

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Lake County**

Waiver Review Site Visit: June 2013

Report Issued: July 2013

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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 Lake County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Lake County
Case File Review	44 cases
Provider survey	9 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group(s) with 7 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 Lake County

In June 2013, the Minnesota Department of Human Services conducted a review of Lake County's Home and Community Based Services (HCBS) programs. Lake County is a rural county located in north eastern Minnesota. Its county seat is located in Two Harbors, Minnesota and the County has another two cities and five townships. In State Fiscal Year 2011, Lake County's population was approximately 10,824 and served 192 people through the HCBS programs. According to the 2010 Census Data, Lake County had an elderly population of 21.9%, placing it 5th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Lake County's elderly population, 7.1% are poor, placing it 73rd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Lake County's Health and Human Services Department is the lead agency for the waiver programs and provides case management for all HCBS programs. The agency includes both public health and social services functions, but the Adult Social Services Unit is responsible for the management of all waiver programs. The county provides contracted case management for the Blue Plus and UCare Managed Care Organizations (MCO).

Lake County has one Social Services Supervisor who directly supervises six staff who work with the waivers. The Social Services Supervisor oversees one EW/AC case manager, one CADI/BI case manager, and two DD case managers. One of the DD case manager's caseload is comprised primarily of children's and transition-age cases and the other primarily has DD adults and a few CADI and BI cases. In addition, the Social Services Supervisor oversees one worker who has intake and licensing responsibilities and one office support staff who completes all MMIS data

entry for waiver case managers. There is one public health nurse who participates in dual screenings and assessments and provides case management for Blue Plus participants who live in their own homes. This case manager is supervised by the Public Health Supervisor. Case managers from the Adult Social Services Unit work very closely with the public health nurse and communicate frequently by e-mail and phone.

Intake staff in Adult Social Services receive calls and assign the case to the case manager who specializes in the particular population or waiver program area. Case managers also serve as back-up for intake on a rotating basis when needed. The Social Services Supervisor shared that cases are usually self-assigned since staff are experienced and are able to determine the best fit for the participant. The case managers also consider caseloads when determining case assignment. In order to keep the DD workload even, the children's DD case manager keeps some young adults and transfers them to the adult DD case manager as that case manager's caseload allows. Lake County completes dual initial assessments with a social worker and the public health nurse for all programs except DD.

The EW/AC social worker case manager has a caseload of approximately 70 cases and also has back-up adult protection responsibilities. The one CADI/BI case manager has a caseload of about 20 and also has adult protection investigation duties. The two DD case managers have caseloads of approximately 60.

Working Across the Lead Agency

There is one financial worker whose caseload is comprised solely of LTC waiver participants and another financial worker who has waiver cases but also has other community cases. The current Financial Worker Supervisor used to be the LTC financial worker, and case managers have found her expertise helpful. Case managers connect with financial workers through e-mail and telephone conversations and also meet with them in-person. Case managers and financial workers used to have a weekly meeting to discuss issues; the Social Services Supervisor shared that communication between the groups has become so smooth that they no longer require this meeting and address occasional issues as they arise. Office support staff have a list with possible closures to assist case managers in monitoring Medical Assistance (MA) eligibility.

The Social Services Supervisor shared that adult and child protection cases involving waiver participants are very rare, and any cases are handled on a case-by-case basis. The CADI/BI case manager may act as the investigator for adult protection cases, especially for less severe, self-neglect situations. The EW/AC case manager provides back-up for investigations that may involve a conflict of interest. The waiver case managers also participate on an Adult Protection Team that meets monthly with the hospital social worker, community organizations, the county attorney, and sometimes law enforcement. The Children's Services Unit is located on the same floors as the waiver case managers. Case managers shared that they are very aware of any issues because of frequent communication and interagency referrals.

The lead agency contracts with three different private agencies to provide Rule 79 targeted mental health case management. A participant receiving both Rule 79 and CADI case management would have a Lake County CADI case manager and a separate Rule 79 case manager through one of these agencies. The two case managers work as a team and the mental health case manager often attends assessments with the waiver case manager.

Lake County has a Human Services Board. The Social Services Supervisor writes a monthly report on all of the waiver programs that they oversee. The Board is knowledgeable about the waiver programs and approves contracts.

Health and Safety

In the Quality Assurance survey, Lake 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 indicated they have good, open communication with case managers. They also said that Lake County has well trained and knowledgeable case workers who are advocates for consumers, they are responsive to changes in participant needs and to questions from providers and participants.

