

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Kanabec County**

Waiver Review Site Visit: November 2014

Report Issued: January 2015

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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 Kanabec County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

[Continuing Care Administration \(CCA\) Performance Reports](#) at

http://www.dhs.state.mn.us/main/dhs16_166609

[Waiver Review Website](#) at 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 Kanabec County
Case File Review	48 cases
Provider survey	9 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 9 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 Kanabec County

In November 2014, the Minnesota Department of Human Services conducted a review of Kanabec County's Home and Community Based Services (HCBS) programs. Kanabec County is a rural county located in eastern Minnesota. Its county seat is located in Mora, Minnesota and the County has another four cities and fifteen townships. In State Fiscal Year 2013, Kanabec County's population was approximately 16,009 and served 230 people through the HCBS programs. According to the 2010 Census Data, Kanabec County had an elderly population of 16.0%, placing it 44th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Kanabec County's elderly population, 11.7% are poor, placing it 16th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Kanabec County Family Services Department and Public Health Department act as the lead agency for the HCBS waiver programs. The lead agency has one Director for both departments (Health and Human Services Director) who oversees the management of all of the waiver programs. Public Health manages all of the lead agency's AC, EW cases and also manages CADI and BI cases that involve participants who have high medical needs. At the time of the review, the lead agency did not have any CAC cases. When the agency has CAC cases, they are managed in the Public Health Department. Family Services manages all of the DD cases as well as some of the CADI and BI cases. The lead agency also services as a contracted care coordinator for the Managed Care Organization (MCO), South Country Health Alliance.

Kanabec County will be merging its Public Health Department with Pine County in January 2015. As part of the merger, a Pine County Public Health Supervisor will oversee Kanabec

County's Public Health staff working in the HCBS programs. In the interim, the Health and Human Services Director has filled the supervisory role at the agency. There are four staff in Public Health who work with the waiver programs. This includes one certified MnCHOICES assessor, two ongoing case managers, and one case aide. The ongoing case managers have mixed caseloads of AC, EW, and CADI cases. They manage approximately 40 cases each. The Public Health case aide performs intake for MnCHOICES, orders supplies, and helps with scheduling tasks.

Kanabec County has one Social Services Supervisor in Family Services who supervises eight case managers who hold waiver caseloads. Two case managers work with DD and CADI participants and manage an average of 50-55 cases. Three adult mental health workers and three children's mental health workers also hold waiver caseloads. The mental health workers have average caseloads of about 25 cases; three or four of which are participants who receive Rule 79 targeted mental health case management and waiver services. Three case managers in Family Services are certified assessors. One is the primary assessor while the other two act as backup. Family Services also has a case aide who enters service agreements into MMIS and provides general assistance to waiver case managers.

All intake for the waiver programs goes through one intake line in Family Services. Staff rotate having intake responsibilities. New participants are transferred to the Public Health case aide who collects information for MnCHOICES. She determines if the participant's needs are more physical or behavioral. Participants with more physical needs are assigned to the Public Health assessor while those with more behavioral needs would be assigned to an assessor from Family Services. If the participant has both physical and behavioral needs, the lead agency sends assessors from both departments to perform a dual assessment.

The Social Services Supervisor assigns cases for ongoing case management for both Family Services and Public Health. For medically and socially complex CADI and BI cases, Kanabec County assigns the participant one case manager from each department. The Social Services Supervisor meets with both case managers to look at the needs of the participant and determine who will be the lead on the case. Case managers from Public Health and Family Services meet

with each other frequently when managing cases together to ensure that all of the participants' needs are being met.

Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is their ability to communicate across departments and collaborate to meet participants' needs. Social workers and public health nurses are co-located. They consult frequently to draw upon each other's expertise.

Kanabec County had moved to a case banking system for financial workers. However, after both county staff and customers experienced challenges with the new system, they are now transitioning back to individual assignments and having specific financial workers assigned to long-term care participants. Financial workers are located in the same building as waiver case managers which allows for frequent communication around issues regarding participants' eligibility. Kanabec County Family Services also has financial case aides for general questions about various financial programs. This allows case managers to get questions answered for potential new waiver participants and frees up time for the financial workers. .

Case managers in Family Services share adult protection responsibilities. Adult Protection cases are assigned based on case manager availability. Kanabec County separates the roles of vulnerable adult case management and waiver case management. In the event that an Adult Protection case is opened on a waiver participant, the protection case is assigned to a different case manager. The waiver case manager and adult protection worker visit the participant together as needed. There are four child protection workers in the Children's Unit. Case managers shared the child protection workers and adult protection workers bring in waiver case managers for background information or consultation on open cases.

