

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Chippewa County**

Waiver Review Site Visit: April 2013

Report Issued: June 2013

Contents

Contents 2

Acknowledgements 3

About the Waiver Review Initiative 4

About Chippewa County 5

 Working Across the Lead Agency 6

 Health and Safety 7

 Service Development and Gaps 7

 Community and Provider Relationships/Monitoring 8

Capacity 10

Value 11

Sustainability 13

Usage of Long-Term Care Services 17

Managing Resources 19

 County Feedback on DHS Resources 21

County Strengths, Recommendations & Corrective Actions 22

 Chippewa County Strengths 22

 Recommendations 24

 Corrective Action Requirements 26

Waiver Review Performance Indicator Dashboard 28

Attachment A: Glossary of Key Terms 32

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 Chippewa 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 Chippewa County |
|--------------------------|--|
| Case File Review | 42 cases |
| Provider survey | 5 respondents |
| Supervisor Interviews | 1 interviews with 1 staff |
| Focus Group | 1 focus group(s) with 7 staff |
| Quality Assurance Survey | One quality assurance survey completed |

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Chippewa County

In April 2013, the Minnesota Department of Human Services conducted a review of Chippewa County's Home and Community Based Services (HCBS) programs. Chippewa County is a rural county located in southwest Minnesota. Its county seat is located in Montevideo, Minnesota and the County has another five cities and sixteen townships. In State Fiscal Year 2011, Chippewa County's population was approximately 12,319 and served 250 people through the HCBS programs. According to 2010 Census data, Chippewa County had an elderly population of 18%, placing it 34th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Chippewa County's elderly population, 13.4% are poor, placing it 6th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Chippewa County Family Services is the lead agency for the HCBS waiver programs and provides case management for these programs. The lead agency provides care coordination for the Managed Care Organizations (MCOs) Blue Plus and UCare. There is one Social Services Supervisor who oversees six waiver case managers including two DD case managers, one CCB case manager with some mental health cases, one adult mental health worker with some CADI waiver cases, and two case managers for Blue Plus and fee-for-service EW and AC cases. The accounting department case aide is not supervised by the Social Services Supervisor, but completes screening documents and MMIS service agreements for all waiver case managers.

Countryside Public Health is a five county Community Health service agency that provides public health services in Chippewa County. There are no public health nurses in Family Services, but Public Health staff are located in the same building and are requested to go out on initial

LTCC assessments and on reassessments for participants with high medical needs. Public Health workers are also available to help with adult protection cases.

The Adult Social Services and Children's Services staff share intake duties; each worker is assigned to a certain day. The intake worker gathers basic information and shares it with the Social Services Supervisor if the case is likely to be assigned to her staff. The supervisor then assigns cases, but some workers self-assign cases since they are somewhat specialized; for example, one worker does all of the BI cases.

DD case managers have an average of 50 cases including waiver and Rule 185 cases. The CCB case manager has between 45 and 50 cases including some Rule 79 adult mental health cases, while the Rule 79 worker has six CADI cases. EW and AC case managers have between 65 and 75 cases including a few Community Well cases.

Working Across the Lead Agency

Financial workers are co-located with the waiver case managers. Three financial workers are assigned to the elderly programs. Even though none of the workers specialize in the disability waivers, there is a specialized worker for persons receiving Group Residential Housing, which includes most waiver participants receiving residential services. The Social Services Supervisor shared that financial workers are always willing to help and that they have good relationships with case managers. Case managers shared that they often have informal communication with financial workers, and receive prompt assistance when needed. They have had financial workers go out with them to visit participants who are struggling to understand Medical Assistance (MA).

Social Services case managers have rotating Adult Protection duties. If an adult protection case involves a waiver participant, the waiver case manager does not participate in the investigation and another adult protection staff member works to resolve the issue. The adult protection staff and waiver case managers consult with one another, but they try to keep the two roles separate. Child Protection is managed in a different unit in Family Services. The case managers shared that they have good communication with these workers when needed. CADI case managers also

manage Rule 79 case management for participants with mental illness; the county tries to have one case manager for both programs.

Health and Safety

In the Quality Assurance survey, Chippewa 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 Chippewa County works cooperatively with providers and assists them to resolve issues with consumers, the community, and other stakeholders.

The Social Services Supervisor meets with different waiver staff once per week; DD, EW and AC, and CCB all have separate meetings. The supervisor prints bulletins and shares information at these meetings. She takes the lead on gathering information and sharing it with the appropriate staff. There are also two all staff meetings per month. The Social Services Supervisor also meets with each staff member individually once per week. DD workers attend quarterly regional meetings. The Social Services Supervisor attends a monthly supervisor meeting for Region 6. The Social Services Supervisor completes quarterly case file reviews, which she shared has become more important as they hire new workers.

