

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Itasca County**

Waiver Review Site Visit: August 2012

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Acknowledgements

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

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Itasca County
Case File Review	71 cases
Provider Survey	19 provider respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 10 staff
Quality Assurance Survey	1 survey response

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 Itasca County

In August 2012, the Minnesota Department of Human Services conducted a review of Itasca County's Home and Community Based Services (HCBS) programs. Itasca County is a rural county located in northern Minnesota. Its county seat is located in Grand Rapids, Minnesota and the county has another fifteen cities and forty-two townships. In State Fiscal Year 2011, Itasca County's population was approximately 45,034 and served 801 people through the HCBS waiver programs. In 2011, Itasca County had an elderly population of 18%, placing it 35th out of the 87 counties in Minnesota in the percentage of residents who are elderly. Of Itasca County's elderly population, 6.4% are poor, placing it 78th out of the 87 counties in Minnesota in the percentage of elderly residents in poverty.

Itasca County's Health and Human Services Department is the lead agency for all HCBS programs and provides case management for these programs. The Health and Human Services Department encompasses both Public Health and Social Services functions. The county provides care coordination for the Itasca Medical Care Managed Care Organization (MCO).

Itasca County has two supervisors for the waiver programs: a Public Health Supervisor who oversees the CAC, CADI, BI, EW, and AC waiver programs, and a Social Services Supervisor who oversees the DD waiver. The Public Health Supervisor oversees five full-time staff and four part-time waiver case management staff. They are a mix of social workers and public health nurses. Public Health has a case aide who assists staff with various tasks related to the management of the waiver programs. The Social Services Supervisor oversees six DD case managers as well as one contracted case manager for out of county DD and CADI cases. Itasca County contracts with Meridian Services for cases which are located far away.

Public Health and Social Services collaborate to provide services for participants. Case managers get together and talk informally about cases. More formal communication between the agencies includes filling out internal forms for referrals. County staff have regular weekly unit meetings to discuss caseloads, services, planning for the future, and to assess needs. Social Services and Public Health perform dual LTCC assessments. Public Health has two workers who only do initial LTCC assessments for EW and AC and develop the initial care plan before transferring the case to the ongoing case manager. Social Services will partner with Public Health for CADI cases to provide supports for the participant's social service needs. Public Health conducts PCA assessments and is often involved in DD services and providing supports for participants with medical needs.

Case managers in Itasca County specialize by program and by age (under 65 or over 65). The EW case managers have approximately 60 to 90 cases. CADI case managers have about 60 cases and their caseloads include a few BI cases. The DD case managers have an average caseload of 45 cases.

Calls come into the agency's central intake staff. The public health nurse or social worker assigned to the case schedules meetings with potential participants, gathers information, and assists with completing eligibility paperwork. Following the DD screening, the Social Services Supervisor reviews the files and will determine if the diagnosis qualifies for the DD waiver. She sends a letter to the individual notifying them if they are eligible, and then will assign the case to a case manager. Cases are assigned on a rotating basis with consideration for caseloads.

Working Across the Lead Agency

Itasca County has four financial workers with waiver caseloads. Case managers work very closely with financial workers to ensure individuals receive waiver services if they are eligible. The county has a quarterly meeting with financial workers, case managers, and health plan personnel to discuss any issues or questions. Supervisors shared that financial workers have extremely high caseloads, creating stress and possibly impacting the high turnover rate.

The Social Services unit manages adult protection, child protection, and mental health, but Public Health works closely with Social Services for waiver participants. Child protection and adult protection workers meet to screen daily reports every morning. Case managers will attend this meeting if they have any concerns about their participants. Five of the six DD case managers have a child protection background and are knowledgeable about referrals. The county contracts with a provider for adult mental health case management. One staff member in Social Services is an adult mental health expert in the county and oversees the contracted case managers' work. In the focus group, case managers reported having some challenges with communicating with child protection and mental health and said they do not always receive information about participants on their caseload from these other units.

The Health and Human Services Board meets monthly and division managers will present information and updates about the program. The Social Services Supervisor has talked to the Board about the recent Day Training and Habilitation services Request For Proposals (RFP). Supervisors shared that the Board has been supportive of the programs and the county has been able to fill vacant staff positions.

Health and Safety

In the Quality Assurance survey, Itasca County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified well trained and knowledgeable case managers as a county strength. County staff shared that case managers are advocates for participants and care deeply about ensuring they are safe and successful in the community.

Supervisors notify staff of important trainings, and county staff regularly views webinars. They recently participated in webinars covering MN Choices and the new rate setting methodology. Case managers stay current with program and policy changes by reading listserv messages and attending quarterly meetings with their Regional Resource Specialist (RRS) for DD staff. In addition, the Social Services Supervisor attends monthly waiver management meetings in the

metro area to learn about changes to waivers and policies, how they affect counties, and to exchange information with other counties about meeting requirements. They are conscious of the importance of participating in these discussions to understand upcoming changes.

Supervisors e-mail important updates to staff regularly, especially during the legislative session, and discuss changes during their weekly meetings. During the meetings, Social Services staff share information and updates about guardianship and adult protection.

Service Development and Gaps

Itasca County staff noted that they have a shortage of providers for specialty services, particularly mental health services. The county noted that they would like to develop more specialty services, such as psychiatry to meet these needs, but the demand is not high enough since participants will often travel to the Metro area to receive services. Supervisors shared that the existing Day Training and Habilitation (DT&H) providers do not currently have the capacity to serve participants with challenging behavioral needs, including mental health needs. The county recently issued an RFP to address this gap in services, and is currently developing the contract with a new DT&H and Supported Employment provider to boost its capacity.

