks 52nd 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 Douglas County increased by \$5.87 (6.1 percent), from \$96.81 to \$102.68. 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 CADI waiver cost per day has increased more slowly in Douglas County than in the rest of their cohort and in the state as a whole.

The average cost per day for DD waiver participants in Douglas County is \$22.32 (13.0 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Douglas County spends \$7.59 (3.6 percent) more on

residential services and \$10.04 (12.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Douglas County ranks 70th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Douglas County increased by \$5.09 (2.7 percent); from \$189.15 to \$194.24. In comparison, the average cost per day in the cohort increased by \$7.89 (4.8 percent), from \$164.03 to \$171.92. Similarly, the statewide average cost increased by \$8.00 (4.4 percent) over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, the cost per day has increased more slowly in Douglas County.

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.

Douglas County has higher use in the CADI program than its cohort of residential based services (Foster Care (37% vs. 27%) and of some employment related services (Supported Employment Services (23% vs. 12%)). However, they have lower use of Customized Living (6% vs. 8%) and Prevocational Services (3% vs. 10%). They have slightly lower use of in-home services, such as Homemaker (27% vs. 28%), Consumer Directed Community Supports (1% vs. 5%), Personal Emergency Response Systems (9% vs. 14%), and Independent Living Skills (12% vs. 14%). Sixty-one percent of Douglas County's total payments for CADI services are for residential services (58% foster care and 3% customized living), which is higher than its cohort group (54%). Douglas County's corporate foster care rates are notably lower than its cohort when billed monthly (\$4,472.28 vs. \$5,199.94 per month) and slightly lower when billed daily (\$180.03 vs. \$186.87 per day).

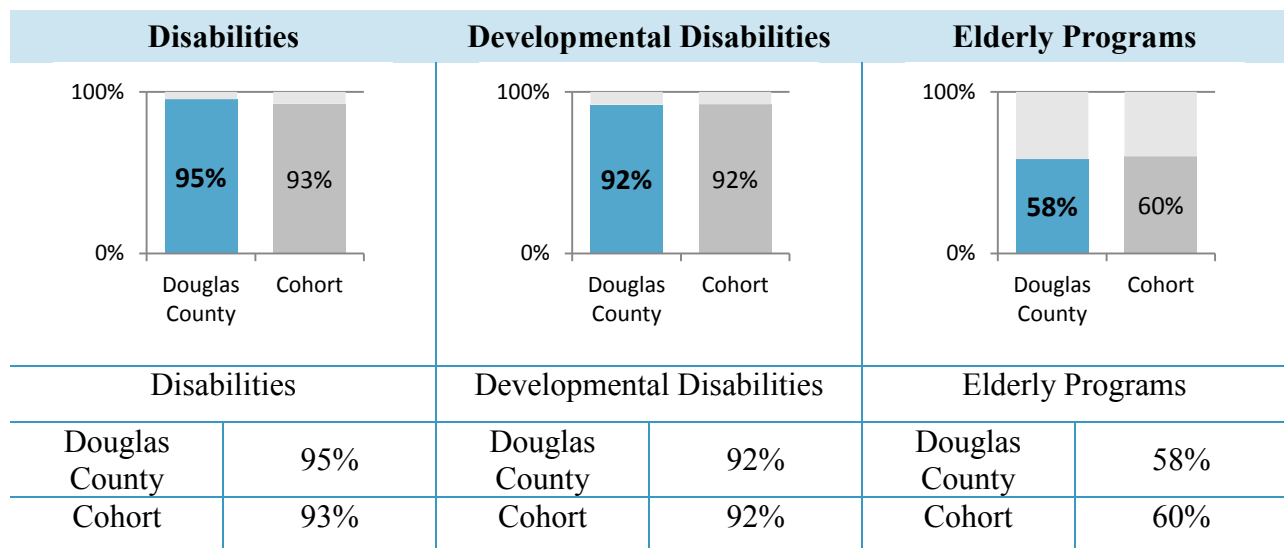
Douglas County's use of Supportive Living Services (SLS) (80%) is higher than its cohort (70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Its monthly corporate SLS rates are notably higher than its cohort (\$4,907.14 vs.

\$3,916.47 per month). The county’s use of other non-residential services, such as In-Home Family Support (2% vs. 17%) and Consumer Directed Community Supports (0% vs. 4%), is lower than its cohort.

