

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Pope County**

Waiver Review Site Visit: October 2012

Report Issued: December 2012

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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 Pop County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Pope County
Case File Review	33 cases
Provider survey	10 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 6 staff
Quality Assurance Survey	1 survey response

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 Pope County

In October 2012, the Minnesota Department of Human Services conducted a review of Pope County's Home and Community Based Services (HCBS) programs. Pope County is a rural county located in west central Minnesota. Its county seat is located in Glenwood, Minnesota and the County has another nine cities and twenty townships. In State Fiscal Year 2011, Pope County's population was approximately 10,894 and served 203 people through the HCBS programs. In 2011, Pope County had an elderly population of 19.6%, placing it 21st (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of 2,131 County's elderly population, 8.9% are poor, placing it 52nd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Pope County Human Services is the lead agency for CAC, DD and BI programs and provides case management for these programs. Human Services includes all Social Services functions. Pope County's Social Services Supervisor oversees the CAC, DD and BI waiver programs and three case managers who manage a mix of these three waiver programs. The Social Services supervisor is new to the position. One of the experienced case managers serves as a lead worker for the county and is relied upon heavily for her expertise. The other two case managers are newer to the county's waiver programs; one has worked with the county for many years but in a different capacity and the other has experience with the waiver programs but is new to Pope County. The lead worker is planning to retire at the end of this year and her caseload is being taken over by the newer case managers.

Pope County Public Health is the lead agency for EW, AC and CADI programs and provides case management for these programs. Public Health is a separate department from Human Services and includes all Public Health functions. The Pope County Public Health Supervisor oversees the EW, AC, and CADI waiver programs and six case managers who manage these three waiver programs. They also provide care coordination for PrimeWest Managed Care Organization (MCO). Public Health case managers are experienced in waiver programs, ranging from 7 to 20 years.

Pope County completes dual assessments with a social worker and public health nurse for BI participants with high medical needs. For participants with mental health needs, waiver case managers either co-case manage these cases with a mental health social worker or consult the mental health social worker as needed. Case managers shared that all workers are located in the same building, so they are able to communicate with each other easily.

Social Services case managers have between 17 and 45 CAC, DD, or BI cases. Public Health nurses with a CADI caseload have between 12 and 15 cases including Special Needs Basic Care (SNBC) cases. Many case managers are also responsible for other non-waive related duties, such as foster care licensing and adult protection. Public Health nurses with an EW and AC caseload have between 50 and 75 cases. In Pope County, intake is divided between Social Services and Public Health. In Social Services, there is an intake worker that handles all programs. When a case is received, it is brought to the Social Services Supervisor or lead worker to determine if Social Services or Public Health should be managing the case. Case assignment is based on current caseload numbers and decided as a team. In Public Health, intake is done by the Public Health Supervisor. Once a referral is received, the supervisor determines which case manager it is assigned to based on waiver program and current caseloads.

Working Across the Lead Agency

Pope County has three financial workers with waiver caseloads. Financial workers have a variety of cases and work with cases that involve both adults and children. Case managers stated that their relationships with financial workers are good; they find financial workers to be accessible

and have frequent communication with them. Financial workers are located in the same building as case managers; this assists in their ability to communicate with each other.

The Human Services Department manages adult protection, child protection, and mental health, and the Public Health Supervisor is on the child protection team. A majority of waiver participants with mental health needs also receive Rule 79 Targeted Case Management, but if they do not, case managers will utilize the adult mental health social worker for consultations. For adult and child protection, case managers with DD cases meet once a week with Common Entry Point (CEP) intake workers to discuss cases that require immediate action for Adult Protection or Child Protection investigations. Case managers do not handle cases with a child protection report. Mental Health has a local care coordinating council that has multi-disciplinary monthly meetings with Adult Protection; they will be pulled into Adult Protection investigations.

Information about waiver programs is presented to the County Board by the Human Services Director or the Public Health Director, who attend all Board meetings. Besides the official board meetings held every other week, Pope County also conducts one Committee of Whole Meeting each month. At these meetings, they will discuss topics more in depth, but no official business is done at these meetings. Case workers have given informal educational presentations about the waiver programs and citizens are also invited to share their experiences at these meetings.

Health and Safety

In the Quality Assurance survey, Pope County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified well-trained and knowledgeable case managers as a county strength. Providers also indicated they have good, open communication with case managers. County staff shared that case managers have strong relationships with providers.

