

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Swift County**

Waiver Review Site Visit: July 2014

Report Issued: September 2014

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Swift County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

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

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

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Swift County
Case File Review	35 cases
Provider survey	5 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 7 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

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

About Swift County

In July 2014, the Minnesota Department of Human Services conducted a review of Swift County's Home and Community Based Services (HCBS) programs. Swift County is a rural county located in western Minnesota. Its county seat is located in Benson, Minnesota and the County has another eight cities and 21 townships. In State Fiscal Year 2013, Swift County's population was approximately 9,551 and served 210 people through the HCBS programs. According to the 2010 Census Data, Swift County had an elderly population of 21.8%, placing it 6th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Swift County's elderly population, 11% are poor, placing it 24th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Swift County's Human Services Department is the lead agency for the HCBS waiver programs. Swift County also serves as a contracted care coordinator for the managed care organization (MCO) Blue Plus.

The Swift County Social Services Supervisor supervises all of the waiver programs. She oversees six waiver case managers as well as staff in chemical dependency and adult protection. One case manager has CAC, CADI, and BI cases with a case load of 40 cases in addition to providing backup for chemical dependency. Two case managers manage DD cases and average 48 cases each including Rule 185. Three case managers, two full-time and one part-time, manage AC and EW cases. The full time AC and EW case managers have case loads of approximately 45 including Community Well and EW care coordination for MCO cases. These case managers also have adult protection responsibilities. The part time case manager is being trained to do backup

for the CADI program and adult protection. Social Services also has one information support specialist who performs MMIS data entry, but is supervised by a different individual.

The Social Services Supervisor assigns intake responsibilities to case managers on a rotating basis, and each case manager is responsible for intake one or two days a month. If the intake may be interested in HCBS programs, the case manager on intake duty will collect the initial information, enter it into SSIS, and then give a copy to the Social Services Supervisor. The Supervisor assigns the case to a case manager to complete the LTCC assessment or DD screening. Cases are assigned based on the geographic location of the participant.

Working Across the Lead Agency

Swift County works with Countryside Public Health, a five-county public health agency. Countryside's role with the waiver programs is limited, but they are involved in cases with high medical needs by consulting with the social worker as needed. Countryside's public health nurses also do nursing home care coordination and complete PCA assessments for Swift County. Countryside will add certified assessors when its five participating counties implement MnCHOICES to ensure that the nursing perspective is a part of each lead agency's consult team. Lead agency staff shared that a homecare nurse from a private agency is often available when there is a need to consult about participants with high medical needs.

The Eligibility Specialists who primarily work with the waivers are located in the same building as the waiver case managers. Dedicated Eligibility Specialists are assigned to waiver cases based on the participant's name. Case managers stated that they have great communication with Eligibility Specialists and always know who to contact when they have questions. Eligibility Specialists communicate with case managers through face-to-face conversations, email, and formal DHS communication forms. Eligibility Specialists are also willing to attend participant meetings with case managers if there are benefits-related questions. Case managers receive reports from Eligibility Specialists about participant's Medical Assistance (MA) eligibility status, allowing them to identify and address any issues.

The Social Services Supervisor also supervises an adult protection team that includes three waiver case managers with adult protection responsibilities. If the adult protection team receives

a report on a waiver participant and the case is screened out, it is referred back to the waiver case manager to help address the issues, potentially with additional waiver services. Lead agency staff said that communication with adult protection is good because they are all on the same team. The child protection team is housed in children's services. The children's services supervisor has access to SSIS and informs waiver case managers if a child protection case is opened for a waiver participant. Child protection workers consult with case managers about the participant's background and history.

Adult waiver participants who have significant mental health needs and/or qualify for Rule 79 Targeted Case Management have an adult mental health case manager as well as a waiver case manager. Adult mental health case managers are also located in the same building as waiver case managers. Case managers consult informally with mental health workers.

Finally, the Social Services Supervisor attends the monthly Community Social Services Board meeting, and lead agency staff give presentations at these meetings on a rotating basis including presentations by Social Workers on each of the waiver programs. The Community Social Services Board includes five County Commissioners and is held monthly at the Human Services Office.

Health and Safety

In the Quality Assurance survey, Swift County reported staff receives training directly related to abuse, neglect, self-neglect, and exploitation. In addition, the lead agency has practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that the lead agency has good, open communication between case managers, consumers, and providers. They also said that Swift County case managers are well-trained and knowledgeable and are responsive to consumers' changing needs.

