

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Yellow Medicine County**

Waiver Review Site Visit: July 2013

Report Issued: September 2013

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Acknowledgements

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

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Yellow Medicine County
Case File Review	45 cases
Provider survey	4 respondents
Supervisor Interviews	1 interviews with 1 staff
Focus Group	1 focus group with 5 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 Yellow Medicine County

In July 2013, the Minnesota Department of Human Services conducted a review of Yellow Medicine County's Home and Community Based Services (HCBS) programs. Yellow Medicine County is a rural county located in south western Minnesota. Its county seat is located in Granite Falls, Minnesota and the County has another eight cities and 21 townships. In State Fiscal Year 2012, Yellow Medicine County's population was approximately 10,214 and served 214 people through the HCBS programs. According to the 2010 Census Data, Yellow Medicine County had an elderly population of 19.0%, placing it 27th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Yellow Medicine County's elderly population, 6.5% are poor, placing it 77th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Yellow Medicine Family Services Department is the lead agency for the waiver programs and provides case management for all HCBS programs. There is one Adult Social Services Supervisor who oversees a total of seven case managers, five of which work directly with participants in waiver programs. She is new to this position, as the previous long-time Adult Social Services Supervisor was recently promoted to the Director of Family Services. Case managers specialize by program area; one case manager works with the EW program, one works with CAC, CADI and AC cases, one works with BI and CADI cases, one works with DD cases and one works with some DD cases and has adult licensing responsibilities. Yellow Medicine County serves as a contracted care coordinator for two managed care organizations (MCOs)

including Secure Blue and UCare. In addition, all Adult Services case managers share adult protection duties.

All Family Services case managers rotate intake duties. The intake staff member of the day receives calls and emails the information to the Adult Social Services Supervisor. The Adult Social Services Supervisor assigns the case to a case manager based on caseload and also considers whether the case manager has experience working with the participant. The EW case manager completes the initial LTCC assessments for all elderly participants, and assigns the AC participants to the AC case manager if they open to that program. For all other programs, the case manager completing the initial LTCC assessment or DD screening becomes the case manager for that participant.

Yellow Medicine Family Services case managers work with public health nurses from Countryside Public Health, which is a merged public health agency for Yellow Medicine and four other counties. The Countryside public health nurses are located in the same office as social workers, and case managers shared that they have good working relationships with each other. Typically social workers perform initial CCB LTCC assessments with a public health nurse and they occasionally collaborate with public health nurses on CCB cases for high needs participants. However, social workers said that at times it is challenging to schedule initial LTCC assessments with public health nurses as they are spread thin across their responsibilities.

Caseloads for waiver case managers vary in Yellow Medicine County, depending on the waiver program and the case manager's other duties. The EW case manager has approximately 60 waiver cases, the AC and CAC case manager has approximately 40 cases and the CADI and BI case manager has approximately 41 cases. The case manager that works exclusively with DD participants has approximately 55 DD waiver and Rule 185 cases combined; whereas the DD cases manager that has licensing responsibilities has approximately 20 DD waiver cases.

Working Across the Lead Agency

Yellow Medicine County financial workers are located in the same workspace as case managers. There are six financial workers in total and three of the six who work primarily with waiver

participants. The financial workers in Yellow Medicine County use a “case banking” system. Each day there is one financial worker who is assigned to respond to new inquiries from participants and /or case managers. Case managers shared that they have excellent relationships with the financial workers, and also said that financial workers are advocates for waiver participants and are very conscientious about eligibility issues.

All waiver case managers share adult protection duties. Lead agency staff shared that they generally only perform formal investigations for other case managers’ cases. This helps protect their strong relationships with waiver participants. Case managers also explained that they discuss adult protection cases at staff meetings, creating a team approach to decisions. The Children’s Services Unit is located on the same floor as the waiver case managers, and waiver case managers explained that they discuss Child Protection cases informally on an as needed basis. Typically Child Protection case managers determine the course of action with these cases, but waiver case managers occasionally accompany them on intake visits to assist in resolving problems with families.

Children receiving both Rule 79 and CADI case management have a CADI case manager and a separate mental health worker. The Family Services Director explained that they are able to customize their staffing to participants’ needs for adults receiving both Rule 79 and CADI case management. Adults with high mental health needs will have both a CADI case manager and mental health worker. Adults with stable mental health likely have only one case manager – a CADI case manager – who incorporates the participants mental health treatment needs into his or her CADI plan of care.

Lead agency staff present information on waiver programs to the County Board on a rotating basis. The Family Services Director shared that the County Board is knowledgeable about waiver programs as it is comprised of long-term board members. One of the County Board members used to be the Family Services Director at Yellow Medicine County. The County Board understands eligibility requirements and waiver allocation and has referred potential participants to waiver programs.

