

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Houston County**

Waiver Review Site Visit: September 2013

Report Issued: November 2013

Contents

Contents 2

Acknowledgements 3

About the Waiver Review Initiative 4

About Houston County 5

 Working Across the Lead Agency 7

 Health and Safety 8

 Service Development and Gaps 9

 Community and Provider Relationships/Monitoring 10

Capacity 12

Value 13

Sustainability 15

Usage of Long-Term Care Services 19

Managing Resources 21

 Lead Agency Feedback on DHS Resources 22

Lead Agency Strengths, Recommendations & Corrective Actions 24

 Houston County Strengths 24

 Recommendations 27

 Corrective Action Requirements 29

Waiver Review Performance Indicator Dashboard 31

Attachment A: Glossary of Key Terms 35

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 Houston 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 agencies 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 agencies for each data collection method.

Table 1: Summary of Data Collection Methods

Method	Number for Houston County
Case File Review	39 cases
Provider survey	6 respondents
Supervisor Interviews	2 interviews with 6 staff
Focus Group	1 focus group with 8 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty

nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Houston County

In September 2013, the Minnesota Department of Human Services conducted a review of Houston County's Home and Community Based Services (HCBS) programs. Houston County is a rural county located in south eastern Minnesota. Its county seat is located in Caledonia, Minnesota and the County has another six cities and seventeen townships. In State Fiscal Year 2012, Houston County's population was approximately 18,839 and served 248 people through the HCBS programs. According to the 2010 Census Data, Houston County had an elderly population of 15.7%, placing it 47th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Houston County's elderly population, 12.1% are poor, placing it 14th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

There are two lead agencies for HCBS programs in Houston County: Public Health is the lead agency for EW and AC waiver programs and Human Services is the lead agency for CCB and DD programs. The Public Health Director oversees the EW and AC programs. She supervises six waiver case managers, three of which are registered nurses and three of which are public health nurses. There is one lead AC and EW case manager and four additional case managers with AC and EW cases. There is also one CADI case manager housed at the Public Health Department.

In the Human Services Department, a Social Services Supervisor oversees all children's and adults social services programs, including the CCB and DD programs. Although he is new to the position this year, he previously worked as a CADI and mental health case manager in another county. He supervises a total of twelve case managers, four of which have waiver cases, and two

case aides. There are three case managers who have DD cases and one case manager with CCB cases. In addition, there are two adult mental health workers housed in Human Services who occasionally manage waiver cases. Human Services waiver case managers are also responsible for relocation services and Family and Consumer Support Grants.

In the Human Services Department, one of the case aides is responsible for collecting initial intake information from prospective participants. Case managers rotate intake duties, so after receiving a call, the case aide passes the intake information along to the case manager that is responsible for intake screening duties that day. If the case manager determines enough information has been collected to make a case assignment, they assign the case to a case manager based on specialization of the case manager. If additional information is needed, cases are referred to a screening team that meets to verify whether a case meets eligibility requirements. In the Public Health Department, EW and AC cases are assigned based on geography, caseload size, demographics and specialization of the case manager.

Houston County Public Health performs one-person initial LTCC assessments and reassessments for all EW and AC participants. Houston County Human Services performs one-person initial LTCC assessments and reassessments for some CADI and BI participants, and one-person DD screenings for most DD participants. However, the lead agencies perform dual initial and reassessments for all CAC cases and for participants on CADI or BI with high medical needs. In addition, public health nurses also attend DD screenings if the participant is enrolled in Special Needs Basic Care (SNBC). Houston County serves as a contracted care coordinator for two Managed Care Organizations (MCO), UCare and Secure Blue.

Caseloads vary according to program and with case managers' level of duties outside of waiver programs. Case managers working with the AC or EW programs have between 15 and 20 waiver cases; one case manager has 12 CCB cases and the other case manager with CCB cases has 47 waiver cases; one DD and CADI case manager has 50 waiver cases; and two case managers who work exclusively with DD cases have between 23 and 30 cases.

Working Across the Lead Agency

Staff from Public Health and Human Services shared that the two departments work closely together. For example, because the Public Health Department is a Medicare certified home health care agency, it comes in contact with many community members eligible for a variety of human service programs. Therefore, it is major referral source for the Human Services Department as they refer participants in programs such as WIC to Human Services when appropriate. Additionally, case managers from both agencies work with DD clients over the age 65 with high health needs who receive SNBC care coordination.

Staff from Public Health and Human Services said that they work closely with financial workers who are housed in the Human Services Department. The financial workers use case banking and have specialty areas; for example, two financial workers are assigned to children and two are assigned to participants residing in Group Residential Housing (GRH) facilities. Public Health staff explained that the financial workers check MMIS monthly in order to manage eligibility issues. Staff from the lead agencies said financial workers are knowledgeable about waiver programs since there has been little turnover amongst those staff. Case managers communicate with financial workers by phone, through email and with the Department of Human Services (DHS) communication form. Staff from the lead agencies shared that they have great working relationships with the financial workers and that transactions are seamless.

