

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Big Stone County**

Waiver Review Site Visit: 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 Big Stone 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 Big Stone County
Case File Review	40 cases
Provider survey	3 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 Big Stone County

In September 2014, the Minnesota Department of Human Services conducted a review of Big Stone County's Home and Community Based Services (HCBS) programs. Big Stone County is a rural county located in western Minnesota. Its county seat is located in Ortonville, Minnesota and the County has another seven cities and fourteen townships. In State Fiscal Year 2013, Big Stone County's population was approximately 5,127 and served 146 people through the HCBS programs. According to the 2010 Census Data, Big Stone County had an elderly population of 25.5%, placing it 2nd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Big Stone County's elderly population, 7.4% are poor, placing it 65th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Big Stone County's Family Services Department is the lead agency for all of the HCBS waiver programs. At the time of the review, they partnered with Countryside Public Health, a multi-county public health agency, to provide dual case management for all EW, AC, and CADI participants, but were anticipating changes to their structure. The lead agency did not have any open BI or CAC cases at the time of the review, but staff stated that any new participants in those programs would also receive dual case management with Countryside Public Health. Participants in the DD program have one case manager from Family Services. The Family Services Department also serves as a contracted care coordinator for the Managed Care Organization (MCO) PrimeWest Health.

Big Stone County's Family Services Director supervises the management of all of the waiver programs. She oversees five social workers who manage waiver cases. One case manager has a

caseload of CADI participants. Another case manager has mostly CADI cases with some DD cases. Another case manager manages the majority of the DD cases and also has adult protection responsibilities. Two other case managers work with elderly participants and manage AC and EW cases. Three nurses from Countrywide Public Health co-case manage AC, EW, and CADI cases. Caseload sizes for all case managers range from 25 to 60 cases depending on the waiver program and their other responsibilities.

All case managers in Family Services share intake duties. Once the receptionist receives the intake call, it is forwarded onto an available case manager who then collects initial information and schedules the assessment. The lead agency conducts dual assessments with both a social worker and a nurse for all waiver programs except for DD. The individuals who conduct the assessment typically become the ongoing case managers. Family Services case managers take the lead on developing care plans, coordinating services, and making sure all required paperwork is completed, while Countryside nurses focus on addressing the medical needs of participants.

Big Stone County was scheduled to implement MnCHOICES, the universal intake and assessment system for HCBS programs, shortly after the Waiver Review site visit. Because of this change, dual case management and assessments of waiver cases will end in Big Stone County once they fully implement MnCHOICES, and the lead agency is preparing for that transition. As part of the changeover, they will no longer be partnering with Countrywide Public Health for case management, but do plan to hire a nurse to help maintain some medical expertise in Family Services.

Working Across the Lead Agency

Lead agency staff shared that communication across departments is a great strength in Big Stone County. Staff collaborate with one another to meet the needs of waiver participants. Social workers and nurses are colocated and frequently consult with one another. Case managers stated that they have enjoyed working with nurses from Countryside Public Health and have valued their expertise.

Case managers shared that they work very well with financial workers in Big Stone County and have built a strong system of communication. Waiver participants get assigned to one of four financial workers and case managers said they always know who to go to with questions or concerns. They communicate through email and telephone conversations and also utilize formal DHS financial communication forms. Case managers inform financial workers when they conduct new screenings and update them on participants' waiver statuses. They also notify them of any other changes that they should be aware of, such as out-of-home placements.

The DD case manager is also an adult protection worker and conducts all of the investigations. She works with the Family Services Director to make decisions when reports come in and may involve local law enforcement if necessary. The lead agency tries to keep adult protection investigations separate from waiver case management and may request assistance from a neighboring county should there be a conflict of interest. The Family Services Director is planning on cross-training a new case manager to act as back-up. Staff also hope to develop an adult protection team in their region as the adult protection worker currently attends meetings in another region.

Case managers also shared that they have good relationships with Big Stone County's two child protections workers. They stated that they are made aware when a case is opened for one of the waiver families they work with and that they are asked to consult with child protection workers to see if they can provide any background information to help with investigations.

For waiver participants also eligible for Rule 79 targeted mental health case management, the participant will typically have one case manager for waiver services and another mental health case manager. In those cases, mental health case managers take the lead and meet with waiver case managers monthly to share updates and discuss participants' progress toward achieving the goals they have laid out in their care plans. Mental health workers attend reassessments with waiver case managers if their schedules allow.

The Family Services Director attends Big Stone County Board meetings and updates them on policy changes that affect the management of the waiver programs. She shared that the board is

very supportive of their agency and that they are dedicated to making decisions that are in the best interests of participants.

Health and Safety

In the Quality Assurance survey, Big Stone County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that they have good, open communication with case managers. They also said that Big Stone County case managers are advocates for participants, are responsive to changes in participant needs, and are well-trained and knowledgeable.