In addition, county staff mentioned that transportation is a barrier. Limited transportation options make it difficult for participants to attend appointments and get to employment sites. County staff noted that there is not a lot of flexibility for participants to travel out of Grand Rapids; for example, there is no public transportation operating on Saturdays. As a result, the county recruits volunteer drivers and uses county dollars to fund some transportation services for county residents. Supervisors also identified a future service gap as a supported employment site will be closing in its Grand Rapids location.

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.

Itasca 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 Homes	0	3	6
Schools (IEIC or CTIC)	3	1	1
Advocacy Organizations	0	0	5
Hospitals (in county and out)	0	2	5
Area Agency on Aging	0	1	7
Public Health programs for Seniors	0	0	3
Vocational	0	4	0
Assisted (Customized) Living	0	2	4
Foster Care (Corporate)	1	4	2
Home Care	0	6	4
Adult Foster Care	0	3	5

Case managers shared that they have had a mix of good and bad experiences with local providers and agencies. In the focus group, case managers reported that there is a lack of communication with area schools regarding transition age youth and this is complicated by limited transition services. They added that they are not invited to IEP meetings at the schools. Case managers said that they do not have a lot of contact with hospitals, both in Itasca County or out of county.

Case managers shared that the Elder Circle organization is very strong in the county. This group offers chore services, a good neighbor program, money management, and guardianship services. Home health care agencies put on foot clinics in the county and case managers said that these are excellent. Most case managers rated their relationships with vocational and corporate foster care providers as average; while they have some excellent providers, they have had less positive experiences with others. They shared that assisted (customized) living facilities provide quality

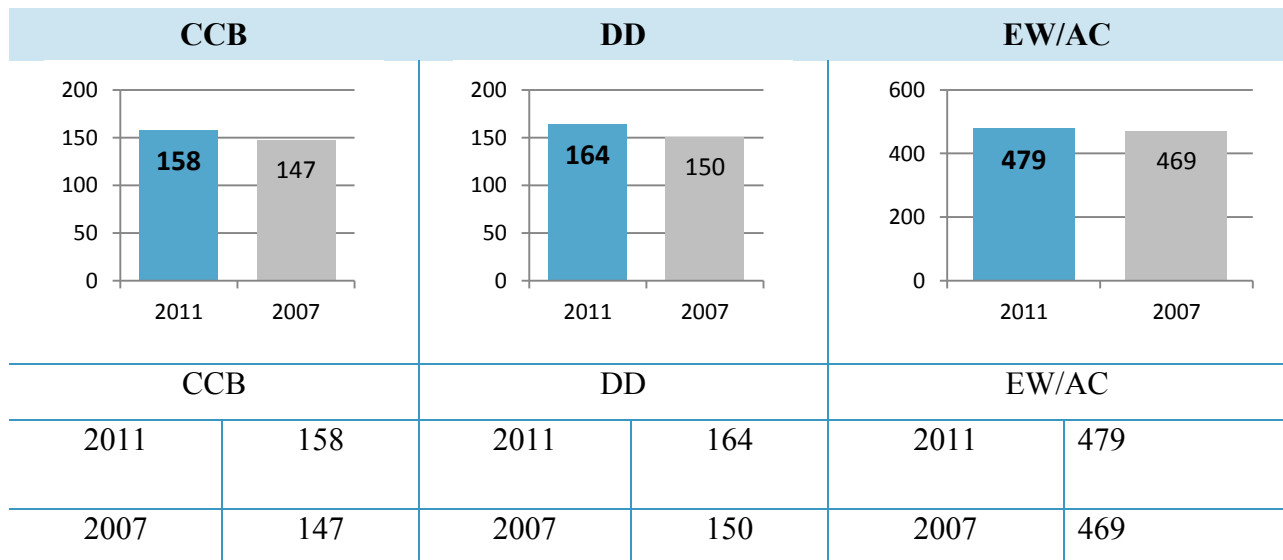
services to participants and that they only have had some issues with select providers. Case managers have a good working relationship with the Leech Lake Tribe, which recently began performing case management for tribal members, and meet with workers there to help them learn the case management process.

When contracting issues arise with waived service providers, supervisors work directly with providers to address them. Licensing and case managers will increase their monitoring of particular providers when issues arise. DD waiver staff holds a provider meeting monthly to talk about statute changes.

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 Itasca County (2007 & 2011)



Since 2007, the number of persons served in the EW/AC program in Itasca County has increased by ten people, a 2.1% increase. Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants (those with case mixes A and L). Itasca County served 74 fewer lower needs participants in 2011 than in 2007. In addition, nearly all of

the higher needs categories grew, especially case mixes B, H, and I. As a result, Itasca County is serving 84 more higher needs participants than they did in 2007.