Health and Safety

In the Quality Assurance survey, Yellow Medicine County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Yellow Medicine County case managers are advocates for participants, and work cooperatively with providers.

Lead agency staff attend a weekly Adult Social Services meetings, and case managers meet one-on-one on a monthly basis with the Adult Social Services Supervisor. Staff email one another with questions and subscribe to listservs and bulletins to keep up with changes on their own. All case managers attend the LTC quarterly regional meetings and regional supervisors meet monthly to exchange information and discuss policy changes.

Service Development and Gaps

Lead agency staff shared that they face some challenges in ensuring that participants are able to receive needed services. Case managers said there are a limited number of service providers in Yellow Medicine County, especially for respite care and for participants in crisis situations. This often results in reduced use of these services or participants being placed outside of their preferred community.

Yellow Medicine County has addressed service gaps by issuing formal requests for services and by collaborating with providers in other counties, including counties in the metro area. They recently issued an RFP for a new corporate foster care specializing in children with high behavior needs, and it opened within the last year. Case managers shared that they intentionally maintain relationships with providers from other counties in order to secure ongoing services for 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.

Yellow Medicine County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Facility	0	0	4
Schools (IEIC or CTIC)	0	2	2
Advocacy Organizations	0	1	4
Hospitals (in and out of county)	1	0	3
Customized Living Providers	0	0	3
Foster Care Providers	0	0	3
Home Care Providers	0	0	3
Employment Providers (DT&H, Supported Employment)	0	0	4

Case managers shared that they have good working relationships with nearly all service providers, and are in frequent communication with providers. They said that their relationships with nursing facility staff are strong because staff keep them updated on discharge planning and are willing to support participants living independently in the community. They said they communicate regularly with the hospital in Yellow Medicine County, explaining that they receive calls from hospital staff when their participants are admitted and that hospital staff consult with them when making decisions. In contrast, case managers said that it is difficult to connect with staff working with their participants at out-of-county hospitals.

Case managers rated their relationships with schools as good and stated that they are invited to Individualized Education Program (IEP) meetings. Case managers shared that school staff do not always have a clear understanding of vocational service opportunities available for participants, which can make transition planning difficult.

Case managers stated that they have excellent working relationships with vocational providers, and commended them for putting forth effort to ensure participants are satisfied. They explained that vocational providers are open to input from case managers and that they often work together to brainstorm creative ways to meet participants' needs. They also shared that the two providers located in Yellow Medicine County are working to enhance community based employment opportunities. This is due to increased competition from a strong provider in a neighboring county and feedback from parents of waiver participants that they prefer employment opportunities that include interaction with the public.

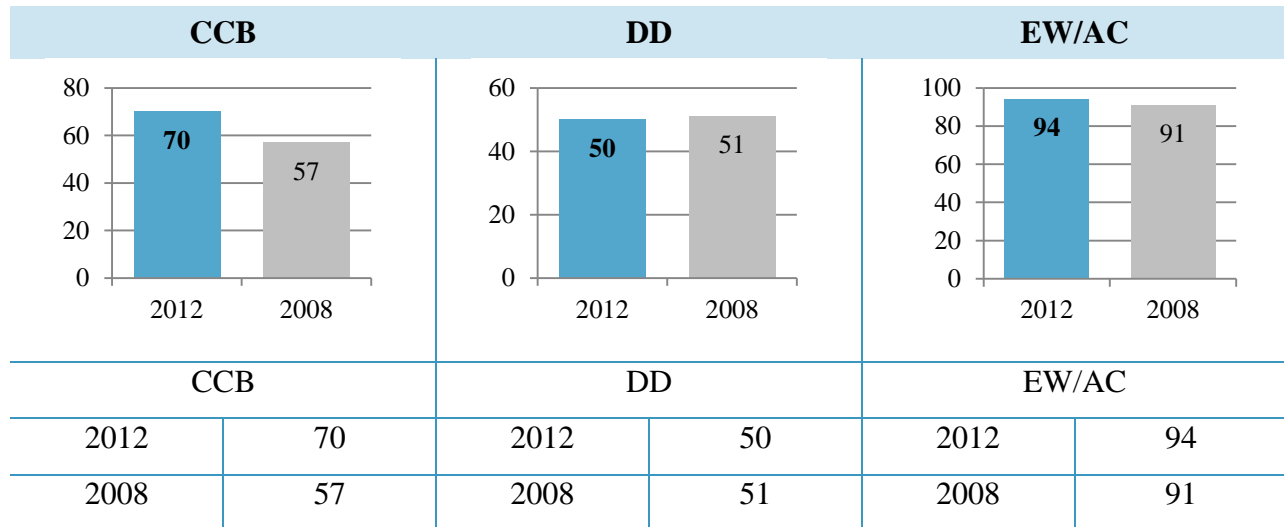
Case managers also indicated that they communicate openly and regularly with customized living, foster care and home care providers. They shared that foster care providers are willing to work with high needs participants. They attributed their strong relationship with foster care providers to the low turnover of management and their consistent supervision of and support for their staff. Case managers said their communication with home care providers is excellent because they have quarterly meetings together. They explained that this creates a formal space for them to strengthen their relationships and discuss issues, rates, and DHS bulletins.

