

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Dodge County**

Waiver Review Site Visit: March 2013

Report Issued: May 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 Dodge 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](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

#### ***Waiver Review Website:***

[www.MinnesotaHCBS.info](http://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 Dodge County
Case File Review	48 cases
Provider survey	8 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 8 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 Dodge County

In March 2013, the Minnesota Department of Human Services conducted a review of Dodge County's Home and Community Based Services (HCBS) programs. Dodge County is a rural county located in south east Minnesota. Its county seat is located in Mantorville, Minnesota and the County has another six cities and twelve townships. In State Fiscal Year 2011, Dodge County's population was approximately 20,243 and served 236 people through the HCBS programs. According to 2010 Census data, Dodge County had an elderly population of 12%, placing it 72<sup>nd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Dodge County's elderly population, 11.6% are poor, placing it 18<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Dodge County Human Services Department and Dodge County Public Health Department are the lead agencies for the HCBS programs and provide case management for these programs. Within the Human Services Department, the Social Services unit is the lead for the CAC, CADI, BI, and DD waiver programs. The Social Services Supervisor oversees five social workers and one case aide who work with the waivers. There is also a mental health case manager on the Social Services team that manages some CADI mental health cases. Public Health is the lead for the EW and AC programs. The Public Health Director oversees one full-time and two part-time case managers including two registered nurses and one public health nurse who work with the waivers. Public Health also has one case aide. Dodge County provides care coordination for the Managed Care Organizations (MCOs) South Country Health Alliance and UCare.

All intake calls are taken by Social Services staff. Some of the Social Services case managers telecommute, and each has one day in the office where they serve as the back-up intake worker. When Social Services receives a referral for the CAC, CADI, BI or DD programs, it is then assigned to an ongoing case manager to complete the initial assessment based on caseload and specialty. For example, one case manager is the primary worker for CAC, CADI, and BI cases. Social Services transfers cases and calls to Public Health based on the potential participant's needs. When Public Health receives a referral, the lead worker collects intake information. The case is assigned based on geographical location of the participant as well as the case manager's current caseload numbers and complexity of cases in their caseload. The Public Health Director shared that case assignment is usually a group process. Dodge County completes initial LTCC assessments with a public health nurse and social worker for all waivers and also completes dual reassessments when possible. Social Services and Public Health are located in different buildings and towns, so they communicate primarily through e-mail and telephone conversations.

Case managers in Social Services have caseloads of about 50 to 60 waiver cases in addition to responsibilities for adult protection, chemical dependency assessments, commitments, and the MCO SNBC care coordination. Caseloads for full-time and part-time Public Health case managers range between 30 and 40 cases with the majority being the EW waiver cases.

### Working Across the Lead Agency

County staff reported that they have great relationships with financial workers and that there is a free flow of information between all of the units. The financial workers are located in the same building as Social Services, and case managers often meet with them informally. County staff shared that there are financial workers who work primarily with waiver cases and that they have a list of case managers and their participants so they know who is managing the case. Case managers shared that the financial workers are responsive to their e-mails.

Adult protection duties are currently being managed by waiver case managers. At the time of the review, the county had just hired an additional worker to manage all the adult protection cases in order to lessen the work load of the other case managers. Prior to this new hire, case managers rotated monthly to fill this role. Supervisors stated that communication between the two

departments in regards to adult protection issues is very good. Social Services may request that Public Health make a joint visit to the participant. Case managers stated that they know when there is an open child protection case involving a waiver participant. Waiver case managers converse openly with children's mental health workers when a waiver participant has mental health needs. Dodge County has a combined mental health agency with Steele and Waseca Counties called the South Human Relations Center that serves as the primary worker for both children's and adult's targeted mental health case management.

The Public Health Director communicates with the County Board once per month and e-mails them to share new information. The Board is made aware of changes coming up through updates from workgroups. They are also invited to webinars that cover relevant changes for programs. The County shares results of audits or reviews with them. The Public Health Director shared that some Commissioners have greater understanding of the waiver programs than others, but they are all open to learning and have a general understanding of the goals of programs. The Human Services Director is the primary contact for the County Board, but the Social Services Supervisor fields questions from the Board on particular topics when needed.

### Health and Safety

In the Quality Assurance survey, Dodge 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 participants and also indicated they have good, open communication. County staff shared that the small size of the county allows them to visit participants frequently and that they are able to more easily respond to changing participant needs.

