

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Winona County**

Waiver Review Site Visit: June 2014

Report Issued: August 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 Winona 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](http://www.dhs.state.mn.us/main/dhs16_166609)

[Waiver Review Website](#) at [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 Winona County
Case File Review	97 cases
Provider survey	11 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 13 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 Winona County

In June 2014, the Minnesota Department of Human Services conducted a review of Winona County's Home and Community Based Services (HCBS) programs. Winona County is a rural county located in south east Minnesota. Its county seat is located in Winona, Minnesota and the County has another 12 cities and 19 townships. In State Fiscal Year 2012, Winona County's population was approximately 51,563 and served 817 people through the HCBS programs. According to the 2010 Census Data, Winona County had an elderly population of 13.8%, placing it 63<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Winona County's elderly population, 9.9% are poor, placing it 40<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The Winona County Community Services Department is the lead agency for the HCBS waiver programs. The HCBS programs are managed by two units within Community Services. The Human Services Disabilities Services Unit is the lead for the CAC, CADI, BI, and DD programs, and Community Health Services is the lead for the AC and EW programs. Winona County also serves as a contracted care coordinator for the managed care organizations (MCOs) UCare and Blue Plus.

There is one Social Services Supervisor who oversees the management of the CCB and DD programs. She supervises 13 case managers, ten of whom have mixed caseloads of DD, CAC, CADI, and BI cases. Three other case managers are mental health workers who manage CADI and BI cases for participants with mental health needs. The Social Services Supervisor also

oversees two case aides who perform data entry for MMIS, service agreements, screenings, and LTCC assessments.

There is one Community Health Services Supervisor who oversees the management of the AC and EW programs. She supervises two assessors and four case managers who manage AC and EW cases. Once the lead agency fully implements MnCHOICES, they will have four full-time assessors including two for participants under age 65 and two for participants age 65 or older.

The lead agency has one full-time intake worker as well as six different case managers who rotate intake duties on a daily basis. Intake workers collect initial information from participants and send the cases to the appropriate supervisor. Supervisors then assign cases based on caseloads, geographic location, and case manager specialties.

The lead agency uses a contracted case management agency to manage waiver cases that are placed outside the county. The Social Services Supervisor and one case aide are the main points of contact for the contracted case managers with whom they primarily work. The lead agency contracts out cases where the participant is located more than an hour away from Winona.

### Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is integrated teams of both nurses and social workers in Human Services and Community Health Services. The lead agency is in the process of moving case managers so that they will be collocated with other members of their teams within the county offices. Case managers communicate with one another by informally meeting with each other face-to-face and through e-mail conversations.

The lead agency has a team of financial workers who primarily work with the waivers and are located in the same building as the waiver case managers. Financial workers communicate with case managers through telephone and face-to-face conversations and also use formal financial communication forms. Some of the financial workers use a case banking system which case managers said has made communication more difficult than it was previously when participants knew which financial worker to call when they had questions about a case.

Several waiver staff, including an intake worker, a nurse, and a social worker are on the adult protection and child protection teams for the lead agency. They meet daily to discuss protection reports from the previous day and to decide what actions need to be taken moving forward with those cases. If a protection case is opened for a participant on a waiver, their case manager is notified and may possibly be involved in the screening, but will not take part in the investigation.

Adult mental health workers are also located in the same building as waiver case managers and some of them have waiver cases on their caseloads. Adult waiver participants who have significant mental health needs and/or qualify for Rule 79 Targeted Case Management have one case manager who fills both case management roles. The lead agency contracts with a private company for children's mental health case management so those participants have two separate case managers. In those cases, waiver case managers work closely with children's mental health case managers and attend annual visits for participants together.

### Health and Safety

In the Quality Assurance survey, Winona County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated there is good, open communication with case managers and participants. They also said that Winona County case managers work cooperatively with providers and are advocates for participants.

Case managers shared that one of their biggest challenges is keeping up with the constantly changing waiver program policies and requirements. The Human Services Disabilities Services Unit team meets weekly and the Community Health Services team meets twice a month. The lead agency also has all-staff meeting quarterly. Case managers receive listserv announcements and bulletins and discuss them at team meetings. They also attend regional meetings and trainings to stay updated on changes and to consult with other lead agencies in their area. Support staff create visit packets for CADI and DD referrals to help ensure that all required documentation is completed.