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. Lead agency staff shared that there are not many housing options for participants who are able to live on their own. Case managers also said that transportation is a barrier for elderly participants.

Chippewa County shared that they are currently working with employment providers to develop more employment opportunities in the community. There is a DT&H provider that is moving to a new building and is looking to offer more innovative employment opportunities. The Social

Services Supervisor periodically reviews service needs with the Board. She attends Board meetings once per month.

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.

Chippewa 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 | 0 | 4 |
| Schools (IEIC or CTIC) | 0 | 1 | 1 |
| Hospitals (in and out of county) | 0 | 4 | 0 |
| Customized Living Providers | 0 | 1 | 0 |
| Foster Care Providers | 0 | 0 | 4 |
| Employment Providers (DT&H, Supported Employment) | 0 | 0 | 4 |
| Home Care Providers | 0 | 3 | 1 |

Lead agency staff shared that they work well with providers and frequently communicate with them. The foster care licenser sends a questionnaire to waiver case managers who have participants placed in each foster care prior to the licensing renewal visit to gather information on the provider’s performance. Case managers monitor foster care providers through unannounced visits. While there is no formal documentation, case managers try to also visit other

providers licensed by other agencies, such as Day Training and Habilitation at least once per month. Case managers bring any concerns back to the supervisor.

Satisfaction surveys are sent out to all waiver participants to provide feedback about their case manager. The lead agency has also sent out surveys to gauge satisfaction with residential and vocational providers. After results are compiled, they are shared with the Board and at provider meetings. The lead agency has a yearly provider meeting where they discuss upcoming changes occurring for both the lead agency and for providers.

Case managers shared that they have very good relationships with nursing facilities. They said that they are informed when participants are admitted and discharged. They know the social worker well and said that this person is responsive and helpful. Case managers said that it is easy to connect with hospitals, but feel that staff there are not always aware of the limitations of the case manager's role and responsibilities and may have different expectations about what the case manager can do. Case managers also said that discharge notification is often late and hospitals are unable to arrange transportation for discharged participants.

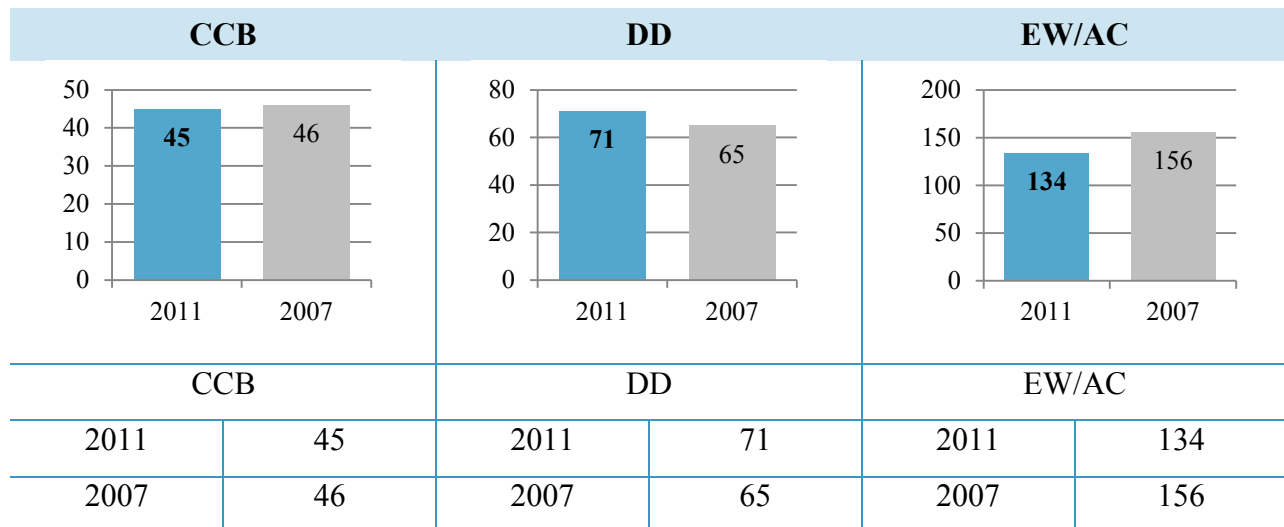
Case managers said that their relationships with schools are going well. At times, there can be conflict when a student's family does not want a service provided for the students, but the school would like the service to be in place. Waiver case managers are invited to Individual Education Program (IEP) meetings.

