

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Cass County**

Waiver Review Site Visit: May 2013

Report Issued: July 2013

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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 Cass 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 Cass County
Case File Review	50 cases
Provider survey	18 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group(s) with 8 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 Cass County

In May 2013, the Minnesota Department of Human Services conducted a review of Cass County's Home and Community Based Services (HCBS) programs. Cass County is a rural county located in north central Minnesota. Its county seat is located in Walker, Minnesota and the County has another fourteen cities and fifty townships. In State Fiscal Year 2011, Cass County's population was approximately 28,390 and served 388 people through the HCBS programs. According to the 2010 census, Cass County had an elderly population of 19.9%, placing it 19th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Cass County's elderly population, 7.7% are poor, placing it 59th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The Cass County Health, Human, and Veterans Services Department is the lead agency for the HCBS waiver programs and provides case management for these programs. The lead agency also provides care coordination for the Managed Care Organizations (MCOs) Blue Plus, UCare, and Medica. Cass County has experienced several changes in the structure at the administrative and supervisory levels in recent years. At the supervisory level, there are five county team leads who oversee different areas of the department including Social Services, Public Health, Mental Health, Children's Services, and Veteran's Services. The changes also included integrating public health nurses into the Social Services team and bringing all of the waiver programs under one supervisor (referred to as the Team Lead).

There is one Social Services Team Lead who supervises 10 case managers who work with the waiver programs. There are a total of six case managers for the CAC, CADI, BI, EW, and AC programs. Three case managers are social workers and three are public health nurses. Of these

six, each has a mix of EW, AC, and/or CCB cases. There are also four case managers with DD caseloads. All team leads are also required to carry a partial caseload, and the Social Services Team Lead has an adult mental health caseload.

Case managers rotate Adult intake duties. Long Term Care (LTC) cases are assigned based on initial intake information at a Wednesday morning staff meeting. Sometimes case managers know the family and volunteer for cases based on comfort level. The DD case managers meet as a team to decide on case assignment and generally make assignments based on caseload size and if the case manager knows the participant. Dual assessments are only completed for high needs individuals in the LTC programs. Public health nurses primarily complete assessments for AC and EW while social workers typically complete assessments for CCB. The worker assigned to the assessment keeps the case for ongoing case management.

Case managers with primarily CCB cases have caseloads of 50 or more, while case managers with primarily EW and AC cases have a range of 30 to 60 cases. DD case managers have an average caseload size of 40, including participants receiving both waiver and Rule 185 case management.

Working Across the Lead Agency

Financial workers are co-located with the waiver case managers. There are two financial workers designated to work with the waiver programs. The Social Services Team Lead shared that case managers use the DHS 5181 form to communicate with financial workers and also have more informal face-to-face contact with them. Case managers shared that communicating with financial workers has been frustrating and that they are not always responsive to questions. Case managers also said that they are not always notified of lapses in Medical Assistance (MA) eligibility of their participants, and take it upon themselves to ensure all paperwork is completed and signed. Support staff check on participant eligibility monthly in MMIS and notify case managers of any issues.

Two waiver case managers also have Adult Protection responsibilities. If an adult protection case involves a waiver participant, the waiver case manager does not participate in the investigation

and the other adult protection staff member works to resolve the issue. The case managers consult with one another, but they keep the two roles separate. Case managers participate on an Adult Protection team with mental health staff, law enforcement, and the county attorney once per month. Child Protection is located on the same floor as case managers which allows them to stay aware of any reports. Child protection workers contact case managers for information when necessary. A participant who is eligible for both the CADI waiver and one for Rule 79 case management has two case managers assigned. The mental health case manager and waiver case manager attend annual visits together, but make most other visits separately. The mental health case manager is considered the primary case manager and decisions must be filtered through this person.

There is an annual report that is presented to the County Board with statistics about the programs and budget. The Social Services Team Lead shared that the Board has a broad understanding of the programs and contacts the lead agency with referrals.

Health and Safety

In the Quality Assurance survey, Cass County reported that staff receives 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 indicated they have good, open communication with case managers. They also said that Cass County is responsive to questions and works cooperatively with providers to resolve issues with consumers, the community, and other stakeholders.

The Social Services Team Lead and the LTC program case managers attend a regular meeting every Wednesday where they discuss bulletins, listservs, and other updates. DD case managers do not meet regularly and are responsible for getting any new information about policies or programs on their own. They are in regular contact with each other and share any big changes. Case managers attend regional meetings and an LTCC quarterly meeting when possible. They shared that they rely on support from co-workers to stay up-to-date on current program requirements.

The Social Services Team Lead audits all LTCC assessments before they are entered into MMIS. She also monitors timing for participant visits and ensures that LTCC assessments are completed on time.

