

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Wadena County**

Waiver Review Site Visit: October 2012

Report Issued: January 2013

Contents

Contents	2
Acknowledgements	3
About the Waiver Review Initiative	4
About Wadena County	5
Working Across the Lead Agency	6
Health and Safety	7
Service Development and Gaps	7
Community and Provider Relationships/Monitoring	8
Capacity	10
Value	11
Sustainability	13
Usage of Long-Term Care Services	17
Managing Resources	19
County Feedback on DHS Resources	21
County Strengths, Recommendations & Corrective Actions	24
Wadena County Strengths	24
Recommendations	25
Corrective Action Requirements	27
Waiver Review Performance Indicator Dashboard	29
Attachment A: Glossary of Key Terms	35

Acknowledgements

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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 Wadena County
Case File Review	38 cases
Provider survey	10 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 7 staff
Quality Assurance Survey	1 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 Wadena County

In October 2012, the Minnesota Department of Human Services conducted a review of Wadena County's Home and Community Based Services (HCBS) programs. Wadena County is a rural county located in central Minnesota. Its county seat is located in Wadena, Minnesota and the county has another seven cities and fifteen townships. In State Fiscal Year 2011, Wadena County's population was approximately 13,749 and served 318 people through the HCBS programs. In 2011, Wadena County had an elderly population of 19.1%, placing it 25th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Wadena County's elderly population, 20.2% are poor, placing it 1st (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Wadena County Human Services is the lead agency for all HCBS programs and provides case management for these programs. They also provide care coordination for Medica, Blue Plus, and South Country Health Alliance Managed Care Organizations (MCOs). Wadena County Human Services includes all Social Services functions. UCare, another MCO, is also available in Wadena County, and the Public Health department provides care coordination for these participants. Wadena County's Social Services Supervisor oversees all of the waiver programs and seven case managers. In general, case managers specialize by waiver program. Most case managers work on a single waiver program, but some work on two programs. Case managers have a mix of experience and have been with the county from less than one year to 18 years.

Wadena County Public Health is a separate department from Human Services and includes all Public Health functions. The Public Health Director oversees public health involvement for all

EW UCare cases and manages two public health nurses who work with the waiver programs. Wadena County completes dual assessments with a social worker and public health nurse when the participant has a high medical need.

Average caseloads for case managers range from approximately 20 waiver cases to 90 waiver cases. Many of the case managers have other program responsibilities in addition to their waiver caseloads such as screenings for adult protection and screenings for nursing homes. In Wadena County, intake is managed by Human Services. Intake responsibility rotates between the children's and adult units. The children's unit manages intake three days a week and the adult unit has intake responsibilities two days a week. During intake, basic information about the individual is gathered and is then passed on to the Social Services Supervisor. The Social Services Supervisor assigns the case to a case manager based on the needs of the participant, geographical location and current caseload sizes. If the participant is on UCare, it is assigned to Public Health.

Working Across the Lead Agency

Wadena County has two financial workers that work primarily with participants on waiver programs. Participants are assigned to a financial worker and case managers work with the assigned financial worker when there is an issue such as loss of Medical Assistance eligibility. Financial workers are located in the same building as case managers. Case managers stated that they have good relationships with financial workers.

The Human Services Department manages adult protection, child protection, and mental health services. Public Health works closely with Human Services in all these areas. A Public Health case manager is on the adult protection team and the Public Health Director is on the child protection team. For participants with Rule 79 Targeted Case Management, the mental health case manager is the primary worker, and a CADI waiver case manager co-manages the case with the mental health worker.

The Human Services Board meets monthly and the Human Services Director and Public Health Director attend meetings. Issues in the waiver programs are discussed with the Board and the

Board approves contracts and budgets. Public Health also has an advisory committee made up of community members that meets quarterly. The Public Health Director creates the agenda and manages the advisory committee meetings.

Health and Safety

In the Quality Assurance survey, Wadena 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 that case managers are advocates for consumers and are responsive to changes in consumer needs. Providers also indicated they have good, open communication with case managers and that Wadena County is supportive of their growth and/or service development. County staff shared that case managers have connections with providers and know where to get the services their participants need.

In order to stay current with requirements, Wadena County staff attend bi-monthly staff meetings and monthly program meetings to disseminate knowledge about any changes announced by DHS or MCOs. The Human Services Department takes the lead on keeping staff current with program changes and shares information with Public Health. Clerical staff also forward bulletins to county staff. The Regional Resource Specialist and MCOs also keep case managers updated on changes. The county has senior workers that mentor new case managers, and case managers also meet regularly with the Social Services Supervisor for support. County staff also conduct self-audits as a group at monthly program meetings. They review files to determine if all items are present in files that the Social Services Supervisor randomly pulls, and they use a checklist to make sure all items are in the file.