Case managers shared that one of their biggest challenges is keeping up with the constantly changing waiver program policies and requirements. The waiver program social workers and the Fiscal Unit have begun meeting to discuss the policy changes that impact the waiver programs, specifically DRWS, MnCHOICES and Provider Meeting. They meet on a quarterly basis or

more frequently. The Social Services Supervisor meets twice a month with case managers from each waiver program to discuss the policies and requirements that are specific to the program. Case managers receive listserv announcements and bulletins and discuss them at team meetings. Case managers also attend webinars and videoconference trainings. The lead agency uses a case file checklist to ensure case files are completed properly and contain the required documentation.

Service Development and Gaps

Staff shared that Swift County has a good provider base, but also identified several service areas with significant gaps. The lead agency said that there is a shortage of dental care providers in the area that accept Medical Assistance which makes it difficult for participants to attend appointments. They also said that Swift County has experienced demographic changes in recent years and has a need for culturally appropriate providers for the growing Somali and Micronesian populations

Staff said there is a shortage of providers for participants with high needs or who need specialized services. They also shared that they believe the low reimbursement rates for service providers make it difficult for providers to hire and retain qualified staff. They also shared the need for increased community based employment opportunities for waiver participants. The lead agency has approached its local Day Training & Habilitation provider about adding Supported Employment services, but the provider was not interested at the time. Staff also said that frozen meals are the only home delivered meal option for some participants because they are the only provider that will accept the low reimbursement rate.

Staff shared that they are aware of service gaps and work on developing new services as needs arise. Staff said that they identify service gaps through informal conversations between case managers and supervisors. County staff work directly with existing providers to expand service options when participant needs are not met by existing services. Staff also said that when providers are considering developing new service areas they reach out to the lead agency to see if there is a need.

Swift County participated in a review of the lead agency's practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

Swift County's Social Services Supervisor manages the service vendor files. Of the Tier 2 and 3 services, Swift County primarily uses chore services, such as lawn care and snow removal, and homemaking. Staff shared that these providers are not interested in enrolling due to administrative requirements. Therefore, in order to meet local needs and make these services available, the lead agency must use the lead agency-affiliate vendor arrangement and act as a pass through billing agent.

A total of seven Tier 2 service claims were reviewed. The claims reviewed were for services delivered by five unique providers to six unique participants. None of the cases reviewed were found in complete compliance with all documentation requirements. The lead agency's Service Purchase Agreement (SPA) did not consistently include required signatures or dates from the vendor or the lead agency. The lead agency reported struggling to get the document signed by vendors prior to the date of service provision. However, all claims with the SPA included the participant name, vendor name, lead agency name, service name, rate, and all required MA assurances. Swift County did not have a log for tracking verification that the vendor was not on the CMS or MHCP Exclusion lists. Finally, one out of seven cases required an owner background study and the lead agency did not have a record that this was completed. The lead agency shared that they would like additional clarity and direction from DHS regarding the SPA, background study, and vendor log requirements.

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.

Table 2: Swift County Case Manager Rankings of Local Agency Relationships

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

Case managers said they monitor providers on a case-by-case basis rather than having a formal oversight process. Case managers ask participants about provider satisfaction at six month visits. When there is a problem case managers meet with providers to resolve the issue.

Case managers reported that they have good relationships with local nursing facilities. They said that nursing facility staff are good about returning phone calls and understand the role of the case managers better than in the past. However, they said that they often get short notice about discharge planning meetings.

Case managers said they work primarily with three school districts in Swift County. Case managers shared that they do not consistently receive referrals from the school, and occasionally receive a referral late in the transition process. Case managers are sometimes notified of Individualized Education Program (IEP) meetings, but that they are typically responsible for

inviting other providers on the participant's team. Case managers said that parents often do not know that waiver services are available for their children and what benefits they include.

Case managers reported they have good relationships with area hospitals. Case managers said that the discharge planning has improved, but that they are not always contacted when participants are admitted. They said they are only notified if a participant tells the hospital to call their case manager after being admitted.

Case managers said they have average relationships with vocational providers. They shared that the local vocational provider offers good services for DD participants. However, some of the out-of-county providers have high staff turnover which makes it difficult to maintain relationships with community businesses that may be interested in employing waiver participants. Case managers added that out-of-county providers vocational providers do not always communicate well and have a difficult time finding enough job opportunities to meet the demand from waiver participants.

Case managers shared that customized living providers are not always responsive to participants needs and some lack the capacity for working with participants with high needs. Case managers said they meet every other month with providers and communicate well with staff. They shared that customized living providers in the area are understaffed and have inexperienced staff.

