Minnesota Department of Human Services Waiver Review Initiative

Report for: **Carver County**

Waiver Review Site Visit: February 2013

Report Issued: April 2013

Contents

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 Carver County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

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 Carver County
Case File Review	78 cases
Provider survey	23 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 12 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 Carver County

In February 2013, the Minnesota Department of Human Services conducted a review of Carver County's Home and Community Based Services (HCBS) programs. Carver County is a metro county located in south central Minnesota. Its county seat is located in Chaska, Minnesota and the county has another 10 cities and 10 townships. In State Fiscal Year 2011, Carver County's population was approximately 92,638 and served 684 people through the HCBS programs. In 2011, Carver County had an elderly population of 8.1%, placing it 85th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Carver County's elderly population, 7.1% are poor, placing it 72nd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Carver County Community Social Services is the lead agency for all HCBS programs and provides case management for these programs. Carver County reorganized in July 2012 to create the Home and Community-Based Care Department within Community Social Services which merged the areas serving elders and persons with disabilities. The Public Health Department is not directly involved with the management of the waivers. The county provides care coordination for the Managed Care Organizations (MCO's) Blue Plus and Medica.

The Home and Community-Based Care Department has one Manager who oversees three units that administer waiver programs: the Senior Services Unit (which includes services to disabled persons under 65), the DD unit, and the Autism Spectrum Disorder (ASD) unit. The department also has one Supervisor who oversees the DD unit and the ASD unit. Together, they oversee 18 case managers—six in each unit. One of the case managers is a registered nurse who manages

CAC cases and is available to consult with other case managers on waiver cases. There are also two case aides—one for the LTC programs and one for the DD and ASD units.

The two case aides have intake responsibilities for the department. Cases are directed to the appropriate unit and then are assigned based on case manager background and area of expertise. In the DD and ASD units, there is an intake group comprised of staff from DD, child welfare, intake, and children's mental health who work with the Supervisor to assign cases. There are regular unit meetings where staff discuss new cases and determine who may have the capacity to take them.

Case managers in the Senior Services unit and those who have under age 65 CADI cases have between 55 and 60 cases. DD unit case managers have approximately 55 to 60 cases. Case managers in the ASD unit have CADI and DD caseloads between 25 and 30 cases, and county staff shared that these caseloads are continually growing.

Working Across the Lead Agency

Carver County staff stated that they have a close working relationship with financial workers. Case managers work with financial workers to set up Medical Assistance (MA) eligibility and ensure participants maintain eligibility. The financial workers also attend unit meetings once or twice a month to talk about issues that arise and have a discussion about how to improve the communication process. The financial department holds trainings to educate the case managers about what paperwork is needed and why. Case managers and financial workers usually communicate through e-mail, but county staff shared that financial workers are very flexible and are often available to meet face-to-face to talk about a case.

Adult Protection was recently transitioned into the Home and Community Based Care Department to improve the county's ability to assess and discuss situations by creating plans and preventing or deterring cases from reaching vulnerable situations. Waiver case managers all know the adult protection worker and have attended assessments with this worker in the past. County staff shared that Adult Protection is also particularly helpful with housing resources. Case managers co-case manage with child protection workers when they are involved with a

family, but shared that they often must seek out communication with them as they do not always contact the case manager.

Health and Safety

In the Quality Assurance survey, Carver County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified that case managers are responsive to participants' changing needs and also indicated they have good, open communication. County staff shared that case managers have connections with providers and know where to get the services their participants need.

In order to stay current with requirements, county staff are encouraged to attend regular meetings and trainings. Each unit has a regularly scheduled meeting: Senior Services meets every two weeks, ASD meets once per month, and DD meets twice per month. Case managers shared that in addition to discussions during team meetings, they rely on each other to answer questions and consult on cases informally. Lead case managers and the Supervisor attend the metro waiver coordinators meetings and bring back information to be disseminated throughout the department. County staff are also encouraged to participate in webinars to stay up to date on topics such as MCOs and MN Choices. The Manager and Supervisor also receive listservs and bulletins and discuss these at meetings.

The Manager and Supervisor shared that Carver County is also looking to transition into a "paperless environment" and will be partnering with another county to purchase and implement an E-filing system. They hope to begin this process in the summer of 2013 and eventually make use of the online system for all waiver programs.