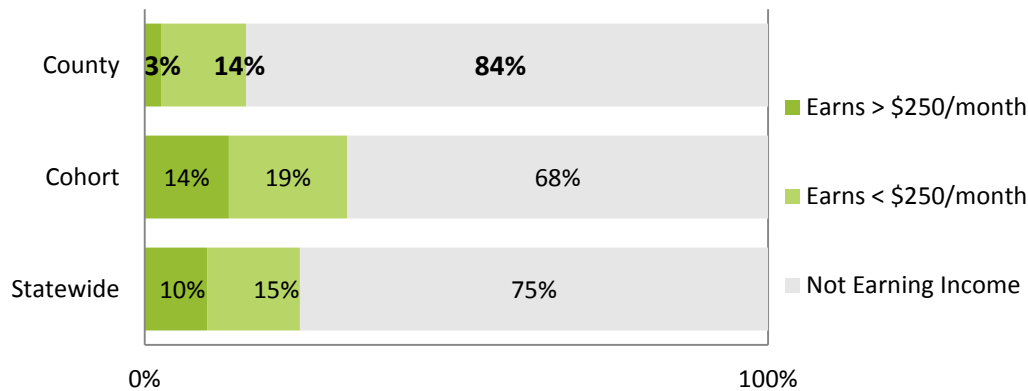
Since 2007, the total number of persons served in the CCB Waiver in Itasca County has increased by 11 participants (7.5%); from 147 in 2007 to 158 in 2011. Most of this growth occurred in the case mixes K and J, which grew by seven and six people respectively. Only case mix A decreased, which lost six participants. In Itasca County, not only is the number of lower need participants declining, but the fastest growing group of participants are those with the highest needs.

Since 2007, the number of persons served with the DD waiver in Itasca County increased by 14 participants, from 150 in 2007 to 164 in 2011. In Itasca County, the DD waiver program is growing at the same pace as the cohort as a whole. Both experienced a 9.3% increase in the number of persons served from 2007-2011. In Itasca County, the greatest change occurred with persons having a Profile 2, which increased by seven people. In comparison, the greatest change in the cohort profile groups occurred in persons having a Profile 3. Itasca County also serves a similar proportion of persons with a Profile of 1 and 2 (36.0%), as its cohort (37.8%).

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 with Earned Income from Employment (2011)



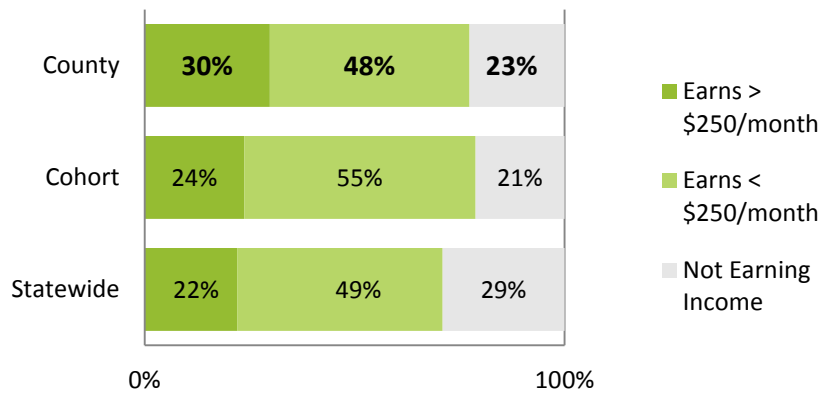
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Itasca County	3%	14%	84%
Cohort	14%	19%	68%
Statewide	10%	15%	75%

In 2011, Itasca County served 117 working age (22-64 years old) CCB participants. The county ranked 82nd of 87 counties in the percent of CCB waiver participants with any amount of earned income and 83rd in the proportion earning \$250 or more per month. Of working age participants, 16.2% had earned income, compared to 32.5% of the cohort's working age participants. Itasca County also had a lower percentage of participants earning \$250 or more per month (2.6%) than its cohort (13.5%). Statewide, 10.0% 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 Itasca County decreased from 132 to 117 people. Despite the decrease, the percentage of working age participants with earned

income remained steady over that time period. In comparison, its cohort increased that percentage from 28.5% to about 32.5%, and the statewide rate increased from 10.2% to 25.0%.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Itasca County	30%	48%	23%
Cohort	24%	55%	23%
Statewide	22%	49%	29%

In 2011, Itasca County served 124 working age (22-64 years old) people on the DD waiver. Of those people, 77.4% had earned income, which is a slightly lower rate than the cohort (78.8%). Itasca County ranked 19th in the state for working age participants earning more than \$250 per month. Of working age participants in Itasca County, 29.8% earned more than \$250 per month, while only 23.7% of working age participants in the cohort as a whole did. Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

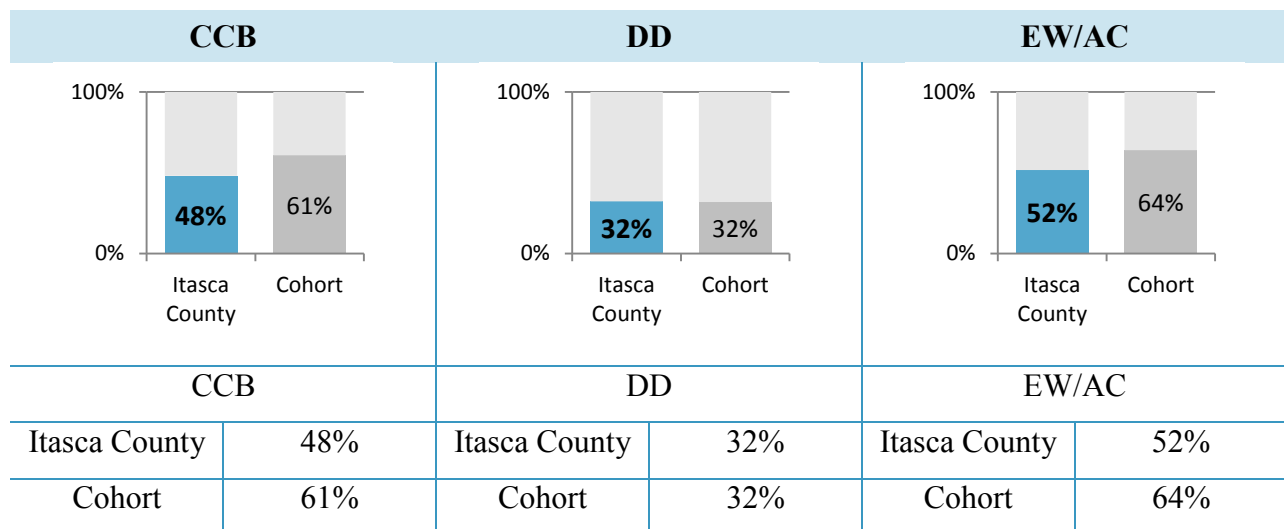
From 2007-2011, Itasca County's percentage of working-age DD waiver participants with earned income increased from 73.6% to 77.4%. In comparison, the percentage of working age