Service Development and Gaps

Lead agency staff shared that they have a good pool of providers that are able to meet the needs of participants. However, there are still some gaps in services that are available. Because it is a rural county, transportation is a major service gap in Cass County. Lead agency staff shared that some residential providers provide transportation for participants and some employment centers also pick up participants for work. However, for those seeking community-based employment, it is more difficult to find transportation. In addition, lead agency staff said that there is limited availability of work for participants who are able to have a competitive job. Thirty-three percent (33%) of providers responding to the Provider Survey also identified community-based employment opportunities as an urgent area of unmet participant service needs. Lead agency staff also said that there are not a lot of services for transition-age participants including housing options for those looking to move out of their parent's home.

Lead agency staff shared that they try to address identified service gaps. They contact existing providers and informally discuss expanding services. They have also contacted providers in neighboring counties about bringing needed services into Cass County.

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.

Cass 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 Facility	0	2	3
Schools (IEIC or CTIC)	0	2	0
ARC, Pacer, Centers for Independent Living	0	1	0
Hospitals (in and out of county)	0	6	0
Home Health Agencies	0	2	0
Customized Living Providers	0	0	3
Foster Care Providers	0	0	5
Employment Providers (DT&H, Supported Employment)	0	2	3
PCA	2	3	0

Lead agency staff shared that they work well with providers and frequently communicate with them. Case managers shared that they receive surveys about foster care providers they use from other counties, but do not receive any from their county foster care licenser. They said that they do not have a lot of communication with the licenser. The Social Services Team Lead shared that the county sends satisfaction surveys to providers to give feedback on case managers. Case managers address consumer satisfaction informally during visits with participants. If there is a complaint, it is brought to the Team Lead and the case managers and Team Lead discuss the

issue as a group. Team Leads attend meetings with providers regularly, and case managers are in daily contact with the Team Lead and share relevant information as needed.

Case managers said that they know the social workers at the nursing facilities, and that communication about the discharge of participants is good. Case managers said that their experiences with hospitals have been average. They mentioned that they usually receive notifications about discharge, but the transition afterwards is not as smooth. Case managers also shared that they do not always know that a waiver participant has been admitted to the hospital.

Case managers said that schools do not have a clear understanding of the students' needs and how waiver services may help support them. DD case managers participate on Interagency Early Intervention Committees (IEICs) and Community Transition Interagency Committees (CTICs) in several school districts. Case managers said that schools often send late notices for Individualized Education Program (IEP) meetings, which it difficult for them to attend. They also shared that transition planning is poor at times and they sometimes do not know about a student until it is too late to properly plan in advance of graduation.

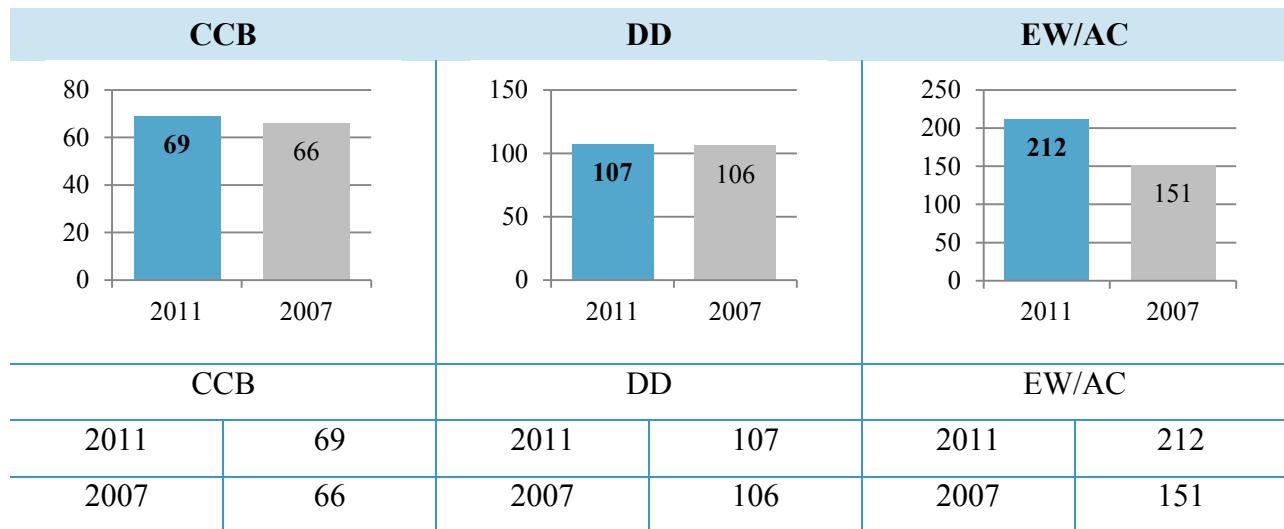
Case managers said that their customized living providers communicate well, meet with case managers and provide quality care. They are open-minded and keep participants as long as possible. Foster care providers also received high ratings from case managers. They said that foster care providers work hard to keep participants and families happy and provide individualized care. They are very cooperative in keeping aging clients to help them avoid nursing facility placement.