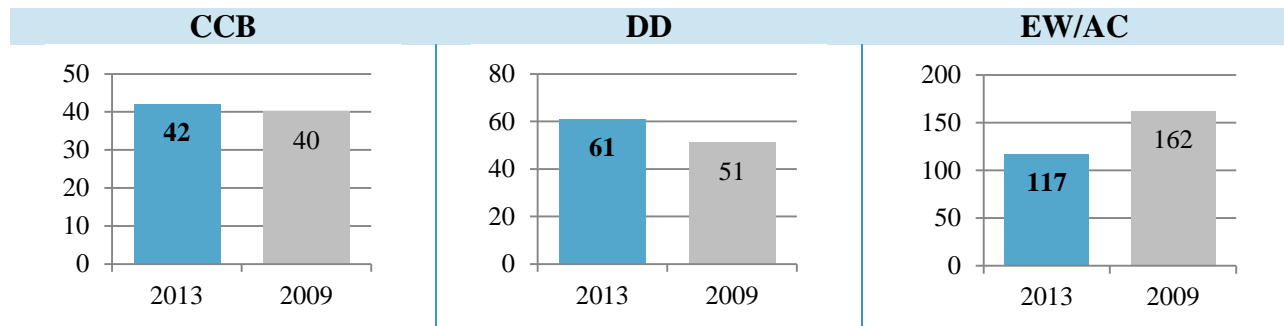
Case managers rated their relationships with foster care providers as average. Case managers shared that they have some provider monitoring practices for foster cares and would report any concerns they have to the county licensor. They explained that the local foster care provider has a good staff and excellent leadership, but they struggle with staff turnover and capacity.

Case managers stated that their relationships with home care providers are above average. Case managers shared that providers care about the participants and do more work than they are asked to do. However, they said that home care providers struggle with billing and management and may stretch themselves too thin.

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 Swift County (2009 & 2013)



	2009	2013
CCB	40	42
DD	51	61
EW/AC	162	117

Since 2009, the total number of people served in the CCB Waiver program in Swift County has increased by two participants (5.0 percent); from 40 in 2009 to 42 in 2013. Most of this growth occurred in the case mix B, which grew by 9 people. With this increase Swift County may be serving a higher proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Swift County increased by 10 participants, from 51 in 2009 to 61 in 2013. While Swift County experienced a 19.6 percent increase in the number of people served from 2009 to 2013, its cohort had a 6.5 percent decrease in number of people served. In Swift County, profile group 1 did not change, while profile groups 2, 3 and 4 all experienced an increase. The greatest change in the cohort profile groups occurred in people having a Profile 3. Swift County serves a smaller proportion of people in profile groups 1 and 2 (27.9 percent), than its cohort (34.7 percent).

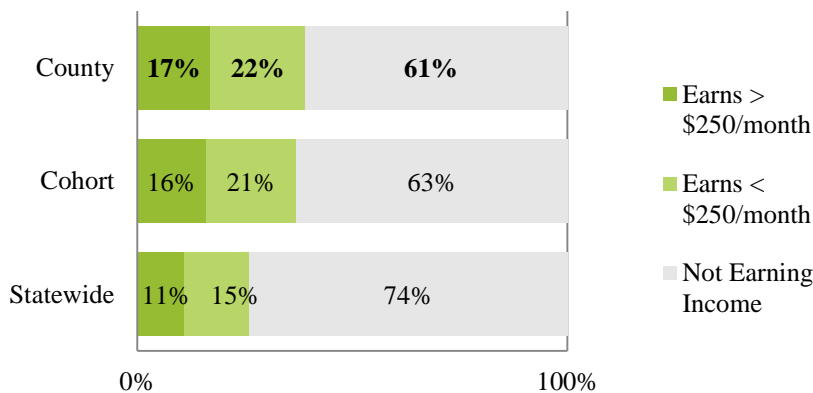
Since 2009, the number of people served in the EW/AC program in Swift County has decreased by 45 people (27.8 percent), from 162 people in 2009 to 117 people in 2013. The

decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest decrease occurred in people having case mix J, which fell by 6 people.

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.

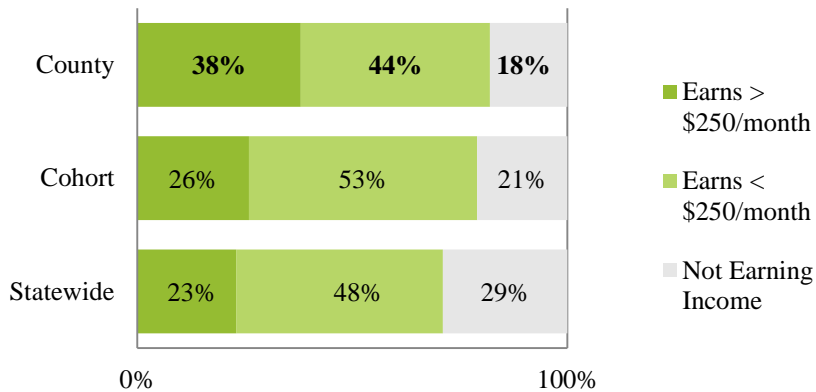
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Swift County	17%	22%	61%
Cohort	16%	21%	63%
Statewide	11%	15%	74%