In order to stay current with requirements, Pope County staff attend trainings and hold meetings to disseminate knowledge. Case managers attend videoconference trainings, webinars, and

managed care educational sessions. County staff also read Bulletins and emails to stay aware of changes. At staff meetings, they discuss these changes. In Social Services, case managers attend the Region 4 case manager meetings and learn about legislative updates. In Public Health, waiver meetings are held to talk about cases, pull complex cases for review, and brainstorm together. The Public Health Supervisor attends regional meetings to keep up on changes and to share practices.

Service Development and Gaps

Pope County staff noted that they have a shortage of providers for specialty services, transportation, employment, and respite. County staff stated that it is a challenge to meet new participant needs for employment, and often end up using existing Day Training and Habilitation services for DD participants. The waiver supervisors also mentioned that the directors are more involved with service development than they are, and the directors manage the contracts. Providers identified meaningful employment opportunities and increased service options for consumers residing in their own home as the most urgent areas of unmet consumer service needs.

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.

Pope County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Homes	0	0	2
Schools (IEIC or CTIC)	1	0	2
Hospitals (in county)	0	4	0
Area Agency on Aging	0	0	5
Customized Living Providers	0	0	2
Employment Providers (DT&H, Supported Employment)	0	0	2
Foster Care Providers	0	0	3
Home Care Providers	0	0	3

Case managers stated that overall they have good working relationship with providers. In Public Health, challenges encountered are discussed with providers. Case managers will contact the supervisor or talk about any issues with providers at waiver meetings. In Human Services, the new supervisor hopes to meet with providers, set expectations, and give them resources for additional training to help them better serve participants. Overall, supervisors report good informal communication with providers about changes and questions.

In order to ensure provider quality, supervisors reported that case managers do quarterly visits where they ask participants if they are satisfied with services. Additionally, PrimeWest conducts a consumer satisfaction survey annually and shares the results with the county. The county reports that they get positive reviews from participants regarding their care coordination.

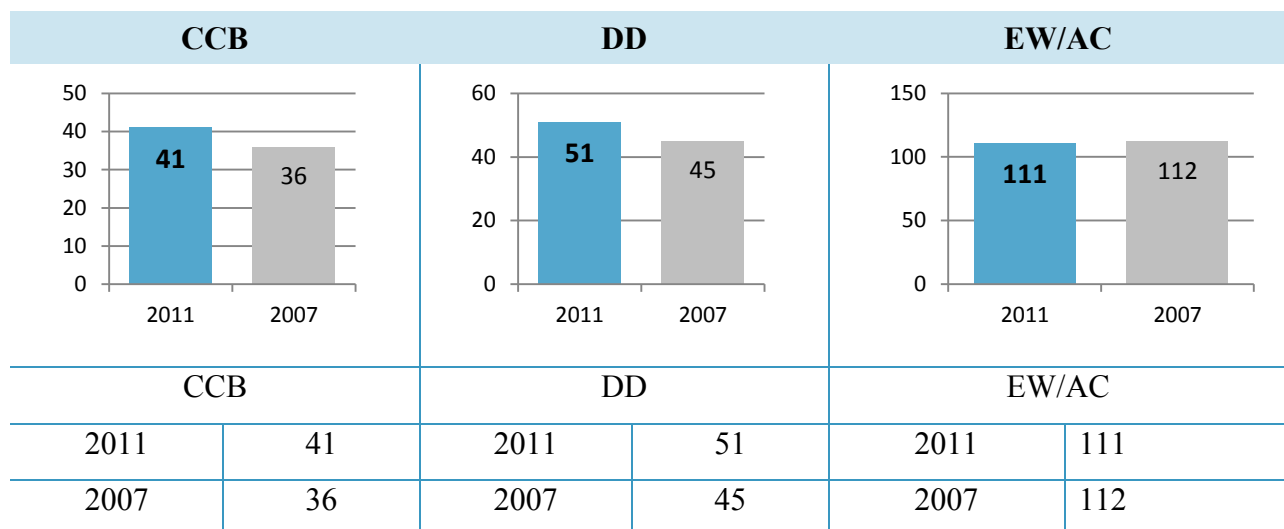
Case managers indicated that relationships with schools have improved over time. In the past, they had some difficulty communicating with schools, but new staff have improved the relationship. Case managers noted that sometimes they receive notices for Individual Education