Service Development and Gaps

Carver County noted that they have many great providers and resources for the participants they serve. However, they shared that they still face some challenges to providing certain needed services. County staff shared that it is difficult to find apartment options for waiver participants

that would allow them to be served at home due to high rental costs and the limited availability of subsidies. In addition, county staff noted that they have many unique participants with high needs that they often are unable to find quality placement for in the community, forcing them to relocate out of the county to receive appropriate services. Specifically, case managers mentioned that finding mental health placements for participants with behavioral needs and providers who have the programs and qualified staff to address high behavioral needs. They also said that many customized living providers do not take waiver participants which presents challenges for elderly participants. Case managers also added that it is difficult to get transportation services in certain parts of the county.

Carver County's Manager and Supervisor shared that providers usually do a good job of looking to develop and enhance the services they offer for participants. They noted however that some providers are hesitant to do so at this time due to the uncertainty of rate changes that may occur when county contracts end in 2014. Carver County is working to make assistive technology (i.e. medication dispensing technology) more available to participants and have expressed this desire to their providers. Finally, Carver County operates its own transportation system and mental health center, both of which enhance the services available to its waiver participants.

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.

Carver County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facilities	0	0	6
Schools (IEIC or CTIC)	0	3	3
Advocacy Organizations	0	0	6
Hospitals (in and out of county)	0	5	4
Foster Care Providers (Corporate)	0	5	7
Foster Care Providers (Family)	0	0	6
Customized Living Providers	0	3	1
Employment Providers (DT&H, Supported Employment)	0	0	10
Home Care Providers	0	2	10

Carver County shared that they have very good relationships with their providers and communicate with them regularly. The county meets one-on-one with their main providers on a quarterly basis to discuss resource development as well as to address problems and concerns. The county meets with smaller providers at least annually. They will also have face-to-face meetings to discuss any issues as they arise. Participant concerns about inadequate provider performance are brought to the attention of the case manager or supervisor. Provider concerns are shared at unit meetings, and case managers are made aware of what action is being taken on issues. Case managers are responsible for following up with the participant to ensure issues are being addressed. The Supervisor or Manager is responsible for coordinating with the provider to ensure the issue is addressed.

Case managers rated their relationships with nursing facilities as above average overall and said that they have yearly meetings with them. Case managers shared that relationships with the

schools are average to good. They noted that some clients do not fit neatly into the school system; families often have to advocate for their child to make sure needs are met. One case manager participates on the Community Transition Interagency Committee (CTIC) and shared that participating has become more useful over time. Case managers shared that communication is a barrier to working with hospitals, and case managers do not always know when participants are admitted to the hospital. They stated that communication is improving and have met with social workers at the hospital.

Case managers stated that they have good communication with vocational providers and that provider administrative staff have been very stable, allowing case managers to develop good relationships with them. Case managers shared that family foster cares that serve participants are very committed to their participants and do a good job of updating case managers about participants and working with their medical needs. They added that, in general, family and corporate foster cares are well-trained to work with participants. Case managers rated their relationships with home care providers as above average, but noted that there are not enough providers and that frequent staffing turnover and lack of availability can be a challenge.

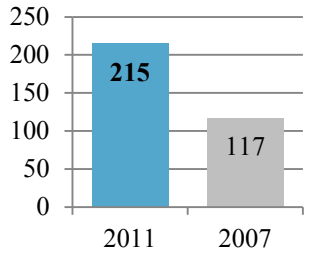
Case managers said they have good working relationships with several advocacy organizations. They mentioned that the Center for Independent Living (CIL) is "phenomenal" and very helpful. They said that The Arc of the United States (The Arc) is very knowledge and families like this resource. They also consult with Parent Advocacy Coalition for Educational Rights (PACER) over the phone and said they are also very knowledgeable.

Capacity

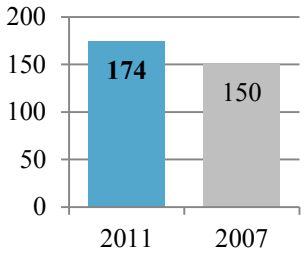
While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

Program Enrollment in Carver County (2007 & 2011)

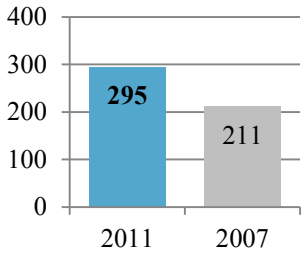
CCB



DD



EW/AC



CCB		DD		EW/AC	
2011	215	2011	174	2011	295
2007	117	2007	150	2007	211

Since 2007, the total number of persons served in the CCB Waiver program in Carver County has increased by 98 participants (83.8 percent); from 117 in 2007 to 215 in 2011. Most of this growth occurred in the case mix B which grew by 63 people. As a result, Carver County may be serving a greater proportion of people with mental health needs on the CCB waivers.