participants with earned income in the cohort decreased from 80.6% to 78.8%. Statewide, there was a modest increase in the participants with earnings from 71.1% to 71.3% over the same time period. While the percentage of DD waiver participants is increasing statewide, the rate has increased at a faster rate in Itasca County.

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)

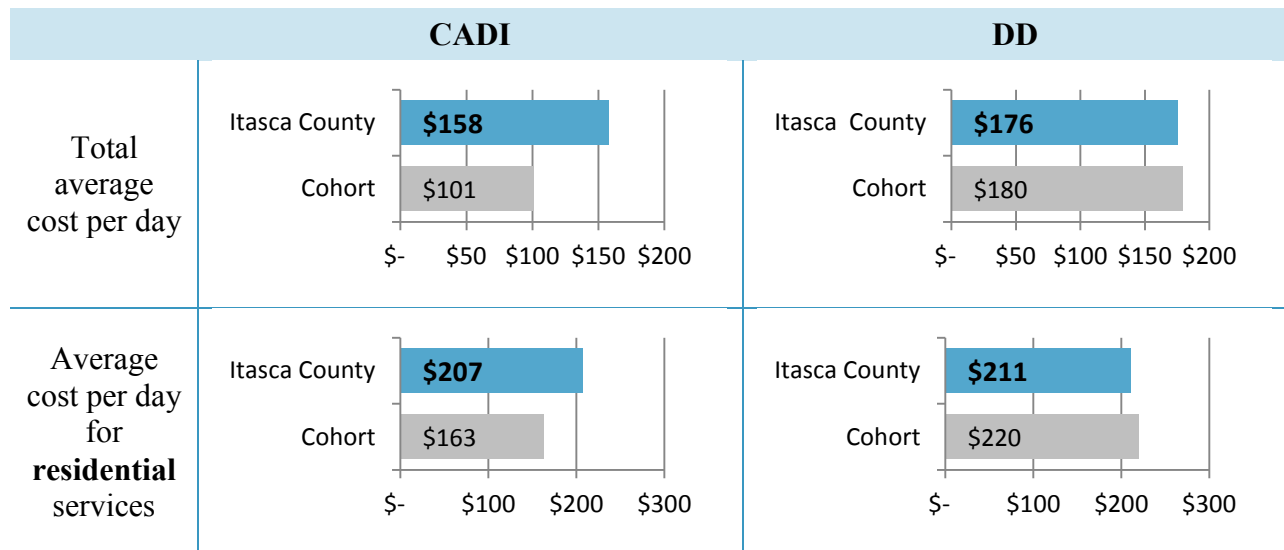


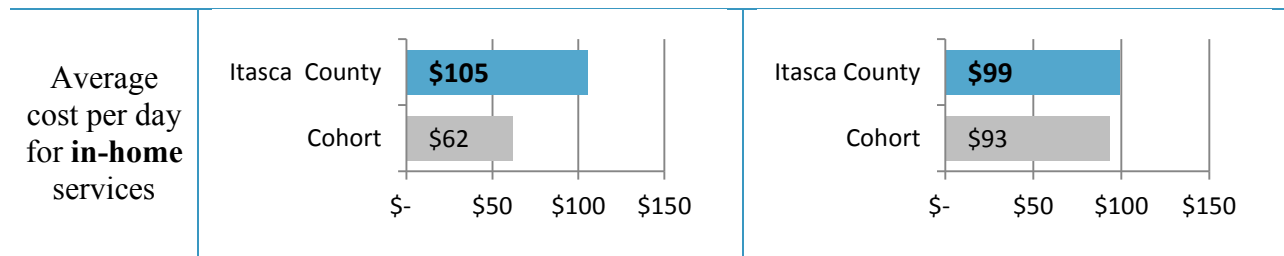
Itasca County ranks 78th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 76 people at home. Between 2007 and 2011, the percentage decreased by 13.1 percentage points. In comparison, their cohort's percentage fell by 4.3 percentage points and the statewide average fell by 2.0 points. Statewide, 63.0% of CCB participants were served at home in 2011. Itasca County serves a lower proportion of CCB waiver participants at home than the rest of the state and the proportion has fallen more steeply.

Itasca County ranks 28th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 53 people at home. Between 2007 and 2011, the percentage decreased by 1.7 percentage points. Similarly, the percentage of participants served at home fell by 0.5 percentage points in their cohort. In comparison, the statewide percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6% to 35.7%. Itasca County serves about the same proportion of DD waiver participants at home as the rest of the state and their cohort.

