

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Cook County**

Waiver Review Site Visit: June 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 Cook 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 Cook County
Case File Review	27 cases
Provider survey	1 respondent
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group(s) with 3 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 Cook County

In June 2013, the Minnesota Department of Human Services conducted a review of Cook County's Home and Community Based Services (HCBS) programs. Cook County is a rural county located in north eastern Minnesota. Its county seat is located in Grand Marais, Minnesota and the county has another three townships. In State Fiscal Year 2011, Cook County's population was approximately 5,218 and served 50 people through the HCBS programs. According to the 2010 Census Data, Cook County had an elderly population of 19.2%, placing it 24th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Cook County's elderly population, 3.2%% are poor, placing it 87th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Cook County Public Health and Human Services Department is the lead agency for the HCBS programs and provides case management for these programs. There is one Social Services Supervisor who oversees seven total staff, three of which are waiver case managers. There is one lead worker for all adult services programs and she also provides case management for all waivers except DD. One case manager has EW, AC, BI, and CADI cases, and one case manager has primarily DD cases and some CADI cases for children. There are also one adult mental health worker and one children's mental health worker who are able to provide case management for CADI participants when needed. Cook County provides care coordination for the Blue Plus and UCare Managed Care Organizations (MCOs).

The waiver case managers work closely with a public health nurse who completes initial LTCC assessments with a social worker for the LTC programs. The public health nurse is not

supervised by the Social Services Supervisor and does not manage any waiver cases. While the county does not currently have any CAC cases, a public health nurse would provide case management for these cases. The public health nurse is also available for case consultations for participants with high medical needs. Case managers shared that public health nurses attend regular meetings, and they are in frequent contact with them about LTCC assessments.

Intake duties are shared by six workers who rotate daily. Potential waiver participants are directed to the appropriate worker based on the initial information collected. Most cases self-assign to a case managers since there are a limited number of workers. Case managers discuss cases and make adjustments for cases where there is a potential conflict of interest.

The lead worker has about 30 cases in addition to adult protection duties. The LTC case manager has about 25 cases and has adult protection and adult mental health responsibilities. In addition, she is the coordinator of the county's in-home support program. The DD case manager has approximately 20 waiver cases with a few Rule 185 cases. She also handles licensing and children's mental health when there is overflow.

Working Across the Lead Agency

There is one financial worker who works primarily with cases for adults on the LTC waiver programs. The financial worker enters all screening documents except for DD. Case managers shared that they communicate through e-mails and frequent face-to-face contact.

In Cook County, CADI participants who also receive Rule 79 Targeted Case Management will have two case managers, as the lead agency keeps these two roles separate. The CADI waiver case manager will be in close consultation with the Rule 79 case manager to create a more integrated system for meeting the participants' needs. Case managers shared that there is a lot of communication and overlap with mental health in providing case management to participants. There is also a children's mental health worker who is able to take CADI children cases, but has limited time to take on new cases.

Two of the waiver case managers also serve as adult protection workers. They complete investigations for each other's waiver participants when there is a perceived conflict of interest.

They work closely with each other to customize a solution to best fit the situation. When waiver participants are involved in a child protection case, child protection workers collaborate with waiver case managers so that everyone has the most current information about the situation.

Lead agency staff present to the County Board once per month and to the Human Services Advisory Board once or twice per year on the topic of the waiver programs and services. The Human Services Advisory Board meets every other month and its membership includes providers and family members of service recipients.

Health and Safety

In the Quality Assurance survey, Cook 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. Although there was only one provider survey respondent, the provider indicated they have good, open communication with case managers, and that case managers are advocates for participants.

Lead agency staff attend weekly team meetings every Monday morning where case managers can consult on cases. Public health nurses also attend these meetings. The lead worker is most involved in keeping up with program and policy changes and disseminates information to other staff. The Public Health and Human Services Director, the Social Services Supervisor, and the financial supervisor also meet weekly and discuss any changes.

Case managers attend trainings when the topic pertains to their work. Case managers also receive bulletins and E-Docs updates. The DD case manager attends regional DD meetings put on by the Regional Resource Specialist (RRS). The lead worker attends regional LTC quarterly meetings. This meeting is organized by elderly program case managers, but the RRS occasionally attends. The Social Services Supervisor attends the regional supervisor meetings. They do not have an internal case file review process. Lead agency staff shared that MCOs audit their files annually and provide them with additional training opportunities.