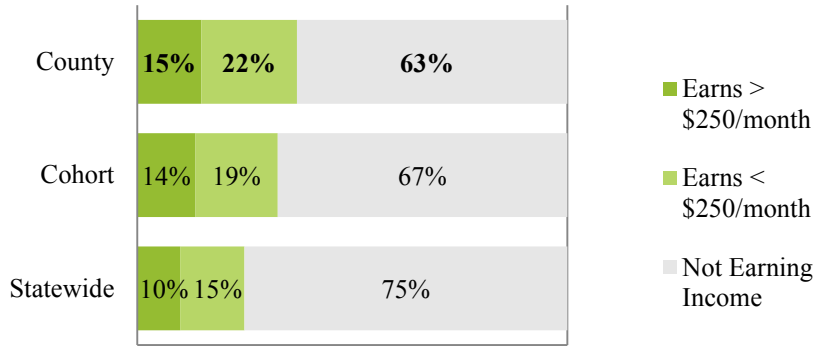
Since 2007, the number of persons served with the DD waiver in Carver County increased by 24 participants, from 150 in 2007 to 174 in 2011. In Carver County, the DD waiver program is growing more quickly than in the cohort as a whole. While Carver County experienced a 16.0 percent increase in the number of persons served from 2007-2011, its cohort had a 9.3 percent increase in number of persons served. In Carver County, the profile group two grew the most increasing by 11 people. The greatest change in the cohort profile groups occurred in profile group three. Despite the increase in profile group two, Carver County serves a slightly lower proportion of persons in profile groups one and two (32.8 percent), the highest need groups, than their cohort (37.8 percent).

Since 2007, the number of persons served in the EW/AC program in Carver County has increased by 84 people (39.8 percent), from 211 people in 2007 to 295 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in case mix B, which may mean that Carver County is serving a higher proportion of people with mental health needs on the EW and AC programs.

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 (2011)

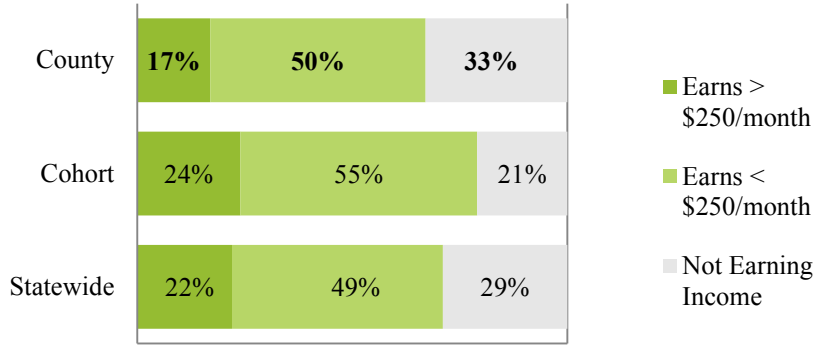


	Earns > $250/month	Earns < $250/month	Not Earning Income
Carver County	15%	22%	63%
Cohort	14%	19%	67%
Statewide	10%	15%	75%

In 2011, Carver County served 175 working age (22-64 years old) CCB participants. Of working age participants, 37.1 percent had earned income, compared to 32.5 percent of the cohort's working age participants. **Carver County ranked 24th of 87 counties in the percent of CCB**

waiver participants earning more than $250 per month. In Carver County, 14.9 percent of the participants earned $250 or more per month, compared to 13.5 percent its cohort's participants.