Case managers shared that one of their biggest challenges is keeping up with the constantly changing waiver program policies and requirements. The lead agency has monthly Family Services Department meetings where waiver staff discuss any new program or policy changes. Mental health workers and waiver case manager also meet monthly to discuss shared cases. Family Services case managers do not have regularly scheduled formal meetings with Countryside Public Health nurses, but said they interact frequently and work closely with them on cases as needed.

Case managers also receive bulletins and listservs and utilize the Community Based Services Manual to stay up-to-date on program requirements. They also attend videoconference trainings, webinars, and different regional trainings as well. For example, several case managers indicated that they recently attended the DHS sponsored trainings on person-centered planning. PrimeWest Health also offers informational sessions to help case managers stay up-to-date on new or changing forms and requirements. When new case managers are hired by the lead agency, they are assigned a mentor whom they job shadow and learn from as they transition into their position.

In an effort to ensure staff compliance, the Family Services Director reviews and signs off on all Individual Support Plans (ISPs) for DD participants. The lead agency also participates in annual

audits from PrimeWest Health. Additionally, Big Stone County mails out surveys that ask participants if they are satisfied with the case management services they receive from the county. The lead agency follows up with participants if necessary and addresses any issues they may be having with their case manager or other service providers.

Service Development and Gaps

Case managers shared that while they have several great providers who provide quality services to their waiver participants, Big Stone County has several significant service gaps. They highlighted transportation as being a major issue for participants and indicated that Ortonville is the only community within the county offering public transit. However, the Ortonville city bus does not operate on evenings or weekends, limiting participants' access to the community. Case managers also said that respite and PCA services are extremely scarce and that they recently had a home care provider discontinue their operations, further depleting the already limited amount of choices for participants. They added that it is getting more difficult for providers to open new customized living facilities due to the many requirements from DHS and the Department of Health.

Case managers shared that it is a challenge to recruit new providers into Big Stone County because the number of participants who utilize their services fluctuates. In many instances, this has forced case managers to get creative to ensure participants receive the services they need. Case managers bring in family, friends, churches, and other community programs whenever possible to provide informal supports. They also utilize providers in neighboring counties to give participants more options.

Staff shared that PrimeWest Health is often their first contact when they need help filling service gaps in Big Stone County; especially for those that involve specialists who otherwise would not be available to their participants. They said that the MCO has been very helpful in that regard and has aided them in bringing psychiatry services and mobile dental clinics into the county.

The lead agency puts out an annual news release letting providers and potential participants know about the availability of HCBS services. Staff also make visits to senior centers to make presentations and hand out information on the AC and EW programs.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Big Stone 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.

Big Stone County's Family Services Director manages the service vendor files. Of the Tier 2 and 3 services, Big Stone County primarily uses chore services, such as lawn care and snow removal. Staff shared that these providers are not interested in enrolling due to the 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 nine Tier 2 service claims were reviewed. The claims reviewed were for services delivered by six unique providers to six unique participants. Big Stone County had a log for tracking verification that the vendor was not on the CMS or MHCP Exclusion lists. Eight out of the nine cases were included in the log. Of the cases reviewed, one was found to be in complete compliance with all documentation requirements. Five cases did not include Service Purchase Agreements (SPAs), while two used the county's own SPA document which did not contain all required elements. In March 2014, the lead agency started using the DHS SPA template, which they believe will improve compliance

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: Big Stone County Case Manager Rankings of Local Agency Relationships

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

Lead agency staff shared that they have good relationships with providers overall. Case managers monitor provider performance during drop-in visits and speak with provider staff and participants while on site. They have monitoring packets that they bring along to document their observations. They meet with providers as needed to voice any concerns or to request clarification. Case managers shared that the providers they work with are very open to their visits and often invite them to sit in on staff meetings.

The majority of case managers indicated that they have good communication with nursing facilities, having worked to build strong relationships with their staff. They added that each of the facilities they work with have their own strengths, whether it's inviting case managers to care conferences or working with families and participants to meet challenging needs. Staff shared that many participants' top priority is to stay in their own community when they can no longer live in their own home, so it is nice to have a few options to choose from. Most case managers

said they have good relationships with hospital staff as well, although they do not always get notified when participants are discharged, which can make coordinating services difficult.

Case managers who consistently work with schools in the area said that they generally have had good relationships with school staff. They explained that tight budgets have made it somewhat difficult to pull in extra school services in certain cases, but said that they are usually great about inviting case managers to meetings. Case managers also indicated that they have made good progress in communicating with schools about the need for early transition planning. Lead agency staff attend regional Community Transition Interagency Committee (CTIC) and Interagency Early Intervention Committee (IEIC) meetings quarterly.

