

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Carlton County**

Waiver Review Site Visit: November 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 Carlton 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 Carlton County
Case File Review	73 cases
Provider survey	24 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 10 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 Carlton County

In November 2014, the Minnesota Department of Human Services conducted a review of Carlton County's Home and Community Based Services (HCBS) programs. Carlton County is a rural county located in north east Minnesota. Its county seat is located in Carlton, Minnesota and the County has another nine cities and 19 townships. In State Fiscal Year 2013, Carlton County's population was approximately 35,505 and served 635 people through the HCBS programs. According to the 2010 Census Data, Carlton County had an elderly population of 14.6%, placing it 58th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Carlton 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.

Carlton County Public Health and Human Services is the lead agency for the HCBS waiver programs. The AC and EW waiver programs are managed in the Public Health Unit and the CADI, BI, and DD programs are managed in the Disabilities Services Unit. CAC cases are dual case managed by a case manager from each unit. The lead agency serves as a contracted care coordinator for three Managed Care Organizations (MCOs) including Blue Plus, UCare, and Medica.

The lead agency has one Public Health Unit Supervisor who oversees seven public health nurses who are waiver case managers and have mixed caseloads of AC and EW cases. One of them also manages CAC cases as well. Public Health Unit case managers have caseloads that range between 80 and 90 cases. There are also three case aides within the Public Health Unit who provide support to waiver case managers. They prepare visit packets that contain all of the current required forms that need to be completed and also enter service agreements into MMIS.

The Disabilities Services Unit Supervisor oversees eight waiver case managers. Four case managers exclusively manage DD cases and have caseloads of approximately 55 cases. Four other case managers manage CADI, BI, and CAC cases and they have approximate caseloads of 48 cases. Two of those case managers also have some DD cases and the other two case managers are also the adult foster care and community residential services licensers. There is one case aide within the Disabilities Services Unit who prepares visit packets for case managers and also enters data into MMIS and the Rate Management System (RMS).

Case load levels seemed reasonable at the time of the review; however initiatives such as MnCHOICES, nursing home level of care changes, and other new programs may require additional resources for assessment and case management.

In the Disabilities Services Unit, two DD case managers have intake responsibilities with one performing intake for participants under age 18 and the other for participants age 18 and older. However in the Public Health Unit, case managers rotate intake duties. The two unit supervisors assign a worker to do the MnCHOICES assessment and subsequently assign the case for ongoing case management. CAC cases may or may not be dual case managed depending on the complexity of the case and the needs of the participant. Typically, a case manager from the Public Health Unit will take the lead when CAC cases are dual case managed.

Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is how connected staff are across different units. They stated that strong communication within the lead agency, along with the longevity and experience of waiver case managers, allows them to cover for each other when necessary. Supervisors from each unit in the lead agency meet two to three times a month. The lead agency also has all staff meetings three times a year.

Case managers said that they frequently consult with staff in both Public Health and Disabilities Services Units and utilize each other to problem solve difficult situations. Most of this communication and consultation is done informally through email and face-to-face conversations. In addition, the two units have formal quarterly meetings to discuss participants

who were initially assessed and to touch base about issues that affect both groups. Staff from both units will also attend DHS regional meetings together.

Carlton County financial workers are co-located with waiver case managers. Financial workers have a case banking system. The lead agency has an internal system so case managers can look up which financial workers to contact when they have questions. Financial workers communicate with case managers primarily through email conversations and also utilize formal DHS financial communication forms as well. Staff shared that financial workers respond to their emailed questions very quickly.

Staff shared that waiver case managers are very connected to the Adult Protection Unit. At least one nurse from the Public Health Unit attends all of their meetings and nurses usually accompany adult protection workers on visits. Adult protection staff consult with waiver case managers frequently. Case managers shared that the child protection investigations are purposefully separated from waiver case management responsibilities. They said that they are always made aware when a child protection case is opened for one of their waiver participants, and waiver case managers are typically not involved in the investigations. However, child protection workers may ask case managers to consult or to attend meetings with them on occasion.

Case managers shared that they frequently communicate with staff from Adult Mental Health and Children's Mental Health units. Participants who have mental health needs and qualify for Rule 79 Targeted Case Management will have a mental health case manager in addition to their waiver case manager. For those cases, the mental health case manager would take the lead and the two case managers attend meetings together and regularly consult with one another.

The Public Health and Human Services Director has attends Carlton County Board meetings and updates them on policy changes that affect the management of the waiver programs. Supervisors are occasionally asked to make presentations to the board as well.