Case managers mentioned that they have a few really excellent foster care providers who are welcoming and have quality staff. Case managers shared that there has been a lot of turnover in leadership for customized livings and the quality depends on the provider. Case managers said that vocational providers have nice and caring staff and that they are welcome to drop-in to visit anytime. There are two main home care providers, and case managers said that one is more flexible and the other has not been as flexible with the amount of hours they will provide services.

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 Chippewa County (2007 & 2011)



Since 2007, the total number of persons served in the CCB waiver programs in Chippewa County has decreased by 1 participant (2.2 percent); from 46 in 2007 to 45 in 2011. Over half of the participants are served in case mix A, which represents lower need individuals. Of the higher need individuals, most are served in case mix B. As a result, Chippewa County may be serving a large proportion of individuals with mental health needs.

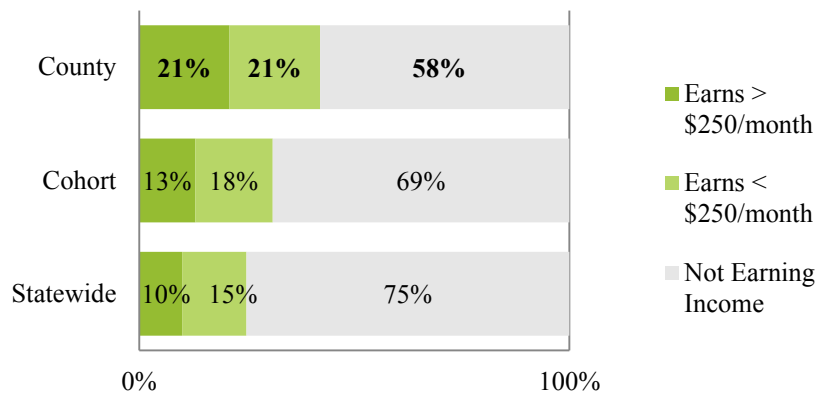
Since 2007, the number of persons served with the DD waiver in Chippewa County increased by six participants, from 65 in 2007 to 71 in 2011. In Chippewa County, the DD waiver program is growing more quickly than in the cohort as a whole. While Chippewa County experienced a 9.2 percent increase in the number of persons served from 2007-2011, its cohort had a 6.9 percent increase in the number of persons served. Individuals in profiles one and two have the highest needs. Chippewa County serves a smaller proportion of persons in these groups (28.2 percent), than its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Chippewa County has decreased by 22 people (14.1 percent), from 156 people in 2007 to 134 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Over half of the participants are in one of these two categories. The largest increase occurred in case mix B, which grew by nine people. As a result, Chippewa County may be serving a larger proportion of individuals with mental health needs.

Value

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

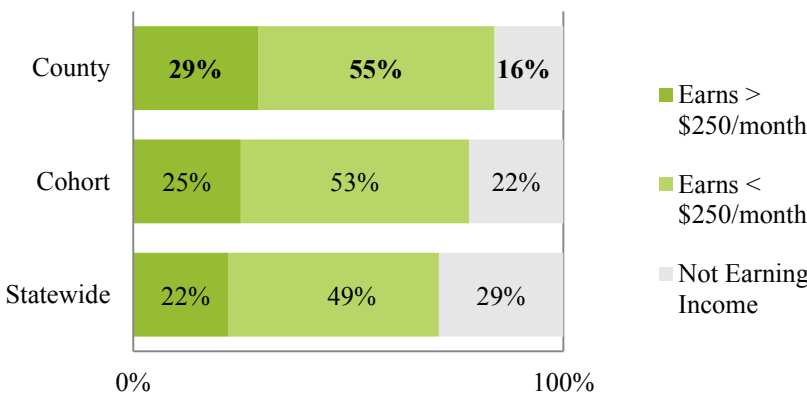
CCB Participants Age 22-64 Earned Income from Employment (2011)



| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|-----------------|---------------------|---------------------|--------------------|
| Chippewa County | 21% | 21% | 58% |
| Cohort | 13% | 18% | 69% |
| Statewide | 10% | 15% | 75% |

In 2011, Chippewa County served 38 working age (22-64 years old) CCB participants. Of working age participants, 42.1 percent had earned income, compared to 31.6 percent of the cohort's working age participants. **Chippewa County ranked 38th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Chippewa County 21.1 percent of the participants earned \$250 or more per month, compared to 13.4 percent of 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)



