

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Otter Tail County**

Waiver Review Site Visit: June 2013

Report Issued: July 2013

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Acknowledgements

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ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Otter Tail County
Case File Review	91 cases
Provider survey	28 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 9 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty

nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Otter Tail County

In June 2013, the Minnesota Department of Human Services conducted a review of Otter Tail County's Home and Community Based Services (HCBS) programs. Otter Tail County is a rural county located in North West Minnesota. Its county seat is located in Fergus Falls, Minnesota and the County has another 21 cities and 62 townships. In State Fiscal Year 2011, Otter Tail County's population was approximately 57,252 and served 853 people through the HCBS programs. According to the 2010 Census Data, Otter Tail County had an elderly population of 19.3%, placing it 23rd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Otter Tail County's elderly population, 11.3% are poor, placing it 22nd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Otter Tail County Human Services is the lead agency for the HCBS programs and provides case management for these programs. The Human Services Supervisor manages the EW waiver and AC programs and oversees six social workers, six public health nurses (two of whom work with the waivers), one case aide and one office support staff. The Social Services Supervisor manages disability waivers and oversees six DD case managers, three Mental Health case managers, three chemical dependency social workers, one chemical dependency counselor, and one case aide. Public health nurses provide case management for the CAC program and social workers provide case management for all other HCBS programs. Otter Tail contracts with Lakeland Mental Health Center to provide case management for some CADI participants with mental health needs; two contracted case managers each hold a caseload of 22 participants and provide both

Rule 79 and CADI case management for these participants. Otter Tail County serves as a contracted care coordinator for three managed care organizations (MCOs) including Medica, UCare, and Blue Plus.

Case managers shared that one of Otter Tail County's strength is that the combined structure of the waiver unit enables case managers to draw from the expertise of both the public health and social services staff. They shared that they value having each other as resources and they have a great team dynamic. Public health nurses complete all initial LTCC assessments, and also do reassessments for the CAC program. Social workers complete LTCC reassessments for the CADI, BI, EW and AC programs, as well as initial and follow-up DD screenings for the DD program.

Case managers shared that one of their strengths as a county is being specialized by geographic areas and providers. EW and AC cases are assigned according to the geographical location of the participant. Some case managers have specialized caseloads. For example, three CADI social workers specialize based on specific participant needs and settings; one social worker is assigned to all cases in which participants have physical needs and are living in the community, one social worker works with all cases in which participants live in facilities, and one social worker manages foster care cases.

DD case managers have approximately 70 cases. Two public health nurses each manage 2 CAC cases and conduct LTCC initial assessments. Case managers that work with adult mental health and CADI participants have caseload between 30 to 50 participants. All other long-term care case managers have caseloads of approximately 70 participants.

Working Across the Lead Agency

There are four financial workers assigned to waiver programs. Ottertail County recently switched from using a case banking system to assigning a financial worker to cases. This new method creates more of a team approach and has been working much better from a communication standpoint. Case managers shared that collaborating with the financial workers is much smoother now that they are assigned to cases.

Lead agency staff reported that there is open communication between the waiver case managers and Adult Protection; their units are in close proximity to one another so they communicate face-to-face when necessary. An EW and CADI case manager, the Human Services Supervisor and the Adult foster care Licensor all sit on the Vulnerable Adult screening team. Case managers are generally brought in to provide background information for their participants involved in an Adult Protection investigation; if this is not needed, sometimes, they may not know that a Vulnerable Adult investigation is taking place.

The Social Services Supervisor communicates with the Otter Tail County Board about the waiver programs. Lead agency staff provide an annual report to the Board that highlights upcoming changes. The Board shows interest in understanding the programs at a high level, and they are also responsible for signing off on waiver contracts.

Health and Safety

In the Quality Assurance survey, Otter Tail County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address 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 Otter Tail County has well trained and knowledgeable case workers and they are responsive to questions from providers and participants.

Lead agency staff attend weekly waiver meetings. These meetings provide an opportunity for case managers to discuss program changes and to consult about cases. Minutes are taken at waiver meetings and shared with all staff, so that case managers can review important information shared even if they are unable to attend. Adult mental health workers meet weekly with staff from Lakeland Mental Health Center, Otter Tail County's provider of contracted mental health and CADI case management services. Lead agency staff expressed that they have done a few internal trainings. While they feel they have done as good of a job training staff as possible, it is a challenge to get staff trained. They often rely on their Regional Resource Specialist to maintain program expertise, as well as the DHS website, ITV trainings and

Bulletins. Additionally staff are reminded occasionally of how to find information in the Disability Services Program Manual. Otter Tail County monitors staff compliance with program policies and procedures through randomized file review and annual managed care audits of EW case files.

