

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Lac Qui Parle County**

Waiver Review Site Visit: April 2013

Report Issued: June 2013

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Acknowledgements

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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 Lac Qui Parle County
Case File Review	42 cases
Provider survey	5 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 3 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 Lac Qui Parle County

In April 2013, the Minnesota Department of Human Services conducted a review of Lac Qui Parle County's Home and Community Based Services (HCBS) programs. Lac Qui Parle County is a rural county located in southwest Minnesota. Its county seat is located in Madison, Minnesota and the County has another seven cities and 22 townships. In State Fiscal Year 2011, Lac Qui Parle County's population was approximately 7,193 and served 170 people through the HCBS programs. According to 2010 Census data, Lac Qui Parle County had an elderly population of 21%, placing it 8th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Lac Qui Parle County's elderly population, 9.7% are poor, placing it 44th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Lac Qui Parle County Family Services is the lead agency for the waiver programs and provides case management for all HCBS programs. The Director of Family Services supervises all Social Services case managers. The Director oversees eight social workers, four of which provide case management for the waiver programs. One case manager has primarily DD waiver cases; two case managers have a primarily EW caseload with a mix of AC, BI, CADI, and DD cases; and one case managers has a primarily CADI caseload with a mix of BI, CAC, and EW cases. Lac Qui Parle County also recently hired an additional social worker to serve as a Team Lead. This worker's main role includes quality assurance duties and to stay current with any program or policy changes that impact the social services programs at the lead agency. The lead agency uses case managers through Thomas Allen and in Isanti County for participants residing in metro-area counties. Lac Qui Parle County provides care coordination for Blue Plus and UCare Managed Care Organizations (MCOs).

Lac Qui Parle County works with Countryside Public Health which is a five county joint public health agency. Countryside's role is limited with the waiver programs, but they are involved in cases with high medical needs including participating in assessments, dual semi-annual visits, and case consultations with the social worker as needed. They also complete PCA assessments. The social worker case manager completes data entry and makes all final decisions related to the case. Case managers shared that they have good relationships with Public Health staff and are in contact by phone and e-mail a few times per week.

Waiver case managers also have intake responsibilities. Cases are usually assigned by the senior social worker to an assessor based on the participant's geographical location or based on the case manager's assigned nursing facilities if that is the referral source. The person who completes the assessment usually also serves as the ongoing case manager. If it is not clear to the senior social worker as to who should take the case, the Director makes this decision.

The DD case manager has a caseload of 41 cases plus 16 Rule 185 cases. Case managers with a mixed caseload have between 30 and 44 waiver cases, but have other responsibilities including intake, adult protection, and foster care licensing.

Working Across the Lead Agency

Case managers shared that financial workers are located on the same floor and that they work well with them. There are three financial workers who specialize by program. There is one who primarily works with EW, one with Group Residential Housing (GRH), and one with CADI participants. Therefore, case managers usually know who to contact with questions. Financial workers also attend weekly staff meetings with case managers.

Two of the four waiver case managers also have an Adult Protection caseload. Adult Protection and waiver case management are kept separate so that the case manager does not hold both roles. The waiver case managers provide information about the participant or family, but do not perform the Adult Protection investigation. When a participant has both Rule 79 case management and waiver case management, the mental health worker is the lead and the waiver case manager manages the CADI requirements.

The Director shared that the County Board's involvement with the waiver includes maintaining a provider network. They approve contracts and rate changes and discuss the different services they provide. Any educational materials or newspaper articles released by the lead agency are pre-approved by Board, and articles are published on a periodic basis to promote community awareness. Sometimes complaints from participants or providers go to Board members and are then passed onto the Director to resolve.

Health and Safety

In the Quality Assurance survey, Lac Qui Parle 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 good, open communication between case managers, consumers, and providers as a lead agency strength. Providers also indicated that case managers are well trained and knowledgeable.

In order to stay current with waiver program requirements, lead agency staff attends webinars and trainings. They also attend regional meetings. The Director shared that they rely on all the DHS resources that are made available to the lead agency. Case managers contact the Regional Resource Specialist (RRS) frequently with questions. The MCOs also provide training for staff regarding aging programs and services. The recently hired Team Lead for the social services programs will also play a role in ensuring staff are staying on top of any program or policy changes.

Service Development and Gaps

Lac Qui Parle County has had a stable pool of providers, but identified some challenges in finding services to meet participant needs. Because there are limited providers, case managers shared that they are not always able to give participants a choice in providers for some services. Case managers also shared that it is difficult to find providers for chore services. They also said that some providers have struggled to find and hire staff who are able to provide quality and consistent staffing and care to participants. Case managers mentioned that participants with

mental health needs often have to be placed out of the county due to a lack of in-county resources. While there are limits on choice and availability of transportation, case managers shared that they have several providers and volunteers who provide transportation to allow participants to access work, shopping, and medical appointments. In addition, some foster homes and customized living providers help fill gaps in transportation by providing this service to their participants.