Itasca County ranks 77th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 247 people at home. Between 2007 and 2011, the percentage decreased by 12.4 percentage points. In comparison, the percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. Statewide, 75.4% of EW/AC participants were served in their homes in 2011. Itasca County serves a lower proportion of EW/AC participants than their cohort and the state, and the percentage has fallen more over time.

Average Costs per day for CADI and DD services (2011)





Average Rates per day for CADI services (2011)

	Itasca County	Cohort
Total average rates per day	\$157.63	\$101.14
Average rate per day for residential services	\$206.95	\$163.08
Average rate per day for in-home services	\$105.35	\$62.15

Average Rates per day for DD services (2011)

	Itasca County	Cohort
Total average rates per day	\$175.90	\$179.75
Average rate per day for residential services	\$211.26	\$219.77
Average rate per day for in-home services	\$98.91	\$93.24

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 Itasca County is \$56.49 more per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Itasca County spends \$43.87 more on residential services and \$43.20 more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant Itasca County ranks 86th of 87 counties. Statewide, the average waiver cost per day for CADI \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Itasca County increased by \$76.41; from \$81.22 to \$157.63. In comparison, the average cost per day in the cohort increased by \$28.34; from \$72.80 to \$101.14. Similarly, the statewide average cost only increased by \$23.16 over the same time period; from \$77.36 to \$100.52. The average CADI

waiver cost per day has increased more steeply in Itasca County than in the rest of their cohort or in the state as a whole.

The average cost per day for DD waiver participants in Itasca County is \$3.85 less than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Itasca County spends \$8.51 less on residential services and \$5.67 more on in-home services than their cohorts. In a statewide comparison of the average daily cost of a DD waiver participant, Itasca County ranks 44th of 87 counties. Statewide, the average waiver cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Itasca County decreased slightly from \$176.82 to \$175.90. In comparison, the average cost per day in the cohort increased by over \$10.00, from \$169.43 to \$179.75. Similarly, the statewide average cost increased by \$8.00 over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, Itasca County has maintained a consistent level of spending per participant.

Itasca County has higher use in the CADI program than its cohort of residential based services (Foster Care (34% vs. 25%) and Customized Living (15% vs. 11%)), but lower use of some employment related services (Prevocational Services (5% vs. 8%) and Supported Employment Services (5% vs. 12%)). They also have lower use of in-home services (Home Delivered Meals (16% vs. 20%), Homemaker (21% vs. 28%), and Independent Living Skills (3% vs. 18%)). Sixty-three percent of Itasca County's total payments for CADI services are for residential services (53% foster care and 10% customized living), which is higher than its cohort group (54%). Itasca County's family foster care rates are lower than its cohort when billed monthly (\$1,409.49 vs. \$3,114.97 per month), but higher when billed daily (\$217.83 vs. \$172.78 per day). Corporate foster care rates are similar to its cohort when billed monthly, but are notably higher when billed daily (\$5,475.47 vs. \$5,551.54 per month and \$278.08 vs. \$230.69 per day).

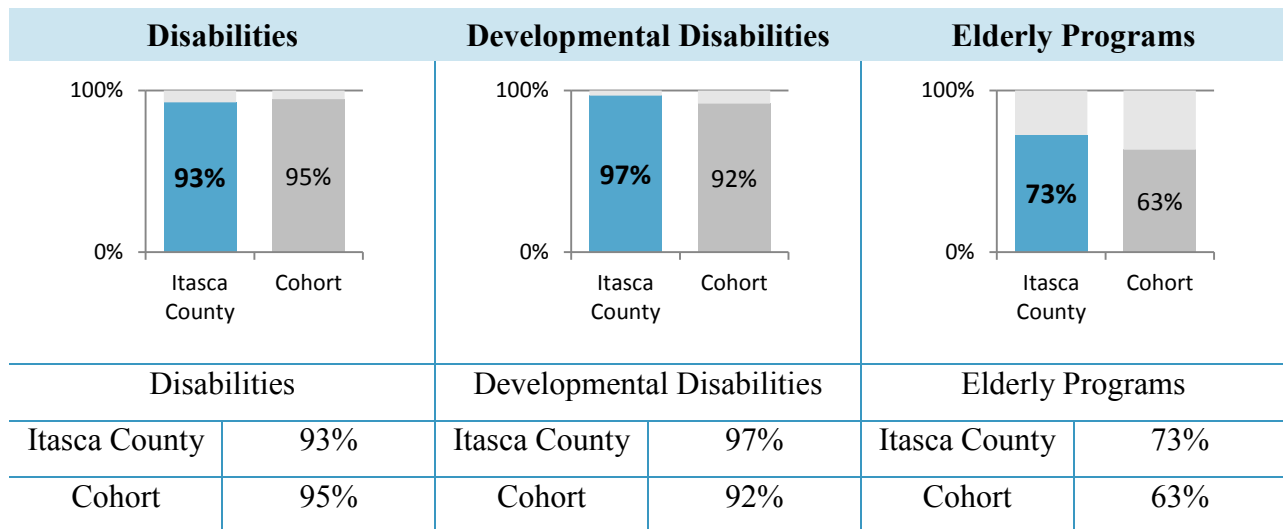
Itasca County's use of Supportive Living Services (SLS) (67%) is the same as its cohort in the DD program. However, its residential daily corporate SLS rates are lower than its cohort (\$165.77 vs. \$184.07). SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home.