Service Development and Gaps

Lead agency staff reported that they have service gaps due to the lack of providers in the region. Case managers explained that it is especially difficult to bring formal services to participants that live in isolated areas, as providers are not all willing to travel for services with low reimbursement rates, such as home care services. There is not a lot of variety in vocational services available. There is also a shortage of specialized residential providers, so some BI participants may have to use providers in Duluth. Accordingly, when participants are placed out of the county, it is difficult to know which services are available to them. Lead agency staff have addressed this issue by using contracted case management.

Housing options, access to medical equipment, and private duty nursing are also areas in which there are service gaps. Housing for CADI participants is especially problematic; although there is some low-income housing available, it is not handicap accessible. There are no adult care providers in Otter Tail County. Case managers shared that there is limited access to durable medical equipment in Otter Tail County, as some companies have chosen not to contract with the county to provide services. Lastly, case managers said that private duty nursing services for CAC participants on CDCS are scarce as a result of staffing issues.

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.

Otter Tail 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	5	0
Schools (IEIC or CTIC)	0	3	0
Public Health Programs for Seniors	0	6	0
Hospitals (in and out of county)	0	5	3
Area Agency on Aging	0	0	1
Customized Living Providers	0	0	5
Foster Care Providers	0	0	6
Employment Providers (DT&H, Supported Employment)	0	2	3

Otter Tail County case managers shared that they are able to develop good relationships with providers. Case managers have positive relationships with customized living providers, characterized by open communication. Providers keep case managers informed of concerns with participants. Case managers also reported very positive relationships with foster care providers. Case managers shared the foster care providers do a great job of meeting participant needs, work well with families and guardians, and create a home environment for participants.

Case managers shared that they have stronger relationships with local hospitals compared others outside of the county. Often, they only hear from non-local hospitals if there is an issue that

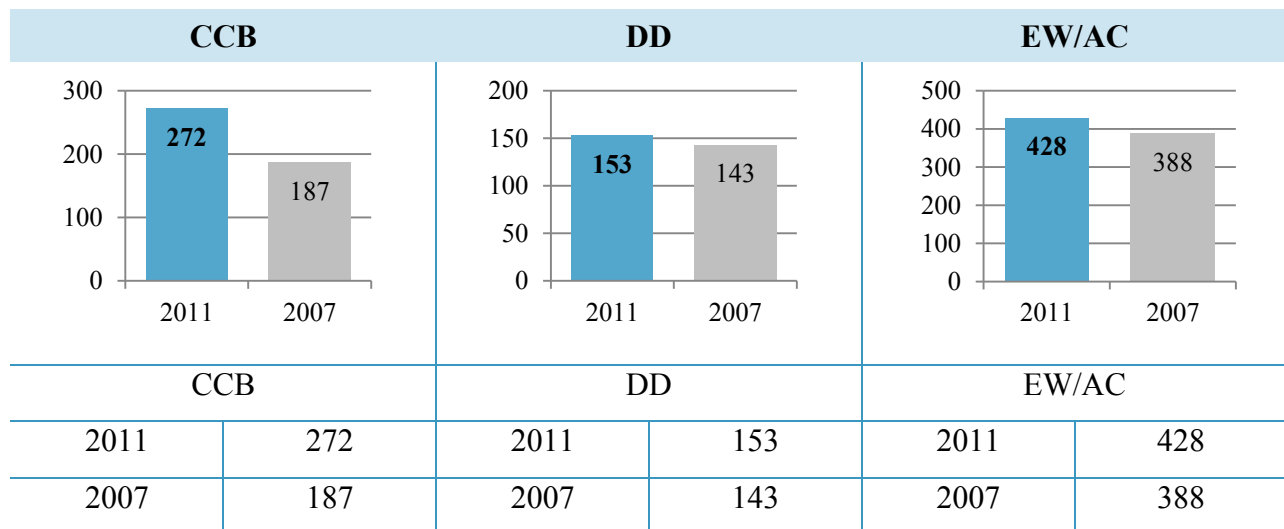
arises during the participant’s stay. Case managers reported that some nursing facilities are better at discharge planning than others. Case managers shared that nursing facility social workers are good, but some nursing facilities do not serve participants with difficult needs. Case managers have worked with nursing facilities to train staff around behavioral issues; providers were very receptive and wanted to learn how to best work with participants.