Given the lack of resources in the area, case managers shared that their local vocational provider does a great job. They said that staff there are very creative at coming up with ideas for work opportunities and incorporate other meaningful activities into their program. Staff also make a concerted effort to get participants working in the community. Case managers said that provider staff do a good job of keeping them informed about how participants are doing and invite them to visit work sites.

Case managers said that they have good relationships with customized living providers as well. They receive quarterly reports that summarize participants' medical appointments and any significant behavioral changes. Case managers shared that staff are good about notifying them when issues arise and are consistently letting them know when someone is hospitalized. They indicated that staff turnover has been an issue with some providers.

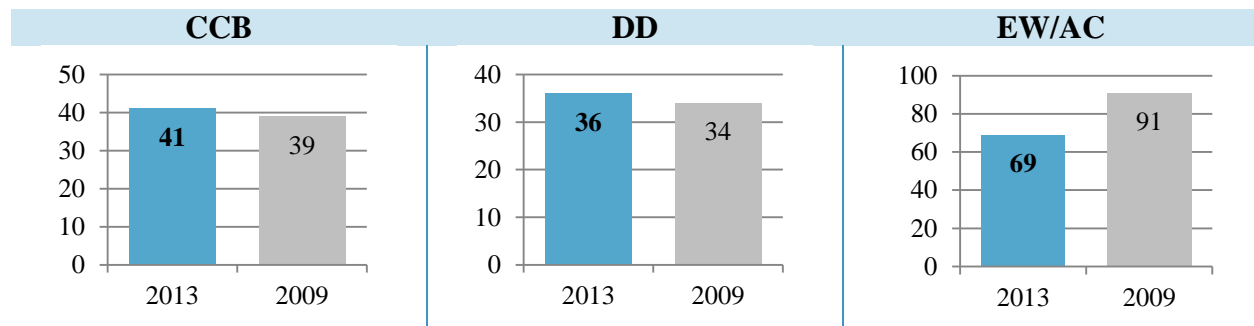
Case managers expressed very similar feelings about their relationships with foster care providers. They shared that those providers are also good at communicating issues and that they work as a team to resolve concerns. Additionally, case managers indicated that they have regular meetings with those providers to talk about participants' progress regarding personal goals. They added that finding quality staff and having staff continuity pose challenges for these providers as well.

Case managers said they have good relationships with the home care providers they work with, but shared that it is difficult for participants in rural areas to access those services. Staff stated that the lead agency and local businesses have done a lot of advertising in the community but cannot find staff to serve some areas of the county.

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 Big Stone County (2009 & 2013)



	2009	2013
CCB	39	41
DD	34	36
EW/AC	91	69

Since 2009, the total number of people served in the CCB Waiver program in Big Stone County has increased by two participants (5.1 percent); from 39 in 2009 to 41 in 2013. Growth occurred in the case mix B, which grew by eight people. With this increase Big Stone 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 Big Stone County increased by two participants, from 34 in 2009 to 36 in 2013. While Big Stone County experienced a 5.9

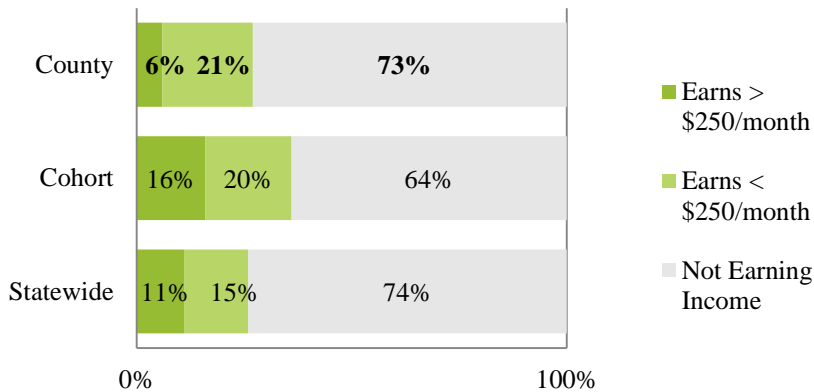
percent increase in the number of people served from 2009 to 2013, its cohort had a 6.8 percent increase in number of people served. In Big Stone County, the profile group 3 increased by four people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Big Stone County serves a smaller proportion of people in profile groups 1 and 2 (25.0 percent), than its cohort (34.5 percent).

Since 2009, the number of people served in the EW/AC program in Big Stone County has decreased by 22 people (24.2 percent), from 91 people in 2009 to 69 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 increase occurred in people having case mix B, which increased by six people. With this increase Big Stone 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.