Lead agency staff attend a monthly Social Services meeting, and the Adult Social Services Unit case managers also meet separately on a weekly basis. Staff subscribe to listservs and bulletins to

keep up with changes on their own. Some lead agency staff attend the LTC quarterly regional meetings and bring back information to share with the rest of the staff. The DD case managers also attend their regional monthly meetings. Case file audits are not done regularly, but the EW/AC case manager and the public health nurse do peer reviews of each other's cases.

Service Development and Gaps

Lead agency staff shared that they face some challenges in ensuring that participants are able to receive needed services. There are a limited number of service providers for some specialized and skilled services, as well as more basic services like chore for elderly participants living in isolated areas of the county. Case managers noted that some providers have set a minimum on the number of authorized services hours in order to provide services in parts of the county that require more travel. This forces case managers to rely more on informal or family supports to help these participants. Case managers also noted that there are very long waiting lists for out of home respite and crisis respite services.

Supervisors indicated employment opportunities for clients who live in the northern part of the county was a major service gap; there are limited choices with only one local Day Training and Habilitation (DT&H) provider that is located in the southern part of the county and other providers require travel to or from Duluth. In addition, lead agency staff highlighted transportation as a significant barrier that limits many participants' ability to access community based employment or activities

Lake County has done RFP's in the past to address service gaps. They have also held individualized discussions with existing providers, encouraging them to expand services to meet emerging needs. The county is currently working with a local provider in an effort to expand employment services to more participants, especially those living in the northern part of the 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.

Lake 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	2	1
Schools (IEIC or CTIC)	0	0	2
Advocacy Organizations	0	1	2
Hospitals (in and out of county)	0	2	3
Customized Living Providers	0	0	2
Foster Care Providers	0	0	4
Home Care Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	0	3

Case managers share their provider experiences during the weekly staff meetings. If the case manager is unable to resolve the issue, it moves up the chain to the supervisors. When issues have persisted in the past with certain providers, supervisors have held quarterly meetings with the provider to monitor and talk about their improvement. Case managers currently gage consumer satisfaction during informal conversations and do not currently hand out any satisfaction surveys.

Case managers shared that they are in frequent contact with nursing facilities and are involved in discharge planning. However, they said that at times it can be hard to get information from them.

Case managers stated that their relationships with local hospitals are much better than those out of county, as they have found it harder to identify and contact the proper hospital staff member. The local hospital participates in the Adult Protection team which helps build relationships and keep all parties informed. Case managers shared that staff do not always have a clear understanding of more complex needs of some participants (e.g., behavioral or mental health).

Case managers rated their relationships with schools as good and stated that they are invited to Individualized Education Program (IEP) meetings, although sometimes the invitation is short notice. One case manager shared that they have a close relationships with the Interagency Early Intervention Committee (IEIC) which helps identify families who may benefit from waiver services.

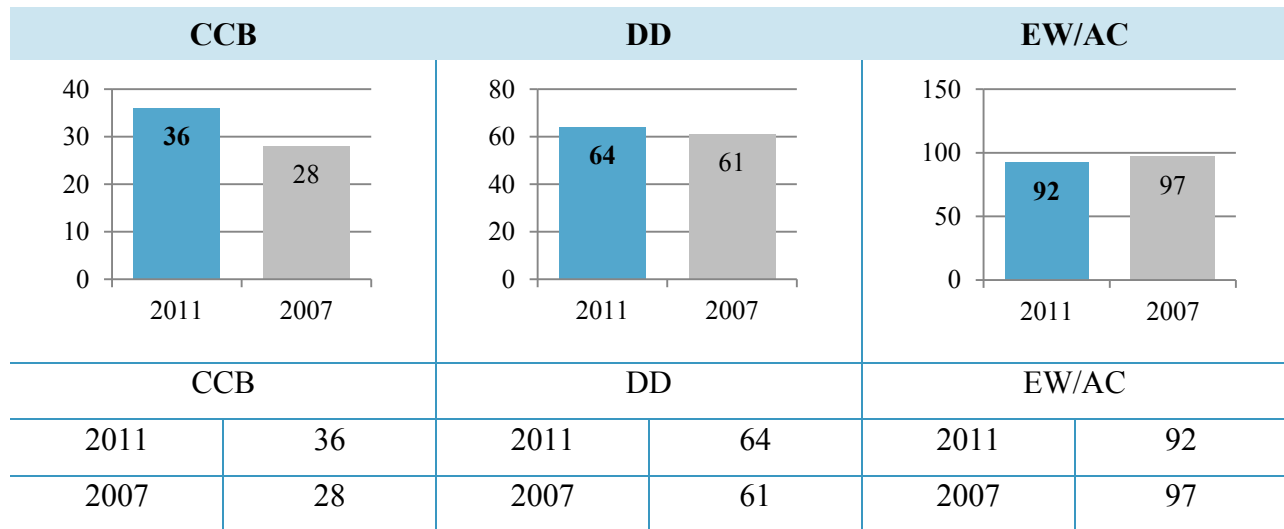
Case managers also stated that they know their customized living providers well and that they are very approachable and understanding. Case managers also said that they have developed trusting relationships and have good communication with foster care providers. They added that foster providers are willing to work with them as a team and that they do not hesitate to contact the case manager to troubleshoot.