Case managers shared that some schools do really well with the transition process, and others do not do as well. For example, some schools and teachers are very proactive at involving the lead agency in transition planning before graduation. The Social Services Supervisor sits on a local Community Transition Interagency Committee (CTIC). Employment providers were rated favorably as case managers shared they communicate well with DT&H providers.

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 Otter Tail County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Otter Tail County has increased by 85 participants (45.5 percent); from 187 in 2007 to 272 in 2011. Most

of this growth occurred in the case mix B, which grew by 48 people. As a result, Otter Tail County may be serving a larger proportion of individuals with mental health needs on the CCB waivers.

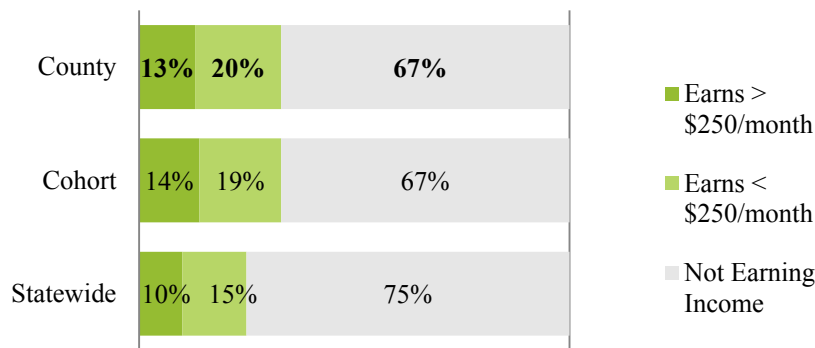
Since 2007, the number of persons served with the DD waiver in Otter Tail County increased by 10 participants, from 143 in 2007 to 153 in 2011. While Otter Tail County experienced a 7.0 percent increase in the number of persons served from 2007 to 2011, its cohort had a 9.3 percent increase. In Otter Tail County, profile group 2 grew by 5 people, and group 3 increased by 9 people. The greatest change in the cohort profile groups also occurred in persons having a Profile 3. Even though profile groups 1 and 2 grew by a total of 3 people, Otter Tail County serves a lower proportion of persons in these groups (24.8 percent) than its cohort (37.8 percent).

Since 2007, the number of persons served in the EW/AC program in Otter Tail County has increased by 40 people (10.3 percent), from 388 people in 2007 to 428 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, Otter Tail County still served 62 fewer lower needs participants in 2011 than in 2007. In addition, case mixes B and E grew significantly. As a result, Otter Tail County is serving 102 additional higher needs 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.

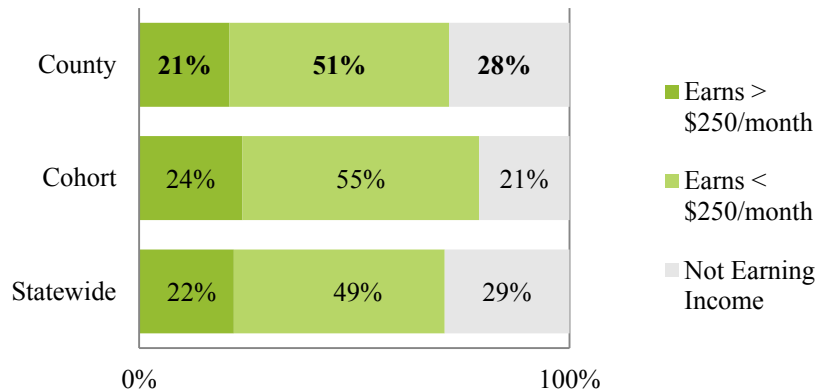
CCB Participants Age 22-64 Earned Income from Employment (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Otter Tail County	13%	20%	67%
Cohort	14%	19%	67%
Statewide	10%	15%	75%

In 2011, Otter Tail County served 210 working age (22-64 years old) CCB participants. Of working age participants, 33.3 percent had some earned income, compared to 32.5 percent of the cohort's working age participants. **Otter Tail County ranked 36th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Otter Tail County 13.3 percent of the participants earned \$250 or more per month, compared to 13.5 percent of 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)