The county’s use of other non-residential services such as In-Home Family Support (22% vs. 16%) and Respite Services (26% vs. 19%) are higher than 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)



In 2011, Itasca County served 366 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 64 in institutional care. Itasca County ranked 58th of 87 counties in the percent of LTC participants receiving HCBS; 92.6% of their LTC participants received HCBS. This is slightly lower than their cohort, where 94.6% were HCBS participants. Since 2007, the county's use of HCBS services has remained steady, while their cohort has increase use by 2.9 percentage points. Statewide, 94.0% of LTC participants received HCBS in 2011.

In 2011, Itasca County served 241 LTC participants (persons with development disabilities), 230 in HCBS settings and 13 in institutional settings. Itasca County ranked 16th

of 87 counties in the percentage of LTC participants receiving HCBS with 96.8% of its LTC participants receiving HCBS; a higher rate than its cohort (91.9%). Itasca County has slightly increased its use of HCBS over the last four years by 1.1 percentage points. Similarly, its cohort rate has increased by 1.4 percentage points. Statewide, 92.0% of LTC participants received HCBS in 2011.

In 2011, Itasca County served 673 LTC participants (over the age of 65), 499 in HCBS settings and 202 in institutional care. Itasca County ranked 8th of 87 counties in the percent of LTC participants receiving HCBS. Of those LTC participants, 72.5% received HCBS. This is higher than their cohort, where 63.3% were HCBS participants. Since 2007, Itasca County has increased its use of HCBS by 1.8 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Itasca County	Cohort	Statewide
Age 0-64	0.47	0.35	0.47
Age 65+	19.34	24.75	23.11
TOTAL	3.87	3.54	3.24

In 2011, Itasca County was ranked 27th in their overall use of nursing facility services for people of all ages. Since 2009, the number of nursing home residents 65 and older has decreased by 6.2% in Itasca County. Although the county is less reliant on nursing facility services for people 65 years and older, their utilization rate is slightly higher for people under 65. As a result, Itasca County has an overall utilization rate that is higher than both their cohort and the same as the state average. However, due to the decrease in nursing home residents 65 and older, the overall number of residents has decreased by 2.8% since 2009.

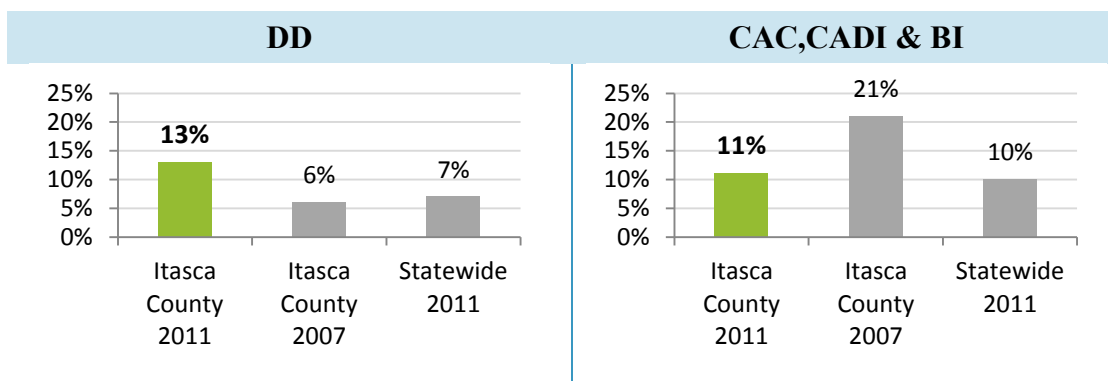
In the focus group, case managers reported have good working relationships with area nursing homes. They shared that communication with nursing homes is good and case managers are

notified when participants are admitted or leave the facility. However, supervisors shared a different perspective that while the case managers have good relationships with social workers at nursing homes, the county is not always notified if participants stay longer than expected.

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
Itasca County (2011)	13%	11%
Itasca County (2007)	6%	21%
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,

Itasca County had a 13% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Itasca County's DD waiver balance is larger than its balance in CY 2007 (6%) and larger than the statewide average (7%).

At the end of state fiscal calendar year 2011, the CCB waiver budget had a reserve. Itasca 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, Itasca County had a 11% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but much smaller than the balance in FY 2007 (21%).

The county has approximately seven people on their waitlist for CAC, CADI, and BI. The county is in the process of prioritizing open slots and planning services for new participants. The county reviews the waitlist every three weeks. The Public Health Supervisor shared that they try to keep staff informed about the budget balance and available slots for participants. While they do not have formal paperwork for case managers to request additional services for existing waiver participants, they have a discussion before increasing services and must receive permission from the Public Health Supervisor.

The Division Manager for Family Services works closely with the Social Services Supervisor to manage the DD budget. They complete data entry simulations and review the budget using the Waiver Management System. The county has a DD waitlist, and it is discussed during a weekly unit meeting. The Social Services Supervisor stated that the county has historically been able to manage the waitlist through attrition.

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.

Itasca County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

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

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

Case managers said that they use Policy Quest, but find it difficult to find specific information. The case aide has used the Help Desk, but staff shared that they have received conflicting responses or answers that did not reflect recent changes. Case managers added that it takes a long time to receive responses from the Help Desk. The Disability Services Program Manual (DSPM) has been helpful for staff, and the Public Health Supervisor shared that it is now updated in a timelier manner, which is an improvement. While county staff uses the DHS website, they note

that it is hard to navigate. The county uses E-docs frequently to find new versions of forms. Bulletins are printed and kept in a file for future reference. However, case managers shared that they often do not have time to read them.