## Service Development and Gaps

Lead agency staff said that Winona County has a good selection of providers and that participants have ample amount of choice when determining who they want to provide them services. They also shared, however, that the moratorium on developing corporate foster care home has limited residential placement options in their area, especially for participants with a high level of needs. Lead agency staff also mentioned that they have limited crisis services for children. Additionally, lead agency staff said that Winona County participants often must travel significant distances to receive mental health or chemical health treatment services as most options are located outside of the county.

The lead agency is involved in several educational activities aimed at promoting the waiver programs. Community Health Services staff regularly have a presence at the Winona County fair and have had nurses speak at local senior centers. The lead agency has also had staff present information at local advocacy and support groups in an effort to educate parents about how they can access services for children with disabilities.



### 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 1: Winona County Case Manager Rankings of Local Agency Relationships**

Local agencies	Below Average	Average	Above Average
Nursing Facility	0	6	2
Schools (IEIC or CTIC)	0	2	4
Hospitals (in and out of county)	4	6	0
Area Agency on Aging	0	2	5
Customized Living Providers	0	2	3
Foster Care Providers	0	5	4
Home Care Providers	1	8	0
Employment Providers (DT&H, Supported Employment)	0	0	5

Case managers shared that they have some provider monitoring practices and would report any concerns they have to the county licensor. They said that they complete provider monitoring surveys for the county licensor and that support staff also send out participant satisfaction surveys. One of the case aides compiles the information from the surveys and e-mails the results to case managers.

Case managers said that their working relationships vary across the different nursing facilities. They stated that their communication with nursing facilities tends to be better with in-county providers than out-of-county providers. Case managers also indicated that some nursing facilities do not always return phone calls or notify them when a waiver participant is admitted or discharged.

Case manager said that they work primarily with three school districts in Winona County. The case managers reported that they have good communication with some teachers while others give short notices about Individualized Education Program (IEP) meetings. Case managers also shared that they have developed a close relationship with a local preschool program, and two case managers said that they serve on local Community Transition Interagency Committees (CTICs).

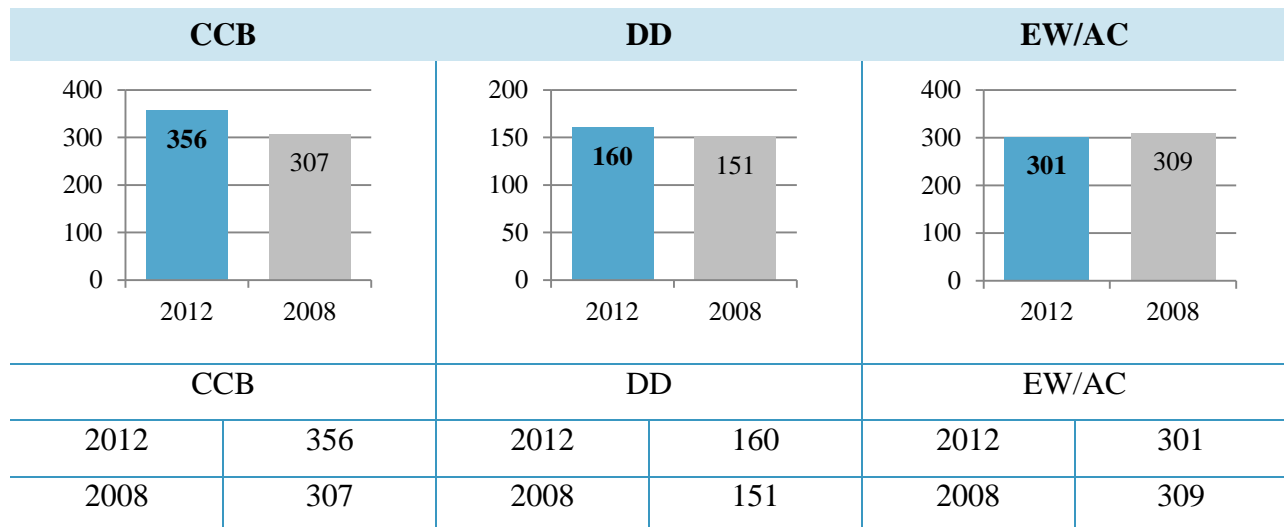
Case managers rated their relationships with staff at local area hospitals as below average. Case managers noted that they are not notified if a participant has a change in condition and hospital staff rarely shares participant health information. Case managers said that they have a good relationship with the local Area Agency on Aging and reported referring participants to the agency.