The lead agency has brought in a new home delivered meals provider to give participants more choice, particularly in the most isolated parts of the county. Lead agency staff shared that finding employment opportunities can be a challenge, but that one of the Day Activity Centers (DAC) has been developing more employment opportunities in the community.

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.

Lac Qui Parle County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Facility	0	1	4
Schools (IEIC or CTIC)	0	1	4
Public Health programs for Seniors (foot clinics, flu clinics, blood pressure)	0	1	4
Advocacy Organizations	0	2	3
Hospitals (in and out of county)	0	2	3
Area Agency on Aging	0	3	2

Residential Providers (CL, SLS)	0	1	4
Employment Providers (DT&H, Supported Employment)	0	1	4
Foster Care (Corporate/Family), Supplemental Living Services	0	1	4
Home Care Providers	0	1	4

Case managers work closely with providers to develop relationships and communicate frequently with them. Licensing sends questionnaires to case managers to provide feedback about providers. Licensing also contacts case managers about providers if they discover any issues. Case managers review provider incident reports or record of grievances filed with the health plan or the lead agency. Case managers meet with participants and providers to identify the problem and seek resolution or find an alternative provider.

Case managers said that they began doing formal provider monitoring for all home and community-based services three years ago. They review two types of providers each year; for example, the past year included customized livings and the year before included home health and Day Training and Habilitation. During visits, they ask providers about tracking staff training, medications, and staff hiring. They also review the provider's participant and personnel files.

Case managers primarily work with two hospitals which are both connected to nursing facilities. They said that one hospital does a good job of letting them know about the discharge of a participant, while the other is not as good.

Case managers said that they work with two school districts, and they are invited to Individualized Education Program (IEP) meetings and called if there are any concerns from the school. Schools also make referrals to the lead agency for children who may benefit from waiver or other county services. Case managers added that schools work well with the team.

Case managers said that they have home care providers in the county providing homemaker and skilled nurse visits. The providers do a good job of serving participants and helping them live safely at home. However, it can be difficult to find weekend and evening services. Case

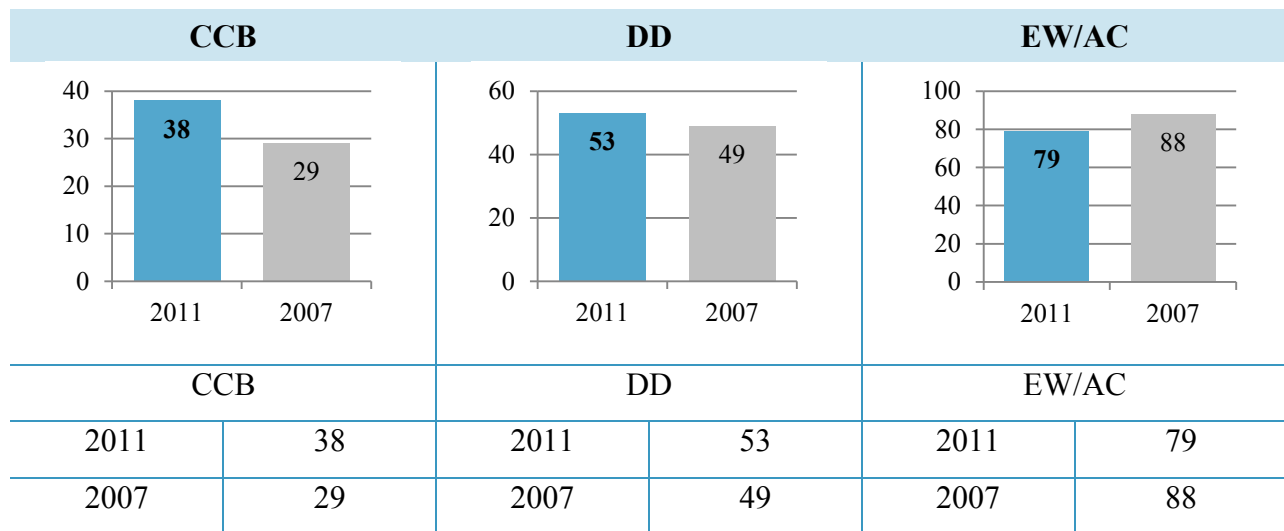
managers also said that they have a strong home delivered meals program, but it can be difficult to reach some rural areas.

Case managers shared that advocacy organizations or support groups do not have a presence within Lac Qui Parle County. However, case managers have accessed these organizations from Marshall and Willmar when needed, and they rated the services their participants received highly.