Dodge County holds regular staff meetings and staff attend regional trainings to stay current with policy changes. They also communicate changes through ad hoc meetings, e-mail conversations, and reviewing bulletins. Social Services has a bi-weekly waiver staff meeting. New information about changes are discussed during staff meetings. Social Services staff also have a brief meeting each morning that telecommuters call in for, to check-in about what everyone is working on for

the day. Social Services staff will meet one-on-one with the Social Services Supervisor once a month to review cases. Public Health has monthly waiver staff meetings for case consultation. Public Health has policy manuals for staff to review. MCOs conduct audits of the county's contracted care coordination and the results are used to ensure staff are in compliance with program requirements. The county holds quarterly case file reviews and send out surveys at reassessments to assess consumer satisfaction with their case management. Both Social Services and Public Health hold quarterly meetings with all of the staff in their unit.

### Service Development and Gaps

Dodge County noted that they have good provider capacity and are able to provide needed services to participants. However, they shared that they still face some challenges in certain areas. County staff said that there are not many providers in the area that serve participants with high behavioral needs, and these participants often must be placed out of county. Transportation is also a barrier for both provider staff and participants.

Supervisors stated that they are working on bringing new housing services into Dodge County that serves participants with high behavioral needs. Dodge County has also been looking to develop more employment options for their participants. A large provider recently contacted the county to request a letter of support in order to apply for grant money and develop additional employment opportunities. Case managers shared that there is good communication and collaboration across Departments which has allowed them to find resources 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.

**Dodge County Case Manager Rankings of Local Agency Relationships**

<b>Count of Ratings for Each Agency</b>	<b>1 -2</b>
	<b>3 -4</b>
	<b>5+</b>

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	1	5
Schools (IEIC or CTIC)	0	1	1
Advocacy Organizations	0	0	4
Hospitals (in and out of county)	0	6	0
Area Agency on Aging	0	0	5
Customized Living Providers	0	0	7
Foster Care Providers	0	1	4
Home Care Providers	0	3	4
Employment Providers (DT&H, Supported Employment)	0	1	4

Public Health and Social Services have different methods of monitoring providers. In Public Health, case managers identify concerns or issues during monthly visits and often address these with the providing agency directly. If the problem persists, the concern is forwarded to the Director. Public Health case managers also collect information about providers from participants on an annual basis through a survey. For Social Services, consumer feedback is received and reviewed with the participant during visits or other contact and feedback is reviewed with the team at morning staff meetings.

Case managers stated that their relationships with nursing facilities are good overall and that nursing facility staff are responsive. Case managers rated their relationships with hospitals as average, sharing that they are often not notified when participants are admitted. However, county staff mentioned that hospital social workers have been helpful when they contact them.

Case managers noted that their relationships with schools depend on the teachers they work with. They stated that some teachers are good at keeping them informed, but that others are unsure about the role of the case manager and do not invite the case managers to Individualized Education Program (IEP) meetings.

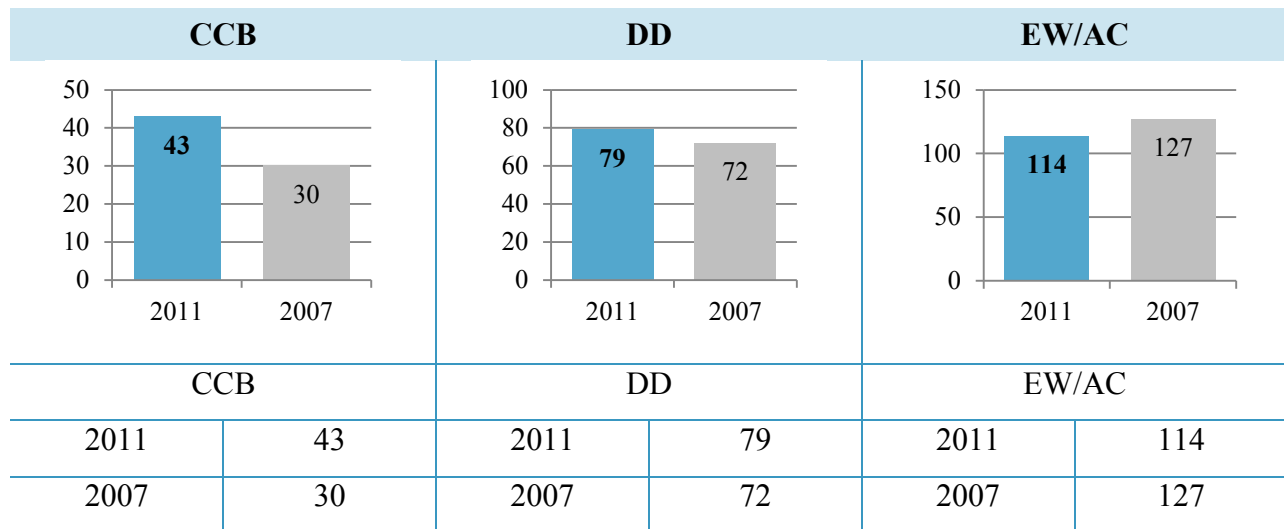
Case managers shared that their local vocational provider is very good, but that they have not had as good of luck with providers outside of their county. Case managers noted that the out of county providers have not done as much work in helping participants get ready for or find community employment. Case managers stated that they have good relationships with customized living providers and that they have good communication with them. They also shared that they have good working relationships with most foster care providers, but that there are some that can be difficult to work with at times.

