

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Dakota County**

Waiver Review Site Visit: December 2014

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Contents

Contents	2
Acknowledgements	3
About the Minnesota Department of Human Services.....	3
About the Improve Group	3
Additional Resources	3
About the Waiver Review Initiative	4
About Dakota County	5
Working Across the Lead Agency	8
Health and Safety	11
Service Development and Gaps	12
Non-Enrolled Tier 2 and 3 Vendor Monitoring	13
Community and Provider Relationships/Monitoring	15
Capacity	17
Value	19
Sustainability	20
Usage of Long-Term Care Services	24
Managing Resources	26
Lead Agency Feedback on DHS Resources	27
Lead Agency Strengths, Recommendations & Corrective Actions	30
Dakota County Strengths	30
Recommendations	32
Corrective Action Requirements.....	34
Waiver Review Performance Indicator Dashboard	37
Attachment A: Glossary of Key Terms	41

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 Dakota County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

[Continuing Care Administration \(CCA\) Performance Reports](#) at

http://www.dhs.state.mn.us/main/dhs16_166609

[Waiver Review Website](#) at www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota’s Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

Table 1 below summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of Data Collection Methods

Method	Number for Dakota County
Case File Review	408 cases
Provider survey	95 respondents
Supervisor Interviews	4 interviews with 8 staff
Focus Group	3 focus groups with 30 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 Dakota County

In December 2014, the Minnesota Department of Human Services conducted a review of Dakota County's Home and Community Based Services (HCBS) programs. Dakota County is an urban county located in south east Minnesota. Its county seat is located in Hastings, Minnesota and the County has another 19 cities and 13 townships. In State Fiscal Year 2013, Dakota County's population was approximately 408,732 and served 4,125 people through the HCBS programs. According to the 2010 Census Data, Dakota County had an elderly population of 9.1%, placing it 82nd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Dakota County's elderly population, 5.1% are poor, placing it 84th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The Community Living Services Section within Dakota County's Community Services Division and Social Services Department is the lead agency for all HCBS programs. The waiver staff are housed in the Dakota County Northern Service Center located in West Saint Paul, MN. Case management for the HCBS programs is provided by four different teams within the division. Team A manages elderly participants who are on the AC and EW waiver programs; Team B manages CAC, CADI, and BI waiver participants; Team C focuses on person directed services and manages HCBS participants who are on CDCS, CSG, and FSG; and Team D manages DD waiver participants. Case aides are assigned to teams but report to supervisors within the Social Services' Administrative Operations and Quality Assurance (AOQA) Section. Currently, several certified MnCHOICES assessors are remaining a part of the case management teams. The lead agency no longer provides care coordination for any Managed Care Organizations (MCOs) serving EW participants in Dakota County.

There are two supervisors on Team A who oversee the management of the AC and EW programs. One supervisor manages a team of social workers, seven of which are waiver case managers. The other Team A supervisor oversees a team of public health nurses and three waiver case managers. Team A case managers have caseloads that range from 55 to 60 cases each.

Team B has two supervisors who oversee waiver case managers working with CAC, CADI, and BI participants. One supervisor oversees a group of 13 social workers who manage waiver cases, including one worker who has split responsibilities between waiver and mental health case management. While most of the case managers in this unit have a mix of participants from the three programs, they do specialize in some areas. For example, one social worker primarily manages BI participants who are living in St. Louis County. The unit also had one vacant case manager position at the time of the review. The other Team B supervisor oversees a unit comprised of seven public health nurses who manage CADI, BI, and the majority of the lead agency's CAC cases. This unit had three vacant case manager positions at the time of the review. The caseload size for Team B case managers varies depending on their experience and the complexity of their cases. For instance, some newer case managers currently carry caseloads of 20 to 25 cases as they learn the waiver programs, while more experienced case managers have caseloads of approximately 55 cases. Team B also has several case aides who enter service agreements into MMIS and provide general support to case managers.

One supervisor oversees Dakota County's self-directed programs for Team C; CDCS, CSG, and FSG. She supervises a total of eight social workers from both Team C and Team D. The three case managers from Team C support the participants who have chosen to utilize the self-directed programs. The five social workers are from Team D and are certified MnCHOICES assessors. This supervisor also coordinates workflow for two case aides who assist case managers by processing consumer-directed care plans and provide general oversight for the programs. Dakota County has approximately 1,000 participants utilizing these programs.

The lead agency has two Team D supervisors who oversee units of social workers specializing in working with persons with developmental disabilities. Each unit consists of eight case managers. Team D case managers have caseloads of about 60 cases each and typically do not specialize in certain age groups, but one unit is the lead for children in out of home placement.