Health and Safety

In the Quality Assurance survey, Carlton 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 there is good, open communication between case managers, participants and providers. Providers reported that case managers are well-trained and knowledgeable. They also shared that case managers are advocates for participants and quickly respond to questions from participants and providers.

Staff shared that the constantly changing waiver programs present significant challenges for case managers. They receive bulletins and attend regional meetings, videoconference trainings and webinars to stay current on all requirements and policy changes related to the waiver programs. Supervisors highlight specific information gleaned from these various sources during their staff meetings. Disabilities Services has a monthly unit meeting as well as separate DD and CCB meetings every other week. The Public Health Unit has a meeting every other week and may meet more often if needed. The lead agency also has a monthly MnCHOICES meeting. The lead agency has a shared drive where they keep helpful links and resources so all staff can access them.

The Public Health Unit does quarterly internal audits where case managers review each other's files. Their files are also frequently audited by the various MCOs for which they provide contracted care coordination. The Disability Services Unit Supervisor shared that they also occasionally conduct case file reviews but not as often as the Public Health Unit. The lead agency has developed a Quality Improvement (QI) Council to help improve communication with participants and providers and to enhance service delivery.

Service Development and Gaps

Case managers shared that while they work with many great providers, Carlton County has several gaps in the services available to waiver participants. They indicated that they have trouble providing adequate behavioral support services to participants who have significant

mental health and behavioral needs. Case managers mentioned that recent policy changes in this area have affected providers' willingness to offer these services and that they experience frequent staff turnover as well. Case managers said that foster care, customized living, home care, and PCA providers have experienced high staff turnover as well.

Case managers shared that finding safe and affordable housing for participants can be challenging. They stated that housing for elderly participants is especially scarce and that many customized living providers have double rooms. They added that the moratorium on the development of new corporate foster cares has led to case managers having to look for placements outside of the county since all of the foster care beds in Carlton County are currently full.

Case managers stated that transportation is another service gap, but said this is getting better as they have been utilizing more volunteer drivers. They indicated that it can also be challenging to find providers for participants located in rural areas of Carlton County and they would like to increase the amount of in-home service options available to help meet their needs. Case managers added that they would also like participants to have more employment opportunities. Lead agency staff have regular conversations with area providers about expanding their services and developing new locations in order to meet participants' needs.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Carlton 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.

The Disabilities Services Unit Supervisor and a case aide manage the pass through billing process for non-enrolled providers. Of the Tier 2 and 3 services, Carlton County staff shared that

they primarily use home modifications, transportation, and chore services. Staff shared that because they are a rural community, they do not have many affordable options for these services. 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.

Four Tier 2 service claims were reviewed and one was found to be in compliance with documentation requirements. The lead agency did not have verification that the provider was not on the exclusion lists and the service purchase agreements were not signed and dated before the claim start date. Three Tier 3 service claims were reviewed and only one was not found to be in compliance. The claim was for a transportation service and the lead agency did not provide documentation that the provider's driver's license or auto insurance was verified.

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: Carlton County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	2	5
Schools (IEIC or CTIC)	0	0	3
Hospitals (in and out of county)	0	4	5
Customized Living Providers	0	5	2
Foster Care Providers	0	2	7
Home Care Providers	0	6	1
Employment Providers (DT&H, Supported Employment)	0	2	2

Case managers shared that they are very connected with providers in Carlton County. The majority of case managers reported that they have good relationships nursing facilities. They stated that the amount of discharge planning varies depending on the provider but stated that they

are usually notified when participants are admitted and discharged. Each nurse in the Public Health Unit is assigned to a specific nursing facility and they said that this has helped them develop relationships with nursing facility staff and become familiar with their systems.

Case managers reported having very strong relationships with school staff. They work with them to develop Individual Interagency Intervention Plans (IIIPs) for participants. Case managers shared that transition planning is fairly strong among the schools and that school staff have improved at notifying them of IEP meetings. A lead agency case manager also participates in the IEIC and CTIC committees.

Case managers shared that they have strong relationships with hospital staff. They indicated that, while they occasionally have issues with discharge planning, hospital staff are generally very good at communicating with case managers when there is a change in a participant's status. Case managers added that they would like to be more involved in the discharge planning process and would like to be invited to care conferences.