Service Development and Gaps

Case managers shared that they have built strong relationships with both in-county and out-of-county providers. Cook County's unique location – it has only one neighboring county - makes it more difficult to find providers for direct services, and transportation poses a significant barrier to accessing needed services. Lead agency staff shared that they struggle to find appropriate housing options for participants who wish to live in the community because of the limited options. There is currently only one adult foster care provider and no customized living providers. In addition, many participants must travel to Duluth to receive specialized care or to receive mental health services.

The county uses their in-home support program to reach participants in more isolated parts of the county. The county's In-Home Support Program contracts with individuals in the community to provide basic services like transportation and homemaking, but these individuals do not provide hands-on or skilled care like PCA or medication management. Cook County performs background checks, provides training, and assists with billing the state for individuals who provide services to participants through their In Home Support Program. Participants also rely on informal family supports to help them stay in their own homes.

There are no DT&H providers in the county. Lead agency staff shared that one employment assistance provider travels to the county from Duluth, but only works with participants who are able to obtain competitive independent employment in the community. The county has used creative solutions to provide services including hiring local teachers as job coaches through CDCS.

Cook County is piloting the Peace of Mind Project in some participant's homes which uses technology to provide monitoring in the home. Lead agency staff noted that a barrier to using this is the lack of access to high-speed broadband internet.

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.

Cook 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	3
Schools (IEIC or CTIC)	0	1	0
Advocacy Organizations	0	0	2
Public Health Programs for Seniors	0	0	3
Hospitals (in and out of county)	0	2	1
Area Agency on Aging	0	0	3
Residential Providers (CL, SLS)	0	0	1
Employment Providers (DT&H, Supported Employment)	0	1	1
Foster Care (Corporate/Family)	0	1	2
Home Care	0	0	2

The small number of people in the county allows case managers to build strong relationships with participants. Case managers respond directly to any participant complaints or concerns about providers or services. The DD case manager does licensing for the adult foster care in the county. She has satisfaction surveys that she gives to participants.

Case managers said they have very good relationships with nursing facilities and are in frequent communication with social workers and staff. They are also usually involved in the discharge planning. Case managers shared that they have good relationships with doctors at the local

hospital, but hospital staff have a lack of training on mental illness and behaviors which can create challenges for care coordination. However, communication is not as strong with hospitals in Duluth for participants who go there for surgery or mental health needs.

Case managers said that local schools have strong advocates for students with disabilities, and there are resources available to educate students to help their classmates with disabilities. The public health nurse attends quarterly Interagency Early Intervention Committee (IEIC) meetings. Case managers also shared that advocacy organizations have been very helpful in working closely with participants and families on CDCS, and have assisted with relocation.

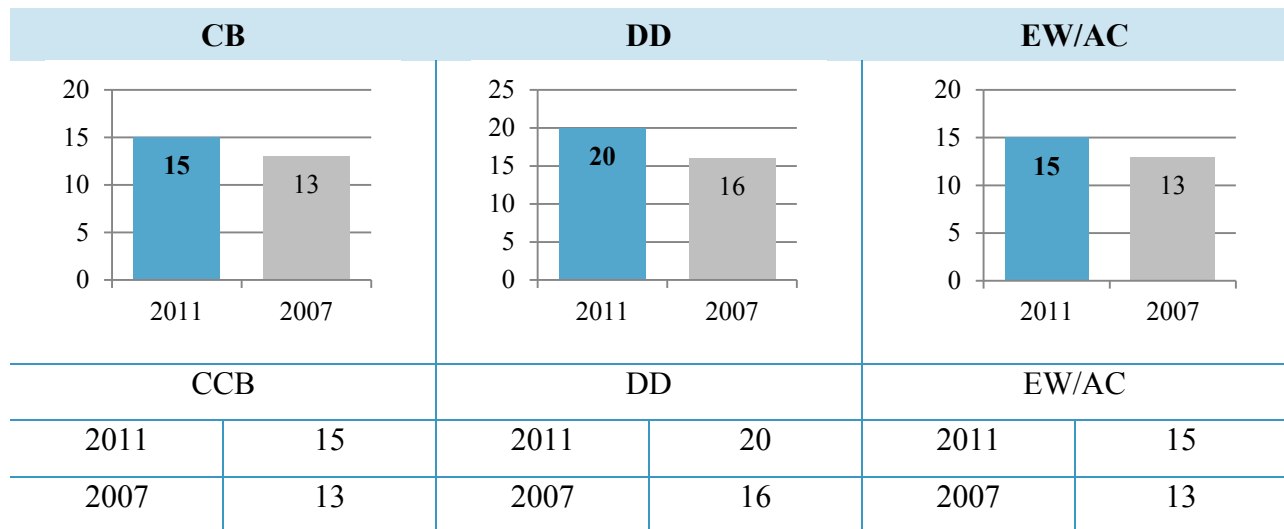
Case managers said that some higher functioning participants have obtained independent employment in the community and that local businesses often provide informal supports and job coaching to these participants. They have worked with one formal provider of supported employment who has done a good job of working with participants with challenging behaviors and who attends meetings with case managers.