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, Douglas County served 345 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 39 in institutional care. Douglas County ranked 28th of 87 counties in the percent of LTC participants receiving HCBS; 95.3 percent of their LTC participants received HCBS. This is higher than their cohort, where 92.6 percent were HCBS participants. Since 2007, Douglas County has increased its use of HCBS by 5.0 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Douglas County served 110 LTC participants (persons with development disabilities) in HCBS settings and ten in institutional settings. Douglas County ranked 50th of

87 counties in the percentage of LTC recipients receiving HCBS with 92.0 percent of its LTC participants receiving HCBS; about the same rate as its cohort (92.3 percent). Since 2007, the county has slightly decreased its use by 2.3 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Douglas County served 259 LTC participants (over the age of 65), and 208 in institutional care. Douglas County ranked 49th of 87 counties in the percent of LTC participants receiving HCBS. Of LTC recipients, 58.4 percent received HCBS. This is lower than their cohort, where 59.9 percent were HCBS participants. Since 2007, Douglas County has increased its use of HCBS by 10.0 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Douglas County	Cohort	Statewide
Age 0-64	0.35	0.46	0.47
Age 65+	21.78	26.01	23.11
TOTAL	4.33	4.59	3.24

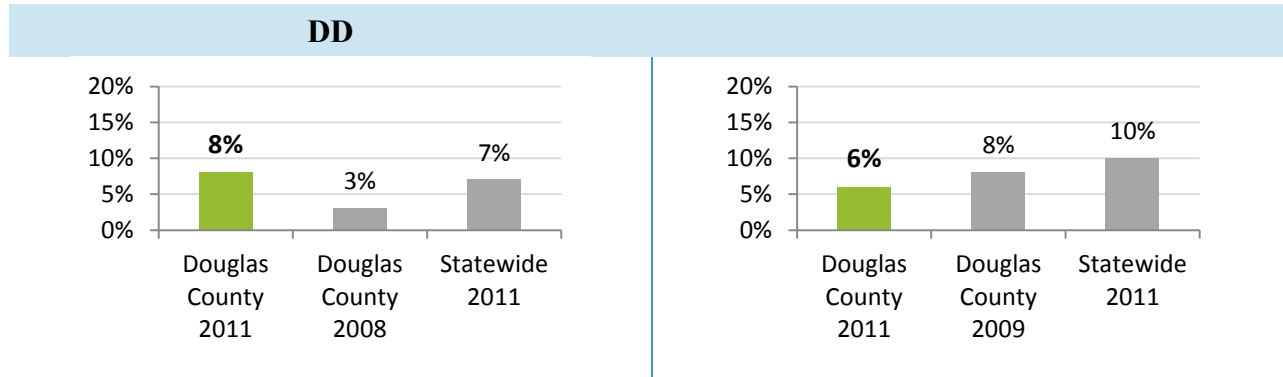
In 2011, Douglas County was ranked 35th of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Douglas County also has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 23.1 percent in Douglas County. Overall, the number of residents in nursing facilities has decreased by 24.6 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
Douglas County (2011)	8%	6%
Douglas County (Past)	3%	8%
Statewide (2011)	7%	10%

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, Douglas County had an 8% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Douglas County’s DD waiver balance is larger than its balance in CY 2008 (3%), and the statewide average (7%).

At the end of Fiscal year 2011, the CCB waiver budget had a reserve. Douglas County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Douglas County

had a 6% balance at the end of fiscal year 2011, which is a smaller balance than the statewide average (10%), and smaller than the balance in FY 2009 (8%).

Douglas County does not currently have a waitlist for CADI or DD. The county recently revisited their waitlist policy to help them prioritize slots while following state guidelines. They try to be careful not to use slots unless the participant has high medical needs that cannot be met with other county or MA State plan services. The Public Health Supervisor receives a monthly report and reviews the budget. The Public Health Supervisor meets with assessors every Monday morning to go through the list of potential participants requesting services and work as a team to problem solve around cases. All requests for increased spending for the LTC waivers must be approved by the Public Health Supervisor.

The DD program currently does not have a waitlist or anyone in need of immediate waiver services. When there is a waitlist, DD staff maintains a list of potential participants who have received a full team DD screening. They have been able to add some participants through service optimization, maximizing their existing allocation. The Social Services Supervisor prints summary reports every month and compares allocations to the previous year. DD staff and the supervisor meet at least quarterly to talk about anticipated changes in services or waitlists. In the case of emergencies, the case manager and supervisor will decide on a case-by-case basis. The DD case managers meet with the supervisor to review their potential participant list and discuss service needs.

County 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.