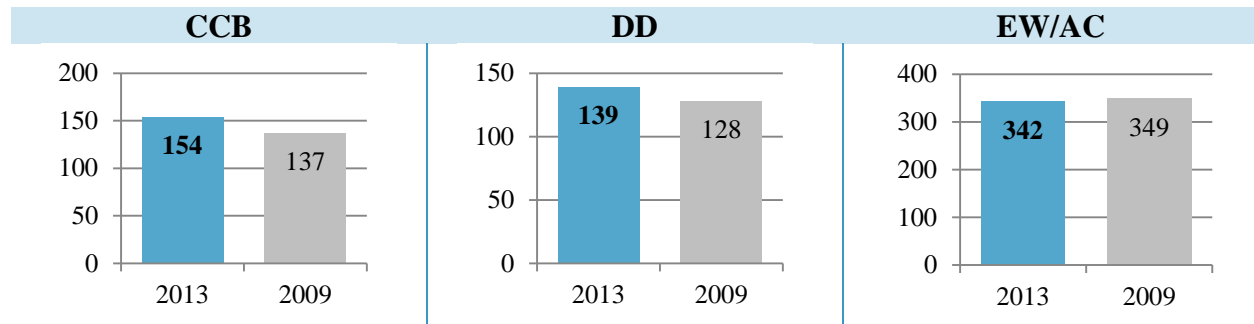
One of the main projects of the lead agency's QI Council was to develop better communication with customized living providers. The council was instrumental in developing a new customized living tool that has improved the consistency and transparency in their work relationships. Case managers shared that there can still be tension with customized living providers when issues arise about reimbursement relative to the services being provided. Case managers added that their relationships with foster care and home care providers is still fairly strong even with the staff turnover that those providers have experienced.

Case managers shared that their relationships with employment providers were either average or above average. They stated that there is a significant wait time to get into most of the employment programs and that most of them do not have opportunities where participants can earn competitive wages.

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 Carlton County (2009 & 2013)



Program	2009	2013
CCB	137	154
DD	128	139
EW/AC	349	342

Since 2009, the total number of people served in the CCB Waiver program in Carlton County has increased by 17 participants (12.4 percent); from 137 in 2009 to 154 in 2013. Most of this growth occurred in the case mix B, which grew by 11 people. With this increase Carlton 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 Carlton County increased by 11 participants, from 128 in 2009 to 139 in 2013. In Carlton County, the DD waiver program is growing at about the same rate as their cohort. While Carlton County experienced an 8.6 percent increase in the number of people served from 2009 to 2013, its cohort had an 8.8 percent increase in number of people served. In Carlton County, the profile groups 1 and 2 increased by 9 and 8 people respectively. The greatest change in the cohort profile groups occurred in people having a Profile 2. With the increase in Profiles 1 and 2 Carlton County serves a larger proportion of people in these groups (46.8 percent), than its cohort (40.4 percent).

Since 2009, the number of people served in the EW/AC program in Carlton County has decreased by seven people (2.0 percent), from 349 people in 2009 to 342 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 H, which increased by 11 people.

Value

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

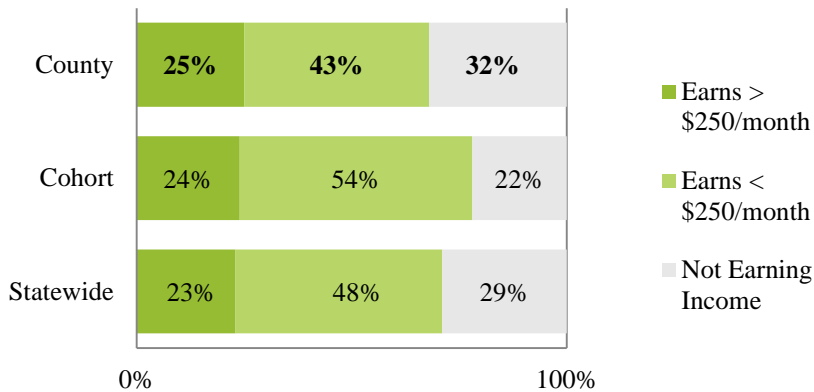
CCB Participants Age 22-64 Earned Income from Employment (2013)



CCB Earned Income	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Carlton County	14%	15%	71%
Cohort	14%	19%	67%
Statewide	11%	15%	74%

In 2013, Carlton County served 119 working age (22-64 years old) CCB participants. Of working age participants, 29.4 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Carlton County ranked 37th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Carlton County 14.3 percent of the participants earned \$250 or more per month, compared to 14.2 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)



