

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Stevens County**

Waiver Review Site Visit: July 2013

Report Issued: October 2013

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## Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Stevens 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](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

#### ***Waiver Review Website:***

[www.MinnesotaHCBS.info](http://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 Stevens County
Case File Review	37 cases
Provider survey	3 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 7 staff
Quality Assurance Survey	One quality assurance survey completed

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

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

## About Stevens County

In July 2013, the Minnesota Department of Human Services conducted a review of Stevens County's Home and Community Based Services (HCBS) programs. Stevens County is a rural county located in western Minnesota. Its county seat is located in Morris, Minnesota and the County has another four cities and sixteen townships. In State Fiscal Year 2012, Stevens County's population was approximately 9,751 and served 136 people through the HCBS programs. According to the 2010 Census Data, Stevens County had an elderly population of 15.0%, placing it 56<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Stevens County's elderly population, 5.1% are poor, placing it 86<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Traverse, Stevens, and, Grant Public Health is the lead agency for the CCB, AC and EW programs and provides care coordination for the PrimeWest Health Managed Care Organization (MCO). Stevens County Social Services is the lead agency for the DD waiver program and the agency operates independently of the other counties.

There is one Public Health Supervisor who oversees nine total staff from the three counties. This includes eight waiver case managers and one case aide who is responsible for all service agreement and screening entry. The Public Health Supervisor has been in her position for five years and previously worked with all waiver programs as a public health nurse case manager. The Public Health case managers are assigned to cases by geographic region and generally specialize in either elderly AC and EW waiver programs or CCB waiver programs. One public

health case manager works exclusively in Stevens County with elderly participants living in nursing facilities, she also has a few Special Needs Basic Care (SNBC) participants. Another public health case manager works in both Grant and Stevens County and has CADI and BI cases in both counties. She also completes LTCC assessments in Grant and has a few Special Needs Basic Care (SNBC) cases. There is one public health case manager who works in all three counties with CAC, CADI, BI, AC, and EW programs. This case manager also does Special Needs Basic Care (SNBC) cases in the three counties as well as initial LTCC assessments in Stevens and Grant Counties.

In Stevens County Social Services, there is one Social Services Supervisor who oversees eleven staff, two of which are DD waiver case managers. The Social Services Supervisor has been in his position for five years. One case manager works with DD waiver participants and also has adult protection responsibilities, and one works with DD waiver participants.

The Public Health Supervisor handles intake calls that come in to public health. One case manager in each county does initial assessments, and the Public Health Supervisor assigns the appropriate case manager to the initial assessments according to the county. After the initial assessment, Public Health case managers self-assign to the case depending on the geographical location and needs of the participant. All initial and annual LTCC assessments are done by Public Health nurse case managers. Dual assessments are done occasionally when the participant would benefit from a social worker's involvement. Public Health case managers working with EW, AC, and CCB participants have 48 cases on average.

In Stevens County Social Services, intake duties are shared by case managers and rotate on a daily basis. New DD cases are assigned to the less senior case manager since she has fewer responsibilities. The DD case managers work closely with the public health nurses; the nurse may even take the lead on DD cases if the participants have overriding medical needs. One Social Services case manager has 20 waiver cases and the other has 50 waiver/Rule 185 cases.

## Working Across the Lead Agency

Traverse, Stevens, and Grant Public Health works with the corresponding county's financial workers. Public Health case managers reported that there is a lot of turnover amongst financial workers, making communication more difficult. In Social Services, financial workers each specialize by program area. Case managers and financial workers have good working relationships. When there is a Medical Assistance (MA) eligibility issue with a participant, the financial worker alerts the case manager and the case managers advises them on next steps.

Public Health case managers work closely with staffs from child and adult protection. The adult protection worker is privy to all of the details of a case and uses the waiver case manager as a resource. When cases are under investigation, the adult protection worker may request for the waiver case manager to make a joint visit. The adult protection worker is also a DD case manager, and she does not investigate her own DD cases. She explained that there are pros and cons to this set-up. For example, it can be difficult to serve as an advocate and an adult protection worker; however, having an established relationship with the participant can enhance participants' trust and willingness to communicate openly with her about their situations. When an adult protection case is reported for a participant who is not on a waiver, the adult protection worker visits the participant to determine whether waiver services would resolve the issue.

Social Service Intake staff informs the Social Service Supervisor when a child protection report is received. If a child protection case involves a waiver participant, the waiver case manager receives a copy of the child protection intake. The child protection worker will discuss the situation with the waived services worker to determine if case management or other appropriate services may alleviate the situation. Waiver case managers often meet with families to see if there are additional resources they are able to offer them.

When participants are receiving both Rule 79 and CADI case management, the mental health worker and CADI waiver case manager work as a team and attend the annual assessment together. CADI program participants with dual-case management are aware that they have two case managers and understand the different roles that each case manager has. Providers and participants determine which of the two case managers they are going to contact depending on

the issue at hand. The Stevens County Social Service Supervisor explained that a mental health worker may take the lead when the case is particularly complicated primarily due to mental health issues. The CADI waiver case manager takes the lead if the participant has high physical or medical needs. Similarly, a DD worker may take the lead or be in a consultative role if the case involves DD issues typically due to a Related Conditions case.