Case managers varied on their relationships with home care providers, stating that the providers have a lot of staff turnover, and they do not always notify the case managers if staff is unavailable to go out to the participant's home. They also shared that their relationships with advocacy organizations is good and that they are responsive.

## 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 Dodge County (2007 & 2011)



**Since 2007, the total number of persons served in the CCB waiver program in Dodge County has increased** by 13 participants (43.3 percent); from 30 in 2007 to 43 in 2011. Case mixes D and G grew by the greatest number of people. As a result, Dodge County is serving a higher proportion of people with high needs.

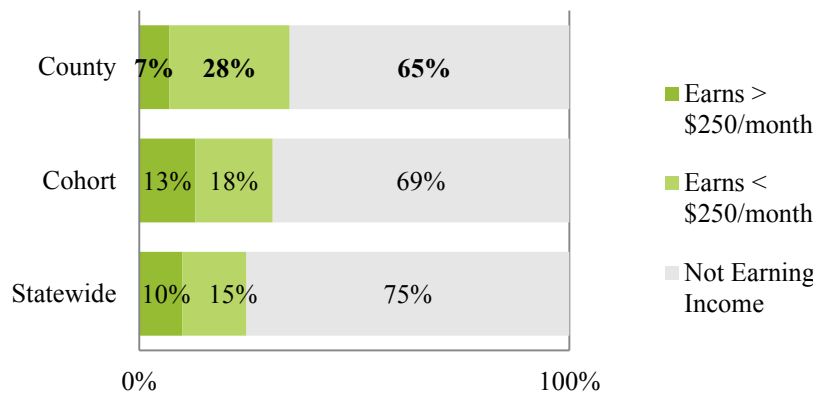
**Since 2007, the number of persons served with the DD waiver in Dodge County increased** by seven participants, from 72 in 2007 to 79 in 2011. In Dodge County, the DD waiver program is growing more quickly than in the cohort as a whole. While Dodge County experienced a 9.7 percent increase in the number of persons served from 2007-2011, its cohort had a 6.9 percent increase in number of persons served. In Dodge County, the greatest increase occurred in profile group four, the lowest need group. The greatest change in the cohort occurred in profile group three. The number of people in profile groups one and two, the highest need groups, fell in Dodge County. As a result Dodge County serves a smaller proportion of persons in these groups (29.1 percent), than its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Dodge County has decreased by 13 people (10.2 percent), from 127 people in 2007 to 114 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Dodge County still served 26 fewer lower needs participants in 2011 than in 2007. As a result, Dodge County is serving a larger proportion of high need participants.

## 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)

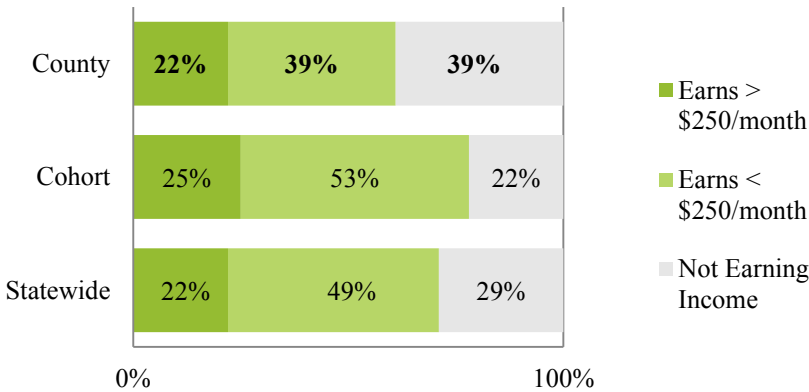


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Dodge County	7%	28%	65%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Dodge County served 29 working age (22-64 years old) CCB participants. Of working age participants, 34.5 percent had earned income, compared to 31.6 percent of the cohort's working age participants. **Dodge County ranked 73<sup>rd</sup> of 87 counties** in the percent of CCB

waiver participants earning more than \$250 per month. In Dodge County, 6.9 percent of the participants earned \$250 or more per month, compared to 13.4 percent its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Dodge County	22%	39%	39%
Cohort	25%	53%	22%
Statewide	22%	49%	29%