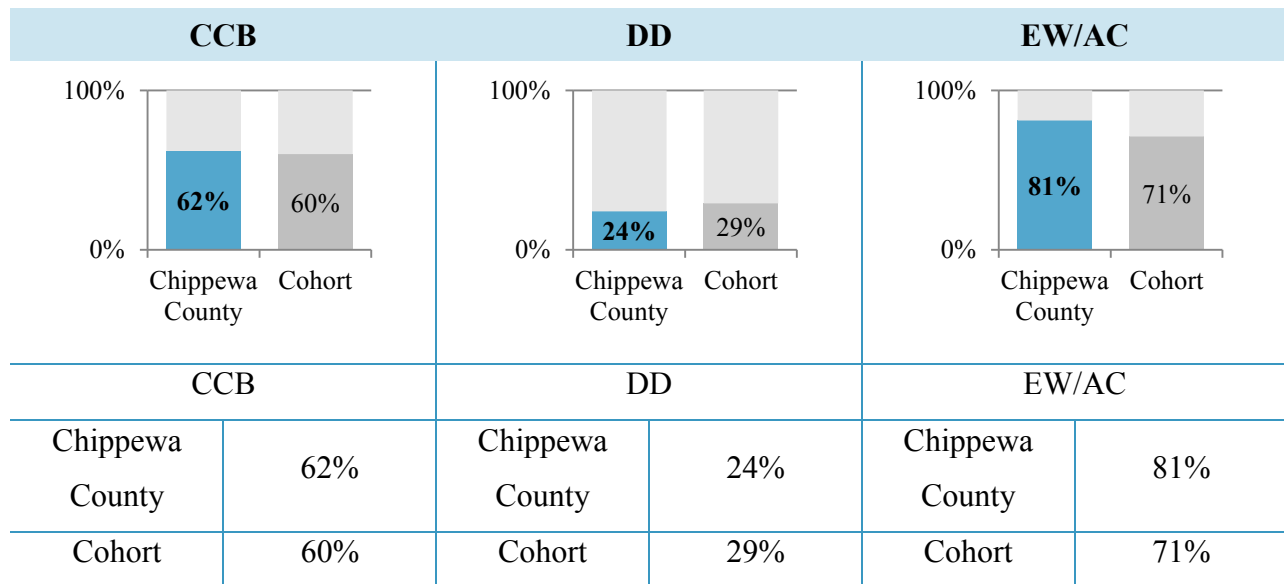
| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|-----------------|---------------------|---------------------|--------------------|
| Chippewa County | 29% | 55% | 16% |
| Cohort | 25% | 53% | 22% |
| Statewide | 22% | 49% | 29% |

In 2011, Chippewa County served 51 DD waiver participants of working age (22-64 years old). **The county ranked 22nd in the state for working-age participants earning more than \$250 per month.** In Chippewa County, 29.4 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, 84.3 percent of working age DD waiver participants in Chippewa 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)



Chippewa County ranks 45th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the lead agency served 28 participants at home. Between 2007 and 2011, the percentage decreased by 9.5 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 62.2 percent of CCB participants in Chippewa County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Chippewa County ranks 65th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 17 participants at home. Between 2007 and 2011, the percentage increased by 2.4 percentage points. In comparison, the percentage of participants served at home in their cohort increased 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.

Chippewa County ranks 30th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 108 participants at home. Between 2007 and 2011, the percentage increased by 5.6 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. Chippewa serves a higher proportion of EW/AC participants in home settings than their cohort or the state.

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

| | CADI | DD | | | | | | | | | | | | |
|---|--|-----------|------|-----------------|-------|--------|-------|--|----------|------|-----------------|-------|--------|-------|
| Total average rates per day | <table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Chippewa County</td><td>\$68</td></tr> <tr><td>Cohort</td><td>\$96</td></tr> </table> | Category | Rate | Chippewa County | \$68 | Cohort | \$96 | <table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Chippewa County</td><td>\$153</td></tr> <tr><td>Cohort</td><td>\$172</td></tr> </table> | Category | Rate | Chippewa County | \$153 | Cohort | \$172 |
| Category | Rate | | | | | | | | | | | | | |
| Chippewa County | \$68 | | | | | | | | | | | | | |
| Cohort | \$96 | | | | | | | | | | | | | |
| Category | Rate | | | | | | | | | | | | | |
| Chippewa County | \$153 | | | | | | | | | | | | | |
| Cohort | \$172 | | | | | | | | | | | | | |
| Average rate per day for residential services | <table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Chippewa County</td><td>\$134</td></tr> <tr><td>Cohort</td><td>\$156</td></tr> </table> | Category | Rate | Chippewa County | \$134 | Cohort | \$156 | <table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Chippewa County</td><td>\$182</td></tr> <tr><td>Cohort</td><td>\$209</td></tr> </table> | Category | Rate | Chippewa County | \$182 | Cohort | \$209 |
| Category | Rate | | | | | | | | | | | | | |
| Chippewa County | \$134 | | | | | | | | | | | | | |
| Cohort | \$156 | | | | | | | | | | | | | |
| Category | Rate | | | | | | | | | | | | | |
| Chippewa County | \$182 | | | | | | | | | | | | | |
| Cohort | \$209 | | | | | | | | | | | | | |
| Average rate per day for in-home services | <table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Chippewa County</td><td>\$36</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table> | Category | Rate | Chippewa County | \$36 | Cohort | \$57 | <table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Chippewa County</td><td>\$61</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table> | Category | Rate | Chippewa County | \$61 | Cohort | \$81 |
| Category | Rate | | | | | | | | | | | | | |
| Chippewa County | \$36 | | | | | | | | | | | | | |
| Cohort | \$57 | | | | | | | | | | | | | |
| Category | Rate | | | | | | | | | | | | | |
| Chippewa County | \$61 | | | | | | | | | | | | | |
| Cohort | \$81 | | | | | | | | | | | | | |

