# Minnesota Department of Human Services Waiver Review Initiative

## Report for: **Hennepin County**

Waiver Review Site Visit: January 2013

Report Issued: April 2013

# Contents

## 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 Hennepin County.

### ***ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES***

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

### ***ABOUT THE IMPROVE GROUP***

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

### ADDITIONAL RESOURCES

***Continuing Care Administration (CCA) Performance Reports:***

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

***Waiver Review Website:***

www.MinnesotaHCBS.info

## About the Waiver Review Initiative

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

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

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

**Table 1: Summary of Data Collection Methods**

| **Method** | |
|---|---|
| Case File Review | 425 cases |
| Provider survey | 138 respondents |
| Staff Interviews | 10 interviews with 29 staff |
| Focus Group | 4 focus group(s) with 40 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 Hennepin County

In January 2013, the Minnesota Department of Human Services conducted a review of Hennepin County's Home and Community-Based Services (HCBS) programs. Hennepin County is a metro county located in south central Minnesota. Its county seat is located in Minneapolis, Minnesota and the County has another 44 cities. In State Fiscal Year 2011, Hennepin County's population was approximately 1,168,431 and served 14,620 people through the HCBS programs. In 2011, Hennepin County had an elderly population of 10.8%, placing it 79$^{th}$ (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Hennepin County's elderly population, 7.4% are poor, placing it 68$^{th}$ (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Hennepin County Human Services and Public Health Department is the lead agency for all HCBS programs and provides case management for these programs. Hennepin County Human Services and Public Health Department merged into one department in 2004 during which they brought six different departments together including integrating all human services and public health functions. To improve access to services, Hennepin County staff are currently reorganizing into six different regions. Some regions have "hubs" that have already opened and others will be opening over the next couple of years.

Hennepin County does not provide case management for any Managed Care Organizations (MCOs). If a fee for service waiver participant enrolls in MSC+ or MSHO, Hennepin County transfers the case to the designated MCO.

Hennepin County uses electronic media for many aspects of case management including their own electronic case filing systems and SSIS for case notes. The county also has flexible work spaces in its downtown Minneapolis office and regional hubs, cell phones, and laptops available for case managers to use. Many case managers do not have a permanent space at the county and instead telecommute from home.

Because of its size, Hennepin County has numerous teams whose primary responsibilities involve the direct administration of the waiver programs. The teams can broadly be defined as: Initial Assessment and Contact; Long-term Case Management and Reassessments; and Contracted Case Management Support. While several teams work on similar tasks, each team has its own unique specialization.

Initial Assessment and Contact

Hennepin County has several supervisors who oversee the initial contact and assessments for participants. In general, assessment teams are integrated and include staff who work with all waiver programs, but are organized by county region. At the time of the Waiver Review, Hennepin County had a total of eight supervisors who oversee social workers and public health nurses including 87 FTE staff which includes 65 assessors, paraprofessional staff, and other staff with intake, consultation, support and supervisor roles.

All teams contain both social workers and public health nurses, particularly those working on the LTC programs. Professional staff receive referrals, provide consultation at initial contact, and process intakes for assignment to an assessor. An assessor within the integrated team is often assigned to a participant based on the needs of the participant, availability of the assessor, as well as the social worker or public health nurse's area of expertise. Assessors specialize by population (DD, mental health, seniors), by type of assessment (LTCC, PCA, DD screening), and/or participant location (institutions, community, county region). These specializations are assigned across each supervisor's unit except for DD eligibility which is within on supervisor's unit. There are also two institutionally focused teams: the Nursing Facility Liaisons (NFL) and Behavioral Health. The NFL team provides LTCC and PCA assessments to residents of 53 Medicaid facilities located in Hennepin County. The Behavioral Health and CCB (BH-CCB)

team primarily provides LTCC assessments to those in Regional Treatment Centers, Community Behavioral Health Hospitals, and Intensive Residential Treatment Services.

Initial assessors for community LTC program applicants complete two to three assessments per week per assessor. However, the number of assessments completed depends on other responsibilities the assessor holds at the county. Assessors may have short-term case management responsibilities while awaiting transfer to managed care or completing modifications before returning to State Plan services that affects their ability to take the next assessment. Assessors who specialize with children currently carry a small CAC caseload, but are otherwise expected to move the case onto the long-term case manager. NFL and BH-CCB staff manages their own workload and sometimes have two to eight assessments per week depending on the institution's admissions and how quickly the case is moved to a long term case manager. Hennepin County has implemented new processes to help move the case onto a long-term case manager faster. Hennepin County staff noted that they have some staffing challenges and are sometimes unable to respond to large increases in cases. Staffing capacity has been tight over the past several years. Changes such as the Minnesota Disability Health Options Program (MnDHo) closure and resulting influx of cases, shorter PCA reassessment timelines, the waiver slot waiting process, increased referrals CADI assessments for Special Needs Basic Care (SNBC), and internal technical and organizational changes have made it more challenging to keep up with completing initial assessments for participants in a timely manner with existing staff.

For intakes involving a possible DD waiver participant, the initial eligibility determination for Rule 185 case management is conducted by the initial DD screener and the case may be opened to the waiver later on by the long-term case manager.

Long-term Case Management and Reassessments

Hennepin County also has several supervisors who oversee staff with case management and annual reassessment duties. These teams include traditional case management as well as CDCS. At the time of the Waiver Review, Hennepin County had a total of 12 supervisors and 173.5 FTE social workers and public health nurses serving on these teams. Of the 12 supervisors, nine are

Social Work Supervisors and three are Public Health Nurse Supervisors. While teams are integrated in terms of having staff who work with all waiver programs, the large number of waiver participants allows teams to specialize and have a depth of knowledge in working with specific target populations and service needs. For example, teams are able to focus on medically complex BI and CAC cases or waiver participants who are under public guardianship; etc. In addition DD teams specialize in four different areas: adults, children, transition age youth, and out-of-home placements. There is also one team that focuses on CDCS cases, allowing those long term case managers to have extensive knowledge of that complex program. The CDCS unit receives approximately five to six new inquiries per month including transfers from other counties, and about half of those end up on the CDCS caseload.

County staff with LTC case management responsibilities have between 30 and 50 cases, but this varies greatly depending on a variety of other factors such as the case manager's primary program area and complexity of the caseload. LTC caseload sizes have intentionally been cut back over time; CADI caseloads have decreased from about 65 cases to 50. However, this does include some more complicated cases and many cases are now managed by contracted workers.

DD Eligibility assessors and screeners average 17 to 20 reassessments per month. Overall, 60% of all DD waiver participants have a Hennepin County case manager, but this is decreasing as the number of participants increases and more of the cases are contracted out. DD case managers have an average caseload of 75 cases, but a few case managers have between 80 to 90 cases for both waiver and non-waiver cases. Case managers that facilitate voluntary placement for DD children have an average caseload range of 20-30. The caseload size for DD is higher than other metro counties. The county has been doing strategic planning to work on decreasing caseload sizes to allow case managers to be more responsive to needs and focus more on preventative efforts.

Contracted Case Management

Hennepin County also contracts with external companies for case management for the DD, EW, AC, CADI, and BI waiver programs. The county contracts with 15 different companies with approximately 140 staff doing the case management for Hennepin county participants.

Contracted companies were chosen through a competitive RFP process and other agencies are added as needed. There are approximately 5,500 waiver participants that receive contracted case management.

Hennepin County has a Contracted Case Manager Coordination (CCMC) Team supervised by a Community Health Program Supervisor. The CCMC team was formed when Hennepin began contracting out for case management. The role of the team is to provide a bridge between contracted case managers and the county. Their responsibilities have broadened over time and include evaluation, oversight, technical support, dissemination of information about policies and procedures, and consultations with contracted case managers. The team includes five staff with specific program expertise.

Hennepin County staff coordinate with contracted case managers to complete annual assessments for participants receiving contacted case management. County assessment staff are assigned to specific contracted case management agencies to conduct reassessments of their cases. This change was made recently to allow for greater consistency in who completes the assessment and for the contracted agencies hoping to build relationships with their county partners. The contracted case manager gives the county case manager a list of upcoming assessments to ensure that this happens. Cases are assigned 60 days before the reassessment is due, and the county case manager reviews the participants file before conducting the annual reassessment which includes looking at services, care plans, and past assessments. DD participants with contracted case managers have been screened every three years by a Hennepin assessor; they are currently changing this process so that participants are screened annually.

Contracted case managers do not have access to SSIS or other electronic systems at Hennepin County. When an assessment is completed all paperwork must be scanned into the electronic case file system and then printed out. The county has a unit that inputs LTC documents and service authorization information into MMIS. Contracted case managers submit their documentation to this unit for data entry because they do not have access to these systems. Contracted agencies will request printouts of these documents when needed. Contracted agencies

also do not have access to other Hennepin County supports such as financial workers and must funnel all questions through the CCMC team.