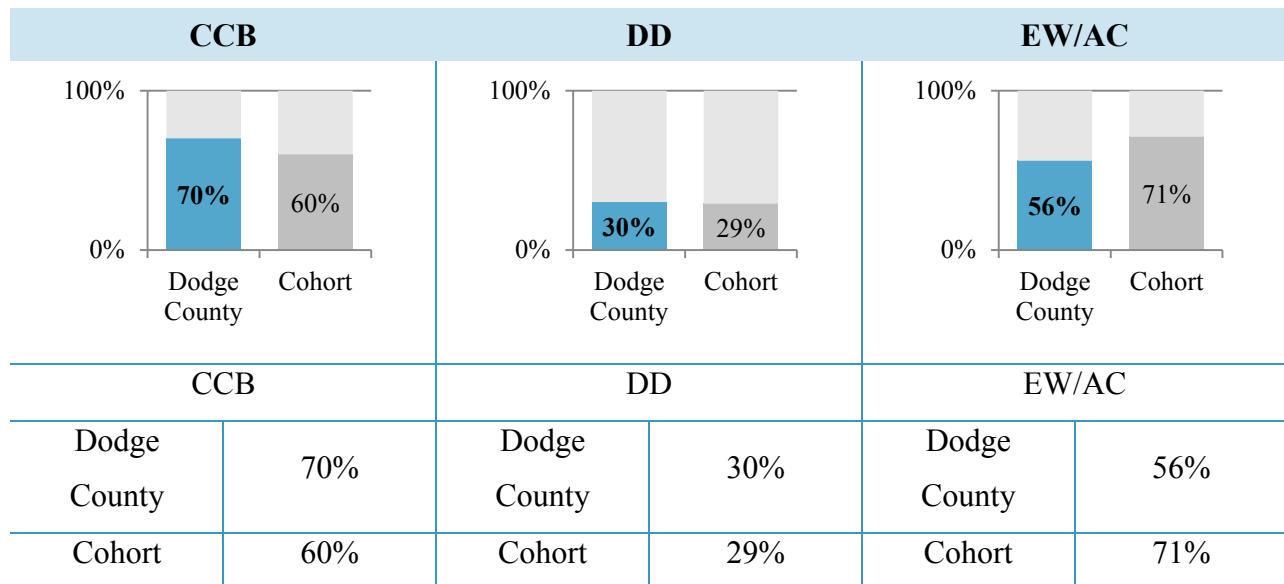
In 2011, Dodge County served 49 DD waiver participants of working age (22-64 years old). **The county ranked 46<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Dodge County, 22.4 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 61.2 percent of working age DD waiver participants in Dodge 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.

**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)**



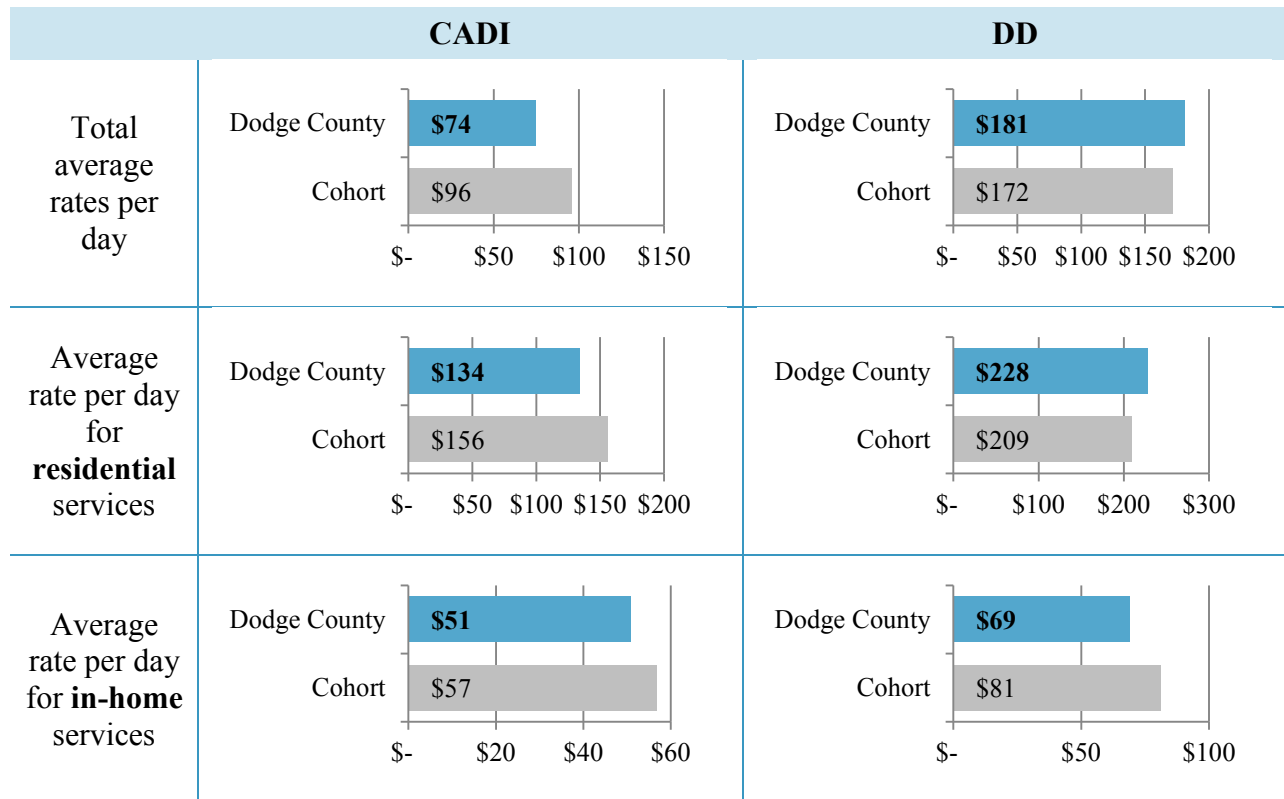
**Dodge County ranks 23<sup>rd</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 30 participants at home. Between 2007 and 2011, the percentage increased by 9.8 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 69.8 percent of CCB participants in Dodge County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