Waiver case managers work with adult and children's mental health workers when a participant on a CADI waiver is also receiving Rule 79 case management. Generally these participants have two case managers and two care plans if they are in a residential placement. When this is the case, the mental health case manager is the lead case manager and focuses on treatment goals and the CADI waiver case manager coordinates vocational services and other support services. If a participant on both programs is no longer in need of Rule 79 case management, the mental health case manager will close the case to Rule 79 case management and the CADI case manager will become the single case manager. Public Health staff shared that public health nurses participate in monthly team meetings with adult mental health workers and service providers. They also communicate regularly with children's mental health workers.

Staff from the lead agencies shared that coordination and communication with adult and child protection workers is improving now that a permanent Social Services Supervisor is in place. Currently most communication between the waiver case managers and adult protection is through the adult protection intake worker. Occasionally adult protection workers request that waiver case managers attend visits, but this is not a standard practice. When a waiver participant is opened as an adult protection case, the waiver case manager maintains distance from the investigation so not to jeopardize their relationship with the participant. Waiver case managers have monthly meetings with child protection and service providers.

The Public Health Director and Social Services Supervisor provide HCBS waiver program updates to the Houston County Board. Board members are interested in learning about waiver programs, as most board members are newly elected. One of the current commissioners was a family foster care provider who worked with waiver clients, so this Board member has a quite detailed understanding of waiver programs.

Health and Safety

In the Quality Assurance survey, Houston County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agencies have policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Houston County case managers are well-trained and knowledgeable and that the lead agencies respond to questions or inquiries from providers and waiver participants.

Staff from the lead agencies maintain program expertise and are informed of changes in waiver program management through staff meetings. The Public Health and Human Services Departments generally meet separately; however the two departments have been meeting together more frequently to prepare for MnCHOICES. Case managers from both departments receive and review listserv emails and bulletins from the Department of Human Services. Human Services case managers attend quarterly regional meetings with the Regional Resource Specialist and the Social Services Supervisor attends regional supervisor meetings every other month.

Public Health staff incorporate informal trainings into their regular meetings and attend formal trainings hosted by MCOs and also attend Region 10 quarterly AC and EW meetings. On a quarterly basis they review case scenarios together; they discuss hypothetical cases and determine how they would be addressed.

Service Development and Gaps

Overall, staff from the lead agencies reported being satisfied with provider performance and relationships. They shared that the lack of providers in the region poses as a challenge to coordinating HCBS services in Houston County. They also mentioned that providers report difficulties in recruiting and retaining staff. Human Services and Public Health staff attributed these shortages in part to the small county population and the limited demand for services. Staff from the lead agencies also said that their unique geographical location in the most southeastern corner of the state is a barrier to accessing providers. While many smaller counties rely on neighboring Minnesotan counties for service providers, this is a limited option for Houston County as it shares borders with both Wisconsin and Iowa. The providers in the neighboring states are often not interested in serving Minnesota waiver participants, as they report higher regulations and lower compensation rates in Minnesota.

High needs participants must travel to find specialized services and providers, which is often in Rochester, a 90 minute trip from Houston County. Case managers said that they have been noticing an increase in mental health needs in their participants and stated that specialized services for this population are particularly lacking in Houston County. They also mentioned that some of their waiver program participants have undiagnosed mental health needs as there are no psychological evaluation services.

Transportation services are also limited in Houston County. There is only one bus service and staff from the lead agencies said that it is not a convenient option given it does not operate on weekends and follows a limited route. PCA services, culturally diverse providers, speech clinicians, assistive technology and day programs are also areas in which Human Services and Public Health staff would like to see additional options for waiver participants. They shared that

senior participants do not want to attend adult day programs with participants who have disabilities and that there are no alternatives for this population.

Houston County has attempted to address many of these service gaps by thinking creatively about how to meet participant needs. For example, they work with local volunteers who provide homemaker and transportation services, and they are working to secure a companion and chore provider. They also attend community events, such as the Mayo Clinic's senior fair, to meet and recruit new providers. The lead agencies have successfully facilitated service development by acting as a billing agent for small providers who may otherwise act as an informal or unpaid support.

Community and Provider Relationships/Monitoring

During the Waiver Review, 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.

Houston County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Facility	0	3	1
Schools (IEIC or CTIC)	0	5	0
Advocacy Organizations	0	3	0
Public Health Programs for Seniors	0	0	3
Hospitals (in and out of county)	0	4	2
Area Agency on Aging	2	0	0
Customized Living Providers	0	1	2
Foster Care Providers	0	4	1
Home Care Providers	1	4	0
Employment Providers (DT&H, Supported Employment)	0	0	4

Staff from the lead agencies monitor providers through a variety of methods. Public Health and Human Services staff review and monitor licensing reports from the Department of Human Services. Human Services waiver case managers complete surveys administered by the foster care licenser to provide feedback on foster care services. Human Services staff are in frequent contact with the foster care licenser and reported that they receive updates from her. Public Health audits customized living providers every three years. They also send out a satisfaction survey to a random sample of participants to determine their satisfaction with case management and homecare services provided by the Houston County. The lead agencies also update providers about any changes that may be happening in regard to policy. For example, they recently had a meeting with small providers to discuss 245D licensure changes and its impacts.