In 2013, Swift County served 36 working age (22-64 years old) CCB participants. Of working age participants, 38.9 percent had earned income, compared to 36.3 percent of the cohort's working age participants. **Swift County ranked 24th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Swift County 16.7 percent of the participants earned \$250 or more per month, compared to 15.7 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 (2013)



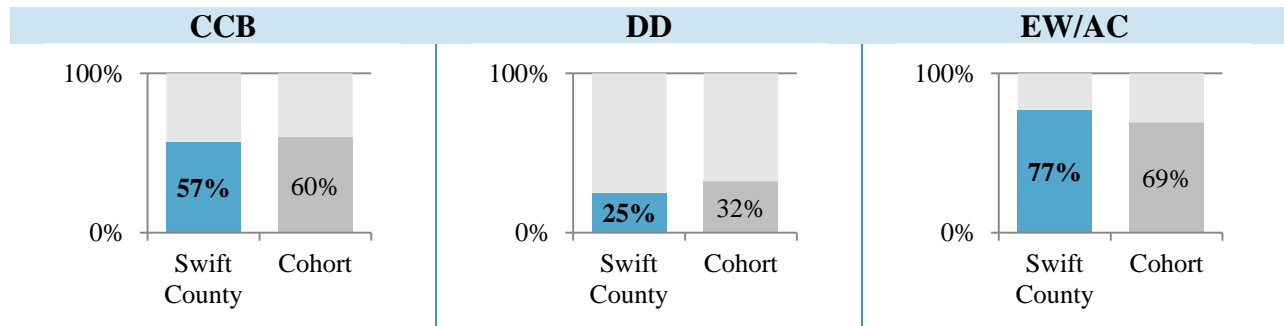
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Swift County	38%	44%	18%
Cohort	26%	53%	21%
Statewide	23%	48%	29%

In 2013, Swift County served 50 DD waiver participants of working age (22-64 years old). **The county ranked 4th in the state** for working-age participants earning more than \$250 per month. In Swift County, 38.0 percent of working age participants earned \$250 or more per month, while 26.4 percent of working age participants in the cohort as a whole did. Also, 82.0 percent of working age DD waiver participants in Swift County had some earned income, while 79.3 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 (2013)



	Swift County	Cohort
CCB	57%	60%
DD	25%	32%
EW/AC	77%	69%

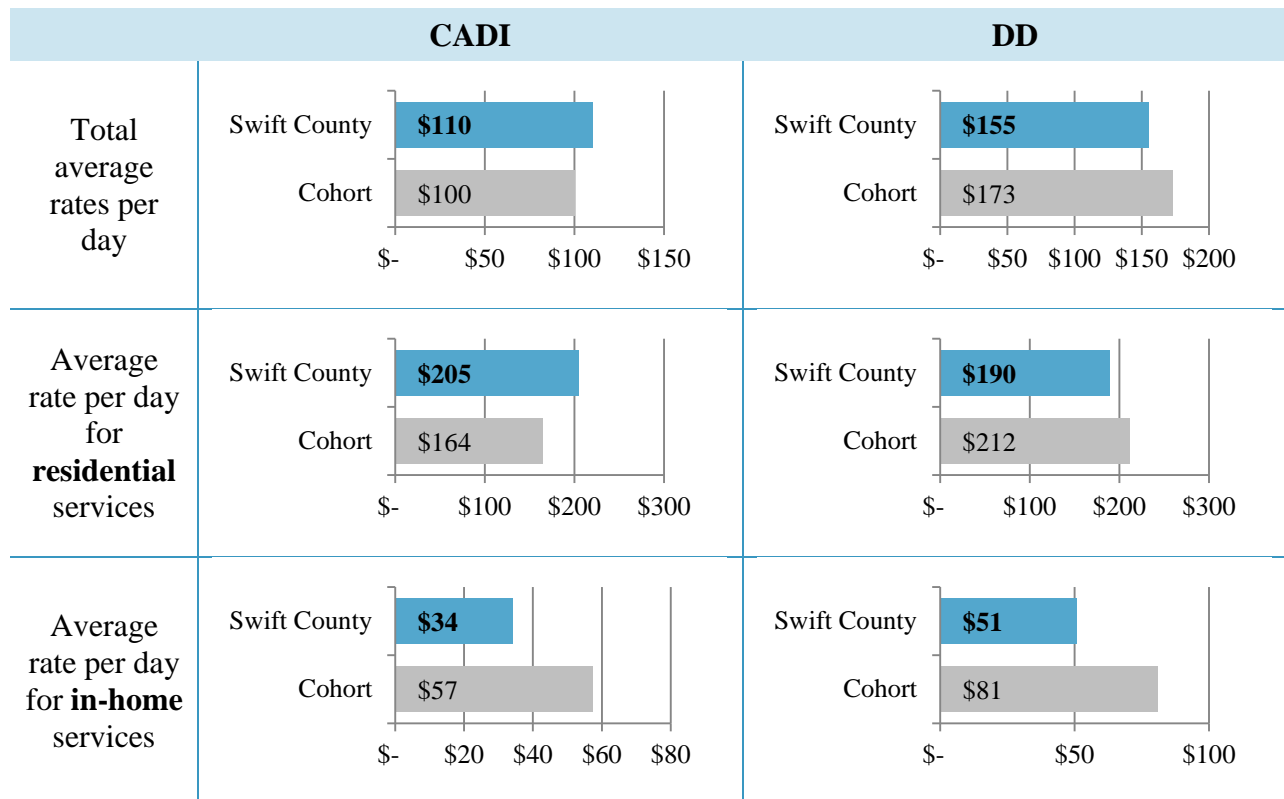
Swift County ranks 57th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 24 participants at home. Between 2009 and 2013, the percentage decreased by 7.9 percentage points. In comparison, the cohort percentage fell by 2.6 percentage points and the statewide average fell by 3.7 points. In 2013, 57.1 percent of CCB participants in Swift County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Swift County ranks 64th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 15 participants at home. Between 2009 and 2013, the percentage decreased by 0.9 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.6 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.4 percent to 35.2 percent.