**Dodge County ranks 38<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 24 participants at home. Between 2007 and 2011, the percentage decreased by 8.5 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.

**Dodge County ranks 72<sup>nd</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 64 participants at home. Between 2007

and 2011, the percentage decreased by 17.1 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 2011, 75.4 percent of EW/AC participants were served in their homes statewide.

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



**Average Rates per day for CADI services (2011)**

	Dodge County	Cohort
Total average rates per day	\$74.46	\$95.98
Average rate per day for <b>residential</b> services	\$134.06	\$155.87
Average rate per day for <b>in-home</b> services	\$50.81	\$56.68

**Average Rates per day for DD services (2011)**

	Dodge County	Cohort
Total average rates per day	\$181.21	\$171.92
Average rate per day for <b>residential</b> services	\$228.22	\$208.53
Average rate per day for <b>in-home</b> services	\$68.80	\$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 Dodge County is \$21.52 (22.4 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Dodge County spends \$21.81 (14.0 percent) less on residential services and \$5.87 (10.4 percent) less on in-home services than their cohort. In a statewide comparison, of the average daily cost, of a CADI waiver participant, Dodge County ranks 14<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

**The average cost per day for DD waiver participants in Dodge County is \$9.29 (5.4 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Dodge County spends \$19.69 (9.4 percent) more on residential services but \$12.19 (15.1 percent) less on in-home services than their cohort. In a statewide comparison, of the average daily cost, of a DD waiver participant, Dodge County ranks 53<sup>rd</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

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

**Dodge County has a lower use in the CADI program than its cohort of some residential based services** (Foster Care (10% vs. 28%)), but a higher use of others (Customized Living (13% vs. 8%)). The county has a lower use of vocational services such as Prevocational Services (2% vs. 11%) and Supported Employment Services (5% vs. 11%). They have a higher use of some in-home services, such as Independent Living Skills (18% vs. 13%), but a lower use in others including Homemaker (26% vs. 28%) and Home Health Aide (5% vs. 7%). Twenty-six