Cass County has several vocational service providers, including multiple DT&H locations. Case managers said that these providers are team players and work well with other providers. Case managers said that home health agencies struggle to find staff to provide services on evenings or weekends. They are also selective with the number of hours they are willing to provide services for. Case managers said that they have a strong Independent Living Skills provider, but they too have struggled with staff turnover recently.

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 Cass County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Cass County has increased by 3 participants (4.5 percent); from 66 in 2007 to 69 in 2011. Most of this growth occurred in the case mix G, which grew by 4 people. Additionally, case mix K grew by 3 people. Decreases occurred in three case-mix categories A, H and J.

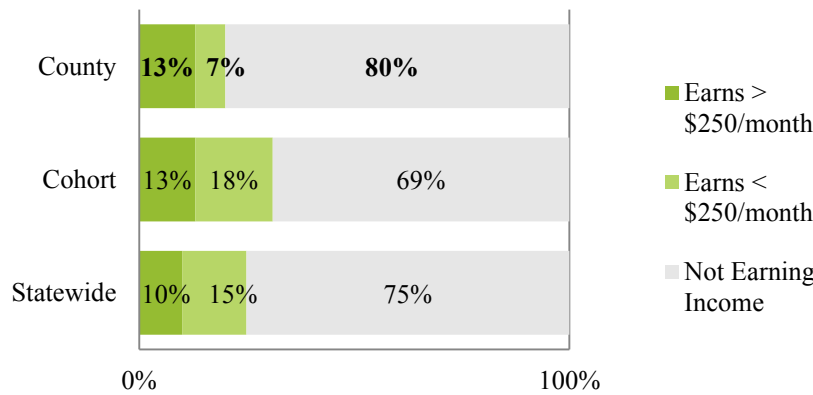
Since 2007, the number of persons served with the DD waiver in Cass County increased by 1 participant, from 106 in 2007 to 107 in 2011. Cass County experienced a 0.9 percent increase in the number of persons served from 2007 to 2011, while its cohort had a 6.9 percent increase in number of persons served. In Cass County, the profile group 3 increased by 18 people. The greatest change in the cohort profile groups also occurred in persons having a Profile 3. Although the number of people in Profiles 1 and 2 decreased, Cass County still serves a larger proportion of persons in these groups (39.3 percent), than its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Cass County has increased by 61 people (40.4 percent), from 151 people in 2007 to 212 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Cass County still served 8 fewer lower needs participants in 2011 than in 2007. In addition, case mixes B, D, and K grew significantly. As a result, Cass County is serving 69 additional higher need persons than they did in 2007. Cass County has experienced a significant growth in their EW program between 2007 and 2011.

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)

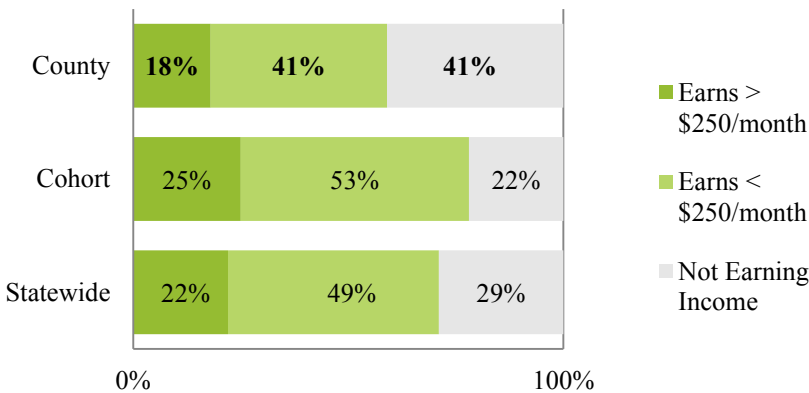


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Cass County	13%	7%	80%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Cass County served 61 working age (22-64 years old) CCB participants. Of working age participants, 19.7 percent had earned income, compared to 31.6 percent of the cohort's

working age participants. **Cass County ranked 38th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Cass County, 13.1 percent of the participants earned \$250 or more per month, compared to 13.4 percent its cohort's participants. Statewide, 10.0 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 (2011)