Case managers shared that they have good communication with home care providers and that they are honest about their capacity to keep people safe. Case managers said that they work well with vocational providers and have excellent communication with them.

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 Lake County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Lake County has increased by 8 participants (28.6 percent); from 28 in 2007 to 36 in 2011. Most of this growth occurred in the case mix K, which grew by 6 people. Additionally, case mixes C and E each grew by two people, and case mixes F and H each grew by one person. Decreases occurred in three case-mixes; D, I and J.

Since 2007, the number of persons served with the DD waiver in Lake County increased by 3 participants, from 61 in 2007 to 64 in 2011. While Lake County experienced a 4.9 percent increase in the number of persons served from 2007 to 2011, its cohort had an 8.5 percent increase in the number of persons served. In Lake County, the profile group 2 increased by 4 people, and profile group 4 increased by 2 people. The greatest change in the cohort profile groups occurred in persons having a Profile 3. Although the number of people in Profiles 1 and 2 only increased by 1 person, Lake County still serves a larger proportion of persons in these groups (42.2 percent), than its cohort (31.9 percent).

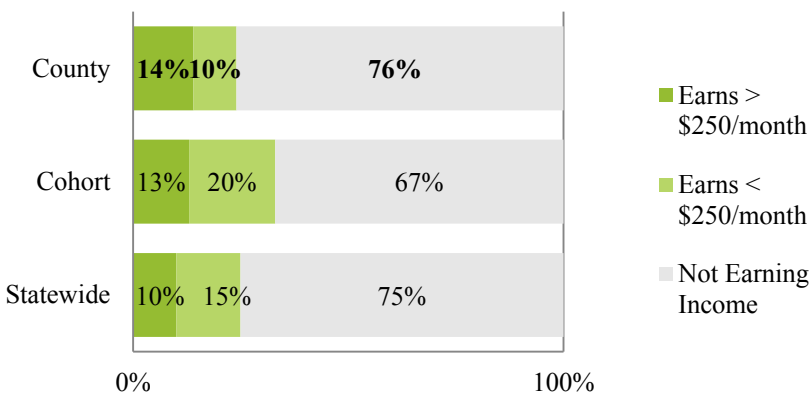
Since 2007, the number of persons served in the EW/AC program in Lake County has decreased by 5 people (5.2 percent), from 97 people in 2007 to 92 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Lake County still served 14 fewer lower needs participants in

2011 than in 2007. In addition, case mix K grew by 4 people, and case mixes E and I each grew by 3 people. As a result, Lake County is serving 9 additional higher need people than they did in 2007.

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)

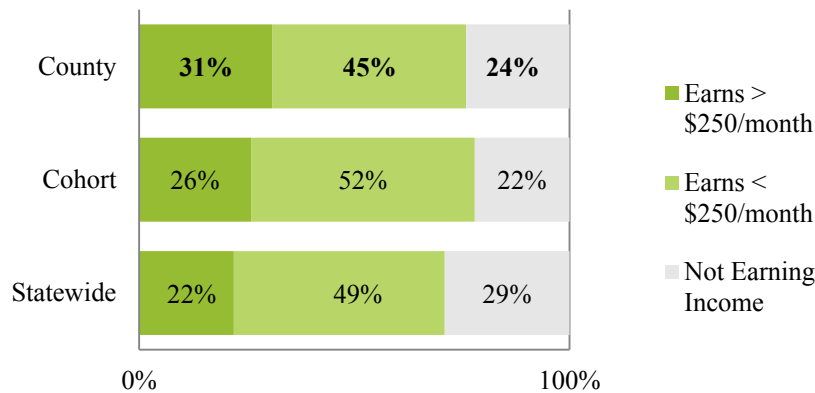


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Lake County	14%	10%	76%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Lake County served 29 working age (22-64 years old) CCB participants. Of working age participants, 24.1 percent had earned income, compared to 32.7 percent of the cohort's working age participants. **Lake County ranked 32nd of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Lake County 13.8 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
Lake County	31%	45%	24%
Cohort	26%	52%	22%
Statewide	22%	49%	29%