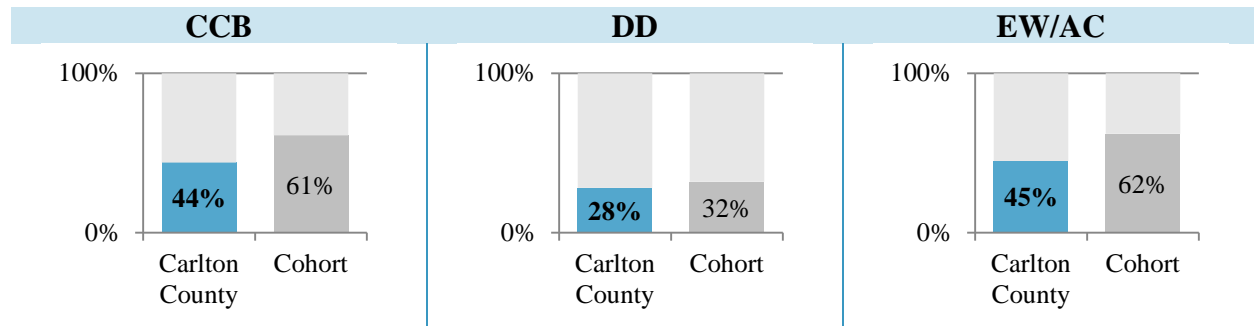
DD Earned Income	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Carlton County	25%	43%	32%
Cohort	24%	54%	22%
Statewide	23%	48%	29%

In 2013, Carlton County served 94 DD waiver participants of working age (22-64 years old). **The county ranked 44th in the state** for working-age participants earning more than \$250 per month. In Carlton County, 24.5 percent of working age participants earned \$250 or more per month, while 24.4 percent of working age participants in the cohort as a whole did. Also, 67.0 percent of working age DD waiver participants in Carlton County had some earned income, while 78.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2013)



Program	Carlton County	Cohort
CCB	44%	61%
DD	28%	32%
EW/AC	45%	62%

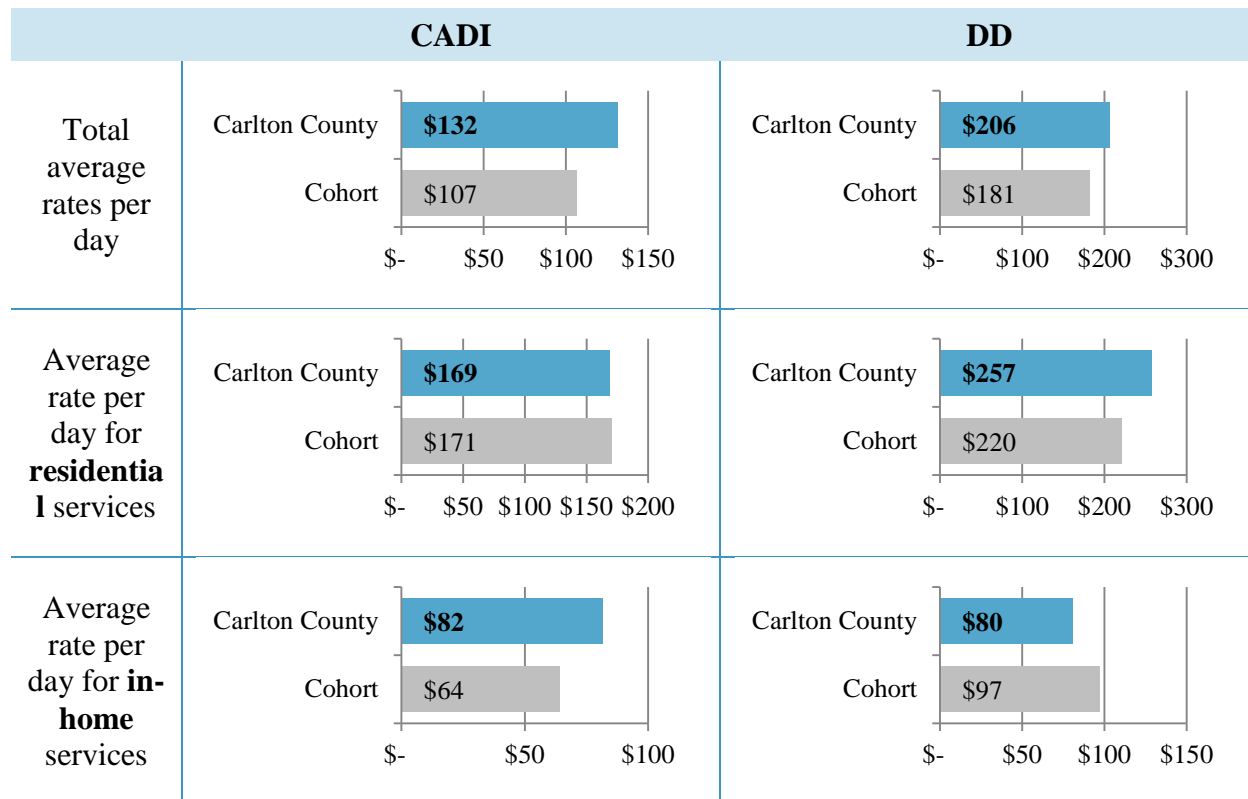
Carlton County ranks 83rd out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 68 participants at home. Between 2009 and 2013, the percentage decreased by 4.7 percentage points. In comparison, the cohort percentage fell by 1.1 percentage points and the statewide average fell by 3.7 points. In 2013, 44.2 percent of CCB participants in Carlton County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Carlton County ranks 49th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 39 participants at home. Between 2009 and 2013, the percentage decreased by 0.8 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by only 0.1 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.

