

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Marshall County**

Waiver Review Site Visit: April 2014

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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 Marshall County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

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

[Waiver Review Website](#) at www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Marshall County
Case File Review	38 cases
Provider survey	5 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group 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 Marshall County

In April 2014, the Minnesota Department of Human Services conducted a review of Marshall County's Home and Community Based Services (HCBS) programs. Marshall County is a rural county located in northwest Minnesota. Its county seat is located in Warren, Minnesota and the County has another 10 cities and 48 townships. In State Fiscal Year 2012, Marshall County's population was approximately 9,445 and served 211 people through the HCBS programs. According to the 2010 Census Data, Marshall County had an elderly population of 18.2%, placing it 32nd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Marshall County's elderly population, 12.8% are poor, placing it 10th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Marshall County Social Services is the lead agency for the HCBS waiver programs. The lead agency currently serves as a contracted care coordinator for the Managed Care Organizations (MCOs) Blue Plus and UCare. Marshall County also began serving as a contracted care coordinator for Medica on April 1st, 2014.

Marshall County has one Social Services Supervisor who oversees the management of all of the waiver programs. There are eight case managers in Social Services who manage waiver cases. Two case managers specialize in EW and AC and have caseloads of approximately 50 cases each. The other six case managers have mixed caseloads of all of the waiver programs, and their caseloads vary depending on the complexity of the cases. One of the case managers is the designated lead worker and has taken on the responsibility of creating and updating case file requirement checklists for all waiver programs. Social Services has one case aide who works

with the AC and EW programs. Her waiver responsibilities include data entry tasks such as entering case notes into SSIS and filing cases. The Social Services Supervisor also carries a caseload of DD participants.

Marshall County clerical staff receive intake calls and transfer participants to case managers based on the residential location of the participants. Each town in Marshall County is assigned to a specific case manager, and clerical staff route the calls to the appropriate case manager based on where the participant resides. The case manager who receives the initial call generally completes the initial LTCC assessment but does not necessarily become the ongoing case manager. The Social Services Supervisor assigns cases after considering several factors including caseload sizes and case managers' pre-existing relationships with families. The supervisor prefers to assign one case manager to families who have other family members receiving services through the county.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency was their ability to communicate with one another and across departments. Marshall County Social Services contracts with North Valley Public Health to conduct PCA assessments and dual LTCC assessments for some managed care and CADI cases. They also occasionally conduct dual LTCC assessments for BI cases if participants use nursing services. Social Services staff have monthly meetings with North Valley Public Health staff and communicate with them through email and telephone conversations. Case managers shared that these monthly meetings help both agencies stay current on changes related to the waiver programs.

Marshall County has two financial workers who work with the waiver programs. Staff shared that case managers coordinate with financial workers frequently and that the two groups work very well together. Case managers said that financial workers are very knowledgeable, and they know exactly who to contact with financial questions because of their close working relationships. Financial workers send forms out monthly to communicate with case managers about participants whose Medical Assistance (MA) eligibility is ending.

In addition to waiver case management, lead agency case managers also have adult protection responsibilities. Similar to the waiver intake process, each case manager is assigned towns where they have adult protection responsibilities. In instances where an adult protection case involves a waiver participant, the same case manager will have both adult protection and waiver case management responsibilities. Marshall County has one child protection worker in Children's Services who takes all child protection cases. Case managers shared that they may do intake for child protection cases and then pass them off to the child protection worker. They stated that they are not always notified when a child protection case is opened for a waiver participant on their caseload.

Case managers also provide adult mental health and children's mental health case management. The lead agency does not typically separate mental health and waiver case management and has the same case manager fill both roles. However, for some complex cases, participants have a separate mental health case manager in addition to their waiver case manager. In these instances, the two case managers coordinate with each other and discuss services the participant receives.

Health and Safety

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

Lead agency staff have regular meetings to keep up on program and policy changes and also to informally consult with one another to problem solve. Case managers with managed care cases attend monthly MSHO meetings as well. The lead agency also sends staff to regional trainings and conferences. Staff who attend these trainings and conferences share the information they learn with other case managers during regular staff meetings.

Lead agency clerical staff support case managers by preparing visit packets that contain paperwork needed when visiting participants. As previously mentioned, case managers also utilize checklists in each case file to ensure all required documentation is completed and included for each participant.