The Social Services Director and the Traverse, Stevens, and Grant Public Health Director are in communication with the Stevens County Board. The Public Health Director gives the County Board updates as needed and the County Board approves provider contract renewals. She also shares audit and review results with the Board and informs them of larger changes, such as MnCHOICES. The Social Services Director has a good relationship with the Board and provides them with updates on program changes.

### Health and Safety

In the Quality Assurance survey, Stevens Traverse, and Grant Public Health and Stevens County Social Services reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that the waiver case managers are well-trained, knowledgeable, are advocates for participants, and that they develop individualized care plans and promote a high quality of life.

In order to stay current with waiver program requirements, Public Health and Social Services staff attend a variety of meetings. These include monthly Public Health meetings with case managers from all three counties; monthly Mental Health Consortium meetings with Traverse, Stevens, and Grant Counties; quarterly regional public health meetings; quarterly Special Needs Basic Care (SNBC) meetings; bimonthly CADI meetings; and quarterly regional DD meetings. In addition to attending meetings, LTC waiver case managers shared that they maintain program expertise through the Public Health Supervisor who closely follows changes in procedures and regularly communicates these changes to staff.



Social Services staff meet weekly on Mondays and DD case managers meet with the Social Services Supervisor as needed. Case managers also mentioned they attend teleconferences and webinars, read bulletins, and receive trainings through their managed care organization, PrimeWest. The Social Services Supervisor explained that staff are committed to maintaining program expertise and are very organized so he can quickly review their files to ensure they are in compliance with program policies.

### Service Development and Gaps

Case managers shared that they have a solid provider network but still experience some service gaps due to lack of providers in the region. Lead agency staff said they are working to address identified service gaps. Case managers explained that they do not have sufficient providers who offer services for participants with high behavioral needs, especially child psychiatrists and providers that work with participants with autism. The Social Services Supervisor also noted the need for autism services as well as supportive employment providers. He expressed that their local providers often struggle to find specialized staff needed for these participants. In addition, he said there are limited independent housing opportunities available both in terms of physical infrastructure as well as in-home services. However, he indicated that he is interested in learning more about how to transition efficiently from residential services to more independent housing options featuring in-home service provision.

The Public Health Supervisor said that there is a lack of chore services providers and attributed this to low reimbursement rates for staff. She also mentioned the need for more customized living options. She said they are currently encouraging providers to develop these options.

**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.

**Stevens County Case Manager Rankings of Local Agency Relationships**

<b>Count of Ratings for Each Agency</b>	<b>1 -2</b>
	<b>3 -4</b>
	<b>5+</b>

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	5	1
Schools (IEIC or CTIC)	0	2	0
Advocacy Organizations	0	0	1
Hospitals (in and out of county)	0	6	0
Employment Providers (DT&H, Supported Employment)	0	2	5
Customized Living Providers	0	2	1
Foster Care Providers (Family and Corporate)	0	3	2
Home Care Agencies	0	0	5

Case managers shared that they work well with providers and frequently communicate with them. Case managers receive performance data on providers through participant surveys administered by their managed care provider, PrimeWest. Public Health conducts reviews of providers when they enter contract agreements. Additionally Social Services is in the process of creating a written consumer satisfaction survey.

The lead agency informally monitors providers and discusses any provider concerns with their supervisor. Social Services case managers communicate frequently with the foster licensor since

they are co-located. The foster care licensor sends a questionnaire to waiver case managers who have participants placed in each foster care facility prior to the licensing renewal visit to gather information on the provider's performance. Case managers are generally satisfied with the care participants receive from family and corporate foster care providers. They appreciate that foster care providers are willing to provide end of life care, even for participants who have high needs. They also said that the foster care providers are willing to accommodate participants' varying needs.

Case managers shared that they have had some challenges communicating with local nursing facilities. Case managers shared that schools communicate with them around transition planning; however, they explained this process can be difficult because schools often begin planning just before the time of the transition rather than planning ahead. There is open communication between case managers and customized living providers, and case managers explained that they receive updates about participants when they call for other purposes.

