

# Minnesota Department of Human Services Waiver Review Initiative

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Follow-up Report for: **Chisago County**

Follow-up Site Visit: February 2015

Follow-up Report Issued: May 2015

## 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 Chisago 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](#) at

[http://www.dhs.state.mn.us/main/dhs16\\_166609](http://www.dhs.state.mn.us/main/dhs16_166609)

[Waiver Review Website](#) at [www.MinnesotaHCBS.info](http://www.MinnesotaHCBS.info)

## Introduction

In January 2014, the Minnesota Department of Human Services conducted a review of Chisago County's Home and Community Based Services (HCBS) waiver programs. This review resulted in 11 corrective actions for non-compliance. Overall, 68 cases were reviewed and 54 cases required remediation to achieve full compliance. All items were corrected and verification was submitted to the Waiver Review Team in April 2014. The lead agency also submitted corrective action plans detailing what changes would be implemented to ensure continued compliance. A report of this review can be found at:

[http://www.dhs.state.mn.us/main/groups/business\\_partners/documents/pub/dhs16\\_183972.pdf](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_183972.pdf)

In February 2015, DHS conducted a follow-up review of Chisago County's HCBS waiver programs to determine what changes had taken place as a result of the initial waiver review. The purpose of the follow-up was to confirm lead agency compliance with corrective action plans and track local improvements.

## Follow-up Review Findings

During the follow-up visit, the Waiver Review Team reviewed a stratified sample of 56 cases to evaluate the lead agency's progress toward achieving compliance in areas where they were found to be inconsistent in meeting state and federal requirements. As part of the follow-up review, the team looked at all compliance items and documented if new issues had emerged as well.

### Case File Results Related to Corrective Actions

Corrective Action	2014 Compliance Status	2015 Compliance Status
Develop and implement a caseload management plan that will assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.	Non-compliant	Improvement plan needed

Corrective Action	2014 Compliance Status	2015 Compliance Status
Ensure that all care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.	Non-compliant	Revised Corrective action plan needed
Case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.	Non-compliant	Revised Corrective action plan needed
Ensure that LTC screenings for CCB programs occur within required time frames.	Compliant	Corrective Action plan needed
Ensure that case files include the current Related Condition Checklist for all DD participants with a related condition.	Compliant	Corrective Action plan needed
Ensure that all participants have an individual care plan that is current within the past year included in their case file.	Non-compliant	Compliant
Ensure that all care plans are signed and dated by the participant, and include required choice questions.	Non-compliant	Compliant
Include a back-up plan in the care plan of all CCB program participants.	Non-compliant	Compliant
Ensure that all DD cases have a full-team screening document fully completed within the required time frames that includes the three required signatures and dates.	Non-compliant	Compliant

Corrective Action	2014 Compliance Status	2015 Compliance Status
Complete the ICF/DD Level of Care form for all participants in the DD program.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes on an annual basis.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.	Non-compliant	Compliant

### Lead Agency Progress

- Chisago County increased its use contracted case management.** Following the Waiver Review Team's recommendation in 2014 that they continue to contract with private case management companies to build capacity and ensure program compliance, lead agency staff consulted with surrounding counties to choose several experienced case management companies. The lead agency contracts with three different case management companies to manage approximately 300 cases across all waiver programs except CAC. Chisago County has developed a manual and established protocols to be used by the companies. Where once the lead agency sent out all cases for contracted case management, now they are establishing criteria for which cases are best kept in-house. For example, they are keeping the majority of complex cases that require a lot of coordination across several units within the lead

agency. After participants are assessed by a Chisago County assessor, they are given the choice of which case management company they want to manage their case. The lead agency has a separate e-mail inbox for each contracted company and has established a specific process for contracted staff to request allocation increases. Lead agency staff also shared that they are in the process of hiring additional staff who will be responsible for quality assurance of contracted cases.

- **Chisago County developed internal practices to review case files for compliance and has taken other steps to ensure consistency in care planning.** The lead agency now has a Quality Assurance Team comprised of case managers that convenes monthly to audit case files of participants that had been assessed or reassessed the previous month. They also created a case file checklist to aid case managers in making sure all required documentation is completed. In addition, Chisago County now requires all their case managers use the most current DHS care plan formats. Staff utilize the Community Support Plan with Coordinated Services and Supports (DHS-6791B) to ensure consistency across programs.
- **Case files reviewed in Chisago County now consistently meet HCBS program requirements.** The lead agency was found to be compliant in eight of the 11 areas that required corrective action plans after their initial review in 2014. Now the majority of participant case files include current care plans (98%) that were signed and dated (96%). Nearly all required documentation and forms were included in the files as well, including backup plans (93%), HIPAA (98%), Right to appeal (98%), and 100% of DD screenings, ICF/DD Level of Care forms, and Informed consent to release information.

### Improvement Plan Requirements

As part of the follow-up review process, lead agencies are asked to develop Improvement Plans for items that required corrective actions during their initial review and were identified by the waiver team as needing further progress and focus after their follow-up visit. The following are areas in which Chisago County will be required to submit an Improvement Plan to DHS.