The foster care licensor sends questionnaires to case managers to provide feedback about providers. Case managers discuss services received from providers with participants, and address any concerns directly with the provider. If concerns are not easily resolved, the case manager reports them to the Adult Social Services Supervisor. In the past when issues have persisted with certain providers, supervisors have held quarterly meetings with the provider to monitor and talk about their improvement. Case managers gauge participant satisfaction with county services through a satisfaction survey that they administer every two to three years. Lead agency staff reported that responses to the most recent survey confirmed that participants were receiving quality care from case managers.

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 Yellow Medicine County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Yellow Medicine County has increased by 13 people (22.8 percent); from 57 in 2008 to 70 in 2012. Most of this growth occurred in the case mix B, which grew by 13 people. As a result, Yellow Medicine County may be serving a larger proportion of people with mental health needs. Additionally, case mixes E, G, and K each grew by 2 people. Decreases occurred in two case-mixes; A and J.

Since 2008, the number of people served with the DD waiver in Yellow Medicine County decreased by 1 participant, from 51 in 2008 to 50 in 2012. While Yellow Medicine County experienced a 2.0 percent decrease in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Yellow Medicine County, the profile group 1 grew the most, increasing by 3 people. The greatest change in the cohort profile groups occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 grew by

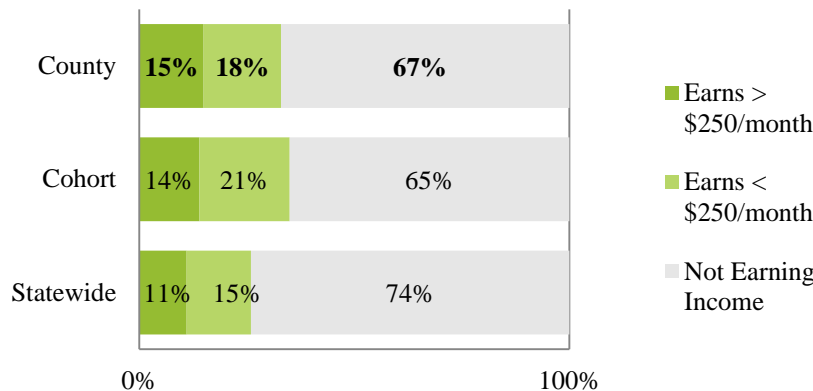
a total of 1 person, Yellow Medicine County still serves a smaller proportion of people in these groups (28.0 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Yellow Medicine County has increased by 3 people (3.3 percent), from 91 people in 2008 to 94 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Yellow Medicine County served 28 fewer lower needs participants in 2012 than in 2008. Case mix B grew by 23 people and case mix E grew by 8 people. As a result, Yellow Medicine County may be serving a higher proportion of people with mental health needs. Yellow Medicine County is serving 31 additional higher need people than they did in 2008.

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.

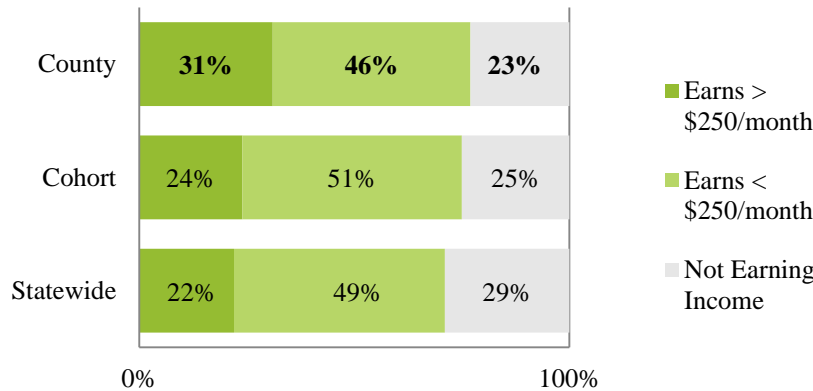
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Yellow Medicine County	15%	18%	67%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Yellow Medicine County served 55 working age (22-64 years old) CCB participants. Of working age participants, 32.7 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Yellow Medicine County ranked 55th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Yellow Medicine County 14.5 percent of the participants earned \$250 or more per month, compared to 14.3 percent its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