Carlton County ranks 83rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 155 participants at home. Between 2009 and 2013, the percentage decreased by 8.3 percentage points. In comparison, the percentage of participants served at home fell by 5.2 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. Carlton County serves a smaller proportion of EW/AC participants at home than their cohort or the state.

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



Average Rates per day for CADI services (2013)

Average Rates per day for CADI services (2013)	Carlton County	Cohort
Total average rates per day	\$131.77	\$106.85
Average rate per day for residential services	\$169.28	\$170.95
Average rate per day for in-home services	\$81.82	\$63.98

Average Rates per day for DD services (2013)

Average Rates per day for DD services (2013)	Carlton County	Cohort
Total average rates per day	\$206.37	\$181.46
Average rate per day for residential services	\$257.13	\$220.48
Average rate per day for in-home services	\$80.40	\$97.29

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 Carlton County is \$24.92 (23.3 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Carlton County spends \$1.67 (1.0 percent) less on residential services and \$17.84 (27.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Carlton County ranks 79th 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 Carlton County is \$24.91 (13.7 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Carlton County spends \$36.65 (16.6 percent) more on residential services, and \$16.89 (17.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Carlton County ranks 81st 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.

Carlton County has a higher use in the CADI program than its cohort of residential based services (Foster Care (34% vs. 26%) and Customized Living (26% vs. 12%)). The lead agency has a lower use of Prevocational Services (2% vs. 10%) and a higher use of Supported Employment Services (17% vs. 13%). They also have a lower use of some in-home services, such as Skilled Nursing (10% vs. 14%), Home Health Aide (3% vs. 5%), Homemaker (15% vs. 28%), and Independent Living Skills (16% vs. 19%), but a higher use of Home Delivered Meals (22% vs. 18%). Sixty-four percent (65%) of Carlton County's total payments for CADI services are for residential services (56% foster care and 9% customized living) which is higher than its

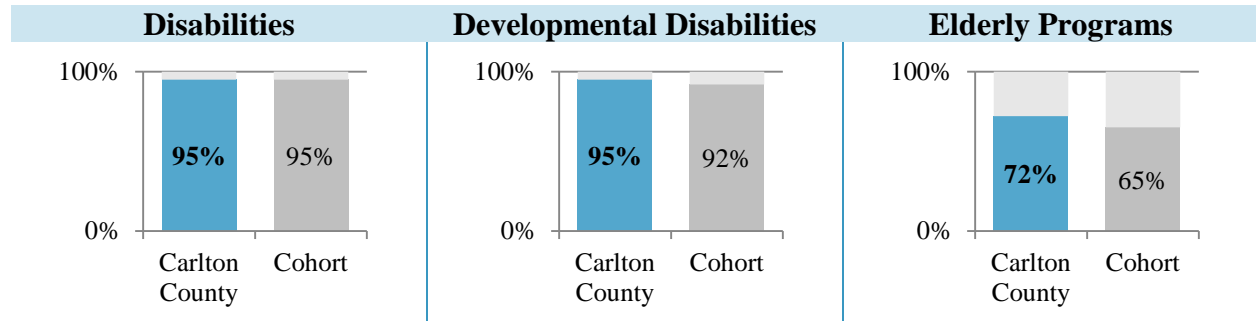
cohort group (55%). Carlton County’s corporate foster care rates are lower than its cohort when billed daily (\$217.11 vs. \$225.58 per day).