Average Rates per day for CADI services (2011)

| | Chippewa County | Cohort |
|--|-----------------|----------|
| Total average rates per day | \$67.67 | \$95.98 |
| Average rate per day for residential services | \$134.01 | \$155.87 |
| Average rate per day for in-home services | \$36.34 | \$56.68 |

Average Rates per day for DD services (2011)

| | Chippewa County | Cohort |
|--|-----------------|----------|
| Total average rates per day | \$152.94 | \$171.92 |
| Average rate per day for residential services | \$181.87 | \$208.53 |
| Average rate per day for in-home services | \$61.05 | \$80.99 |

The average cost per day is one measure of how efficient and sustainable a lead agency's waiver program is. **The average cost per day for CADI waiver participants in Chippewa County is \$28.31 (29.5 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Chippewa County spends \$21.86 (14.0 percent) less on residential services and \$20.34 (35.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Chippewa County ranks 6th 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 Chippewa County is \$18.98 (11.0 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Chippewa County spends \$26.66 (12.8 percent) less on residential services and \$19.94 (24.6 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Chippewa County ranks 15th 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.

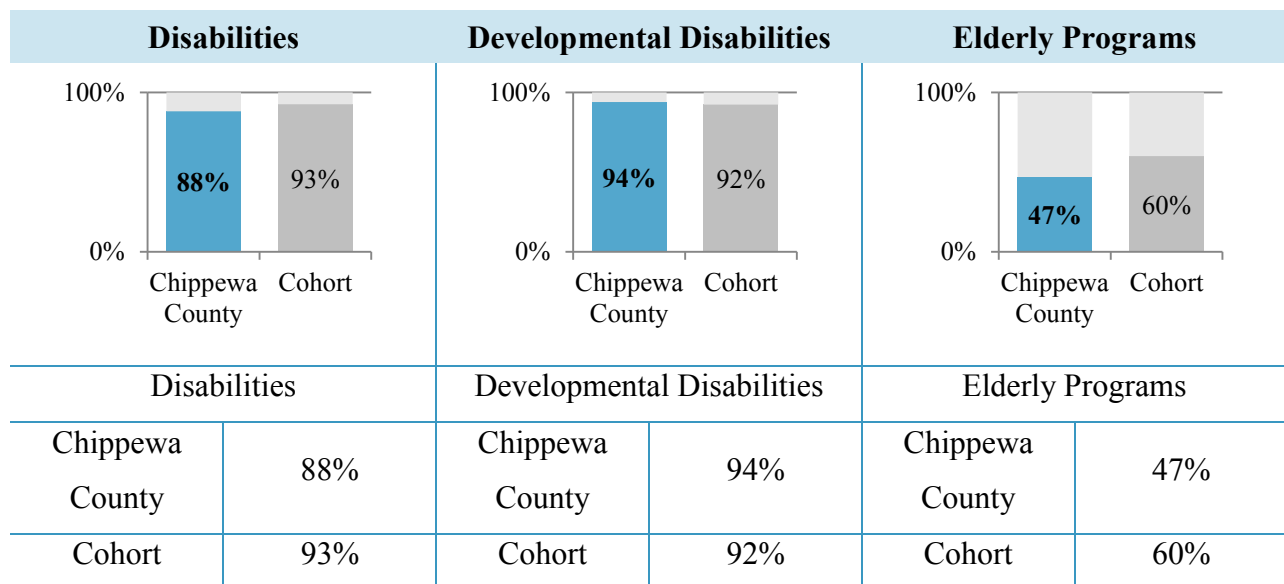
Chippewa County has a lower use in the CADI program than its cohort of residential based services (Foster Care (25% vs. 28%) and Customized Living (0% vs. 8%)). The county has a higher use of Prevocational Services (22% vs. 11%), but a lower use of Supported Employment Services (4% vs. 11%). They have a higher use of some in-home services including Homemaker (40% vs. 28%), Home Delivered Meals (50% vs. 21%), and Home Health Aide (13% vs. 7%), but a lower use of Independent Living Skills (11% vs. 13%). Fifty-three percent (53%) of Chippewa County's total payments for CADI services are for residential services (53% foster care and 0% customized living) which is lower than its cohort group (56%). Chippewa County's corporate foster care rates are notably lower than its cohort when billed monthly and when billed daily (\$4,244.62 vs. \$5,118.81 per month and \$104.36 vs. \$192.17 per day).