DD Participants Age 22-64 Earned Income from Employment (2011)



	Earns > $250/month	Earns < $250/month	Not Earning Income
Carver County	17%	50%	33%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

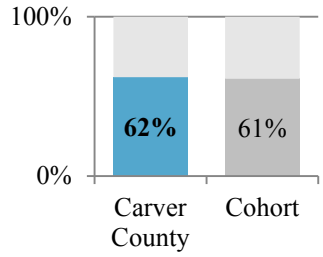
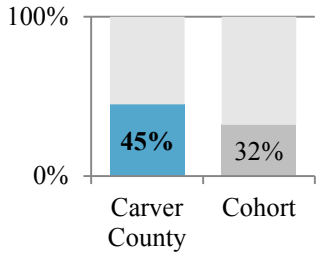
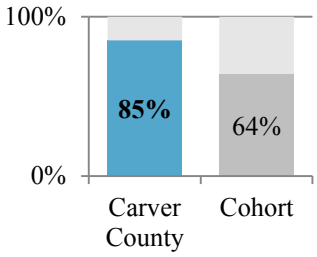
In 2011, Carver County served 176 DD waiver participants of working age (22-64 years old). **The county ranked 71st in the state for working-age participants earning more than $250 per month.** In Carver County, 17.3 percent of working age participants earned over $250 per month, while 23.7 percent of working age participants in the cohort as a whole did. Also, 67.7 percent of working age DD waiver participants in Carver had some earned income, while 78.8 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 (2011)

CCB	DD	EW/AC
		

CCB		DD		EW/AC	
Carver County	62%	Carver County	45%	Carver County	85%
Cohort	61%	Cohort	32%	Cohort	64%

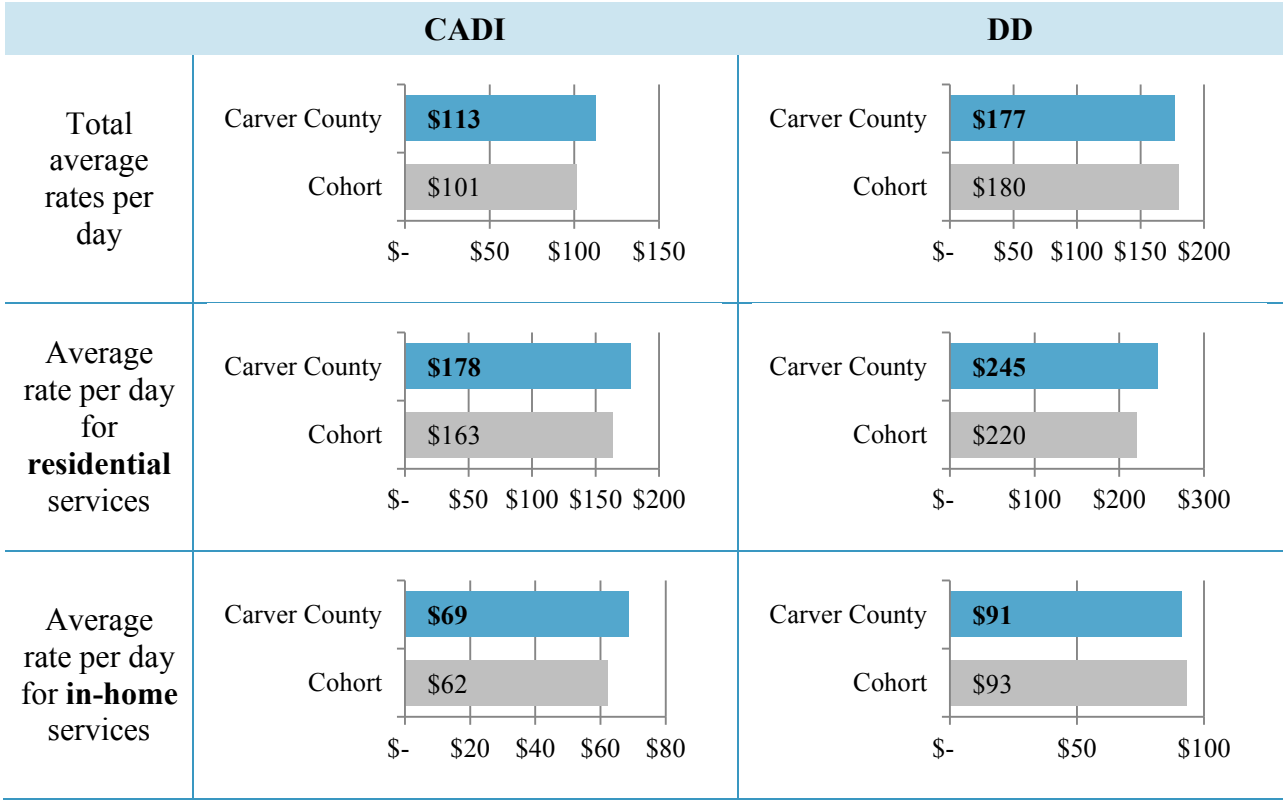
Carver County ranks 46th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 133 participants at home. Between 2007 and 2011, the percentage decreased by 7.4 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 2.0 points. In 2011, 61.9 percent of CCB participants in Carver County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Carver County ranks 10th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 78 participants at home. Between 2007 and 2011, the percentage increased by 6.2 percent percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by 0.5 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