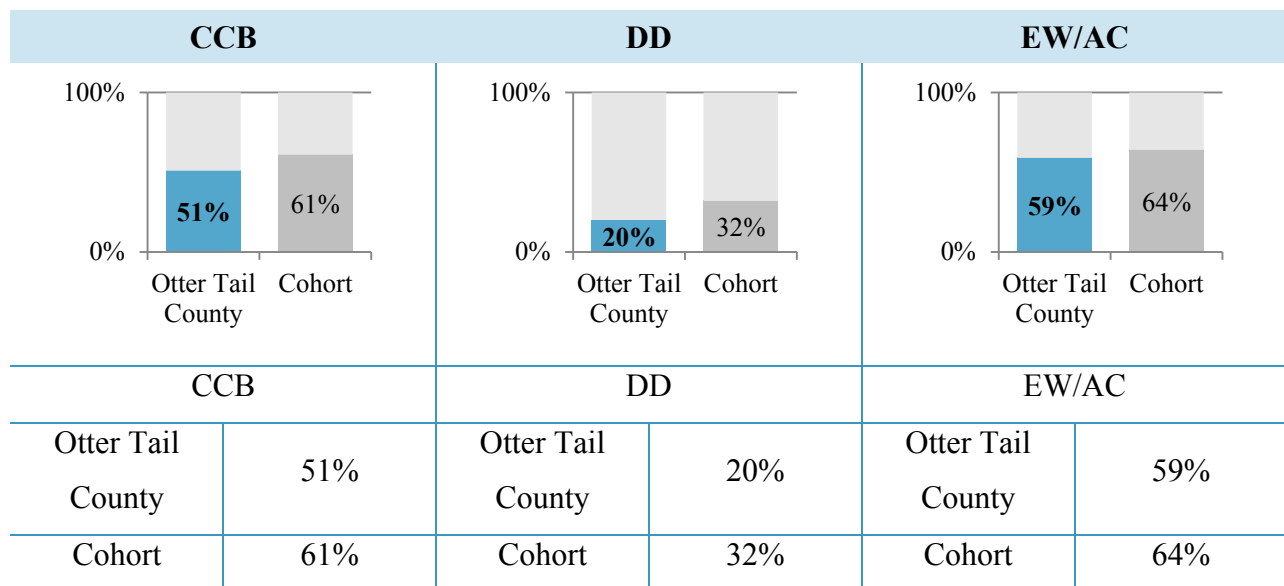
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Otter Tail County	21%	51%	28%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2011, Otter Tail County served 116 DD waiver participants of working age (22-64 years old). **The county ranked 51st in the state** for working-age participants earning more than \$250 per month. In Otter Tail County, 20.7 percent of working age participants earned over \$250 per month, while 23.7 percent of working age participants in the cohort as a whole did. Also, 71.6 percent of working age DD waiver participants in Otter Tail County had some earned income, while 78.8 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)



Otter Tail County ranks 75th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 138 participants at home. Between 2007 and 2011, the percentage decreased by 5.9 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 2.0 points. In 2011, 50.7 percent of CCB participants in Otter Tail were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Otter Tail County ranks 76th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 30 participants at home. Between 2007 and 2011, the percentage increased by 4.2 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.5 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.

Otter Tail County ranks 69th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 252 participants at home. Between 2007 and 2011, the percentage decreased by 7.4 percentage points. In comparison, the percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Otter Tail serves a lower proportion of EW/AC participants at home than their cohort or the state.

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

	CADI	DD
Total average rates per day	<p>Bar chart showing total average rates per day for CADI. Otter Tail County is \$96 and the Cohort is \$101. The x-axis ranges from \$0 to \$150.</p>	<p>Bar chart showing total average rates per day for DD. Otter Tail County is \$170 and the Cohort is \$180. The x-axis ranges from \$0 to \$200.</p>
Average rate per day for residential services	<p>Bar chart showing average rate per day for residential services for CADI. Otter Tail County is \$140 and the Cohort is \$163. The x-axis ranges from \$0 to \$200.</p>	<p>Bar chart showing average rate per day for residential services for DD. Otter Tail County is \$188 and the Cohort is \$220. The x-axis ranges from \$0 to \$300.</p>
Average rate per day for in-home services	<p>Bar chart showing average rate per day for in-home services for CADI. Otter Tail County is \$53 and the Cohort is \$62. The x-axis ranges from \$0 to \$80.</p>	<p>Bar chart showing average rate per day for in-home services for DD. Otter Tail County is \$94 and the Cohort is \$93. The x-axis ranges from \$0 to \$100.</p>

Average Rates per day for CADI services (2011)

	Otter Tail County	Cohort
Total average rates per day	\$95.52	\$101.14
Average rate per day for residential services	\$140.17	\$163.08
Average rate per day for in-home services	\$52.71	\$62.15

Average Rates per day for DD services (2011)

	Otter Tail County	Cohort
Total average rates per day	\$170.15	\$179.75
Average rate per day for residential services	\$188.36	\$219.77
Average rate per day for in-home services	\$93.61	\$93.24

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Otter Tail County is \$5.62 (5.6 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Otter Tail County spends \$22.91 (14.0 percent) less on residential services and \$9.44 (15.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Otter Tail County ranks 40th 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 Otter Tail County is \$9.60 (5.3 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Otter Tail County spends \$31.41 (14.3 percent) less on residential services but \$.37 (0.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Otter Tail County ranks 35th 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.