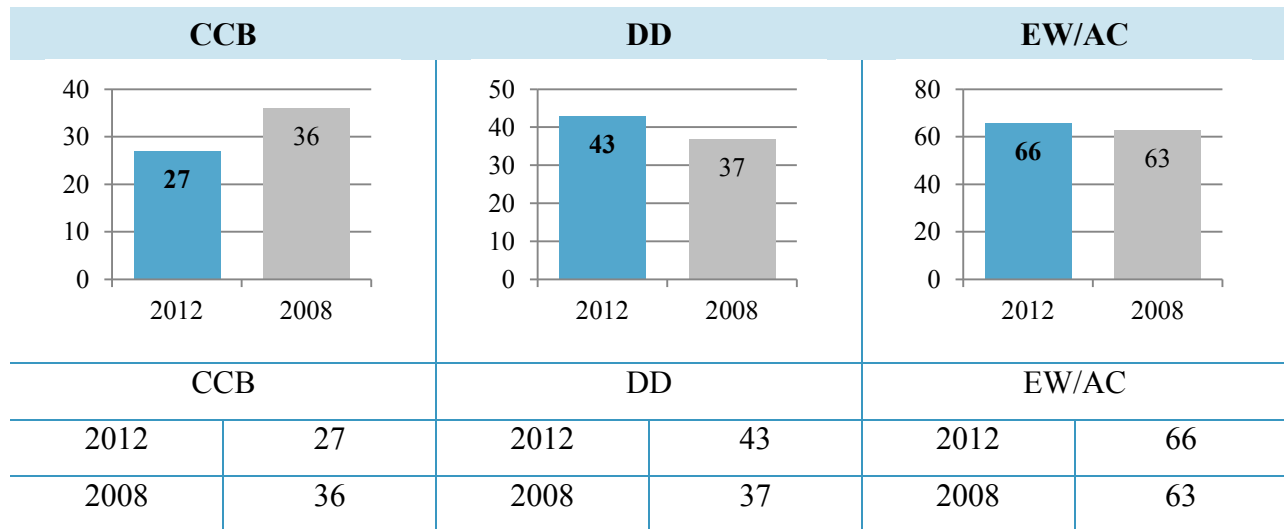
Case managers said that vocational providers are generally easy to work with. They appreciate that the local Day Activities Center (DAC) often actively seeks community employment opportunities for participants. However they noted that the DAC has some difficulty finding job opportunities for participants with mental health issues and said that it would benefit the community if vocational providers were to develop specialized opportunities for participants with autism.

Case managers shared that their relationships with home health care agencies are above average. They explained that the providers are both proactive about and responsive to the needs of participants. They also commended them for serving participants with high needs very well.

## 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 Stevens County (2008 & 2012)**



Since 2008, the total number of people served in the CCB Waiver program in Stevens County has decreased by 9 participants (25.0 percent); from 36 in 2008 to 27 in 2012. Most of the decrease occurred in the case mix D, which reduced by 5 people. Decreases also occurred in five other case mixes, while case mixes E, G and H each grew by one person.

Since 2008, the number of people served with the DD waiver in Stevens County increased by 6 participants, from 37 in 2008 to 43 in 2012. In Stevens County, the DD waiver program is growing more quickly than in the cohort as a whole. While Stevens County experienced a 16.2 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Stevens County, the profile groups 2 and 3 each increased by 3 people, while the number of people in Profile group 1 decreased by 1 person. The greatest change in the cohort profile groups occurred in persons having a Profile 3. Stevens County serves a slightly lower proportion of people in groups 1 & 2 (32.6 percent), than its cohort (34.4 percent).

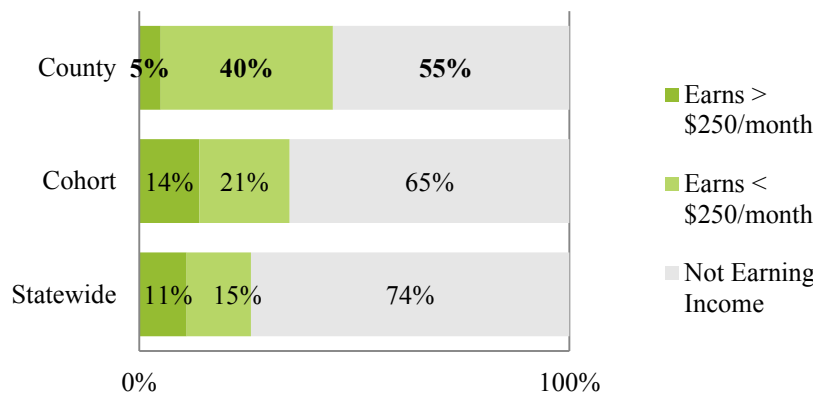
Since 2008, the number of people served in the EW/AC program in Stevens County has increased by 3 people (4.8 percent), from 63 people in 2008 to 66 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Stevens County still served 4 fewer lower needs participants in

2012 than in 2008. Case mix B grew significantly, adding 10 people. Stevens County may be serving a higher proportion of participants with mental health needs. In addition, case mixes H and I grew slightly. As a result, Stevens County is serving 7 additional higher needs people than they did in 2008.