Enrolling in an HCBS Waiver Program

Hennepin County has a central intake phone number which is the first point of contact for most potential participants. Referrals come in the form of phone calls and faxes from family members, schools, or other participants. Professional staff take referrals from public or other programs for participants and begin the process of consultation, assistance, and intake for those seeking home and community-based options. They gather general information and the location of the potential participant, which is entered into an electric log that is regularly monitored by supervisors and staff. There is a separate log for different work areas; for example, there is a nursing facility log, a behavioral health log, a community log, and so on. Every Tuesday, supervisors make assignments for initial assessments. Some cases are self-assigned based on staffing capacity and region the participant resides in. The supervisor determines if a public health nurse or social worker will complete the initial assessment based on intake information. There are rarely dual assessments, but consultations are common and it is an expectation that workers consult with a colleague from the other discipline.

If a participant expresses interest in CDCS, the assessor shares that information with the Waiver Finance Unit so they can create an estimated budget. After the assessor receives the budget, that participant and their team participate in a one-on-one as a requirement before going on CDCS. The assessor does not lead training or planning; once a plan is approved, the assessor is notified of the status of the case, and the case is transferred to the CDCS unit.

The role of the LTC initial assessor in setting up a case for the waiver can vary greatly depending on the circumstances. Hennepin County has recently (September 2012) started an expedited transfer process where the assessor seeing a participant now has three options:

1) After completing the assessment, complete the care plan and set up all services. In this situation, the case is completely set up before it goes out to a case manager because the participant needs all services immediately to ensure his/her health and safety.

2) After completing the assessment, partially set up the case so that the participant has some services in place (e.g., state plan PCA). The case is transferred to a long term case manager who will complete the care plan and set up all remaining services. Or;

3) After completing the assessment, the assessor and the participant agree that there are not any imminent issues that need to be addressed. In this case, the care plan is developed and services are set up by the long term case manager if this participant is opened to the waiver.

Hennepin County receives approximately 62 new referrals county-wide each week for the LTC waiver programs including Adult Behavioral Health and children. Each year, the county receives about 3,000 nursing facility referrals, 500 Behavioral Health and CCB referrals, and 300 DD applicants who require Rule 185 determination and a screening. They also receive roughly 1,800 PCA referrals annually. Typically, the assessor will manage a case 60 to 90 days to help participants connect to services, but sometimes may follow a participant for three to six months depending on circumstances. Hennepin County recently hired 26 new assessors to help manage the county's large front-end waitlist for assessments. When assessments are completed, the county provides the participant with a list of appropriate contracted case management companies and the participant will rank their preferences. If a participant prefers to have a county case manager, the county will try to do this but its ability is limited, and most new cases are assigned to contracted case management agencies. Cases are often assigned based not only on participant needs and preferences, but also on specialized staffing and regions, with preference given to workers with expertise in a certain area. However, county staff shared that this is not always the case when capacity to take new cases is limited. Usually, cases are also assigned to a case manager in their region of residency, but there is some crossover depending on capacity to take new cases. Supervisors have the ability to "float" workers between regions to help when they get behind. For children, they have a database which helps supervisors select the case manager who best fits the profile of the case. If there are staff available to take on the case, supervisors will contact the transfer team and let them know how many each person can take so cases can be assigned.

For participants who have chosen contracted case management, the CCMC team receives information from the county assessors and then contacts every agency about capacity to take new participants and makes a decision based on participant choice, capacity of the agency, and agency specialty. After the choices are made, CCMC contacts the agency and the participant with their decision. The contracted agency decides internally on a case manager. During the time of the review, Hennepin County was developing an electronic system to safely and efficiently transfer files to contracted case managers. For CCB cases, the case is transferred electronically to the contracted agency through the county's SharePoint system, and the agency can access files through the online system. DD cases are completed on paper, and the contracted agency picks up paper copies of information from the county to ensure data privacy.

Assignment of DD cases is similar to this process. Cases are assigned by the supervisor depending on several factors including geographic location, caseload, age, and case manager's specialty area. A preliminary ISP is developed by the initial screening team and the long term case managers finalize the ISP. The long-term case manager also decides if other services are enough (e.g. CSG, PCA, SILS, etc.) or if a DD waiver slot should be requested. If the case goes on the waiver, the participant will stay with the same long-term case manager. In the DD program, participants receiving county case management receive a full team screening annually with their long-term case manager.

## Working Across the Lead Agency

Hennepin County has a class of specialized financial workers called Human Services Representatives (HSR-3), five or which serve as a Liaison between the case management staff and the regular teams of financial workers. The HSR-3's assist with questions about screenings, eligibility, and service agreements. The HSR-3's also help track and follow-up on issues and troubleshoot with case managers. Case managers rarely have direct contact with financial workers and instead communicate with their assigned HSR-3 by phone and e-mail. Overall, supervisors expressed that having these specialized staff is beneficial in building relationships, working more effectively, and in getting issues resolved quickly. However, initial assessors stated that getting answers to financial or eligibility questions is a difficult process because the

assessors cannot contact a financial worker directly, as participants are assigned to an eligibility team. They said that the process of contacting the HSR3 who must then contact a financial worker adds to the overall response time. Contracted case managers have a similar experience, stating that they have long wait times when contacting financial workers and noted that they do not have access to an HSR-3. However, contracted case managers are able to connect with a non-liaison HSR for routine financial issues or questions. For more complex cases, the contracted case managers route questions through the CCMC team who then contact an HSR-3.

Supervisors stated that case managers consult with mental health workers if there is a mental health need or issue. Case managers noted that mental health workers are not always available for consultation, so case managers often rely on each other for assistance with these cases. Mental health workers are invited to attend consultation meetings if they need more information or resources from the long-term waiver case manager. Community Based Nursing Supervisors noted that there are some waiver participants that have two case managers – one behavioral health case manager and one waiver case manager. In these cases, the behavioral health case manager serves as the primary worker on the case and is present at all visits, assessments, and takes the lead on finding housing, utilizing allocation amounts, and requesting resource increases.

For DD children with mental health needs, the DD case manager and the children's mental health worker manage cases as a team, consulting with each other in order to get everyone's input and expertise. Contracted case managers shared that some of their participants with mental health needs may have several case managers and the quality of their communication with mental health workers varies.

Community Based Nursing Supervisors shared that when an adult protection report comes in regarding a waiver participant, case managers and supervisors will receive the report in an email. Sometimes, the waiver case manager will be contacted by phone to notify them of the report or to communicate about follow-up. The case manager will work with the adult protection worker to provide information and will also work with their participant. LTC case managers noted that they have good communication with adult protection staff and they usually know about any ongoing issues or open cases. If there is an investigation for self-neglect, the case manager will

receive a notice to participate in the investigation and will sometimes take the lead on addressing the issue. For investigations of other issues, such as abuse, adult protection will be more involved providing support and consulting with the case manager on the case. DD case managers also stated that they have had positive experiences with the adult protection unit. DD case managers shared that as soon as adult protection knows there is a waiver case manager; that case manager is notified.

Case managers are usually not involved with child protection cases, but do know if one of their cases has an ongoing issue or is open for an investigation. A DD Social Work Unit Supervisor noted that his unit has a reciprocal relationship with child protection because of its work with children in out of home placement. When a child protection case is opened, there is a child protection worker assigned to the family and a child services worker assigned specifically to the child. The primary worker for a child protection case is determined on a case by case basis. A family can have up to three workers in some cases, but there have not been issues due to good communication and clear roles and responsibilities When a CCB participant is open to chid protection, the waiver case manager is actively involved in resolving the protection issue. When a CCB participant is a parent of a child open to a child protection case, the waiver case manager takes a secondary role and addresses issues that affect the participant's ability to provide care as a parent due to their disability.. Some case managers and supervisors also said that communication with child protection could be improved.

Hennepin County Program Managers and Directors manage communication with the Board. Supervisors shared that most of the input they have is through regular meetings with Program Managers, (Supervisors report to Program Managers) including updates and information about the waiver programs. They only address the Board when they have to explain a complaint, appeal, or issue.

## Health and Safety

In the Quality Assurance survey, Hennepin County reported that staff receive 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 good, open communication with case managers, consumers and providers; well trained and knowledgeable case managers: and case managers are advocates of consumers as county strengths. County staff shared that case managers support each other in their work, share knowledge and expertise, and are committed to ensuring participants are safe and successful in the community.

One of the challenges county staff identified is keeping up with the changes in technology at the county and paperwork related to the waiver programs. Case managers feel there are many changes being made which requires time to keep updated and be trained, and it takes time away from doing their other case management responsibilities.

Hennepin County recently hired several new initial assessors. These and other new hires complete a series of two to three hour long training sessions every day for the first six weeks of work. Hennepin County supervisors will lead some of the trainings in specific topics and areas. There is also a series of trainings available for new staff including the overall system, waiver specific information, the LTCC assessment, and drilling down to the tool itself. They also attend DHS trainings and are mentored by other staff. There are program-specific trainings available including serving the under 65 population, housing resources, MMIS, and preparing for MN Choices. All trainings are open to contracted case managers as well as county case managers. County staff shared that there are usually over 100 attendees for group trainings.

The LTC assessors and case managers have monthly staff meetings that focus on policies and procedures. There are also regional meetings that some attend regularly, including a monthly CDCS meeting with other counties. When new procedures are introduced, the county has opportunities for staff to attend training sessions. They have lead experts in each group that are responsible for keeping everyone up to date with changes. Supervisors pass on bulletins to staff and share information internally by email.