Program (IEP) meetings late. Case managers indicated that they have average working relationships with hospitals in the county. Case managers find that they have to work really hard to get information from them. Hospitals that are out of county do not know if patients are on the waiver or that they have a case manager so the communication can be difficult. Case managers indicated they have good working relationships with the Area Agency on Aging, Land of the Dancing Sky AAA. Case managers mentioned that they divide customized living facilities between the Public Health workers; they find that one of the customized living facilities is not as responsive in providing information as the others. For foster care providers, case managers indicated that they have good working relationships, but it can vary by house; they have very good relationships with some providers, while others are not as cooperative and responsive. Case managers also indicated they have good working relationships with home care providers; they try to work most with providers with which they’ve had the best experiences in the past.

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 Pope County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Pope County has increased by five participants (13.9 percent); from 36 in 2007 to 41 in 2011. Most of this growth occurred in the case mix B, which grew by nine people. This shows that Pope County is serving a greater number of people with mental health needs in the CCB waivers.

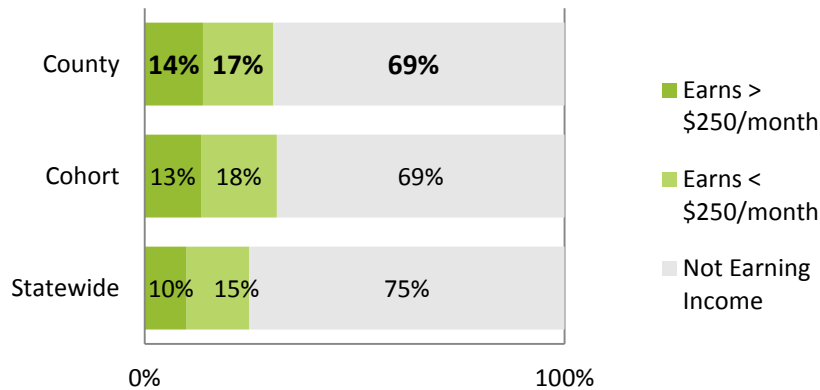
Since 2007, the number of persons served with the DD waiver in Pope County increased by six participants, from 45 in 2007 to 51 in 2011. In Pope County, the DD waiver program is growing more quickly than in the cohort as a whole. While Pope County experienced a 13.3 percent increase in the number of persons served from 2007-2011, its cohort had a 6.9 percent increase in number of persons served. In Pope County, the profile group four, the lowest need profile group, increased the most. In comparison, the greatest change in the cohort profile groups occurred in persons having a profile three. Although the number of people in Profiles 1 and 2 decreased, Pope County still serves a larger proportion of persons in these groups (39.2 percent), than its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Pope County has decreased by one person (0.9 percent), from 112 people in 2007 to 111 people in 2011. Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants (those with case mixes A and L). There was a large increase in case mix B, which often includes people with mental health needs. As a result of this increase, Pope County is serving a larger proportion of people with mental health needs on the EW/AC programs.

Value

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

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

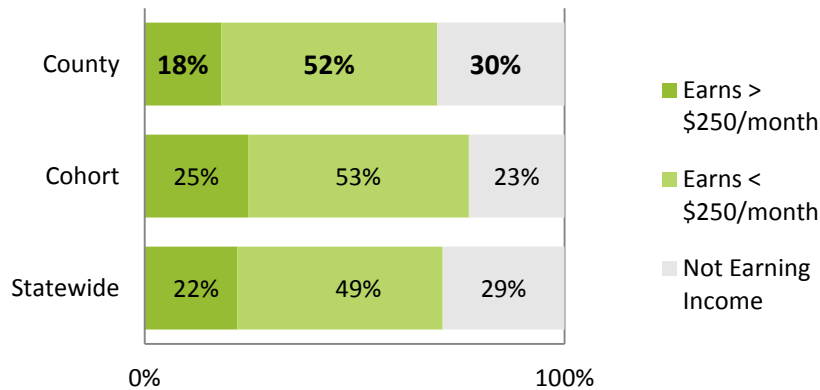


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Pope County	14%	17%	69%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Pope County served 36 working age (22-64 years old) CCB participants. Of working age participants, 30.6 percent had earned income, compared to 31.6 percent of the cohort's working age participants. Pope County ranked 43rd of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Pope County, 13.9 percent of the participants earned \$250 or more per month, compared to 13.4 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.