Service Development and Gaps

Wadena County staff noted that a challenge they face is the lack of skilled provider staff and their high turnover rates, which is disruptive to participants and their families. They also find it challenging that some MCOs are more likely to refuse some services than others. This results in the county appealing decisions, staff time dedicated to deal with the appeal, and delayed services

for participants. In order to address service gaps, county staff stated that they work with providers directly to try and set up new services as they are needed. County staff have found that providers are open to new ideas and expansion. Overall, county staff feel they are proactive in getting needed services for their participants.

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.

Wadena 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 Homes	0	1	5
Schools (IEIC or CTIC)	1	1	1
Public Health programs for seniors	0	0	2
Advocacy Organizations	0	0	3
Hospitals (in and out of county)	0	7	0
Area Agency on Aging	0	4	0
Customized Living providers	0	2	2
Foster Care providers	0	0	4
Home Care providers	0	4	3
Employment Providers (DT&H, Supported Employment)	0	2	2

Case managers stated that overall they have good working relationship with providers and that the providers they have care about participants and provide quality services. Case managers visit

providers periodically and go over a checklist of monitoring items, which can include a review of case files. MCOs also do their own monitoring and auditing of providers which the county has found helpful. When an issue arises with a provider, case managers communicate directly with the provider. If the issue cannot be resolved, supervisors and others will get involved. If problems with a provider persist, licensure staff will be brought in since they are responsible for provider contracts.

In the focus group, case managers stated that their relationships with hospitals were average; relationships were better with hospitals whose staff know case managers and worse with hospitals whose staff they did not know. Case managers said that relationships with foster care providers have improved because they have worked to build relationships; they see that there is more teamwork happening to meet participant needs, as foster care providers work with case managers to serve those with unique needs and are dedicated to serve participant needs. Case managers stated that home care providers have been flexible, available, and do a good job in tough environments. One concern among case managers is that home care providers have been reducing staff, services, and pay over the past few years. They will not serve participants unless there are a minimum number of hours and they will only serve a limited number of Medical Assistance clients.

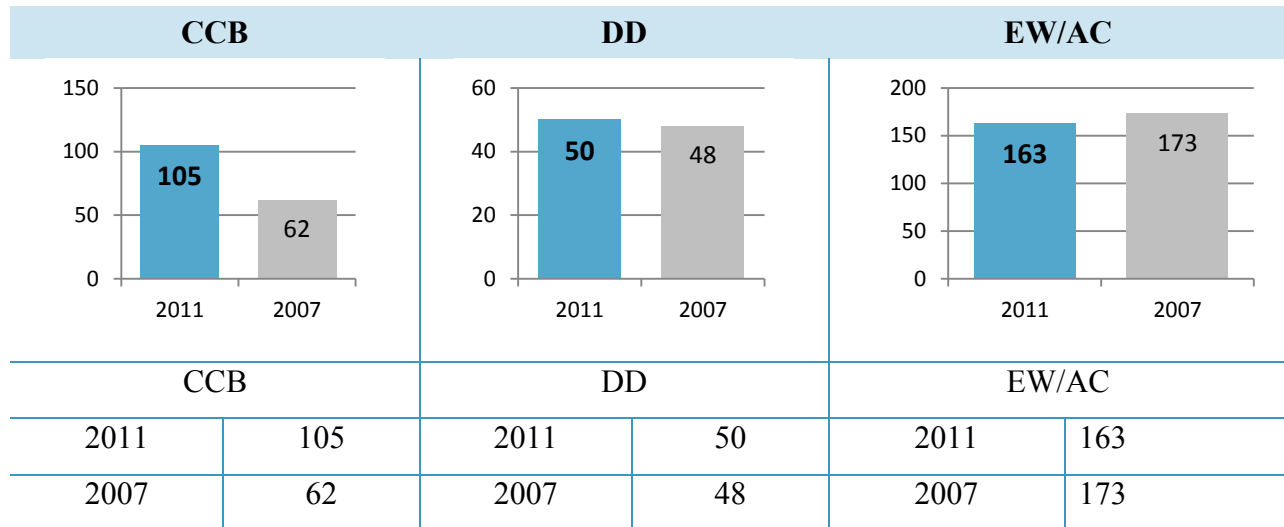
When it comes to working with schools, public health nurses state that they have good relationships with schools because two other county public health nurses work in the schools. One school was identified as more difficult to work with because case managers are not always told about important participant meetings or included in transition planning. Case managers indicated that they would like to be more involved with these cases.

Case managers find that advocacy organizations are useful and beneficial when they use them; they have been good advocates for the participants and have been easy to work with. Case managers stated that they have started to build relationships with contacts at the local Area Agency on Aging, and this relationship is now improving.

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 Wadena County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Wadena County has increased by 43 participants (69.4 percent); from 62 in 2007 to 105 in 2011. Most of this growth has occurred in case mixes B and E; which often includes people with mental health needs. As a result, Wadena County is serving a larger proportion of people with mental health needs.