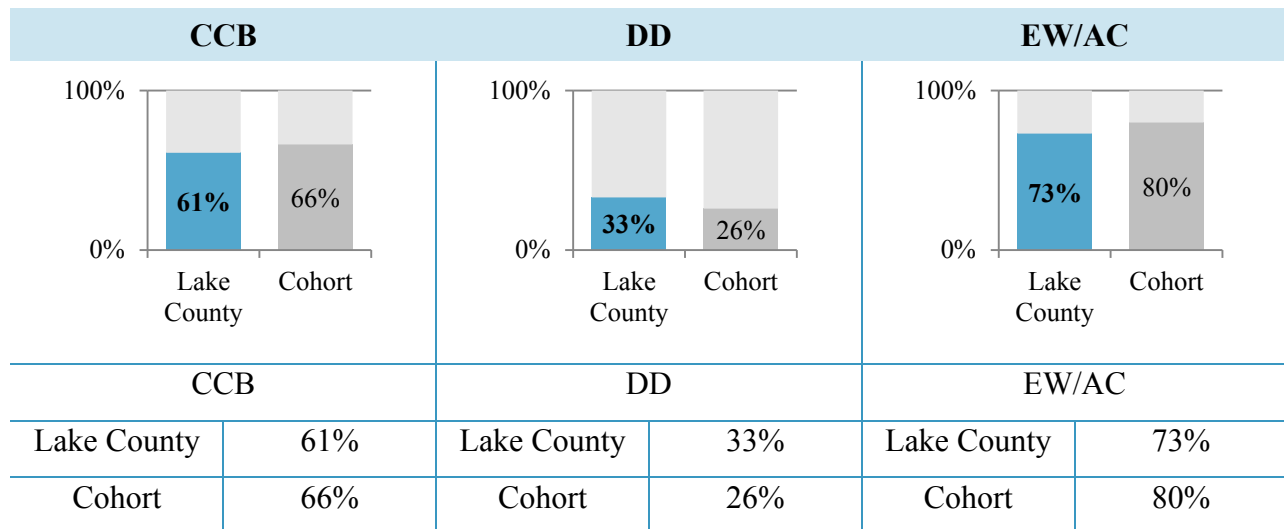
In 2011, Lake County served 49 DD waiver participants of working age (22-64 years old). **The county ranked 17th in the state** for working-age participants earning more than \$250 per month. In Lake County 30.6 percent of working age participants earned over \$250 per month, while 26.0 percent of working age participants in the cohort as a whole did. Also, 75.5 percent of working age DD waiver participants in Lake 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.

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)