The county also hosts lab time for staff to come in and work with a mentor on new technology tools. Case managers and assessors also attend consultation groups for the different program areas where they are invited to ask questions and talk about their cases with other workers. Supervisors meet one-on-one with staff to check in about how everything is going (e.g. training, incorporating changes, etc.). LTC case managers and assessors also communicate with each

other more informally through e-mails or phone calls, as many telecommute and do not work from the county offices. Supervisors of LTC case management have periodic random case file review for all waiver programs in which each supervisor reviews cases to ensure compliance with documentation and electronic forms.

The DD teams meet as a large group quarterly with sub-groups meeting more frequently. This includes the DD screening team's monthly staff meetings where they get updates to keep current on changes, go through bulletins and conduct trainings for new assessors. The DD screening team has case consults weekly where they review related conditions eligibility, denials, confirm that person meets ICF/DD criteria. In the DD children's teams, case managers and supervisors meet regularly and there is a senior worker who has worked in all areas of DD and serves as a lead worker that helps keep others up to date on DHS and Hennepin County policies. In the DD adult teams, staff communicate with each other frequently through e-mail and meet once or twice a month as a unit. DD case managers also meet one-on-one with their supervisor for supervision and case management. Training programs have also been established and implemented for big changes that occur. One of the DD supervisors has the responsibility of overseeing their internal case file audit program.

Contracted agencies have access to Quick Place, a secure internet site where the county posts various resources including its operations manual (policies and procedures), which is the main source of written information for contracted agencies to refer to when they have questions. In addition, Quick Place allows agencies to securely submit questions to the county and the questions are directed to CCMC team members based on specialties. It also includes a calendar and notifies contracted agencies of trainings and updates. Most forms that contracted agencies used are the same as those used by Hennepin County. In some instances, contracted agencies have developed different or additional forms based on their own practices and legal consult. The CCMC team has an annual audit of the contracted companies to ensure that all requirements are met. This process includes interviews with management, review of case files, and review of documentation of staff trainings. Expectations for the contracted companies are communicated through quarterly meetings with CCMC, monthly county program meetings, and ad hoc meetings held when there are significant changes to Hennepin County or DHS policies.

## Service Development and Gaps

Hennepin County noted that they have many great providers and resources for the participants they serve. They assess any challenges or gaps in services on an ongoing basis. In order to better understand gaps in services, Hennepin County conducts a survey with providers which asks about potential services and unmet needs. County staff shared that providers have a good sense of what is needed and their input on this survey is one way they learn about gaps. Case managers and assessors also identify service gaps and share that with supervisors, who then pass along information to program managers and contracting staff. The county has also been working to better understand the populations they serve by analyzing data in addition to relying on case manager observations. Contracted case managers also identify service gaps and share this information with the county. Case managers noted that there is a lack of customized living facilities that are accepting waiver participants.

One of Hennepin County's current service development priorities is responding to the foster care moratorium and exploring independent housing options. Following a formal solicitation process, they have selected several vendors, some with expertise in serving participants with a mental illness and others with expertise in serving participants with DD.

Another emphasis is on providing competitive employment options to participants. The county is developing an autism-focused Day Training and Habilitation (DT&H). Other providers are also working to develop a DT&H that focuses on participants with higher needs. Due to the high number of children with autism who will be graduating in Hennepin County, one area the county is working on is defining their role in facilitating transitions from high school into the community.

The transition unit at the county has been developing materials and presentations for parents about supported employment options and other housing options. They have held community information sessions to talk about these topics in addition to the work case managers have done informing families. They work with providers to think of different ways to provide services. The county has used RFPs and RFQs to select a few providers with new ideas to partner with the

county to work on these types of services. Providers who are not selected are still encouraged by the county to continue developing services.

Hennepin County also recently released an RFP for Adult Day Care providers in response to closures of providers in the Northwest suburbs. The county has also focused on addressing any new cultural needs and culturally specific providers as the need arises. Providers can subscribe to receive updates about all RFPs from the county. County staff shared that there are a lot of providers who request contracts for services, but do not have a clear idea of the types of services they would like to develop, so the county has been very intentional during their RFP process which may slow down the process.

## 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.

**Hennepin County DD Case Manager Rankings of Local Agency Relationships**

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

| | Below Average | Average | Above Average |
|---|---|---|---|
| Nursing Facilities | 1 | 5 | 0 |
| Schools (IEIC or CTIC) | 0 | 2 | 3 |
| Residential Providers (CL, SLS) | 0 | 5 | 0 |
| Employment Providers (DT&H, Supported Employment) | 0 | 3 | 7 |
| Foster Care | 0 | 10 | 4 |

## Hennepin County LTC Case Manager Rankings of Local Agency Relationships

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

| | Below Average | Average | Above Average |
|---|---|---|---|
| Nursing Facilities | 2 | 6 | 3 |
| Schools (IEIC or CTIC) | 0 | 1 | 1 |
| Advocacy Organizations | 1 | 3 | 3 |
| Hospitals (in and out of county) | 0 | 6 | 2 |
| Area Agency on Aging | 0 | 0 | 6 |
| Residential Providers (CL, SLS) | 0 | 1 | 7 |
| Employment Providers (DT&H, Supported Employment) | 0 | 1 | 7 |
| Foster Care | 2 | 5 | 2 |

## Hennepin County Assessors Rankings of Local Agency Relationships

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

| | Below Average | Average | Above Average |
|---|---|---|---|
| Nursing Facilities | 1 | 0 | 2 |
| Schools (IEIC or CTIC) | 0 | 0 | 2 |
| Advocacy Organizations | 0 | 2 | 1 |
| Hospitals (in and out of county) | 0 | 5 | 4 |
| Residential Providers (CL, SLS) | 0 | 4 | 5 |
| Employment Providers (DT&H, Supported Employment) | 0 | 0 | 1 |
| Foster Care Providers | 0 | 2 | 4 |
| Home Care Providers | 0 | 5 | 5 |
| PCA Agencies | 3 | 5 | 1 |

**Hennepin County Contracted Case Manager Rankings of Local Agency Relationships**

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

| | Below Average | Average | Above Average |
|---|---|---|---|
| Nursing Facilities | 2 | 5 | 0 |
| Schools (IEIC or CTIC) | 0 | 1 | 1 |
| Public Health Programs for Seniors (foot clinics, flu clinics, blood pressure) | 0 | 2 | 1 |
| Hospitals (in and out of county) | 2 | 5 | 0 |
| Residential Providers (CL, SLS) | 0 | 5 | 0 |
| Employment Providers (DT&H, Supported Employment) | 0 | 3 | 3 |
| Foster Care Providers | 0 | 3 | 3 |
| Home Care Providers | 0 | 4 | 2 |
| Advocacy Organizations | 0 | 2 | 3 |
| PCA Agencies | 2 | 3 | 0 |
| Ombudsman | 0 | 2 | 3 |

Hennepin County staff shared that they have many systems in place to monitor provider performance and opportunities for staff to provide feedback about providers. Case managers submit provider concerns to a central e-mail address. Contracted case managers also have a single point of contact for sharing feedback concerning service providers that is directed to the correct party at the county to deal with the issue. For participant issues, case managers are expected to work with their supervisor and the provider to resolve the concern. If it cannot be resolved in this way, they contact the contract management team. The county also has an internal workgroup for monitoring provider performance. This group views case management visits as a key source of monitoring, and therefore, at least one visit per year at the participant's residence is required, for both county and contracted case managers.

Licensing staff visits providers twice each year, and a report is issued by licensors that examines quality of providers. When there are problems in foster care homes, case managers speak to licensors to share their concerns. Hennepin County also sends out quality assurance surveys and have quality assurance visits with providers. Even when issues are identified and documented, county staff shared that it is difficult to terminate a contract with licensed providers. Instead, they will stop new referrals to that provider and notify other Metro counties who may also be using that provider. This is only done in cases of seriously underperforming providers.

Hennepin County regularly communicates with providers about the waiver programs. A contract manager keeps a list of all the relevant bulletins, helps providers subscribe to DHS list serves, and shares any relevant information from MDH and DHS with providers. Providers are invited to free community information sessions to learn about specific topics, such as MA spend-downs. The county's contracting team meets with providers to make sure they are aware of what is happening at the county and state level. Although Hennepin County supervisors shared that they have performance standards for their staff to return phone calls to providers within 48 hours, supervisors reported that they receive calls from providers who have a difficult time getting a hold of case managers. For CDCS, Hennepin County contracts with 12 Fiscal Support Entity (FSE) agencies and they meet with these providers bimonthly.

In a series of focus groups, case managers were asked to share their thoughts about their relationships with various agencies and providers that they work with to serve waiver participants. The DD case managers shared that since case assignment for children's and transition age cases is based on geographic location, the case managers work with the same districts and schools. This allows them to build relationships with the schools, and as a result schools are responsive to their requests. LTC case managers noted that every school district is different and some can be more difficult to work with than others.