Service Development and Gaps

Overall, lead agency staff reported being satisfied with provider performance and relationships. They shared that some providers in the region have had difficulty finding enough staff to meet demand and that home health aides and skilled nurses are currently overworked. They also said that area hospitals and nursing facilities are experiencing the same problems in adequately staffing their workforce. In addition, case managers shared that transportation is a major challenge for participants because Marshall County is mostly rural. Case managers stated that they often have to rely on volunteer drivers to transport participants to appointments or they do it themselves. They also indicated that it is difficult to find providers who will deliver housekeeping and Personal Care Assistance (PCA) services to some parts of the county that are more remote. Case managers also said that Marshall County lacks respite care providers.

In the past, the lead agency has made efforts to develop services in order to address gaps in the region. They encouraged a provider in the area to develop a program that would serve participants in their own homes. Lead agency staff shared that the provider was very receptive to developing in-home services and that the program has worked well with participants. Lead agency staff reported that the services have helped participants remain in their own homes, which is their preferred location.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Marshall County Case Manager Rankings of Local Agency Relationships

Local agencies	Below Average	Average	Above Average
Nursing Facility	0	0	6
Schools (IEIC or CTIC)	0	2	3
Public Health Programs for Seniors	0	0	7
Home Care Providers	0	6	0
Advocacy Organizations	0	5	2
Community Mental Health Providers	0	0	7
Hospitals (in and out of county)	0	2	5
Area Agency on Aging	0	2	4
Customized Living Providers	1	0	2
Corporate Foster Care Providers	0	0	3
Family Foster Care Providers	0	3	1
Employment Providers (DT&H, Supported Employment)	0	1	4

Staff shared that one of the strengths of the lead agency is their relationships with local providers. They stated that case managers have open lines of communication with providers and that they will sometimes ask to see participant files when on visits. The lead agency also sends out participant satisfaction surveys to monitor provider performance. Case managers may review information from the surveys and bring up any persistent provider issues in weekly staff meetings.

Case managers shared that they have good relationships with nursing facilities in the area. Staff said that there is great communication with nursing facility staff and that they are good about connecting with case managers to let them know when participants are admitted or discharged. One of the lead agency's case managers is also on the Nursing Home Advisory Board which has helped with communication between the lead agency and nursing facilities.

Case managers varied in their ratings of their relationships with local schools. They shared that they work with a total of five school districts and have good communication with most schools staff. Case managers said that school staff notifies them about meetings or other concerns that they have with waiver participants. Case managers said that some school districts have better processes in place for transition planning compared to others.

Most case managers rated their relationships with hospitals in Marshall County as above average. They shared that doctors and nurses are responsive and that they have a good communication system in place to notify case managers when managed care participants are admitted. Case managers also shared that they are included in discharge planning. Case managers said that hospitals located in North Dakota do not understand Minnesota waiver case management, and staff from those hospitals are not as good at returning their calls.

Case managers shared that they have good relationships with vocational providers, but there are limited work options in the area for participants. They shared that their local day training and habilitation center does a good job meeting the needs of participants, and staff are very caring.

Only a few case managers had experience working with customized living providers and they varied in rating their relationships with them. Some case managers said that staff from these providers are easy to work with but need to learn more about the waiver programs. A case manager said that there is a lot of turnover at the administrative level, and there is limited communication between customized living provider staff and families.

Case managers said that family foster care providers treat participants wonderfully, and staff care deeply about the people they serve. They also shared that corporate foster care providers do a great job, and staff bring participants to activities and help them stay a part of the community.