Case managers shared that the one local foster care provider is very selective with whom they are willing to serve, leaving no local options for participants with higher needs. Most participants who need placement are placed out of county in Duluth. While there are no in-county customized living facilities, case managers said they have positive relationships with the ones they work with.

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 Cook County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Cook County has increased by 2 participants (15.4 percent); from 13 in 2007 to 15 in 2011. Most of this growth occurred in the case mix B, which grew by 4 people. Additionally, case mixes D and G each grew by one person. Decreases occurred in three case-mixes; E, F and J. As a result, Cook County may be serving a larger proportion of individuals with mental health needs.

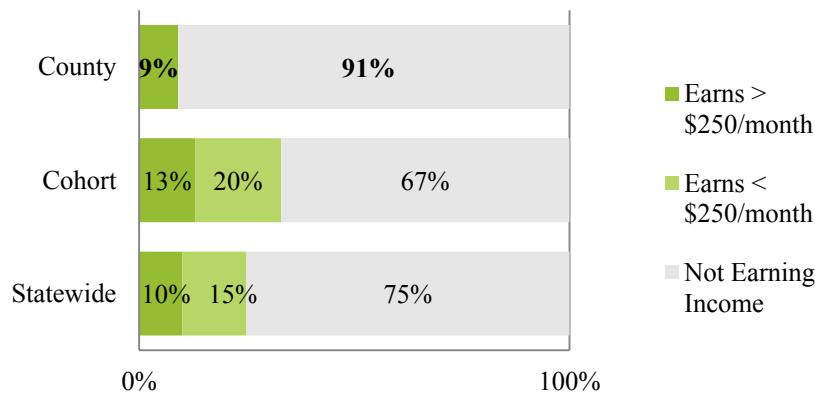
Since 2007, the number of persons served with the DD waiver in Cook County increased by 4 participants, from 16 in 2007 to 20 in 2011. In Cook County, the DD waiver program is growing more quickly than in the cohort as a whole. While Cook County experienced a 25.0 percent increase in the number of persons served from 2007 to 2011, its cohort had an 8.5 percent increase in number of persons served. In Cook County, the profile group 2 increased by 3 people. The greatest change in the cohort profile groups occurred in persons having a Profile 3. Cook County serves a larger proportion of persons in profile groups 1 and 2 (60.0 percent), than its cohort (31.9 percent).

Since 2007, the number of persons served in the EW/AC program in Cook County has increased by 2 people (15.4percent), from 13 people in 2007, to 15 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, Cook County served 3 more lower needs participants in 2011 than in 2007. In addition, case mixes H and J grew slightly. As a result, Cook County is serving one less higher needs person than they did in 2007.