Dakota County also contracts with five private agencies to provide case management for approximately 1,700 CADI, BI, and DD waiver cases. The lead agency has two Contracted Case Management Specialists who oversee these operations and act as the main points of contact for the contracted agencies. They are responsible for providing ongoing technical support and coordinating the transfer of information to and from the agencies. They meet with lead agency case managers and supervisors weekly to determine which participants could potentially be assigned to a contracted agency. The lead agency tends to contract out low-cost, stable cases and keeps cases that require coordination across different County departments due to complex situations, people who have public guardians, or participants with high medical needs. Dakota County also utilizes its contracted agencies to access more specialized resources and address specific cultural needs of participants. The Contracted Case Management Specialists work with supervisors at both the lead agency and contracted agencies to manage caseloads and overall capacity.

The lead agency has one supervisor who oversees intake for the Community Living Services Division. She served as the lead policy planner for Dakota County as they planned their transition to MnCHOICES, which they launched November of 2013. She supervises three full-time intake staff who are public health nurses and coordinates workflow for one case aide. The supervisor also oversees 18 certified MnCHOICES assessors who work within Teams A, B, C or D. The assessors come from a variety of backgrounds related to the waiver programs, with six coming from AC/EW, five from CCB, four from DD, and three from PCA. When a participant calls to request a waiver, intake staff gather detailed background information and help educate them on eligibility requirements for the waiver program. Based on their initial assessment of the participants needs, intake staff assign the case to an assessor who they believe is a good match and schedule an appointment on the assessor's behalf. Each assessor completes about three new MnCHOICES assessments each week.

After the initial assessment, the process of assigning an ongoing case manager to a case varies depending on the waiver program. For the EW and AC waivers, the assessor completes the necessary screening information and enters it into the lead agency's electronic SMARTS system. The two Team A supervisors then assign the cases based on the needs of participants and caseload sizes. For the DD program, assessors bring all of the Rule 185 eligibility and

MnCHOICES assessment information to a weekly meeting with the Team D supervisors and they review the cases together. For CCB, the assessor brings the waiver request to the Purchase of Service committee (POS) for CCB, which includes the Intake Supervisor, resource development staff, the Contracted Case Management Specialist, Waiver Coordinator, and supervisors from Team B and Mental Health. Once a participant is approved by the committee and is placed on a waiver, supervisors assign cases for ongoing case management based on internal and external case management capacity and the needs of participants.

Supervisors notify assessors when they assign cases for ongoing case management. An assessor may connect with a case manager face to face or through e-mail and telephone conversations to discuss complex cases. This process is the same for cases that are contracted to outside agencies.

Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is how well staff communicate with one another within their own teams, as well as across teams. They indicated that they often consult with other case managers in order to draw upon their expertise. For example, social workers connect with nurses regarding medical questions and nurses access social workers when they have questions about participants with behavioral or social needs. Lead agency staff shared that they work together to make sure each participant gets the services and supports they need. This communication is done through e-mail, telephone, and face to face conversations. The Community Living Services teams also have monthly staff meeting that includes nurses, social workers, and contracted case management staff.

Contracted case managers echoed the feelings of the lead agency staff. They shared that Dakota County staff have been very supportive and accessible for consultations. They also indicated that lead agency staff are very flexible and make decisions based on the needs and preferences of each waiver participant. They added that the staff they work with are usually very responsive to their questions and they appreciate being invited to the weekly CCB committee meetings to review cases. Contracted case managers did mention some challenges regarding the transferring of paperwork from the lead agency to their own. They indicated that this process can be prolonged, which makes responding to provider inquiries difficult. They added that the lead

agency prefers that they communicate through supervisors only which adds another layer of communication and possibly leading to inefficiencies or breaks in communication.

Dakota County has a team of financial workers who specialize in the waiver programs. Each participant is assigned to a specific worker. There are also two Client Relations Specialists assigned to Social Services. One of these Specialists supports waiver staff and helps ensure all necessary paperwork is completed so participants can obtain and maintain eligibility for Medical Assistance (MA). Case managers, assessors, and case aides contact the Client Relations Specialists for general questions about eligibility requirements prior to participants being assigned to a financial worker. Once a financial worker is assigned to a case, the case manager can contact the worker directly to discuss specific participants. Waiver staff indicated that they have good relationships with both the Client Relations Specialists and financial workers. However, they shared that the large volume of work for financial workers, combined with the high turnover rates, can make communication challenging in some cases. Two waiver case managers are former financial workers so they act as additional resources for their colleagues. Contracted case managers reported having similar communication issues with financial workers. Contracted case managers generally contact financial workers through e-mail and have found varying levels of responsiveness. The case managers did indicate that they have had better working experiences with Dakota County financial workers than with staff from other counties.