County staff shared that a majority of providers are committed to keeping participants safe and serving them well. Case manager's relationships with corporate foster care providers depend on each house manager and how the home is run; case managers noted that this impacts the quality

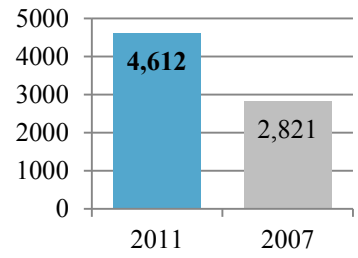
of communication. Case managers pointed out that corporate foster care providers have issues with staffing because of high turnover and lack of training.

## 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.

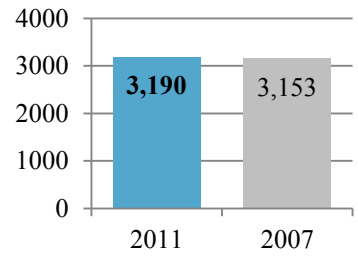
**Program Enrollment in Hennepin County** (2007 & 2011)

**CCB**



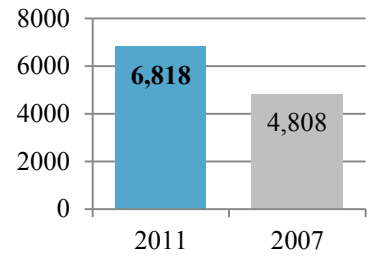

| CCB | |
|---|---|
| 2011 | 4,612 |
| 2007 | 2,821 |

**DD**




| DD | |
|---|---|
| 2011 | 3,190 |
| 2007 | 3,153 |

**EW/AC**




| EW/AC | |
|---|---|
| 2011 | 6,818 |
| 2007 | 4,808 |

**Since 2007, the total number of persons served in the CCB Waiver program in Hennepin County has increased** by 1,791 participants (63.5 percent); from 2,821 in 2007 to 4,612 in 2011. Case mix B grew the most; increasing by 913 people. This may suggest that Hennepin County is serving a greater proportion of CCB participants with mental health needs.

**Since 2007, the number of persons served with the DD waiver in Hennepin County increased** by 37 participants from 3,153 in 2007 to 3,190 in 2011. In Hennepin County, the DD waiver program is growing more slowly than in the cohort as a whole. While Hennepin County experienced a 1.2 percent increase in the number of persons served from 2007-2011, its cohort had a 7.5 percent increase in number of persons served. In Hennepin County, greatest increase occurred in profile group two which increased by 71 people. The greatest change in the cohort

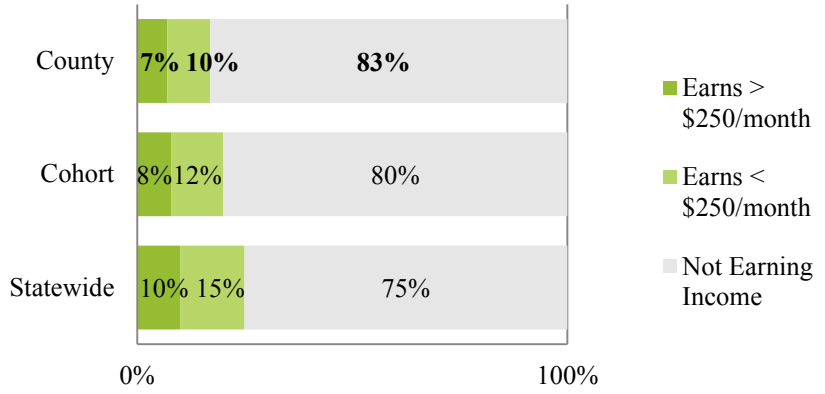
profile groups also occurred in persons having a profile two. Hennepin County serves a larger proportion of persons in these groups (56.3 percent) than its cohort (52.2 percent).

**Since 2007, the number of persons served in the EW/AC program in Hennepin County has increased** by 2,010 people (41.8 percent), from 4,808 people in 2007 to 6,818 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. In addition to the increase in case mix L, case mix D grew by 566. It is important to note that Hennepin County only serves EW clients who are fee-for-service as it does not provided care coordination for any MCOs. Therefore, it serves either directly or through its contracted agencies, 100% of AC participants and approximately 15% of EW participants for on-going case management.

## 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 |
|---|---|---|---|
| Hennepin County | 7% | 10% | 83% |
| Cohort | 8% | 12% | 80% |
| Statewide | 10% | 15% | 75% |

In 2011, Hennepin County served 4,182 working age (22-64 years old) CCB participants. Of working age participants, 17.1 percent had earned income, compared to 19.6 percent of the cohort's working age participants. **Hennepin County ranked 74th of 87 counties in the percent of CCB waiver participants earning more than $250 per month.** In Hennepin County, 6.7 percent of the participants earned $250 or more per month compared to 7.5 percent of its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of $250 or more per month.

From 2007-2011, the number of working age CCB participants in Hennepin County increased from 2,834 to 4,182 people. Over the same time period, the percentage of those participants with earned income decreased from 19.0 percent to 17.1 percent. In comparison, its cohort decreased just slightly from 20.0 percent to about 19.6 percent, and the statewide rate increased from 10.2 percent to 25.0 percent.

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


| | Earns > $250/month | Earns < $250/month | Not Earning Income |
|---|---|---|---|
| Hennepin County | 20% | 41% | 39% |
| Cohort | 20% | 44% | 36% |
| Statewide | 22% | 49% | 29% |

In 2011, Hennepin County served 2,366 DD waiver participants of working age (22-64 years old). **The county ranked 54th in the state for working-age participants earning more than $250 per month.** Similar to the cohort, 20.0 percent of working age participants earned over $250 per month in Hennepin County. Also, 60.9 percent of working age DD waiver participants in Hennepin County had some earned income, while 64.2 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

From 2007-2011, Hennepin County's percentage of working-age DD waiver participants with earned income increased from 57.6 percent to 60.9 percent. In comparison, the percentage of

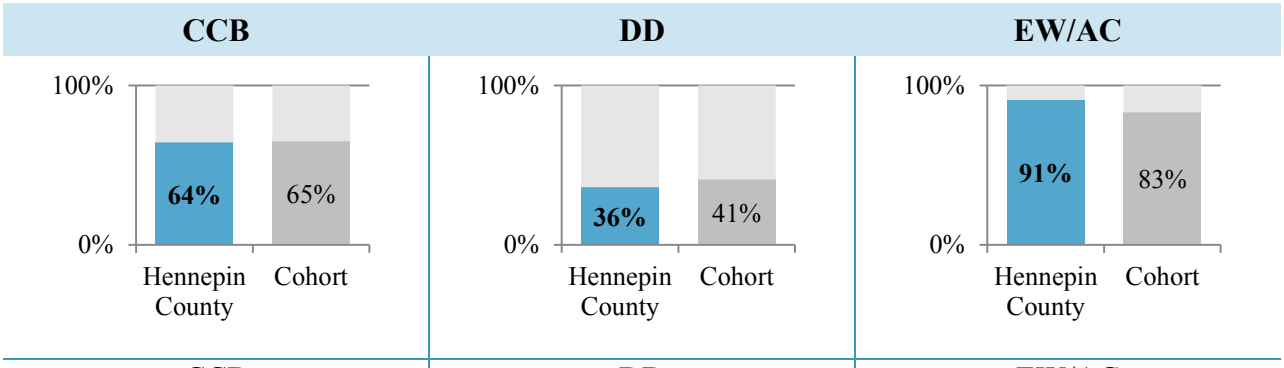
working age participants with earned income in the cohort increased from 62.6 percent to 64.2 percent. Statewide, there was a modest decrease in the number of participants with earnings from 71.1 percent to 70.8 percent over the same time period.

Case mangers participating in the focus groups said that they have good working relationships with Day Training and Habilitation (DT&H) providers serving participants. Case mangers stated that DT&H providers invite them to meetings, send them reports, and are responsive to requests. One challenge case managers identified is providing transportation to DT&H providers. They shared that unless the participant is eligible to use Metro Mobility for transit, it is difficult to get participants to the provider locations. LTC case managers rated their relationships with vocational providers very high and added that they want to see more coordination with the workforce center.