From 2007-2011, the number of working age CCB participants in Pope County increased from 29 to 36 people. Over the same time period, the percentage of those participants with earned income increased from 20.7 percent to 30.6 percent. In comparison, its cohort increased just slightly from 30.1 percent to 31.6 percent and the statewide rate increased from 10.2 percent to 25.0 percent.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Pope County	18%	52%	30%
Cohort	25%	53%	23%
Statewide	22%	49%	29%

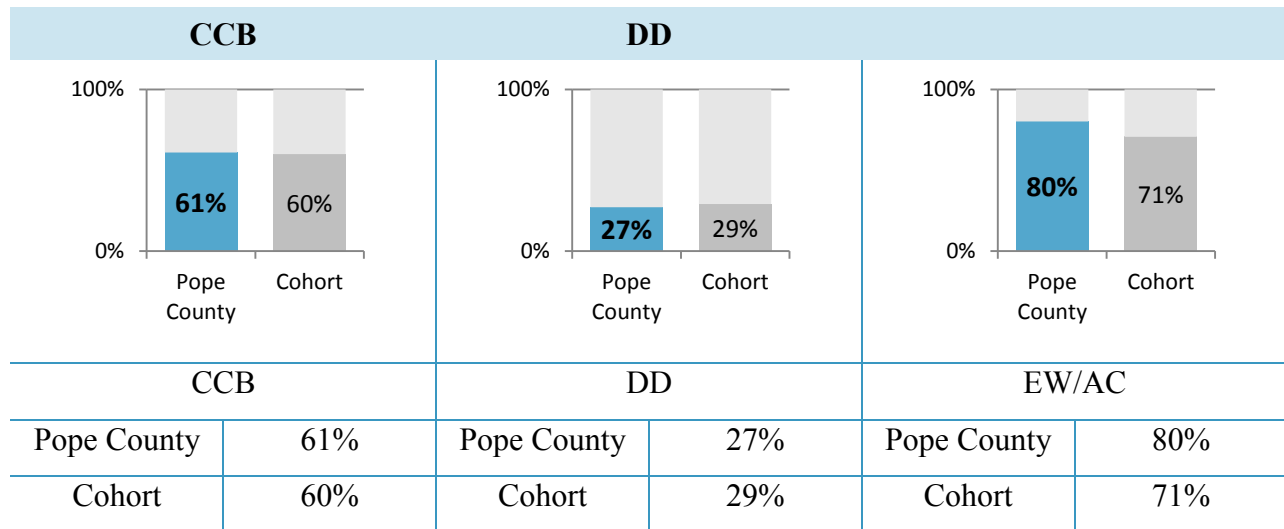
In 2011, Pope County served 33 DD waiver participants of working age (22-64 years old). The county ranked 68th in the state for working-age participants earning more than \$250 per month. In Pope County, 18.2 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 69.7 percent of working age DD waiver participants in Pope County had some earned income, while 77.2 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.

From 2007-2011, Pope County's percentage of working-age DD waiver participants with earned income increased from 66.7 percent to 69.7 percent. In comparison, the percentage of working age participants with earned income in the cohort decreased from 80.0 percent to 77.2 percent. Statewide, there was a modest decrease in the number of participants with earnings; from 71.1 percent to 70.8 percent over the same time period. While the percentage of DD waiver participants is increasing statewide, the rate has increased at a faster pace in Pope County.

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)



Pope County ranks 50th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 25 participants at home. Between 2007 and 2011, the percentage decreased by 8.5 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 61.0 percent of CCB participants in Pope County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Pope County ranks 50th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 14 participants at home. Between 2007 and 2011, the percentage increased by 5.2 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.5 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.

Pope County ranks 32nd out of 87 counties in the percentage of EW/AC program

participants served at home. In 2011, the county served 89 participants at home. Between 2007 and 2011, the percentage decreased by 4.6 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 1.2 points statewide. In Fiscal Year 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Despite the decline, Pope County still serves a higher proportion of people at home than their cohort or the state as a whole.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pope County</td><td>\$91</td></tr> <tr><td>Cohort</td><td>\$96</td></tr> </table>	Entity	Rate	Pope County	\$91	Cohort	\$96	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pope County</td><td>\$176</td></tr> <tr><td>Cohort</td><td>\$172</td></tr> </table>	Entity	Rate	Pope County	\$176	Cohort	\$172
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Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pope County</td><td>\$142</td></tr> <tr><td>Cohort</td><td>\$156</td></tr> </table>	Entity	Rate	Pope County	\$142	Cohort	\$156	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pope County</td><td>\$214</td></tr> <tr><td>Cohort</td><td>\$209</td></tr> </table>	Entity	Rate	Pope County	\$214	Cohort	\$209
Entity	Rate													
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Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pope County</td><td>\$56</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Entity	Rate	Pope County	\$56	Cohort	\$57	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pope County</td><td>\$60</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Entity	Rate	Pope County	\$60	Cohort	\$81
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Average Rates per day for CADI services (2011)