Kanabec County assigns one case manager to serve waiver participants who also receive Rule 79 targeted mental health case management. This is true for both children and adult participants. Having a single case manager allows the lead agency to streamline services for the participants. There are three adult mental health case managers and three children's mental health case managers that carry a CADI caseload. Because this work is shared across the case managers, they serve as resources for one another.

The Health and Human Services Director meets with the County Board and twice each month, to update the Board about Public Health and Family Services. She informs the Board of major changes, such as how MnCHOICES affects the management of the waiver programs. Staff shared that the County Board is very supportive of their work.

Health and Safety

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

Case managers shared that it is a challenge to keep up with changes to waiver program policies and requirements. Case managers utilize webinars and videoconference training and review bulletins to stay updated on changes. They receive training from DHS and the South County Health Plan, and consult with their coworkers about program questions. In addition, case managers attend quarterly regional meetings to connect with other lead agencies and their Regional Resource Specialist. Staff also shared that their providers are committed to providing high quality services to waiver participants.

Service Development and Gaps

Kanabec County experiences several significant service gaps. It is challenging for county waiver participants to secure more individualized housing options, such as apartments with supportive services. This is due to a lack of affordable rental housing in the community and transportation to prevent isolation. Case managers use family foster cares for some CADI participants, but some of these providers do not have the formal staff training and skills to deal with participants with high behavioral needs. Kanabec County Public Health is the only home care agency based in the county, as other providers are coming in from neighboring counties. The county has some transportation options, such as dial a ride service that operates locally and a few volunteer

drivers. However, there are limited hours of operation and routes, which make transportation a major service gap in Kanabec County.

Staff shared that it is challenging for providers to find community-based employment opportunities in a depressed job market, but providers are working to develop services in these areas. A local provider started a thrift store in the past year, and this has provided some additional employment opportunities that are a better fit for the types of jobs waiver participants are requesting.

Lead agency staff shared that they know their providers well and are aware of the resources available in their community. Staff mentioned that they address service gaps by talking informally with providers inside and outside of the county and asking them to expand their service options. Staff shared they do not have enough participants to influence providers to develop new locations within Kanabec County.

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.

Table 2: Kanabec County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	3	4
Schools (IEIC or CTIC)	0	4	1
Hospitals (in and out of county)	0	2	7
Customized Living Providers	0	5	1
Foster Care Providers	0	3	3
Employment Providers (DT&H, Supported Employment)	0	4	1

Case managers from Public Health reported having good relationships with nursing facility staff characterized by strong communication. However, Family Services case managers stated that some facilities do not consistently provide adequate discharge planning for participants.

Case managers who frequently work with school staff shared that their relationships with schools are average. They shared that the quality of transition planning is not as strong as it has been in the past and that case managers are not always notified about team meetings in a timely manner.

Case managers rated their working relationships with hospitals very highly. Case managers know most of the social workers at the hospitals used by their participants. Case managers shared that hospital staff are experienced and they work very well together with county staff. Case managers often consult hospital staff about participant needs and resources. They also shared that hospital staff do a good job at coordinating mental health care despite not having a mental health unit at the local hospital.

Case managers said that their relationships with customized living providers in the county vary by provider. Some customized living providers are starting to limit the number of waiver participants they accept, and this has been very challenging for the county participants. Case managers also noted that while some providers have had turnover with direct care staff, administrative staff have remained the same for a long period of time, which helps strengthen relationships.

The majority of case managers indicated that they have good communication with foster care providers and rated their relationship as average to above average. However, there are limited numbers of providers in the area. Some foster care providers are not well equipped to support participants with high behavioral needs. Case managers shared that several changes in 2014 have put some strains on their relationships with providers, including 245D licensures, the end of lead agency provider contract, and the implementation of the Disability Waiver Rate System.