## Value

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

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

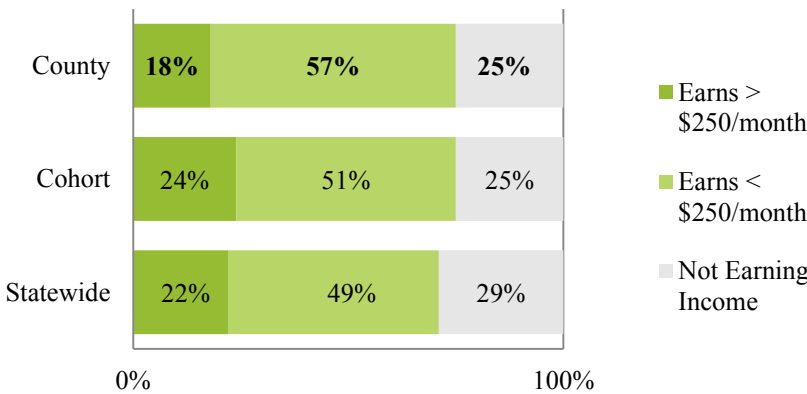


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Stevens County	5%	40%	55%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Stevens County served 20 working age (22-64 years old) CCB participants. Of working age participants, 45.0 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Stevens County ranked 86<sup>th</sup> of 87 counties in the percent of CCB**

**waiver participants earning more than \$250 per month.** In Stevens County 5.0 percent of the working age participants earned \$250 or more per month, compared to 14.3 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Stevens County	18%	57%	25%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Stevens County served 28 DD waiver participants of working age (22-64 years old).

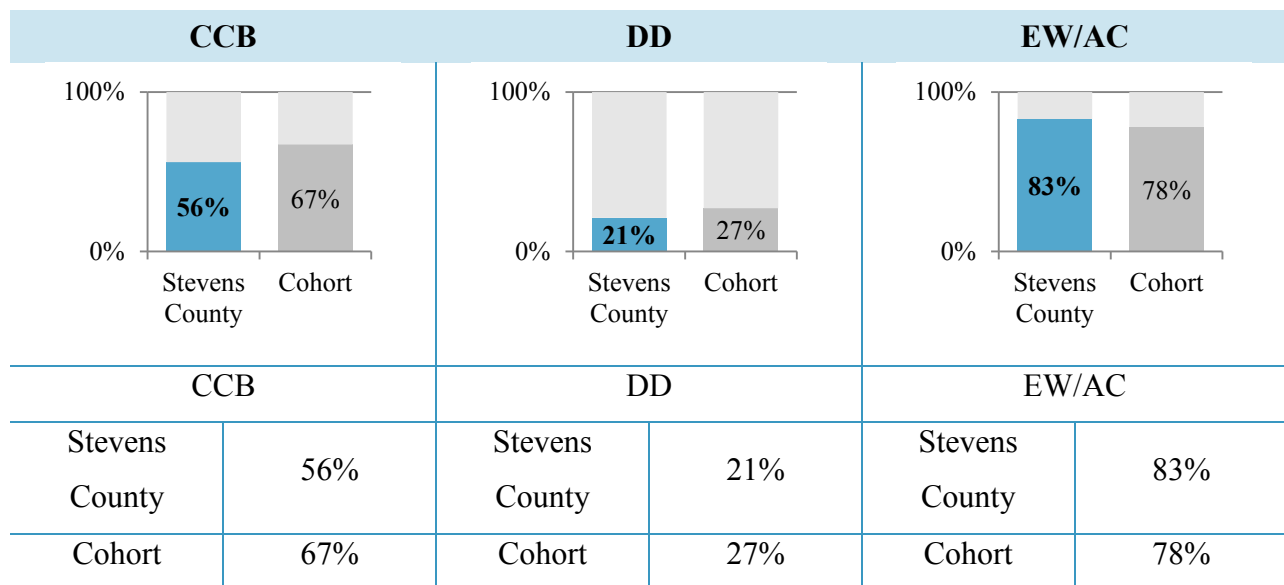
**The county ranked 62<sup>nd</sup> in the state for working-age participants earning more than \$250 per month.** In Stevens County, 17.9 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 75.0 percent of working age DD waiver participants in Stevens County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**Sustainability**