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)

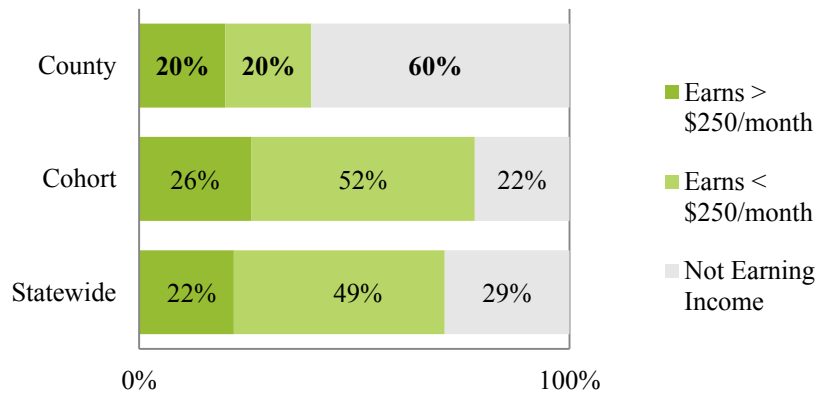


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Cook County	9%	0%	91%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Cook County served 11 working age (22-64 years old) CCB participants. Of working age participants, 9.1 percent had earned income, compared to 32.7 percent of the cohort's working age participants. **Cook County ranked 66th of 87 counties in the percent of CCB**

waiver participants earning more than \$250 per month. In Cook County 9.1 percent of the participants earned \$250 or more per month, compared to 12.9 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)



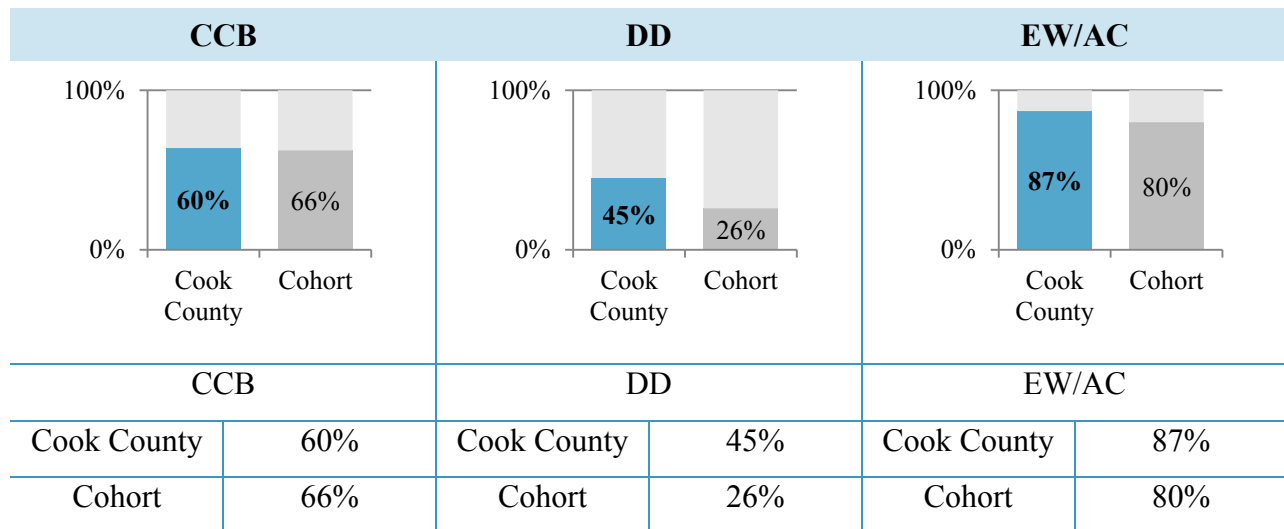
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Cook County	20%	20%	60%
Cohort	26%	52%	22%
Statewide	22%	49%	29%

In 2011, Cook County served 10 DD waiver participants of working age (22-64 years old). **The county ranked 52nd in the state for working-age participants earning more than \$250 per month.** In Cook County, 20.0 percent of working age participants earned over \$250 per month, while 26.0 percent of working age participants in the cohort as a whole did. Also, 40.0 percent of working age DD waiver participants in Cook County had some earned income, while 77.5 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)



Cook County ranks 52nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 9 participants at home. Between 2007 and 2011, the percentage decreased by 16.9 percentage points. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 60.0 percent of CCB participants in Cook County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Cook County ranks 9th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 9 participants at home. Between 2007 and 2011, the percentage increased by 13.8 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.2 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.

Cook County ranks 16th out of 87 counties in the percentage of EW/AC program

participants served at home. In 2011, the county served 13 participants at home. Between 2007 and 2011, the percentage increased by 2.1 percentage points. In comparison, the percentage of participants served at home fell by 3.2 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. Cook County serves a higher proportion of EW/AC participants than their cohort or the state.