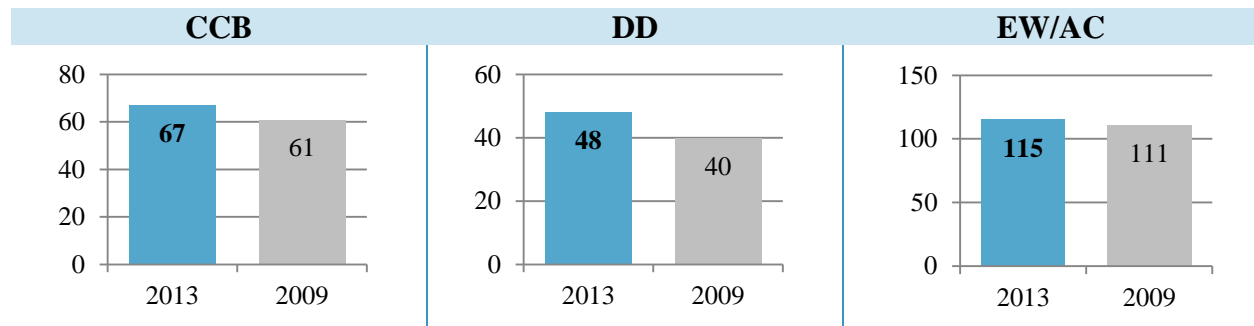
Case managers rated their relationship with vocational providers as average to above average. Case managers said that they have good communication with employment providers and regularly receive provider reports. However, they said that there are a limited number of

providers and that the existing employment providers have not been able to help participants secure supportive employment opportunities.

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 Kanabec County (2009 & 2013)



	2009	2013
CCB	61	67
DD	40	48
EW/AC	111	115

Since 2009, the total number of people served in the CCB Waiver program in Kanabec County has increased by six participants (9.8 percent); from 61 in 2009 to 67 in 2013. Most of this growth occurred in the case mix E, which grew by four people. With this increase Kanabec County may be serving a higher proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Kanabec County increased by eight participants, from 40 in 2009 to 48 in 2013. In Kanabec County, the DD waiver program is growing more quickly than in the cohort as a whole. While Kanabec County experienced a 20.0 percent increase in the number of people served from 2009 to 2013, its cohort had a 6.8 percent increase in number of people served. In Kanabec County, the profile groups 1 and 2 increased by four and five people respectively. The greatest change in the cohort profile groups occurred in people having a Profile 3. With the increase in the number of people in Profiles 1 and

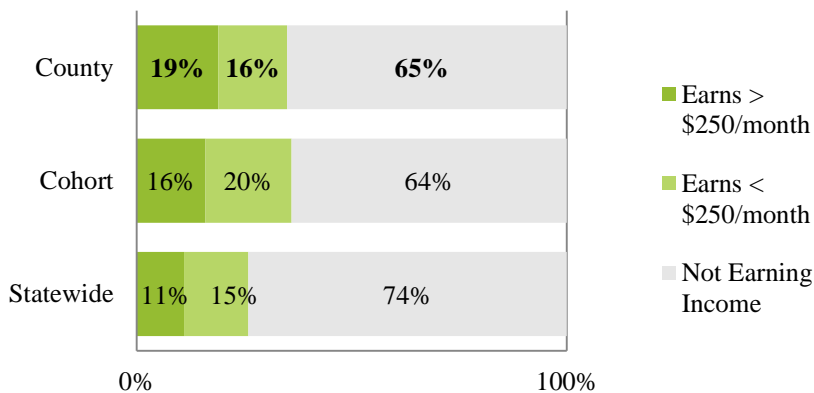
2, Kanabec County serves a larger proportion of people in these groups (47.9 percent), than its cohort (34.5 percent).

Since 2009, the number of people served in the EW/AC program in Kanabec County has increased by four people (3.6 percent), from 111 people in 2009 to 115 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix E, which increased by 18 people. With this increase Kanabec 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.

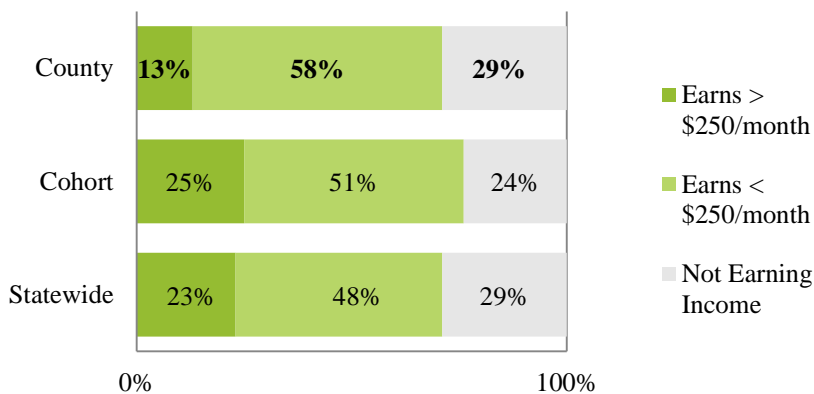
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Kanabec County	19%	16%	65%
Cohort	16%	20%	64%
Statewide	11%	15%	74%