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 Lac Qui Parle County (2007 & 2011)



Since 2007, the total number of persons served in the CCB waiver programs in Lac Qui Parle County has increased by nine participants (31.0 percent); from 29 in 2007 to 38 in 2011. The fastest growing group is case mix A, which grew by seven people. As a result, the county is serving a higher proportion of individuals with lower needs.

Since 2007, the number of persons served with the DD waiver in Lac Qui Parle County increased by four participants, from 49 in 2007 to 53 in 2011. In Lac Qui Parle County, the DD

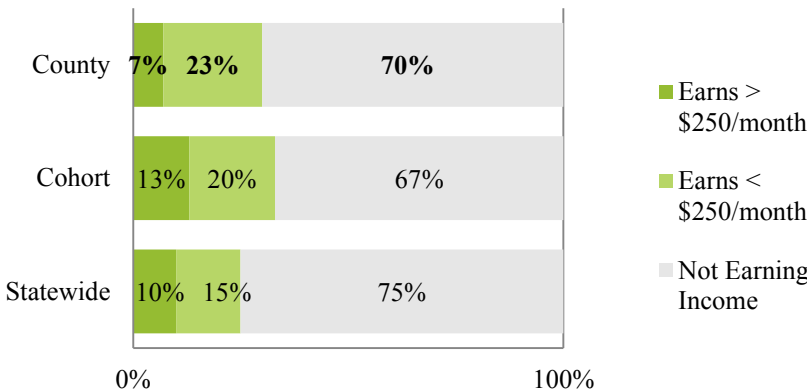
waiver program is growing at about the same pace as the cohort as a whole. While Lac Qui Parle County experienced an 8.2 percent increase in the number of persons served from 2007-2011, its cohort had an 8.5 percent increase in number of persons served. In Lac Qui Parle County, the greatest change occurred in the profile group 3, which increased by seven people. The greatest change in the cohort profile groups also occurred in profile 3. Lac Qui Parle County serves a smaller percentage in profile groups 1 and 2, the highest need groups, compared to their cohort. While 22.6 percent of individuals in Lac Qui Parle are in one of these groups, 31.9 percent of the cohort is.

Since 2007, the number of persons served in the EW/AC program in Lac Qui Parle County has decreased by nine people (10.2 percent), from 88 people in 2007 to 79 people in 2011. 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 case mix B, which grew by four people. As a result, Lac Qui Parle County may be serving a greater proportion of individuals with mental health needs on the EW/AC programs.

Value

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

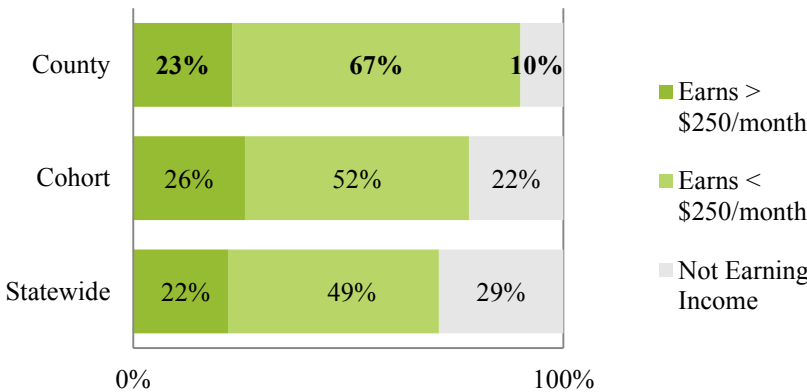
CCB Participants Age 22-64 Earned Income from Employment (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Lac Qui Parle County	7%	23%	70%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Lac Qui Parle County served 30 working age (22-64 years old) CCB participants. Of working age participants, 30.0 percent had earned income, compared to 32.7 percent of the cohort's working age participants. **Lac Qui Parle County ranked 76th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Lac Qui Parle County 6.7 percent of the participants earned \$250 or more per month, compared to 12.9 percent its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Lac Qui Parle County	23%	67%	10%
Cohort	26%	52%	22%
Statewide	22%	49%	29%

In 2011, Lac Qui Parle County served 39 DD waiver participants of working age (22-64 years old). **The county ranked 41st in the state for working-age participants earning more than \$250 per month.** In Lac Qui Parle County, 23.1 percent of working age participants earned over \$250 per month, while 26.0 percent of working age participants in the cohort as a whole did. Also, 89.7 percent of working age DD waiver participants in Lac Qui Parle County had some earned income, while 77.5 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.