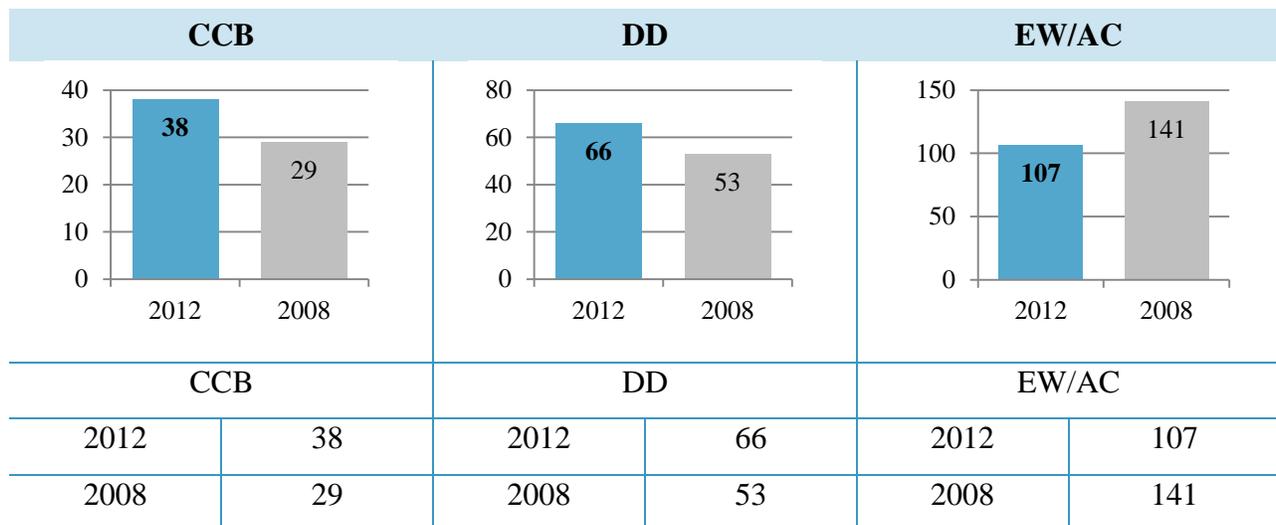
Case managers shared that their relationships with home care providers are average. They stated that a local home health agency no longer serves waiver participants due to reimbursement issues so they work with a provider based in North Dakota. Case managers said that PCA staff is difficult to find and the ones they have are not reliable. However, they shared that they have great relationships with public health programs for seniors, and they always receive notification when they have foot clinics.

Case managers said that advocacy organizations have been good resources for participants, especially when helping CDCS participants write care plans. Some case managers shared that advocates do not always take into account county budgets when attempting to get the best services for participants and that they should collaborate more with case managers.

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 Marshall County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Marshall County has increased by nine participants (31.0 percent); from 29 in 2008 to 38 in 2012. Most

of this growth occurred in the case mix B, which grew by five people. With this increase Marshall County may be serving a larger proportion of people with mental health needs. Additionally, case mix A grew by three people. Decreases occurred in two case-mixes; C and K.

Since 2008, the number of people served with the DD waiver in Marshall County increased by 13 participants, from 53 in 2008 to 66 in 2012. In Marshall County, the DD waiver program is growing more quickly than in the cohort as a whole. While Marshall County experienced a 24.5 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Marshall County, the profile groups 3 and 4 increased by six and four people respectively. The greatest change in the cohort profile groups also occurred in people having a Profile 3. With the increase in the number of people in Profiles 1 and 2, Marshall County serves a larger proportion of people in these groups (48.5 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Marshall County has decreased by 34 people (24.1 percent), from 141 people in 2008 to 107 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mix B had the largest growth, increasing by four people. With this increase Marshall County may be serving a larger proportion of people with mental health needs. Decreases occurred in case mixes D and E, dropping by three and two people respectively.

Value

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

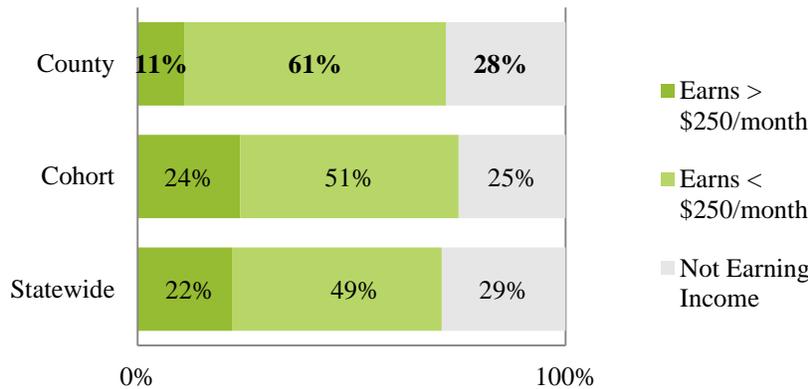
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Marshall County	7%	17%	76%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Marshall County served 30 working age (22-64 years old) CCB participants. Of working age participants, 23.3 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Marshall County ranked 77th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Marshall County 6.7 percent of the participants earned \$250 or more per month, compared to 14.3 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