In 2013, Kanabec County served 63 working age (22-64 years old) CCB participants. Of working age participants, 34.9 percent had earned income, compared to 36.1 percent of the cohort's working age participants. **Kanabec County ranked 14th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Kanabec County 19.0 percent of the participants earned \$250 or more per month, compared to 15.9 percent of its 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 (2013)



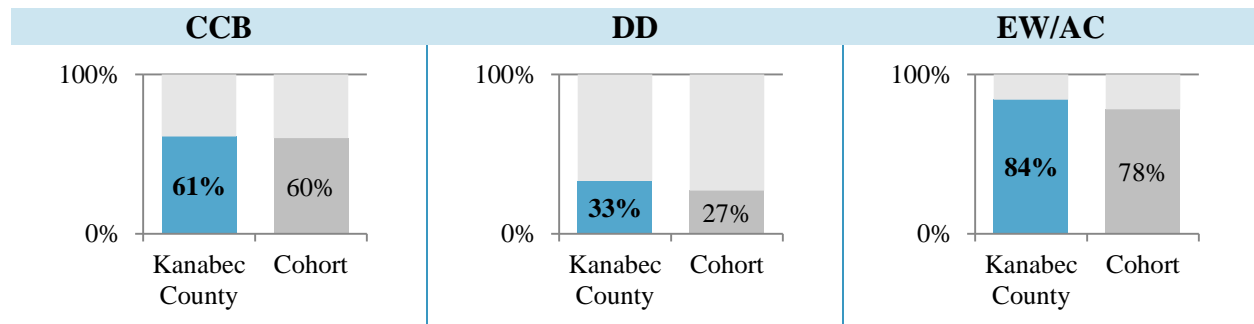
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Kanabec County	13%	58%	29%
Cohort	25%	51%	24%
Statewide	23%	48%	29%

In 2013, Kanabec County served 31 DD waiver participants of working age (22-64 years old). **The county ranked 82nd in the state** for working-age participants earning more than \$250 per month. In Kanabec County, 12.9 percent of working age participants earned \$250 or more per month, while 25.1 percent of working age participants in the cohort as a whole did. Also, 71.0 percent of working age DD waiver participants in Kanabec County had some earned income, while 75.6 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 (2013)



	Kanabec County	Cohort
CCB	61%	60%
DD	33%	27%
EW/AC	84%	78%

Kanabec County ranks 43rd out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 41 participants at home. Between 2009 and 2013, the percentage increased by 10.4 percentage points. In comparison, the cohort percentage fell by 5.5 percentage points and the statewide average fell by 3.7 points. In 2013, 61.2 percent of CCB participants in Kanabec County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Kanabec County ranks 25th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 16 participants at home. Between 2009 and 2013, the percentage increased by 5.8 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by 1.0 percentage points. Statewide,

the percentage of DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Kanabec County ranks 18th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 97 participants at home. Between 2009 and 2013, the percentage decreased by 5.8 percentage points. In comparison, the percentage of participants served at home fell by 4.6 percentage points in their cohort, and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Kanabec County serves a higher proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2013)

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Kanabec County</td><td>\$100</td></tr> <tr><td>Cohort</td><td>\$100</td></tr> </table>	Entity	Rate	Kanabec County	\$100	Cohort	\$100	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Kanabec County</td><td>\$216</td></tr> <tr><td>Cohort</td><td>\$166</td></tr> </table>	Entity	Rate	Kanabec County	\$216	Cohort	\$166
Entity	Rate													
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Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Kanabec County</td><td>\$183</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Kanabec County	\$183	Cohort	\$171	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Kanabec County</td><td>\$266</td></tr> <tr><td>Cohort</td><td>\$199</td></tr> </table>	Entity	Rate	Kanabec County	\$266	Cohort	\$199
Entity	Rate													
Kanabec County	\$183													
Cohort	\$171													
Entity	Rate													
Kanabec County	\$266													
Cohort	\$199													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Kanabec County</td><td>\$52</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Entity	Rate	Kanabec County	\$52	Cohort	\$57	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Kanabec County</td><td>\$108</td></tr> <tr><td>Cohort</td><td>\$79</td></tr> </table>	Entity	Rate	Kanabec County	\$108	Cohort	\$79
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Kanabec County	\$52													
Cohort	\$57													
Entity	Rate													
Kanabec County	\$108													
Cohort	\$79													