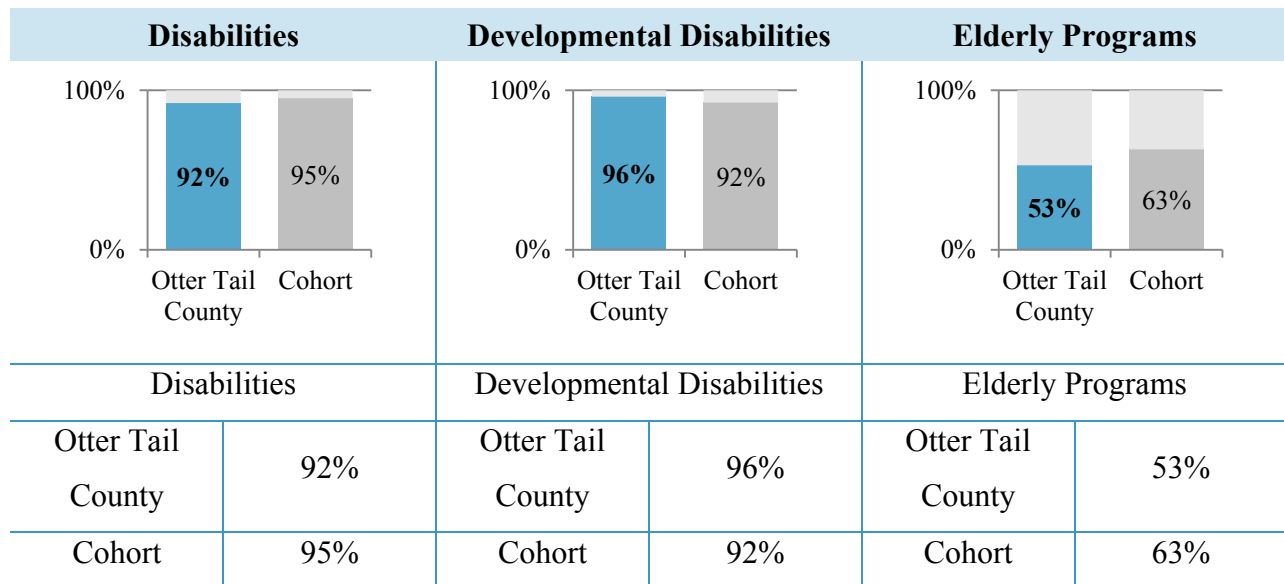
Otter Tail County has a higher use in the CADI program than its cohort of some residential based services (Foster Care (36% vs. 25% and Customized Living (14% vs. 11%)). For vocational services, the county has a higher use of Prevocational Services (12% vs. 9%), but lower use of Supported Employment Services (11% vs. 12%). They also have a lower use of some in-home services including Homemaker (26% vs. 29%) and Independent Living Skills (12% vs. 20%), but a higher use of Home Delivered Meals (23% vs. 19%). Sixty-three percent (63%) of Otter Tail County's total payments for CADI services are for residential services (56% foster care and 7% customized living) which is higher than its cohort group (54%). Otter Tail County's family foster care rates are lower than its cohort when billed monthly (\$3,308.81 vs. \$3,411.75 per month). Corporate foster care rates are lower than its cohort when billed monthly (\$4,566.77 vs. \$5,459.70 per month).