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus

on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

**Percent of Participants Living at Home (2012)**

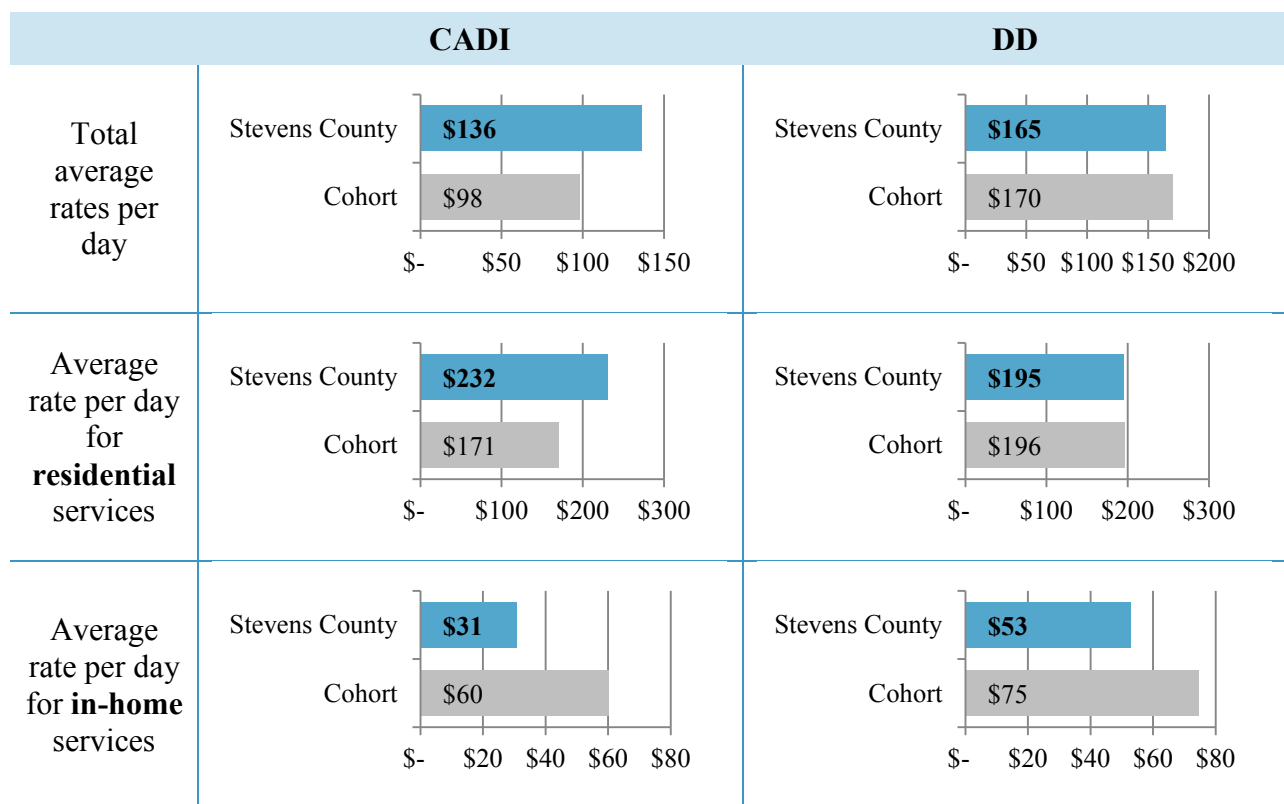


**Stevens County ranks 70<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 15 participants at home. Between 2008 and 2012, the percentage decreased by 11.1 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 55.6 percent of CCB participants in Stevens were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Stevens County ranks 78<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 9 participants at home. Between 2008 and 2012, the percentage decreased by 0.7 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

**Stevens County ranks 20<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 55 participants at home. Between 2008 and 2012, the percentage decreased by 11.9 percentage points. In comparison, the percent of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Stevens County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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



**Average Rates per day for CADI services (2012)**

	Stevens County	Cohort
Total average rates per day	\$136.19	\$97.99
Average rate per day for <b>residential</b> services	\$231.54	\$170.52
Average rate per day for <b>in-home</b> services	\$30.82	\$60.30



**Average Rates per day for DD services (2012)**

	Stevens County	Cohort
Total average rates per day	\$164.78	\$169.97
Average rate per day for <b>residential</b> services	\$194.77	\$196.37
Average rate per day for <b>in-home</b> services	\$52.77	\$74.78

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Stevens County is \$38.20 (39.0 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Stevens County spends \$61.02 (35.8 percent) more on residential services but \$29.48 (48.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Stevens County ranks 84<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Stevens County is \$5.19 (3.1 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, Stevens County spends \$1.60 (0.8 percent) less on residential services and \$22.01 (29.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Stevens County ranks 31<sup>st</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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

**Stevens County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (45% vs. 24%) and Customized Living (0% vs. 6%)). For vocational services, the county has a higher use of Prevocational Services (40% vs. 9%). They also have a higher use of some in-home services including Homemaker (36% vs. 33%) and Home Health Aide (22% vs. 11%), but a lower use of others including Home Delivered Meals (18% vs. 26%)