Douglas County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

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

Policy Quest	1	1	2	0	0
Help Desk	1	1	1	2	2
Disabilities Service Program Manual	1	1	0	3	3
DHS website	0	2	5	4	1
E-Docs	0	0	4	2	4
Disability Linkage Line	3	0	4	0	0
Senior Linkage Line	8	0	0	0	0
Bulletins	0	0	8	4	1
Videoconference trainings	0	0	8	4	1
Webinars	0	4	8	0	0
Regional Resource Specialist	0	2	5	2	2
Listserv announcements	0	0	5	1	0
MinnesotaHelp.Info	1	1	2	0	0
Ombudsmen	0	0	4	6	1

County staff provided feedback about DHS resources and support provided to lead agencies. Case managers reported that it can be hard to navigate Policy Quest to find needed information. However, a supervisor shared that the Public Health waiver coordinator uses Policy Quest and finds that it is helpful and it is usually fairly quick to find needed information. Case managers said that the Disabilities Service Program Manual (DSPM) is too basic and does not provide in-depth answers. However, the Social Services Supervisor said that the DSPM has good information, is concise, and is easily navigable. Case managers shared that the DHS website is difficult to navigate, and they are unable to find the bulletins they need. Case managers use E-docs to make sure they are using the most up to date forms. The county staff shared that they like

monthly lists of new forms from E-docs, as it assists the support staff at the county will turn the forms found in E-docs into fillable forms for the case managers. Bulletins are read by case managers, and the supervisor highlights important information at staff meetings. Case managers shared that the Senior Linkage Line is not always helpful, as they do not always receive accurate information when they call.

Supervisors shared that DHS videoconferences are made available for viewing on-site, making it more convenient for staff to attend. Case managers attend webinars in a conference room together so they do not get distracted at their desks. Case managers shared that PrimeWest frequently offers webinars, but there have been a lot of difficulties with technology. The Social Services Supervisor shared that webinars are nice because they are available afterwards for those who were not able to attend. The Public Health Supervisor communicates with DHS staff about topics such as the customized living tool or MMIS. She e-mails with questions and DHS staff have been responsive. The Social Services Supervisor said that interactions with the Ombudsman are positive when needed.

County staff also attend LTC regional meetings quarterly, and they find guest speakers and trainings at this meeting are very helpful. Case managers shared that the Regional Resource Specialist (RRS) has not been as helpful for DD waiver staff. The Public Health Supervisor said that the RRS is extremely helpful, especially with questions about budget reports and the Waiver Management System. The Public Health Supervisor shared that the Help Desk is more useful for billing and eligibility questions from providers. The Social Services Supervisor shared that the Help Desk is useful for questions about services agreements and this prevents staff from spending additional time trying to fix problems in MMIS.

County Strengths, Recommendations & Corrective Actions

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

Douglas County Strengths

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

- **Douglas County addresses issues to comply with Federal and State requirements.**

During the previous review in 2007, Douglas County received a corrective action for the following items being out of compliance: LTC screenings within the required timeframe and back-up plan and emergency contact for CCB participants. In 2012, none of these issues remain for Douglas County indicating technical improvements over time.

- **Quality case management is a key strength in Douglas County.** Case managers work well as a team and are well-connected with providers and other organizations that serve participants. Case managers are resourceful and work with each other to problem solve when issues arise. They are experienced and have backgrounds in a variety of disciplines which allows them to navigate easily across programs within the agency. Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need. Case managers have strong relationships with providers and work hard to help participant's access community resources.

- **Douglas County has created a system that allows them to be efficient in the administration of waiver programs and enables case managers to focus on providing quality care management.** Case manager are assigned to participants based on geographical location; this ensures that case managers in an area are knowledgeable about providers in that part of the county and to help make visits more efficient. In addition, the county has paraprofessionals to support case managers by organizing documents in the electronic case file system, helping prepare for visits, following up with participant providers, and entering service agreements into MMIS.

- **The case files reviewed in Douglas County consistently met HCBS program requirements.** Participant case files are well-organized and complete. There was good documentation of required forms including documentation of OBRA Level One, informed

consent to share private information, and right to appeal. The county also includes elements in case files that go above and beyond program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information. In addition, frequent face-to-face visits with participants in long-term care programs were clearly documented in case file notes; many participants were seen by their case manager on a quarterly basis. On average, EW participants are visited by their case manager every 86 days, AC participants are visited by their case managers every 68 days, CAC participants are visited by their case manager every 68 days, and CADI participants are seen every 74 days.

- **Douglas County Public Health has developed a strong electronic case file system for the LTC waiver programs.** All components of participant's case files are contained in the electronic file system that is well organized and easy to navigate. Douglas County case managers can access a shared network drive which includes all required forms that have been converted to be fillable electronically.
- **Douglas County DD care planning is strong.** The DD Individual Support Plans (ISPs) are thorough, participant friendly, and document all required participant needs and services. Half of the cases reviewed (4 out of 8 DD cases) exceeded expectations for documentation of participant needs and health and safety issues.