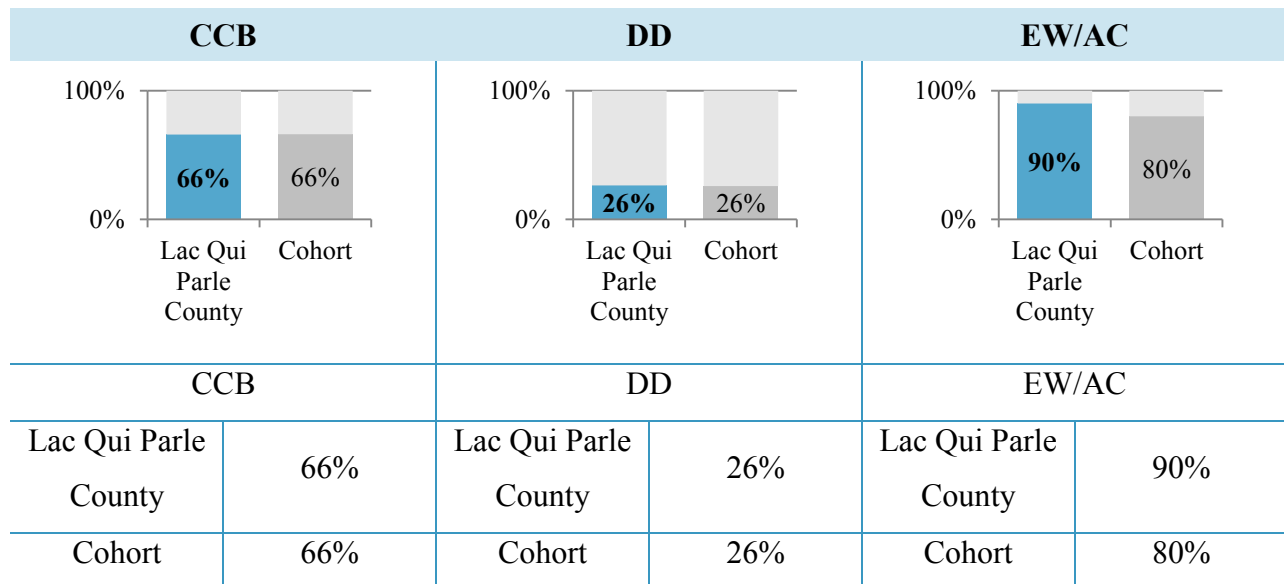
Case managers shared that their employment providers assist the participants in finding competitive jobs and support participants who work in the community in a variety of places including a consignment store and custodial work.

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)



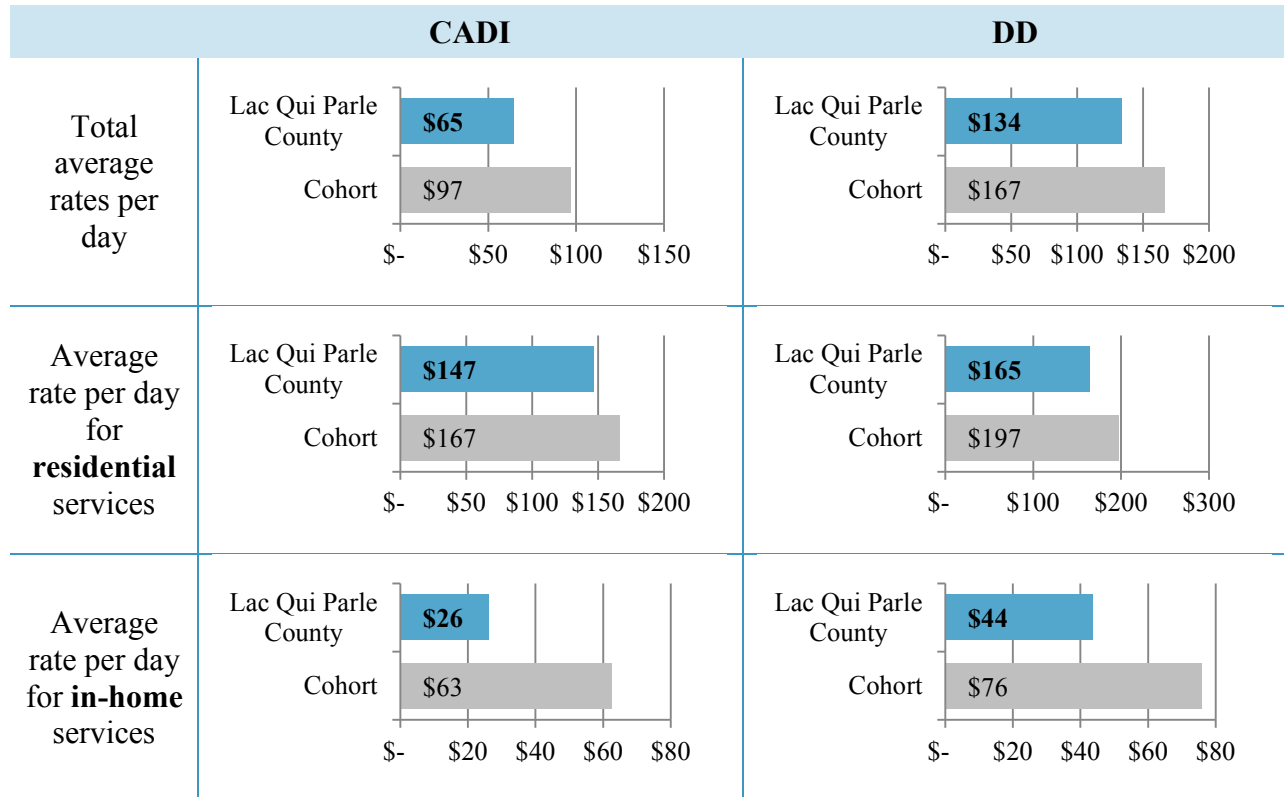
Lac Qui Parle County ranks 32nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 25 participants at home. Between 2007 and 2011, the percentage remained fairly stable, increasing by 0.3 percentage points. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 65.8 percent of CCB participants in Lac Qui Parle County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Lac Qui Parle County ranks 55th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 14 participants at home. Between 2007 and 2011, the percentage increased by 8.0 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by 0.2 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