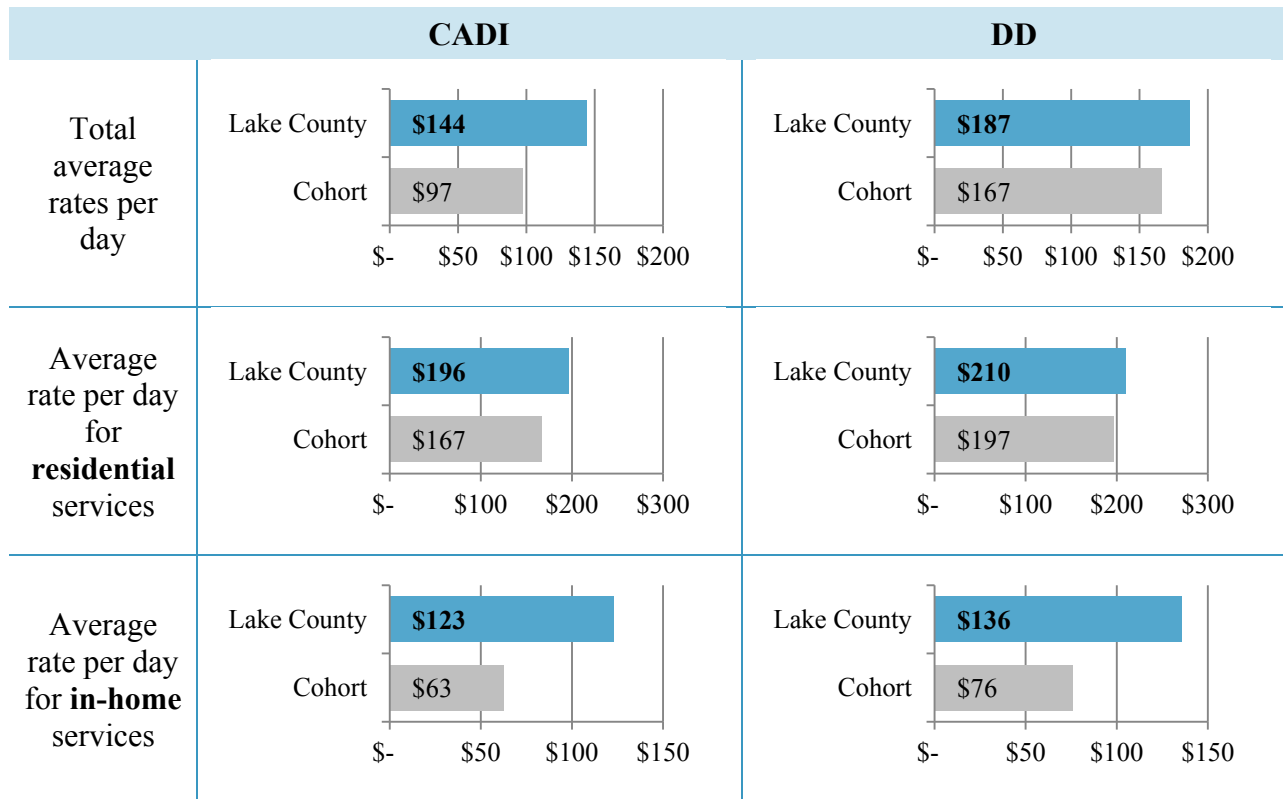
Lake County ranks 48th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 22 participants at home. Between 2007 and 2011, the percentage increased by 4.0 percentage points. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 61.1 percent of CCB participants in Lake County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Lake County ranks 26th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 21 participants at home. Between 2007 and 2011, the percentage decreased by 1.6 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 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.

Lake County ranks 45th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 67 participants at home. Between 2007

and 2011, the percentage decreased by 3.5 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.

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



Average Rates per day for CADI services (2011)

	Lake County	Cohort
Total average rates per day	\$143.90	\$97.17
Average rate per day for residential services	\$196.27	\$166.64
Average rate per day for in-home services	\$122.97	\$62.58

Average Rates per day for DD services (2011)

	Lake County	Cohort
Total average rates per day	\$186.63	\$166.61
Average rate per day for residential services	\$209.85	\$197.28
Average rate per day for in-home services	\$135.55	\$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 Lake County is \$46.73 (48.1 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Lake County spends \$29.63 (17.8 percent) more on residential services and \$60.39 (96.5 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Lake County ranks 84th 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 Lake County is \$20.02 (12.0 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Lake County spends \$12.57 (6.4 percent) more on residential services and \$59.75 (78.8 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Lake County ranks 62nd 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.

Lake County has a lower use in the CADI program than its cohort of some residential based services (Foster Care (18% vs. 24%), and a higher use for others (Customized Living (24% vs. 6%)). The county has a lower overall use of vocational services (Supported Employment Services (18% vs. 14%) and Prevocational Services (0% vs. 9%)). They have a lower use of several in-home services including Homemaker (9% vs. 33%), and Home Delivered Meals (9% vs. 26%). Forty-two percent (42%) of Lake County's total payments for CADI