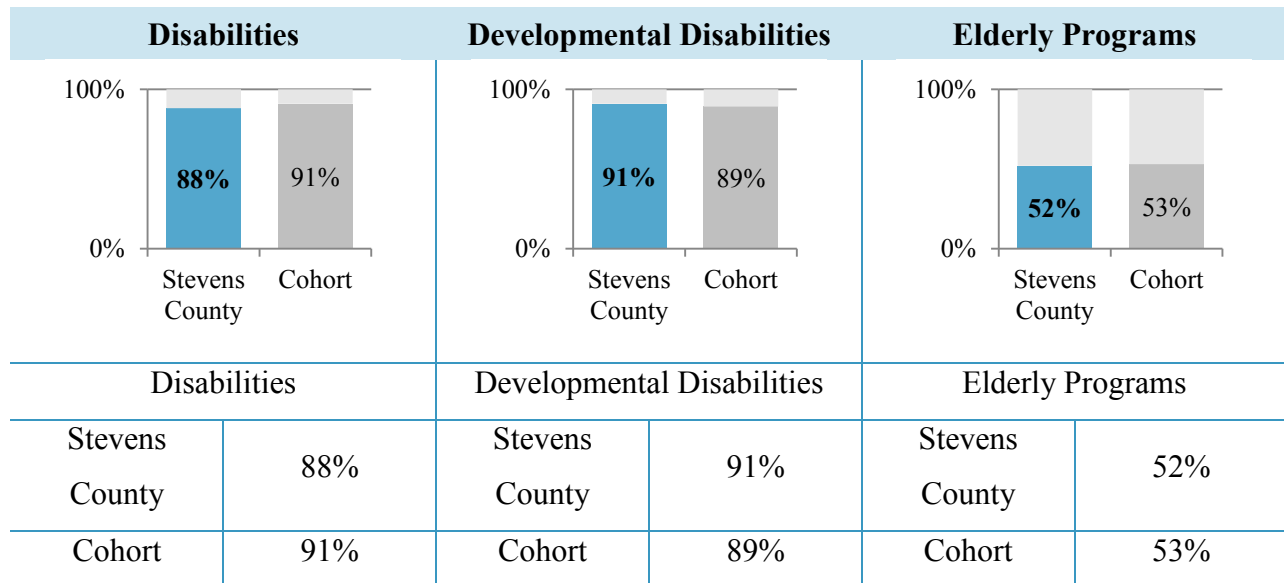
and Independent Living Skills (13% vs. 17%). Seventy-nine percent (79%) of Stevens County's total payments for CADI services are for foster care services, which is higher than its cohort group (50%). Stevens County's family foster care rates are higher than its cohort when billed monthly and when billed daily (\$4,584.49 vs. \$3,598.06 per month and \$330.92 vs. \$207.99 per day).

**Stevens County's use of Supportive Living Services (SLS) is higher than its cohort (79% vs. 73%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The county has a higher use of Day Training & Habilitation (65% vs. 62%), but a lower use of Supported Employment (2% vs. 5%). It also has a higher use of services such as In-Home Family Support (20% vs. 15%), Modifications (6% vs. 1%), and Skilled Nursing (11% vs. 2%) than their 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 (2012)**



**In 2012, Stevens County served 46 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 11 in institutional care.** Stevens County ranked 75<sup>th</sup> of 87 counties with 87.9 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 91.3 percent were HCBS participants. Since 2008, Stevens County has increased its use of HCBS by 0.8 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Stevens County served 51 LTC participants (persons with development disabilities) in HCBS settings and five in institutional settings.** Stevens County ranked 56<sup>th</sup> of 87 counties with 90.9 percent of its DD participants receiving HCBS, a slightly higher rate than its cohort (89.2 percent). Stevens County has improved the rate of participants receiving HCBS services. Since 2008, the county has increased its use by 0.7 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Stevens County served 66 LTC participants (over the age of 65) in HCBS settings and 72 in institutional care.** Stevens County ranked 65<sup>th</sup> of 87 counties with 52.3 percent of LTC participants receiving HCBS. This is slightly lower than their cohort, where 52.9 percent were HCBS participants. Since 2008, Stevens County has increased its use of HCBS by 5.7

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

### Nursing Facility Usage Rates per 1000 Residents (2012)

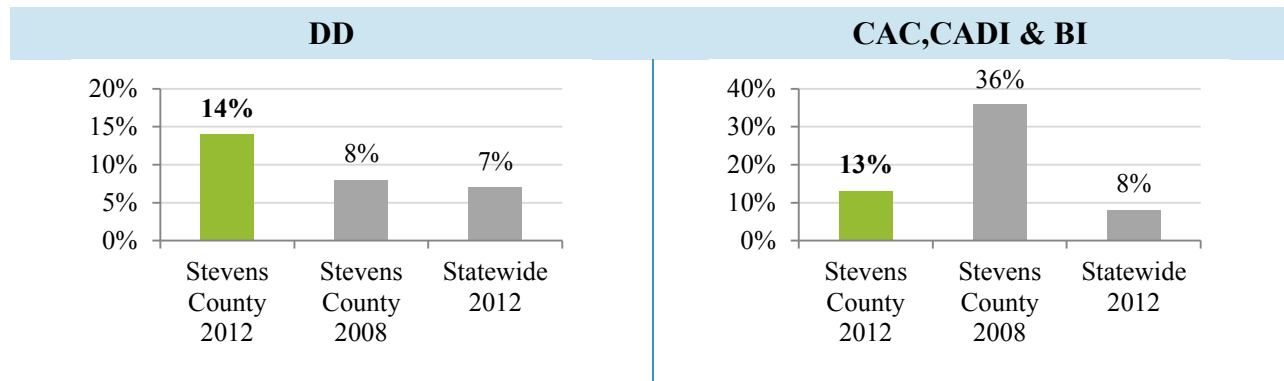
	Stevens County	Cohort	Statewide
Age 0-64	0.54	0.65	0.54
Age 65+	39.26	32.06	21.99
TOTAL	6.36	6.42	3.19

**In 2012, Stevens County was ranked 43<sup>rd</sup> 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, Stevens County has a lower nursing facility utilization rate for people under 65 years old than their cohort. Since 2010, the number of nursing home residents 65 and older has decreased by 5.6 percent in Stevens County. Overall, the number of residents in nursing facilities has decreased by 5.2 percent since 2010.