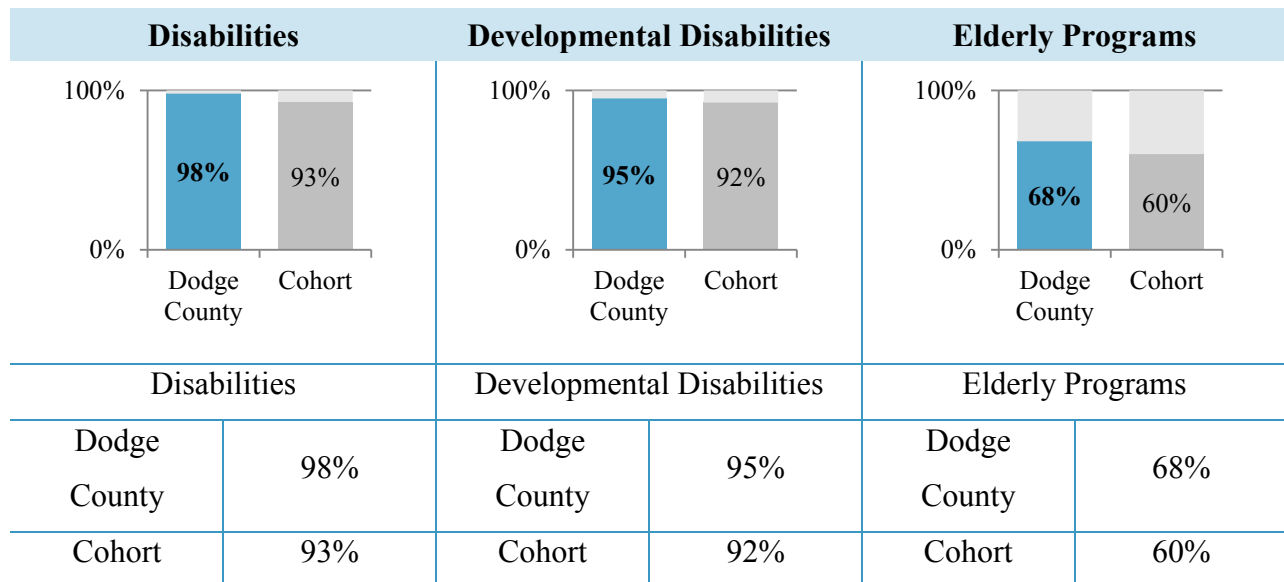
percent (26%) of Dodge County's total payments for CADI services are for residential services (13% foster care and 13% customized living) which is notably lower than its cohort group (56%). Dodge County's low use of family and corporate foster care makes rate comparisons challenging. However, its rates are lower than its cohort for family and corporate foster care when billed monthly or daily.

**Dodge County's use of Supportive Living Services (SLS) is identical to its cohort (70% vs. 70%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Dodge County's daily SLS rates in corporate foster care settings are higher than its cohort (\$233.70 vs. \$186.50). For vocational services, the county's use of Day Training & Habilitation is lower than its cohort (58% vs. 64%) while its use of Supported Employment is higher than its cohort (10% vs. 5%). Its use of several in-home services are lower than its cohort, including Respite Services (17% vs. 19%), Personal Supports (2% vs. 5%) and CDCS (2% 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, Dodge County served 64 LTC participants (persons with disabilities under the age of 65) in HCBS settings and one in institutional care.** Dodge County ranked 7<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS; 97.9 percent of their LTC participants received HCBS. This is higher than their cohort, where 92.6 percent were HCBS participants. Since 2007, Dodge County has increased its use of HCBS by 2.8 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Dodge County served 91 LTC participants (persons with development disabilities) in HCBS settings and six in institutional settings.** Dodge County ranked 34<sup>th</sup> of 87 counties in the percentage of DD participants receiving HCBS; with 94.6 percent of its DD participants receiving HCBS. This is slightly higher than the cohort (92.3 percent). Dodge County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased

its use by 2.4 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

**In 2011, Dodge County served 121 LTC participants (over the age of 65) in HCBS settings and 67 in institutional care.** Dodge County ranked 20<sup>th</sup> of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 68.2 percent received HCBS. This is higher than their cohort, where 59.9 percent were HCBS participants. Since 2007, Dodge County has slightly decreased its use of HCBS by 0.5 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

#### **Nursing Facility Usage Rates per 1000 Residents (2011)**

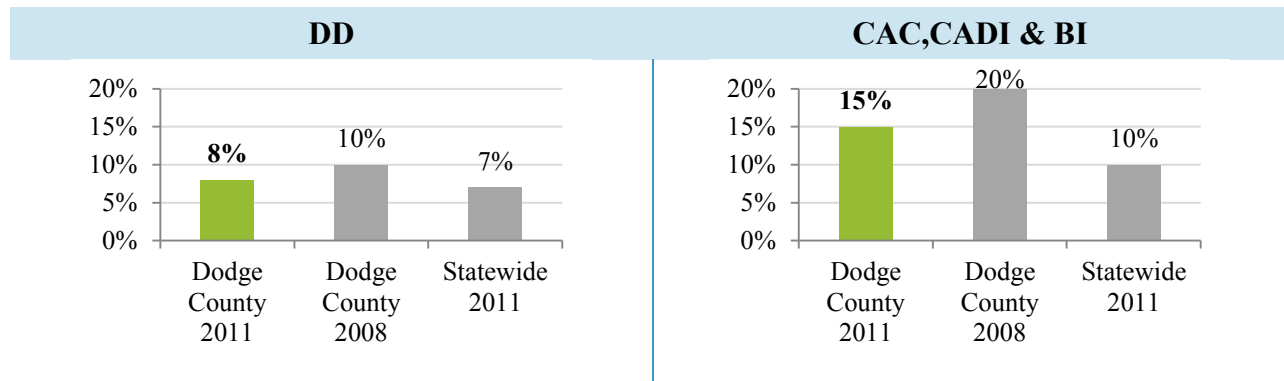
	<b>Dodge County</b>	Cohort	Statewide
Age 0-64	<b>0.06</b>	0.46	0.47
Age 65-84	<b>19.97</b>	26.01	23.11
TOTAL	<b>2.44</b>	4.59	3.24