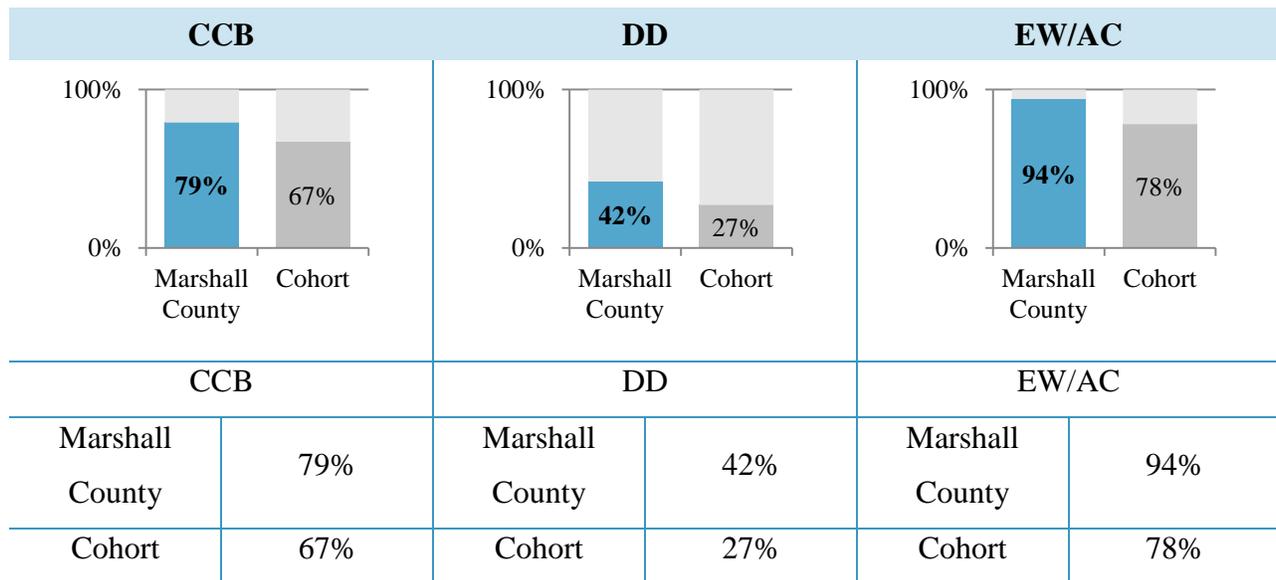
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Marshall County	11%	61%	28%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Marshall County served 44 DD waiver participants of working age (22-64 years old). **The county ranked 78th in the state** for working-age participants earning more than \$250 per month. In Marshall County, 11.4 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 72.7 percent of working age DD waiver participants in Marshall County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2012)



Marshall County ranks 5th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 30 participants at home. Between 2008 and 2012, the percentage increased by 3.1 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 78.9 percent of CCB participants in Marshall County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Marshall County ranks 13th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 28 participants at home. Between 2008 and 2012, the percentage increased by 12.2 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points.

Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

Marshall County ranks 4th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 100 participants at home. Between 2008 and 2012, the percentage decreased slightly, falling by 0.1 percentage points. In comparison, the percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Marshall County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Marshall County</td><td>\$92</td></tr> <tr><td>Cohort</td><td>\$98</td></tr> </table>	Entity	Rate	Marshall County	\$92	Cohort	\$98	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Marshall County</td><td>\$141</td></tr> <tr><td>Cohort</td><td>\$170</td></tr> </table>	Entity	Rate	Marshall County	\$141	Cohort	\$170
Entity	Rate													
Marshall County	\$92													
Cohort	\$98													
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Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Marshall County</td><td>\$176</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Marshall County	\$176	Cohort	\$171	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Marshall County</td><td>\$214</td></tr> <tr><td>Cohort</td><td>\$196</td></tr> </table>	Entity	Rate	Marshall County	\$214	Cohort	\$196
Entity	Rate													
Marshall County	\$176													
Cohort	\$171													
Entity	Rate													
Marshall County	\$214													
Cohort	\$196													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Marshall County</td><td>\$65</td></tr> <tr><td>Cohort</td><td>\$60</td></tr> </table>	Entity	Rate	Marshall County	\$65	Cohort	\$60	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Marshall County</td><td>\$44</td></tr> <tr><td>Cohort</td><td>\$75</td></tr> </table>	Entity	Rate	Marshall County	\$44	Cohort	\$75
Entity	Rate													
Marshall County	\$65													
Cohort	\$60													
Entity	Rate													
Marshall County	\$44													
Cohort	\$75													