DD Participants Age 22-64 Earned Income from Employment (2012)



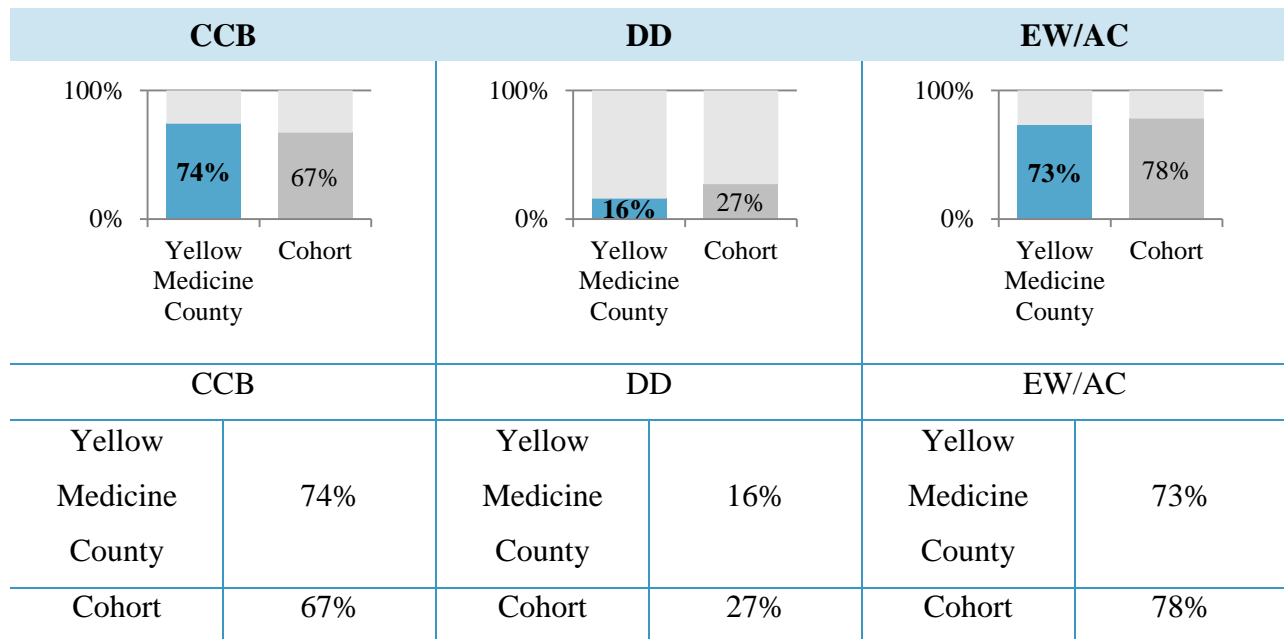
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Yellow Medicine County	31%	46%	23%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Yellow Medicine County served 39 DD waiver participants of working age (22-64 years old). **The county ranked 21st in the state** for working-age participants earning more than \$250 per month. In Yellow Medicine County, 30.8 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 76.9 percent of working age DD waiver participants in Yellow Medicine County had some earned income, while 74.7 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.

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 (2012)



Yellow Medicine County ranks 13th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 52 participants at home. Between 2008 and 2012, the percentage increased by 12.9 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 74.3 percent of CCB participants in Yellow Medicine were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Yellow Medicine County ranks 82nd out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 8 participants at home. Between 2008 and 2012, the percentage fell by 7.5 percentage points. In comparison, the percentage of

participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

Yellow Medicine County ranks 42nd out of 87 counties in the percentage of EW/AC program participants served at home.

In 2012, the county served 69 participants at home. Between 2008 and 2012, the percentage increased by 2.0 percentage points. In comparison, the percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide.

Average Rates per day for CADI and DD services (2012)

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Yellow Medicine County</td><td>\$96</td></tr> <tr><td>Cohort</td><td>\$98</td></tr> </table>	Entity	Rate	Yellow Medicine County	\$96	Cohort	\$98	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Yellow Medicine County</td><td>\$161</td></tr> <tr><td>Cohort</td><td>\$170</td></tr> </table>	Entity	Rate	Yellow Medicine County	\$161	Cohort	\$170
Entity	Rate													
Yellow Medicine County	\$96													
Cohort	\$98													
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Yellow Medicine County	\$161													
Cohort	\$170													
Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Yellow Medicine County</td><td>\$169</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Yellow Medicine County	\$169	Cohort	\$171	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Yellow Medicine County</td><td>\$180</td></tr> <tr><td>Cohort</td><td>\$196</td></tr> </table>	Entity	Rate	Yellow Medicine County	\$180	Cohort	\$196
Entity	Rate													
Yellow Medicine County	\$169													
Cohort	\$171													
Entity	Rate													
Yellow Medicine County	\$180													
Cohort	\$196													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Yellow Medicine County</td><td>\$69</td></tr> <tr><td>Cohort</td><td>\$60</td></tr> </table>	Entity	Rate	Yellow Medicine County	\$69	Cohort	\$60	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Yellow Medicine County</td><td>\$62</td></tr> <tr><td>Cohort</td><td>\$75</td></tr> </table>	Entity	Rate	Yellow Medicine County	\$62	Cohort	\$75
Entity	Rate													
Yellow Medicine County	\$69													
Cohort	\$60													
Entity	Rate													
Yellow Medicine County	\$62													
Cohort	\$75													