	Pope County	Cohort
Total average rates per day	\$90.54	\$95.98
Average rate per day for residential services	\$141.75	\$155.87
Average rate per day for in-home services	\$55.93	\$56.68

Average Rates per day for DD services (2011)

	Pope County	Cohort
Total average rates per day	\$175.59	\$171.92
Average rate per day for residential services	\$213.60	\$208.53
Average rate per day for in-home services	\$59.96	\$80.99

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 Pope County is \$5.44 (5.7 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Pope County spends \$14.12 (9.1 percent) less on residential services and 75 cents (1.3 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Pope County ranks 29th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Pope County increased by \$35.35 (64.1 percent), from \$55.19 to \$90.54. In comparison, the average cost per day in the cohort increased by \$23.57 (32.6 percent), from \$72.41 to \$95.98. Similarly, the statewide average cost increased by \$23.16 (29.9 percent) over the same time period, from \$77.36 to \$100.52. Although the average waiver cost is growing more quickly in Pope County than in their cohort, the county's average cost is still lower.

The average cost per day for DD waiver participants in Pope County is \$3.67 (2.1 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Pope County spends \$5.07 (2.4 percent) more on residential services

but \$21.03 (26.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Pope County ranks 43rd of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Pope County increased by \$3.41 (2.0 percent); from \$172.18 to \$175.59. In comparison, the average cost per day in the cohort increased by \$7.89 (4.8 percent), from \$164.03 to \$171.92. Similarly, the statewide average cost increased by \$8.00 (4.4 percent) over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, the cost per day has risen more slowly in Pope County.

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.

Pope County has a lower use in the CADI program than its cohort of employment related services, including Prevocational Services (8% vs. 10%) and Supported Employment Services (5% vs. 12%). They also have higher use of some in-home services (Home Delivered Meals (38% vs. 22%) and Homemaker (32% vs. 28%)). Fifty-four percent of Pope County's total payments for CADI services are for residential services (47% foster care and 7% customized living), which is the same as its cohort group (54%). Pope County's family foster care rates are lower than its cohort (\$2,882.31 vs. \$3,085.12 per month). However, corporate foster care rates are slightly higher than its cohort when billed monthly and when billed daily (\$5,446.94 vs. \$5,199.94 per month and \$199.82 vs. \$186.87 per day).

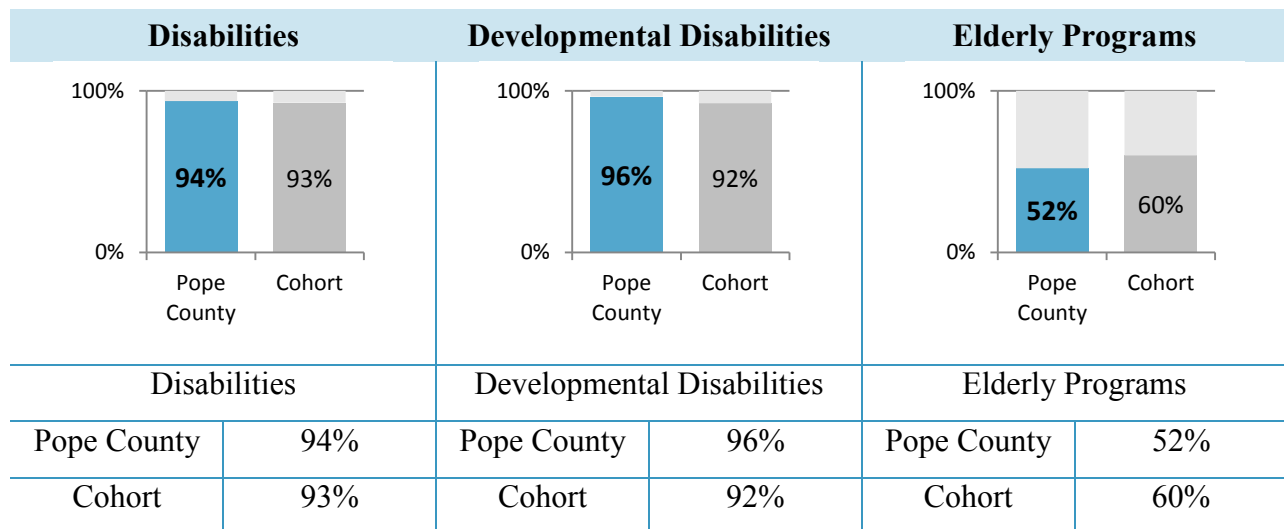
Pope County's use of Supportive Living Services (SLS) (72%) is slightly higher than its cohort (70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. While its residential daily corporate SLS rates are similar to its cohort (\$190.94 vs. \$190.01), Pope County's corporate SLS rates are higher than its cohort when billed monthly (\$4,904.98 vs. \$3,916.47 per month). The county's use of other non-residential services