## Managing Resources

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

**Budget Balance Remaining at the End of the Year**



	DD	CAC, CADI, BI
Stevens County (2012)	14%	13%
Stevens County (2008)	8%	36%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, a budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Stevens County had a 14% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Stevens County’s DD waiver balance is larger than its balance in CY 2008 (8%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Stevens 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, Stevens County had a 13% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2008 (36%).

Traverse, Stevens, and Grant Public Health has a policy to prioritize waiver slot assignment based on assessed needs of the participants. Case managers meet with the Public Health Supervisor to prioritize the waitlist based on risk of health and safety. They also consult with the Regional Resource Specialist who helps the counties trade waiver slots amongst themselves. Stevens County maintains a CCB waitlist which included three people at the time of the review. Traverse, Stevens, and Grant Public Health has one case manager designated to run simulations in WMS for each county. This designated case manager oversees the budget and prints WMS reports on a monthly basis to share with staff. Potential CCB, EW and AC waiver changes are discussed between the case manager with access to WMS, the case manager assigned to the case and the Public Health Supervisor. The Stevens County Social Services Supervisor discusses participants that have mental health needs with the Public Health Supervisor and the person is added to a waitlist if necessary.

There is no waitlist for DD program services. One DD case manager and the Social Services Supervisor have access to WMS and run simulations when necessary in order to determine waiver eligibility or funding availability. All DD funding requests go to the Social Services Supervisor for approval.

### 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.

**Stevens County Case Manager Rankings of DHS Resources**

<b>Count of Ratings for Each Resource</b>	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

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

Case managers said that they greatly appreciate having the Community Based Services Manual as a tool, and described that it helps them explain the details around program coverage to families. However, they also mentioned that it should be updated because it is difficult to navigate. They stated that the DHS website is very informative for licensing and that DB101 is a great, user-friendly tool. Case managers also said the MMIS Help Desk is very helpful, and explained that it is usually the case aide who works with it. They shared that they use Policy Quest to find answers to questions that have already been responded to, but voiced that they wish the tool would allow them to go further back in history when seeking information. The Social Services Supervisor said that the MMIS Help Desk and the Community Based Services Manual

are helpful resources. In his opinion the Regional Resource Specialist is the best resource and he goes to her first with his questions. The Public Health Supervisor was also very pleased with the Regional Resource Specialist and she mentioned that case managers often consult with her. She said that case managers are beginning to use the MinnesotaHelp.info website more frequently.

### **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.

#### Stevens County Strengths

The following findings focus on Stevens 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.

- **Stevens County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Stevens County received a corrective action for timeliness of screening from referral for CCB and EW/AC programs. In 2013, this issue does not remain for Stevens County indicating technical improvements over time.
- **Case managers are advocates for participants, and bring knowledge and experience about waiver programs to their work.** Stevens County case managers know their community well and are knowledgeable about resources and the informal supports that are available to participants. They are resourceful and creative in ensuring participants receive needed services. Case managers are strong advocates for participants and are dedicated to helping them and their families navigate systems. They are in frequent contact with waiver participants; nearly all (97%) of participants reviewed were seen at the frequency required by their waiver plan and many were seen more often than required. Public Health case managers visit participants on average four times every 18 months across AC, EW and CCB programs. Social Services case managers also visit DD participants on average six times every 18 months.
- **Case managers collaborate well with each other and other units within and across counties.** There are strong interagency relationships as well as great working relationships



between Public Health and Social Services across Traverse, Stevens, and Grant Counties. Case managers said that teamwork and strong working relationships are key strengths of the county. These small lead agencies partner often and think regionally when developing services and supports. Traverse, Stevens, and Grant Public Health also have monthly staff meetings and discuss practices across counties. This collaboration enhances the services participants are receiving and helps them navigate services.

- **County staff are well-connected with providers and other organizations that serve participants.** Public Health and Social Services case managers have worked to build strong relationships with area providers who can deliver quality services for participants. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Case managers acknowledged that the large majority of their providers go above and beyond their responsibilities.
- **Stevens County has excellent supports in place to assist case managers.** Traverse, Stevens and Grant Public Health has worked to make case managers' daily work more efficient by using visit sheets and electronic files. Case aides reduce the administrative burdens on case managers by maintaining current forms, which are located on a shared drive along with updated provider information. Together these supports free up time for case managers to provide quality care to participants, as evidenced by frequent visits and the detailed case notes. Case managers also benefit from strong leadership. Having a supervisor who is very knowledgeable about the waiver programs makes them feel supported and makes their jobs easier. Social Services could benefit from using an electronic file and case notes system as well and it would be easy to adopt a system similar to that used by Public Health. This practice facilitates organization and enables other staff to access information in a case manager's absence.
- **Case managers develop person-centered and participant friendly care plans in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. Social Services case managers thoughtfully document the person-centered care they give to participants. 100% of DD case managers used participant friendly language, addressed behavioral and

medical issues, and created individualized and meaningful goals for participants. Public Health should consult with DD case managers and work to adopt a more person-centered approach to documentation by updating the long-term care program care plan formats and by using participant-friendly language.