Carver County ranks 17th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 250 participants at home. Between

2007 and 2011, the percentage increased by 11.8 percentage points. In comparison, the percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Carver County serves a higher proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2011)



Average Rates per day for CADI services (2011)

	Carver County	Cohort
Total average rates per day	$112.73	$101.14
Average rate per day for **residential** services	$177.66	$163.08
Average rate per day for **in-home** services	$68.54	$62.15

Average Rates per day for DD services (2011)

	Carver County	Cohort
Total average rates per day	$176.72	$179.75
Average rate per day for **residential** services	$245.22	$219.77
Average rate per day for **in-home** services	$91.21	$93.24

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 Carver County is $11.59 (11.5 percent) more per day than that of their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Carver County spends $14.58 (8.9 percent) more on residential services and $6.39 (10.3 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, **Carver County ranks 66th of 87 counties**. Statewide, the average waiver cost per day for CADI waiver participants is $100.52.

The average cost per day for DD waiver participants in Carver County is $3.03 (1.7 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Carver County spends $25.45 (11.6 percent) more on residential services but $2.03 (2.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, **Carver County ranks 47th of 87 counties**. Statewide, the average cost per day for DD waiver participants is $188.52.

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.

Carver County has a higher use in the CADI program than its cohort of some residential based services (Foster Care (31% vs. 25%), and identical use for others (Customized Living (11% vs. 11%). For vocational services, the county has a higher use of Prevocational Services (18% vs. 9%), but lower use of Supported Employment Services (9% vs. 12%). They also have a higher use of some in-home services including Homemaker (33% vs. 29%), Home Delivered

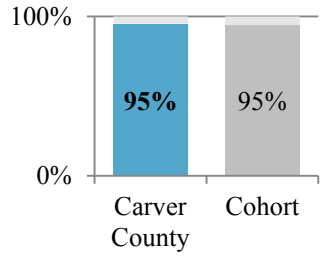
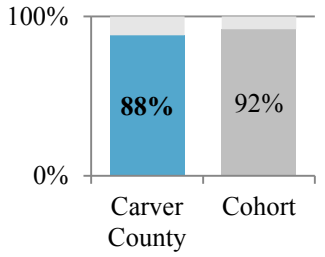
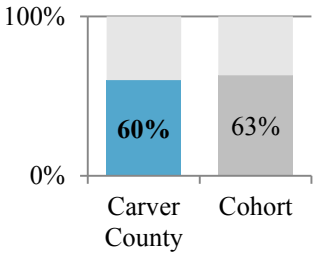
Meals (30% vs. 19%), Transportation (40% vs. 23%) and Independent Living Skills (26% vs. 20%). Fifty-nine percent (59%) of Carver County's total payments for CADI services are for residential services (50% foster care and 9% customized living) which is higher than its cohort group (54%). Carver County's family foster care rates are higher than its cohort when billed monthly ($4,576.16 vs. $3,410.27 per month). Corporate foster care rates are higher than its cohort when billed monthly and when billed daily ($5,996.64 vs. $5,459.40 per month and $271.22 vs. $228.58 per day).

Hennepin County's use of Supportive Living Services (SLS) is lower than its cohort (55% vs. 68%) 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. Carver County's semi-monthly Supportive Living Services rates are lower than its cohort ($3,485.33 vs. $3,831.46). The county has a higher use of Day Training & Habilitation (66% vs. 61%), In-Home Family Support (27% vs. 16%), and Respite Services (19% vs. 18%) than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2011)

Disabilities		Developmental Disabilities		Elderly Programs	
					
Carver County	95%	Carver County	88%	Carver County	60%
Cohort	95%	Cohort	92%	Cohort	63%