Average Rates per day for CADI services (2013)

	Kanabec County	Cohort
Total average rates per day	\$100.19	\$99.93
Average rate per day for residential services	\$182.70	\$170.71
Average rate per day for in-home services	\$51.92	\$56.66

Average Rates per day for DD services (2013)

	Kanabec County	Cohort
Total average rates per day	\$216.00	\$165.66
Average rate per day for residential services	\$266.43	\$199.16
Average rate per day for in-home services	\$108.46	\$79.21

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 Kanabec County is \$0.26 (0.3 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Kanabec County spends \$11.99 (7.0 percent) more on residential services and \$4.74 (8.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Kanabec County ranks 37th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Kanabec County is \$50.34 (30.4 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Kanabec County spends \$67.27 (33.8 percent) more on residential services, and \$29.25 (36.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Kanabec County ranks 86th 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.

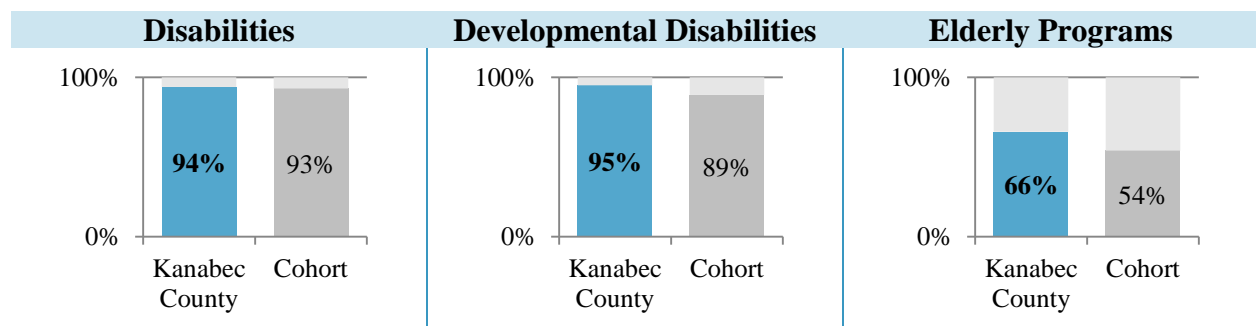
Kanabec County has a higher use in the CADI program than its cohort of some residential based services like Foster Care (32% vs. 27%), but a lower use Customized Living (4% vs. 6%). The lead agency has a higher use of Prevocational Services (20% vs. 10%), but a lower use of Supported Employment Services (10% vs. 15%). They also have a lower use of some in-home services, such as Skilled Nursing (9% vs. 21%), Home Health Aide (3% vs. 9%), and Homemaker (18% vs. 30%). They have a higher use of Independent Living Skills (23% vs. 18%). Fifty-nine percent (59%) of Kanabec County’s total payments for CADI services are for residential services (54% foster care and 5% customized living) which is higher than its cohort group (53%). Corporate foster care rates are higher than its cohort when billed daily (\$323.84 vs. \$216.37 per day).

Kanabec County’s use of Supportive Living Services (SLS) is lower than its cohort (66% vs. 71%) 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 lead agency also has a lower use of vocational services (Day Training & Habilitation (56% vs. 62%) and Supportive Employment Services (0% vs. 5%)) than its cohort, but has a higher use of CDCS (14% vs. 4%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2013)



	Kanabec County	Cohort
Disabilities	94%	93%
Developmental Disabilities	95%	89%
Elderly Programs	66%	54%

In 2013, Kanabec County served 130 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 13 in institutional care. Kanabec County ranked 35th of 87 counties with 94.2 percent of their LTC participants received HCBS. This is higher than their cohort, where 92.9 percent were HCBS participants. Since 2009, Kanabec County has increased its use of HCBS by 2.4 percentage points, while the cohort decreased its use by 1.4 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Kanabec County served 63 LTC participants (persons with development disabilities) in HCBS settings and three in institutional settings. Kanabec County ranked 34th of 87 counties with 94.9 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.4 percent). Since 2009, the county has increased its use by 3.1 percentage points while its cohort rate has increased by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Kanabec County served 126 LTC participants (over the age of 65) in HCBS settings and 70 in institutional care. Kanabec County ranked 35th of 87 counties with 66.4 percent of LTC participants receiving HCBS. This is higher than their cohort, where 53.9 percent were HCBS participants. Since 2009, Kanabec County has increased its use of HCBS by 8.7 percentage points, while their cohort has increased by 3.2 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