Case managers shared that communication is better with the smaller customized living providers in the county compared with the larger providers, whom they added usually have higher staff turnover rates. Case managers rated their relationships with foster care providers as average to above average but shared that some providers do not do as good of a job communicating as others. Case managers reported that the majority of home health agencies they work with are in-county providers and that their relationships vary depending on the provider. All the case managers who have worked with employment providers rated their relationships as above average citing that they are always in constant communication and the providers work particularly well with high needs participants.

## 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 Winona County (2008 & 2012)



**Since 2008, the total number of people served in the CCB Waiver program in Winona County has increased** by 49 participants (16.0 percent); from 307 in 2008 to 356 in 2012. Most of this growth occurred in case mix B, which grew by 38 people. With this increase, Winona County may be serving a higher percentage of participants with mental health needs.

**Since 2008, the number of people served with the DD waiver in Winona County increased** by nine participants, from 151 in 2008 to 160 in 2012. Winona County experienced a 6.0 percent increase in the number of people served from 2008 to 2012; while its cohort had a 9.3 percent increase in number of people served. In Winona County, the profile groups 2 and 3 increased by 16 and nine people respectively. The greatest change in the cohort profile groups also occurred in people having a Profile 2. With the increase in the number of people in Profiles 1 and 2, Winona County now serves about the same proportion of people in these groups (40.0 percent), as its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Winona County has decreased by eight people (2.6 percent), from 309 people in 2008 to 301 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in case mix E which grew by 17 people. With this increase Winona County may be serving a larger proportion of people with mental health needs.

## 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)

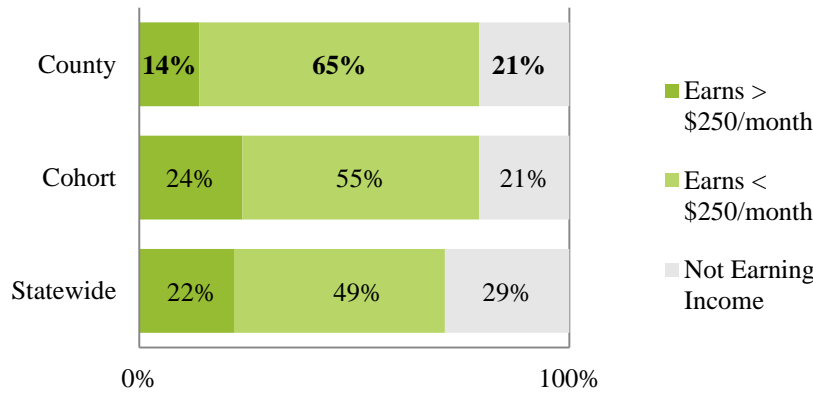


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Winona County	19%	24%	57%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Winona County served 265 working age (22-64 years old) CCB participants. Of working age participants, 43.0 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Winona County ranked 13<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Winona County, 19.2

percent of the participants earned \$250 or more per month, compared to 14.7 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 (2012)**