Average Rates per day for CADI services (2012)

	Marshall County	Cohort
Total average rates per day	\$91.78	\$97.99
Average rate per day for residential services	\$176.18	\$170.52
Average rate per day for in-home services	\$65.09	\$60.30

Average Rates per day for DD services (2012)

	Marshall County	Cohort
Total average rates per day	\$140.64	\$169.97
Average rate per day for residential services	\$214.23	\$196.37
Average rate per day for in-home services	\$43.51	\$74.78

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 Marshall County is \$6.21 (6.3 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Marshall County spends \$5.66 (3.3 percent) more on residential services and \$4.79 (7.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Marshall County ranks 32nd of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Marshall County is \$29.33 (17.3 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Marshall County spends \$17.86 (9.1 percent) more on residential services and \$31.27 (41.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Marshall County ranks 5th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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

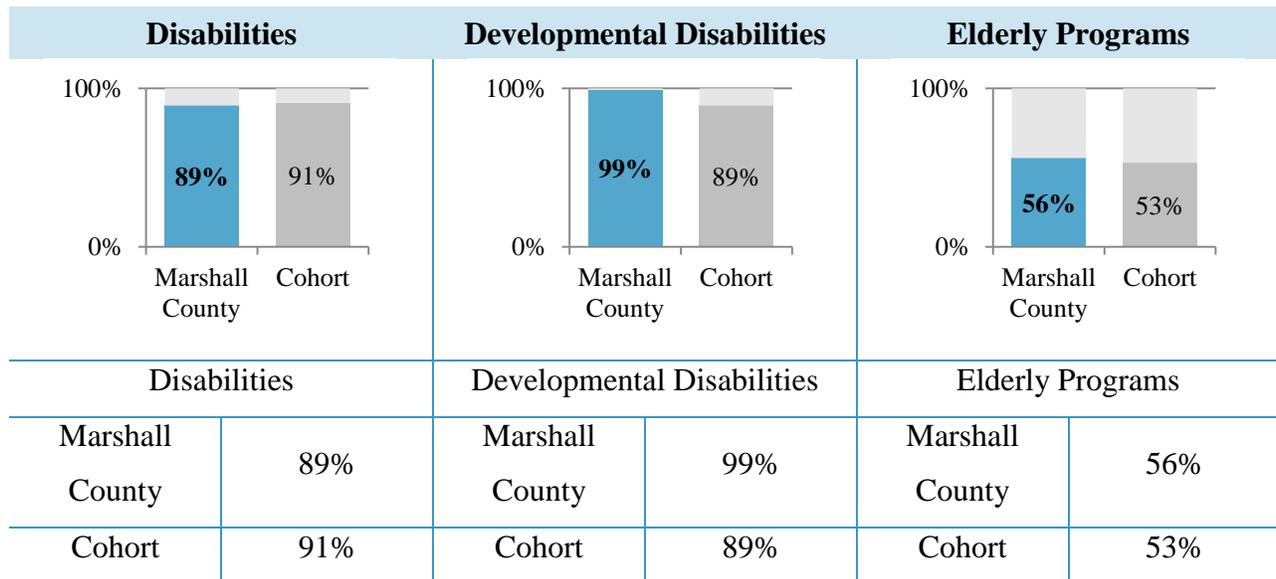
Marshall County has a lower use in the CADI program than its cohort of residential based services (Foster Care (12% vs. 25%) and Customized Living (5% vs. 6%)). The lead agency has a higher use of Prevocational Services (15% vs. 9%) and a lower use of Supported Employment Services (10% vs. 14%). They also have a lower use of some in-home services, such as Skilled Nursing (25% vs. 27%), and Home Health Aide (7% vs. 11%), but a higher use of Home Delivered Meals (28% vs. 27%), Independent Living Skills (17% vs. 16%), and Homemaker (46% vs. 33%). Forty percent (40%) of Marshall County's total payments for CADI services are for residential services (37% foster care and 3% customized living) which is lower than its cohort group (51%).