Since 2007, the number of persons served with the DD waiver in Wadena County increased by two participants, from 48 in 2007 to 50 in 2011. In Wadena County, the DD waiver program is growing more slowly than in the cohort as a whole. While Wadena County experienced a 4.2 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 Wadena County, the profile group four increased by five people, while the higher need profile groups either remained stable or decreased. In the cohort, the profile group three increased the most. Wadena County serves a smaller proportion of

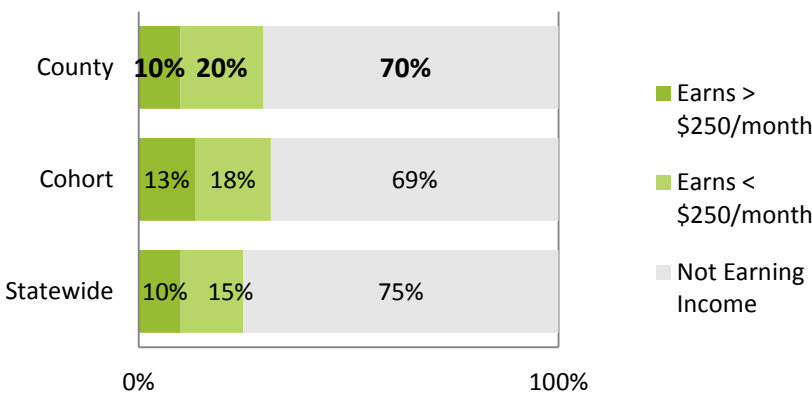
persons in profiles one and two (16.0 percent), the highest need groups, than its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Wadena County has decreased by ten people (5.8 percent), from 173 people in 2007 to 163 people in 2011. Case mixes B and E each grew by ten people. As a result, Wadena County may be serving a larger proportion of individuals with mental health needs on the EW and AC programs.

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)

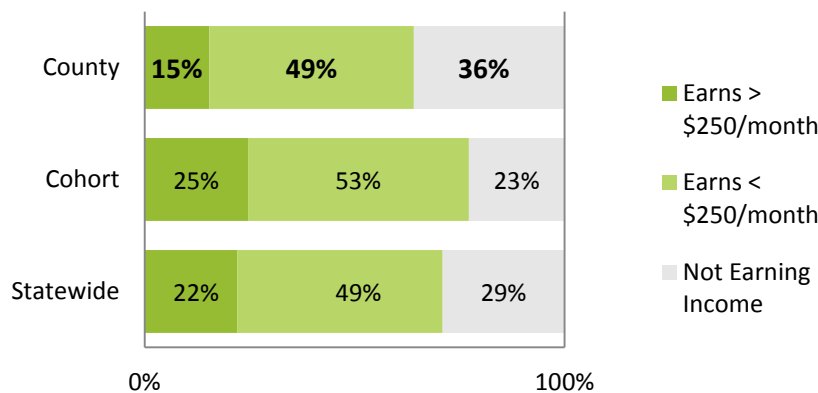


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Wadena County	10%	20%	70%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Wadena County served 91 working age (22-64 years old) CCB participants. Of working age participants, 29.7 percent had earned income, compared to 31.6 percent of the cohort's working age participants. Wadena County ranked 58th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Wadena County, 9.9 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 Wadena County increased by 37 people. Over the same time period, the percentage of those participants with earned income decreased from 31.5 percent to 29.7 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
Wadena County	15%	49%	36%
Cohort	25%	53%	23%
Statewide	22%	49%	29%

In 2011, Wadena County served 39 DD waiver participants of working age (22-64 years old). The county ranked 75th in the state for working-age participants earning more than \$250 per month. In Wadena County, 15.4 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, 64.1 percent of working age DD waiver participants in Wadena 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.