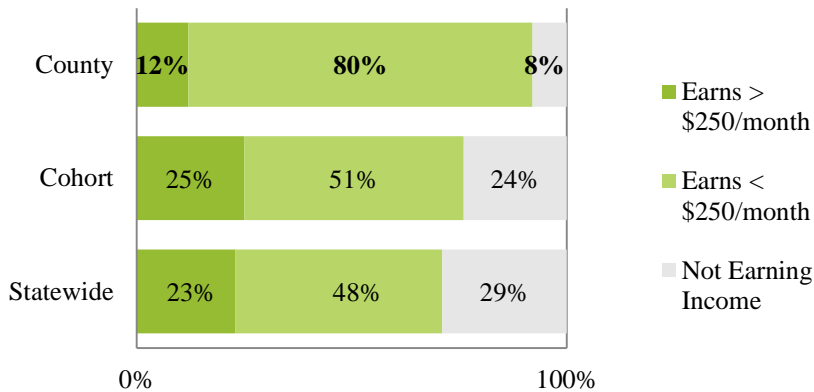
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Big Stone County	6%	21%	73%
Cohort	16%	20%	64%
Statewide	11%	15%	74%

In 2013, Big Stone County served 33 working age (22-64 years old) CCB participants. Of working age participants, 27.3 percent had earned income, compared to 36.1 percent of the cohort's working age participants. **Big Stone County ranked 78th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Big Stone County 6.1 percent of the participants earned \$250 or more per month, compared to 15.9 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)



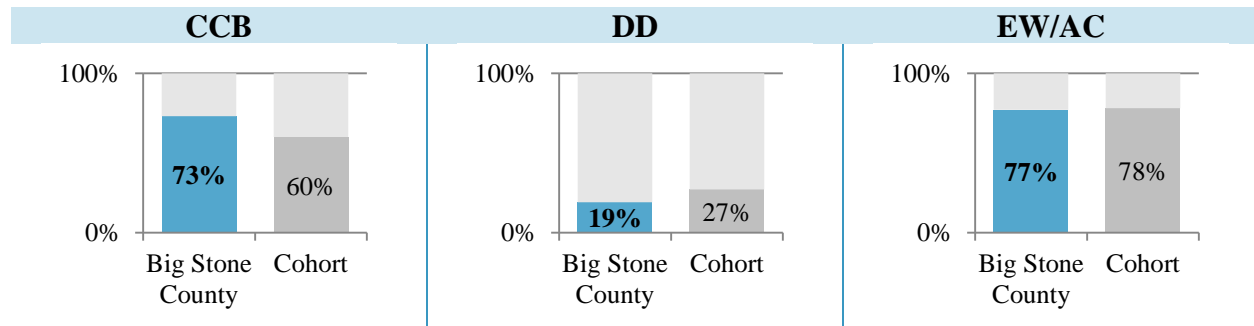
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Big Stone County	12%	80%	8%
Cohort	25%	51%	24%
Statewide	23%	48%	29%

In 2013, Big Stone County served 25 DD waiver participants of working age (22-64 years old). **The county ranked 84th in the state** for working-age participants earning more than \$250 per month. In Big Stone County, 12.0 percent of working age participants earned \$250 or more per month, while 25.1 percent of working age participants in the cohort as a whole did. Also, 92.0 percent of working age DD waiver participants in Big Stone County had some earned income, while 75.6 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)