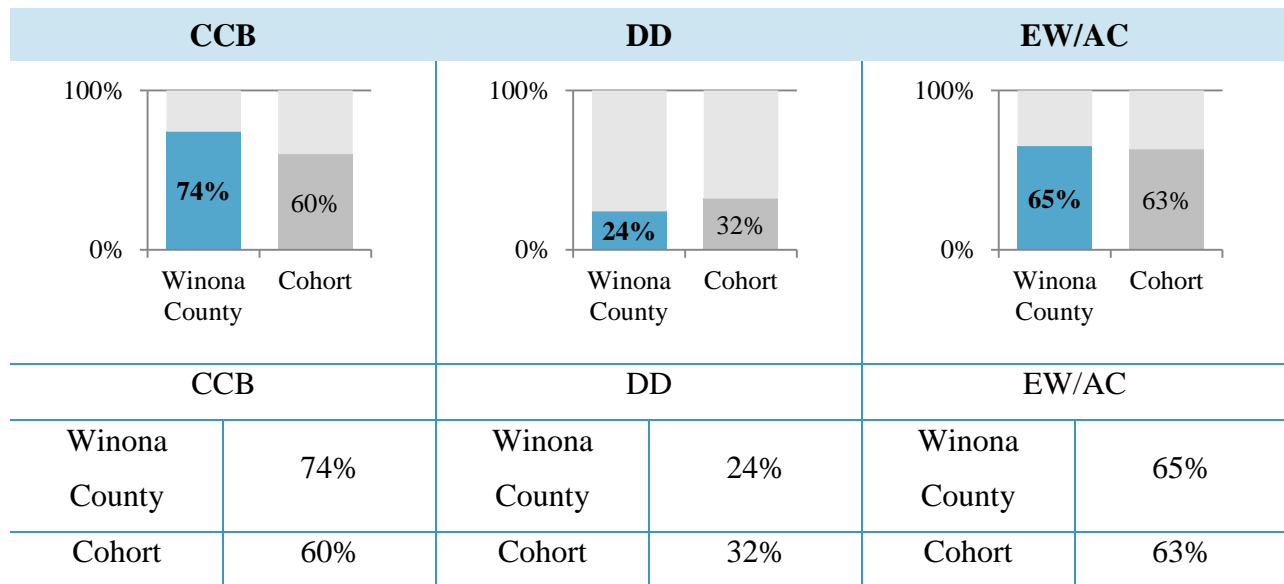
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Winona County	14%	65%	21%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2012, Winona County served 107 DD waiver participants of working age (22-64 years old). **The county ranked 70<sup>th</sup> in the state for working-age participants earning more than \$250 per month.** In Winona County, 14.0 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 78.5 percent of working age DD waiver participants in Winona 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 (2012)



**Winona County ranks 14<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 264 participants at home. Between 2008 and 2012, the percentage in Winona County decreased by 6.3 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 74.2 percent of CCB participants in Winona County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Winona County ranks 68<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 39 participants at home. Between 2008 and 2012, the percentage increased by 3.2 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling by only 0.4 percentage points.

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

**Winona County ranks 58<sup>th</sup> out of 87 counties in the percentage of EW/AC program**

**participants served at home.** In 2012, the county served 196 participants at home. Between 2008 and 2012, the percentage decreased by 2.2 percentage points. In comparison, the percentage of participants served at home fell by 5.6 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. Winona County serves a higher proportion of EW/AC participants at home than their cohort.

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

	<b>CADI</b>	<b>DD</b>								
Total average rates per day	<table border="1"> <tr><td>Winona County</td><td>\$80</td></tr> <tr><td>Cohort</td><td>\$104</td></tr> </table>	Winona County	\$80	Cohort	\$104	<table border="1"> <tr><td>Winona County</td><td>\$205</td></tr> <tr><td>Cohort</td><td>\$178</td></tr> </table>	Winona County	\$205	Cohort	\$178
Winona County	\$80									
Cohort	\$104									
Winona County	\$205									
Cohort	\$178									
Average rate per day for residential services	<table border="1"> <tr><td>Winona County</td><td>\$181</td></tr> <tr><td>Cohort</td><td>\$168</td></tr> </table>	Winona County	\$181	Cohort	\$168	<table border="1"> <tr><td>Winona County</td><td>\$240</td></tr> <tr><td>Cohort</td><td>\$217</td></tr> </table>	Winona County	\$240	Cohort	\$217
Winona County	\$181									
Cohort	\$168									
Winona County	\$240									
Cohort	\$217									
Average rate per day for in-home services	<table border="1"> <tr><td>Winona County</td><td>\$49</td></tr> <tr><td>Cohort</td><td>\$64</td></tr> </table>	Winona County	\$49	Cohort	\$64	<table border="1"> <tr><td>Winona County</td><td>\$97</td></tr> <tr><td>Cohort</td><td>\$94</td></tr> </table>	Winona County	\$97	Cohort	\$94
Winona County	\$49									
Cohort	\$64									
Winona County	\$97									
Cohort	\$94									

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

	Winona County	Cohort
Total average rates per day	\$80.38	\$103.96
Average rate per day for <b>residential</b> services	\$180.71	\$167.73
Average rate per day for <b>in-home</b> services	\$48.96	\$63.58

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

	Winona County	Cohort
Total average rates per day	\$204.56	\$178.28
Average rate per day for <b>residential</b> services	\$239.77	\$216.75
Average rate per day for <b>in-home</b> services	\$97.02	\$94.34

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 Winona County is \$23.58 (22.7 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Winona County spends \$12.98 (7.7 percent) more on residential services and \$14.62 (23.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Winona County ranks 19<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 Winona County is \$26.28 (14.7 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Winona County spends \$23.02 (10.6 percent) more on residential services and \$2.68 (2.8 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Winona County ranks 81<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.