In 2011, Carver County served 407 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 42 in institutional care. Carver County ranked 29th of 87 counties in the percent of LTC participants receiving HCBS; 95.3 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 94.6 percent were HCBS participants. Since 2007, Carver County has increased its use of HCBS by 1.3 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Carver County served 246 LTC participants (persons with development disabilities) in HCBS settings and 35 in institutional settings. Carver County ranked 66th of 87 counties in the percentage of LTC participants receiving HCBS with 87.7 percent of its LTC participants receiving HCBS; a slightly lower rate than its cohort (91.9 percent). Carver County has improved the rate of participants receiving HCBS services. Since 2007, the county has

increased its use by 2.1 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Carver County served 310 LTC participants (over the age of 65) in HCBS settings and 202 in institutional care. Carver County ranked 44th of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 59.5 percent received HCBS. This is lower than their cohort, where 63.3 percent were HCBS participants. Since 2007, Carver County has increased its use of HCBS by 6.8 percentage points, while their cohort has increased by 6.9 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

	Carver County	Cohort	Statewide
Age 0-64	**0.15**	0.35	0.47
Age 65-84	**21.70**	24.75	23.11
TOTAL	**1.88**	3.54	3.24

In 2011, Carver County was ranked 7th 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 lower than its cohort and the statewide rate. In addition, Carver County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has increased by 5.5 percent in Carver County. Overall, the number of residents in nursing facilities has increased by 7.8 percent since 2009.

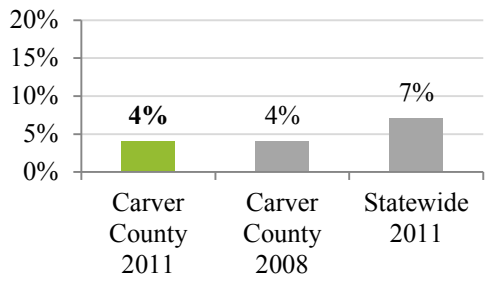
Managing Resources

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

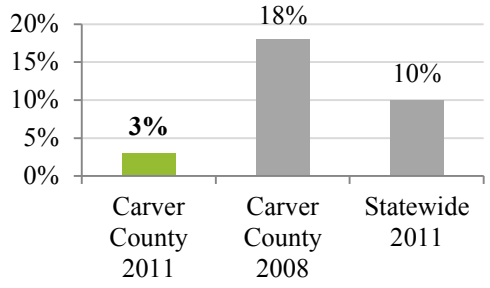
must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year (2011)

DD



CAC,CADI & BI



	DD	CAC, CADI, BI
Carver County (2011)	4%	3%
Carver County (2008)	4%	18%
Statewide (2011)	7%	10%

At the end of calendar year 2011, 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 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Carver County had a 4% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Carver County's DD waiver balance is equal to the balance in CY 2008 (4%), and is less than the statewide average (7%).

At the end of calendar year 2011, the CCB waiver budget had a reserve. Carver County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Carver County had

a 3% balance at the end of fiscal year 2011, which is a smaller balance than the balance in FY 2008 (18%) and the statewide average (10%).

Carver County currently has a waitlist for both the CADI and DD programs. The county examines the waiting list on a monthly basis and discusses it at unit meetings to determine prioritization for slot allocations. Individuals are assigned ratings based on several factors such as health and safety and level of needs. For example, higher needs clients are placed higher on the priority list. Case managers go to the manager or supervisor to request increases in funding or changes in services. They present the case and provide supportive documentation for any additional allocations. The Home and Community-Based Care Department Manager oversees the budget and makes decisions about awarding new slots or increases in funding.

County 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.

Carver County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	0	4	0
Help Desk	0	0	0	3	1
Disabilities Service Program Manual	0	0	0	2	7
DHS website	0	0	2	1	6
E-Docs	0	0	0	2	8
Disability Linkage Line	0	0	0	2	0
Senior Linkage Line	0	0	1	8	3
Bulletins	0	0	3	2	5
Videoconference trainings	0	2	4	2	1
Webinars	0	2	4	1	2
Regional Resource Specialist	0	2	5	1	1
Listserv announcements	0	0	2	4	1
MinnesotaHelp.Info	0	0	0	1	0
Ombudsmen	0	0	1	2	2
DB101.org	0	0	0	1	0

County staff stated Policy Quest is generally a nice resource to get a definitive answer for questions. However, they noted that it can take too long to receive a response. The Supervisor shared that the Help Desk has always provided prompt responses to MMIS questions. County staff said the Disabilities Service Program Manual has been useful for training new staff, and that it is nice to have a lot of information consolidated in one place. County staff shared that the DHS website is used frequently, but is hard to navigate and the search feature is not very helpful. The Manager and Supervisor both noted that bulletins are very useful, but they do not receive as

many of them. Case managers noted that they liked the Disability Linkage Line because they are able to talk to someone there and it is a user friendly resource.