## 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)



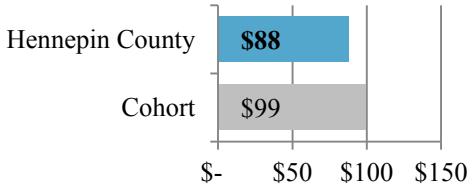
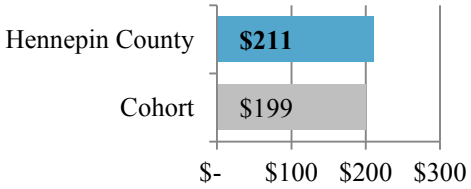
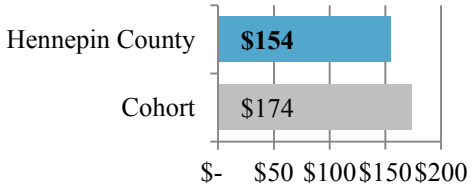
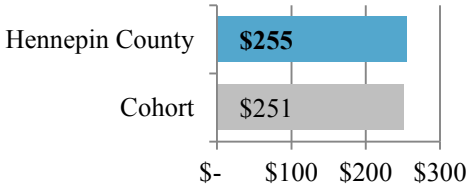
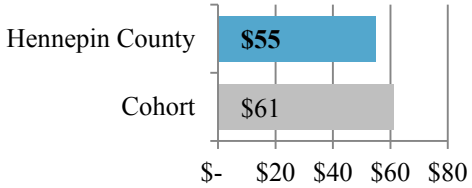
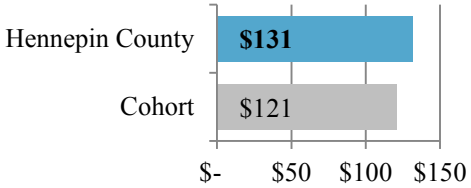

| CCB | | DD | | EW/AC | |
|---|---|---|---|---|---|
| Hennepin County | 64% | Hennepin County | 36% | Hennepin County | 91% |
| Cohort | 65% | Cohort | 41% | Cohort | 83% |

**Hennepin County ranks 36th out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 2,962 people at home. Between 2007 and 2011, the percentage decreased by 2.7 percentage points. In comparison, their cohort's percentage remained stable and the statewide average fell by 2.0 points. In 2011, 64.2 percent of CCB participants in Hennepin County were served at home. Statewide, 63% of CCB participants were served at home in 2011.

**Hennepin County ranks 18th out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 1,155 people at home. Between 2007 and 2011, the percentage decreased by 1.3 percentage points. In comparison, their cohort's percentage increased by 1.0 percentage point. Statewide, the percentage of participant served at home increased by 1.1 percentage points from 34.6% to 35.7%.

**Hennepin County ranks 10th out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 6,179 people at home. Between 2007 and 2011, the percentage increased by 8.8 percentage points. In comparison, their cohort's percentage increased by 5.6 percentage points and the statewide average increased by 1.2 points. Statewide, 75.4% of EW participants were served at home in 2011.

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

| | CADI | DD |
|---|---|---|
| Total average rates per day |  |  |
| Average rate per day for **residential** services |  |  |
| Average rate per day for **in-home** services |  |  |

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

| | Hennepin County | Cohort |
|---|---|---|
| Total average rates per day | $88.12 | $98.97 |
| Average rate per day for **residential** services | $154.36 | $173.66 |
| Average rate per day for **in-home** services | $54.72 | $61.14 |

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

| | Hennepin County | Cohort |
|---|---|---|
| Total average rates per day | $210.85 | $199.07 |
| Average rate per day for **residential** services | $254.51 | $250.62 |
| Average rate per day for **in-home** services | $131.30 | $120.69 |

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 Hennepin County is $10.85 (11.0 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Hennepin County spends $19.30 (11.1 percent) less on residential services and $6.42 (10.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant Hennepin County ranks 26th 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 Hennepin County is $11.78 (5.9 percent) higher than in their cohort**. In comparing the average cost of residential to in-home services, the graph above shows that Hennepin County spends $3.89 (1.6 percent) more on residential services and $10.61 (8.8 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant Hennepin County ranks 86th 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.

**Hennepin County has a similar use in the CADI program as its cohort of residential based services** (Foster Care (13% vs. 17%) and Customized Living (18% vs. 14%)). The county has lower use of vocational services such as Prevocational Services (4% vs. 5%) and Supported Employment Services (3% vs. 5%). They have a higher use of some in-home services including Homemaker (34% vs. 31%), Home Delivered Meals (27% vs. 25%), and Independent Living Skills (42% vs. 34%). Fifty-two percent (52%) of Hennepin County's total payments for CADI services are for residential services (31% foster care and 21% customized living) which is the same as its cohort group (52%). Hennepin County's family foster care rates are higher than its cohort when billed monthly ($4,487.65 vs. $4,462.72 per month) and when billed daily ($216.52 vs. $187.72 per day). Corporate foster care rates are notably lower than its cohort when billed

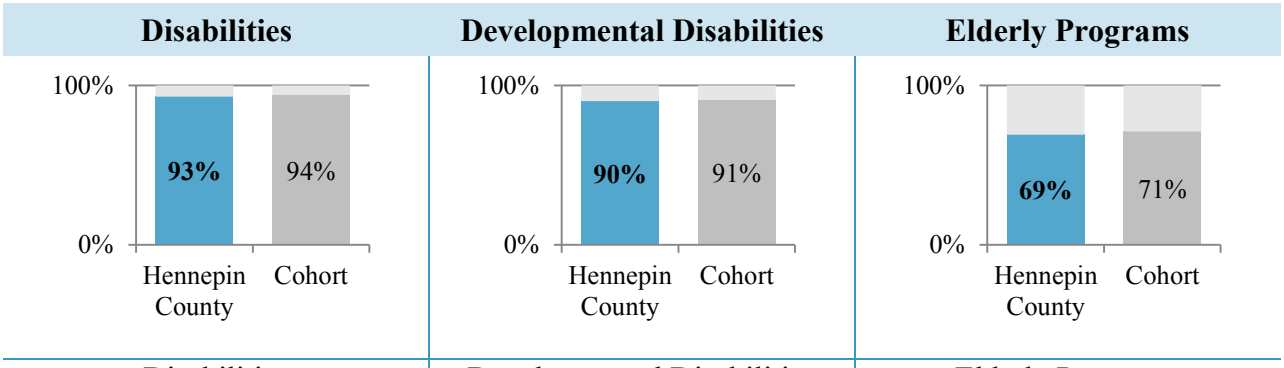
monthly, but are similar when billed daily ($6,695.55 vs. $7,417.21 per month and $241.99 vs. $246.73 per day).

**Hennepin County's use of Supportive Living Services (SLS) is higher than its cohort (63% vs. 59%) 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. Hennepin County's semi-monthly Supportive Living Services rates are similar than its cohort ($3,116.48 vs. $3,166.18). For vocational services, the county's use of Day Training & Habilitation is higher than its cohort (68% vs. 62%) while its use of Supported Employment is lower than its cohort (3% vs. 4%). Its use of Respite Services (19% vs. 19%) is identical to its cohort.

## Usage of Long-Term Care Services

Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

**Percent of LTC Participants Receiving HCBS** (2011)




| Disabilities | | Developmental Disabilities | | Elderly Programs | |
|---|---|---|---|---|---|
| Hennepin County | 93% | Hennepin County | 90% | Hennepin County | 69% |
| Cohort | 94% | Cohort | 91% | Cohort | 71% |

**In 2011, Hennepin County served 15,827 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 1,572 in institutional care.** Hennepin County ranked 57th of 87 counties in the percent of LTC participants receiving HCBS; 92.9% of their LTC participants received HCBS. This is slightly lower than their cohort where 93.8% were HCBS participants. Since 2007, Hennepin County has increased its use of HCBS by 5.4 percentage points, while the cohort has increased 4.5 percentage points. Statewide, 94% of LTC participants received HCBS in 2011.

**In 2011, Hennepin County served 4,753 DD participants (persons with development disabilities) in HCBS settings and 579 in institutional settings.** The county ranked 56th of 87 counties in the percentage of DD participants receiving HCBS with 90.1% of its DD participants receiving HCBS, a slightly lower rate than its cohort (91%). Hennepin County has slightly increased its use of HCBS since 2007 (2.2 percentage points), and its cohort rate has increased at a similar rate (2.1 percentage points). Statewide, 91.6% of DD participants received HCBS in 2011.

**In 2011, Hennepin County served 7,824 LTC participants (over the age of 65) in HCBS settings and 3,800 in institutional care.** Hennepin County ranked 15th out of 87 counties in the percent of elderly LTC participants receiving HCBS. Of those LTC participants, 69.3% received HCBS. This is lower than their cohort where 70.9% were HCBS participants. Since 2007, Hennepin County has increased its use of HCBS by 8.3 percentage points while their cohort has increased by 8.9 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

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

| | **Hennepin County** | Cohort | Statewide |
|---|---|---|---|
| Age 0-64 | **0.77** | 0.58 | 0.47 |
| Age 65-84 | **23.73** | 21.13 | 23.11 |
| TOTAL | **3.24** | 2.81 | 3.24 |

**In 2011, Hennepin County was ranked 21st in their overall use of nursing facility services.** The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. In addition, Hennepin County has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has decreased by 3.7 percent in Hennepin County. Overall, the number of residents in nursing facilities has decreased by 4.3 percent since 2009.

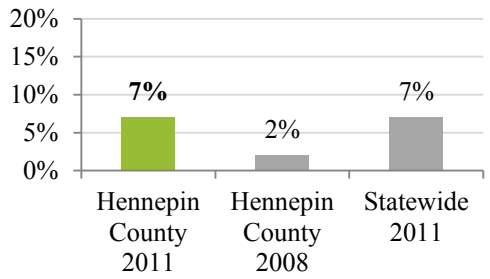
Case managers' ratings of their relationships with nursing facilities varied greatly. LTC case managers had a mix of good and bad relationships with nursing facilities. Some case managers noted that they have good relationships with nursing facility staff and are invited to care conferences. They added that nursing facilities communicate with them about discharge planning. However, others noted that communication is poor and that staff are hard to contact. They also have experienced high turnover in nursing facility social worker staff which creates a learning curve. Other case managers noted that communication with nursing facilities is often absent, but improves when the case managers have a specific contact at the nursing facility. DD case managers noted that nursing facilities do not always want to take DD participants, and they have a limited knowledge of how to manage their needs.