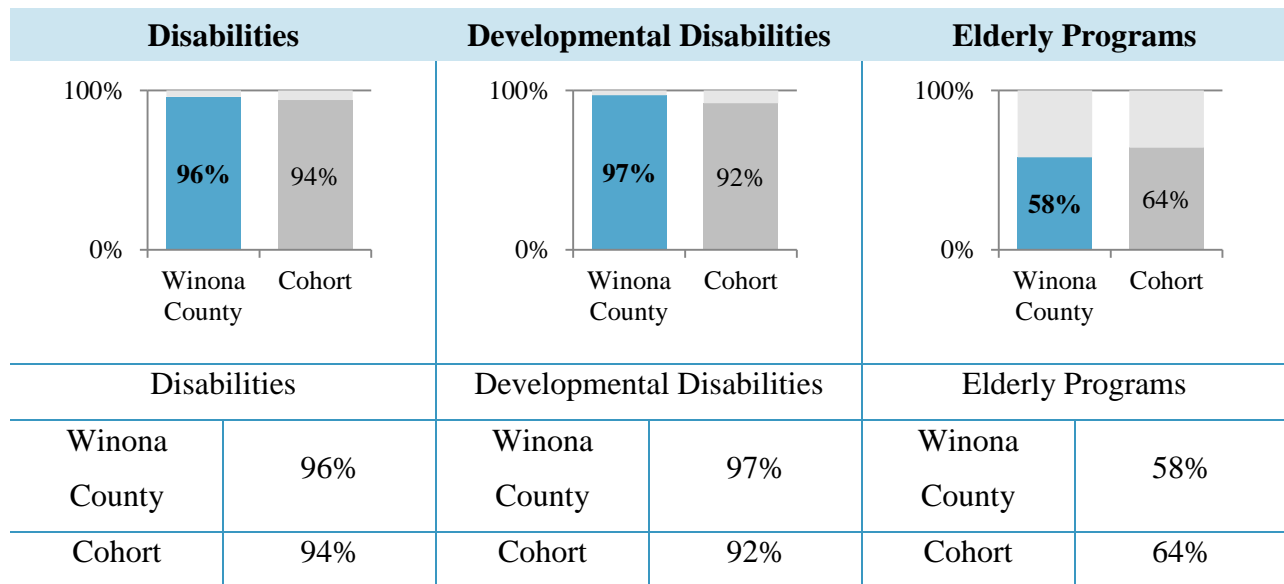
**Winona County has a lower use in the CADI program than its cohort of some residential based services** such as Foster Care (19% vs. 26%) and Customized Living (1% vs. 12%). The lead agency has a lower use of Prevocational Services (6% vs. 9%), but a higher use of Supported Employment Services (26% vs. 12%). They also have a lower use of some in-home services, such as Skilled Nursing (7% vs. 19%), Home Health Aide (5% vs. 6%), but a higher use of Independent Living Skills (41% vs. 20%), and Homemaker (29% vs. 28%). Forty-two percent (42%) of Winona County's total payments for CADI services are for residential services (40% foster care and 2% customized living) which is lower than its cohort group (54%). Their corporate foster care rates are higher than its cohort when billed daily (\$237.93 vs. \$227.80 per day), but lower when billed monthly (\$5,076.92 vs. \$5,472.49 per month). Their family foster care rates are lower than its cohort when billed monthly (\$1,841.01 vs. \$3,411.26 per month).

**Winona County's use of Supportive Living Services (SLS) is higher than its cohort (75% vs. 67%) 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. Winona County's daily corporate Supportive Living Services rates are higher than its cohort (\$238.74 vs. \$210.90). The lead agency also has a higher use of Day Training & Habilitation (69% vs. 61%), In-Home Family Support (22% vs. 15%), and Respite Care (19% vs. 18%) than its cohort.