such as In-Home Family Support (27% vs. 17%) and Crisis Respite (19% vs. 2%) are higher 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, Pope County served 61 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 17 in institutional care. Pope County ranked 46th of 87 counties in the percent of LTC participants receiving HCBS; 93.6 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 92.6 percent were HCBS recipients. Since 2007, Pope County has slightly increased its use of HCBS by 0.4 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Pope County served 56 LTC participants (persons with development disabilities) in HCBS settings and four in institutional settings. Pope County ranked 22nd of 87 counties in the percentage of LTC participants receiving HCBS with 96.3 percent of its LTC participants

receiving HCBS; a slightly higher rate than its cohort (92.3 percent). Pope County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 4.3 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Pope County served 112 LTC participants (over the age of 65) in HCBS settings and 181 in institutional care. Pope County ranked 66th of 87 counties in the percent of LTC participants receiving HCBS. Of LTC recipients, 52.0 percent received HCBS. This is lower than their cohort, where 59.5 percent were HCBS participants. Since 2007, Pope County has decreased its use of HCBS by 5.4 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Pope County	Cohort	Statewide
Age 0-64	0.34	0.46	0.47
Age 65+	40.36	26.01	23.11
TOTAL	8.20	4.59	3.24

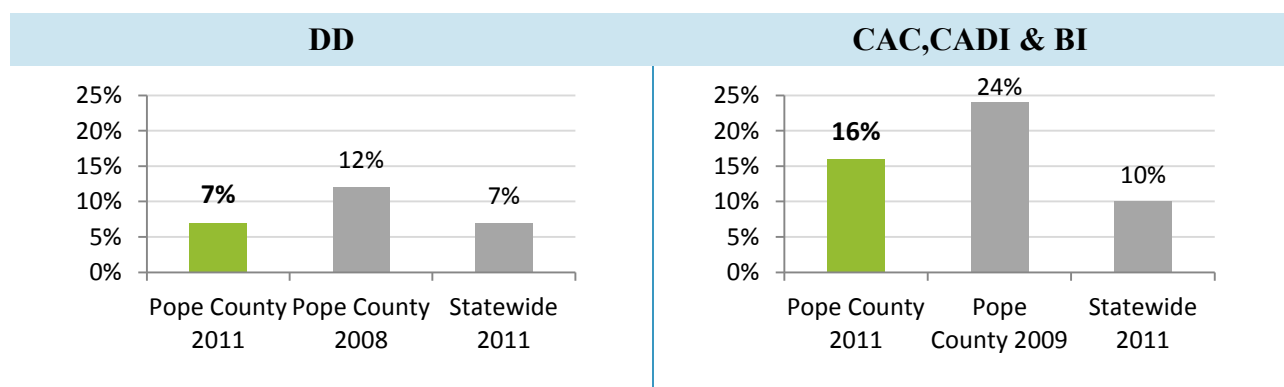
In 2011, Pope County was ranked 77th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Pope County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has increased by 6.2 percent in Pope County. Overall, the number of residents in nursing facilities has increased by 4.7 percent since 2009.

In the focus group, case managers indicated that they have good working relationships with nursing homes. Case managers stated that nursing home staff are comfortable calling case managers with questions and case managers know the staff. Case managers also stated that the nursing home has good social workers and their staff is friendly.

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
Pope County (2011)	7%	16%
Pope County (Past)	12%	24%
Statewide (2011)	7%	10%

At the end of calendar year 2011, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Pope County had a 7% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Pope County’s DD waiver balance is smaller than its balance in CY 2008 (12%), but the same as the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Pope County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Pope County had a 16% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY2009 (24%).