Lac Qui Parle County ranks 12th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 71 participants at home. Between 2007

and 2011, the percentage decreased by 4.4 percentage points. In comparison, the percentage of participants served at home fell by 3.2 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Lac Qui Parle County serves a higher proportion of EW/AC participants than their cohort or the state.

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



Average Rates per day for CADI services (2011)

	Lac Qui Parle County	Cohort
Total average rates per day	\$64.52	\$97.17
Average rate per day for residential services	\$146.79	\$166.64
Average rate per day for in-home services	\$26.18	\$62.58

Average Rates per day for DD services (2011)

	Lac Qui Parle County	Cohort
Total average rates per day	\$134.32	\$166.61
Average rate per day for residential services	\$164.82	\$197.28
Average rate per day for in-home services	\$43.62	\$75.80

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 Lac Qui Parle County is \$32.65 (33.6 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Lac Qui Parle County spends \$19.85 (11.9 percent) less on residential services and \$36.40 (58.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Lac Qui Parle County ranks 3rd of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

The average cost per day for DD waiver participants in Lac Qui Parle County is \$32.29 (19.4 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Lac Qui Parle County spends \$32.46 (16.5 percent) less on residential services and \$32.18 (42.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Lac Qui Parle County ranks 2nd of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

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

Lac Qui Parle has a higher use in the CADI program as its cohort of residential based services (Foster Care (26% vs. 24%) and Customized Living (11% vs. 6%)). Overall, the lead agency has lower use of vocational services and Prevocational Services (0% vs. 9%). They have a higher use of some in-home services including Homemaker (50% vs. 33%), Home Delivered Meals (52% vs. 26%), and Home Health Aide (17% vs. 11%), but a lower use of Independent Living Skills (8% vs. 17%). Fifty-eight percent (58%) of Lac Qui Parle County's total payments

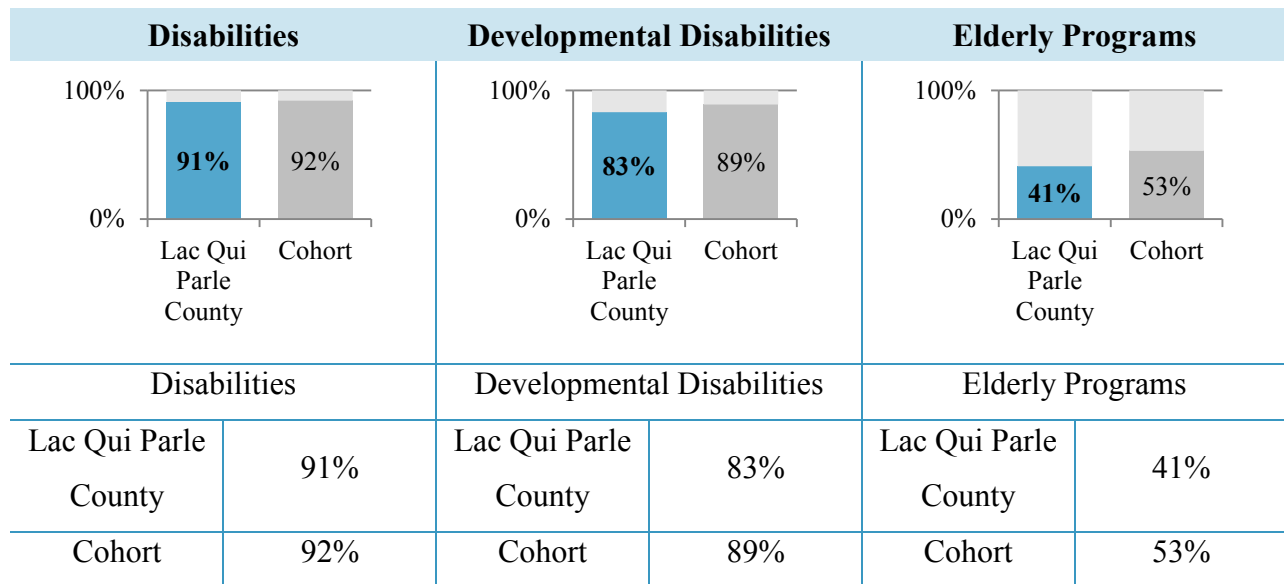
for CADI services are for residential services (51% foster care and 7% customized living) which is higher than its cohort group (50%). Lac Qui Parle County's corporate foster care rates are notably lower than its cohort when billed monthly (\$3,670.32 vs. \$5,267.96 per month).