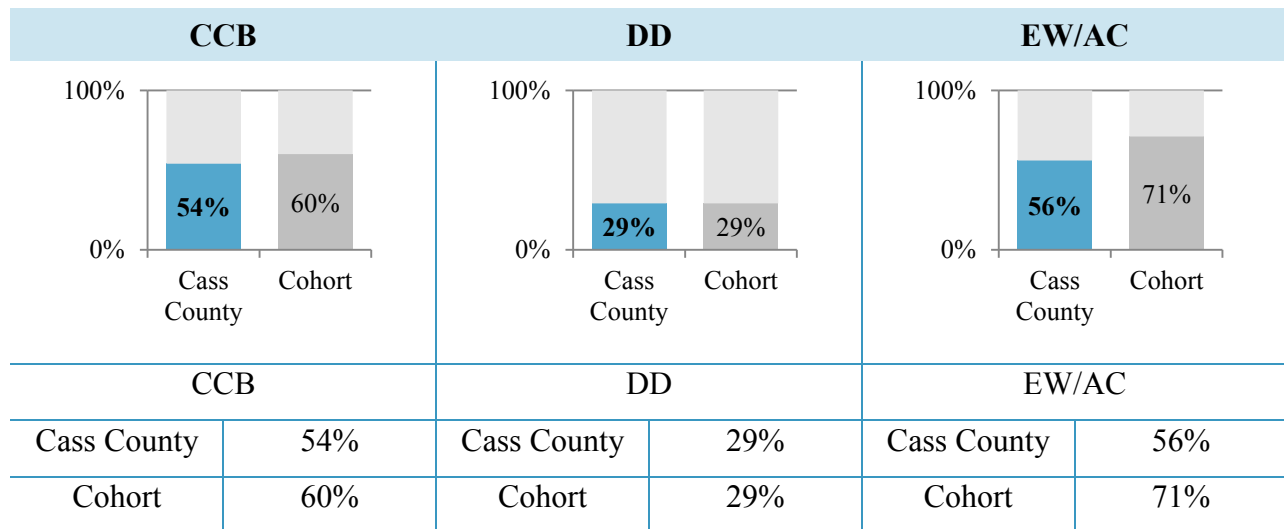
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Cass County	18%	41%	41%
Cohort	25%	53%	22%
Statewide	22%	49%	29%

In 2011, Cass County served 79 DD waiver participants of working age (22-64 years old). **The county ranked 67th in the state for working-age participants earning more than \$250 per month.** In Cass County, 17.7 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 58.2 percent of working age DD waiver participants in Cass County had some earned income, while 77.2 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)