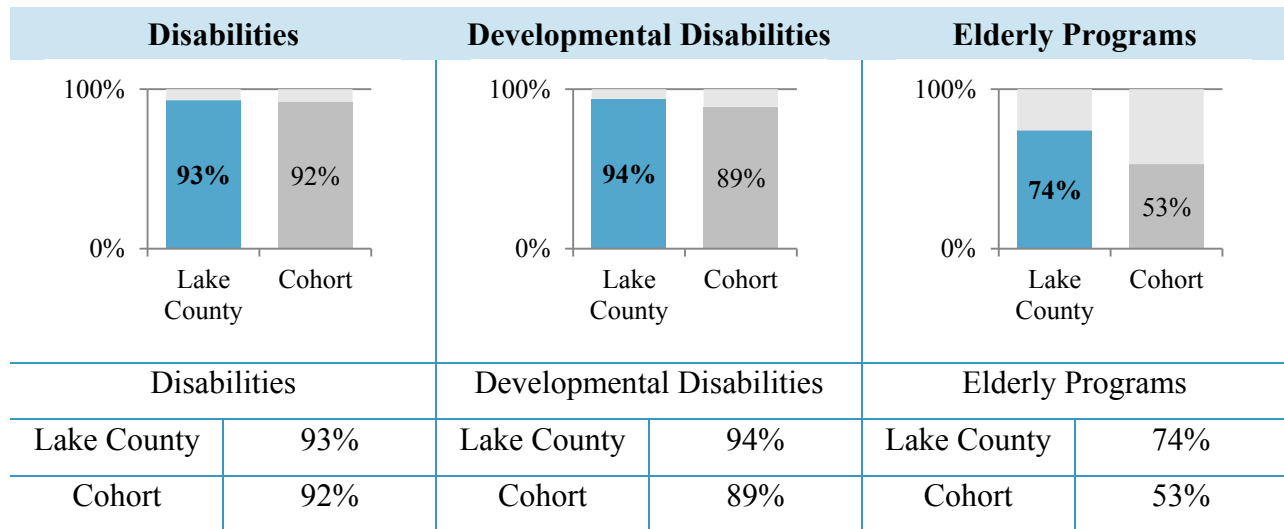
services are for residential services (Foster care (33%) and Customized living (9%)), which is lower than its cohort group (50%). Lake County's family foster care rates are notably higher than its cohort when billed monthly (\$5,548.20 vs. \$3,598.06 per month), but are lower when billed daily (\$175.49 vs. \$207.99 per day). Its corporate foster care rates are higher than its cohort when billed daily (\$252.94 vs. \$202.24 per day).

Lake County's use of Supportive Living Services (SLS) is lower than its cohort (69% 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. The county's overall use of vocational services is higher than its cohort (Day Training & Habilitation (59% vs. 62%) and Supported Employment (12% vs. 5%)). Its use of several in-home services is higher than its cohort, including Respite Services (25% vs. 19%), Modifications (6% vs. 1%), and In-home family support (22% vs. 15%).

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, Lake County served 70 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 6 in institutional care. Lake County ranked 49th of 87 counties in the percent of LTC participants receiving HCBS; 93.3 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 92.1 percent were HCBS participants. Since 2007, Lake County has remained fairly stable, decreasing its use of HCBS by only 0.5 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Lake County served 91 LTC participants (persons with development disabilities) in HCBS settings and six in institutional settings. Lake County ranked 39th of 87 counties in the percentage of DD participants receiving HCBS with 94.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (88.9 percent). Lake County has remained fairly stable in the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 0.5 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, Lake County served 95 LTC participants (over the age of 65) in HCBS settings and 49 in institutional care. Lake County ranked 5th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 74.3 percent received HCBS. This is higher than their cohort, where 53.2 percent were HCBS participants. Since 2007, Lake County

has increased its use of HCBS by 8.9 percentage points, while their cohort has increased by 5.3 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

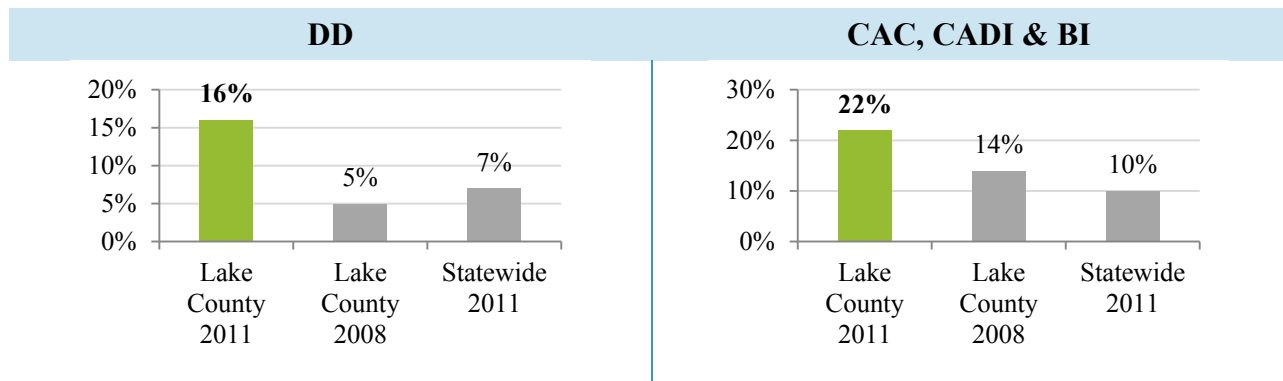
	Lake County	Cohort	Statewide
Age 0-64	0.36	0.53	0.47
Age 65+	11.43	33.43	23.11
TOTAL	2.78	6.53	3.24

In 2011, Lake County was ranked 16th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. In addition, Lake County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 38.6 percent in Lake County. Overall, the number of residents in nursing facilities has decreased by 36.2 percent since 2009.