## Managing Resources

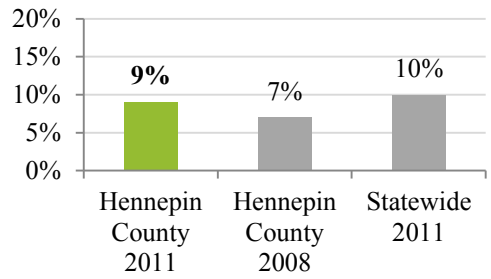
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

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

**DD (CY)**




**CAC,CADI & BI (FY)**




| | DD | CAC, CADI, BI |
|---|---|---|
| Hennepin County (2011) | 7% | 9% |
| Hennepin County (2008) | 2% | 7% |
| 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, Hennepin County had a 7% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Hennepin County's DD waiver balance is larger than its balance in CY 2008 (2%), and is the same as the statewide average (7%).

**At the end of fiscal year 2011, the CCB waiver budget had a reserve.** Hennepin 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, Hennepin County had a 9% balance at the end of fiscal year 2011, which is a smaller balance than the statewide average (10%), but larger than the balance in FY 2008 (7%).

The Waiver Financial Management team oversees the allocation of new waiver slots, requests for budget changes, and verification of allocations at annual renewals. The team also monitors data on allocations and creates quarterly reports. The CCB and DD budgets are managed separately, and each has its own process for assigning new waiver slots and funding.

For the CCB programs, the Waiver Financial Management team partners with the Waiver Start Request (WS) committee to assign available waiver slots to eligible applicants. The WS group reviews slot requests submitted by assessors in order to determine assignment of an available slot. When the number of eligible applicants is less or the same as available slots, assignments are made immediately. However, there are instances when there are more applicants than slots and the committee makes priority determinations in aligning an applicant with a slot. When this occurs, applicants who do not receive a slot are placed on a waiting list until a slot becomes available. For applicants seeking Customized Living or Adult Foster Care options, assessors can obtain a "contingency budget" that helps in aligning residential options with the participant's assessed service needs. The participant's information is provided to the team by the initial assessor and the Waiver Financial Management team makes a decision to award a slot and makes individual allocations and budgets within three business days following the WS committee assignment decision. The team reviews the participant's needs and types of services to get a sense of how they fit in with current participants with similar cost levels. They assign a rating to see if the participant qualifies for a slot and the dollar amount that will be allotted. Hennepin County has matrices that they use as a guide and training tool to help case managers understand how funding levels are determined. The team sets a not-to-exceed dollar amount for the participant and communicates their decision to the assessor. The team reviews between 20 and 30 requests per week. Once the waiver is open and the participant has received a budget from the team, the assessor transfers the case to a long term case manager to finalize the care plan and services. The case managers are able to contact the Waiver Financial Management team with concerns about the dollar amount.

Hennepin County has a waitlist for the CCB programs. The waitlist is for those that have been assessed and are eligible for CCB, but are not able to immediately receive a slot. Participants on the waitlist usually have lower needs that are met by other community or state-plan services.

They are instructed to call for another assessment if their situation changes. The Waiver Financial Management lead team member shared that there is a trend of fewer reuse slots being allocated for the CCB program. In addition, because the county is behind on initial assessments and will be catching up during spring 2013 with their new hires, they anticipate spending down much of their reserves.

There is also a wait list for the DD program. The waiver prioritization committee that includes program managers, group supervisors, and case managers, meets weekly to make decisions for awarding slots for DD participants. In emergency situations, the committee communicates via e-mail to make decisions. The committee makes decisions based on several criteria including high priority cases such as children coming out of placement in residential treatment and securing housing for participants over age 27. They are currently working on finding a baseline cost for new service packages. The DD Waiver Financial Management team lead shared that they count on under-spending the allocations for each participant, especially for new participants living in their own homes or in their family's home. She also shared that the county has added DD waiver participants in 2012 and anticipates that this will use up much of their reserve.

New request for a DD waiver slot often come from a long-term case manager with a Rule 185 case management because they have determined that additional funds and services are needed. If the case manager wants to add waiver services, they must submit a request to their supervisor to review, and if approved, it is submitted to the waiver prioritization committee via an electronic form. Initial DD screeners may also refer cases to the waiver prioritization committee. If the participant is not able to get a waiver slot, the case manager will put other services in place and the participant will remain in the pool of people waiting for slot openings or funding availability. The number of participants added to the pool can fluctuate greatly.

When a case manager needs to request an increase in funding for a CCB or DD participant, they complete a form that is reviewed by the supervisor and then submitted for consideration to the Waiver Financial Management team. For smaller requests, the team makes a decision immediately. Otherwise, the team will send it to a committee that meets every two weeks for

more discussion. The CCMC team provides technical support to supervisors of case management agencies when they requesting increases in funding.

When the waiver is renewed annually, both CCB and DD participants' services and budget are reviewed by the team. During this review, the team thinks about ways to realign services to meet the participant's needs as they improve; for example, someone moving from residential to in-home services. They also reset allocation amounts at this time. A quarterly report is presented to leadership. They use Waiver Management System data to look at trends and what to expect in the future. They report on how many participants they think they can add each year to the prioritization team.

## 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.

**Hennepin County DD 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 | 2 | 0 | 0 | 0 | 0 |
| Help Desk | 0 | 0 | 2 | 1 | 1 |
| Disabilities Service Program Manual | 0 | 1 | 0 | 6 | 0 |
| DHS website | 0 | 1 | 2 | 6 | 1 |
| E-Docs | 0 | 2 | 2 | 4 | 0 |
| Disability Linkage Line | 0 | 0 | 3 | 4 | 0 |
| Senior Linkage Line | 0 | 0 | 2 | 3 | 0 |
| Bulletins | 0 | 1 | 6 | 3 | 0 |
| Videoconference trainings | 0 | 2 | 2 | 2 | 0 |
| Webinars | 0 | 0 | 3 | 0 | 0 |
| Regional Resource Specialist | 0 | 1 | 1 | 0 | 0 |
| Listserv announcements | 0 | 0 | 1 | 2 | 2 |
| MinnesotaHelp.Info | 0 | 0 | 2 | 2 | 2 |
| Ombudsmen | 0 | 1 | 1 | 3 | 2 |
| DB101.org | 0 | 0 | 0 | 1 | 0 |

## Hennepin County LTC 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 | 1 | 0 | 0 | 0 | 0 |
| Help Desk | 0 | 0 | 3 | 2 | 3 |
| Disabilities Service Program Manual | 1 | 0 | 2 | 2 | 3 |
| DHS website | 0 | 1 | 6 | 1 | 1 |
| E-Docs | 0 | 0 | 3 | 5 | 2 |
| Disability Linkage Line | 0 | 1 | 0 | 2 | 5 |
| Senior Linkage Line | 0 | 1 | 1 | 1 | 8 |
| Bulletins | 0 | 3 | 0 | 1 | 4 |
| Videoconference trainings | 1 | 0 | 2 | 1 | 4 |
| Webinars | 3 | 0 | 3 | 2 | 3 |
| Regional Resource Specialist | 0 | 1 | 0 | 1 | 0 |
| Listserv announcements | 1 | 0 | 0 | 2 | 2 |
| MinnesotaHelp.Info | 2 | 0 | 2 | 0 | 2 |
| Ombudsmen | 0 | 0 | 1 | 1 | 4 |
| DB101.org | 0 | 0 | 0 | 0 | 0 |

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

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

County staff provided feedback about DHS resources and support provided. One Social Work Unit Supervisor stated that Policy Quest is helpful when they have specific questions. Community Based Nursing Supervisors shared that they do not currently have access to Policy Quest and must go through one point person to submit questions. They shared that while responses can be helpful, it can take too long to receive a response making it an inefficient tool.

Assessors stated that they like using the Help Desk and noted that they usually get a quick response. However, they also added that they do not like the reduced hours and availability. The Social Work Unit Supervisors for Assessors stated that they use the Help Desk often and have had very positive interactions. They also said that the Help Desk has been useful for coding issues with the LTCC screening document.

One Social Work Unit Supervisor said that she has the Disabilities Service Program Manual on her desktop for easy reference because it links to all the documents that she needs to look at; this eliminates having to go to the website or use E-docs. However, another Social Work Unit Supervisor stated that they do not use the Disabilities Service Program Manual that often because they can usually find what they need elsewhere. Community Based Nursing Supervisors said that the DSPM is used regularly to research and clarify questions. The Social Work Unit Supervisors for Assessors indicated that they use the Disabilities Service Program Manual often especially to confirm they are following policy when there is an appeal.