Case managers said that the location of videoconference trainings can be a barrier to attending, as Carver County is rarely a site. They added that they have had technical issues with webinars. Case managers said they attend quarterly resource meetings with the Regional Resource Specialist (RRS). County staff shared that the RRS is very responsive and is available to answer questions. The Manager added that they do not contact the RRS as often since the role of this person has changed. Case managers noted that MinnesotaHelp.Info has good information available, but they do not access it often.

County Strengths, Recommendations & Corrective Actions

The findings in the following sections are drawn from reports by the county staff, reviews of participant case files, and observations made during the site visit.

Carver County Strengths

The following findings focus on Carver County's recent improvements, strengths, and promising practices. They are items or processes used by the county that create positive results for the county and its HCBS participants.

- **Carver County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, Carver County received a corrective action for the following items being out of compliance: related conditions checklist for DD participants and timeliness of assessment to care plan. In 2013, none of these issues remain for Carver County indicating technical improvements over time.
- **Case managers build relationships with waiver participants and families over time, and are responsive to changing participant needs.** Case manager continuity is a county strength; children and adult units are blended and a case manager stays on with a participant from childhood into adulthood. Case managers get to know the participants, their families,

and their strengths. In addition, case managers are experienced and bring a high level of energy and expertise to their work.

- **Case managers collaborate with other units within the agency to ensure the health and safety of participants.** Case managers' collaboration with financial workers is especially strong, and helps ensure that participants maintain eligibility and continue to receive needed services. Case managers have also developed good working relationships and have frequent communication with other departments including Adult Protection, Child Protection, and Mental Health. Carver County has a county operated mental health center and CADI case managers work closely with the mental health workers who co-case manage waiver cases.
- **Carver County staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Being in a metro county gives participants access to many resources and choices in providers. Case managers have developed close working relationships with providers and relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Providers gave very positive feedback about Carver County; 96% of respondents reported that they receive needed assistance when it is requested and 91% submit monitoring reports to the lead agency.
- **The case files reviewed in Carver County were well-organized and consistently met HCBS program requirements.** There was good documentation of required forms including documentation of informed consent to share private information, current DD screening documents, ICF/DD Level of Care, CAC waiver form, and Related Conditions checklist. The overall organization and completeness of case files will benefit the county as they continue to investigate transitioning to an electronic case file system. Carver County should use Kandiyohi County or other county systems as a resource to also increase the odds of making a successful transition to an electronic system.
- **Carver County recently reorganized and formed the Home and Community-Based Care Department which has helped the county provide high quality case management to waiver participants.** In particular, the county has a strong and innovative leadership team.

Case managers feel supported by supervisors and managers; they feel they are knowledgeable and appreciate the experience as former case managers that they bring to their work. Carver County has also formed an Autism Spectrum Unit (ASD) that serves participants in the DD program as well as some CADI participants. The county has integrated multiple disciplines into this unit including a position that allows for clinical supervision.

- **Based on budget reports, Carver County's waiver allocations are well-managed.** Carver County's DD waiver budget balance was 4% at the end of CY 2011, and there was a 3% balance in the CADI, CAC and BI programs at the end of FY 2011. This is an adequate amount of reserve funds for a county of this size to balance risks from costly participant crises with meeting local needs.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The counties must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Consider designating a Long Term Care (LTC) lead worker to establish consistency in the case management process and provide guidance to case managers.** With growing caseloads and continually changing programs, managing the waiver programs will become more complicated. Supervisors and managers have strong knowledge of the DD waiver program, and while they gain policy expertise in LTC programs, a lead worker would

provide needed support to case managers. The lead worker would maintain a level of expertise, especially for the EW and AC waivers, and mentor new staff. The lead worker would also still maintain a small caseload, but would have the added responsibility of staying current with program and policy changes and sharing this information with case managers.