County staff appreciates videoconference trainings and webinars, as it is not always convenient to send someone to the Metro area for trainings. However, case managers said that webinars could be more concise and avoid duplicating material. County staff shared that they do not have a strong relationship with their Regional Resource Specialist (RRS) and rely on other sources to answer questions about the waiver programs and management. Case managers said that they sometimes receive conflicting information from the RRS. The Public Health Supervisor shared that the RRS is helpful with CCB programs and that regional meetings have been a good way for Itasca County to connect with other counties. Supervisors have had positive experiences with individual communication with DHS staff. Case managers said that the MinnesotaHelp.info search function has not worked well for them. Supervisors shared that DHS staff are responsive to both calls and e-mails to DHS staff and they have received prompt responses to questions in the past.

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.

Itasca County Strengths

The following findings focus on Itasca 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.

- **Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need.** Case managers are experienced and resourceful, which allows them to navigate easily across programs within the agency to provide seamless services for participants. Public Health and Social Services

are co-located in the same building, which helps case managers access both sets of expertise when serving participants. Case managers are accessible to one another and frequently consult each other on cases.

- **Multiple sources of data indicate that Itasca County staff is well-connected with providers and other organizations that serve participants.** Itasca County case managers are knowledgeable about the resource available within their area. They do a good job of matching individual participant needs with providers, based on the providers' strengths. Itasca County has a strong network of providers that are responsive to participant needs and are willing to stretch to ensure that participant needs are met.
- **Itasca County has the capacity to serve a high need population in the community.** The county serves a greater proportion of participants with high needs in the CCB and DD programs when compared to its cohort and the statewide average. In 2011, the county ranked 7th out of 87 counties in the percent of CCB waiver participants having higher needs (88.6%) and 24th out of 87 in the percent of DD waiver participants having higher needs (84.8%). Between 2007 and 2011, Itasca County also saw an increase in the percent of waiver participants served at home in the CCB programs. Additionally, Itasca County rates highly in in serving participants through home and community based services instead of institutional care in the EW/ AC programs (72.5%, ranked 8th statewide) and the DD program (96.8%, ranked 16th statewide).
- **The individual service plan format developed for the DD program is consistently used across the county and includes all required elements.** All 15 DD care plans reviewed meet or exceed expectations for documenting participant goals and outcomes, health and safety issues, and participant needs. Additionally, all DD care plans include evidence that all needed services will be provided, were current, and were signed and dated by the case manager and participant or their legal representative.
- **The case files reviewed in Itasca County consistently met HCBS program requirements.** Participant case files are well-organized and complete. There was good documentation of required forms including documentation of ICF/DD Level of Care, OBRA Level One, informed consent to share private information, and that the participant had been informed of

the county's privacy practices. Itasca County has created one document that informs participants of the county's privacy practices (HIPAA) and provides documentation of informed consent to share private information. This cuts down on the paperwork needed for participants to sign, and covers both documentation requirements.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Itasca County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Itasca 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.
- **Consider assigning one case manager to serve CADI participants with mental health needs, and using a single, integrated care plan for all these participants.** Having a single case manager would streamline services for HCBS program participants. Itasca County currently contracts with an agency for mental health case management, so this would require the county to build capacity to serve participants with mental health needs in-house. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Blue Earth County, can be found at www.MinnesotaHCBS.info/.
- **Develop learning systems to stay informed on HCBS programs and to deal with staff turnover and transitions.** With growing caseloads and continually changing programs,

managing the waiver programs will become more complicated. Itasca County could designate a lead worker to establish consistency in the case management process and provide guidance to case managers. The lead worker would still maintain a small caseload, but would also have the added responsibility of staying current with program and policy changes, sharing this information with case managers, and training new staff. A lead worker may help promote more consistency in case file organization and ensure that complete paperwork is included in the files. Finally, as case managers retire, consider contracting with them for case management as needed to fill gaps in the county's capacity.

- **Continue to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCB and DD programs.** When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. Itasca County has lower rates than its cohorts in the percentage of working age participants earning income in the CCB programs. Additionally, many of the participants working are employed through facility-based providers and not in the community.
- **Consider developing a formal process for Public Health and Social Services staff to meet and collaborate on cases.** Currently, the agencies have parallel processes for managing waiver cases that have not been integrated across the agencies. Public Health and Social Services staff would benefit from regularly consultation with one another about case management and tapping into one another's areas of expertise to better serve participants. Build on the informal communication that is already occurring through regularly scheduled meetings across units.
- **Work with providers and neighboring counties to develop services that support participants in the community and in their own homes to reduce reliance on more expensive residential care.** Itasca County participants in the CCB and elderly programs are less likely to live at home when compared to their cohorts. It is recommended that the county work across program populations to develop Home and Community Based Services to serve high needs participants in their homes instead of in residential settings. Include in this the expansion of in-home options, such as 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.

- **Itasca County has reserves in the DD and CCB budgets and is able to serve additional participants in these programs.** Itasca County's DD waiver budget balance was 13% at the end of calendar year 2011 and they have a waiting list. There was an 11% balance in the CADI, CAC and BI programs at the end of FY 2011, and there is also a waiting list in this program. There is room to add more people to reduce or eliminate the waiting list and add more services such as supportive employment for current participants. Typically a 5% to 8% allocation reserve is more than adequate to manage risk for counties of this size.
- **Develop and use 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, 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.