- **Develop and implement a caseload management plan that assures operational compliance of all waiver programs while allowing new and contracted staff to build**

**relationships with participants.** During the follow-up site visit the waiver review team found that the stability of the work force in the lead agency continues to be an issue. The lead agency reported that they lost several seasoned staff and new hires since the last review. Furthermore in the follow-up survey, the lead agency reported that their corrective action plan had not yet resulted in a compliant practice. Staff shared that they have received feedback from participants that they do not feel as connected to their contracted case manager. Staff said they need to work on developing relationships with contracted case management staff to be able to communicate their expectations and to assure compliance with waiver program requirements.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team and are areas where Chisago County was found to be inconsistent in meeting state and federal requirements and will require a response by Chisago County. A lead agency will be required to update or revise their corrective action plan when items in the original plan did not result in a compliant practice. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Chisago County will be required to take corrective action.

- **Ensure that all care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.** The percentage of compliant cases at the follow up review (83%) did not change from their initial review, indicating no improvement in this area. Therefore, the original corrective action plan must be revised. Two out of 10 AC cases, two out of six EW cases, one out of 14 CADI cases, and two out of seven BI cases had care plans that were completed more than 50 days after the assessment or reassessment date.
- **Case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** In their follow-up survey, the lead agency reported that their corrective action plan had not yet resulted in a compliant practice. Therefore, the

original corrective action plan must be revised. Their follow-up compliance (88%) was similar to their initial review (87%). CAC, CADI, and BI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, 1 of 4 CAC cases reviewed (25%), two of 15 CADI cases (13%), and three of seven BI cases (43%) had case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, one DD case (7%) did not meet this requirement.

- **Beginning immediately, ensure that LTC screenings for the CADI program occur within required time frames.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. In calendar year 2014, sixty-nine percent (69%) of assessments for new CADI 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 case files include the current Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm DD eligibility for for a person with a condition related to developmental disability on an annual basis. Two out of four DD cases reviewed with a related condition did not have the Related Conditions Checklist in the file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Chisago 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 lead agency, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 19 cases. Chisago County submitted a completed compliance worksheet on April 6<sup>th</sup>, 2015.



## Waiver Review Follow-up 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

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Timeliness of assessment to development of care plan (PR)	90%	80%	79%	67%	N / A	N / A	N / A
Care plan is current (PR)	90%	90%	93%	100%	71%	100%	EW, DD
Care plan signed and dated by all relevant parties (PR)	90%	90%	86%	100%	86%	100%	EW, DD
All needed services to be provided in care plan (PR)	80%	90%	93%	100%	86%	100%	AC, EW, DD
Choice questions answered in care plan (PR)	80%	90%	79%	100%	86%	100%	AC, EW, DD
Participant needs identified in care plan (PR)	20%	80%	36%	100%	71%	86%	AC, EW, DD
OBRA Level I in case file (PR)	100%	90%	100%	83%	N / A	N / A	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
ICF/DD level of care documentation in case file (PR for DD only)	N / A	N / A	N / A	N / A	7%	100%	DD
DD screening document is current (PR for DD only)	N / A	N / A	N / A	N / A	71%	100%	DD
DD screening document signed by all relevant parties (PR for DD only)	N / A	N / A	N / A	N / A	71%	100%	DD
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	0%	50%	DD
Employment assessed for working-age participants	N / A	N / A	N / A	N / A	92%	100%	DD
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	50%	100%	N / A	N / A	EW
<b>PARTICIPANT SAFEGUARDS</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	71%	93%	DD
Health and safety issues outlined in care plan (PR)	70%	90%	64%	100%	86%	100%	AC, EW, DD
Back-up plan (Required for EW, CCB, and DD)	80%	90%	93%	83%	71%	100%	AC, DD
Emergency contact information	90%	100%	100%	100%	93%	100%	AC, DD

<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Informed consent documentation in the case file (PR)	80%	100%	86%	100%	86%	100%	AC, EW, DD
Person informed of right to appeal documentation in the case file (PR)	70%	100%	71%	100%	57%	100%	AC, EW, DD
Person informed privacy practice (HIPAA) documentation in the case file (PR)	80%	100%	50%	83%	43%	100%	AC, EW, DD
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Participant outcomes & goals stated in individual care plan (PR)	90%	90%	93%	100%	86%	100%	EW, DD

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Timeliness of assessment to development of care plan (PR)	80%	100%	81%	93%	89%	71%	CAC, CADI
Care plan is current (PR)	100%	100%	94%	100%	100%	100%	CADI
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	100%	86%	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	100%	100%	N / A
Choice questions answered in care plan (PR)	60%	100%	94%	93%	89%	71%	CAC
Participant needs identified in care plan (PR)	100%	75%	63%	87%	44%	100%	CADI, BI
OBRA Level I in case file (PR)	100%	100%	94%	93%	89%	100%	BI
TBI Form	N / A	N / A	N / A	N / A	67%	100%	BI

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
CAC Form	60%	100%	N / A	N / A	N / A	N / A	CAC
Employment assessed for working-age participants	0%	100%	92%	82%	88%	83%	CAC
<b>PARTICIPANT SAFEGUARDS</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Participants are visited at the frequency required by their waiver program (PR)	60%	75%	81%	87%	100%	57%	CAC, CADI
Health and safety issues outlined in care plan (PR)	100%	100%	88%	100%	89%	100%	CADI, BI
Back-up plan (Required for EW, CCB, and DD)	100%	100%	50%	93%	67%	86%	CADI, BI
Emergency contact information	100%	100%	100%	100%	89%	100%	DD
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	89%	100%	DD
Person informed of right to appeal documentation in the case file (PR)	60%	100%	69%	93%	67%	100%	CAC, CADI, BI
Person informed privacy practice (HIPAA) documentation in the case file (PR)	60%	100%	100%	100%	89%	100%	CAC, BI

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	89%	100%	BI

## 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.