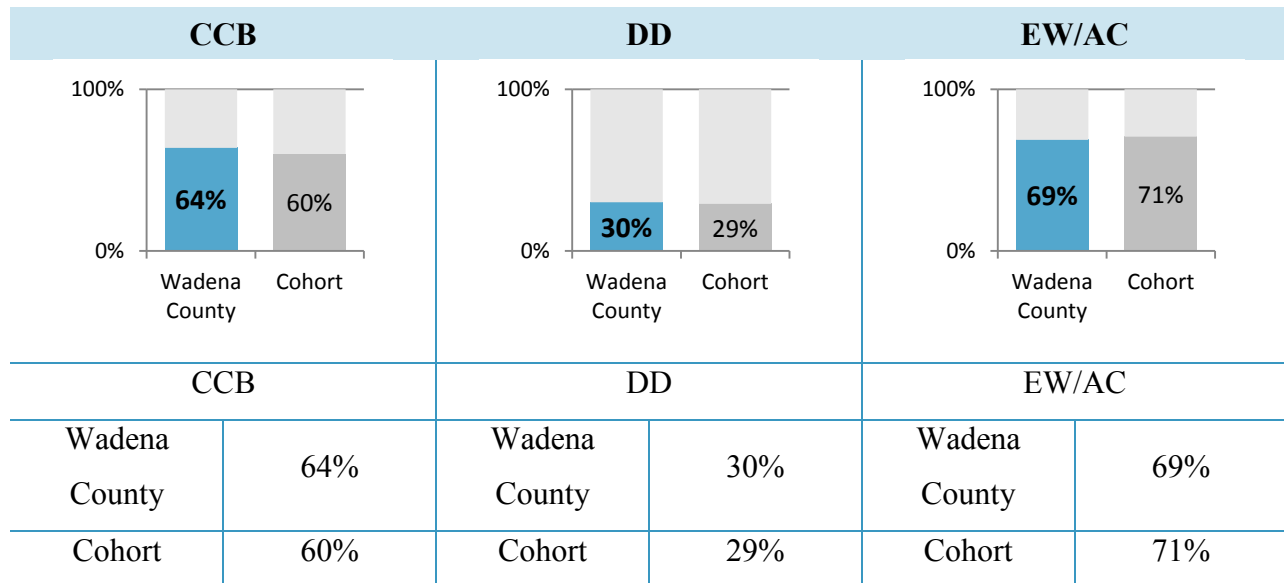
From 2007-2011, Wadena County's percentage of working-age DD waiver participants with earned income increased from 54.5 percent to 64.1 percent. In comparison, the percentage of working age participants with earned income in the cohort decreased from 80.0 percent to 77.2 percent. Statewide, there was a modest decrease in the number of participants with earnings; from 71.1 percent to 70.8 percent over the same time period. While the percentage of working age DD waiver participants with earned income is decreasing statewide, the rate has increased in Wadena County.

In the focus group, case managers stated that they have good communication with day training and habilitation providers; the services they provide are flexible and they are willing to meet participants' needs. Case managers have found that vocational providers located outside of their county may be more difficult to work with, but it depends on the organization.

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)



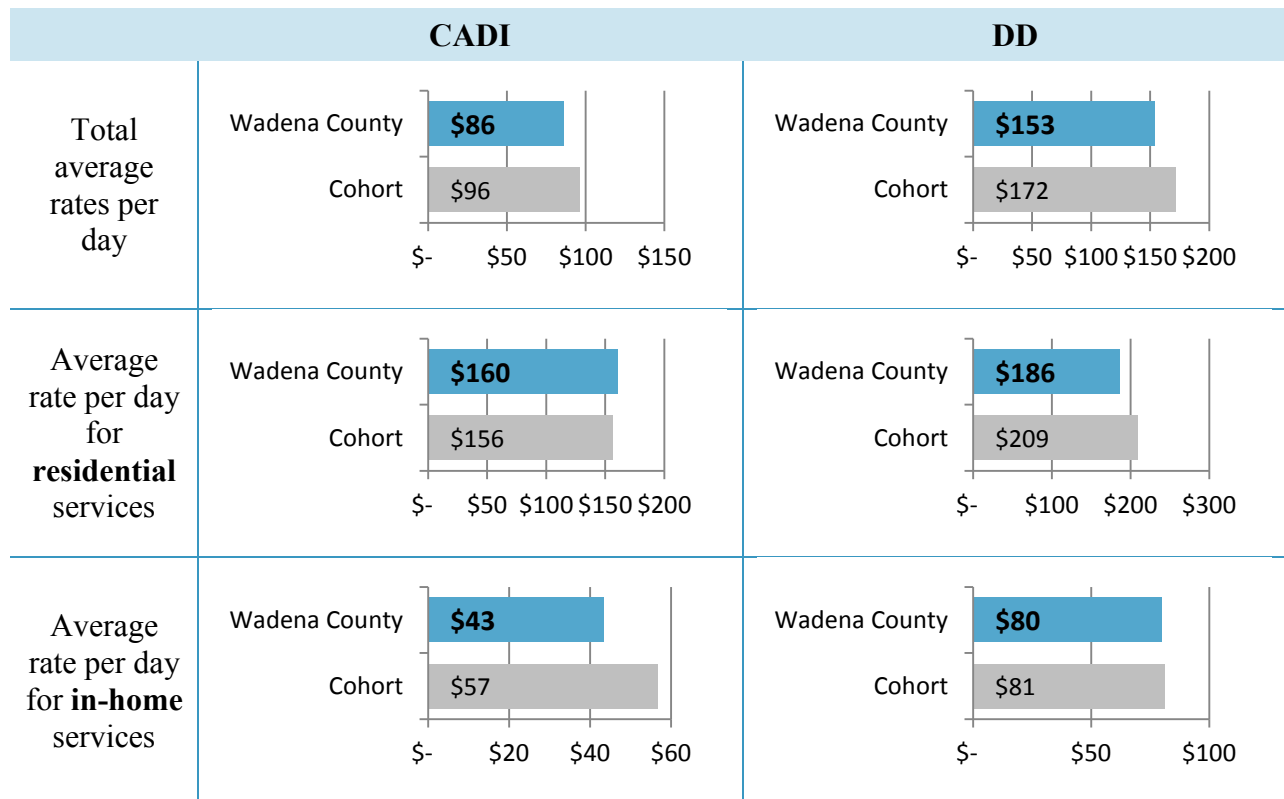
Wadena County ranks 38th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 67 participants at home. Between 2007 and 2011, the percentage decreased by 10.4 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 63.8 percent of CCB participants in Wadena County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Wadena County ranks 40th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 15 participants at home. Between 2007 and 2011; the percentage increased by 0.8 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.