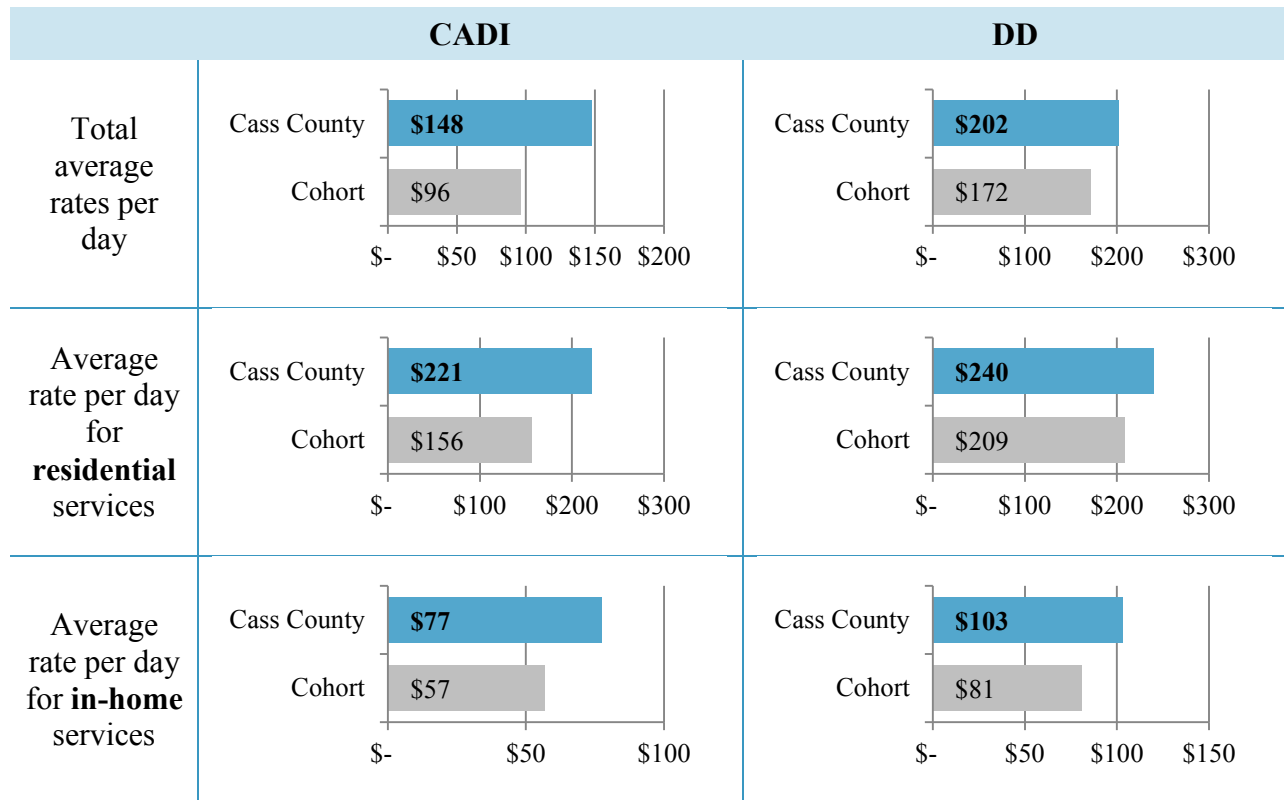


Cass County ranks 68th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 37 participants at home. Between 2007 and 2011, the percentage increased by 3.6 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 53.6 percent of CCB participants in Cass County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Cass County ranks 44th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 31 participants at home. Between 2007 and 2011, the percentage decreased by 3.1 percentage points. In comparison, the percentage of participants served at home in their cohort rose, increasing by 1.5 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.

Cass County ranks 73rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 119 participants at home. Between 2007 and 2011, the percentage decreased by 7.4 percentage points. In comparison, the percentage of participants served at home fell by 6.1 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.

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



Average Rates per day for CADI services (2011)

	Cass County	Cohort
Total average rates per day	\$147.66	\$95.98
Average rate per day for residential services	\$221.47	\$155.87
Average rate per day for in-home services	\$77.38	\$56.68

Average Rates per day for DD services (2011)

	Cass County	Cohort
Total average rates per day	\$201.57	\$171.92
Average rate per day for residential services	\$239.58	\$208.53
Average rate per day for in-home services	\$102.96	\$80.99

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 Cass County is \$51.68 (53.8 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Cass County spends \$65.60 (42.1 percent) more on residential services and \$20.70 (36.5 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Cass County ranks 85th 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 Cass County is \$29.65 (17.2 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Cass County spends \$31.05 (14.9 percent) more on residential services and \$21.97 (27.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Cass County ranks 80th 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.

Cass County has a slightly higher use in the CADI program than its cohort of some residential based services (Foster Care (32% vs. 28%) and Customized Living (10% vs. 8%)). For vocational services, the county has a higher use of Prevocational Services (17% vs. 11%), but lower use of Supported Employment Services (5% vs. 11%). They also have a lower use of in-home services including Homemaker (16% vs. 28%), Home Health Aide (1% vs. 7%), Home Delivered Meals (17% vs. 21%), and Independent Living Skills (10% vs. 13%). Fifty-seven

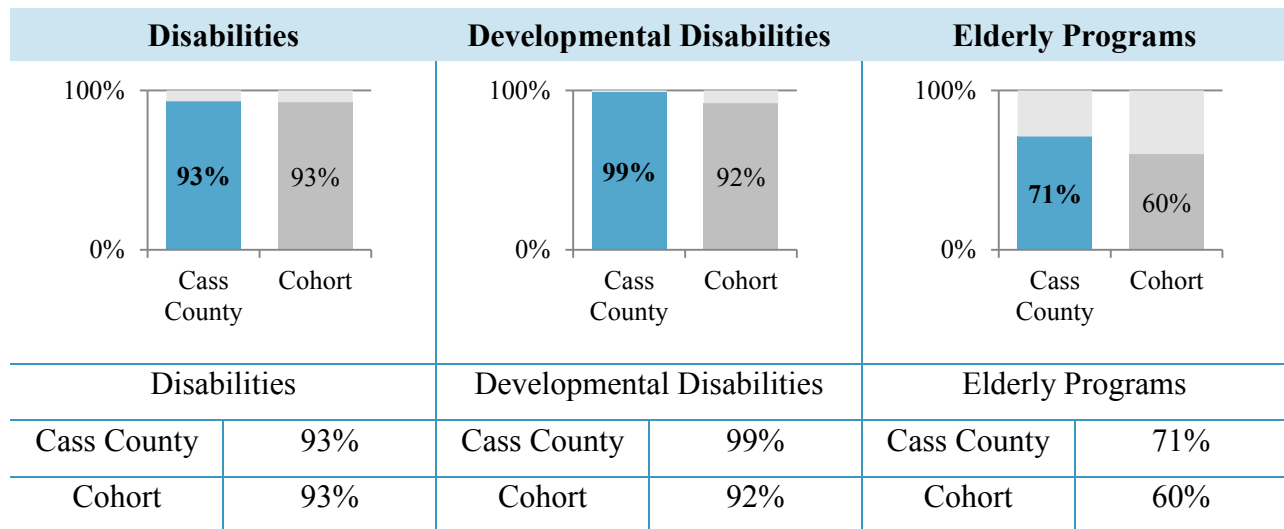
percent (57%) of Cass County's total payments for CADI services are for residential services (50% foster care and 7% customized living) which is slightly higher than its cohort group (56%). Cass County's family foster care rates are higher than its cohort when billed monthly and when billed daily (\$3,150.92 vs. \$3,095.41 per month and \$175.86 vs. \$145.85 per day). Corporate foster care rates are also notably higher than its cohort when billed monthly and when billed daily (\$8,676.00 vs. \$5,118.81 per month and \$234.81 vs. \$192.17 per day).