Swift County ranks 32nd out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 90 participants at home. Between 2009 and 2013, the percentage decreased by 5.8 percentage points. In comparison, the percentage of participants served at home fell by 6.9 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their

homes statewide. Swift 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 (2013)



Average Rates per day for CADI services (2013)

	Swift County	Cohort
Total average rates per day	\$109.95	\$100.18
Average rate per day for residential services	\$204.67	\$164.14
Average rate per day for in-home services	\$34.01	\$57.27

Average Rates per day for DD services (2013)

	Swift County	Cohort
Total average rates per day	\$155.13	\$172.82
Average rate per day for residential services	\$189.74	\$211.72
Average rate per day for in-home services	\$50.95	\$80.94

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 Swift County is \$9.77 (9.8 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Swift County spends \$40.53 (24.7 percent) more on residential services and \$23.26 (40.6 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Swift County ranks 50th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Swift County is \$17.69 (10.2 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Swift County spends \$21.98 (10.4 percent) less on residential services and \$29.99 (37.1 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Swift County ranks 13th 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.

Swift County has a similar use in the CADI program to its cohort of residential based services. This includes Foster Care (26% vs. 28%), and Customized Living (10% vs. 8%). The lead agency has a higher use of some in-home services, such as Skilled Nursing (67% vs. 16%), Home Health Aide (21% vs. 6%), Home Delivered Meals (52% vs. 21%), and Homemaker (50% vs. 27%). Sixty-seven percent (67%) of Swift County's total payments for CADI services are for residential services (61% foster care and 6% customized living) which is higher than its cohort group (57%). Their corporate foster care rates are higher than its cohort when billed daily (\$261.57 vs. \$196.65 per day), and when billed monthly (\$6,787.41 vs. \$5,154.64 per month). Their family foster care rates are higher than its cohort when billed daily (\$291.18 vs. \$150.71), and when billed monthly (\$4,937.55 vs. \$3,161.35 per month).

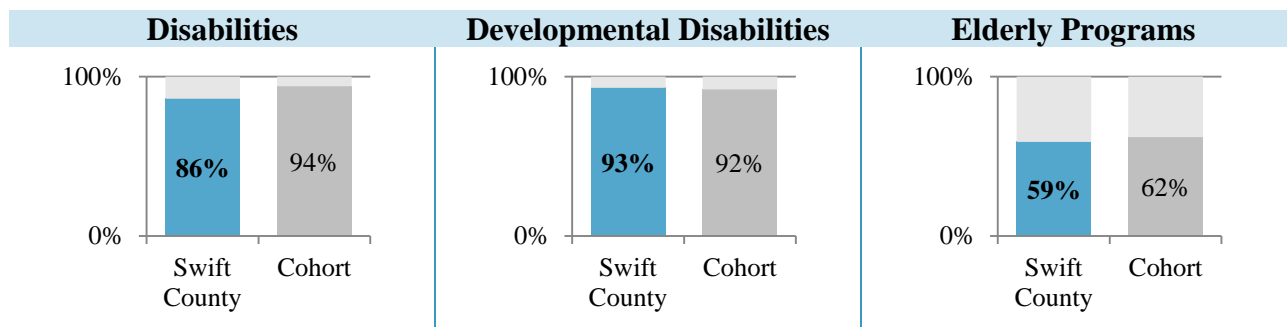
Swift County's use of Supportive Living Services (SLS) is higher than its cohort (74% vs. 69%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own

home. The lead agency also has a higher use of Day Training & Habilitation (69% vs. 64%) and Respite Care (20% vs. 18%) than its cohort. Swift County has a lower use of Consumer Directed Community Supports (CDCS) in both the DD program (0% vs. 5%) and CADI program (0% vs. 6%). The County reports feedback from waiver participants and their families that they prefer to have the case manager do the care planning activities, making this self-directed option a poor fit for many.