- **Expand the scope of existing consumer visit sheets to include standard questions to document provider performance and consumer satisfaction and use them across waiver programs.** In addition to documenting required face-to-face visits in the participant's case file, visit sheets can be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include questions to assess participant satisfaction with providers. The county should also request progress reports as a way to regularly monitor provider performance.

- **Continue efforts to expand community employment opportunities for individuals with disabilities.** Carver County has lower rates than its cohorts in the percentage of working age participants earning more than $250 in income for the DD programs (17.3% vs. 23.7%) and ranks 71st of 87 counties. However, the percent of working age CCB participants earning more than $250 in income has improved since 2007 (7.8% in 2007 to 14.9% in 2011). Carver County should continue to build off of improvements that have been made around community-based employment. For example, continue to explore options like the county's partnership with the Environmental Services Department to develop a recycling center employing participants with disabilities. The county should consider creating a Request for Information (RFI) for the community-based employment services to set expectations for providers and ensure they can be accessed by all participants regardless of the waiver program.

- **Work with providers and neighboring counties to develop services that support high need participants in their own homes and reduce reliance on more expensive residential or institutional care.** 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 county should be deliberate in developing these services. Work across populations to ensure access to participants

regardless of their age or disability. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Information (RFI). By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the county should work with providers to repurpose the vacant foster care beds to meet emerging needs.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Fifty-six percent (56%) or 10 out of 18 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, ensure that each participant case file in the DD program includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, one out of 17 DD cases did not include the privacy practices document. In addition, three DD cases did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of their informed right to appeal included in the case file. One out of 5 BI cases, two out of 19 EW cases, and one out of 17 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 18 CADI cases and five out of 10 AC cases did not have documentation that the participant had been informed of their right to appeal within the past year. Also, one CADI case and one BI case included partial documentation in the case file meaning the right to appeal document did not include both a participant or legal representative signature and date.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Carver County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 21 cases. All items are to be corrected by April 17, 2013 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	37	N / A	1	36	N / A	N / A
Screenings done on time for new participants (PR)	81%	89%	56%	91%	DD	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	50%	89%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC / EW n=29**	**CCB n=32**	**DD n=17**	**Strength**	**Challenge**
Timeliness of assessment to development of care plan (PR)	97%	97%	97%	N /A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=29	CCB n=32	DD n=17	Strength	Challenge
Care plan is current (PR)	97%	100%	97%	94%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	97%	97%	100%	94%	ALL	N / A
All needed services to be provided in care plan (PR)	86%	83%	84%	94%	DD	N / A
Choice questions answered in care plan (PR)	99%	97%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	46%	24%	53%	71%	N / A	AC / EW, CCB
Inclusion of caregiver needs in care plans	40%	25%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	98%	100%	97%	N /A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	80%	N / A	80%	N /A	N / A	N / A
CAC Form	100%	N / A	100%	N /A	CCB	N / A
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 *(Provider survey, n=23)*	96%	N / A	N / A	N /A	ALL	N / A
Percent of providers who submit monitoring reports to the LA *(Provider survey, n=23)*	91%	N / A	N / A	N /A	ALL	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=29**	**CCB n=32**	**DD n=17**	**Strength**	**Challenge**
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	97%	77%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	85%	90%	78%	88%	AC / EW	N / A
Back-up plan (PR for CCB)	68%	83%	88%	6%	N / A	N / A
Emergency contact information (PR for CCB)	97%	97%	100%	94%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=29**	**CCB n=32**	**DD n=17**	**Strength**	**Challenge**
Informed consent documentation in the case file (PR)	96%	93%	97%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	85%	76%	88%	94%	DD	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	90%	93%	97%	71%	AC / EW, CCB	N / A
PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n=29**	**CCB n=32**	**DD n=17**	**Strength**	**Challenge**
Participant outcomes & goals stated in individual care plan (PR)	94%	93%	94%	94%	ALL	N / A
Documentation of participant satisfaction in the case file	33%	31%	28%	47%	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 summited 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	60%	95%	88%	N / A	AC / EW, DD
Percent of LTC funds spent on HCBS	N / A	34%	92%	81%	CCB	AC / EW, DD
Percent of waiver participants with higher needs	N / A	63%	85%	72%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	86%	CCB	DD
Percent of waiver participants served at home	N / A	85%	62%	45%	ALL	N / A
Percent of working age adults employed and earning $250+ per month	N / A	N / A	15%	17%	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.

MN Choices 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.