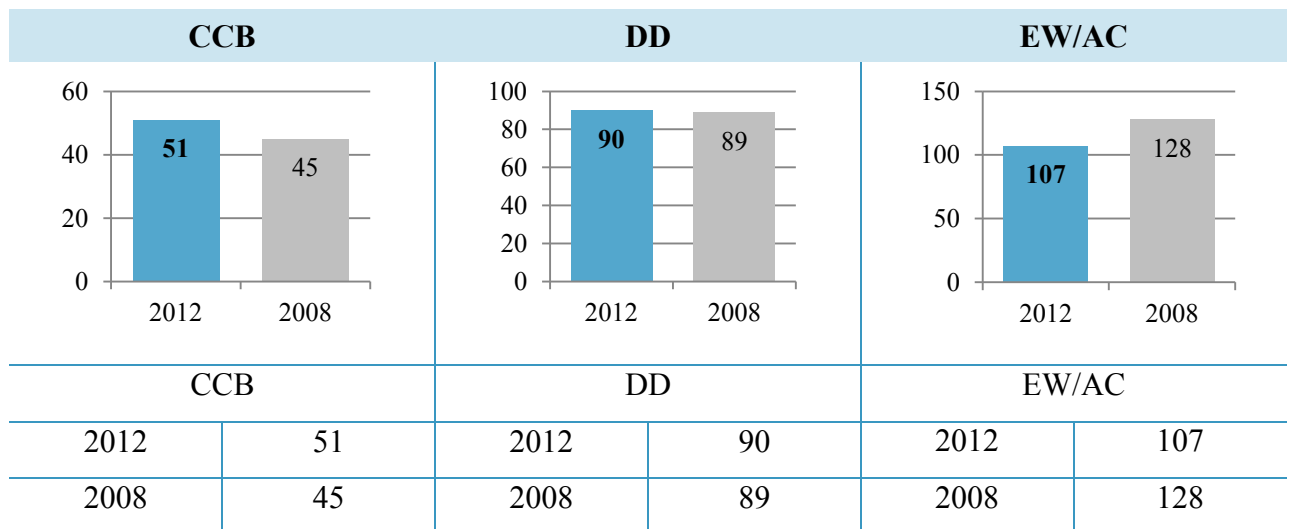
Case managers rated their relationships with schools as average and said that they would prefer earlier referrals of disabled students preparing to transition out of high school. They stated that transition should be brought up well before graduation approaches at the IEP meetings to allow for improved team planning. Case managers rated their relationships with public health programs for seniors as being good. They shared that these programs have experienced cutbacks recently due staffing shortages. Case managers stated that they have open communication with hospital staff and that they have built strong relationships in this area.

Case managers reported that they have good relationships with vocational providers. They explained that they have good communication with these providers; they e-mail them frequently and attend team meetings with them twice a year. Case managers said that their relationships with foster care providers vary from site to site. They noted that some providers are more difficult to work with than others and that the quality of service varies. Lastly, case managers stated that they would like to see more of a presence from advocacy organizations.

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 Houston County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Houston County has increased by six participants (13.3 percent, from 45 in 2008 to 51 in 2012. Most of this growth occurred in the case mix categories A and J, each growing by five people. Decreases occurred in four case-mix categories; C, E, G and K.

Since 2008, the number of people served with the DD waiver in Houston County increased by one participant, from 89 in 2008 to 90 in 2012. While Houston County experienced a 1.1 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.0 percent increase in number of people served. In Houston County, the profile group 3 increased by four people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 decreased, Houston County still serves a larger proportion of people in these groups (37.8 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Houston County has decreased by 21 people (16.4 percent), from 128 people in 2008 to 107 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Houston County still served 22 fewer lower needs participants in 2012 than in 2008. Case mix E had the largest increase, growing by five people. As a result Houston County may be serving a larger proportion of people with mental health needs.

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

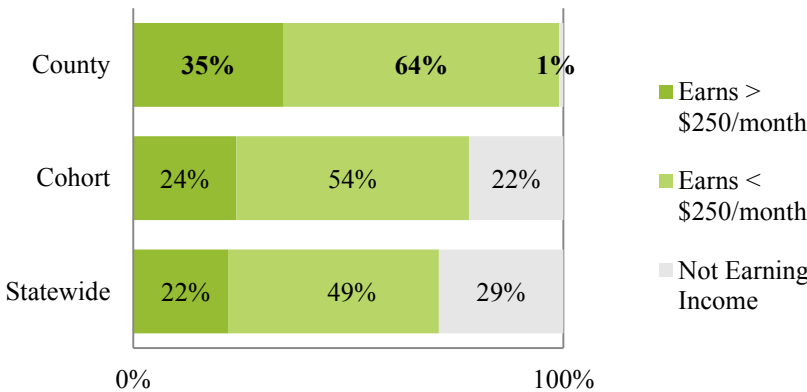
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Houston County	13%	26%	61%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, Houston County served 39 working age (22-64 years old) CCB participants. Of working age participants, 38.5 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **Houston County ranked 42nd of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Houston County 12.8 percent of the participants earned \$250 or more per month, compared to 14.4 percent of their cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