Otter Tail County's use of Supportive Living Services (SLS) is higher than its cohort (77% vs. 68%) 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. Otter Tail County's semi-monthly Supportive Living Services rates are similar to its cohort (\$3,896.60 vs. \$3,831.60). The county has a higher use of Day Training & Habilitation (64% vs. 61%) than its cohort. However, Otter Tail County has a lower use of Supported Employment (1% vs. 4%), In-Home Family Support (13% vs. 16%), and Respite Services (14% vs. 18%) than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2011)



In 2011, Otter Tail County served 397 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 58 in institutional care. Otter Tail County ranked 59th of 87 counties in the percent of LTC participants receiving HCBS; 92.2 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 94.6 percent were HCBS participants. Since 2007, Otter Tail County has increased its use of HCBS by 4.5 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Otter Tail County served 184 LTC participants (persons with developmental disabilities) in HCBS settings and 11 in institutional settings. Otter Tail County ranked 26th of 87 counties in the percentage of DD participants receiving HCBS with 95.7 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Since 2007, the county

has increased its use by 2.6 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Otter Tail County served 448 LTC participants (over the age of 65) in HCBS settings and 428 in institutional care. Otter Tail County ranked 63rd of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 53.2 percent received HCBS. This is lower than their cohort, where 63.3 percent were HCBS participants. Since 2007, Otter Tail County has increased its use of HCBS by 8.2 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

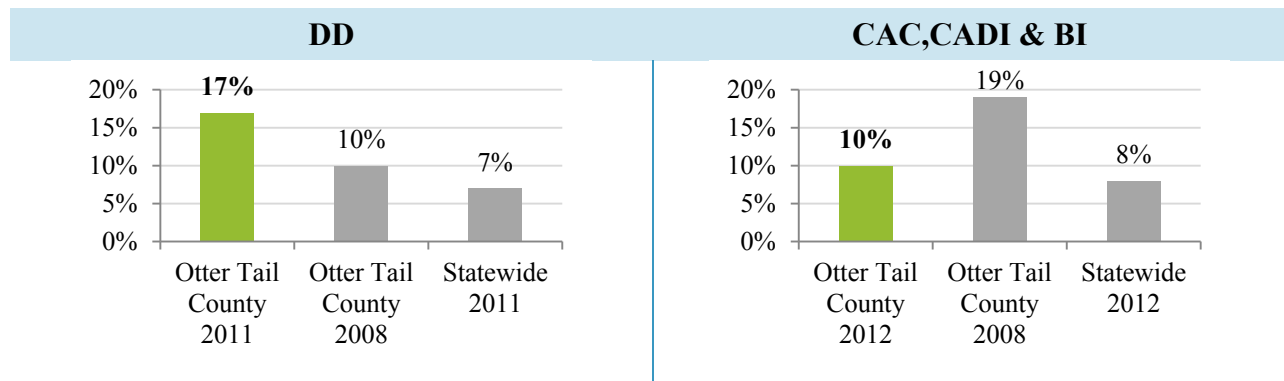
	Otter Tail County	Cohort	Statewide
Age 0-64	0.53	0.35	0.47
Age 65+	27.74	24.75	23.11
TOTAL	5.79	3.54	3.24

In 2011, Otter Tail County was ranked 57th 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 (27.7 percent) than its cohort (24.7 percent) and the statewide rate (23.1 percent). Otter Tail County also has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 7.6 percent in Otter Tail County. Overall, the number of residents in nursing facilities has decreased by 6.3 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
Otter Tail County (current)	17%	10%
Otter Tail County (2008)	10%	19%
Statewide (current)	7%	8%

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, Otter Tail County had a 17% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Otter Tail County’s DD waiver balance is larger than its balance in CY 2008 (10%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Otter Tail 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, Otter Tail County had a 10% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2008 (19%).

The Social Services Supervisor and the Human Services Supervisor manage the CCB allocations as a team. A case aide enters data into the Waiver Management System and prints allocation reports on a monthly basis. A CADI increase request sheet is used when staff request additional CADI waiver funding. Generally requests are reviewed at team meetings, however in the case of an emergency, the decision is made over email. The Supervisors run simulations to determine whether newly requested services can be provided within their budget. The CADI waiting list has 18 participants on it and it is tracked at weekly CADI team meetings. When a waiver slot opens up, lead agency staff place participants on the CADI waiver based by prioritizing those with highest needs first.

The Social Services Supervisor and a DD case manager manage the DD allocations. Otter Tail County currently has a DD waitlist of 10 participants but it does not include anyone with urgent needs. While they have funds in their budget they could spend down, they do not currently have any slots for new participants. When a waiver slot opens up, lead agency staff place participants on the DD waiver based by prioritizing those with highest needs first.

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.