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

	CADI	DD
Total average rates per day		
Average rate per day for residential services		
Average rate per day for in-home services		

Average Rates per day for CADI services (2011)

	Cook County	Cohort
Total average rates per day	\$110.59	\$97.17
Average rate per day for residential services	\$143.72	\$166.64
Average rate per day for in-home services	\$58.23	\$62.58

Average Rates per day for DD services (2011)

	Cook County	Cohort
Total average rates per day	\$143.52	\$166.61
Average rate per day for residential services	\$215.85	\$197.28
Average rate per day for in-home services	\$63.14	\$75.80

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 Cook County is \$13.42 (13.8 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Cook County spends \$22.92 (13.8 percent) less on residential services and \$4.35 (7.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Cook County ranks 63rd 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 Cook County is \$23.09 (13.9 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Cook County spends \$18.57 (9.4 percent) more on residential services but \$12.66 (16.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, **Cook County ranks 6th 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.

Cook County has an identical use in the CADI program when compared to its cohort for residential based services (Foster Care (30% vs. 24%) and Customized Living (0% vs. 6%). The county has a lower use of vocational services, including Prevocational Services (0% vs. 9%) and Supported Employment Services (0% vs. 14%). They have a lower use of some in-home services including Homemaker (20% vs. 23%) and Home Delivered Meals (20% vs. 26%), but a higher use of Independent Living Skills (20% vs. 17%). Seventy-four (74%) of Cook County's

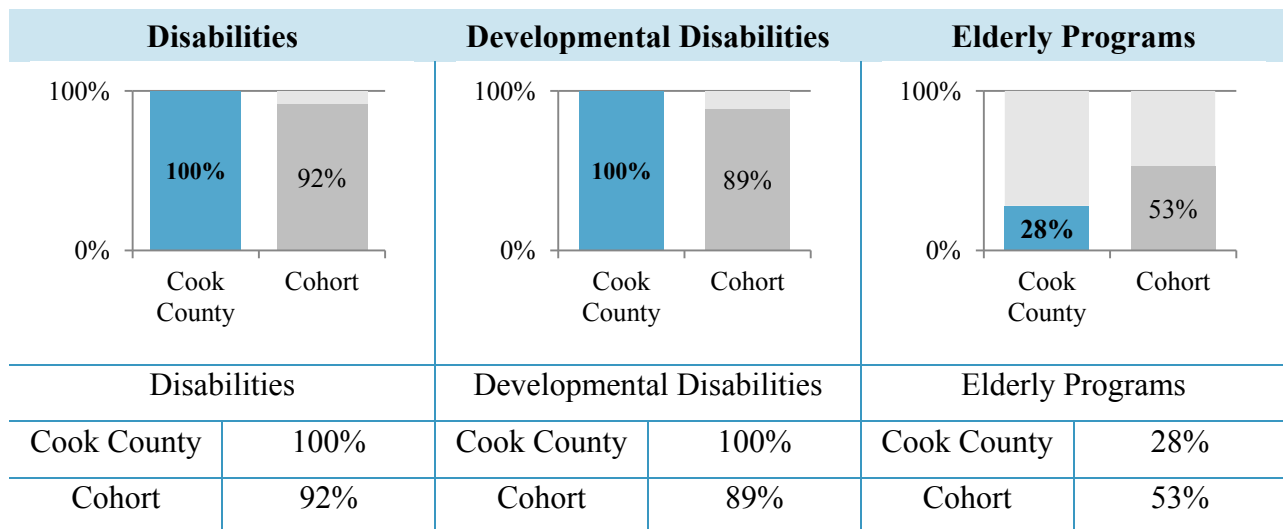
total payments for CADI services are for residential services, which is notably higher than its cohort group (51%).

Cook County’s use of Supportive Living Services (SLS) is lower than its cohort (52% vs. 73%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The daily rate for supportive living services in a corporate foster care in Cook County is higher than its cohort (\$271.86 vs. \$196.37). Its use of many in-home services are higher than its cohort, including Respite Services (21% vs. 19%), CDCS (36% vs. 3%), and In-home Family Support (21% vs. 15%).