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
Lake County (2011)	16%	22%
Lake County (2008)	5%	14%
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, Lake County had a 16% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Lake County’s DD waiver balance is larger than its balance in CY 2008 (5%), and the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Lake 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, Lake County had a 22% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), and the balance in FY 2008 (14%).

Lake County has formed a formal Waiver Management Team which includes the Social Services Supervisor, case managers, and a financial worker. The primary role of the team is to manage the lead agency's waitlists and monitor the waiver allocations. The team meets once a month and makes decisions about adding waiver participants based on slots available and eminent health and safety concerns. Lake County maintains an informal waitlist that is discussed at the meetings, which included eight individuals at the time of the waiver review, but it does not formally enter those individuals into the DHS Waiver Management System (WMS). If there is an emergency, the team will meet ad hoc with as many members as possible. There is no form for making requests, but case managers present any requests at the meeting. Case managers have access to WMS and run simulations when needed in order to help make decisions.

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.

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

Case managers shared that the Help Desk has been responsive, and the case aide also uses it for assistance with MMIS data entry. The Social Services Supervisor shared that she uses the Disabilities Service Program Manual (DSPM) frequently and sends information from it to case managers. Case managers said that the DHS website is difficult to navigate and the search function does not always work well. Waiver case managers like E-Docs and use it frequently. Case managers said that both the Disability and Senior Linkage Lines have been helpful. Case managers receive bulletins, but said the information can be hard to interpret and apply to their day-to-day work. Case managers also said that the usefulness of videoconference trainings can

vary greatly, as it depends on the content and person presenting. Case managers said that they have referred people to DB101.org, and it has been great for higher functioning participants.

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.

Lake County Strengths

The following findings focus on Lake 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.

- **Lake County addresses issues to comply with Federal and State requirements.** During the previous review in 2008, Lake County received a corrective action for the ICF/DD Level of Care, back-up plans for CCB cases, face-to-face visits for CCB and DD participants, documentation of needs in the care plan, documentation of participant choice, and timeliness of assessment to care plan. In 2013, none of these issues remain for Lake County indicating technical improvements over time.
- **Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need.** The small size of the community allows case managers to quickly navigate across agency to provide seamless services for participants. Case managers are experienced and they work well together and with Public Health and financial workers to coordinate services to meet participants' needs.
- **Lake County has excellent supports in place to assist case managers.** The lead agency utilizes a case aide to help with data entry into MMIS and reduce the administrative burdens on case managers. Case managers appreciate being able to connect and receive updates during formal Waiver Management Team and other regular unit meetings. Case managers also benefit from strong leadership, and having a supervisor who is familiar with the waiver programs makes them feel supported. Case managers and County leadership are keenly aware of changing demographics, how this impacts their work, and how it can help guide

decisions. Case managers could be further supported by shifting rate setting for residential services to the supervisor and using rate setting tools to help bring rates down, promote consistency amongst providers, and prepare for upcoming rate methodology changes.

- **Lake County staff are well-connected with providers and other organizations that serve participants.** Lake County case managers have formed strong connections with staff at hospitals, nursing facilities, residential providers, and other agencies that serve participants both in and out of the county. They work closely with staff and are in frequent communication with providers about the needs of participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. All of the providers responding to the provider survey said that lead agency staff are responsive to questions most or all of the time.
- **Lake County consistently includes a back-up plan in participant case files across all programs.** Back-up plans are required for the CCB waiver programs to ensure health and safety needs are met in the event of an emergency. 100% of the lead agency's CADI and BI cases included a completed back-up plan. In addition, 100% of AC cases and 90% of EW and DD cases included a completed back-up plan which goes above and beyond the current requirement.
- **Lake County has the capacity to serve people with high needs in community settings, often avoiding more costly and restrictive institutional placements.** The county serves a greater proportion of participants with high needs in the CCB, DD, and elderly programs when compared to its cohort and the statewide average. In 2011, the county ranked 3rd out of 87 counties in the percent of CCB waiver participants having higher needs (91.7%), 18th out of 87 in the percent of DD waiver participants having higher needs (85.9%), and 28th out of 87 in the percent of elderly participants having higher needs. In addition, Lake County ranks 16th out of 87 counties for their low nursing facility usage across all age groups.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Develop consistent and improved practices for case managers' face to face visits with participants.** While the many cases reviewed exceeded the required number of face to face visits, there were several that were not in compliance. There were two out of four BI cases, two out of 10 CADI cases, and one out of 10 DD cases that were not compliant with visit requirements. Setting explicit expectations and policies for face-to-face visits may improve consistency. The visits are also an opportunity for case managers to document a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. This could be done with a standardized visit sheet. Only 18.2% of case files reviewed in Lake County included documentation of participant satisfaction.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Although Lake County has higher rates than its cohort in the percentage of working age participants earning more than \$250 in income for the CCB (ranking 32nd of 87 counties) and DD (ranking 17th of 87 counties) programs, there is room for improvement. .