Marshall County's use of Supportive Living Services (SLS) is lower than its cohort (54% vs. 71%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (64% vs. 61%) and a lower use of Supported Employment Services (1% vs. 4%). It also has a higher use of In-Home Family Support (21% vs. 16%) than its cohort, a higher use of Respite Care (37% vs. 20%), and a higher use of personal support (12% vs. 4%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Marshall County served 47 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 8 in institutional care. Marshall County ranked 69th of 87 counties with 89.1 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 91.3 percent were HCBS participants. Since 2008, Marshall County has increased its use of HCBS by 2.5 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Marshall County served 71 LTC participants (persons with development disabilities) in HCBS settings and two in institutional settings. Marshall County ranked 10th of 87 counties with 98.5 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.2 percent). Since 2008, the county has increased its use by 0.3 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Marshall County served 110 LTC participants (over the age of 65) in HCBS settings and 95 in institutional care. Marshall County ranked 53rd of 87 counties with 56.4 percent of LTC participants receiving HCBS. This is higher than their cohort, where 52.9 percent were HCBS participants. Since 2008, Marshall County has decreased its use of HCBS by 2.9

percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

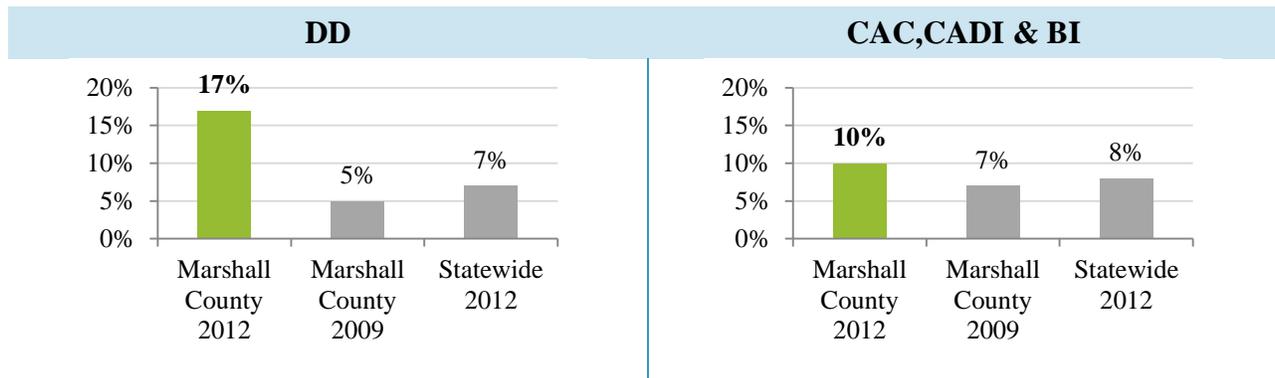
	Marshall County	Cohort	Statewide
Age 0-64	0.65	0.65	0.54
Age 65+	38.98	32.06	21.99
TOTAL	7.62	6.42	3.19

In 2012, Marshall County was ranked 78th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Marshall County has the same nursing facility utilization rate for people under 65 years old as their cohort. Since 2010, the number of nursing home residents 65 and older has decreased by 6.9 percent in Marshall County. Overall, the number of residents in nursing facilities has decreased by 4.0 percent since 2010.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Marshall County (2012)	17%	10%
Marshall County (2009)	5%	7%
Statewide (2012)	7%	8%

At the end of calendar year 2012, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Marshall County had a 17% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Marshall County’s DD waiver balance is larger than its balance in CY 2009 (5%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Marshall County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Marshall County had a 10% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2009 (7%).

Marshall County is part of the Northwest Eight Waiver Alliance and pools their waiver budgets with other counties in the alliance. Counties allocate their own budget, but petition the Alliance for more funds if there is a need. They do not currently have any participants on waitlists for the CCB or DD waiver programs. The lead worker manages the DD budget and another case manager helps manage the CADI budget. The two workers have regular meetings to discuss spending. Case managers submit requests through email to request allocation increases that are under \$1,000 and will meet with staff to discuss larger requests.

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.

Marshall County Case Manager Rankings of DHS Resources

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

Marshall County case managers rated the Community Based Service Manual (CBMS) as a very helpful resource and lead agency staff noted that they use CBSM very frequently. Case managers noted, however, that the CBMS is easier to use for the DD and CADI Waiver programs compared to the AC and EW Waiver programs, and it can be difficult to find service descriptions. Case managers rated both Policy Quest and the DHS website as very useful resources. In addition, most case managers rated E-Docs highly but added that it would be helpful if they could save the documents. Only a few case managers have used the Disability Linkage Line and Senior Linkage Line and rated the usefulness as above average.