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, Cook County served 20 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 4 in institutional care. Cook County ranked 1st of 87 counties in

the percent of LTC participants receiving HCBS, with 100.0 percent of their LTC participants received HCBS throughout the year. This is higher than their cohort, where 92.1 percent were HCBS participants. Since 2007, Cook County has increased its use of HCBS by 8.3 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Cook County served 20 LTC participants (persons with development disabilities) in HCBS settings and 0 in institutional settings. Cook County ranked 1st of 87 counties in the percentage of DD participants receiving HCBS with 100.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (88.9 percent). Since 2007, the county has remained the same while its cohort rate has increased by 1.1 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Cook County served 16 LTC participants (over the age of 65) in HCBS settings and 32 in institutional care. Cook County ranked 87th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 27.5 percent received HCBS. This is lower than their cohort, where 53.2 percent were HCBS participants. Since 2007, Cook County has increased its use of HCBS by 2.5 percentage points, while their cohort has increased by 5.3 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

	Cook County	Cohort	Statewide
Age 0-64	0.00	0.53	0.47
Age 65+	29.06	33.43	23.11
TOTAL	5.57	6.53	3.24

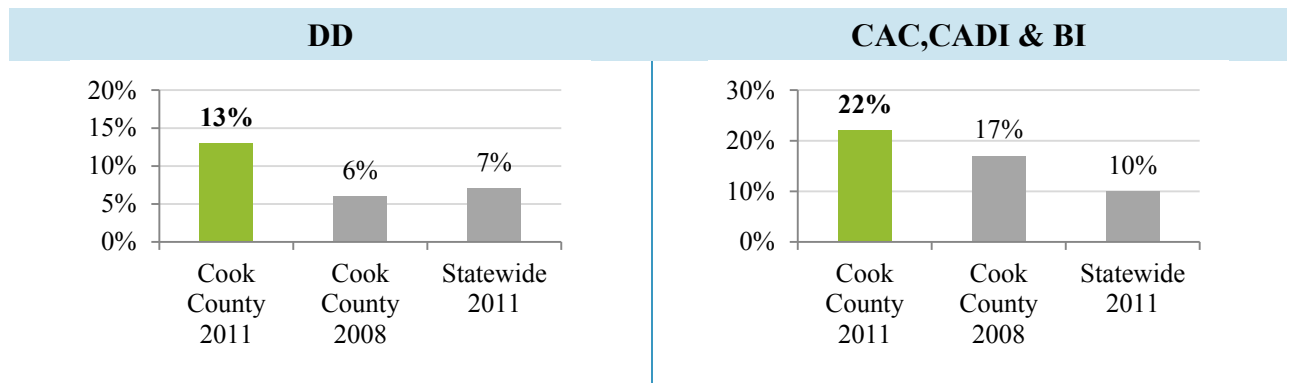
In 2011, Cook County was ranked 53rd in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort, but higher than the statewide rate. Cook County has a lower nursing facility utilization rate for people under 65 years old (0.0 percent). Since 2009, the number of nursing home

residents 65 and older has increased by 11.5 percent in Cook County. Overall, the number of residents in nursing facilities has also increased by 11.5 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
Cook County (2011)	13%	22%
Cook County (2008)	6%	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, Cook County had a 13% balance at the end of calendar year 2011, which indicates the DD waiver

budget had a reserve. Cook County's DD waiver balance is larger than its balance in CY 2008 (6%), and the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Cook 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, Cook County had a 22% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%) and the balance in FY 2008 (17%).

The lead agency does not have a waitlist for any of the disability waivers. The case managers meet as a team with the financial supervisor and Social Services Supervisor on a quarterly basis to look at any changes or trends and to monitor the budgets. They also have a standing agenda item at the weekly Monday morning team consultation meetings to talk about current waiver participants and any changing needs. Lead agency staff also meet as needed to discuss any changes. The Social Services Supervisor runs simulations in WMS, but the fiscal supervisor completes the formal analysis for funding requests. If a current participant needs an increase in services, the case manager discusses it with the Social Services Supervisor to assess eligibility for services and funding availability. There is no official form to request additional funding, as this process is done more informally in Cook County.

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.