Average Rates per day for CADI services (2012)

	Yellow Medicine County	Cohort
Total average rates per day	\$95.78	\$97.99
Average rate per day for residential services	\$169.22	\$170.52
Average rate per day for in-home services	\$68.86	\$60.30

Average Rates per day for DD services (2012)

	Yellow Medicine County	Cohort
Total average rates per day	\$161.26	\$169.97
Average rate per day for residential services	\$179.89	\$196.37
Average rate per day for in-home services	\$62.24	\$74.78

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 Yellow Medicine County is \$2.21 (2.3 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Yellow Medicine County spends \$1.30 (0.8 percent) less on residential services and \$8.56 (14.2 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Yellow Medicine County ranks 38th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Yellow Medicine County is \$8.71 (5.1 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Yellow Medicine County spends \$16.48 (8.4 percent) less on residential services and \$12.54 (16.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Yellow Medicine County ranks 26th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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.

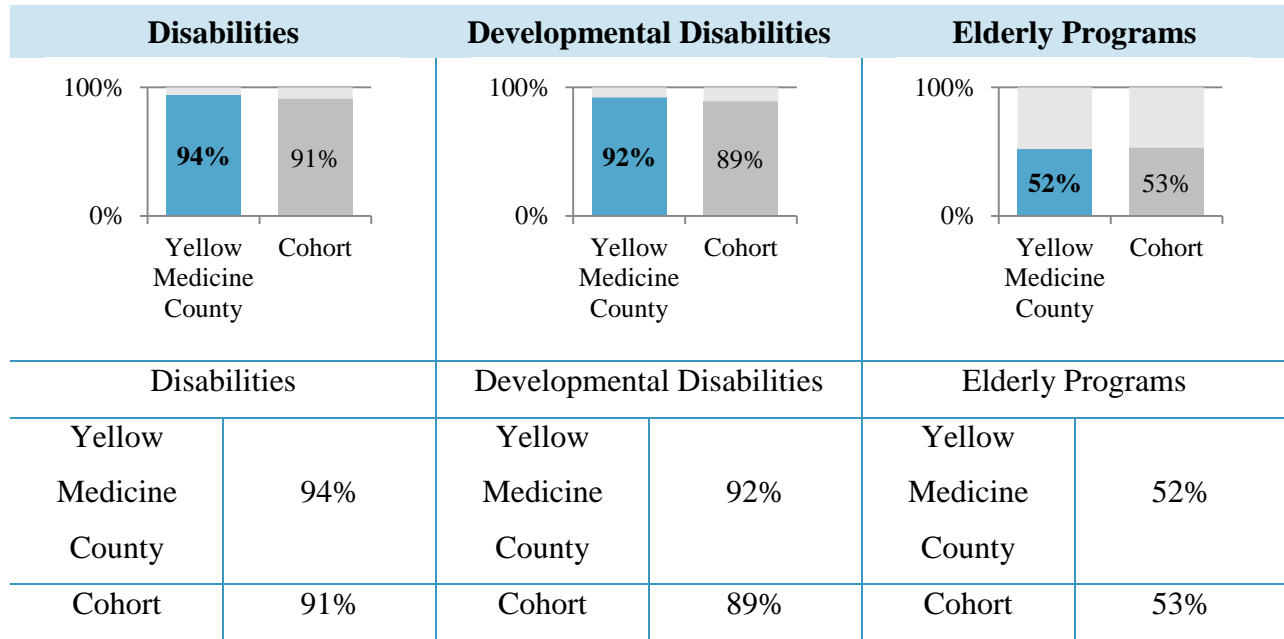
Yellow Medicine County has a lower use in the CADI program than its cohort of residential based services (Foster Care (18% vs. 24%) and Customized Living (4% vs. 6%)). For vocational services, the county has a higher use of Prevocational Services (15% vs. 9%) and a lower user of Supported Employment Services (6% vs. 14%). They have a higher use of some in-home services including Consumer Directed Community Supports (9% vs. 4%), Home Delivered Meals (27% vs. 26%), Home Health Aide (23% vs. 11%), and Independent Living Skills (24% vs. 17%). Forty percent (40%) of Yellow Medicine County's total payments for CADI services are for foster care (39%) and customized living (1%) which is lower than its cohort group (50%).