Case managers shared that adult protection workers are easily accessible and that their interactions often depend upon the situation. Case managers and supervisors receive reports and are notified when investigations are conducted for waiver participants. The Adult Protection Unit invites case managers to attend their weekly meetings and to consult when appropriate. In certain cases, adult protection workers may even invite a waiver case manager or assessor to go on visits with them. Contracted case managers shared that they have also had positive experiences working with Dakota County adult protection staff, sharing that they are always informed when investigations are happening and are asked to consult as well.

Child protection staff are housed in the Dakota County's Western Service Center located in Apple Valley, MN. Case managers shared that their relationships with child protection workers are more separate and that they are not always notified when there is an open investigation

involving one of their waiver participants. Some case managers indicated that recent changes regarding data privacy have made it difficult for staff to know what can and cannot be shared in these situations. Some CLS case managers stated that this limits their ability to assist in resolving issues.

Adult mental health staff are co-located with waiver case managers. Supervisors from mental health attend weekly CCB committee meetings. Typically, when adult participants qualify for both waiver case management and Rule 79 Targeted Mental Health Case Management, they will have a mental health case manager in addition to their waiver case manager. In those situations, supervisors from both units meet to discuss the roles of each case manager and to determine under what circumstances one funding stream would close. The two case managers consult with one another to coordinate services and may go on visits together.

Case managers shared cases involving child participants with mental health needs are less likely to be dual case managed long-term, as mental health will often close the case when the child is placed on a waiver providing additional supports. The Children's Mental Health Unit is housed in the Western Service Center and mental health case managers tend to close participants out once they have established services. Some case managers shared that they feel disconnected from this unit due to being in a separate location but added that relationships have improved over time. The two groups communicate with one another mostly through e-mail and telephone conversations but also may attend meetings together as well.

Case managers stated that they have a lot of informal communication with foster care licensing staff and that they periodically attend meetings to monitor providers. Case managers regularly fill out surveys regarding their satisfaction with foster care providers' service delivery and shared that they feel comfortable contacting licensing staff if they have any issues with providers.

The Social Services Director and Deputy Director of Community Living Services attend monthly County Board meetings. They give the board periodic updates on policy changes and initiatives that affect the waiver programs. Supervisors may provide them with data as needed.

Health and Safety

In the Quality Assurance survey, Dakota County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that they have good, open communication with case managers. They also said that Dakota County case managers are well-trained and knowledgeable and that they are advocates for participants.

Case managers shared that keeping up with the changing waiver program policies and requirements is one of the top challenges they face. Each team meets at least once a month to discuss changes and may meet more often if necessary. Supervisors from contracted agencies attend those meetings and bring the information back to their staff. Additionally, individual units within teams have set monthly meetings where they talk about updates specific to their roles and do case consultations. Each supervisor has their own practices in place for disseminating information. For instance, some supervisors choose to forward pertinent listservs and bulletins to case managers while others encourage their case managers to sign up for those resources themselves so they can receive them directly. Supervisors have weekly meetings with new staff as they become oriented to the waiver programs.

Supervisors encourage case managers to attend various DHS trainings and notify them when opportunities are available. Case managers use videoconference trainings and webinars to keep updated on changes, develop technical skills so they can use resources, and to expand their knowledge of the waiver programs. Contracted case managers are also invited to attend these trainings. Contracted agencies also have their own internal meetings and systems designed to help them stay on top of changes. Lead agency staff attend several regional meetings to learn about resources and to connect with case managers and supervisors from other counties.

Dakota County has formal practices in place to monitor staff compliance with program requirements. Each team performs a monthly internal audit where case aides and office support staff pull a sample of case files and verify that all required paperwork is completed. Supervisors also review the files to monitor the content and quality of care plans and case notes. The data

from each audit is compiled and they develop an internal report using the statistics. Supervisors review the results with case managers during their yearly evaluations. For new case managers, supervisors may perform regular audits of their work informally. The Contracted Case Management Specialists coordinate quality assurance activities for contracted case managers and perform annual reviews of their cases. The lead agency also seeks information from participants regarding their satisfaction with case management providers.

Service Development and Gaps

Lead agency staff shared that while they work with many great providers, there are several significant service gaps in Dakota County. They indicated that it is especially difficult for families located in the rural areas to access to respite and in-home services. Staff shared that they lost some small providers due to the changes in provider enrollment and licensing, and that many families are struggling to find respite services for children and adults with behavioral needs. They shared that accessing these services is crucial to keeping participants living in their family homes. They indicated a lack of chore service providers as well. Staff also stated that many areas in the county do not have an adequate public transportation system, which negatively affects many participants' ability to find independent employment.