**In 2011, Dodge County was ranked 12<sup>th</sup> in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. In addition, Dodge County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has increased by 6.8 percent in Dodge County. Overall, the number of residents in nursing facilities has remained stable since 2009.

## **Managing Resources**

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

**Budget Balance Remaining at the End of the Year**



	DD	CAC, CADI, BI
Dodge County (2011)	8%	15%
Dodge County (2008)	10%	20%
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, Dodge County had an 8% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Dodge County’s DD waiver balance is smaller than its balance in CY 2008 (10%), but larger than the statewide average (7%).

**At the end of fiscal year 2011, the CCB waiver budget had a reserve.** Dodge County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Dodge County had a 15% 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 (20%).

Dodge County does not currently have a waitlist for CCB, but has a waitlist of six participants for DD. Social Services manages the waiver allocations for CCB and DD. Waiver allocation balances and potential new cases are discussed during staff meetings. A senior worker in Social Services has access to the Waiver Management System (WMS) and runs simulations for new slots or increased services. If the change is for more than \$1,000.00, the team must approve of changes for additional funding. If it is less than \$1,000.00, the case manager is able to make a decision without the team. Public Health manages AC funding, but does not have a role in managing the CCB or DD budgets. Public Health case managers provide input about cases, but Social Services case managers complete requests for increases in services.

## 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.

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

County staff stated that Policy Quest is very helpful and gives timely and easily understood responses. Case managers said that they have always received detailed answers when submitting questions to Policy Quest. Supervisors shared that the Help Desk is helpful and responsive to calls and e-mails, but case managers found customer service to not always be friendly and restricted hours are a barrier to using this resource. County staff uses the DHS website often, but stated that it is hard to find information, and navigation is not intuitive. Case managers stated that E-Docs can be difficult to search if they do not know exactly what they need. County staff shared that the Disability and Senior Linkage Lines are very helpful and stated that they always get answers they need. They often refer participants to the Senior Linkage Line. Case managers said that the bulletins tend to notify them of changes after they happen and they are not case manager friendly.

Case manager reviews of videoconferences are mixed; some found them very helpful while others have experienced technology problems and less engaging presentations. County staff also found that webinars are more helpful when there is interaction with other counties and like that they do not have to travel to attend. County stated that responses from the Regional Resource Specialist (RRS) are slow. County staff found MinnesotaHelp.info to be easy to use but also shared that it does not include all of the resources available in the county. Case managers stated that the Ombudsmen are very responsive and participants are referred to them when needed.

### 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.

#### Dodge County Strengths

The following findings focus on Dodge 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.

- **Dodge County addresses issues to comply with Federal and State requirements.** During the previous review in 2006, Dodge County received a corrective action for the following

items being out of compliance: timeliness of referral to LTCC assessment, timeliness of assessment to care plan, care plan signatures, current DD screenings, DD screening signatures, OBRA Level One form, ICF/DD Level of Care form, and emergency contact information for CCB participants. In 2013, none of these issues remain for Dodge County indicating technical improvements over time.

- **Quality case management is a strength in Dodge County.** Case managers are advocates for participants and work as a team to ensure their needs are met. They are able to navigate easily across programs and units within the agency to provide seamless services to participants. The county also has good continuity in case managers over time; participants rarely change case managers which allows them to build strong relationships.
- **The Public Health and Human Services departments and staff have good working relationships with one another.** Teamwork and collaboration among social workers and the public health nurses are strengths of the county. Although Public Health and Social Services are not located in the same building, they communicate regularly by phone and e-mail. The two agencies complete dual initial and reassessments for participants, and have developed an efficient process for intake and referral to ensure LTCC assessments are completed in a timely manner.
- **Dodge County staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Case managers communicate frequently with providers to assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The county also monitors providers through required submission of required reports; eighty-eight percent (88%) of providers surveyed reported that they submit monitoring reports to the lead agency.
- **Case managers get to know participants and their families through frequent face-to-face visits.** Frequent visits to participants allow case managers to not only build a strong relationship, but also monitor the participant and be proactive in putting preventative services in place to ensure the health and safety of the participant. Of the 48 cases reviewed, 46 were compliant with the required number of visits (96%). All CAC, BI, EW, AC, and DD cases