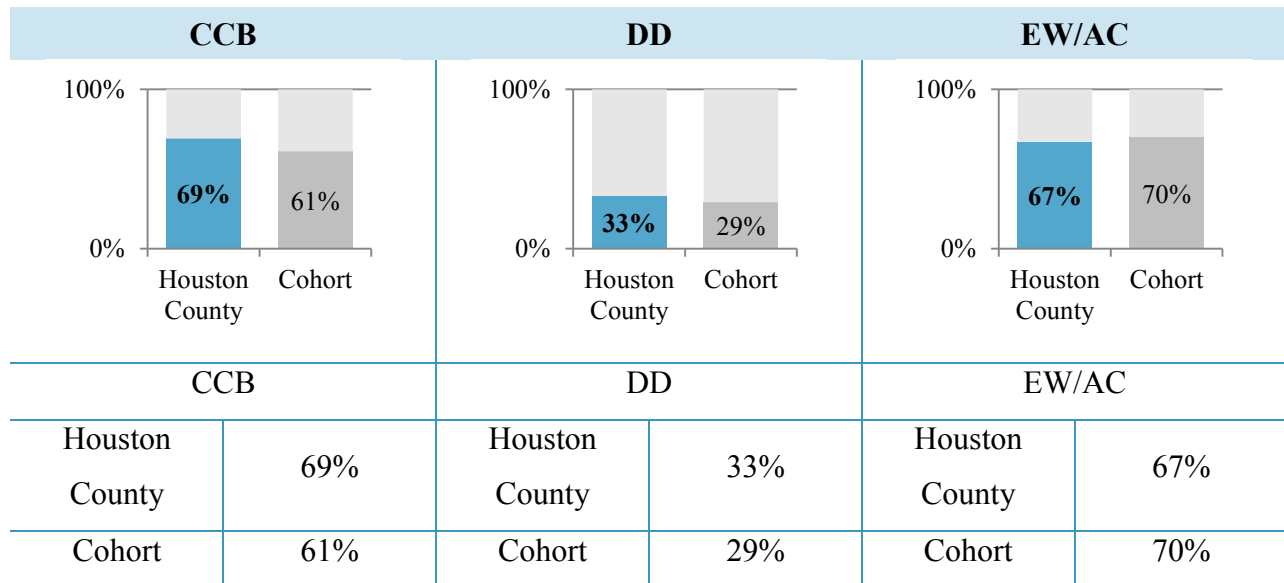
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Houston County	35%	64%	1%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

In 2012, Houston County served 66 DD waiver participants of working age (22-64 years old). **The county ranked 8th in the state** for working-age participants earning more than \$250 per month. In Houston County, 34.8 percent of working age participants earned over \$250 per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 98.5 percent of working age DD waiver participants in Houston County had some earned income, while 77.8 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2012)



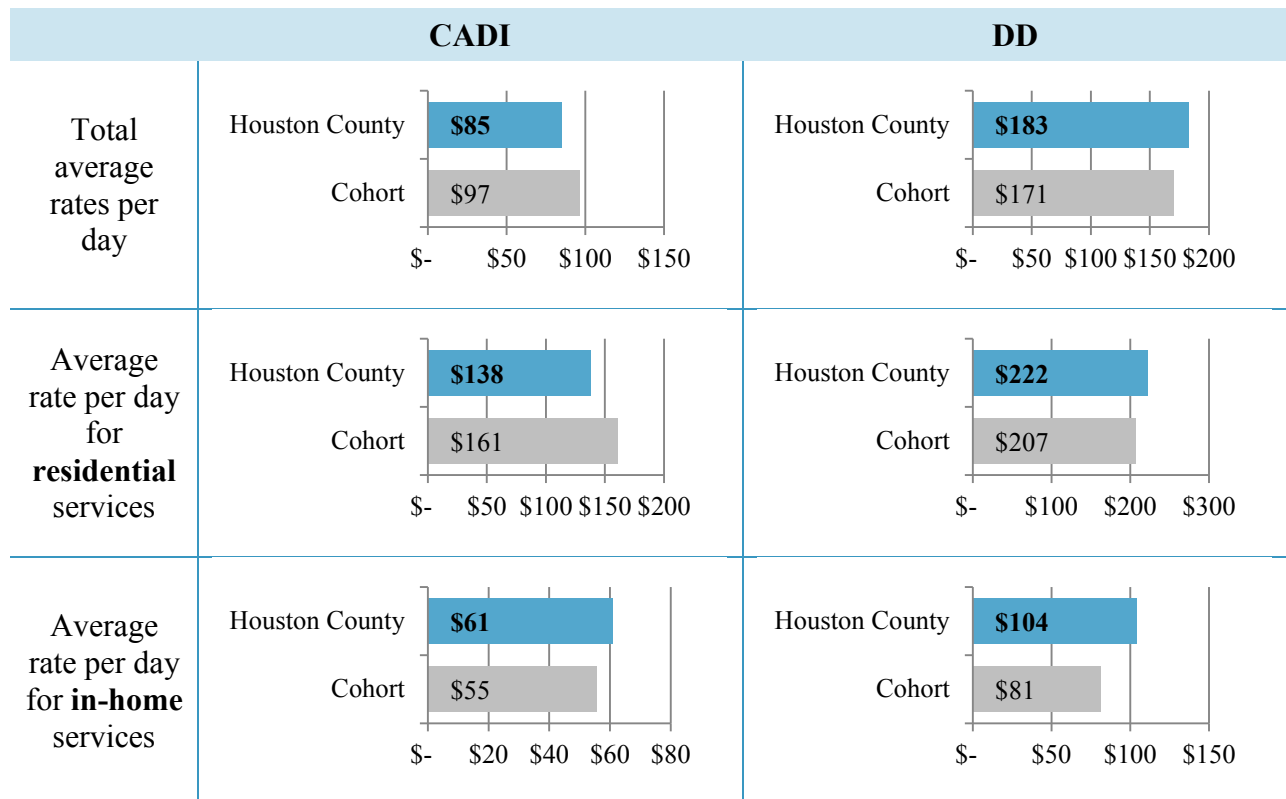
Houston County ranks 28th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 35 participants at home. Between 2008 and 2012, the percentage increased by 2.0 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points and the statewide average fell by 4.2 points. In 2012, 68.6 percent of CCB participants in Houston County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Houston County ranks 23rd out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 30 participants at home. Between 2008 and 2012, the percentage decreased by 12.7 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling by only 1.0 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