Yellow Medicine County's use of Supportive Living Services (SLS) is higher than its cohort (82% vs. 73%) 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. The county's use of Day Training & Habilitation is higher than its cohort (70% vs. 62%), but its use of Supported Employment is lower than its cohort (3% vs. 5%). Its use of Respite Services (23% vs. 19%) is higher than its cohort. Overall, Yellow Medicine County authorizes fewer types of services for DD waiver participants than their cohorts (11 of 26 service types authorized).

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 (2012)



In 2012, Yellow Medicine County served 108 LTC participants (persons with disabilities under the age of 65) in HCBS settings and six in institutional care. Yellow Medicine County ranked 35th of 87 counties with 94.2 percent of their LTC participants received HCBS. This is a higher rate than their cohort, where 91.3 percent were HCBS participants. Since 2008, the use of HCBS in Yellow Medicine County fell slightly, by 0.9 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Yellow Medicine County served 58 LTC participants (persons with development disabilities) in HCBS settings and six in institutional settings. Yellow Medicine County ranked 51st of 87 counties with 91.9 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.2 percent). Yellow Medicine County has improved the rate of participants receiving HCBS services. Since 2008, the county has increased its use by 2.5 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Yellow Medicine County served 96 LTC participants (over the age of 65) in HCBS settings and 100 in institutional care. Yellow Medicine County ranked 67th of 87 counties with 51.7 percent of LTC participants receiving HCBS. This is a slightly lower rate than their cohort,

where 52.9 percent were HCBS participants. Since 2008, Yellow Medicine County has increased its use of HCBS by 6.9 percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

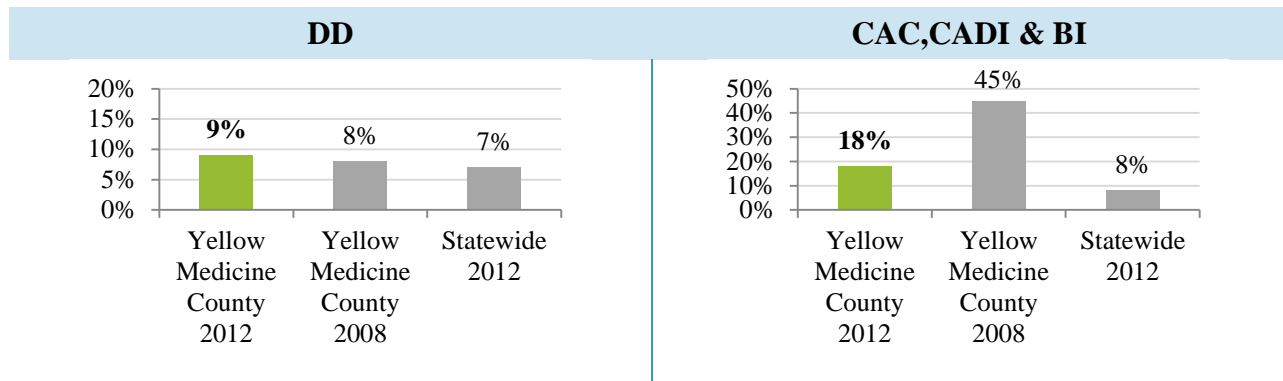
	Yellow Medicine County	Cohort	Statewide
Age 0-64	0.48	0.65	0.54
Age 65+	34.97	32.06	21.99
TOTAL	7.03	6.42	3.19

In 2012, Yellow Medicine County was ranked 75th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Yellow Medicine County has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 22.5 percent in Yellow Medicine County. Overall, the number of residents in nursing facilities has decreased by 20.7 percent since 2010.

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
Yellow Medicine County (2012)	9%	18%
Yellow Medicine County (2008)	8%	45%
Statewide (2012)	7%	8%

At the end of Calendar Year (CY) 2012, the DD waiver budget had a reserve. Using data collected through the waiver management system, a budget balance was calculated for the DD waiver program for CY 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Yellow Medicine County had a 9% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Yellow Medicine County’s DD waiver balance is larger than its balance in CY 2008 (8%), and the statewide average (7%).

At the end of Fiscal Year (FY) 2012, the CCB waiver budget had a reserve. Yellow Medicine County’s waiver budget balance was also calculated for CAC, CADI and BI programs for FY 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Yellow Medicine County had an 18% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than its balance in FY 2008 (45%).