## Usage of Long-Term Care Services

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

### Percent of LTC Participants Receiving HCBS (2012)



**In 2012, Winona County served 535 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 42 in institutional care.** Winona County ranked 17<sup>th</sup> of 87 counties with 95.8 percent of their LTC participants received HCBS. This is a higher rate than their cohort, where 93.6 percent were HCBS participants. Since 2008, Winona County has increased its use of HCBS, rising by 3.1 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Winona County served 214 LTC participants (persons with development disabilities) in HCBS settings and 11 in institutional settings.** Winona County ranked 18<sup>th</sup> of 87 counties with 96.5 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Since 2008, the county has increased its use by 0.5 percentage points while

its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Winona County served 306 LTC participants (over the age of 65) in HCBS settings and 256 in institutional care.** Winona County ranked 47<sup>th</sup> of 87 counties with 58.3 percent of LTC participants receiving HCBS. This is lower than their cohort, where 63.8 percent were HCBS participants. Since 2008, Winona County has increased its use of HCBS by 6.2 percentage points, while their cohort has increased by 4.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

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

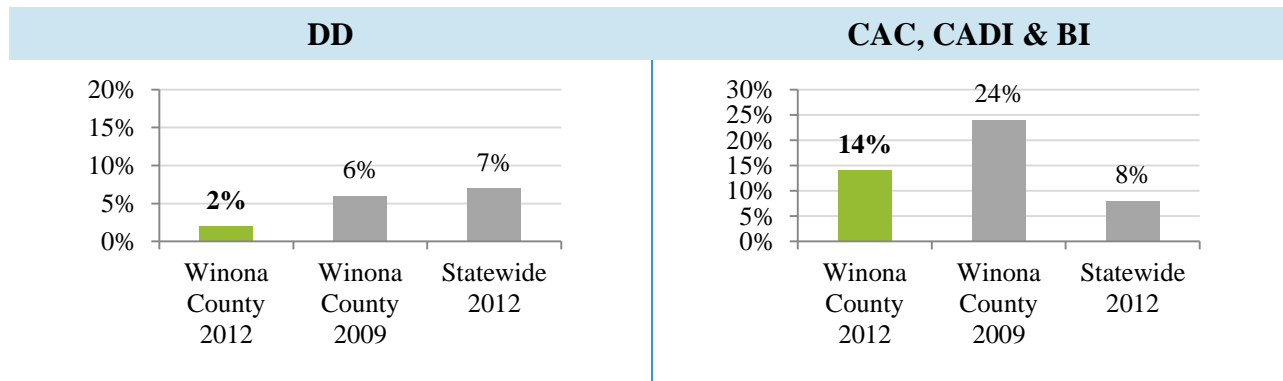
	<b>Winona County</b>	Cohort	Statewide
Age 0-64	<b>0.42</b>	0.45	0.54
Age 65+	<b>26.62</b>	23.65	21.99
TOTAL	<b>4.06</b>	3.51	3.19

**In 2012, Winona County was ranked 29<sup>th</sup> out of 87 counties in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Winona County has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 13.0 percent in Winona County. Overall, the number of residents in nursing facilities has decreased by 12.0 percent since 2010.

## Managing Resources

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

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



	DD	CAC, CADI, BI
Winona County (2012)	2%	14%
Winona County (2009)	6%	24%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Winona County had a 2% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Winona County’s DD waiver balance is smaller than its balance in CY 2009 (6%) and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Winona 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, Winona County had a 14% 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 2009 (24%).

Winona County does not currently have a waitlist for the CCB or DD waiver programs. The lead agency has a budget management team made up of supervisors, nurses, social workers, and case aides who meet twice a month to discuss the waiver budgets. Two case aides have access to the waiver management system (WMS) and run simulations to determine if they can award new slots to participants or make significant allocation increases. If an allocation increase request is under \$300, case managers can approve it themselves. If the request is more than that amount then they bring it to the budget management team to make a final decision.