Recommendations

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

- **Develop higher wage, community-based employment opportunities for participants with disabilities and developmental disabilities.** Douglas County has higher rates than its cohorts in the percentage of working age participants earning income in the CCB and DD communities; however, a high proportion of participants earn less than \$250 per month than. The county should actively focus on developing community-based employment opportunities that tend to result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the waiver program.
- **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.** Douglas County participants in the CCB and DD programs are less likely to live at home when compared to their cohorts. This may involve 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. The county should be deliberate in developing these services. Work across populations to ensure access to participants regardless of their age or disability. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Information (RFI).

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Douglas County was found to be inconsistent in meeting state and federal requirements and will require a response by Douglas 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 Douglas 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 the county’s privacy practices in accordance with HIPAA.** 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, five out of eight DD cases do not have documentation in the case file, and three out of eight DD cases did not have current documentation of this form in the case file.
- **Beginning immediately, complete the ICF/DD Level of Care form for all participants in the DD program.** Maintain this form in the case file and update it annually. Five out of eight DD cases did not include this documentation in the case file, and three out of eight DD cases included documentation that was not current within the past year.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved waiver plan.** DD waiver participants must have a face to face visit by the case manager every six months. However, three out of eight DD cases had not been seen in the previous six months.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Douglas 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 participant case file reviewed. This report required follow up on eight cases. All items are to be corrected by December 17, 2012 and verification submitted to the Waiver Review Team to document full compliance. Douglas County submitted a completed compliance report on November 26, 2012.

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
1	Participants waiting for HCBS program services	6	N / A	1	5	N / A	N / A
2	Screenings done on time for new participants (PR)	80%	77%	83%	83%	CCB, DD	AC / EW
3	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	59%	70%	DD	N / A
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=26	CCB n=17	DD n=8	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	98%	96%	100%	N / A	AC / EW, CCB	N / A
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

	PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=26	CCB n=17	DD n=8	Strength	Challenge
6	Care plan signed and dated by all relevant parties (PR)	98%	100%	100%	88%	AC / EW, CCB	N / A
7	All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
8	Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
9	Participant needs identified in care plan (PR)	100%	100%	100%	100%	ALL	N / A
10	Inclusion of caregiver needs in care plans	39%	38%	51%	100%	DD	N / A
11	OBRA Level I in case file (PR)	100%	100%	100%	100%	ALL	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	0%	N / A	N / A	0%	N / A	DD
13	DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
15	Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
16	CAC Form completed and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	N / A
	PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
17	Case managers provide oversight to providers on a systematic basis most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
18	LA recruits service providers to address gaps most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
19	Case managers document provider performance most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
20	Providers report receiving assistance when requested from the LA (Provider survey, n=14)	100%	N / A	N / A	N / A	ALL	N / A

	PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
21	Providers submit monitoring reports to the LA (Provider survey, n=14)	50%	N / A	N / A	N / A	N / A	N / A
	PARTICIPANT SAFEGUARDS	ALL	AC / EW n=26	CCB n=17	DD n=8	Strength	Challenge
22	Participants have a face-to-face visit at the frequency required by their waiver program (PR)	93%	100%	100%	63%	AC / EW, CCB	DD
23	Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
24	Back-up plan (PR for CCB only)	82%	96%	100%	0%	AC / EW, CCB	N / A
25	Emergency contact information (PR for CCB only)	96%	100%	100%	75%	AC / EW, CCB	N / A
	PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=26	CCB n=17	DD n=8	Strength	Challenge
26	Informed consent documentation in the case file (PR)	98%	100%	100%	88%	AC / EW, CCB	N / A
27	Person informed of right to appeal documentation in the case file (PR)	98%	100%	100%	88%	AC / EW, CCB	N / A
28	Person informed privacy practice (HIPAA) documentation in the case file (PR)	84%	100%	100%	0%	AC / EW, CCB	DD
	PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=26	CCB n=17	DD n=8	Strength	Challenge
29	Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
30	Documentation of participant satisfaction in the case file	39%	23%	59%	50%	N / A	N / A

	SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
31	Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
32	Percent of LTC recipients receiving HCBS	N / A	58%	95%	92%	CCB	AC / EW
33	Percent of LTC funds spent on HCBS	N / A	31%	88%	92%	CCB, DD	AC / EW
34	Percent of waiver participants with higher needs	N / A	58%	79%	80%	ALL	N / A
35	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	95%	CCB	N / A
36	Percent of waiver participants served at home	N / A	81%	57%	18%	AC / EW	CCB, DD
37	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	20%	15%	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.

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

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.

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.