Cass County's use of Supportive Living Services (SLS) is slightly higher than its cohort (71% vs. 70%) 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. Cass County's monthly or bi-monthly Supportive Living Services rates appear higher than its cohort (\$4,204.58 vs. \$3,879.17), but because some cohort members may authorize services differently, it's difficult to directly compare rates. The county has a lower use of Day Training & Habilitation (59% vs. 64%) and Respite Services (13% vs. 19%) than its cohort, but has identical use of In-Home Family Support (17% vs. 17%).

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)



In 2011, Cass County served 396 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 43 in institutional care. Cass County ranked 53rd of 87 counties in the percent of LTC participants receiving HCBS; 93.1 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 92.6 percent were HCBS participants. Since 2007, Cass County has decreased its use of HCBS by 2.0 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Cass County served 122 LTC participants (persons with development disabilities) in HCBS settings and 2 in institutional settings. Cass County ranked 9th of 87 counties in the percentage of DD participants receiving HCBS with 99.1 percent; a higher rate than its cohort (92.3 percent). Cass County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 0.9 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, Cass County served 238 LTC participants (over the age of 65) in HCBS settings and 112 in institutional care. Cass County ranked 13th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 70.9 percent received HCBS. This is higher than their cohort, where 59.9 percent were HCBS participants. Since 2007, Cass County has increased its use of HCBS by 13.4 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

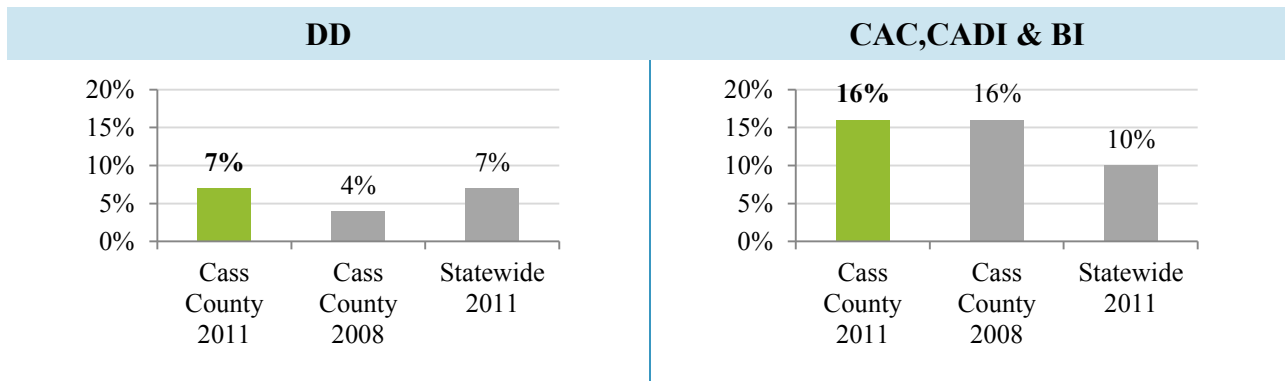
	Cass County	Cohort	Statewide
Age 0-64	0.62	0.46	0.47
Age 65+	12.94	26.01	23.11
TOTAL	3.07	4.59	3.24

In 2011, Cass County was ranked 19th 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. However, Cass County has a slightly higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has increased by 2.8 percent in Cass County. Overall, the number of residents in nursing facilities has increased by 7.4 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



	DD	CAC, CADI, BI
Cass County (2011)	7%	16%
Cass County (2008)	4%	16%
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, Cass County had a 7% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Cass County’s DD waiver balance is larger than its balance in CY 2008 (4%), and is the same as the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Cass 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, Cass County had a 16% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), and the same as the balance in FY 2008 (16%).