Case managers shared that finding affordable, appropriate housing for participants is very challenging. This may include residential placements and independent housing options in the community. They reported having difficulty finding placements for adults and children with significant behavioral needs. Staff shared that some providers do not want to take on these difficult participants. They stated that while they try to be person-centered and attempt to find the best fit for participants, the lack of providers severely limits their options. Staff shared that Dakota County has an overall negative rental vacancy rate, so the need for individualized housing options is one of the lead agency's top priorities.

The lead agency has Resource Specialists who participate in the DHS gaps analysis study every two years and conduct other internal assessments of resource needs. The Resource Specialists work with staff to develop services in Dakota County. Case managers can connect with the

Resource Specialists informally to discuss service gaps or they can bring issues to them during monthly POS Committee meetings.

The lead agency is currently focusing their efforts on developing self-directed employment opportunities for participants through the “Dakota Employment First Initiative.” As part of the initiative, staff work with participants to reallocate County funds in an effort to make more individualized employment plans for participants. The lead agency makes support planners available to participants and their families so that they are very involved in the process and can choose which type of employment supports they prefer. Participants can apply the funds to a range of both formal and informal supports, reducing their reliance on traditional day training and habilitation centers. The lead agency is able to offer a small grant to smaller employers to offset some of their new-hire training costs. The lead agency also has a benchmark payment system for providers that incentivizes them to help participants keep their jobs longer. Staff shared that they believe this initiative is helping them gain traction with both large and small providers. For many providers, this is a significant change in the way they do business, but staff reported that most have responded very positively. Staff also said that, although this route often means more work, most families see the benefits and are actively involved in process.

Dakota County also partners with other metro counties on a planning grant designed to improve services and resources in locations where participants want them and to assure that participants have ample choice of providers in their own communities. One of the major goals of this initiative is to move participants out of corporate foster care and offer more individualized housing options in their community of choice.

The lead agency has monthly orientations for participants and families to educate them about different self-directed programs including CDCS and CSG. They discuss the resources available through these programs and are available to answer any questions. The lead agency also has a newsletter that is written for families who wish to learn more about these programs.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Dakota County participated in a review of the lead agency’s practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead

agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

The Community Living Services Deputy Director oversees the management of the pass through billing process for non-enrolled providers. Of the Tier 2 and 3 services, Dakota County staff shared that they primarily use non-enrolled vendors for home modifications, homemaking, and transportation. Staff shared that using non-enrolled vendors allows participants more choice in providers and gives the lead agency flexibility in supporting high quality providers who choose to not complete the enrollment process.

Dakota County uses a service authorization program, Service Management and Rates Tracking System (SMARTS). At the time of the review, the lead agency was in the process of fully integrating the non-enrolled vendor processes into this existing system. The lead agency created a policy to embed the Service Purchase Agreement (SPA) notification and related documentation in SMARTS. Dakota County developed their own Purchase of Service Agreement (POS) using guidance from DHS and recommendations from their county attorney's office. The POS Agreements are stored as templates in SMARTS and include the vendor name, licensing information, and effective dates of the agreement. SMARTS notifies case managers if the vendor does not meet general Medical Assistance and service-specific qualifications. Case managers can choose vendors from MHCP enrolled vendors and County-approved non-enrolled vendors. The link is available through SMARTS in the Service Authorization section. Case Managers are responsible for ensuring all requirements are met, including the signing of the POS Agreement. Signed POS Agreements are stored in OnBase, the county's electronic case documentation system. SMARTS notifies case managers if the POS Agreement is expired or the vendor is not authorized to provide home and community-based services.

In addition to a general POS Agreement, a POS Notification can be generated for all Tier 2 and Tier 3 services. At the time of the waiver review, the POS Notification included the date of

notification, vendor name, medical diagnostic codes and license number where applicable, services authorized such as service type and units authorized, dates of services provided, rates, participant specific preferences and case manager contact information. Case Aides generate the POS Notification and sends them to the vendors after the service authorization is approved by a supervisor.