Houston County ranks 54th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 72 participants at home. Between 2008 and 2012, the percentage decreased by 3.0 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their

homes statewide. Houston County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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



Average Rates per day for CADI services (2012)

	Houston County	Cohort
Total average rates per day	\$85.18	\$96.60
Average rate per day for residential services	\$138.19	\$160.81
Average rate per day for in-home services	\$60.71	\$55.43

Average Rates per day for DD services (2012)

	Houston County	Cohort
Total average rates per day	\$182.69	\$170.56
Average rate per day for residential services	\$222.12	\$206.94
Average rate per day for in-home services	\$104.00	\$80.98

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 Houston County is \$11.42 (11.8 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Houston County spends \$22.62 (14.1 percent) less on residential services, and \$5.28 (9.5 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Houston County ranks 23rd of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Houston County is \$12.13 (7.1 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Houston County spends \$15.18 (7.3 percent) more on residential services and \$23.02 (28.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Houston County ranks 54th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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

Houston County has lower use in the CADI program than its cohort of residential based services (Foster Care (17% vs. 28%) and Customized Living (5% vs. 8%)). The county's average rate for daily rate for Corporate Foster Care is slightly lower than its cohort (\$177.81 per day vs. \$192.17 per day). The county has a higher use of Supported Employment Services (15% vs. 11%), but a lower use of the other vocational service (Prevocational Services 9% vs. 11%).

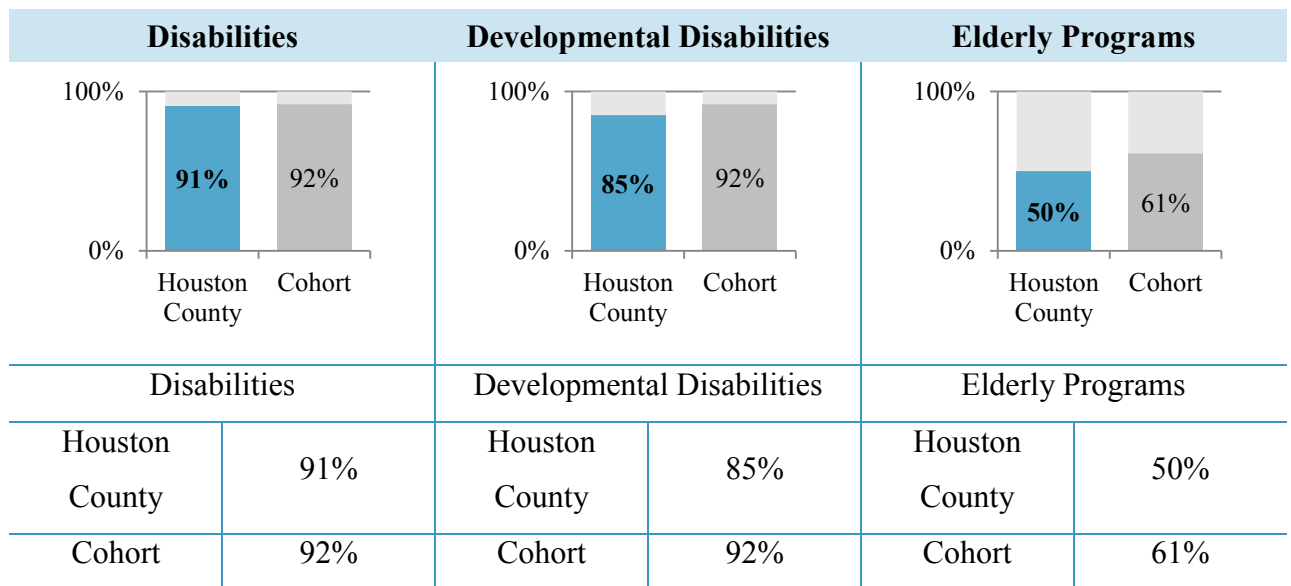
They have a lower use of Home Delivered Meals (11% vs. 21%). Forty-one percent (41%) of Houston County’s total payments for CADI services are for residential services (37% foster care and 4% customized living) which is lower than its cohort group (56%).