Lac Qui Parle County's use of Supportive Living Services (SLS) is slightly lower than its cohort (72% vs. 73%) 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. Lac Qui Parle County's bi-monthly or monthly Supportive Living Services rates are higher than its cohort (\$3,829.31 vs. \$3,390.39). For vocational services, the lead agency's use of Day Training & Habilitation is lower than its cohort (60% vs. 62%), while their use of Supported Employment is identical to its cohort (5% vs. 5%). Its use of several in-home services is higher than its cohort, including Respite Services (27% vs. 19%), In Home Family Support (20% vs. 15%), and Personal Support (5% vs. 3%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2011)



In 2011, Lac Qui Parle County served 56 LTC participants (persons with disabilities under the age of 65) in HCBS settings and six in institutional care. Lac Qui Parle County ranked 70th of 87 counties in the percent of LTC participants receiving HCBS; 90.7 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 92.1 percent were HCBS participants. Since 2007, Lac Qui Parle County has decreased its use of HCBS by 1.0 percentage point. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Lac Qui Parle County served 56 LTC participants (persons with development disabilities) in HCBS settings and 13 in institutional settings. Lac Qui Parle County ranked 79th of 87 counties in the percentage of DD participants receiving HCBS, with 82.5 percent of its DD participants receiving HCBS; a lower rate than its cohort (88.9 percent). Since 2007, the

county has decreased its use by 5.6 percentage points while its cohort rate has increased by 1.1 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Lac Qui Parle County served 79 LTC participants (over the age of 65) in HCBS settings and 115 in institutional care. Lac Qui Parle County ranked 86th of 87 counties in the percentage of elderly LTC participants receiving HCBS. Of LTC participants, 40.8 percent received HCBS. This is lower than their cohort, where 53.2 percent were HCBS participants. Since 2007, Lac Qui Parle County has decreased its use of HCBS by 4.9 percentage points, while their cohort has increased by 5.3 percentage points. Statewide, 65.9 percent of LTC participants received HCBS.

Nursing Facility Usage Rates per 1000 Residents (2011)

	Lac Qui Parle County	Cohort	Statewide
Age 0-64	0.36	0.53	0.47
Age 65+	60.52	33.43	23.11
TOTAL	13.01	6.53	3.24

In 2011, Lac Qui Parle County was ranked 86th in their use of nursing facility services for people of all ages. The lead agency's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Lac Qui Parle County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has increased by 18.4 percent in Lac Qui Parle County. Overall, the number of residents in nursing facilities has increased by 16.5 percent since 2009.

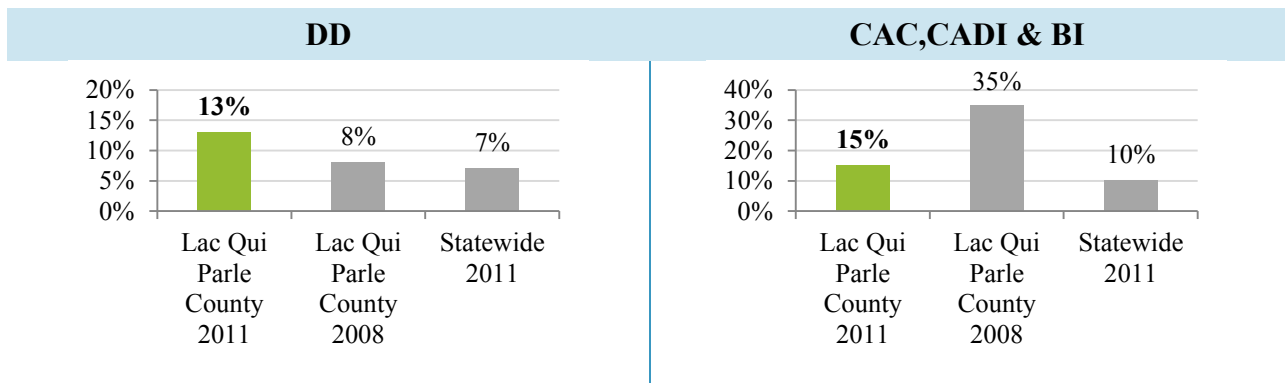
Case managers are assigned to specific nursing facilities. Case managers said that they have very good relationships with the nurses, social workers, and care coordinators at the nursing facilities. They contact case managers when someone in the community needs an assessment and invites