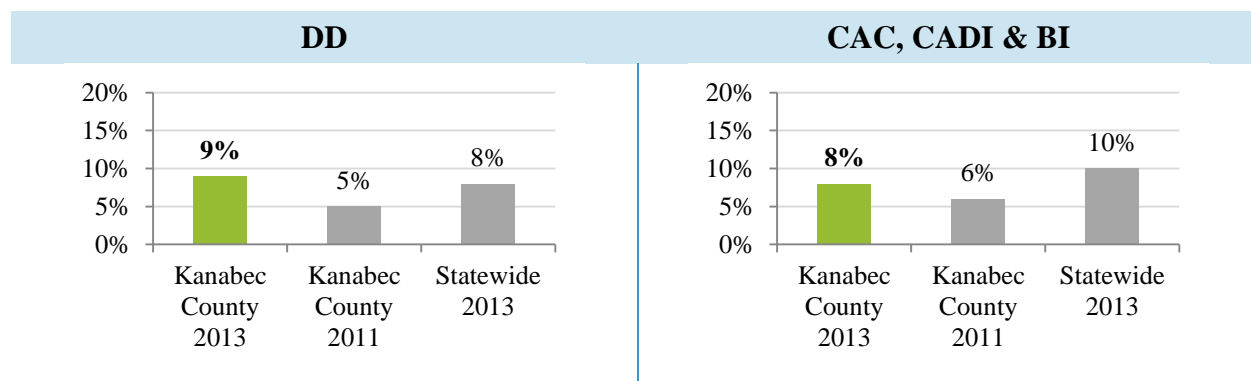
Age	Kanabec County	Cohort	Statewide
Age 0-64	0.51	0.53	0.52
Age 65+	19.48	30.81	21.03
TOTAL	3.31	6.11	3.00

In 2013, Kanabec County was ranked 25th 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 under 65 years old is lower than its cohort and the statewide rate. Kanabec County also has a lower nursing facility utilization rate for people 65 years and older. Since 2011, the number of nursing home residents under 65 years old has decreased by 19.0 percent in Kanabec County. Overall, the number of residents in nursing facilities has decreased by 19.4 percent since 2011.

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
Kanabec County (2013)	9%	8%
Kanabec County (2011)	5%	6%
Statewide (2013)	8%	10%

At the end of calendar year 2013, 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 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Kanabec County had a 9% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Kanabec County's DD waiver balance is larger than its balance in CY 2011 (5%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Kanabec County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Kanabec County had an 8% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), and the balance in FY 2011 (6%). In fiscal year 2014 Kanabec County is projected to have a 3% reserve.

DHS Program data show that as of July 2014, Kanabec County has five participants on the waitlist for CCB programs and six participants on the waitlist for DD programs. However, the Social Services Supervisor reports that these individuals are not in immediate need of waiver services, as many are awaiting eligibility determinations or satisfied with other MA services. The Social Services Supervisor manages both budgets. In the DD program, the Social Services Supervisor meets informally with case managers to approve requests. In the CCB programs, Family Services and Public Health case managers discuss requests at monthly meetings. For more urgent budget requests, case managers in Family Services and Public Health contact the Social Services Supervisor on a case-by-case basis.

Lead Agency 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.

Table 3: Kanabec County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	1	1	0	0	0
MMIS Help Desk	2	1	1	2	1
Community Based Services Manual	1	1	1	3	0
DHS website	0	4	3	0	0
E-Docs	0	0	0	1	7
Disability Linkage Line	0	0	2	3	0
Senior Linkage Line	0	0	3	4	0
Bulletins	0	2	3	2	0
Videoconference trainings	0	1	6	0	0
Webinars	0	0	6	0	0
Regional Resource Specialist	0	1	1	3	0
Listserv announcements	0	0	2	0	0
MinnesotaHelp.Info	0	0	3	0	1
Ombudsmen	0	1	2	0	0
DB101.org	0	0	4	0	0

Case managers reported that the Community Based Services Manual (CBSM) and E-Docs were the most useful DHS resources for their work. Family Service case managers are responsible for checking E-Docs regularly to ensure they are using the most current forms, while Public Health has a case aide use E-Docs to print out the most current forms. Case managers said that they use the CBSM frequently. They noted that it can be difficult to navigate because it is constantly changing. Kanabec County case managers shared similar feedback about the DHS website. It

can be hard to find important information because the web page navigation changes so frequently.