Wadena County ranks 53rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 112 participants at home. Between 2007 and 2011, the percentage decreased by 11.1 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 Fiscal Year 2011, 75.4 percent of EW/AC participants were

served in their homes statewide. Wadena County serves a slightly lower 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)

	Wadena County	Cohort
Total average rates per day	\$85.81	\$95.98
Average rate per day for residential services	\$160.23	\$155.87
Average rate per day for in-home services	\$43.37	\$56.68

Average Rates per day for DD services (2011)

	Wadena County	Cohort
Total average rates per day	\$153.42	\$171.92
Average rate per day for residential services	\$186.28	\$208.53
Average rate per day for in-home services	\$79.93	\$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 Wadena County is \$10.17 (10.6 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Wadena County spends \$4.36 (2.8 percent) more on residential services and \$13.31 (23.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Wadena County ranks 25th 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 Wadena County increased by \$29.21 (51.6 percent), from \$56.60 to \$85.81. 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 Wadena County is \$18.50 (10.8 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Wadena County spends \$22.25 (10.7 percent) less on residential services and \$1.06 (1.3 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Wadena County ranks 17th 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 Wadena County increased by \$3.19 (2.1 percent); from \$150.23 to \$153.42. 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 Wadena 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.

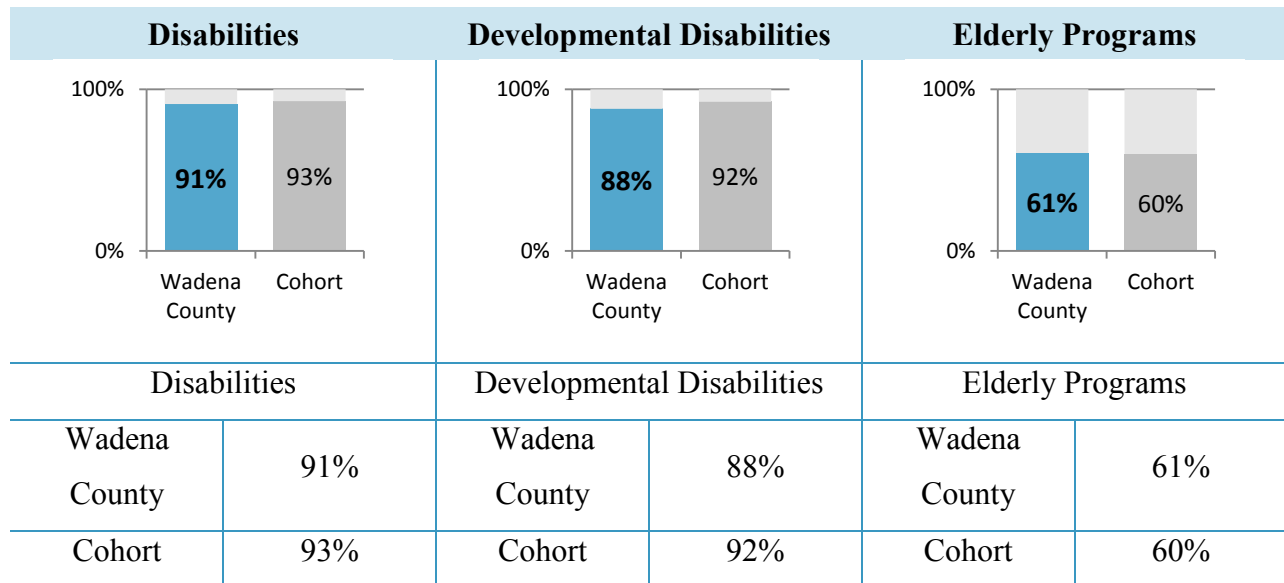
Wadena County has similar use in the CADI program of residential based services as its cohort. Foster Care usage is identical (27% vs. 27%) and Customized Living usage is slightly lower (4% vs. 8%). The county has notably higher use of Prevocational Services (29% vs. 10%), but a lower use of Supported Employment services (4% vs. 12%). They also have higher use of some in-home services, including Homemaker (33% vs. 28%) and Home Health Aide (10% vs. 9%), but lower use of other in-home services, including Home Delivered Meals (16% vs. 22%), and Independent Living Skills (12% vs. 14%). Fifty-seven percent of Wadena County's total payments for CADI services are for residential services (55% foster care and 2% customized living), which is higher than its cohort group (54%). Wadena County's corporate foster care rates are slightly lower than its cohort when billed daily, but are notably higher when billed monthly (\$166.31 vs. \$186.87 per day and \$9,165.92 vs. \$5,199.94 per month). The county indicated they served a few very high needs participants whose costly residential services are greatly impacting their costs.