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 (2013)



	Swift County	Cohort
Disabilities	86%	94%
Developmental Disabilities	93%	92%
Elderly Programs	59%	62%

In 2013, Swift County served 97 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 16 in institutional care. Swift County ranked 79th of 87 counties with 86.2 percent of their LTC participants received HCBS. This is lower than their cohort, where 94.0 percent were HCBS participants. Since 2009, Swift County has decreased its use of

HCBS by 3.8 percentage points, while the cohort decreased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013

In 2013, Swift County served 69 LTC participants (persons with development disabilities) in HCBS settings and five in institutional settings. Swift County ranked 49th of 87 counties with 93.2 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.0 percent). Since 2009, the county has increased its use by 5.3 percentage points while its cohort rate has increased by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Swift County served 121 LTC participants (over the age of 65) in HCBS settings and 102 in institutional care. Swift County ranked 48th of 87 counties with 59.1 percent of LTC participants receiving HCBS. This is lower than their cohort, where 62.1 percent were HCBS participants. Since 2009, Swift County has increased its use of HCBS by 3.3 percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

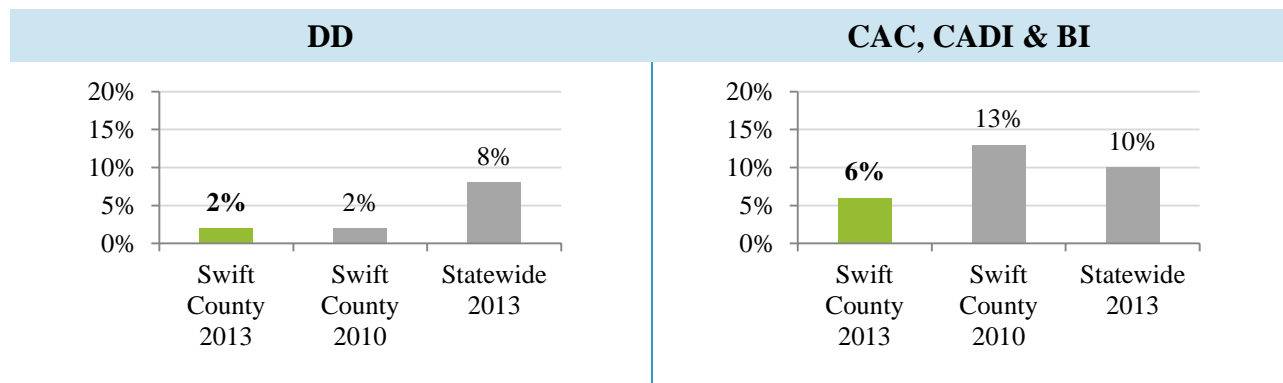
Age	Swift County	Cohort	Statewide
Age 0-64	1.14	0.44	0.52
Age 65+	37.85	23.40	21.03
TOTAL	9.04	4.17	3.00

In 2013, Swift County was ranked 81st out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Swift County also has a higher nursing facility utilization rate for people under 65 years old. Since 2011, the number of nursing home residents 65 and older has decreased by 22.1 percent in Swift County. Overall, the number of residents in nursing facilities has decreased by 20.6 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
Swift County (2013)	2%	6%
Swift County (2010)	2%	13%
Statewide (2013)	8%	10%

At the end of calendar year 2013, 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 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Swift County had a 2% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Swift County’s DD waiver balance is equal to the balance in CY 2010 (2%), and smaller than the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Swift County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This

balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Swift County had a 6% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), and the balance in FY 2010 (13%).

Swift County currently has a waitlist for the CCB and DD programs, although staff shared that people on the DD list do not want waiver services at this time as they are receiving other supports to meet their needs. Lead agency staff meets twice a month to discuss the waiver budgets. The Social Services Supervisor and two case managers have access to the Waiver Management System (WMS) and run simulations to determine if they can award slots to participants, utilize service optimization, or make significant allocation increases. Large allocation increases require supervisor approval. A DD case manager is responsible for monitoring and approving allocations for DD participants.