Chippewa County's use of Supportive Living Services (SLS) is higher than its cohort (74% 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. Chippewa County's monthly or semi-monthly Supportive Living Services rates are lower than its cohort (\$3,564.47 vs. \$3,879.17). For vocational services, the county's use of Day Training & Habilitation (69% vs. 64%) and Supported Employment (7% vs. 5%) are higher than its cohort. Its use of Respite Services (15% vs. 19%) is lower 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)



In 2011, Chippewa County served 110 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 11 in institutional care. Chippewa County ranked 76th of 87 counties in the percent of LTC participants receiving HCBS; 87.7 percent of their LTC participants received HCBS. This is lower than their cohort, where 92.6 percent were HCBS participants. Since 2007, Chippewa County has increased its use of HCBS by 1.8 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Chippewa County served 79 LTC participants (persons with development disabilities) in HCBS settings and five in institutional settings. Chippewa County ranked 40th of 87 counties in the percentage of DD participants receiving HCBS with 93.9 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.3 percent). Chippewa County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased

its use by 3.5 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, Chippewa County served 137 LTC participants (over the age of 65) in HCBS settings and 143 in institutional care. Chippewa County ranked 74th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 47.3 percent received HCBS. This is lower than their cohort, where 59.9 percent were HCBS participants. Since 2007, Chippewa County has decreased its use of HCBS by 9.2 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)

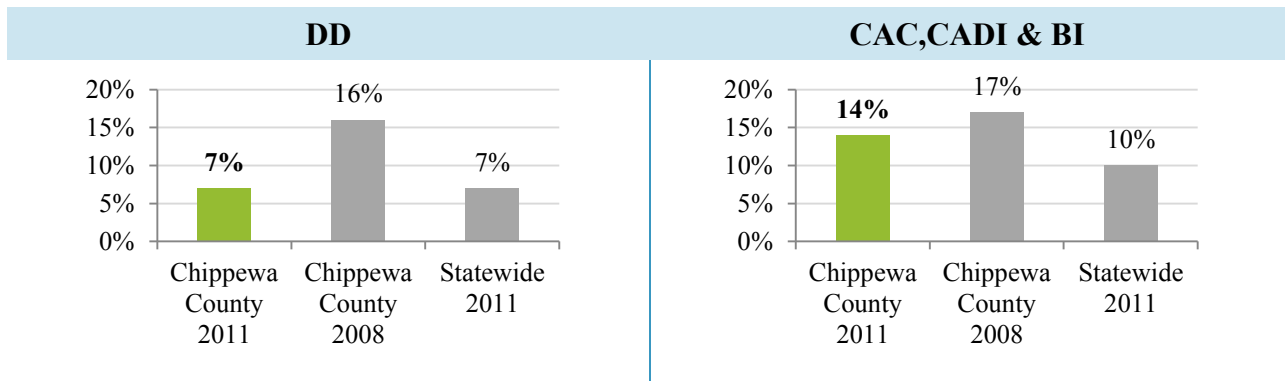
| | Chippewa County | Cohort | Statewide |
|-----------|----------------------------|--------|-----------|
| Age 0-64 | 0.70 | 0.46 | 0.47 |
| Age 65-84 | 49.66 | 26.01 | 23.11 |
| TOTAL | 9.53 | 4.59 | 3.24 |

In 2011, Chippewa County was ranked 80th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. In addition, Chippewa County has a 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 5.8 percent in Chippewa County. Overall, the number of residents in nursing facilities has increased by 2.7 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 |
|------------------------|-----|---------------|
| Chippewa County (2011) | 7% | 14% |
| Chippewa County (2008) | 16% | 17% |
| 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, Chippewa County had a 7% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Chippewa County’s DD waiver balance is smaller than its balance in CY 2008 (16%), and is the same as the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Chippewa 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, Chippewa County had a 14% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2008 (17%).