Houston County’s use of Supportive Living Services (SLS) is lower than its cohort (66% vs. 70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The county’s average rate for daily SLS services in a Corporate Foster Care is slightly higher than its cohort (\$190.17 per day vs. \$186.50 per day). The county has a lower use of Day Training & Habilitation (54% vs. 64%) and a higher use of Supported Employment (31% vs. 5%). Its use of several in-home services is higher than its cohort, including Respite Services (37% vs. 19%), In Home Family Support (26% vs. 17%), and Modifications (12% vs. 3%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Houston County served 128 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 16 in institutional care. Houston County ranked 61st of 87 counties with 90.8 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 92.0 percent were HCBS participants. Since 2008, Houston County has increased its use of HCBS by 1.9 percentage points, while the cohort increased its use by 0.5 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Houston County served 94 LTC participants (persons with development disabilities) in HCBS settings and 18 in institutional settings. Houston County ranked 73rd of 87 counties with 84.9 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.2 percent). Since 2008, the county has increased its use by 1.6 percentage points while its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Houston County served 112 LTC participants (over the age of 65) in HCBS settings and 109 in institutional care. Houston County ranked 70th of 87 counties with 50.0 percent of LTC participants receiving HCBS. This is lower than their cohort, where 60.7 percent were HCBS participants. Since 2008, Houston County has decreased its use of HCBS by 0.3 percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

	Houston County	Cohort	Statewide
Age 0-64	0.44	0.57	0.54
Age 65+	27.02	24.57	21.99
TOTAL	4.60	4.48	3.19

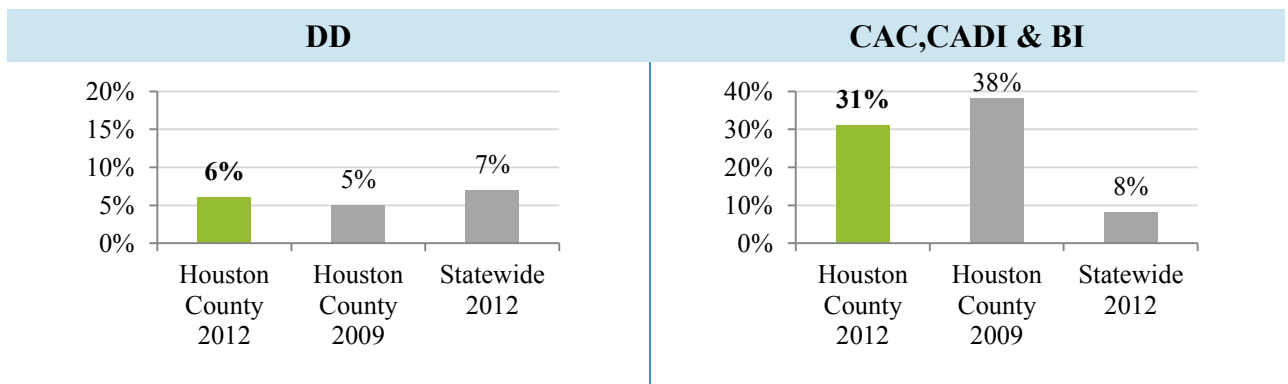
In 2012, Houston County was ranked 40th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and

older is higher than its cohort and the statewide rate. However, Houston County has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 10.1 percent in Houston County. Overall, the number of residents in nursing facilities has decreased by 11.2 percent since 2010.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Houston County (2012)	6%	31%
Houston County (2009)	5%	38%
Statewide (2012)	7%	8%

At the end of calendar year 2012, 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 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program,

Houston County had a 6% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Houston County's DD waiver balance is larger than its balance in CY 2009 (5%), but smaller than the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Houston County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Houston County had a 31% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than its balance in FY 2009 (38%).

At the time of the waiver review, Houston County Human Services had a waitlist of two people for DD programs but did not have anyone waiting for the CCB programs. Staff from the two lead agencies said that case managers are well-informed of the current status of resources and budgets. In Human Services, two case managers have access to the Waiver Management System (WMS), along with the Social Services Supervisor. They run reports and print them out for other Human Services staff to review on a monthly basis. Human Services optimizes services by allocating new slots to participants with high needs. Requests for increases in services over \$500 are brought to waiver management review team meetings where staff discuss requests and determine if they are necessary.

Public Health staff attend a semi-annual meeting with the Accounting Manager to track their AC allocations. She informs them whether they are exceeding the program allocation, and if they are, the Public Health Department requests additional funds. Public Health also has quarterly meetings with financial workers to support their management of allocations.