Otter Tail County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	3	3	1	0
Help Desk	0	0	1	1	2
Disabilities Service Program Manual	0	0	1	1	7
DHS website	0	2	2	1	2
E-Docs	0	0	0	1	6
Disability Linkage Line	0	0	1	2	2
Senior Linkage Line	0	0	1	3	0
Bulletins	0	0	1	6	1
Videoconference trainings	0	0	2	5	2
Webinars	0	0	0	8	1
Regional Resource Specialist	0	0	0	1	6
Listserv announcements	0	0	0	5	0
MinnesotaHelp.Info	0	3	1	0	0
Ombudsmen	0	0	2	2	4
DB101.org	0	0	0	2	1

Lead agency staff said that they do not always receive prompt responses from Policy Quest. They also mentioned that they find it difficult to navigate through questions that have already

been asked to find the answer to their question. Case managers shared that they use the Help Desk and that it has been helpful as a resource for MMIS issues. Some shared that it is a challenge that the hours are limited. Case managers rated the Disabilities Service Program Manual (DSPM) as very helpful, and lead agency staff said that it is used regularly to find information. Lead agency staff also frequently use E-Docs to find the most current forms. Case managers also reported that the DHS website difficult to use. There is so much information; it is hard to find the information that is needed.

Lead agency staff attend videoconference trainings and webinars. They mentioned that they would like to use these trainings to learn something new to put into practice rather than receiving updates or reviewing information. They also shared that sometimes the videoconference trainings and webinars feel disorganized. A few of the case managers shared that they use DB101.org and also refer participants to this resource. They said that schools and families have expressed that they use it and it has been helpful. MinnesotaHelp.Info has been used in the past, but case managers said it is not easy to navigate and is not accurate.

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.

Otter Tail County Strengths

The following findings focus on Otter Tail 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.

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

During the previous review in 2008, Otter Tail County received a corrective action for the BI form, face-to-face visits for CCB and DD participants, documentation of needs in the care plan, signed and dated care plans, and timeliness of assessment to care plan. In 2013, none of these issues remain for Otter Tail County indicating technical improvements over time.

- **Case managers build relationships with waiver participants and families over time, and help them navigate the systems to receive the services that they need.** The longevity and experience of case managers allows them to quickly navigate across the agency to provide seamless services for participants. Case managers are strong advocates for waiver participants, and they are resourceful and collaborate with each other when coordinating services to meet participants' needs. In addition, frequent face-to-face visits with participants in all waiver programs were clearly documented in case file notes; some participants were seen by their case manager on a quarterly basis. On average, EW participants are visited by their case manager every 97 days, CAC participants are seen every 94 days, BI participants are visited by their case manager every 104 days, CADI participants are seen every 80 days, and DD participants are seen every 89 days.
- **Case managers collaborate well with each other and other units that serve participants.** Teamwork and collaboration among social workers and the public health nurses are strengths of the county; this integration helps case managers access both sets of expertise when serving participants. Case managers are assigned to financial workers with allows them to work closely with them to monitor participant eligibility. They also communicate frequently with licensing staff. Licensing staff sends case managers a list of providers and their capacity to serve new participants, and provides forms to case managers to give feedback.
- **Multiple sources of data indicate that Otter Tail County staff are well-connected with providers and other organizations that serve participants.** Case managers have worked to build strong relationships with area providers who can provide quality services for participants. Case managers are assigned to assisted living providers, and also have very good connections with hospitals and nursing facilities. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Providers responding to a survey said that a strength of the county was the good, open communication between case managers, participants, and providers.
- **Otter Tail County's use of contracted case management for distance and mental health cases is a strength of the lead agency.** Otter Tail County has created a partnership with a

contracted case management company to provide case management to participants that live over one and a half hours away from the county. Contracting case management helps the county make sure that participants are being visited as frequently as needed and are able to access the services needed to maintain their health and safety. Case managers from Lakeland mental health also provide waiver case management for those participants requiring both rule 79 and waiver case management. These contracted case managers are very well connected with social service and public health staff and well supported by the lead agency.

- **The case files reviewed in Otter Tail County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the file, including the ICF/DD form, CAC form, consent to release private information, current care plans, and signed and dated DD screening documents. The lead agency also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the AC, EW, and DD cases included emergency contact information.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Otter Tail County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Otter Tail 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 and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff.** A visit sheet can be used 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. Visit sheets can be kept in the participant's case file to document the required face-to-face visits. The visit sheet should also include questions to assess participant satisfaction with providers. Only 34% of case files reviewed in Otter Tail County included documentation of participant satisfaction.
- **Otter Tail 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. It is important for the lead agency to set expectations for the format and quality of care plans to create consistency across the agency.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Otter Tail County has lower rates of participants served at home than its cohort in the CCB, DD, and elderly programs. Only 50.7% of CCB participants (75th of 87 counties), 19.6% of DD participants (76th out of 87 counties) and 58.9% of elderly participants (69th of 87 counties) are served at home, indicating a higher use of residential services. Otter Tail County should work to develop needed services by communicating expectations to new and current providers or by sending out a Request for Information (RFI). As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. This should involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely

in their own homes.. 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.