Carlton County’s use of Supportive Living Services (SLS) is higher than its cohort (70% 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. The lead agency has a higher use of Day Training & Habilitation (70% vs. 61%), Respite Care (25% vs. 18%), and In-Home Family Support (22% vs. 15%) 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 (2013)



LTC Participants	Carlton County	Cohort
Disabilities	95%	95%
Developmental Disabilities	95%	92%
Elderly Programs	72%	65%

In 2013, Carlton County served 280 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 32 in institutional care. Carlton County ranked 19th of 87 counties with 95.3 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 94.9 percent were HCBS participants. Since 2009, Carlton County has decreased its use of HCBS by 1.4 percentage points, while the cohort increased its use by 1.6 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Carlton County served 193 LTC participants (persons with development disabilities) in HCBS settings and 11 in institutional settings. Carlton County ranked 38th of 87 counties with 94.5 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.0 percent). Since 2009, the county has decreased its use by 1.8 percentage points while its cohort rate has increased by 0.6 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Carlton County served 349 LTC participants (over the age of 65) in HCBS settings and 171 in institutional care. Carlton County ranked 16th of 87 counties with 71.6 percent of LTC participants receiving HCBS. This is higher than their cohort, where 65.0 percent were HCBS participants. Since 2009, Carlton County has increased its use of HCBS by 13.5 percentage points, while their cohort has increased by 3.9 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

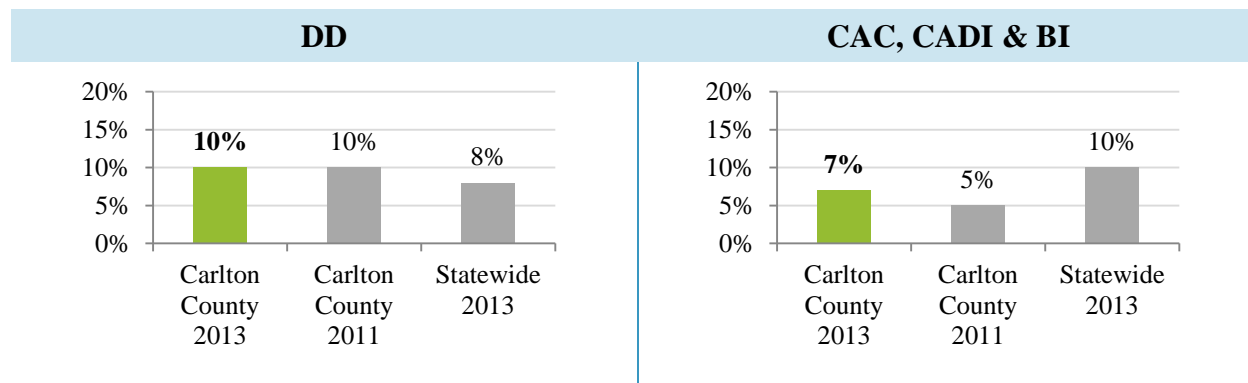
Age	Carlton County	Cohort	Statewide
Age 0-64	0.38	0.30	0.52
Age 65+	23.40	22.30	21.03
TOTAL	3.71	3.25	3.00

In 2013, **Carlton County was ranked 29th 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 under 65 years old is higher than its cohort but lower than the statewide rate. Carlton County has a higher nursing facility utilization rate for people 65 years and older. Since 2011, the number of nursing facility residents 65 and older has decreased by 15.4 percent in Carlton County. Overall, the number of residents in nursing facilities has decreased by 12.9 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



Budget Balance	DD	CAC, CADI, BI
Carlton County (2013)	10%	7%
Carlton County (2011)	10%	5%
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, Carlton County had a 10% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Carlton County’s DD waiver balance is equal to its balance in CY 2011 (10%), and larger than the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Carlton 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, Carlton County had a 7% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), but larger than the balance in FY 2011 (5%).

Carlton County currently has a waitlist for the DD waiver but not for CCB waivers. The Disabilities Services Unit Supervisor manages both budgets and she discusses the waitlists with staff during the CCB and DD biweekly meetings. One of the case aides in the Disabilities Services Unit helps run simulations in the Waiver Management System (WMS). All allocation increases over \$500 must be approved by the supervisor.