- **The case files reviewed in Stevens County consistently met HCBS program requirements.** Participant case files in Traverse, Stevens, and Grant Public Health and Stevens County Social Services are well-organized and complete. Nearly 100% of required documentation and forms were included in the file, including the ICF/DD Level of Care, BI Form, OBRA Level One, Related Conditions Checklist, and signed and dated care plans. Care plans included nearly all required content, including 100% of participant outcomes and goals and health and safety issues. The lead agency also includes elements in case files that exceed program requirements.

## Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants 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.
- **Use existing visit sheets to document participant satisfaction and provider performance.** Traverse, Stevens, and Grant Public Health is using visit sheets that already include detailed information about the participant, such as updates and monitoring of the living environment. However, they could be improved by adding prompts for documentation of participant

satisfaction and provider performance. Stevens County Social Services could benefit from adopting a similar strategy, as visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the county to ensure the participants are being visited at the frequency required by their program. In July of 2013 Stevens County Social Services implemented an annual survey of waiver participants and guardians to gather feedback about the county's performance and providers' performance. The use of this tool will help provide additional information about strengths and areas for improvement around care coordination and service provision.

- **Consider expanding contracted case management services to serve participants that live out of the county and to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Stevens County should treat contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.
- **Continue to work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Stevens County should work to influence the types of services available to its waiver participants. This may involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely in their own homes. Currently, 21% of DD participants receive services at home (ranking Stevens as County 78<sup>th</sup> of 87 counties) and 56% of CCB participants receive services at home (ranking Stevens County as 70<sup>th</sup> of 87 counties). By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care

beds to meet emerging needs. In addition, Stevens County relies heavily on nursing facilities for its elderly waiver program participants. The rate of nursing facility use for adults aged 65 and older in Stevens County is higher than its cohort and the statewide rate (39% vs. 32% vs. 22%). Stevens County should look to reduce their high reliance on nursing facilities by providing more services that support participants in their own homes or by developing assisted livings with the capacity to serve elderly participants with high needs. 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. Stevens County should work with other lead agencies to develop services, or connect with other lead agencies that have done work in this area ([http://www.minnesotahcbs.info/best\\_practices](http://www.minnesotahcbs.info/best_practices)).

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Stevens County currently underperforms its cohort for participants earning more than \$250 per month in the CCB programs (5% vs. 14%) and the DD program (18% vs. 24%). The county should focus on strengthening employment by working with providers to reduce use of center-based employment and develop more opportunities that result in higher wages for participants. Through this process, the county should also address transportation issues that exist for waiver participants to ensure community based employment opportunities can be accessed by all participants.
- **Develop an alliance with Grant and Traverse Counties to manage waiver allocations for the CCB and DD budgets.** Participation in a waiver alliance will help Stevens County meet needs and manage risks. Being part of an alliance will allow Stevens County to spend more of the HCBS budget while being protected in the event of high cost participants. The counties may also want to consider using their accounting expertise to help manage allocations in the Waiver Management System. Participating in the alliance will help Stevens County continue to build on its strong regional relationships and conduct regional planning in order to enhance services for its participants.

## Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas that are found to be inconsistent in meeting state and federal requirements. Stevens County was found to have no corrective actions, as there were no patterns of noncompliance discovered. However, Stevens County is required to submit a Case File Compliance Worksheet as described below.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Stevens County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow-up on 3 cases. All items are to be corrected by Monday, September 16, 2013 and verification submitted to the Waiver Review Team to document full compliance. Stevens County submitted a completed compliance report on August 16, 2013.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	3	N / A	3	0	N / A	N / A
Screenings done on time for new participants (PR)	90%	100%	75%	N / A	AC / EW	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	100%	100%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=14</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=14</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
All needed services to be provided in care plan (PR)	95%	100%	86%	100%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	97%	100%	100%	90%	ALL	N / A
Inclusion of caregiver needs in care plans	77%	78%	67%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (Provider survey, n=3)	100%	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of providers who submit monitoring reports to the LA <i>(Provider survey, n=3)</i>	100%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=14</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	100%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (PR for CCB)	78%	100%	100%	20%	AC / EW, CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=14</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	97%	100%	100%	90%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	97%	100%	100%	90%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=14</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	57%	85%	43%	40%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A



<b>SYSTEM PERFORMANCE (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	52%	88%	91%	DD	CCB
Percent of LTC funds spent on HCBS	N / A	29%	86%	89%	ALL	N / A
Percent of waiver participants with higher needs	N / A	29%	74%	93%	CCB, DD	AC / EW
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	91%	100%	DD	CCB
Percent of waiver participants served at home	N / A	83%	56%	21%	AC / EW	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	5%	18%	N / A	CCB, DD

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

**CAC** is the Community Alternative Care Waiver.

**CADI** is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

**CMS** is the federal Centers for Medicare & Medicaid Services.

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

**DD** is the Developmental Disabilities Waiver.

**DHS** is the Minnesota Department of Human Services.

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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