Although case managers rated bulletins as helpful, they stated that they can get overwhelmed by the amount of information in them. They explained that it would be helpful if each bulletin included a summary list detailing all of the main points expressed in the bulletin.

Case managers generally rated webinars and videoconferences as being not very useful. Staff said that they have had some technical issues with Webinars and that the Videoconference presenters often just read off the slides instead of providing more information. They also added that it would be helpful to receive more of a timely notice for Videoconference trainings.

Lead agency staff shared that the Regional Resource Specialist (RRS) is very helpful, but case managers said that the RRS is not always responsive to their questions and they are often referred elsewhere. Case managers stated that Listserv announcements are not very useful and that they receive so many of them that it is difficult to know which ones are important. A few case managers have used MinnesotaHelp.Info and said it is not easy to navigate and is not always updated. Case managers who have used Ombudsmen had varied experiences. A case manager explained that the Ombudsmen was not very helpful and was hard to work with while another case manager explained that the Ombudsmen was very helpful in finding resources for elderly 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.

Marshall County Strengths

The following findings focus on Marshall 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.

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

During the previous review in 2010, Marshall County received a corrective action for frequency of face to face visits and the related conditions checklist. In 2014, Marshall County was fully compliant in these areas thus demonstrating technical improvements over time.

- **Case managers demonstrate person-centered thinking in their care plans, assessments, and case notes.**

Marshall County case managers have developed an eco-map that includes the primary contact information of the participants' family members and service providers. This practice provides a snapshot of each participant's unique web of supports and is a strong example of person-centered documentation. Case managers do a great job of documenting detailed information about participants in the LTCC assessment. 87% of Marshall County LTTC assessments were thoroughly complete and detailed. A thoroughly complete and detailed assessment helps the case manager develop a strong and comprehensive care plan. It is thoughtfully written and meaningful to each individual participant and his/her unique situation. Care plans also contained evidence of person-centered thinking. 97% of care plans reviewed in Marshall County included participants' preferences and names and 97% of care plans reviewed addressed participants' behavioral medical issues. In addition, 90% of care plans reviewed in the AC and EW programs had individualized and meaningful goals, a practice the lead agency should develop across programs as only 70% of care plans reviewed in the CCB programs and only 40% of DD care plans reviewed had individualized and meaningful goals. Case managers also do a great job of documenting detailed information about participants in the case notes. 90% of the Marshall County case notes reviewed

documented visits and interactions that respond to the consumer preferences. In addition, of the 21 cases reviewed for participants of working age, 100% contained employment assessment documentation. The lead agency should continue to develop practices across all programs that facilitate documentation of person-centered thinking.

- **Case managers are advocates for participants, and bring knowledge and experience about waiver programs to their work.** Case managers are consumer focused, well-trained, and knowledgeable about the available programs and services. They are resourceful and creative in ensuring participants receive needed services. Case managers are strong advocates for participants and are dedicated to helping them and their families navigate systems. For example, case managers explained that they are always accessible to their participants and sometimes even accompany participants to appointments. Case managers are also visiting participants frequently; DD participants received an average of 3.4 visits in the past 18 months, CADI participants received an average of 6.5 visits in the past 18 months, and EW participants received an average of 3.1 visits in the past 18 months. In addition, the lead agency has designated a lead case manager to communicate changes in policy and managed care plan requirements to case managers. The use of a lead worker is reflected in the high number of case files that are compliant. Furthermore, designating a lead worker has positioned Marshall County well for the number of policy changes coming in the year ahead. With the arrival of MnCHOICES, it is especially important that the lead worker focus their time on helping Marshall County transition to the new policy requirements.
- **Marshall County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers in Public Health and Social Services are accessible to one another and frequently consult and problem solve with each other on cases. The lead agency completes dual assessments with both a social worker and a nurse which allows them to draw on the expertise from both disciplines. Case managers' reported during the focus group that inter-departmental collaboration is a strength of the lead agency and that they have good communication with licensing, adult protection, and especially financial workers. For example, case managers shared that they receive a monthly report from financial workers detailing waiver participants who have financial eligibility paperwork due

the following month. The strong communication between case managers and financial workers helps ensure that participants' have a seamless experience with enrolling in waiver programs and maintaining financial eligibility.