them to sit in on care conferences. Nursing facilities also allow the case manager access to records in their system to obtain needed information.

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
Lac Qui Parle County (2011)	13%	15%
Lac Qui Parle County (2008)	8%	35%
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, Lac Qui Parle County had a 13% balance at the end of calendar year 2011, which indicates the DD

waiver budget had a reserve. Lac Qui Parle County's DD waiver balance is larger than its balance in CY 2008 (8%), and the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Lac Qui Parle 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, Lac Qui Parle County had a 15% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2008 (35%). However, in 2012 it is projected to have a CCB reserve of only 2%.

The DD waiver program does not currently have a waitlist in Lac Qui Parle County, and CCB waiver programs have one potential participant on the waitlist. The lead agency uses a spreadsheet to manage and track the waitlist. They determine the allocation of new slots based on health and safety needs of participants. When a participant needs additional funding for services, case managers meet to discuss and check the budget. Case managers monitor WMS to determine whether there is money available for requested increases or to add new participants. There are weekly meetings where case managers are able to talk about cases, and the Director is available for case managers to consult with in more urgent situations. Lac Qui Parle County recently approved an agreement to enter into a waiver alliance with four other counties for both CCB and DD programs.

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.

Lac Qui Parle County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

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

The Director shared that staff have recently used Policy Quest and one staff member is able to submit questions. One case manager mentioned that Policy Quest is cumbersome and the response time is slow. A case manager shared that calling the Help Desk and working with someone over the phone has worked well when a situation is too complex or complicated to explain via e-mail. Case managers said that they use the Disability Service Program Manual (DSPM), but it often has vague information and is difficult to interpret. Case managers shared that the DHS website could be more user-friendly. Staff shared that they are not always able to find information through the website's search function and use external search engines to navigate the DHS website instead. Case managers said that the Disability and Senior Linkage Lines do not include many resources for rural areas, and is not helpful for participants that they refer to these resources.

The Director shared that lead agency staff often has to travel to Willmar or Marshall to attend videoconference trainings which can be a deterrent in the winter. Case managers said that the Regional Resource Specialist (RRS) is knowledgeable and very helpful in answering questions by e-mail and phone.

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.

Lac Qui Parle County Strengths

The following findings focus on Lac Qui Parle 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.

- **Lac Qui Parle County addresses issues to comply with Federal and State requirements.**

During the previous review in 2009, Lac Qui Parle County received a corrective action for the following items being out of compliance: signed and dated care plans, right to appeal, informed consent, and back-up plans for CADI. In 2013, none of these issues remain for Lac Qui Parle County indicating technical improvements over time.

- **Case managers are experienced and dedicated to meeting participants' needs.** Case managers have strong working relationships with each other and frequently consult and share information. They are knowledgeable about multiple waiver programs and are able to navigate across the agency to provide services for participants. Case managers have strong relationships with providers and work hard to help participant's access community resources.
- **Lac Qui Parle County staff are well-connected with providers and other organizations that serve participants.** Lac Qui Parle Wing County case managers have formed strong connections with staff at hospitals, nursing facilities, schools, vocational rehabilitation providers, and other agencies that serve participants. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Case managers are assigned to participants based on geographical location and are assigned to specific nursing facilities; this ensures that case managers in an area are knowledgeable about providers in that part of the county and build strong relationships with staff. The foster care licensure surveys' case managers about providers to receive feedback about performance as a way for the county to remain updated on the quality of the providers serving participants.
- **The case files reviewed in Lac Qui Parle County consistently met HCBS program requirements.** Participant case files are well-organized and complete. The DD ISP in particular was detailed and included required information. Required documentation and forms were included in the file, including the ICF/DD Level of Care, CAC form, BI form, OBRA Level One, Related Condition Checklist, informed consent to share private information, right to appeal, HIPAA privacy practices, signed and dated care plans, and current DD screening documents. The county also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information, and 80% of DD cases included a complete back-up plan. Frequency of visits as required by the program was 100% across all waiver programs.
- **Lac Qui Parle County's planned participation in a waiver alliance will help them meet needs and manage risks.** The county only has one person on their CCB waitlist, and being part of an alliance will allow Lac Qui Parle County to spend more of the HCBS budget while

being protected in the event of high cost participants. Participating in the alliance will help lay the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.