In July 2013, Swift County entered a waiver alliance with four other counties for the CCB and DD program allocations (Region 6W). Each county manages their own allocations independently, but must get approval from the alliance to authorize funds over 97% of its total allocation. The lead agency reported already seeing benefits from joining the alliance. With help from its alliance members, Swift County has been able to increase its CADI program enrollment in order to meet the high level of demand in the county.

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.

Table 3: Swift County Case Manager Rankings of DHS Resources

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

Case managers reported that E-Docs and the Regional Resource Specialist were the most useful DHS resources. Case managers said that E-Docs are helpful and easy to use. However they added that they cannot save the documents after completing them electronically because they do not have the appropriate software. They also said that the Regional Resource Specialist is easy to work with and always makes sure they know the answer.

Case managers rated Policy Quest as not useful. They explained that they do not always receive a helpful response and that the answers are often inconsistent. Staff added that they appreciate having an answer in writing. Most case managers said they use the Community Based Services Manual frequently and think it is a useful resource. Staff reported that the DHS website is not user friendly and that they find it difficult to navigate.

Case managers said that bulletins are useful but that they receive too many of them. They also said they receive listserv announcements and think they are useful. Case managers said that webinars and videoconference trainings are useful resources but that the descriptions are vague and some of the presenters just read from the PowerPoint presentation slides. They added that it would be helpful to have more advance notice about videoconference trainings.

Case managers shared that the usefulness the Disability Linkage Line and Senior Linkage Line varies depending on who answers the call. They said that some operators are knowledgeable while others refer participants back to the county. One case manager said the provider directory on MinnesotaHelp.Info was moderately helpful but did not contain reliable or accurate information.

Case managers have had mixed experiences with Ombudsmen. They explained that they give participants the number for Ombudsmen but that they are rarely used.

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.

Swift County Strengths

The following findings focus on Swift 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.

- **Swift County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Swift County received a corrective action for LTC screenings on time for CCB programs, back-up plans, and choice questions. In 2014, Swift County was fully compliant in these areas thus demonstrating technical improvements over time.
- **The case files reviewed in Swift County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level one forms, ICF/DD Level of Care, consent to share information, employment assessed, 24-hour supervision documented for EW cases, choice questions are answered and care plans are current, signed and dated by participants and case managers, DD screening documents are current and signed and dated by all required parties, emergency contact information, and participants received the number of face-to-face visit required by their program in the past 18 months.

- **Swift County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Swift County ranks 24th of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month and ranks 4th of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income over \$250 a month. Swift County is also outperforming the statewide average and its cohort with 16.7% of CCB waiver participants (compared to 15.7% for the cohort) and 38% of DD waiver participants (compared to 26.4% for the cohort) earning more than \$250 per month. Swift County has a focus on employment for participants with disabilities and has the expectation that participants will work. Of the 17 cases reviewed where participants were of working age, 100% contained employment assessment documentation. Moreover, Swift County’s ISP contained a section devoted to describing “meaningful employment opportunities”. Case managers have a good relationship and open communication with vocational providers. For example, seeing a demand from participants, Swift County has encouraged the local DAC to expand its services to include supported employment. The lead agency should continue their effort to partner with providers in this area to grow employment opportunities for waiver participants.
- **Swift County’s participation in a waiver alliance helps them meet needs and manage risks.** The county does not currently have a waitlist for DD and has two people on their CCB waitlist. Since forming the Region 6W alliance Swift County has already been able to spend more of its HCBS allocations while being protected in the event of high cost participants. Participating in the alliance also lays the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.
- **Swift County regularly monitors participant satisfaction with services and providers.** Across all programs, Swift County is using a six-month visit sheet that includes standardized questions about satisfaction with current services for case managers to ask during routine visits. Swift County also sends out a satisfaction survey to participants and/or guardians as well as providers to gather feedback. Evidence in SSIS case notes also revealed that case managers are discussing the participant’s choice and satisfaction with providers. In Swift

County, 97% of the case files reviewed contained documentation of participant satisfaction. These practices help ensure that when problems with providers arise, they are identified and addressed in a timely manner.

- **Swift County has excellent supports in place to assist case managers.** The county utilizes their Informational Support Specialist to help with data entry into MMIS in the waiver programs. This reduces the administrative burdens on case managers, allowing them to spend more time working directly with participants. For example, across all programs, case managers visited participants an average of 4.7 times in the last 18 months and case managers documented participant life events in case notes 83% of the time. Also, case managers appreciate being able to connect and receive updates during internal meetings across other teams within their department. This includes regular meetings and case consultation with adult protection workers, Eligibility Specialists, and adult mental health workers. Together these supports help case managers to provide quality care to participants.
- **Swift County staff are well-connected with providers and other organizations in communities that serve participants.** Case managers have developed close working relationships with providers and relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Providers gave very positive feedback about Swift County; 100% of respondents reported that they receive needed assistance when it is requested and 100% submit monitoring reports to the lead agency. Swift County has also acted as a billing agent for non-traditional or informal supports which allows them to be paid to provide services, such as chore and respite services. Swift County hosts provider meetings to keep them informed of upcoming changes to HCBS services.