### 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 2: Winona County Case Manager Rankings of DHS Resources**

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	4	0	0
MMIS Help Desk	0	0	1	0	0
Community Based Services Manual	0	1	4	2	0
DHS website	0	0	3	5	2
E-Docs	0	1	0	2	8
Disability Linkage Line	0	1	0	2	0
Senior Linkage Line	0	0	1	2	2
Bulletins	0	3	3	6	0
Videoconference trainings	0	0	5	4	1
Webinars	0	0	4	5	0
Regional Resource Specialist	0	1	1	0	0
Listserv announcements	0	2	2	0	0

Case managers reported that E-Docs and Ombudsmen were the most useful DHS resources. Most case managers said that they regularly use E-Docs to access the most current forms, and they receive timely notifications from DHS when new updates are available. Case managers also said that they have close working relationships with the local Ombudsmen and that they are advocates for waiver participants.

Some case managers have used Policy Quest and said that the case aide can submit questions to Policy Quest. Case managers explained that they do not always receive a helpful response from

Policy Quest. The usefulness of the Community Based Service Manual (CBSM) varied among case managers, but most agreed that they cannot always find specific information quickly and do not always have time to search the manual for answers. Case managers rated the usefulness of the DHS website as average to above average but commented that navigation is not very intuitive.

Case managers shared that they refer participants both to the Senior Linkage Line and the Disability Linkage Line and rated their usefulness as average to above average. Case managers said that they like videoconference trainings but noted that they have to travel out of county when the Winona County ITV is not available. Case managers rated the usefulness of webinars as being average to above average but said that they have had some technical issues with them at times.

Although case managers found bulletins helpful, they shared that they can get overwhelmed by the amount of information in them and they do not always have the time to review them. Case managers generally rated the Regional Resource Specialist (RRS) as being not very useful, citing that the RRS is slow in responding to questions. Case managers receive listserv announcements, but said that it is difficult to tell what information is relevant to their work.

## 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.

### Winona County Strengths

The following findings focus on Winona 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.

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

During the previous review in 2010, Winona County received a corrective action for care plan signatures, back-up plans and emergency contact information, timeliness of screening from referral, timeliness of assessment to care plan, BI form, CAC form, consent to release information, and face-to-face visits. In 2014, none of these issues remain for Winona County indicating technical improvements over time.

- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.**

Case managers are well-trained, experienced, and knowledgeable about available programs and 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; case managers visit participants on average five times in the past 18 months across all programs. In addition, case managers frequently consult and know participants on each other's caseloads. This enables them to easily transfer cases when needed allowing for seamless services for participants.

- **Winona County's use of contracted case management is a strength.**

The lead agency serves participants across twenty different counties, and uses contracted case management to help serve participants who live out of the region. 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 distance cases require significant windshield time. In addition, the lead agency holds contracted case managers to the same standards as their own employees. Contracted case managers are in frequent



communication with the lead agency's case aide to make sure Winona County policies and practices are communicated. Furthermore, contracted cases reviewed in Winona County consistently met HCBS requirements indicating that contracted agencies and case managers are providing quality case management to waiver participants.

- **Winona County staff work well together and collaborate across departments and units to serve waiver participants.** Social workers and nurses work well as an integrated unit; they are resourceful and frequently consult with one another. In addition, case managers reported during the focus group that they have good communication with staff from other units within the lead agency including adult protection, child protection, and licensing staff. These strong working relationships allow case managers to navigate across units and enhance the services and supports participants are receiving.
- **The case files reviewed in Winona 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 CAC forms, documentation of ICF/DD Level of Care, 24 hour supervision is documented for EW cases, informed consent to share information form, notice of privacy practices (HIPPA), emergency contact information is in the files, care plans are current, signed and dated by participants and case managers, including required choice questions, DD screening documents are current, signed and dated by all required parties, and LTCC assessments are current. Winona County care plans reviewed also include required elements. For example, 99% of care plans reviewed included a back-up plan, 98% included all needed services, 98% included goals and outcomes, and 97% included participant health and safety issues.
- **Winona County staff are well-connected with providers and other organizations in communities that serve participants.** Winona County case managers have worked to build strong relationships with area providers. Case managers work closely with local nursing facilities and schools and are in frequent communication with providers about the needs of the participants they are serving. Of the 11 applicable cases reviewed, 91% had school and IEP information in the case file. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are

met. In addition, Winona County has recently trained a new case manager to serve as a liaison to customized living providers. This helps build the relationship between case managers and existing providers and also enhances the communication around care coordination, improving service delivery for participants.