There currently is no waiting list for DD or CADI. The lead agency keeps a short list of people who may benefit from services if there is an opening, but it is not an official waitlist. If there is a waitlist, allocation of new slots are based on health and safety needs.

The Social Services Supervisor runs simulations in WMS. If a case manager wants to add a new participant or needs an increase in funding, they fill out a form. The supervisor puts the information in to WMS and makes a decision. When new funding becomes available, the supervisor lets case managers know so they can add potential waiver participants to make sure they are using resources.

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.

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

Case managers shared that it can be difficult to get a hold of someone at the Help Desk and have had issues connecting in the past. Lead agency staff said that it can be difficult to find information on the DHS website, and it is often easier to use an external search engine. The Social Services Supervisor said that she likes that they do not have to travel to attend videoconferences or webinars, which saves time. However, case managers shared that videoconferences can be confusing and may not cover the topic they were expecting. The Social Services Supervisor shared that the RRS is very knowledgeable, does a great job of responding quickly, and provides helpful resources.

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.

Chippewa County Strengths

The following findings focus on Chippewa 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.

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

During the previous review in 2009, Chippewa County received a corrective action for the BI form being out of compliance. In 2013 this issue does not remain for Chippewa County, indicating technical improvements over time.

- **Case managers provide high quality case management services to meet participant needs.**

Case managers support each other in their work and share expertise with one another. The case managers build strong relationships with participants and their families, and help them navigate systems to ensure they receive services to meet their health and safety needs. In addition, frequent face-to-face visits with participants in all waiver programs were clearly documented in case file notes; many participants were seen by their case manager on a quarterly basis. On average, EW participants are visited by their case manager every 122 days, AC participants are visited by their case managers every 108 days, BI participants are

visited by their case manager every 68 days, CADI participants are seen every 87 days, and DD participants are seen every 87 days.

- **Multiple sources of data indicate that Chippewa County staff is well-connected with providers and other organizations that serve participants.** Chippewa County case managers have made connections with staff at hospitals, nursing homes, schools, vocational rehab providers, and other agencies that serve 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. The county has annual meetings with providers, and also surveys participants for feedback about providers of the services they receive. Case managers also drop in to visit participants at work and at home.
- **The case files reviewed in Chippewa County consistently met HCBS program requirements.** Participant case files are well-organized and complete. There was good documentation of required forms including the OBRA Level One form, ICF/DD Level of Care, informed consent to release information, and HIPAA privacy practices. All care plans were current and included information about health and safety for participants. In addition, all DD screenings were current and signed and dated by the appropriate parties. Although it is not a requirement for the EW and AC programs, all (100%) of the EW and AC cases included emergency contact information, and 65% included a back-up plan indicating the county has taken extra measures to ensure participant health and safety.
- **Chippewa County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income.** Chippewa County has a strong focus on employment for participants with disabilities and has the expectation that participants will work. The county ranks 9th of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month. It also ranks 22nd of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income over \$250 a month. The County is also out performing its cohort with 21.1% of CCB waiver participants (compared to 13.4%

for the cohort) and 29.4% of DD waiver participants (compared to 24.6% for the cohort) earning more than \$250 per month. Case managers have a good relationship with vocational providers, and participants are working in the community at Walmart, a thrift store, and on a cleaning crew. The County should continue their effort to partner with providers in this area and grow employment opportunities for waiver participants.

- **Chippewa County’s planned participation in a waiver alliance will help them meet needs and manage risks.** The county does not currently have a waitlist, and being part of an alliance will allow Chippewa County to spend more of the HCBS budget while being protected in the event of high cost participants. Participating in the alliance will help lay the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Chippewa County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Chippewa 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.
- **Chippewa 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 personalized and detailed information about their plan of care. The goals in the care

plan should be meaningful and unique to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs.

- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs.** While the DD program already has a visit sheet, it is important to use them consistently 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.
- **Continue to work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Chippewa County ranks 80th of 87 counties statewide in their use of nursing facility services for people of all ages. Chippewa County should work to influence what services are available to its waiver participants. This may involve developing 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 to allow people to remain safely in their own homes. It may also involve strategically developing assisted living services that can care for persons who otherwise may have to live in nursing facilities, such as those living in isolated rural communities or those needing memory care. As the 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. This may include partnering with neighboring lead agencies with similar needs or service capacity. Chippewa County should work with other lead agencies in the new alliance to develop services, or connect with other lead agencies who have done work in this area (http://www.minnesotahcbs.info/best_practices). Currently, 23.9% of DD participants receive services at home (ranking Chippewa County 65th of 87 counties). 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 Chippewa County was found to be inconsistent in meeting state and federal requirements and will require a response by Chippewa 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 Chippewa County will be required to take corrective action.