Corrective Action Requirements

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

- **Beginning immediately, complete a Brain Injury (BI) Waiver Assessment and Eligibility Determination Form for all participants in the BI program.** Maintain this form in the case file and update it annually. Three out of five BI cases did not have current documentation of this form in the case file.
- **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 a completed documentation of informed rights included in their case file. One of fifteen DD cases and one of 33 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, nine of ten CADI cases, four of five BI cases, 25 out of 33 EW cases, and three of eight AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.

- **Beginning immediately, ensure that LTC screenings for CCB and Elderly programs occur within 20 days of referral, and that DD screenings occur within 90 days of referral.** As of August 1, 2012, MN Statute 256b.0911 requires that LTCC assessments be conducted within 20 days of the request. Thirty percent (30%) or six out of 20 assessments for new CAC, CADI and BI participants and 60% or 26 of 43 screenings 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. Additionally, two of the three DD screenings occurred within the 90-day required timeframe.
- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of services to be provided, participant health and safety issues, and outcomes and goals.** All care plans must be updated with this information. Four out 33 EW care plans, and one of five BI care plans did not include documentation of services to be provided. Eleven EW care plans, and two of 10 CADI care plans did not include documentation of participant health and safety issues. Eleven EW cases and two CADI cases 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 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.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Itasca 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 participant case file reviewed. This report required follow up on 52 cases. All items are to be corrected by October 23, 2012 and verification submitted to the Waiver Review Team to document full compliance. Itasca County submitted a completed compliance report on October 19, 2012.

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
1	Participants waiting for HCBS program services	13	N / A	5	8	N / A	N / A
2	Screenings done on time for new participants (PR)	52%	60%	30%	67%	N / A	ALL
3	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	86%	38%	CCB	DD
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC/EW n=41	CCB n=15	DD n=15	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	82%	76%	100%	N / A	CCB	N / A
5	Care plan is current (PR)	96%	95%	100%	100%	ALL	N / A
6	Care plan signed and dated by all relevant parties (PR)	99%	98%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)		ALL	AC/EW n=41	CCB n=15	DD n=15	Strength	Challenge
7	All needed services to be provided in care plan (PR)	86%	78%	93%	100%	CCB, DD	N / A
8	Choice questions answered in care plan (PR)	99%	100%	93%	100%	ALL	N / A
9	Participant needs identified in care plan (PR)	72%	61%	73%	100%	DD	AC / EW
10	Inclusion of caregiver needs in care plans	43%	50%	0%	100%	DD	N / A
11	OBRA Level I in case file (PR)	96%	95%	100%	N / A	AC / EW, CCB	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
13	DD screening document is current (PR for DD only)	93%	N / A	N / A	93%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
15	BI Form completed and current (PR for BI only)	40%	N / A	40%	N / A	N / A	CCB
PROVIDER CAPACITY & CAPABILITIES		ALL	AC/EW	CCB	DD	Strength	Challenge
16	Case managers provide oversight to providers on a systematic basis most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
17	LA recruits service providers to address gaps most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
18	Case managers document provider performance most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
19	Providers report receiving assistance when requested from the LA (Provider survey, n=16)	89%	N / A	N / A	N / A	N / A	N / A
20	Providers submit monitoring reports to the LA (Provider survey, n=16)	68%	N / A	N / A	N / A	N / A	N / A

	PARTICIPANT SAFEGUARDS	ALL	AC/EW n=41	CCB n=15	DD n=15	Strength	Challenge
21	Participants have a face-to-face visit in the last six months (PR)	66%	42%	100%	93%	CCB, DD	N / A
22	Participants receive face-to-face visits on a biannual or more frequent basis (PR)	69%	44%	100%	100%	CCB, DD	N / A
23	Health and safety issues outlined in care plan (PR)	63%	49%	67%	100%	DD	AC / EW, CCB
24	Back-up plan (PR for CCB only)	25%	2%	93%	20%	CCB	N / A
25	Emergency contact information (PR for CCB only)	63%	54%	100%	53%	CCB	N / A
	PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC/EW n=41	CCB n=15	DD n=15	Strength	Challenge
26	Informed consent documentation in the case file (PR)	99%	98%	100%	100%	ALL	N / A
27	Person Informed of right to appeal documentation in the case file (PR)	41%	32%	13%	93%	DD	AC / EW, CCB
28	Person Informed privacy practice (HIPAA) documentation in the case file (PR)	94%	95%	93%	93%	ALL	N / A
	PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC/EW n=41	CCB n=15	DD n=15	Strength	Challenge
29	Participant outcomes & goals stated in individual care plan (PR)	85%	76%	93%	100%	CCB, DD	N / A
30	Documentation of participant satisfaction in the case file	47%	44%	53%	47%	N / A	N / A
	SYSTEM PERFORMANCE	ALL	AC/EW	CCB	DD	Strength	Challenge
31	Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	N / A	N / A	N / A	ALL	N / A

SYSTEM PERFORMANCE (continued)		ALL	AC/EW	CCB	DD	Strength	Challenge
32	Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
33	Percent of LTC recipients receiving HCBS	N / A	73%	93%	97%	AC / EW, DD	CCB
34	Percent of LTC funds spent on HCBS	N / A	47%	87%	94%	AC / EW, DD	CCB
35	Percent of waiver participants with higher needs	N / A	53%	89%	85%	ALL	N / A
36	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	98%	96%	N / A	N / A
37	Percent of waiver participants served at home	N / A	52%	48%	32%	N / A	AC / EW, CCB
38	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	3%	30%	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.

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.

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

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.

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.