One Social Work Unit Supervisor mentioned that they find the DHS website difficult to navigate and that they spend more time searching than getting the needed resource. Assessors noted that they wish they were able to save documents from E-docs. They also noted that it is difficult to find documents without the specific document number. Most county staff agreed that bulletins are a helpful resource. However, Assessors noted that the bulletins can be difficult to interpret. Social Work Unit Supervisors noted that they do not always have time to search through or read all the bulletins. Social Work Unit Supervisors for Assessors shared that bulletins are helpful when they are timely, but many times they come out after the effective date of the change, which makes it difficult to implement.

Videoconference and webinar trainings from DHS received mixed reviews from county staff. Assessors mentioned that the videoconferences are too long and that they would prefer to independently read the information provided instead. One Social Work Unit Supervisor stated that some videoconference trainings and webinars are better than others and that this can vary by topic and presenter. Another Social Work Unit Supervisor noted that they get a lot of information from DHS and excellent trainings. They find that there are many changes at both the county and state levels so they appreciate opportunities to give input and learn about changes. Community Based Nursing Supervisors shared that they like to attend videoconferences, but they often must compete for space and end up travelling to attend in other counties. They added that they like webinars better since they are able to preview content and do not have to travel to attend. Social Work Unit Supervisors for Assessors also noted that many of the videoconference trainings are related to adults, and there are not many on children and families. The CCMC team also attends many DHS trainings, but mentioned that they have experienced an overabundance of technical issues with the sound and pictures. They also said that presenters are not always prepared to talk about the topic being discussed.

Contracted case managers noted that the Disability Linkage Line has been a great resource and they refer participants to it. Assessors stated that the Senior Linkage Line is helpful, especially for questions about Medicare Part D. Assessors stated that MinnesotaHelp.info is too general and is not a great resource for seniors. Social Work Unit Supervisors for Assessors shared that staff have used MinnesotaHelp.info, but feel it is more helpful if you are familiar with it since there is a lot of information that may not pertain to waiver participants. Contracted case managers noted that participants do not always have the computer skills to access resources like MinnesotaHelp.Info and DB101.org. One Social Work Unit Supervisor likes the DB101.org and finds it go be a great resource and another Social Work Unit Supervisor contacts the Regional Resource Specialist regularly.

Assessors stated that the Ombudsman is helpful for issues that concern nursing facilities and assisted livings, in particular. One Social Work Unit Supervisor mentioned that they recommend staff use their ombudsmen for participant issues. The ombudsman will attend annual meetings with participants, case managers, and providers if requested. Also, a Social Work Unit

Supervisor had the ombudsman come to a staff meeting to help train staff and build the relationship.

## 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.

### Hennepin County Strengths

The following findings focus on Hennepin 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.

- **Hennepin County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, Hennepin County received a corrective action for the following items being out of compliance: OBRA Level One form, ICF/DD Level of Care form, right to appeal documentation, and emergency contact information for CCB participants. In 2013, none of these issues remain for Hennepin County indicating technical improvements over time.
- **Case managers in Hennepin County advocate strongly for their waiver participants.** They assist participants in navigating across a very complex bureaucracy, which allows participants to receive needed services and supports. County case managers also have good continuity over time which allows them to develop long-term relationships with participants and their families. Providers responding to the Waiver Review survey also sited this as a strength in Hennepin County.
- **Case managers are very supportive of one another.** County case managers and assessors support each other as they work through changes in technology as well as changes to the work environment. They use regular consultation meetings to share expertise as well as build relationships with one another. In focus groups, case managers shared that while the use of technology is growing and many telecommute, a key county strength is the strong collaboration between supervisors and case managers and across teams.

- **Hennepin County's interdisciplinary approach and integration of Public Health and Social Work benefits waiver participants.** The county often has a public health nurse assessor work with a social worker case manager and vice versa to ensure that perspectives and expertise from both fields are considered when care planning. Different units and teams within the county also include staff from both disciplines which allows them to consult with each other and discuss cases with one another. This interdisciplinary approach benefits waiver participants.

- **Hennepin County has effectively used Consumer-Directed Community Supports (CDCS) to serve participants at home.** In 2011, Hennepin County had 320 DD participants using CDCS and 123 CCB participants using CDCS. This program is particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing. In addition, Hennepin County's CDCS care plans are comprehensive and completed well. The county CDCS team has had low turnover which also benefits participants.

- **Hennepin County has developed a depth of knowledge and expertise which benefits its waiver participants.** While the size and diversity of Hennepin County presents many challenges, given its economies of scale, it has been able to specialize staff and develop in-depth knowledge that is not always possible for other counties. For example: contract management staff on specific services such as Day Training and Habilitation or Customized Living services; cases are often assigned to contracted case management agencies that specialize in cultural or health needs; one county LTCC assessor focuses on CADI and BI waiver referrals from Anoka regional treatment center; CDCS cases are managed by a specialized team; etc..

- **Hennepin County has an excellent support system in place for their contracted case managers.** The CCMC team is dedicated to support the work of all contracted case management agencies. The agencies can rely on this team for supports and resources created by Hennepin County to assist them. The Quick Place website and county's operations manual are excellent resources for contracted agencies to access county forms as well as receive updates about policies and procedures. In addition, contracted case managers are invited to

attend all county meetings and trainings. Contracted cases reviewed in Hennepin County consistently met HCBS requirements indicating that contracted agencies and case managers are providing quality case management to waiver participants.

- **Hennepin County has established strong home-based programs for elderly participants.** In 2011, the county served 91% of EW and AC participants at home which ranks 10th out of 87 counties. This is an improvement from 82% in 2007 and indicates that the county has a depth of providers who are able to provide quality care to elderly participants. In addition, Hennepin County spends a large proportion of its LTC funds for EW and AC participants on community-based services. Fifty percent (50%) of LTC funds used by elderly participants were spent community services as opposed to institution services in 2011 which also ranks 10th out of 87 counties.

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Hennepin County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Hennepin 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.
- **Work to foster relationships between the mental health case managers and the waiver case managers for waiver participants also receiving Rule 79 case management.** Hennepin County should consider assigning one case manager per participant when possible. This can occur if the case is managed by a contracted case management agency for Hennepin

County by selecting the same private agency to serve these participants for both CADI and Rule 79 case management. In addition, they could develop a care plan format that meets all requirements for waiver participants and Rule 79 case management (e.g. Blue Earth County Planning format which can be found at www.MinnesotaHCBS.info). This helps streamline services for participants across multiple programs, as participants can reference one care plan document for all of their service and treatment needs.

- **Continue to deliberately work with providers to develop services that the county needs to better support participants in their own homes and in the community.** Hennepin County could benefit from more in-home supports for participants with high needs. Only 36.2% of DD participants with high needs and 58.9% of CCB participants with high needs receive services in their homes. In the CCB and DD programs, Hennepin County serves a smaller percentage of participants with high needs in their own homes instead of in residential settings. Supports needed to keep participants in their own homes may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. By supporting more participants to live independently, space in residential settings will become available to serve those with high behavioral needs filling another gap in services for Hennepin County. Once this happens, be ready to repurpose the current foster care beds by working with providers to use these vacancies to meet emerging needs.

- **Continue to invest resources into developing community-based employment opportunities for participants in the CCB and DD programs.** Hennepin County has done an excellent job of prioritizing employment as a county-wide goal and establishing a comprehensive strategy to increase meaningful employment options through the HSPHD Employment First workgroup. In 2011, Hennepin County had only 6.7% of working age participants in the CCB programs (ranked 74$^{th}$ out of 87 counties) and 20% of working age participants in the DD program (ranked 54$^{th}$ out of 87 counties) earn more than $250 in income each month. The county should continue to actively focus on developing community-based employment opportunities across waiver programs that result in higher wages for participants.

- **Ensure that manuals and other resources are updated to allow case managers to stay informed on HCBS programs and to address staff turnover and transitions.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. Moreover, cases are dispersed across many units, supervisors, and regional offices. According to several different sources, the county's operations manual is the most used resource by Hennepin County and contracted staff to stay current with policies, procedures, and forms, and it is essential that this is updated regularly for existing case managers as well as for the purpose of training new staff. In light of the many technological changes Hennepin County has undertaken, the county may want to consider the following strategies to further support case managers: creating fillable electronic documents stored in a centralized location to support case managers; ensuring proper equipment such as fax machines and printers are available so case managers can access and transfer forms and documents in ECF and Diamond in a timely manner.

- **Update the LTC care plan template to ensure the current format is used consistently across LTC programs.** The care plan should not only include all required elements, but also be a participant friendly document as it is the primary information received by participants and their families. As a model, consider looking at the content currently included in the CDCS care plan used by Hennepin County. In addition, consider including brief directions that explain what should be included in each section of the form to serve as a reminder to case managers as they complete the care plan. Instructions are used on the DD ISP and works well for that program.

- **Develop and use quality assurance visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs.** In addition to documenting required face-to-face visits in the participant's case file, QA visit sheets can be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include questions to assess participant satisfaction with providers.