were compliant for visits. Participants receive a face-to-face visit from case managers an average of six times every 18 months across all programs. Notably, EW waiver participants receive an average of nine visits every 18 months and AC participants received an average of nine visits every 18 months which is above and beyond the requirement of one visit per year for these two programs.

## Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants.** 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.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Dodge County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (22.4% vs. 24.6%) and ranks 46<sup>th</sup> of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 6.9% vs. 13.4% for the cohort which ranks 73<sup>rd</sup> of 87 counties. The county should build off current efforts to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The county should consider creating a Request for Information (RFI) for the community-based employment opportunities and set expectations for providers about these services. Finally, the county should ensure these opportunities can be accessed by all participants regardless of the waiver program.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.**

While Dodge County outperforms its cohort in the percentage of DD and CCB waiver participants served in their own homes, the percentage of DD participants is on the decline since 2007. Also, only 56.1% of EW/AC participants receive services at home (ranking Dodge County 72<sup>nd</sup> of 87 counties) indicating high use of residential services such as customized living. The county should continue to be deliberate in developing service choices that are appropriate for the needs of participants, which may include partnering with neighboring counties with similar needs or service capacity or drawing ideas and resources from the work that has been done in this area by other Region 10 counties. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. To plan for the future, the county should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the county should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **Consider expanding contracted case management services to serve participants that live out of the county and to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and is an 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. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Dodge 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.
- **Dodge County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care

plan should be meaningful and unique to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Dodge County was found to be inconsistent in meeting state and federal requirements and will require a response by Dodge County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Dodge County will be required to take corrective action.

- **Beginning immediately, include a back-up plan in the care plan of all CADI and participants.**<sup>1</sup> 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 provide needed services. Currently, none of the 10 CADI cases and three of the four BI cases reviewed do not include a back-up plan. In addition, one out of four BI cases includes partial documentation meaning the plan included two, but not all three required elements.
- **Beginning immediately, ensure that case files include the 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 eligibility for case management for a person with a condition related to developmental disability on an annual basis. The one DD case reviewed with a related condition did not have complete and current documentation in the file.

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<sup>1</sup> 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](http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf)

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

**Team's site visit.** Although it does not require Dodge 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 21 cases. All items are to be corrected by May 24, 2013 and verification submitted to the Waiver Review Team to document full compliance.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	6	N / A	0	6	N / A	N / A
Screenings done on time for new participants (PR)	86%	100%	100%	0%	AC / EW, CCB	DD
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	40%	67%	N / A	CCB, DD

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=19</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	90%	100%	79%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	94%	100%	95%	80%	AC / EW, CCB	N / A
All needed services to be provided in care plan (PR)	94%	100%	84%	100%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	96%	100%	95%	90%	ALL	N / A
Participant needs identified in care plan (PR)	81%	100%	69%	70%	AC / EW	CCB
Inclusion of caregiver needs in care plans	71%	80%	58%	100%	DD	N / A
OBRA Level I in case file (PR)	97%	100%	95%	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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	80%	N / A	80%	N / A	N / A	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=8</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=8</i> )	88%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=19</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	84%	100%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	79%	95%	53%	100%	AC / EW, DD	CCB
Back-up plan (PR for CCB)	27%	0%	26%	80%	N / A	CCB
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=19</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	98%	100%	95%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	90%	100%	90%	70%	AC / EW, CCB	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	94%	100%	90%	90%	ALL	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=19</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	81%	100%	58%	90%	AC / EW, DD	CCB
Documentation of participant satisfaction in the case file	44%	42%	53%	30%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	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)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	68%	98%	95%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	47%	94%	94%	ALL	N / A
Percent of waiver participants with higher needs	N / A	62%	63%	66%	AC / EW	CCB, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	94%	CCB	DD
Percent of waiver participants served at home	N / A	56%	70%	30%	CCB, DD	AC / EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	7%	22%	N / A	CCB, DD



## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

**CAC** is the Community Alternative Care Waiver.

**CADI** is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

**CMS** is the federal Centers for Medicare & Medicaid Services.

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

***DD*** is the Developmental Disabilities Waiver.

***DHS*** is the Minnesota Department of Human Services.

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

***EW*** is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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