In Pope County, the Human Service Department has a waitlist for the DD program. Slots are prioritized based on need and budget. Social Services staff meet as a team to determine who gets on the waiver program. In Public Health, when there is a waiting list for the CADI program, a CADI meeting is held monthly or every other month to prioritize.

In Social Services, the lead worker is in charge of allocations and authorizes changes. There is also an Aggregate Budget team that meets at least monthly. When the lead worker retires, the process will be changing. In Public Health, the supervisor and case managers look at simulations and the aggregate budget. The Public Health Supervisor reviews this and they are working to get closer to the 5%-7% range. This is done on an ad hoc basic when case managers approach the Public Health Supervisor. For larger requests they hold a team meeting. For smaller requests they try to discuss during monthly meetings and the case manager will authorize on their own.

County 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.

Pope 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

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

County staff provided feedback about DHS resources and support provided. Case managers reported that E-Docs, the DHS website and the Disabilities Service Program Manual were the most useful DHS resources. Although case managers said that they find the Disabilities Service Program Manual useful, they also stated that it can be hard to navigate. The Public Health Supervisor add to this stating that the Disabilities Service Program Manual has improved over time and it is used more and more every year by staff.

Case managers shared that videoconference trainings and webinars are nice because they do not have to travel, but they also think a discussion would be more helpful than being read the

PowerPoint presentation. County staff attend quarterly meetings with the Regional Resource Specialist and shared that she is wonderful to work with. The Social Services Supervisor added that the Regional Resource Specialist is one of the most helpful resources and is their number one way of getting information. The Public Health Supervisor echoed this sentiment, sharing that they try to use her as a resource to the fullest extent possible. Case managers stated that Ombudsmen are not used unless someone assists in contacting them; they commented that the Ombudsmen do not have enough training on specific elements of waiver programs, which can create difficult situations with clients.

County Strengths, Recommendations & Corrective Actions

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

Pope County Strengths

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

- **Pope County promptly addresses issues to comply with Federal and State requirements.** In the previous review in 2007, Pope County received a corrective action for the following items being out of compliance: ICF/DD level of care; timeliness of completing care plans after assessment for CCB, CCB emergency contact/ back-up plan and BI assessment document. In 2012, none of these issues remain for Pope County, indicating significant technical improvements over time.
- **Quality case management is strength in this county.** Case managers are responsive to changing participant needs and are strong advocates for participants. They are dedicated to helping participants meet their needs. Case managers are knowledgeable about resources and the informal supports that are available. They help participants and families navigate systems and they are resourceful and creative in ensuring participants receive needed

services. Case managers work well together across the agency. They support one another and work with each other to problem solve when difficult issues arise.

- **Case managers are in frequent contact with participants.** Many participants were seen more often than required by their waiver plan. On average, EW participants are visited by their case manager every 111 days, DD participants are visited by their case manager every 110 days, AC participants are visited by their case managers every 97 days and BI participants are seen every 95 days. Pope County also uses visit sheets, and should continue to do so in order to assess participant satisfaction with current services and for continued provider monitoring.
- **Care planning in Pope County is thorough and person-centered.** DD Individual Support Plans (ISPs) and CADI care plans are completed consistently; the formats used are strong and comprehensive. In addition, most care plans included relevant health and behavioral information (97%) and were written using participant-friendly language (88%). Many (85%) also include individualized and meaningful participant goals. Most case notes (79%) also showed documentation that case managers are responsive to the needs of participants and that visits and interactions respond to the preferences of the participant.
- **Pope County staff is well-connected with providers and other organizations that serve participants.** Pope County case managers have made connections with staff at nursing homes, schools and other agencies that serve participants. Case managers have good knowledge of the community and who can provide needed services for participants. Additionally, Pope County has a strong partnership with PrimeWest, which helps the agency provide more effective services. Pope County receives data participant satisfaction with their agency performance and with their providers. Additionally, PrimeWest also offers valuable trainings for case managers.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Pope County work toward reaching their goals around HCBS

program administration. The following recommendations would benefit Pope 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.
- **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.** This may involve 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. Work across populations to ensure access to participants regardless of their age or disability. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Information (RFI).
- **Continue to expand opportunities for use of Consumer-Directed Community Supports (CDCS) and Community Support Grants (CSG) to reduce use of residential services.** These programs are particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services. They also provide an effective means to reach participants living in rural areas experiencing provider shortages.
- **Continue to expand community based employment opportunities for participants in the CCB and DD programs.** Pope County has lower rates than its cohorts in the percentage of working age participants earning income in the CCB and DD programs. The county should actively focus on developing higher-wage, community employment. When developing services, work across programs to ensure they can be accessed by all participants regardless

of the program. The county should consider issuing a Request for Information (RFI) for the community-based services that you are looking to develop.