	Big Stone County	Cohort
CCB	73%	60%
DD	19%	27%
EW/AC	77%	78%

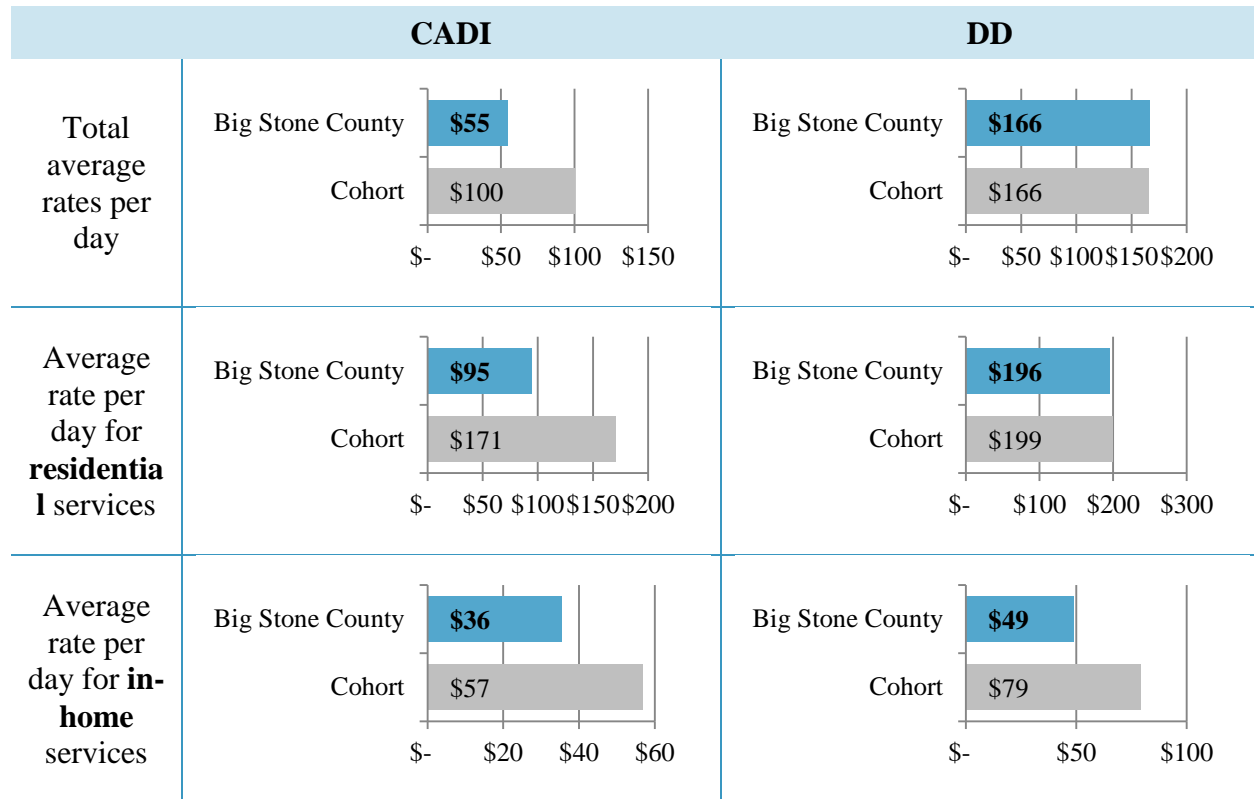
Big Stone County ranks 14th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 30 participants at home. Between 2009 and 2013, the percentage decreased by 1.2 percentage points. In comparison, the cohort percentage fell by 5.5 percentage points and the statewide average fell by 3.7 points. In 2013, 73.2 percent of CCB participants in Big Stone County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Big Stone County ranks 81st out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served seven participants at home. Between 2009 and 2013, the percentage decreased by 4.1 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by only 1.0 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.

Big Stone County ranks 33rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 53 participants at home. Between 2009 and 2013, the percentage increased by 1.0 percentage points. In comparison, the percentage of participants served at home fell by 4.6 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. Big Stone County serves a slightly lower proportion of EW/AC participants at home than their cohort.

Average Rates per day for CADI and DD services (2013)



Average Rates per day for CADI services (2013)

	Big Stone County	Cohort
Total average rates per day	\$54.63	\$99.93
Average rate per day for residential services	\$94.51	\$170.71
Average rate per day for in-home services	\$35.54	\$56.66

Average Rates per day for DD services (2013)

	Big Stone County	Cohort
Total average rates per day	\$166.16	\$165.66
Average rate per day for residential services	\$195.57	\$199.16
Average rate per day for in-home services	\$48.87	\$79.21

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 Big Stone County is \$45.30 (45.3 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Big Stone County spends \$76.20 (44.6 percent) less on residential services and \$21.12 (37.3 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Big Stone County ranks 1st 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 Big Stone County is \$0.50 (0.3 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Big Stone County spends \$3.59 (1.8 percent) less on residential services, and \$30.34 (38.3 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Big Stone County ranks 31st 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.

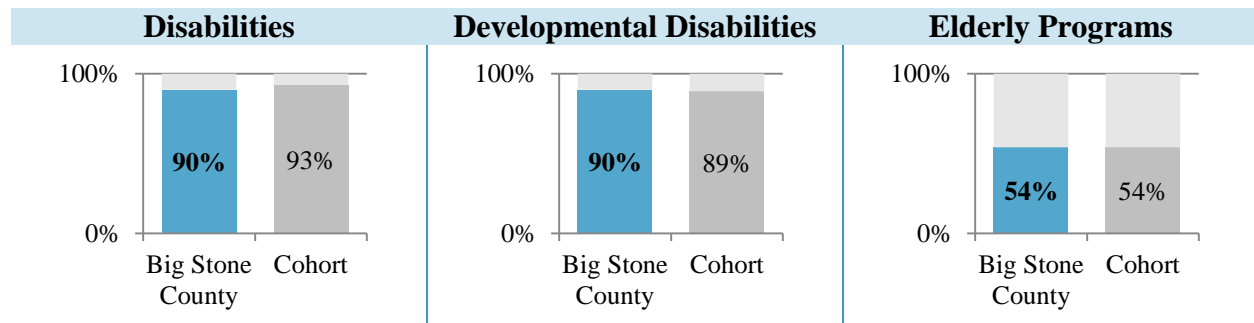
Big Stone County has a lower use in the CADI program than its cohort of residential based services such as Foster Care (14% vs. 27%), but a higher use of others (Customized Living (16% vs. 6%). The lead agency has a lower use of Prevocational Services (4% vs. 10%) and Supported Employment Services (4% vs. 15%). They also have a lower use of some in-home services, such as Home Delivered Meals (25% vs. 35%) and Homemaker (30% vs. 45%), but a higher use of Home Health Aide (9% vs. 4%). Forty-five percent (45%) of Big Stone County's total payments for CADI services are for residential services (38% foster care and 7% customized living) which is lower than its cohort group (53%). Big Stone County's corporate foster care rates are lower than its cohort when billed monthly (\$5,369.96 vs. \$5,383.18), and when billed daily (\$168.09 vs. \$216.37).