Yellow Medicine County does not currently have a waitlist for DD or CCB programs. However, the lead agency staff shared that they are concerned about their tight budget for the DD program. To address this, staff utilize other services or programs to meet participants' needs, including the Family Support Grant, the CADI waiver, and other MA state plan services. Yellow Medicine County recently formed an alliance with four neighboring counties which will allow them to spend more of the HCBS budget while being protected in the case of high cost participants. The lead agency determines the allocation of new slots based on the health and safety needs of participants. When a participant needs additional funding for services, case managers fill out a request form and submit it to the Adult Social Services Supervisor for approval. The Adult Social Services Supervisor runs simulations in WMS and maintains a waiver budget spreadsheet to determine whether there is money available for requested increases or to add new participants. If there is an emergency, Yellow Medicine County requests extra funding from their Regional Resource Specialist.

Lead Agency Feedback on DHS Resources

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

Yellow Medicine County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	2	1	0
Community Based Services Manual	0	0	0	1	3
DHS website	0	1	0	1	1
E-Docs	0	0	0	0	3
Disability Linkage Line	0	0	0	0	2
Senior Linkage Line	0	0	0	0	3
Bulletins	0	0	1	4	0
Videoconference trainings	0	1	2	2	0
Webinars	0	0	3	2	0
Regional Resource Specialist	0	0	0	0	4
Listserv announcements	0	1	1	1	1
Ombudsmen	0	0	1	1	1
DB101.org	0	1	0	0	0

Case managers reported that the Regional Resource Specialist, E-Docs, Senior Linkage Line, Bulletins, and Community Based Services Manual were the most useful DHS resources for their work. Case managers stated that they frequently use E-Docs to make sure they are using the most current forms. The Senior Linkage Line and the Disability Linkage Line are very helpful resources for participants. Case managers shared that bulletins are useful and contain lots of new information. All staff members have access to Policy Quest and the Supervisor uses it regularly to submit questions and to read answers to old questions. Staff also use videoconference trainings and webinars but shared that they have experienced technical difficulties at times with both. Case Managers stated that videoconference trainings are not as effective as face-to-face interactions. Often, videoconference presenters just read off the slides instead of providing more

detailed information. Case managers found it helpful to get handouts ahead of time to get the most out of webinars. Case managers were fairly mixed on their ratings of Listserv announcements but they agreed that they often receive many that do not pertain to them. Staff stated that they do not have much contact with Ombudsmen but have made referrals in the past when needed. One case manager explained that they had experience giving participants information about DB101.org but that many participants do not have computers and that the site is not user-friendly.

Lead Agency Strengths, Recommendations & Corrective Actions

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

Yellow Medicine County Strengths

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

- **Yellow Medicine County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, Yellow Medicine County received a corrective action for timeliness of screening from referral, back-up plans and emergency contact information, OBRA Level One and frequency of face-to-face visits. In 2013, none of these issues remain for Yellow Medicine County indicating technical improvements over time.
- **Case managers provide high quality case management services to meet participant needs.** Teamwork and collaboration among case managers and across programs within the agency are strengths of Yellow Medicine County. They have strong relationships with financial, mental health, adult protection, and child protection workers, which enables staff to navigate across programs to provide seamless services to participants. Case managers are knowledgeable about multiple waiver programs and use this expertise to advocate on behalf

of participants. Case managers are flexible in adapting to changes. They work hard and come up with creative solutions to ensure that participant needs are being met.

- **County staff are well-connected with providers and other organizations that serve participants.** Yellow Medicine County Social Services case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Some case managers have former experience working as providers, which gives them a keen understanding of the obligations and limitations that providers have. The strong relationship between providers and case managers is also supported by the providers. Providers surveyed that work with Yellow Medicine County shared that they have good, open communication and work cooperatively with the case managers.
- **Yellow Medicine County has excellent supports in place to assist case managers.** Yellow Medicine County has worked to make case managers' daily work more efficient and organized by using electronic files. Case aides reduce the administrative burdens on case managers by entering data into MMIS and compiling information packets for participants. In addition, Yellow Medicine County is currently using a private agency for contracted case management for participants residing in distant counties. Together, these supports free up time for case managers to provide quality care to participants and enable them to consistently meet HCBS requirements.
- **Yellow Medicine County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Yellow Medicine County has a focus on employment for participants with disabilities and has the expectation that participants will work. The County is outperforming the statewide average and its cohort with 14.5% of CCB waiver participants (compared to 14.3% for the cohort) and 30.8% of DD waiver participants (compared to 24.1% for the cohort) earning more than \$250 per month. Case managers have a good relationship and open communication with vocational providers. Waiver participants are benefitting from natural provider competition

and increased efforts to expand community based employment opportunities. The county should continue their effort to partner with providers in this area to grow employment opportunities for waiver participants.