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: Carlton County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	2	0	1	0
Community Based Services Manual	0	0	4	0	0
DHS website	0	0	5	2	0
E-Docs	0	0	4	0	3
Disability Linkage Line	0	0	1	2	2
Senior Linkage Line	0	0	1	3	5
Bulletins	0	0	3	6	0
Videoconference trainings	0	2	2	5	1
Webinars	0	1	2	5	2
Regional Resource Specialist	2	0	2	2	0
Listserv announcements	1	0	0	0	0
MinnesotaHelp.Info	0	0	2	0	0
Ombudsmen	0	1	8	1	0
DB101.org	0	0	0	1	2

Case managers reported that the Senior Linkage Line and webinars were the most useful DHS resources for their work. They shared that they often refer participants to the Senior Linkage line when they have Medicare Part D questions. They stated that they prefer webinars to videoconference trainings because they do not have to travel to attend. However, staff said that it is also nice to have the opportunity to ask questions during the videoconference trainings.

Both of the unit supervisors have access to Policy Quest and case managers give them questions to submit. Supervisors also look up answers to past question. Case managers indicated that the navigation within the Community Based Services Manual has improved. They shared that they use this resource to look up service details to see what each service can provide. Case managers also said that navigation on the DHS website has improved as well.

Case aides and other office support staff utilize E-Docs to get the most current forms and put together visit packets for waiver case managers. Case managers shared that they feel bulletins are pretty helpful but that they receive a lot of them and some are not relevant to their work. Case managers said that they access the Regional Resource Specialist during regional meetings and that they are a good source of information. They mentioned, however, that the specialist does not always know the answer and instead directs them to the manual.

Case managers have varied experiences with the Ombudsmen. They shared that some of them are very good about connecting with case managers and even attend their meetings while others do not connect with case managers at all.

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.

Carlton County Strengths

The following findings focus on Carlton 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.

- **Carlton County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Carlton County received a corrective action for timeliness of referral to LTTC assessments for CCB programs, consent to release information, and face-to-face visits. In 2014, Carlton County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **The case files reviewed in Carlton 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, and CAC forms. Current right to appeal, informed consent to share information, notice of privacy practices (HIPPA), was found in case files. Employment was assessed for CCB and DD participants. 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 also included in all of the files.
- **Carlton County has strong practices in setting and documenting goals with HCBS participants.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. Care plans in Carlton County included particularly strong goals and outcomes. Nearly all (99%) of cases reviewed had outcomes and goals that met or exceeded the required information that is expected to be included in the care plan. In addition, 86% of the goals and outcomes reviewed were rated as being individualized and meaningful.

- **Case managers provide high quality case management services to meet participant needs.** The case managers in Carlton County are advocates for participants. They are experienced, and knowledgeable about available programs and services. They have backgrounds in a variety of areas which help them quickly navigate across agency units to provide seamless services for participants. They are accessible to one another and frequently consult each other on cases. Case managers are involved in service improvement initiatives and some case managers take on leadership roles to support their colleagues. For example, the agency has a MnCHOICES lead. In addition, across all waiver programs, participants receive an average of 3.7 visits every 18 months.
- **Carlton County has excellent supports in place to assist case managers. The leadership staff are knowledgeable and keep case managers informed about waiver requirements and changes; this is reflected in the high rates of compliance for the case file review. In addition, the lead agency utilizes case aides to help with data entry into MMIS and compiling visit packets for participants to reduce the administrative burdens on case managers. Together these supports free up time for case managers to provide quality care to participants, as evidenced by frequent visits and the detailed case notes.**
- **Carlton County case managers work well with each other and the lead agency's other units.** Social workers and nurses work well as an integrated unit; they are resourceful and frequently consult with one another. In addition, case managers have very strong working relationships with financial workers and licensing. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility to receive services. Case managers also work closely with adult mental health and adult protection to coordinate services and supports to address participants' health and safety needs.
- **Carlton County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have local ties to the community, giving them good knowledge of the community and who can provide needed services for participants. Case managers have developed close working relationships with providers. Additionally, Carlton County monitors providers by gathering participant feedback about services. These relationships assure that providers are responsive to participants' changing

needs. In particular, case managers have strong communication with local schools, vocational providers, customized living facilities, and hospitals. Furthermore, providers responding to a survey identified open communication with case managers as a county strength.