Lead Agency Feedback on DHS Resources

During the Waiver Review, staff from the lead agencies 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.

Houston County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

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

Case managers reported that the Ombudsmen, bulletins, E-docs, Policy Quest, and MMIS Help Desk were the most useful DHS resources for their work. Supervisors stated that bulletins are their primary sources of information and that they print them out and distribute them during meetings. Public Health and Human Services staff shared that they regularly use Policy Quest and case managers explained that they like looking at answers to past questions, but also stated that they often do not get timely responses to their inquiries. Staff from the lead agencies also said that the MMIS Help Desk is very responsive, but supervisors shared that they would prefer to have telephone conversations to address their questions rather than having less efficient e-mail

interactions. Most case managers said they use E-Docs to get updated forms and save them on a shared drive.

The majority of case managers found the Ombudsmen to be very helpful and said that they refer families to this resource. Case managers that have experience using the Community Based Services Manual (CBSM – formerly the DSPM) shared that they use this resource a lot and it is helpful for determining action steps for specific scenarios. Staff from the lead agencies stated that the DHS website is difficult to navigate. Case managers said they refer participants to the Disability Linkage Line and most found it to be helpful. Staff shared that they prefer webinars over videoconference trainings, because they like not having to travel and have found them to be much more interactive and informative. Case managers stated that responses to questions to their Regional Resource Specialist are not timely and that they do not have the support that they would like for the elderly programs in particular. Staff receive and read Listserv announcements regularly and use them to stay current on any updates. Lastly, staff that have experience with MinnesotaHelp.Info have not found it to be a very helpful resource. The families that they refer to it have reported that when they contact listed providers they are told they do not provide services in Houston County.

Lead Agency Strengths, Recommendations & Corrective Actions

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

Houston County Strengths

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

- **Houston County addresses issues to comply with Federal and State requirements.**

During the previous review in 2009, Houston County received a corrective action for the timeliness of referral to screenings for EW and AC, signed and dated care plans for DD

participants, and Related Conditions Checklist. In 2013, none of these issues remain for Houston County indicating technical improvements over time.

- **Houston County’s HCBS case managers collaborate well with each other and across the Public Health and Human Services departments.** The Public Health and Human Services Departments and staff have good working relationships with one another. Social workers and public health nurses are open to helping each other and case managers said that inter-departmental collaboration is a strength of the county. Case managers frequently communicate with financial workers about waiver participants on their caseload. Case managers shared that they receive timely responses from financial workers and always know which financial worker to contact with questions about a specific participant. The strong communication between case managers and financial workers helps ensure that participants’ have a seamless experience with enrolling in waiver programs and maintaining financial eligibility.
- **Houston County Public Health is a Medicare certified home health care agency which allows them to reach a greater number of participants and streamline services.** As a Medicare certified home health care agency, Houston County Public Health is able to perform more community outreach than many other public health agencies and to access community members who otherwise may not be reached. In addition, they are able to make referrals for services, supply immunizations and invite participants into the agency for care. Houston County Public Health’s dual role as a lead agency of EW and AC programs and as a home health care agency promotes continuity between waiver case management and the services participants receive. Case managers corroborated that serving as a home health care agency is a strength of the county. They shared that they are able to fill service gaps such as Personal Care Assistance (PCA) and that having worked with families in many capacities enables them to more quickly assess participants’ needs and build trusting relationships.
- **Houston County case managers develop person-centered and participant friendly care plans in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. The case files reviewed in Houston County provided evidence of the customized care

that participants receive; they were thoughtfully written and meaningful to each individual participant and his/her unique situation. For example, the narrative in the care plans contained a greater level of detail for participants with more comprehensive needs. Of the care plans reviewed, 100% contained the following components: identified participants' assessed needs, listed all services to be provided, outlined the participants' health and safety concerns, addressed medical or behavioral health needs of the participants, and listed outcomes or goals for the participant.

- **Case managers build relationships with waiver participants and families over time by visiting frequently.** Staff from the lead agencies shared that the relationships that case managers have with program participants is a strength of the county. Case managers are in frequent contact with participants; 95% of participants reviewed were seen at the frequency required by their waiver plan or more often. Moreover, waiver participants were seen more often than required with an average of 7 visits every 18 months across all waiver programs.
- **Staff from the lead agencies are well-connected with providers and other organizations that serve participants.** Houston County case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. Case managers have especially good relationships with vocational providers. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participants' needs are met. Houston County has used its close connections to the community to create innovative solutions to fill gaps in services. For example, Houston County has acted as a billing agent for non-traditional or informal supports which allows them to be paid to provide basic in-home services, such as chore and respite services. Houston County is also working with its Minnesota Region 10 contract manager to increase their knowledge of resources for providers and keep its providers informed of upcoming changes to HCBS services, licensures, and contracts.
- **Houston County has the capacity to serve participants in their own homes.** Houston County has higher rates of participants served at home than its cohort in the CCB and DD programs. 68.6% of CCB participants were served at home (28th out of 87 counties) and