- **Yellow Medicine County has the capacity to serve waiver participants with high needs in the community.** From 2008 to 2012, the percentage of waiver participants with high needs increased greatly for the CCB (from 52.6% to 68.6% high needs) and EW/AC (from 45.1% to 76.6% high needs) programs. Over the same time period, Yellow Medicine County was able to increase the percentage of waiver participants in these programs served at home (from 61.4% to 74.3% for CCB participants served at home and from 71.4% to 73.4% EW/AC participants served at home) Yellow Medicine should continue to its efforts develop community based services and in-home services across all programs so that it can continue serve participants with high needs in the community.
- **Yellow Medicine County's planned participation in a waiver alliance will help them meet needs and manage risks.** Although the county does not currently have a waitlist, being part of an alliance will allow Yellow Medicine County to spend more of the HCBS budget while being protected in the event of high cost participants. Participating in the alliance will help lay the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.

Recommendations

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

- **Yellow Medicine County should update care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. While it is clear from focus groups and interviews that case managers are providing person-centered care, their efforts are not fully reflected in the participants' care plans. The Yellow Medicine County care plans include required information, but they should also include more detailed information that is unique to the participant. The goals in the care plan should be meaningful to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs.
- **Yellow Medicine County should build off of current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan as well as document provider performance and satisfaction. Currently the county is using a DD case monitoring form that addresses satisfaction and this could be used across programs. The county is also using a participant survey to get feedback from waiver participants on its own case management. It would be beneficial for Yellow Medicine County to get feedback on all providers as well, either from participants through a survey or from case managers through the case monitoring forms currently used for DD waiver cases.
- **Work with providers and regional counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Yellow Medicine County has lower rates of participants served at home than its cohort in the DD program. Only 16% of DD participants are served at home (82nd of 87 counties), indicating high use of residential services. The lead agency highly relies on institutional nursing facilities for its elderly waiver program participants. Although the

number of elderly nursing residents decreased from 2010 to 2012, the rate of nursing facility use for adults aged 65 and older in Yellow Medicine County (35%) is still higher than its cohort (32%) and the statewide rate (22%). Yellow Medicine County should look to reduce their high reliance on nursing facilities by providing more services that support participants in their own homes or by developing assisted livings with the capacity to serve elderly participants with high needs. Yellow Medicine County has begun to develop assistive technology and in-home supports to help CCB participants remain in their own homes. The lead agency should build on the success evident in its CCB program and work across programs to offer service packages to keep people in their homes. Yellow Medicine should also work with other lead agencies to develop services, or connect with other lead agencies that have done work in this area (http://www.minnesotahcbs.info/best_practices).

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Yellow Medicine County was found to be inconsistent in meeting state and federal requirements and will require a response by Yellow Medicine 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. In addition to the corrective actions below, Yellow Medicine County also identified two areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Yellow Medicine County will be required to take corrective action.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Three out of ten CADI cases, eight out of ten EW cases, and one out of nine AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of ten EW cases and one out of nine AC cases did not have documentation that the participant had been informed of their right to appeal 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 Yellow Medicine County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 18 cases. All items are to be corrected by September 23, 2013 and verification submitted to the Waiver Review Team to document full compliance. Yellow Medicine County submitted a completed compliance report on September 16, 2013, 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%	94%	70%	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	85%	78%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=19	CCB n=16	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	97%	100%	94%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=19	CCB n=16	DD n=10	Strength	Challenge
Care plan is current (PR)	98%	100%	94%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	98%	100%	94%	100%	ALL	N / A
Choice questions answered in care plan (PR)	96%	100%	88%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	58%	63%	31%	90%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	56%	50%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	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)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	50%	N / A	50%	N / A	N / A	CCB
CAC Form	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	100%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	100%	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=4</i>)	75%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=4</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=19	CCB n=16	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	91%	84%	94%	100%	CCB, DD	N / A
Back-up plan (PR for CCB)	89%	74%	100%	100%	CCB, DD	N / A
Emergency contact information (PR for CCB)	98%	95%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=19	CCB n=16	DD n=10	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)	69%	42%	81%	100%	DD	AC / EW
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=19	CCB n=16	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	96%	95%	94%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	51%	32%	50%	90%	DD	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)	97%	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	52%	94%	92%	CCB, DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	23%	91%	89%	CCB, DD	AC / EW
Percent of waiver participants with higher needs	N / A	77%	69%	76%	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	73%	74%	16%	CCB	AC / EW, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	15%	31%	DD	N / A

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.

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

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

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

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

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

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

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

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

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

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