- **Lac Qui Parle County completes LTCC assessments for all waiver programs within the required timeframe after a referral.** All (100%) of the assessments for FY 2012 for the CCB (2 of 2), and EW/AC (12 of 12) programs were completed within this timeframe. All DD screenings (3 of 3) in FY 2012 were also done within the required timeframes. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice. Lac Qui Parle has an efficient intake process that allows them to successfully complete assessment and screenings within the required timeframes. Case managers have intake responsibilities and cases are assigned based on participant geographical location or the case manager's assigned nursing facility if that is the referral source.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process.
- **Continue to develop systems or practices to support case managers.** With increasing caseloads and continually changing programs, administering the waiver programs and providing case management has become more complicated. Lac Qui Parle County has incorporated a team leader which should help case managers stay current on program requirements and promote consistency. In the future, the lead agency may want to consider several strategies to keep up with caseload growth and increasing complexity of cases. Lac

Qui Parle County should consider creating a more formal system for training and mentoring new staff and organizing and updating documents to ensure forms are current and fillable. The lead agency may also want to consider using contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages.

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** The percent of Lac Qui Parle County participants earning more than \$250 per month are less than its cohort in the CCB programs (6.7% vs. 10.0%) and the DD program (23.1% vs. 26.0%). While employment providers are helping support participants to work in the community, the lead agency should continue to focus on strengthening employment by working to reduce use of center-based employment and develop more opportunities in the community that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. The lead agency should consider creating a Request for Information (RFI) for the community-based services that they are looking to develop.
- **Continue to work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Lac Qui Parle County ranks 86th of 87 counties statewide in their use of nursing facility services for people of all ages. Lac Qui Parle County should work to influence what services are available to its waiver participants. This may involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely in their own homes. It may also involve strategically developing assisted living services that can care for persons who otherwise may have to live in nursing facilities, such as those living in isolated rural communities or those needing memory care. As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. This may include partnering with

neighboring lead agencies with similar needs or service capacity. Lac Qui Parle County should work with other lead agencies in the new alliance to develop services, or connect with other lead agencies who have done work in this area

(http://www.minnesotahcbs.info/best_practices). Currently, 47.4% of CADI participants receive services at home (ranking Lac Qui Parle County 83rd of 87 counties). By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs. The lead agency may also want to consider utilizing the Consumer Directed Community Supports (CDCS) or Consumer and Family Support Grants to help provide in-home services for participants.

- **Use visit sheets consistently across the waiver programs to document provider performance and consumer satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the county to ensure the participants are being visited at the frequency required by their program. Lac Qui Parle County uses the SSIS Social Services Plan to document some components of face to face visits. In addition to documenting visits, visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. Only 64% of cases across programs included information about participant satisfaction with services or providers, so the visit sheet should also include standard questions to assess participant satisfaction.

Corrective Action Requirements

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

- **Beginning immediately, ensure that all care plans include information documenting the participant's need for 24-hour supervision for all EW participants using customized living services.** All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information. None of the five cases where this was applicable included this information in the care plan.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Lac Qui Parle County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 8 cases. All items are to be corrected by June 11, 2013 and verification submitted to the Waiver Review Team to document full compliance. Lac Qui Parle County submitted a completed compliance report on May 1, 2013.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	1	N / A	1	0	N / A	N / A
Screenings done on time for new participants (PR)	100%	100%	100%	100%	ALL	N / A
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	100%	86%	CCB, DD	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=17	CCB n=15	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	98%	100%	93%	100%	ALL	N / A
Participant needs identified in care plan (PR)	79%	77%	67%	100%	DD	CCB
Inclusion of caregiver needs in care plans	67%	67%	50%	100%	DD	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)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=5</i>)	80%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=5</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=17	CCB n=15	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	94%	93%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	86%	82%	80%	100%	DD	N / A
Back-up plan (PR for CCB)	83%	77%	93%	80%	CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=17	CCB n=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%	94%	100%	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=17	CCB n=15	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	88%	88%	80%	100%	DD	N / A
Documentation of participant satisfaction in the case file	64%	71%	67%	50%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	41%	91%	83%	N / A	AC / EW, CCB, DD
Percent of LTC funds spent on HCBS	N / A	18%	81%	75%	N / A	AC / EW, CCB, DD
Percent of waiver participants with higher needs	N / A	15%	47%	81%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	98%	100%	DD	N / A
Percent of waiver participants served at home	N / A	90%	66%	26%	AC / EW	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	7%	23%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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