Lake County should build off of their success and continue to focus on strengthening employment by working to reduce use of center-based employment and develop more opportunities 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.

- **Lake County should update care plan formats to ensure that the care plan 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 personalized and detailed information about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs. Only 63.7% of cases reviewed included participant needs that met or exceeded expectations, and only 68% of cases addressed behavioral or medical issues in the care plan.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Lake County has lower rates of participants served at home than its cohort in the CCB and elderly programs. Only 61.1% of CCB participants are served at home (48th of 87 counties) and 72.8% of elderly participants are served at home (45th of 87 counties) indicating high use of residential services. Lake County should work to influence what services are available to its waiver participants. The lead agency should develop a package of services offered by several providers and informal supports working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. This may include partnering with neighboring lead agencies with similar needs or service capacity. 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. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. 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.

- **Lake County has reserves in the CCB budget and is able to serve additional community members or provide additional services to participants already enrolled in these programs.** Lake County's CCB waiver budget balance was 22% at the end of FY 2011. Since then, it has reduced its reserve and is projected to be at 12% for FY 2013. Its DD waiver budget balance was 16% at the end of CY 2011 and CY 2012. Given its smaller size a balance of 10% is adequate to manage risks. Therefore, there is room in both budgets to add more participants or enhance services such as supportive employment or in-home services for current participants. While the lead agency has an informal waitlist that is discussed regularly, an official waitlist helps demonstrate need for additional funding and slots to DHS. The county may also want to consider using their business office expertise to help manage allocations.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of their informed right to appeal included in the case file. Seven out of 10 CADI cases, three out of four BI cases, four out of 10 EW cases, and 1 out of 10 DD cases did not have

documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 10 EW cases and one out of 10 DD cases did not have documentation that the participant had been informed of their right to appeal within the past year. One out of 10 EW cases included only partial documentation that the participant had been informed of their right to appeal.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county’s privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county’s privacy practices on an annual basis. Currently, two out of 10 EW cases and one out of 10 DD cases did not have this completed documentation in the case file. In addition, one out of 10 CADI and one out of 10 AC cases did not have documentation that the participant had been informed of the county’s privacy practices in accordance with HIPAA within the past year. One out of 10 EW cases included only partial documentation that the participant had been informed of the county’s privacy practices.
- **Beginning immediately, ensure that case files include the Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a condition related to developmental disability on an annual basis. Two out of two DD cases reviewed with a related condition did not have complete and current documentation in the file.
- **Beginning immediately, ensure that all care plans are signed and dated by the participant, and include required choice questions.** Two out of 10 EW care plans and one out of 10 DD cases did not include the required signatures on the care plan. In addition, documentation of choice of community based services was not complete for the two EW cases that did not include a participant or legal representative signature.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Lake 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 22 cases. All items are to be corrected by August 6, 2013 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	80%	82%	75%	N / A	N / A	AC / EW, CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	66%	67%	N / A	CCB, DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=20	CCB n=14	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=20	CCB n=14	DD n=10	Strength	Challenge
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	93%	90%	100%	90%	ALL	N / A
All needed services to be provided in care plan (PR)	96%	90%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	93%	90%	93%	100%	ALL	N / A
Participant needs identified in care plan (PR)	64%	65%	36%	100%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	73%	67%	50%	100%	DD	AC / EW, CCB
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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	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=10</i>)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=10</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=20	CCB n=14	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	88%	100%	71%	90%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	64%	45%	64%	100%	DD	AC / EW, CCB
Back-up plan (PR for CCB)	96%	95%	100%	90%	ALL	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=20	CCB n=14	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	93%	95%	93%	90%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	59%	70%	29%	80%	N / A	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	86%	80%	93%	90%	CCB, DD	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=20	CCB n=14	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	75%	100%	50%	60%	AC / EW	CCB, DD
Documentation of participant satisfaction in the case file	18%	15%	21%	20%	N / A	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	74%	93%	94%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	44%	90%	90%	ALL	N / A
Percent of waiver participants with higher needs	N / A	57%	92%	86%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	73%	61%	33%	DD	AC / EW, CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	14%	31%	DD	N / A

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.