- **Begin cross-training staff and share knowledge in preparation for staff turnover.** Pope County has a long-term case manager who staff rely on heavily for her expertise in the waiver programs and her strong relationships with providers. The county should actively train staff in the various roles this worker currently fills to establish continuity and consistency in case management and relationships with participants and providers.
- **The county should consider managing CADI and DD waiver allocations together.** The county could institute regular monthly allocation meetings and use this time for cross-training to learn from each other and for case consultation. The county may also want to consider using their business office expertise to help manage allocations in the Waiver Management System.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Pope County was found to be inconsistent in meeting state and federal requirements and will require a response by Pope 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 Pope 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, six out of eight CADI cases, one out of eight EW cases and one out of eight DD cases did not have this completed documentation in the case file.

- **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 informed rights included in their case file. Seven out of eight CADI cases and six out of eight AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal within the past year.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved waiver plan.** Biannual visits are required for all CCB waiver participants. However, two out of eight CADI cases had case manager visits less frequently than a biannual basis.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Pope County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 17 cases. All items are to be corrected by December 17, 2012 and verification submitted to the Waiver Review Team to document full compliance. Pope County submitted a completed compliance report on December 13, 2012.

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
1	Participants waiting for HCBS program services	3	N / A	0	3	N / A	N / A
2	Screenings done on time for new participants (PR)	82%	80%	67%	100%	DD	CCB
3	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	57%	40%	N / A	N / A
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=16	CCB n=9	DD n=8	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

	PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=16	CCB n=9	DD n=8	Strength	Challenge
6	Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
7	All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
8	Choice questions answered in care plan (PR)	97%	100%	89%	100%	AC / EW, DD	N / A
9	Participant needs identified in care plan (PR)	100%	100%	100%	100%	ALL	N / A
10	Inclusion of caregiver needs in care plans	56%	63%	56%	100%	DD	N / A
11	OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
13	DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
15	Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
16	TBI Form completed and current (PR for BI only)	100%	N / A	100%	N / A	CCB	N / A
	PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
17	Case managers provide oversight to providers on a systematic basis most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
18	LA recruits service providers to address gaps most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (Continued)		ALL	AC / EW	CCB	DD	Strength	Challenge
19	Case managers document provider performance most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
20	Providers report receiving assistance when requested from the LA (Provider survey, n=10)	100%	N / A	N / A	N / A	ALL	N / A
21	Providers submit monitoring reports to the LA (Provider survey, n=10)	70%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS		ALL	AC / EW n=16	CCB n=9	DD n=8	Strength	Challenge
22	Participants have a face-to-face visit at the frequency required by their waiver program (PR)	91%	100%	67%	100%	AC / EW, DD	CCB
23	Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
24	Back-up plan (PR for CCB only)	76%	100%	89%	12%	AC / EW	N / A
25	Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES		ALL	AC / EW n=16	CCB n=9	DD n=8	Strength	Challenge
26	Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
27	Person informed of right to appeal documentation in the case file (PR)	61%	63%	22%	100%	DD	AC / EW, CCB
28	Person informed privacy practice (HIPAA) documentation in the case file (PR)	76%	94%	33%	88%	AC / EW	CCB

	PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=16	CCB n=9	DD n=8	Strength	Challenge
29	Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
30	Documentation of participant satisfaction in the case file	49%	25%	67%	75%	N / A	N / A
	SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
31	Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
32	Percent of LTC recipients receiving HCBS	N / A	52%	94%	96%	CCB, DD	AC / EW
33	Percent of LTC funds spent on HCBS	N / A	30%	86%	94%	DD	AC / EW
34	Percent of waiver participants with higher needs	N / A	36%	81%	86%	CCB, DD	AC / EW
35	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	95%	CCB	N / A
36	Percent of waiver participants served at home	N / A	80%	61%	28%	AC / EW	DD
37	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	14%	18%	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.

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

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.

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.