Case managers said that they look up previously questions in Policy Question which is a particularly helpful feature. However, the overall rating for Policy Quest was not very useful, citing that the responses to their questions are not timely. Case aides and case managers in Kanabec County enter their own screening documents into MMIS and had varying opinions in the usefulness of the MMIS Help Desk. They reported receiving prompt responses via e-mail. However, they have had varied experiences when contacting the MMIS Help Desk by phone, depending on who is staffing the Help Desk at the time they call.

Case managers rated videoconference trainings and webinars as average. Lead agency staff said that they have the capacity to host videoconference trainings. They reported receiving a high volume of videoconference training emails each day and suggested that DHS adds some information to the email subject line so case managers can more easily identify if the training opportunity applies to their work.

Case managers expressed that they had a strong working relationship with the Regional Resource Specialist (RRS) who recently left the position. They explained that the new RRS is still learning and can be slow in responding to questions. Lead agency staff noted that she seems to be spread too thin across many responsibilities. Case managers also added that the new RRS holds quarterly meetings for case managers. Lead agency staff said that they use bulletins to stay up-to-date on program and policy changes. They expressed frustration that bulletins are not disseminated much in advance of the time changes that are supposed to be implemented. They also reported multiple instances where they were notified via bulletin of a new change after it had already been in effect. Case managers who have used Listserv announcements, DB101.org, MinnesotaHelp.info and Ombudsmen said they had varied experiences.

Lead Agency Strengths, Recommendations & Corrective Actions

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

Kanabec County Strengths

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

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

During the previous review in 2010, Kanabec County received a corrective action for timeliness of referral to LTTC assessments for EW/AC programs, timeliness of assessment to care plan for CCB programs, and documentation of choice. In 2014, Kanabec County was fully compliant in these areas, thus demonstrating technical improvements over time.

- **The case files reviewed in Kanabec County consistently met HCBS program requirements. Participant case files are well-organized and complete.**

Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, ICF/DD Level of Care forms, BI forms, employment assessment information, and signed and dated notice of privacy practices (HIPPA) and informed consent to share information. Care plans are current, signed and dated by participants and case managers. DD screening documents are current, signed and dated by all required parties. Emergency contacts were included in files, 24 hour supervision was documented for EW cases, and required choice questions were answered.

- **Kanabec County case managers work well with each other across departments.**

The Public Health and Family Services departments and their staff have excellent working relationships with one another. Teamwork and collaboration among social workers and the public health nurses are strengths of the county. Social workers and public health nurses consult with each other regularly on cases to bring the perspective of both disciplines when serving participants. Participants with high medical and social needs are assigned a case manager from Public Health and Family Services to bring expertise from both disciplines to the participant's team.

- **Kanabec County case managers regularly visit participants and regularly monitors participant satisfaction with services and providers.**

Case managers know the communities they serve and are in frequent contact with their HCBS participants through

face-to-face visits. Case managers see participants an average of 5.5 times every 18 months across all programs. Additionally, Kanabec County is using a six-month visit sheet that includes standardized questions about satisfaction with current services for case managers to ask during routine visits. The Family Services department at Kanabec County sends out satisfaction survey to participants and/or guardians as well as providers to gather feedback. Evidence in SSIS case notes also revealed that case managers are discussing the participant's choice and satisfaction with providers. In Kanabec County, 76% of the case files reviewed contained documentation of participant satisfaction. In comparison, an average of 42% of all of the Waiver Review Round Two counties reviewed (72 of 87) contained documentation of participant satisfaction. These practices help ensure that when problems with providers arise, they are identified and addressed in a timely manner.