Wadena County's use of Supportive Living Services (SLS) (70%) is the same as its cohort 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. Wadena County's daily corporate SLS rates are lower than its cohort (\$177.98 vs. \$190.01). The county's use of other services are similar to its cohort, including In-Home Family Support (18% vs. 17%), Day Training & Habilitation (64% vs. 64%), and Respite Services (22% vs. 20%). However, its use of CDCS is notably higher than the cohort (10% vs. 4%).

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, Wadena County served 181 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 28 in institutional care. Wadena County ranked 67th of 87 counties in the percent of LTC participants receiving HCBS; 90.8 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 92.6 percent were HCBS participants. Since 2007, Wadena County has increased its use of HCBS by 1.9 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Wadena County served 60 LTC participants (persons with development disabilities) in HCBS settings and eight in institutional settings. Wadena County ranked 65th of 87 counties in the percentage of DD participants receiving HCBS with 87.9 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.3 percent). The rate of participants receiving HCBS services in Wadena County has decreased over time. Since 2007, the county has decreased its use by 3.3 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of DD participants received HCBS in 2011.

In 2011, Wadena County served 173 LTC participants (over the age of 65) in HCBS settings and 118 in institutional care. Wadena County ranked 40th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of elderly LTC participants, 60.5 percent received HCBS. This is slightly higher than their cohort, where 59.9 percent were HCBS participants.

Since 2007, Wadena County has decreased its use of HCBS by 1.8 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of elderly LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Wadena County	Cohort	Statewide
Age 0-64	1.10	0.46	0.47
Age 65+	33.04	26.01	23.11
TOTAL	7.20	4.59	3.24

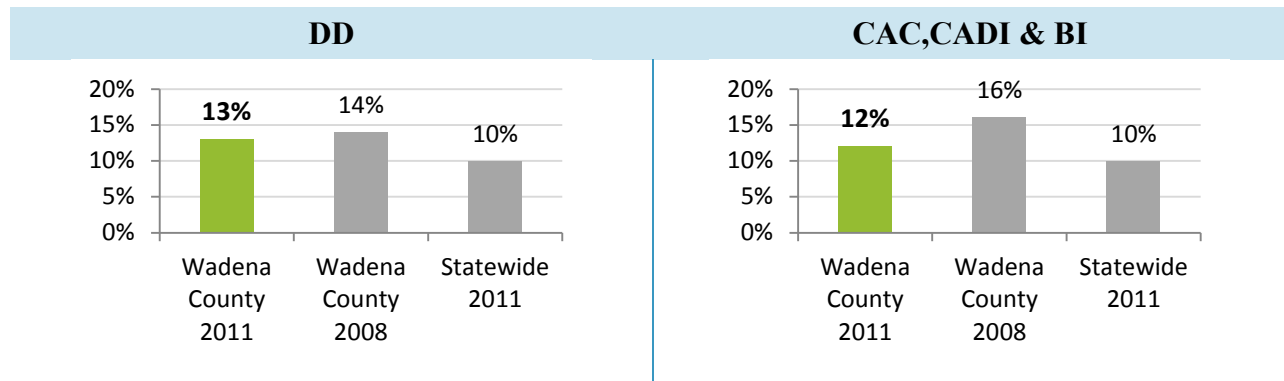
In 2011, Wadena County was ranked 72nd in their use of nursing facility services for people of all ages. Wadena County has a higher nursing facility utilization rate for people under 65 years old. In addition, the county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Since 2009, the number of nursing home residents 65 and older has increased by 3.7 percent in Wadena County. Overall, the number of residents in nursing facilities has increased by 5.4 percent since 2009.

In the focus group, a majority of case managers reported that they have good working relationships with nursing homes. Case managers stated that overall there is good communication from nursing homes, but two are best at communicating with them about transition of care for participants. Case managers also mentioned that nursing homes are good at transitioning participants back to the community.

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
Wadena County (2011)	13%	12%
Wadena County (Past)	14%	16%
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, Wadena County had a 13% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Wadena County’s DD waiver balance is smaller than its balance in CY 2008 (14%), but larger than the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Wadena County’s waiver budget balance was also calculated for CAC, CADI and BI programs. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Wadena County had a 12% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2008 (16%).