- **Beginning immediately, ensure that LTC screenings for CCB and DD programs occur within required time frames.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-one percent (71%) or five out of seven assessments for new CAC, CADI and BI participants and 0% or 0 out of one screenings for new DD 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 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. Two out of 10 CADI cases, two out of 10 EW cases, and three 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, six out of 10 CADI cases, two out of two BI cases, six out of 10 EW 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 out of 10 DD cases 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 Chippewa 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 Lead agency, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 27 cases. All items are to be corrected by June 10, 2013 and verification submitted to the Waiver Review Team to document full compliance. Chippewa County submitted a completed compliance report on June 10, 2013.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

| PARTICIPANT ACCESS | ALL | AC / EW | CCB | DD | Strength | Challenge |
|--|------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| Participants waiting for HCBS program services | 0 | N / A | 0 | 0 | N / A | N / A |
| Screenings done on time for new participants (PR) | 79% | 91% | 71% | 0% | AC / EW | CCB, DD |
| Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years | N / A | N / A | 80% | 80% | CCB, DD | N / A |
| PERSON-CENTERED SERVICE PLANNING & DELIVERY | ALL | AC / EW n=20 | CCB n=12 | DD n=10 | Strength | Challenge |
| Timeliness of assessment to development of care plan (PR) | 100% | 100% | 100% | N / A | AC / EW, CCB | N / A |

| PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued) | ALL | AC / EW n=20 | CCB n=12 | 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) | 100% | 100% | 100% | 100% | ALL | N / A |
| All needed services to be provided in care plan (PR) | 93% | 90% | 100% | 90% | ALL | N / A |
| Choice questions answered in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Participant needs identified in care plan (PR) | 62% | 40% | 100% | 60% | CCB | AC / EW, DD |
| Inclusion of caregiver needs in care plans | 44% | 67% | 20% | 100% | DD | N / A |
| OBRA Level I in case file (PR) | 100% | 100% | 100% | N / A | AC / EW, CCB | N / A |
| ICF/DD level of care documentation in case file (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| DD screening document is current (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| DD screening document signed by all relevant parties (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| Related Conditions checklist in case file (DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| TBI 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 (<i>Provider survey, n=5</i>) | 80% | N / A | N / A | N / A | N / A | N / A |
| Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=5</i>) | 80% | N / A | N / A | N / A | N / A | N / A |
| PARTICIPANT SAFEGUARDS | ALL | AC / EW n=20 | CCB n=12 | DD n=10 | Strength | Challenge |
| Participants are visited at the frequency required by their waiver program (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Health and safety issues outlined in care plan (PR) | 88% | 80% | 92% | 100% | CCB, DD | N / A |
| Back-up plan (PR for CCB) | 83% | 65% | 100% | 100% | CCB, DD | N / A |
| Emergency contact information (PR for CCB) | 100% | 100% | 100% | 100% | ALL | N / A |
| PARTICIPANT RIGHTS & RESPONSIBILITIES | ALL | AC / EW n=20 | CCB n=12 | DD n=10 | Strength | Challenge |
| Informed consent documentation in the case file (PR) | 98% | 100% | 92% | 100% | ALL | N / A |
| Person informed of right to appeal documentation in the case file (PR) | 36% | 20% | 17% | 90% | DD | AC / EW, CCB |
| Person informed privacy practice (HIPAA) documentation in the case file (PR) | 98% | 100% | 92% | 100% | ALL | N / A |
| PARTICIPANT OUTCOMES & SATISFACTION | ALL | AC / EW n=20 | CCB n=12 | DD n=10 | Strength | Challenge |
| Participant outcomes & goals stated in individual care plan (PR) | 79% | 60% | 92% | 100% | CCB, DD | N / A |
| Documentation of participant satisfaction in the case file | 43% | 20% | 58% | 70% | 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 | 47% | 88% | 94% | DD | AC / EW, CCB |
| Percent of LTC funds spent on HCBS | N / A | 24% | 78% | 91% | DD | AC / EW, CCB |
| Percent of waiver participants with higher needs | N / A | 34% | 42% | 82% | DD | AC / EW, CCB |
| Percent of program need met (enrollment vs. waitlist) | N / A | N / A | 100% | 100% | CCB, DD | N / A |
| Percent of waiver participants served at home | N / A | 81% | 62% | 24% | AC / EW, CCB | DD |
| Percent of working age adults employed and earning \$250+ per month | N / A | N / A | 21% | 29% | CCB, DD | N / A |

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.