Recommendations

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

- **Include details about the participant’s services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 100% of case files reviewed included the type of service in the care plan, only 6% of cases reviewed included the annual amount allowed.
- **Swift County should consider updating technology to support case managers’ work for the waiver programs.** Case managers are currently using an organized electronic scanning system to file required paperwork. However, the lead agency may want to consider strategies to continue to move towards an electronic case file system. This would include using fillable electronic forms and electronic signatures. This promotes organizational efficiencies and consistency, while allowing supervisors and other staff easy access to information in a case manager’s absence.
- **Consider developing additional systems or practices to support CCB case managers.** With growing caseloads and continually changing programs, administering these three different and complex waiver programs will become more complicated. The lead agency may want to consider strategies to help its CCB case managers. These might include integrating mental health and waiver care planning by training a mental health case manager for CADI participants with serious mental illnesses to streamline services for the participant; or using contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Swift County has lower rates of participants served at home than its cohort in the CCB and DD programs. Only 57.1% of CCB participants are served at home (57th of 87 counties), and 24.6% of DD participants are served at home (64th of 87 counties) indicating high use of residential services. In addition, 10% of Swift County CCB participants and 21% of Swift

County DD participants are currently under age 22. As the lead agency experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should be mindful of the large number of youth who will soon be transitioning to adulthood and may need independent housing options that include some supportive services. 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 continue to work on repurposing home capacity, specifically repurposing foster care beds to serve more high needs participants.

- **The lead agency should work to support providers in addressing staffing barriers.** The lead agency has made efforts to bring in providers from neighboring communities to address service gaps. However, when an agency is willing to provide a service, but cannot fill vacant positions or has constant turnover, it negatively impacts the quality and availability of HCBS services. Swift County should make efforts to motivate local providers to develop more creative hiring practices. This may include conducting regional outreach efforts to build relationships with community resources such as local workforce development centers, economic development agencies, and local colleges. For example, University of Minnesota, Morris students are likely candidates for service provider staff positions as they are eager to build their resumes, apply knowledge, earn income and give to their communities. The lead agency should support service providers in strengthening their connections to the local colleges and programs such as service learning and internships. In addition, the lead agency may also want to write a newspaper article or present at a job fair in collaboration with local service providers to educate the public on service provider staff positions.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Nine out of 10 CADI cases and nine out of 10 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 10 CADI cases did not have current documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that screenings for the DD waiver occur within required time frames.** Minnesota Rule 9525 requires that DD screening be conducted within 90 days of the request. In Fiscal Year 2013 sixty percent (60%) or three out of five screenings for new DD participants occurred within this timeframe, and in FY 2014 only 50% occurred within 90 days. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Swift 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 21 cases. All items are to be corrected by Monday, September 29, 2014 and verification submitted to the Waiver Review Team to document full compliance.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Swift County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the County, provides detailed information on areas found to be non-compliant for each consumer claim reviewed.

This report required follow up on 7 cases. All items are to be corrected by Monday, September 29, 2014 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	2	N / A	2	0	N / A	N / A
Screenings done on time for new participants (PR)	85%	89%	100%	60%	AC / EW, CCB	DD
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	33%	25%	N / A	CCB, DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=15	CCB n=10	DD n=10	Strength	Challenge
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

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=15	CCB n=10	DD n=10	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	89%	93%	70%	100%	AC / EW, DD	N / A
Inclusion of caregiver needs in care plans	50%	50%	50%	0%	N / A	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)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	N / A	N / A	N / A	N / A	N / A	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=5</i>)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=5</i>)	100%	N / A	N / A	N / A	ALL	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	ALL	AC / EW	CCB	DD	Strength	Challenge
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=7)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=0)	N / A	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=15	CCB n=10	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	91%	80%	100%	100%	CCB, DD	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=15	CCB n=10	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	46%	40%	0%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	91%	100%	90%	80%	AC / EW, CCB	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=15	CCB n=10	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	97%	100%	90%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	97%	100%	100%	90%	ALL	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	59%	86%	93%	DD	AC / EW, CCB
Percent of LTC funds spent on HCBS	N / A	27%	78%	92%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	44%	74%	74%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	97%	100%	DD	CCB
Percent of waiver participants served at home	N / A	77%	57%	25%	AC / EW	CCB, DD

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	17%	38%	CCB, DD	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.