The county does not have a waitlist for any waiver programs, and there is a policy in place to follow if there is a waitlist. In Wadena County, the Social Services Supervisor oversees waiver allocations. Decisions about new allocations are made as a team and are based on prioritizing need. County staff meet as a group as needed and the Social Services Supervisor runs simulations in the Waiver Management System to analyze potential costs. Supervisors mentioned that the process for rate setting has improved; they worked with other counties to implement rate setting tools. One Supervisor reported that having a tool helped the county establish expectations with providers.

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.

Wadena 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
	1 -2	3 -4	5+		
Policy Quest	1	0	0	0	0
Help Desk	0	0	2	1	2
Disabilities Service Program Manual	0	0	0	2	1
DHS website	0	0	2	0	4
E-Docs	0	0	1	0	6
Disability Linkage Line	0	0	0	0	0
Senior Linkage Line	0	0	2	2	0
Bulletins	0	0	1	4	1
Videoconference trainings	0	0	5	1	0
Webinars	0	2	1	0	0
Regional Resource Specialist	0	0	1	1	2
Listserv announcements	0	0	1	1	0
MinnesotaHelp.Info	0	0	1	2	1
Ombudsmen	0	0	0	3	2
DB101.org	0	0	1	0	0

County staff provided feedback about DHS resources and support provided. Case managers reported that E-Docs, the DHS website, and Bulletins are the most useful DHS resources for their work. County staff said that responses from Policy Quest are slow so they try to find other resources to answer their questions such as their Regional Resource Specialist. Case managers find that the Help Desk is an efficient way to get their questions answered. County staff shared that the Disabilities Service Program Manual is useful, but feel that is not user friendly because they cannot always find the information they are looking for. Case managers stated that while the

DHS website is helpful, they do not use it often. Case managers mentioned that E-Docs is a nice resource to have and the only issue is that they cannot save some of the documents.

Case managers stated that videoconference trainings could be more helpful; they mentioned they would appreciate more training on the basics of waiver case management for new staff and trainings that are program specific. Case managers also mentioned that videoconference trainings tend to be dry and there is a lot of reading off of a PowerPoint. Case managers stated that they like their Ombudsmen and need more of them because their current Ombudsmen are extremely busy.

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.

Wadena County Strengths

The following findings focus on Wadena 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.

- **Wadena County addresses issues to comply with Federal and State requirements.**
During the previous review in 2007, Wadena County received a corrective action for the following items being out of compliance: time between the assessment and development of a care plan, OBRA Level One form, and emergency contact information for CCB participants. In 2012, none of these issues remain for Wadena County, indicating technical improvements over time.
- **Case managers are responsive to changing participant needs and are strong advocates for participants.** Case managers are experienced and have backgrounds in a variety of disciplines, which allows them to navigate easily across programs within the agency to provide seamless services for participants. Case managers are knowledgeable about resources and have developed good working relationships with providers. Case managers work well together across Human Services and Public Health to provide needed services, and also work well with other units including mental health, child protection, and adult protection.
- **Wadena County staff are well-connected with provider and other organizations that serve participants.** Case managers have worked to build strong relationships with area providers who can provide quality services for participants. They have experienced particular improvements in their relationships with foster care providers. Providers are flexible and dedicated to meeting the needs of participants they serve. Case managers also have good relationships with schools and advocacy organizations that serve participants.

- **Wadena County’s practice of using visit sheets to capture participant information during visits with participants for most waiver programs works well.** Frequent face-to-face visits with participants were clearly documented across all programs; many participants were seen by their case manager on a quarterly basis. On average, DD participants are visited by their case manager every 70 days, BI participants are visited by their case managers every 106 days, EW participants are visited by their case manager every 97 days, and AC participants are visited by their case manager every 98 days. In addition to documenting required face-to-face visits in the participant’s case file, visit sheets are used to monitor provider performance and fulfillment of the services outlined in the care plan. This builds on Wadena County’s strong practice for monitoring provider performance through the use of case manager surveys on foster home providers administered before licensing visits. The county should consider expanding this practice to the CADI program.
- **Wadena County has effectively used Consumer-Directed Community Supports (CDCS) to serve participants at home.** This program is particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services. These programs also provide an effective means to reach participants living in rural areas experiencing provider shortages.

Recommendations

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

- **Consider using contracted case management services to serve participants that live out of the region.** Counties have found that contracted case management in this situation improves care oversight and is a more effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. In such cases, Wadena County should treat contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.
- **Consider strategies to help case managers keep up with changes in health plan requirements.** Wadena County provides care coordination for four Managed Care Organizations (MCOs), all which have differing requirements. Case managers currently work across multiple health plans, and find it difficult to keep up with changing health plan requirements. Wadena County could reassign caseloads so that each case manager specializes by health plan. Alternatively, Wadena could keep existing caseloads and assign each case manager to be responsible for staying current with program and policy changes for a specific plan. This case manager would be responsible for updating their coworkers as health plan requirements change.
- **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 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). Only 30.0% of DD participants receive services at home (ranking Wadena County 40th of 87 counties), and 68.7% of EW/AC participants receive services at home (ranking 53rd of 87 counties).