- **Continue to expand community-based employment opportunities for participants in the CCB and DD programs.** Otter Tail County has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the CCB program (13.3% vs. 13.5%) and ranks 36th of 87 counties and the DD program (20.7% vs. 23.7%) and ranks 51st of 87 counties. Otter Tail County should focus on strengthening employment by working to reduce use of center-based employment and develop more employment opportunities in the community that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. The lead agency should consider being more deliberate with the service development activity and creating a Request for Information (RFI) for the community-based employment services that they are looking to develop.
- **Otter Tail County has reserves in the CCB and DD budgets and is able to provide additional services to participants these programs.** Otter Tail County's CCB waiver budget balance was 10% at the end of FY 2012 and a 17% budget reserve in their DD budget for CY 2011. There is also a waitlist for these programs. There is room in the budget to add more participants or enhance services such as supportive employment or in-home services for current participants. Otter Tail County should consider requesting additional slots to reduce the number of participants on their waitlist. The county may also want to consider using their business office expertise to help manage allocations. Otter Tail County has been allocated 10 additional CADI slots.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Otter Tail County was found to be inconsistent in meeting state and federal requirements and

will require a response by Otter Tail 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 Otter Tail 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 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, one out of three CAC cases and one out of 23 CADI cases did not have this completed documentation in the case file. In addition, one out of 23 CADI cases, two out of 10 BI cases, and three out of 33 EW 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 23 CADI cases, two out of 33 EW cases, one out of seven AC cases, and one out of 15 DD cases included only partial documentation that the participant had been informed of the county’s privacy practices.
- **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 23 CADI cases, five out of 33 EW cases, one out of seven AC cases, and one out of 15 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, three out of 23 CADI cases, seven out of 33 EW cases, and three out of seven AC cases did not have documentation that the participant had been informed of their right to appeal within the past year. One out of 10 BI cases included only partial documentation that the participant had been informed of their right to appeal.
- **Beginning immediately, ensure that all LTC participants include a completed OBRA Level One form in their case file.** The OBRA form has two sections and both must be completed by the case manager. The sections ask whether a developmental disability

diagnosis or mental health diagnosis is present. Two out of 23 CADI cases and seven out of 10 BI cases did not include this completed documentation. It is considered a best practice for this form to be completed on an annual basis.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review**

Team's site visit. Although it does not require Otter Tail 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 51 cases. All items are to be corrected by August 12, 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	28	N / A	18	10	N / A	N / A
Screenings done on time for new participants (PR)	94%	92%	97%	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	70%	88%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=40	CCB n=36	DD n=15	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	92%	93%	92%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=40	CCB n=36	DD n=15	Strength	Challenge
Care plan is current (PR)	99%	100%	97%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	85%	75%	89%	100%	DD	N / A
Choice questions answered in care plan (PR)	92%	100%	81%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	39%	18%	47%	73%	N / A	AC / EW, CCB
Inclusion of caregiver needs in care plans	47%	14%	60%	100%	DD	N / A
OBRA Level I in case file (PR)	88%	100%	75%	N / A	AC / EW	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)	93%	N / A	N / A	93%	DD	N / A
TBI Form	80%	N / A	80%	N / A	N / A	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Most of the time	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=28</i>)	93%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=28</i>)	89%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=40	CCB n=36	DD n=15	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	98%	100%	97%	93%	ALL	N / A
Health and safety issues outlined in care plan (PR)	57%	23%	78%	100%	DD	AC / EW
Back-up plan (PR for CCB)	75%	53%	89%	100%	DD	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=40	CCB n=36	DD n=15	Strength	Challenge
Informed consent documentation in the case file (PR)	99%	100%	97%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	67%	60%	64%	93%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	86%	85%	83%	93%	DD	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=40	CCB n=36	DD n=15	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	66%	35%	89%	93%	DD	AC / EW
Documentation of participant satisfaction in the case file	34%	48%	19%	33%	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)	94%	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)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	53%	92%	96%	DD	AC / EW, CCB
Percent of LTC funds spent on HCBS	N / A	29%	88%	94%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	54%	67%	85%	AC / EW, DD	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	95%	95%	DD	CCB
Percent of waiver participants served at home	N / A	59%	51%	20%	N / A	ALL
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	13%	21%	N / A	DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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