Big Stone County’s use of Supportive Living Services (SLS) is higher than its cohort (80% vs. 71%) 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 has a higher use of Day Training & Habilitation (75% vs. 62%), but a lower use of Supported Employment Services (2% vs. 5%). It has a higher use of In-Home Family Support (25% vs. 16%) and a lower use of Respite Care (16% vs. 19%) than its cohort. Overall, Big Stone County’s DD waiver participants utilize fewer service options from the service menu than their cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2013)



	Big Stone County	Cohort
Disabilities	90%	93%
Developmental Disabilities	90%	89%
Elderly Programs	54%	54%

In 2013, Big Stone County served 47 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 10 in institutional care. Big Stone County ranked 68th of 87 counties with 90.0 percent of their LTC participants received HCBS. This is lower than their

cohort, where 92.9 percent were HCBS participants. Since 2009, Big Stone County has decreased its use of HCBS by 1.7 percentage points, while the cohort decreased its use by 1.4 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Big Stone County served 41 LTC participants (persons with development disabilities) in HCBS settings and five in institutional settings. Big Stone County ranked 58th of 87 counties with 90.2 percent of its DD participants receiving HCBS; a slightly higher rate than its cohort (89.4 percent). Since 2009, the county has increased its use by 2.4 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, Big Stone County served 70 LTC participants (over the age of 65) in HCBS settings and 68 in institutional care. Big Stone County ranked 65th of 87 counties with 54.0 percent of LTC participants receiving HCBS. This is about the same as their cohort, where 53.9 percent were HCBS participants. Since 2009, Big Stone County has increased its use of HCBS by 1.1 percentage points, while their cohort has increased by 3.2 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

Age	Big Stone County	Cohort	Statewide
Age 0-64	1.51	0.53	0.52
Age 65+	38.32	30.81	21.03
TOTAL	10.53	6.11	3.00

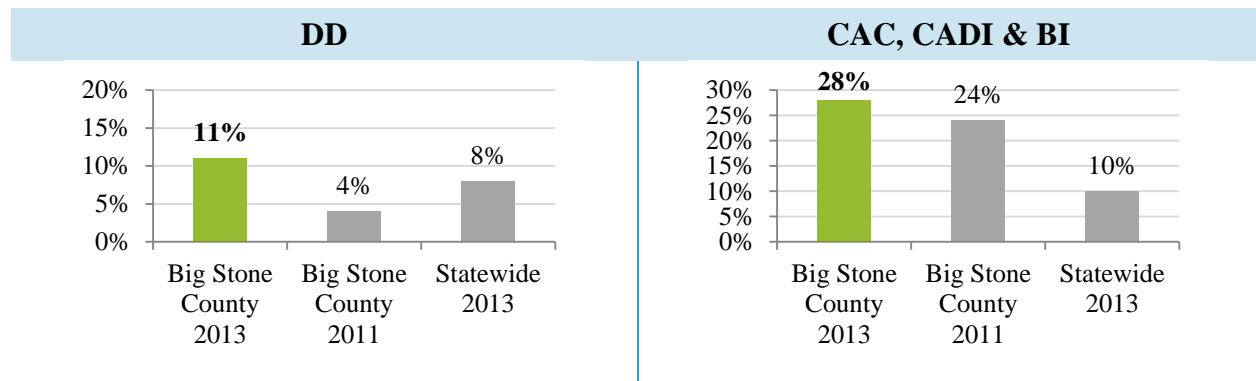
In 2013, Big Stone County was ranked 84th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Big Stone County also has a higher nursing facility utilization rate for people under 65 years old. Since 2011, the number of nursing home

residents 65 and older has decreased by 7.1 percent in Big Stone County. Overall, the number of residents in nursing facilities has decreased by 6.7 percent since 2011.

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
Big Stone County (2013)	11%	28%
Big Stone County (2011)	4%	24%
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, Big Stone County had an 11% balance at the end of calendar year 2013, which indicates the DD

waiver budget had a reserve. Big Stone County's DD waiver balance is larger than its balance in CY 2011 (4%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Big Stone 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, Big Stone County had a 28% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2011 (24%).