- **Kanabec County has a low use of nursing facilities for persons under and over 65 years of age, and serves many people through HCBS.** Compared with similarly sized counties and the statewide average, Kanabec County has lower use of nursing facilities (per 1,000 residents) for people of all ages. The county ranks 25th out of 87 counties in this area. In addition, the lead agency has high use of HCBS for the DD programs (95%, ranked 34th Statewide), the CCB programs (94%, ranked 35th Statewide) and in the EW/AC programs (66%, ranked 35th Statewide). Serving many participants through HCBS means that Kanabec County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.
- **Kanabec County Public Health is a Medicare-certified home health care agency which allows them to reach a greater number of participants and streamline services.** Kanabec County Public Health's 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. As a home care provider, Kanabec County serves many waiver participants, and nurses can serve as a source of referrals and play a role in monitoring participant health and safety.
- **Kanabec County demonstrates flexibility and openness to change in their management of human services programs which allows for innovation and creativity.** Kanabec County had recently moved to a case banking system for financial workers, and experienced

challenges with the new system. After taking account of these challenges, the county decided to transition back to individual assignments for financial workers. The county has created a financial case aide position to help answer case managers' general questions about eligibility forms. That frees up financial worker's time for case managers' specific and urgent questions. The new system is working better for all parties and demonstrates Kanabec County's resourcefulness and creativity in providing quality services.

Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. Many DHS CSP/CSSP templates include sections for completing this properly, including the 6791B. While 92% of case files reviewed included the provider name in the care plan, only 46% of cases reviewed included the annual amount allowed.
- **Kanabec County Public Health should use the transition time following the merger with Pine County to develop additional systems or practices to support case managers.** With growing caseloads and increasing complexity of cases, administering the waiver programs and providing case management will become more complicated. The merger will bring a new Public Health supervisor for Kanabec staff. The supervisor may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs, while also bringing the best practices from both county agencies together. Such strategies include: specialization for case managers by waiver program or geographic

location; or create similar forms for use across the two lead agencies to promote consistency. Thinking about ways to create more efficient practices is important as the lead agency combines staff and business practices.

- **Consider using non-enrolled vendors to offer more service choices to Kanabec County participants.** By acting as a pass-through billing agent, Kanabec County would allow participants access to a broader array of service choices. The process of enrolling as a vendor can deter local small businesses or individuals from delivering cost-effective waiver services such as chore and home modifications. Kanabec County may be able to connect vendors with waiver participants more quickly and more cost effectively.
- **Kanabec County Public Health should work with South Country to update the care plan format to ensure that it is a person-centered and participant-friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information. Although Kanabec County South Country care plans include required information, the checkbox and grid format is not conducive to creating a quality, person centered care plan. For instance, the goals in the care plan should be customized to the participant and include their preferences and elements unique to their lives. However, only 54% of EW care plans and 40% of AC care plans had individualized and meaningful goals. In addition, none of the EW or AC care plans reviewed included participant friendly-language. This includes using the person's name and avoiding technical jargon. It is recommended that the county work with South Country to update its forms to be more comprehensive and meaningful to each individual participant and his or her unique situation. It is important for Kanabec County Public Health to set expectations for the format and quality of care plans to create consistency across the lead agency.
- **Kanabec County should continue to work with providers to develop services to meet the needs of its participants, including more individualized housing options and community based employment.** Over one quarter (27%) of Kanabec County DD participants are currently transition age youth (13 to 22 years old). These individuals will soon be transitioning from school to work and from their parents' home to their own home. The lead agency should be more involved in transition planning by working closely with schools, providers, advocacy organizations and neighboring counties. Developing a more supported,

community-based employment model helps participants integrate into their communities and earn higher wages. Developing independent living skills while still residing with their parents can help prepare participants to transition to less restrictive options in the community.

Corrective Action Requirements

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

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Kanabec 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 2 cases. Kanabec County submitted a completed case file compliance worksheet on November 26, 2014.

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	11	N / A	6	5	N / A	N / A
Screenings done on time for new participants (PR)	84%	81%	83%	100%	CCB, DD	AC / EW
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	28%	75%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=23	CCB n=15	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	95%	100%	87%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=23	CCB n=15	DD n=10	Strength	Challenge
All needed services to be provided in care plan (PR)	98%	100%	100%	90%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	83%	83%	80%	90%	DD	N / A
Inclusion of caregiver needs in care plans	20%	0%	33%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	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)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

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=9</i>)	78%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=9</i>)	78%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=23	CCB n=15	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	93%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	94%	87%	100%	100%	CCB, DD	N / A
Back-up plan (Required for EW, CCB, and DD)	98%	96%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=23	CCB n=15	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	98%	100%	93%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=23	CCB n=15	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	75%	96%	67%	40%	AC / EW	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

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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	66%	94%	95%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	39%	89%	94%	ALL	N / A
Percent of waiver participants with higher needs	N / A	53%	67%	100%	AC / EW, DD	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	94%	92%	N / A	CCB, DD
Percent of waiver participants served at home	N / A	84%	61%	33%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	19%	13%	CCB	DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.