There is no waitlist for CCB, and only one person on the waitlist for DD. The CCB case managers discuss the waiver budget at most Wednesday staff meetings, and prioritize any new allocations based on individual needs. While there is no formal request process, case managers must get permission from the Team Lead in order to make any budget increases. The Social Services Team Lead monitors allocations and runs simulations in WMS for the CCB budget. For DD, one of the DD case managers monitors WMS on a monthly basis and as needed. However, now that the Social Services Team Lead also supervises the DD case managers, she will be becoming more involved in the management of this allocation as well.

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.

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

Case managers said that the Help Desk has been responsive when they submit questions via e-mail or call. The Social Services Team Lead shared that it is difficult to find specific answers in the Disabilities Service Program Manual (DSPM), and case managers added that the search function does not always work. Case managers also said that it is time-consuming to search for

information on the DHS website. Case managers like E-Docs and use it to find current forms. Case managers also like the Disability and Senior Linkage Lines. They refer participants to these resources as well as use them to answer their own questions. Case managers said that bulletins are helpful, but sometimes are too complex.

The Social Services Team Lead shared that they use videoconference trainings and webinars frequently, but have had some technical issues with webinars. Case managers said that the content covered in videoconference trainings is often too broad and cannot be applied to practice, or that questions asked during the trainings are not always answered. Lead agency staff agreed that the Regional Resource Specialist (RRS) is very helpful and an excellent resource. However, case managers said that the ombudsmen have not been helpful.

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.

Cass County Strengths

The following findings focus on Cass 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.

- **Cass County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Cass County received a corrective action for the timeliness of referral to screening, CAC form, visit frequency, and back-up plan for CCB cases. In 2013, none of these issues remain for Cass County indicating technical improvements over time.
- **Case managers provide high quality case management services to meet participant needs.** Teamwork and collaboration among social workers and the public health nurses is a strength of Cass County and helps case managers access both sets of expertise when serving participants. Case managers are flexible in adapting to changes. They work hard and come up with creative solutions to ensure that participant needs are being met. Case managers are

also able to navigate easily across programs within the agency like Adult Protection to provide seamless services for participants.

- **Case managers are in frequent contact with their participants.** Cass County had high quality case notes that clearly documented face-to-face visits across all programs; most participants were seen by their case manager on a quarterly basis. On average, EW participants are visited by their case manager every 89 days, AC participants are visited by their case managers every 88 days, CAC participants are visited by their case manager every 54 days, CADI participants are visited by their case manager every 76 days, BI participants are visited by their case manager every 73 days, and DD participants are seen every 89 days.
- **Multiple sources of data indicate that Cass County staff is well-connected with providers and other organizations that serve participants.** Cass County case managers have made connections with staff at hospitals, nursing facilities, schools, vocational providers, and other agencies that serve participants. Case managers also participate on an Adult Protection team with law enforcement and the county attorney. They also report having good working relationship with the Day Activity Centers (DACs) serving participants. Case managers have good knowledge of the community and who can provide needed services for participants. They have deliberately built strong relationships with providers over time. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met.
- **Based on budget reports, Cass County's waiver allocations are well-managed.** Cass County's DD waiver budget balance was 7% at the end of CY 2011, and there was a 16% balance in the CADI, CAC and BI programs at the end of FY 2011. However, the balances were significantly reduced in 2012 – down to 3% in DD and 2% in CCB. This provides Cass County with some reserve funds to balance risks from costly participant crises, while maximizing its ability to meet local needs. Cass County has also made efforts to better know what services it's purchasing by using a more structured rate setting tool for CCB to reduce historically high rates.
- **Cass County has the capacity to serve people with high needs in community settings.** The county serves a greater proportion of participants with high needs in the DD and elderly

programs when compared to its cohort and the statewide average. In 2011, the county ranked 1st out of 87 counties in the percent of DD waiver participants having higher needs (98.1%) and 10th out of 87 in the percent of elderly participants having higher needs (64.2%). In addition, the percent of high needs DD waiver participants are able to be served at home is higher than its cohort (29.5% vs. 28.5%).

- **The case files reviewed in Cass County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the file, including the ICF/DD Level of Care, CAC form, OBRA Level One, and consent to release private information. The lead agency also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the EW and DD cases included emergency contact information.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Cass County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Cass 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 county 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.
- **Cass County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. The goals in the care plan should be

meaningful to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs. While the Cass County Consumer Support Plans (CSPs) and Individual Support Plans (ISPs) include required information, they should also include more detailed information that is unique to the participant.

- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs.** The DD program currently uses a monitoring sheet that is included in the participant case file, but it is important to use them consistently and across all waiver programs. In addition to documenting required face-to-face visits in the participant's case file, visit sheets can be used as a formal way 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. Participant satisfaction was documented in only 34% of all cases reviewed.
- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management has become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. As Cass County moves towards electronic case files, it may want to work with support staff to develop fillable electronic forms or create packets for use across the agency to ensure required forms are current and promote consistency. In addition, eliminating the Social Services Team Leader's caseload would allow her to focus on leadership and oversight of the waiver programs. This could include developing audit tools and processes. DD case managers should be included in regular Wednesday meetings with other case managers to allow them to build a cohesive team and share expertise.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Cass County has lower rates than its cohorts in the percentage of working age participants earning income for the CADI program (19.7% vs. 31.6%) and ranks 38th of 87

counties in the percentage of participants earning more than \$250 (13.1% vs. 13.4%). Cass County also has lower rates than its cohorts in the percentage of working age participants earning income for the DD program (58.2% vs. 77.2%) and ranks 67th of 87 counties in the percentage of participants earning more than \$250 (17.7% vs. 24.6%). Cass County has great relationships with current providers and should continue to work with them to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The lead agency should also consider creating a Request for Information (RFI) to seek out new providers to develop more creative community-based employment opportunities and set expectations for providers about these services. Finally, the lead agency should ensure these opportunities can be accessed by all participants regardless of the waiver program.

○ **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.**

Cass County has lower rates of participants served at home than its cohort in the CCB and elderly programs. Only 53.6% of CCB participants are served at home (68th of 87 counties) and 56.1% of elderly participants are served at home (73rd of 87 counties) indicating high use of residential services such as customized living. Cass County should work to influence what services are available to its waiver participants, which may include partnering with neighboring counties with similar needs or service capacity. The lead agency has made efforts to develop assistive technology and independent living skills (ILS) services, and should include these as part of a package of services offered by several providers working together to provide home modifications, chores, nursing, and other in-home support services. As Cass County experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

Corrective Action Requirements

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

- **Beginning immediately, ensure that all care plans are signed and dated by the participant.** One out of 10 CADI cases, one out of eight BI cases, and one out of three CAC cases did not include the required signatures on the care plan. In addition, documentation of choice was not complete for cases that did not include a participant or legal representative signature.
- **Beginning immediately, ensure that case files include the BI Waiver Assessment and Eligibility Determination Form for all BI participants.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for an individual with a traumatic brain injury on an annual basis. One out of six BI cases did not have this documentation in the case file. In addition, one BI case did not include current documentation and another one BI cases included only partial documentation in the case file.
- **Beginning immediately, ensure that each participant case file 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 three CAC cases, one out of 10 CADI cases, one out of six BI cases, three out of 11 EW cases, and one out of ten AC cases did not include documentation that the participant had been informed of the county's privacy practices. In addition, one CADI case, one EW case, and two AC 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. One BI case only included partial documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA.

- **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. Six out of 10 CADI cases, three out of six BI cases, 10 out of 11 EW cases, and one out of 10 AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one CAC case, one CADI case, one EW case, and two AC cases did not have documentation that the participant had been informed of their right to appeal within the past year. One CADI case and one BI case only included partial documentation that the participant had been informed of their right to appeal.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Cass 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 32 cases. All items are to be corrected by July 9, 2013 and verification submitted to the Waiver Review Team to document full compliance. Cass County submitted a compliance worksheet on July 16, 2013 and the county is assisting DHS with additional follow-up data.

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	1	N / A	0	1	N / A	N / A
Screenings done on time for new participants (PR)	88%	93%	77%	89%	AC / EW	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	53%	100%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=21	CCB n=19	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	98%	100%	95%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=21	CCB n=19	DD n=10	Strength	Challenge
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	94%	100%	84%	100%	AC / EW, DD	N / A
All needed services to be provided in care plan (PR)	90%	86%	100%	80%	CCB	N / A
Choice questions answered in care plan (PR)	94%	100%	84%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	58%	57%	42%	90%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	56%	75%	40%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form	67%	N / A	67%	N / A	N / A	CCB
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)	Some of the time	N / A	N / A	N / A	N / A	ALL

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	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=18</i>)	89%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=18</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=21	CCB n=19	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	84%	100%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	78%	76%	68%	100%	DD	CCB
Back-up plan (PR for CCB)	64%	71%	84%	10%	N / A	N / A
Emergency contact information (PR for CCB)	98%	95%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=21	CCB n=19	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	98%	100%	95%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	46%	33%	32%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	76%	67%	74%	100%	DD	AC / EW

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=21	CCB n=19	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	76%	57%	84%	100%	DD	AC / EW
Documentation of participant satisfaction in the case file	34%	43%	21%	40%	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)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	71%	93%	99%	AC / EW, DD	N / A
Percent of LTC funds spent on HCBS	N / A	48%	85%	99%	AC / EW, DD	CCB
Percent of waiver participants with higher needs	N / A	64%	77%	98%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	99%	CCB	N / A
Percent of waiver participants served at home	N / A	56%	54%	29%	DD	AC / EW, CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	13%	18%	N / A	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.