Big Stone County is in a waiver alliance with four other counties for its CCB and DD program allocations. The five counties in the Region 6W alliance include Big Stone, Chippewa, Lac Qui Parle, Swift and Yellow Medicine Counties. Each county manages their own allocations independently, but must get approval from the alliance to authorize funds over 97% of its total allocation. Big Stone County has experienced several benefits from joining the alliance. For example, they no longer have a wait list for their DD waiver programs and, as alliance members, were able to re-allocate resources to Big Stone County. The CCB allocation was also utilized by alliance members, allowing Big Stone County to reduce its balance in FY 2014 to 10% and help its neighbors. Several case managers in Family Services have access to the Waiver Management System (WMS) and run simulations to monitor budget allocations. Case managers meet with the Family Services Director who then makes the final decisions on increases.

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: Big Stone County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	1	1	1
MMIS Help Desk	0	0	0	4	1
Community Based Services Manual	0	0	0	3	2
DHS website	0	0	5	1	1
E-Docs	0	0	3	1	1
Disability Linkage Line	0	0	0	1	0
Senior Linkage Line	0	0	0	2	0
Bulletins	0	1	4	1	1
Videoconference trainings	0	0	0	4	1
Webinars	0	0	0	5	2
Regional Resource Specialist	0	0	0	1	2
Listserv announcements	0	0	4	2	0
MinnesotaHelp.Info	0	0	1	2	0
Ombudsmen	0	0	0	4	2
DB101.org	0	0	0	1	0

Case managers reported that webinars and Ombudsmen were the most useful DHS resources for their work. Some shared that they prefer webinars because they can watch them at their desks while others preferred videoconference trainings and expressed that they can focus more when not at their workstation. All case managers agreed that they would rather have more in-person trainings from DHS. Case managers who have worked with the Ombudsman said that they have had positive experiences with them in the past. The Ombudsman lives in the community and has acted as a mediator during guardianship meetings.

Family Services case managers in Big Stone County enter their own service agreements into MMIS and said they have found the Help Desk to be a good resource. They shared that they receive quick responses to their questions. Case managers said that they access the Community Based Services Manual frequently and like that it is has now integrated information about the

aging programs. They reported having difficulties with the search engine, however, and have had challenges trying to find things they had searched for previously.

Case managers expressed that they had a strong working relationship with the Regional Resource Specialist (RRS) who recently retired. Staff shared that she was very easy to get ahold of and case managers relied on her expertise quite often. They indicated she was very good about giving updates and letting them know what information to pay special attention to. They currently have a temporary RRS.

Not all case managers are able to submit questions to Policy Quest, but most use it to look up answers to past questions. Case managers shared that the DHS website is difficult to navigate and that it is hard to find specific things because the web page navigation changes so frequently. All case managers are responsible for checking E-Docs regularly to ensure they are using the most current forms. They shared that the search function works well and they are able to find what they need.

Case manager reported using the Senior Linkage Line and said that they receive communications about nursing facility screenings using that resource. They shared that they do not use the Disability Linkage line often themselves, but frequently refer participants and families there.

All case managers at the lead agency receive bulletins and listserv announcements. They utilize these resources to stay up-to-date on program and policy changes. Case managers expressed frustration that bulletins are not disseminated very much in advance of the time changes are supposed to be implemented. They also reported multiple instances where they were notified via bulletin of a new change after it had already been in effect.

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.

Big Stone County Strengths

The following findings focus on Big Stone 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.

- **Big Stone County addresses issues to comply with Federal and State requirements.**
During the previous review in 2010, Big Stone County received a corrective action for timeliness of referral to LTTC assessment for CCB programs. In 2014, Big Stone County was fully compliant in this area, thus demonstrating technical improvements over time.
- **The case files reviewed in Big Stone 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 forms, BI forms, right to appeal information, employment assessment information, and signed and dated informed consent to share information. Care plans are current, signed and dated by participants and case managers. DD screening documents are current, signed and dated by all required parties. Emergency contacts were included in files, required choice questions were answered, and participants received the required number of face-to-face visits by case managers in the past 18 months.
- **Big Stone County waiver case managers build strong relationships with waiver participants and providers.** Having manageable caseloads allows them to have time to provide quality care to participants, as evidenced by frequent visits and strong overall technical compliance. Across all the programs, case managers had face-to-face visits with participants on average 3.8 times in the past 18 months. Case managers rated their working relationships with providers and other community service agencies as being strong.
- **Big Stone County's HCBS case managers work well with the county's other units.** Case managers shared that inter-departmental collaboration is a strength of the lead agency. 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, mental health workers, and financial workers. These strong working relationships allow case

managers to help participants navigate across units enhance the services participants are receiving.