Recommendations

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

- **Continue to work with providers to develop services that support disabled participants in their own homes and reduce reliance on more expensive residential care.** Across all programs, Carlton County has lower rates of participants served at home than its cohort. Only 44.2% of CCB participants are served at home (83rd of 87 counties), 28.1% of DD participants are served at home (49th of 87 counties), and 45.3% of elderly participants are served at home (83rd of 87 counties) indicating high use of residential services. Additionally, Carlton County serves a lower need group of participants when compared to their cohort. It is recommended that the lead agency work across waiver programs when developing services for participants of all levels of need in their own homes, including the transition group who also need independent housing options and supportive services. 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. The lead agency needs to be deliberate in developing these services and communicating expectations to providers by issuing a Request for Information (RFI) or Request for Proposals (RFP) from area providers. 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.
- **Continue efforts to expand community-based employment opportunities for participants in the CCB and DD waiver participants.** Between 2009 and 2013, the lead agency was able to increase the percentage of participants earning more than \$250 per month by 4% in both the CCB programs and DD programs. However, Carlton County is currently

performing at about the same rate as its cohort for the participants earning more than \$250 per month in the CCB programs (14% vs. 14%) and the DD program (25% vs. 24%). Carlton County should focus on strengthening employment by working to reduce use of center-based employment and develop more opportunities in the community that result in higher wages for participants. The lead agency should collaborate with providers, local businesses, economic development efforts, and school transition programs in the county and surrounding areas to develop creative community-based employment supports and opportunities for waiver participants. In addition, 28% of Carlton County DD participants and 16% of Carlton County CCB participants are currently under age 22 and will be transitioning soon from school to work. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.

- **Expand opportunities for use of consumer-directed programs to help reduce reliance on residential services and reach people in more rural areas of the county.** In September 2014, Carlton County had three CCB participant and 6 DD participant using Consumer Directed Community Supports (CDCS) program. Carlton County should provide educational opportunities for staff and families to help them understand the benefits of consumer-directed services. In particular, CDCS and the Consumer Support Grant (CSG) programs are attractive to families as they can alleviate current barriers faced in rural areas in finding service providers. Additionally, consumer-directed programs are particularly effective at supporting participants in their homes. These programs allow the participant to design a plan of care for in-home services and they allow for flexibility in staffing. Carlton County staff may want to consult with other lead agencies that have large CDCS programs about training and technical assistance they provide to case management staff, participants, and families about the CDCS program.
- **Carlton County has reserves in the DD budget and is able to serve additional participants in the DD program.** Carlton County's DD waiver budget balance was 10% at the end of CY 2013 and the lead agency has a waiting list. Typically a 3% allocation reserve is more than adequate to manage risk for a lead agency of this size. Therefore, there is room to add more participants or 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.

- **Consider expanding contracted case management services to help serve participants that live out of the region to cut down on travel time, to cover during staffing shortages, and to provide culturally appropriate services.** Agencies have found that contracted case management in these types of situations can be an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. When using contracted case management services, Carlton County needs to require contracted case managers to adhere to lead agency practices and maintain case files with all required paperwork.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Carlton County was found to be inconsistent in meeting state and federal requirements and will require a response by Carlton 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 Carlton 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 Carlton 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 7 cases. Carlton County submitted their completed compliance report on December 16, 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 Carlton 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 7 cases. Carlton County submitted their completed compliance report on December 16, 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	11	N / A	0	11	N / A	N / A
Screenings done on time for new participants (PR)	96%	98%	91%	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	30%	14%	N / A	CCB, DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=37	CCB n=23	DD n=13	Strength	Challenge
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

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=37	CCB n=23	DD n=13	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)	99%	100%	96%	100%	ALL	N / A
Participant needs identified in care plan (PR)	82%	95%	57%	92%	AC / EW, DD	CCB
Inclusion of caregiver needs in care plans	60%	N / A	50%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	83%	N / A	N / A	83%	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	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)	63%	63%	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)	Most of the time	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=24</i>)	92%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=24</i>)	83%	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)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR)	67%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=37	CCB n=23	DD n=13	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	99%	100%	100%	92%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	99%	100%	100%	92%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=37	CCB n=23	DD n=13	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)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=37	CCB n=23	DD n=13	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	99%	100%	100%	92%	ALL	N / A
Documentation of participant satisfaction in the case file	43%	49%	39%	31%	N / A	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	72%	95%	95%	AC / EW, DD	N / A
Percent of LTC funds spent on HCBS	N / A	42%	92%	92%	AC / EW, DD	N / A
Percent of waiver participants with higher needs	N / A	54%	70%	86%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	94%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	45%	44%	28%	N / A	ALL
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	14%	25%	N / A	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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