- **Marshall County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have worked to build strong relationships with area providers. They work closely with local foster care providers, schools, hospitals, and nursing homes and are in frequent communication with providers about the needs of the 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.

- **The case files reviewed in Marshall County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of BI forms, ICF/DD Level of Care, 24 hour supervision documented for EW cases, informed consent to share information, right to appeal information, notice of privacy practices (HIPPA), emergency contacts and back-up plans are in place, current care plans that were signed and dated and included required choice questions, current DD screenings that were signed and dated by all relevant parties. In addition, 97% of cases received the number of face-to-face visit required by their program in the past 18 months, and 96% of case files included an OBRA Level One form.

Recommendations

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

- **Include details about the participant’s services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 100% of case files reviewed included the type of service in the care plan, only 3% of cases reviewed included the annual amount allowed.
- **Expand opportunities for use of Consumer Directed Community Supports (CDCS to help reduce reliance on residential services and reach people in more rural areas of the county.** These programs are particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services and it allows for flexibility in staffing. In March of 2014, Marshall County had 1 CCB participant and 1 DD participant using CDCS. Marshall County should expand CDCS opportunities to alleviate current barriers to providing respite services. In addition, by expanding CDCS services, the lead agency will benefit by becoming more prepared for the new Personal Care Assistance (PCA) requirements.
- **Marshall County has reserves in the CCB and DD budget and is able to serve more participants and provide additional services to participants already enrolled in these programs.** Marshall County’s CCB waiver budget balance was 10% at the end of FY 2012 and their DD waiver budget balance was 17% at the end of CY 2012. Given the size of the agency, a budget reserve of five percent is adequate to manage risks. Therefore, there is room

in both budgets to enhance services such as supportive employment or in-home services for current participants. Marshall County should move people off the DD waitlist and serve them through the waivers.

- **Expand community--based employment opportunities for participants in the CCB and DD programs.** Marshall County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (6.7% vs. 14.3%) which ranks 77th of 87 counties and the DD program (11.4% vs. 24.1%) which ranks 78th of 87 counties. Marshall County should 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. Over one third (36%) of Marshall County DD participants and 10% of Marshall County CCB participants are currently under age 22 and will be transitioning soon from school to work. The lead agency should work more closely with schools and be more involved in transition planning for youth to better connect students to community-based employment opportunities. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.
- **Marshall County should enhance the current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. The agency currently has a six month visit sheet and a satisfaction survey. Instead of using the satisfaction survey the agency should consider using the six month visit sheet. Specifically, visit sheets should be used to note changes or additional needs of a participant, document participant feedback, and monitor provider performance. The lead agency should add questions to monitor providers and document participant satisfaction with providers as only 66% of case files reviewed in Marshall County included documentation of participant satisfaction.
- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency may

want to consider strategies such as: developing an electronic case file system; create and use fillable electronic formats, or use shared drives to store forms to ensure they are current. This will promote organizational efficiencies and consistency and will allow supervisors and other staff easy access to information in a case manager's absence.

Corrective Action Requirements

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

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Marshall 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 3 cases. Marshall County submitted a completed compliance report on June 10, 2014.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	5	N / A	0	5	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%	100%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=17	CCB n=11	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	96%	100%	91%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=17	CCB n=11	DD n=10	Strength	Challenge
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)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	87%	94%	73%	90%	AC / EW, DD	N / A
Inclusion of caregiver needs in care plans	43%	22%	67%	100%	DD	N / A
OBRA Level I in case file (PR)	96%	100%	91%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=5</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=5</i>)	80%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=17	CCB n=11	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	100%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	100%	100%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=17	CCB n=11	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)	100%	100%	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=11	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	97%	100%	100%	90%	ALL	N / A
Documentation of participant satisfaction in the case file	66%	71%	64%	60%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	56%	89%	99%	AC / EW, DD	CCB
Percent of LTC funds spent on HCBS	N / A	27%	79%	97%	DD	CCB
Percent of waiver participants with higher needs	N / A	27%	45%	83%	DD	AV / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	93%	CCB	DD
Percent of waiver participants served at home	N / A	94%	79%	42%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	7%	11%	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.

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

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

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

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

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

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

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

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

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

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