33.3% of DD participants (23rd of 87 counties) are served at home indicating less reliance on residential services. However, this is due in part to the large proportion of younger waiver program participants as 21% of DD participants and 32% of CCB participants are under the age 22. The lead agencies should be mindful of the large number of youth who will soon be transitioning to adulthood and may need independent housing options that include some supportive services. The lead agencies should consider using their existing relationships with providers to develop a continuum of service options for this target population.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Houston County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Houston 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.
- **Houston County should build off of current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Visit sheets can be used to document face-to-face visits, monitor the provision of services outlined in the care plan, and to document participant satisfaction with providers. Currently, Public Health administers annual participant surveys as part of their Medicare certification requirements, but it would be beneficial for Houston County to get feedback on all providers by using visit sheets that include questions for case managers to ask participants.

- **The lead agencies should consider developing additional systems or practices to support case managers.** With growing disability caseloads and continually changing programs, administering the waiver programs and providing case management has become more complicated. The lead agencies' switch to an electronic case filing is a good example of the types of supports that case managers need to make their work more efficient. The lead agencies may want to consider employing several other strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing their many other responsibilities. Some strategies that have assisted other lead agencies include: hiring additional support staff to reduce paper work and data entry for case managers; enhancing technology supports such as hotspots for creating connections offsite; and utilizing contracted case management agencies to assist during staffing shortages and cut down on travel time to serve participants that live out of the region.

- **The lead agencies should work to develop services that support participants in their own homes or in community settings, reducing reliance on more expensive institutional care.** Across all programs, Houston County serves a lower proportion of participants in home and community based settings (and a higher proportion of participants in institutional settings) than the statewide average and their cohort average. Houston County ranked 73rd out of 87 counties for the number of LTC recipients with developmental disabilities receiving HCBS, 70th for the number of LTC recipients over age 65 receiving HCBS, and 61st for the number of LTC recipients with disabilities under the age of 65 receiving HCBS. Houston County should work to influence services available which may include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. It may also involve strategically developing assisted living services that can care for persons who otherwise may have to live in nursing facilities, such as those living in isolated rural communities or those needing memory care. The lead agencies should leverage the close working relationships it has with service providers to ensure participants access to supports regardless of their age or disability.

- **The lead agencies should work to support providers in addressing staffing barriers.** The lead agencies have made efforts to bring in providers from neighboring communities to address service gaps. However, it also should make efforts to motivate local providers to develop more creative hiring practices. Houston County has some resources for staffing that not all rural communities have, as there are several colleges located in the region. College students are likely candidates for service provider staff positions as they are eager to build their resumes, apply knowledge, earn income and give to their communities. The lead agencies should support service providers in strengthening their connections to the local colleges and programs such as service learning and internships. In addition, Houston County should encourage service providers to build a relationship with local workforce development centers or staffing agencies.
- **Houston County should continue to expand community-based employment opportunities for participants in the CCB and DD programs.** Houston County is ranked 42nd of 87 counties for working age CCB participants earning more than \$250 a month and has a lower percentage of CCB participants earning more than \$250 than its cohort (12.8% vs. 14.4%). The lead agencies should continue to work with local providers to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants across all waiver programs. These efforts may include outreach to local businesses or implementing creative solutions to address transportation barriers. Houston County's employment providers have done a good job at providing services for participants in the DD program, but the lead agencies should encourage providers to customize programs for their CADI and BI participants so they can achieve similar outcomes and earnings.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Three out of ten CADI cases and two out of two BI cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, six out of ten CADI cases, one out of seven AC cases, and one out of ten DD cases did not have documentation that the participant had been informed of their right to appeal 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. At the time of review, there were two waiver participants who did not have a current care plan in their case file including one out of ten EW and one out of seven AC cases.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Houston County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 18 cases. Houston County submitted a completed compliance report on October 30, 2013.

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	2	N / A	0	2	N / A	N / A
Screenings done on time for new participants (PR)	89%	92%	75%	100%	AC / EW, DD	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	75%	94%	CCB, DD	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=17	CCB n=12	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	93%	88%	100%	100%	CCB, DD	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	92%	88%	92%	100%	CCB, DD	N / A
Participant needs identified in care plan (PR)	92%	82%	100%	100%	CCB, DD	N / A
Inclusion of caregiver needs in care plans	77%	67%	75%	100%	DD	N / A
OBRA Level I in case file (PR)	93%	88%	100%	N / A	CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=6</i>)	83%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=6</i>)	83%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=17	CCB n=12	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	83%	100%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (PR for CCB)	82%	82%	100%	60%	CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=17	CCB n=12	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	97%	94%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	64%	94%	0%	90%	AC / EW, DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	97%	94%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=17	CCB n=12	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	59%	71%	42%	60%	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)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	50%	91%	85%	N / A	ALL
Percent of LTC funds spent on HCBS	N / A	29%	83%	77%	N / A	ALL
Percent of waiver participants with higher needs	N / A	46%	63%	78%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	98%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	67%	69%	33%	CCB, DD	AC / EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	13%	35%	DD	CCB

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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