- **Big Stone County brings both social services and nursing expertise to waiver case management.** Big Stone County has conducted dual assessments and on-going case management with Countryside Public Health for participants in long-term care programs. However, with the approach of MnCHOICES, Big Stone County and Countryside Public Health reevaluated Countryside's role and decided it was best to include Countryside nurses only on the MnCHOICES assessment team. To maintain medical expertise, Family Services is planning to hire a nurse who will be on the MnCHOICES assessment team and will be the ongoing case manager for participants with high medical needs. This interdisciplinary approach to waiver case management ensures that perspectives and expertise from both fields are considered when care planning which benefits waiver participants.
- **Big Stone County regularly monitors provider performance and service delivery for participants.** Big Stone County sends out satisfaction surveys to participants and/or guardians to gather feedback about their case management through the county and for other services they are receiving from other local providers. As needed, the lead agency follows up with participants to address issues with case management or service providers. These practices help ensure that when problems with providers arise, they are identified and addressed in a timely manner.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Big Stone County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Big Stone 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 provider type in the care plan, only 13% of cases reviewed included the annual amount allowed.

- **Continue to expand community-based employment opportunities for individuals in the CCB and DD waiver participants.** It is clear that it is an agency wide practice to assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Of the 16 cases reviewed where participants were of working age, 100% had employment assessed. Moreover, Big Stone County's ISP contained a section devoted to describing "meaningful employment opportunities". However, Big Stone County has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the CCB program (6.1% vs. 15.9%) and ranks 78th of 87 counties in this area. Additionally, Big Stone County also has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the DD program (12.0% vs. 25.1%) and ranks 84th of 87 counties in this area. Big Stone County should focus on strengthening employment by working with providers to increase the use of community-based employment and develop more opportunities that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program.
- **Work with local providers to encourage development of programs that would allow older adults to be served in the community instead of nursing facilities.** Big Stone County relies heavily on nursing facilities for its elderly residents needing long term care services. The rate of nursing facility use for adults aged 65 and older in Big Stone County is higher than its cohort and the statewide rate (39% vs. 31% vs. 21%). Big Stone County should look to reduce their high reliance on nursing facilities by supporting the strategic development of customized living services. These new providers or facilities must be able to meet the needs of persons who otherwise may have to live in nursing facilities. This may include individuals such as those living in isolated rural communities (i.e. carefully selecting

geographic locations) or those needing a higher level of care than offered by existing customized living facilities (i.e. memory care).

○ **Continue your work with providers to develop services that support disabled participants in their own homes and reduce reliance on more expensive residential care.**

In particular, Big Stone County had lower rates of DD participants served at home than its cohort (19% vs. 27%) ranking 81st out of 87 counties. It is recommended that the lead agency work across disability programs to develop HCBS services to serve participants of all levels of need in their own homes in the community instead of in a residential setting. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs. Lastly, as the county experiences demographic changes and serves younger participants, they should continue to be mindful of the large number of youth who will also soon be transitioning to adulthood and may need independent housing options that include some supportive services.

○ **Big Stone County should update care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information. Unfortunately, case managers' efforts to provide person-centered care, are not fully reflected in the participants' care plan documents. The Big Stone County care plans include required information, but they should also include more detailed information that is unique to the participant. The goals in the care plan should be customized to the participant and include their preferences and their name. For example, only 58% of the Big Stone County care plans reviewed had individualized and meaningful goals and only 63% of care plans reviewed included participant friendly language. It is recommended that the county update its forms to be more comprehensive and meaningful to each individual participant and his or her unique situation. The County should also consult with PrimeWest to work to adopt a more person-centered approach to documentation by updating their care

plan formats and by using participant-friendly language. It is important for Big Stone County to set expectations for the format and quality of care plans to create consistency across the lead agency.

Corrective Action Requirements

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

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Big Stone County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 4 cases. Big Stone County submitted a completed compliance worksheet on November 4, 2014.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Big Stone 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 participant claim reviewed. This report required follow up on 8 cases. Big Stone County submitted a completed compliance worksheet on November 4, 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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	86%	100%	75%	50%	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	NA	N / A	75%	100%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=20	CCB n=10	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	100%	ALL	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=20	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)	85%	85%	70%	100%	DD	N / A
Inclusion of caregiver needs in care plans	36%	36%	33%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	ALL	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)	50%	50%	N / A	N / A	N / A	AC / EW
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=3</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=3</i>)	33%	N / A	N / A	N / A	N / A	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=9)	11%	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=20	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)	88%	90%	70%	100%	AC / EW, DD	N / A
Back-up plan (Required for EW, CCB, and DD)	95%	95%	100%	90%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=20	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)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	95%	100%	100%	80%	AC / EW, CCB	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=20	CCB n=10	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	90%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	100%	100%	100%	100%	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	54%	90%	90%	N / A	CCB
Percent of LTC funds spent on HCBS	N / A	25%	71%	89%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	33%	51%	92%	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	77%	73%	19%	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	6%	12%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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