- **Continue to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Wadena County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (15.4% vs. 24.6%, ranking 75th of 87 counties) and for the CADI program (9.9% vs. 13.4%, ranking 58th out of 87 counties). The county should actively focus on developing community-based employment opportunities across programs 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 county should consider creating a Request for Information (RFI) for the community-based services that you are looking to develop.
- **Wadena County has reserves in the DD and CCB budgets and is able to provide additional services to participants these programs.** Wadena County's DD waiver budget balance was 13% at the end of CY 2011. There was a 12% balance in the CADI, CAC and BI programs at the end of FY 2011. Therefore, there is room in the budget to add more services such as supportive employment or in-home services for current participants. The county may also want to consider using their business office expertise to help manage allocations.
- **Explore technology options to better support case managers in their work.** Use Adobe professional to download DHS forms through DHS and make them fillable for case managers to use when meeting with participants. This would ensure that case managers do not need internet access on site with participants to use electronic forms. Additionally, as you transition to an electronic case file system, consider contacting Douglas County for tips on successfully implementing this change.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-one percent (71%) or 12 out of 17 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, ensure that all care plans include documentation of participant choice in their care planning.** Currently, the CDCS care plan used by Wadena County does not include documentation of participant choice. As a result, one out of two CAC cases and two out of eight CADI cases did not include documentation of participant choice in the care plan. In addition, one DD screening document was not signed by the participant or legal representative and therefore did not include participant choice. In addition, the county should ensure that all care plan formats include all required elements, which may vary from waiver to waiver. For example, a CAC participant with a CDCS care plan must also have a CAC application/reassessment form must be included in their case file.
- **Beginning immediately, include a back-up plan in the care plan of all CAC, CADI, and BI participants.**¹ All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, one out of eight CADI cases did not in include a back-up plan, and one out of two CAC cases, four out of eight CADI cases, and two out of two BI cases

¹ A sample back-up plan with emergency contact information can be accessed at:
http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

included partial back-up plan documentation meaning the plan included one or two, but not all three required elements.

- **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. One out of two CAC cases, two out of eight CADI cases, seven out of ten EW cases, one out of eight AC cases, and two out of eight DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, five out of eight CADI cases, two out of two BI cases, one out of ten EW cases, and six out of eight 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 two CAC cases, three out of eight CADI cases, one out of two BI cases, three out of ten EW cases, and one out of eight AC cases included partial documentation in the case file meaning the privacy practices document did not include both a participant or legal representative signature and date. In addition, one out of ten EW cases and one out of eight 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.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Wadena 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 31 cases. All items are to be corrected by December 31, 2012 and verification submitted to the Waiver Review Team to document full compliance. Wadena County

submitted a completed compliance report on December 20, 2012 and the county is assisting DHS with additional follow-up data.

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	0	N/A	0	0	N/A	N/A
Screenings done on time for new participants (PR)	85%	96%	71%	N/A	AC / EW	CCB
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	82%	25%	CCB	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=18	CCB n=12	DD n=8	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N/A	AC / EW, CCB	N/A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N/A

Care plan signed and dated by all relevant parties (PR)	97%	100%	92%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	84%	89%	67%	100%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=18	CCB n=12	DD n=8	Strength	Challenge
Choice questions answered in care plan (PR)	90%	100%	75%	88%	AC / EW	N / A
Participant needs identified in care plan (PR)	79%	83%	67%	88%	N / A	CCB
Inclusion of caregiver needs in care plans	50%	50%	50%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	100%	ALL	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)	88%	N / A	N / A	88%	N / A	N / A
DD screening document signed by all relevant parties (PR for DD only)	88%	N / A	N / A	88%	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	50%	N / A	50%	N / A	N / A	CCB
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=10</i>)	100%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA (Provider survey, n=10)	40%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=18	CCB n=12	DD n=8	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	84%	100%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	90%	89%	92%	88%	CCB	N / A
Back-up plan (PR for CCB)	63%	67%	34%	100%	DD	CCB
Emergency contact information (PR for CCB)	98%	94%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=18	CCB n=12	DD n=8	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	24%	6%	17%	75%	N / A	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	71%	67%	59%	100%	DD	AC / EW, CCB
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=18	CCB n=12	DD n=8	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	95%	100%	92%	88%	AC / EW, CCB	N / A
Documentation of participant satisfaction in the case file	47%	39%	50%	63%	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)	99%	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%	88%	N / A	CCB, DD
Percent of LTC funds spent on HCBS	N / A	37%	84%	84%	AC / EW	CCB, DD
SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of waiver participants with higher needs	N / A	41%	76%	60%	CCB	AC / EW, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	69%	64%	30%	CCB	AC / EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	15%	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.

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.