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

Lead agency staff said that they do not always receive prompt responses from Policy Quest. The lead worker is the contact who is able to submit questions. The lead worker has also used it to

read responses to questions submitted by others. Case managers shared that they use the Help Desk and that it has been helpful as a resource for MMIS questions. The Disabilities Service Program Manual (DSPM) is used frequently for guidance. Case managers said they like that it is easy to navigate and reduces the need to keep track of different sources of information. Case managers also use the DHS website to find information about the waivers and adult protection. However, they added that the search function does not always work well. Case managers use E-Docs forms to create packets for assessments and update them as needed. The Disability Linkage Line and Senior Linkage Line have been helpful for answer case managers' questions, and they mentioned that Linkage Line staff are respectful, responsive, and knowledgeable. Case managers read bulletins and sometimes print them to reference later. One challenge they mentioned is finding time to read them and finding specific information about different topics they are interested in.

Lead agency staff attend videoconference trainings and find them to be helpful for keeping up with requirements while reducing travel time. Case managers connect with the RRS and said this person is responsive and tries to provide answers to their questions. However, they shared that they are often referred to the DSPM or other resources which can be frustrating. Case managers receive listserv announcements, but said they often receive duplicate copies and are unable to read all of them. MinnesotaHelp.Info has been used in the past, but case managers said it is not easy to navigate and the information on their county is not accurate. Case managers shared that the ombudsmen they have worked with have not been responsive or helpful with questions related to specific requirements such as the OBRA Level One form or Medical Assistance.

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.

Cook County Strengths

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

- **Cook County addresses issues to comply with Federal and State requirements.** During the previous review in 2008, Cook County received a corrective action for the OBRA Level One, ICF/DD form, signed and dated DD screening documents, and timeliness of assessment to care plan. In 2013, none of these issues remain for Cook County indicating technical improvements over time.
- **Case managers build relationships with waiver participants and families over time by visiting frequently and by helping them navigate systems to receive the services that they need.** Case managers are in frequent contact with participants. All (100%) of participants reviewed were seen at the frequency required by their waiver plan; many were seen more often than required with an average of 8.3 visits every 18 months across all waiver programs. The county may want to even further enhance this practice by using visit sheets to monitor provider performance and document participant satisfaction. Social Services staff are experienced and they work well together and with Public Health nurses and financial workers; this gives them ability to navigate across agency to provide seamless services for participants.
- **Cook County staff are well-connected with individual community members, service providers and other organizations that may be able to serve participants.** Cook County case managers have formed strong connections with staff at hospitals, nursing facilities, advocacy organizations and other agencies that serve participants both in and out of the county. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Cook County has

used its close connections to the community to create creative solutions to fill gaps in services. For example, case managers have utilized their In-Home Support Program and CDCS to reach out to community members and have used waiver funding to allow non-traditional or informal supports to be paid to provide basic in-home services, job coaching, and occupational therapy services.

- **Cook County case managers develop person-centered and participant friendly care plans 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 care plans in Cook County were thoughtfully written and meaningful to each individual participant and his/her unique situation. The goals in the care plan should be meaningful to the participant and include their preferences and their name. 81% of care plans reviewed included individualized and meaningful goals. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs. All care plans included information about participant health and safety issues. 89% of care plans outlined these needs to a degree that met or exceeded requirements, and only 11% were rated as being below which still meets the documentation requirements for health and safety.
- **Cook County has the capacity to serve waiver participants in the community and serves many participants at home.** Across programs, Cook County has a higher proportion of participants with disabilities receiving services in the community than in institutions compared to its cohort and the statewide averages. All (100%) of Cook County LTC recipients in the DD and CCB programs receive HCBS services. Additionally, the lead agency serves a greater proportion of HCBS participants in the DD and EW/AC waiver programs at home than in residential based services when compared to its cohort and the statewide average. In 2011, the lead agency ranked 9th out of 87 counties in the percentage DD program participants served at home (45.0%) and it ranked 16th out of 87 counties in the percentage of EW/AC program participants served at home (86.7%).