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Winona County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Winona 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 98% of case files reviewed included the type of service in the care plan, only 14% of cases reviewed included the annual amount allowed.
- **Update long-term care program care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** Care plans in Winona County were complaint in several areas; however, the language used was not individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name. For example, while 93% of Winona County DD care plans reviewed had individualized and meaningful goals, only 58% of EW/AC care plans reviewed had individualized and meaningful goals. In addition, while 92% of CCB and DD care plans reviewed included participant friendly language, only 27%

of AC/EW care plans reviewed included participant friendly language. It is important for Winona County to set expectations for the format and quality of care plans to create consistency across the lead agency.

- **Continue to expand community-based employment opportunities for individuals in the DD program.** Winona County has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the DD program (14.0% vs. 24.1%) and ranks 70<sup>th</sup> of 87 counties in this area. Winona County should focus on strengthening employment options by working to reduce use of center-based employment and develop more community-based employment opportunities. Winona County may want to conduct regional outreach efforts to include local businesses such as the area hospital and college. In addition, 19% of Winona County DD participants and 23% of Winona County CCB participants are currently under age 22 and will be transitioning from school to work. The lead agency should work closely with schools and be more involved in transition planning for youth to better connect them to community-based employment opportunities. Developing a more supported, community-based employment model helps participants integrate into their communities and earn higher wages.
- **Winona County has reserves in the CCB budget and is able to serve additional participants in the CCB programs.** Winona County's CCB waiver budget balance was 14% at the end of FY 2012. Typically a 3% allocation reserve is more than adequate to manage risk for a lead agency of this size. Therefore, there is room in the budget to enhance services such as supportive employment or in-home services for current participants. Additionally, the lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across the CCB and EW/AC programs, Winona County has achieved higher rates of participants served at home than its cohort and the state. In Winona County, 74% of CCB waiver participants are served at home (ranking 14<sup>th</sup> out of 87 counties) and 65% of the elderly program participants are served at home (ranking 58<sup>th</sup> out of 87 counties). However, only 24% of Winona

County's DD participants are served at home (ranking 68<sup>th</sup> out of 87 counties). Winona County should work to develop needed services by communicating expectations to new and current providers by sending out a Request for Proposals (RFP) or Request for Information (RFI). To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. 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.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used in a formal way to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Winona County, only 53% of the case files reviewed contained documentation of participant satisfaction.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Winona County was found to be inconsistent in meeting state and federal requirements and will require a response by Winona 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. Winona County identified three areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Winona County will be required to take corrective action.

- **Beginning immediately, ensure that each working-age participant’s case file includes documentation that vocational skills and abilities have been assessed.** Winona County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 43 applicable cases, 21% did not have employment assessed. Notably, seven out of 21 CADI cases and two out of 4 CAC cases did not have evidence that employment was assessed.
  
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Winona 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 20 cases. Winona County submitted a completed compliance report on August 8, 2014.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<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	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	90%	90%	89%	100%	ALL	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	88%	86%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=33</b>	<b>CCB n=49</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	98%	100%	96%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=33</b>	<b>CCB n=49</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
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)	98%	94%	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)	71%	67%	74%	73%	N / A	AC / EW
Inclusion of caregiver needs in care plans	50%	50%	40%	100%	DD	N / A
OBRA Level I in case file (PR)	98%	100%	96%	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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	89%	N / A	89%	N / A	N / A	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	79%	N / A	73%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	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)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Never	N / A	N / A	N / A	N / A	ALL

<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>
Case managers document provider performance (QA survey)	Most of the time	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 ( <i>Provider survey, n=11</i> )	91%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=11</i> )	82%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=33</b>	<b>CCB n=49</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	96%	87%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	97%	100%	94%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	99%	100%	98%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=33</b>	<b>CCB n=49</b>	<b>DD n=15</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)	95%	100%	90%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A



<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=33</b>	<b>CCB n=49</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	98%	97%	98%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	53%	76%	39%	47%	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)	96%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	58%	96%	97%	CCB, DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	37%	92%	95%	CCB, DD	N / A
Percent of waiver participants with higher needs	N / A	52%	64%	91%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	65%	74%	24%	AC / EW, CCB	DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	19%	14%	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.