- **Hennepin County has reserves in the DD and CCB budgets and is able to serve additional participants in these programs.** Hennepin County's DD waiver budget balance was 7% ($17,158,824) at the end of calendar year 2011 and the county has a waiting list. There was a 9% ($17,589,678) balance in the CADI, CAC and BI programs at the end of FY 2011. Therefore, there is room to add more participants via new or reuse slots or service optimization to reduce or eliminate the waiting list and enhance the quality of participant's lives through services such as supportive employment. Typically a 1% to 2% allocation reserve is more than adequate to manage risk for county of this size.
- **Develop and track key performance measures to monitor compliance and inform staff.** The large size of Hennepin County presents unique challenges for communicating progress and updates about the status of a case to the many teams, offices, and staff located across the Metro. The county can build on current systems by creating simple performance measures or dashboards to ensure that all work is completed in a timely manner and is compliant with county, state, and federal requirements. Some of the suggested items to include are timing of the assessment process, case transitions between workers, and frequency of face-to-face visits with participants.

## Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Hennepin County was found to be inconsistent in meeting state and federal requirements and will require a response by Hennepin 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 Hennepin County will be required to take corrective action.

- **Beginning immediately, ensure that LTCC assessments for CCB and Elderly programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Twenty-seven percent (27%) or 87 out of 318 assessments for new CAC, CADI and BI participants and 52% or 157

out of 303 assessments for new EW and AC 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 care plans for HCBS participants in all programs include the required documentation of services to be provided, participant needs, health and safety issues, and outcomes and goals.** All care plans must be updated with this information. Nine of 94 CADI care plans, five of 55 BI care plans, eight of 76 EW care plans, 24 of 77 AC care plans, and one of 93 DD care plans did not include documentation of services to be provided. Four of 30 CAC care plans, 12 CADI care plans, five BI care plans, eight EW care plans, 19 AC care plans, and one DD care plan did not include documentation of participant needs. Two CAC care plans, 16 CADI care plans, five BI care plans, 12 EW care plans, 22 AC care plans, and one DD care plan did not include documentation of participant health and safety issues. Six CADI cases, four EW cases, 11 AC cases, and one DD case did not include documentation of participant outcomes and goals. The care plan is the one document that all participants receive. Therefore, it must include information about the participant's needs along with which services, formal or informal, will be provided to address those needs, the participant's health and safety issues, and goals and outcomes for their involvement with home- and community-based services.

- **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 DD case management for a person with a condition related to a developmental disability on an annual basis. Three out of 11 DD cases reviewed with a related condition did not have complete and current documentation in the file.

- **Beginning immediately, include a back-up plan in the care plan of all CAC, CADI, and BI participants.**[1] All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency.

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

The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, two CAC cases, eleven CADI cases, and one BI case did not include any required elements. Four CAC cases included partial back-up plan documentation meaning the plan included one or two, but not all three required elements.

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, 62 of 93 DD cases reviewed (66.7%) had case manager visits less frequently than on a biannual basis.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Ten out of 93 DD cases, four out of 76 EW cases, three out of 77 AC cases, two out of 94 CADI cases, and one out of 30 CAC cases did not have completed documentation in the case file. In addition, 15 out of 93 DD cases, two out of 76 EW cases, five out of 77 AC cases, seven out of 94 CADI cases, five out of 30 CAC cases, and four out of 55 BI cases did not have documentation that the participant had given informed consent to release private information within the past year.

- **Beginning immediately, ensure that all participants have an individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are fifteen waiver participants who do not have a current care plan in their case file including one out of 30 CAC cases, four out of 94 CADI cases, one out of 55 BI cases, three out of 76 EW cases, three out of 77 AC cases, and three out of 93 DD cases.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Hennepin 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 176 cases. All items are to be corrected by Monday, April 1, 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

| PARTICIPANT ACCESS | ALL | AC / EW | CCB | DD | Strength | Challenge |
|---|---|---|---|---|---|---|
| Participants waiting for HCBS program services | 1256 | N / A | 218 | 1038 | N / A | N / A |
| Screenings done on time for new participants (PR) | 46% | 52% | 27% | 93% | N / A | 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 | 45% | 87% | DD | CCB |

| PERSON-CENTERED SERVICE PLANNING & DELIVERY | ALL | AC / EW n=153 | CCB n=179 | DD n=93 | Strength | Challenge |
|---|---|---|---|---|---|---|
| Timeliness of assessment to development of care plan (PR) | 87% | 86% | 88% | N / A | N / A | N / A |
| Care plan is current (PR) | 96% | 96% | 97% | 97% | ALL | N / A |
| Care plan signed and dated by all relevant parties (PR) | 96% | 94% | 96% | 99% | ALL | N / A |
| All needed services to be provided in care plan (PR) | 74% | 65% | 70% | 95% | DD | AC / EW |
| Choice questions answered in care plan (PR) | 94% | 91% | 94% | 100% | ALL | N / A |
| Participant needs identified in care plan (PR) | 58% | 46% | 54% | 88% | N / A | AC / EW, CCB |
| Inclusion of caregiver needs in care plans | 39% | 37% | 22% | 100% | DD | N / A |
| OBRA Level I in case file (PR) | 98% | 97% | 99% | N / A | AC / EW, CCB | N / A |
| ICF/DD level of care documentation in case file (PR for DD only) | 91% | N / A | N / A | 91% | DD | N / A |
| DD screening document is current (PR for DD only) | 99% | N / A | N / A | 99% | DD | N / A |
| DD screening document signed by all relevant parties (PR for DD only) | 98% | N / A | N / A | 98% | DD | N / A |
| Related Conditions checklist in case file (DD only) | 36% | N / A | N / A | 36% | N / A | DD |
| TBI Form | 96% | N / A | 96% | N / A | CCB | N / A |
| CAC Form | 87% | N / A | 87% | N / A | N / A | N / A |
| **PROVIDER CAPACITY & CAPABILITIES** | **ALL** | **AC / EW** | **CCB** | **DD** | **Strength** | **Challenge** |
| Case managers provide oversight to providers on a systematic basis most of the time or always (QA survey) | Always | N / A | N / A | N / A | ALL | N / A |

| PROVIDER CAPACITY & CAPABILITIES (continued) | ALL | AC / EW | CCB | DD | Strength | Challenge |
|---|---|---|---|---|---|---|
| LA recruits service providers to address gaps most of the time or always (QA survey) | Always | N / A | N / A | N / A | ALL | N / A |
| Case managers document provider performance most of the time or always (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 *(Provider survey, n=138)* | 68% | N / A | N / A | N / A | N / A | N / A |
| Percent of providers who submit monitoring reports to the LA *(Provider survey, n=138)* | 75% | N / A | N / A | N / A | N / A | N / A |
| **PARTICIPANT SAFEGUARDS** | **ALL** | **AC / EW n=153** | **CCB n=179** | **DD n=93** | **Strength** | **Challenge** |
| Participants are visited at the frequency required by their waiver program (PR) | 86% | 95% | 88% | 67% | AC / EW | DD |
| Health and safety issues outlined in care plan (PR) | 59% | 39% | 59% | 91% | DD | AC / EW, CCB |
| Back-up plan (PR for CCB) | 68% | 64% | 90% | 30% | CCB | N / A |
| Emergency contact information (PR for CCB) | 91% | 83% | 97% | 93% | CCB, DD | N / A |
| **PARTICIPANT RIGHTS & RESPONSIBILITIES** | **ALL** | **AC / EW n=153** | **CCB n=179** | **DD n=93** | **Strength** | **Challenge** |
| Informed consent documentation in the case file (PR) | 85% | 88% | 88% | 72% | N / A | N / A |
| Person informed of right to appeal documentation in the case file (PR) | 91% | 89% | 90% | 96% | CCB, DD | N / A |

| PARTICIPANT RIGHTS & RESPONSIBILITIES (continued) | ALL | AC / EW n=153 | CCB n=179 | DD n=93 | Strength | Challenge |
|---|---|---|---|---|---|---|
| Person informed privacy practice (HIPAA) documentation in the case file (PR) | 94% | 94% | 92% | 96% | ALL | N / A |
| **PARTICIPANT OUTCOMES & SATISFACTION** | **ALL** | **AC / EW n=153** | **CCB n=179** | **DD n=93** | **Strength** | **Challenge** |
| Participant outcomes & goals stated in individual care plan (PR) | 71% | 58% | 69% | 94% | DD | AC / EW, CCB |
| Documentation of participant satisfaction in the case file | 35% | 37% | 38% | 28% | N / A | N / A |
| **SYSTEM PERFORMANCE** | **ALL** | **AC / EW** | **CCB** | **DD** | **Strength** | **Challenge** |
| Percent of required HCBS activities in which the LA is in compliance (QA survey) | 99% | N / A | N / A | N / A | ALL | N / A |
| Percent of completed remediation plans summited 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 | 69% | 93% | 90% | N / A | ALL |
| Percent of LTC funds spent on HCBS | N / A | 50% | 85% | 85% | N / A | ALL |
| Percent of waiver participants with higher needs | N / A | 60% | 82% | 93% | DD | AC / EW, CCB |
| Percent of program need met (enrollment vs. waitlist) | N / A | N / A | 98% | 81% | CCB | DD |
| Percent of waiver participants served at home | N / A | 91% | 64% | 36% | AC / EW | CCB, DD |
| Percent of working age adults employed and earning $250+ per month | N / A | N / A | 7% | 20% | 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.