- **Cook County has effectively used Consumer-Directed Community Supports (CDCS) to serve participants at home.** In 2012, Cook County had three out of 20 DD participants using CDCS and two out of 15 CCB participants using CDCS. This program is effective at supporting participants in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing. This is particularly important for Cook County as there are limited resources to provide appropriate supports to help keep participants in their own homes. Case managers have a good understanding of the complexity of the CDCS program and have done a good job of promoting it and providing support to families who wish to use this option. Cook County works with an advocacy organization that assists families in the development of the CDCS care plan, which are customized and person-centered.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Cook County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Cook 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.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Cook County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (9.1% vs. 12.9%)

and ranks 66th of 87 counties and the DD program (20.0% vs. 26.0%) and ranks 52nd of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 9.8% vs. 13.4% for the cohort which ranks 59th of 87 counties. Cook County faces unique challenges; they serve a small number of participants, they do not have any DT&H providers, and they have limited neighboring counties to partner with to increase purchasing power. As a result, the lead agency should continue to work with the community and local businesses to develop creative community-based employment supports and opportunities for participants.

- **Work with providers and regional counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Cook County has lower rates of participants served at home than its cohort in the CCB programs. Only 60.0% of CCB participants are served at home (52nd of 87 counties) indicating high use of residential services. In addition, Cook County serves fewer high need CCB participants at home than its cohort (66.7% vs. 68.0%) which ranks 53rd out of 87 counties. Cook County has done great work in developing assistive technology and in-home supports to help participants remain in their own homes. The lead agency should develop a package of services offered by several providers and informal supports working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. 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. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability.
- **Consider developing additional systems or practices to support case managers.** With growing 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. The lead agency 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. Additional assistance from support staff may also help free up time for the lead worker to dedicate to keeping up with complex and changing policies. Contracted case management services may also help ease caseloads during staffing shortages and cut down on travel time to serve participants that live out of the region.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB and EW/AC programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-five percent (75%) or three out of four assessments for new CAC, CADI and BI participants and 50% or one out of two screenings for new EW and AC 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 case files include the annual BI 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 a person with a documented diagnosis of brain injury or related neurological condition on an annual basis. Two out of five BI cases reviewed did not have complete and current documentation in the file.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have completed documentation of

informed consent included in their case file. Two out of 10 DD cases did not have completed documentation in the case file. In addition, one out of four CADI cases and one out of 10 DD cases did not have documentation that the participant had given informed consent to release private information within the past year.

- **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, five out of five BI cases, four out of four CADI cases, and three out of six EW cases did not have this completed documentation in the case file. In addition, one out of six EW cases and out of 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.
- **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. Four out of five BI cases, one out of four CADI cases, and one out of six EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of five BI cases, two out of four CADI cases, three out of six EW cases, and one out of two AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Cook 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 18 cases. All items are to be corrected by August 5, 2013 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	1	N / A	0	1	N / A	N / A
Screenings done on time for new participants (PR)	67%	50%	75%	N / A	N / A	AC / EW, CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	N / A	N / A	N / A	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=8	CCB n=9	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	88%	100%	78%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	96%	100%	89%	100%	AC / EW, DD	N / A
All needed services to be provided in care plan (PR)	96%	100%	100%	90%	ALL	N / A
Choice questions answered in care plan (PR)	93%	100%	78%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	67%	63%	56%	80%	N / A	AC / EW, CCB
Inclusion of caregiver needs in care plans	83%	100%	67%	100%	AC / EW, 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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	60%	N / A	60%	N / A	N / A	CCB
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

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=1</i>)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=1</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=8	CCB n=9	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)	89%	88%	78%	100%	DD	N / A
Back-up plan (PR for CCB)	67%	50%	100%	50%	CCB	N / A
Emergency contact information (PR for CCB)	89%	75%	100%	90%	CCB, DD	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=8	CCB n=9	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	85%	100%	89%	70%	AC / EW	N / A
Person informed of right to appeal documentation in the case file (PR)	52%	38%	11%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	48%	38%	0%	100%	DD	AC / EW, CCB

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=8	CCB n=9	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	93%	88%	100%	90%	CCB, DD	N / A
Documentation of participant satisfaction in the case file	19%	25%	22%	10%	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	28%	100%	100%	CCB, DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	8%	94%	100%	CCB, DD	AC / EW
Percent of waiver participants with higher needs	N / A	33%	67%	85%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	95%	CCB	DD
Percent of waiver participants served at home	N / A	87%	60%	45%	AC / EW, DD	CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	9%	20%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.