A total of 24 Tier 2 service claims and one Tier 3 service claim were reviewed. Claims reviewed were for services delivered by 19 unique providers to 25 unique participants. Because Dakota County had just recently finalized and begun to implement its policy, none of the claims were found to be in compliance with all documentation requirements. Some challenges identified include neither the POSA Agreement or POS Notification identified the participant receiving the service and POS Agreements were not signed by the vendor prior to the date of service provision. The Agreements were also signed by the case manager and vendor after the date of service was delivered.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Table 2: Dakota County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	16	0
Schools (IEIC or CTIC)	1	14	2
Hospitals (in and out of county)	8	7	10
Customized Living Providers	1	6	1
Foster Care Providers	0	16	7
Home Care Providers	1	11	8
Advocacy Organizations	0	1	5
Employment Providers (DT&H, Supported Employment)	0	7	16

Case managers and assessors rated the relationship with nursing facilities as average. Case managers shared that the quality of their relationships with social workers varies across facilities, but when their relationship with a social worker is strong, they are invited to care conferences and are notified about discharge planning. A few case managers also shared that they have had challenges coordinating and setting up services for mental health participants.

Case managers rated their relationship with schools as average. A few case managers shared that they have good relationships with local schools and that they are invited to school and transition planning meetings. However, other case managers shared that some schools do not know the role of the waiver case manager, which limits their ability to coordinate care. They also added that some teachers give short notice about Individualized Education Program (IEP) meetings and sometimes rely on parents to invite case managers to meetings.

Case managers varied in their ratings of their relationships with hospitals. Case managers who shared that they have strong relationships with hospital staff said that they are involved in developing a plan of care for participants and some hospitals are very cooperative in keeping challenging participants until they can find an alternative placement. Other case managers said that communication could improve in some situations. Case managers shared that they are not always notified when adult participants are admitted or discharged, which makes coordinating services for those participants difficult.

Case managers rated their relationships with customized living providers as average. A few case managers said that they hear from the staff regularly and that they are open with sharing information. Other case manager said that customized living providers have experienced a lot of staff turnover which has negatively affected their communication. They also added that some providers limit the number of waiver participants they accept due to the lower reimbursement rates than private pay, and this has been very challenging for the county participants.

Case managers rated their relationship with foster care providers as average to above average. Some case managers said they have better working relationships with corporate foster care providers compared to family foster care providers. The case managers added that there is limited availability for both corporate and family foster care but some corporate foster care providers are very creative when developing homes that are individualized to fit participants'

situations. Case managers also said that the quality of foster care providers depends entirely on management and staff and some of the providers have struggled with turnover and completing paperwork on time.

Case managers shared that their relationships with home care providers varies. For instance, most case managers agreed that while there are limited numbers of providers with well-trained staff, some of the home care providers are very responsive and are well equipped to support challenging participants.

Case managers rated their relationships with home care providers who offer PCA and homemaking services, as being below average, and cited poor communication and staffing turnover on the part of the PCA agency as the main reasons. Case managers said that high staff turnover was a bigger issue for some providers than others. Some other case managers said they have had good relationships with home health agencies but that they have also had difficulty finding qualified staff able to adequately provide services for participants.

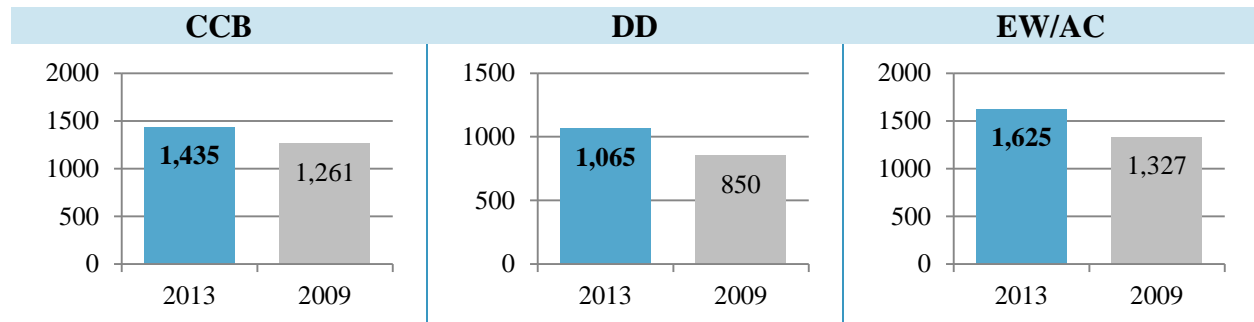
Most case managers who had experience working with advocacy organizations said that they have great relationships with them, stating that the groups are very responsive and provide great information and resources to participants and families.

Case managers rated their relationship with vocational providers as average to above average. They said that some providers are participant focused and are more creative in tailoring jobs towards participant interests. However, case managers said that they have to be strong advocates for participants because providers can be selective and have waiting lists.

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 Dakota County (2009 & 2013)



	2009	2013
CCB	1,261	1,435
DD	850	1,065
EW/AC	1,327	1,625

Since 2009, the total number of people served in the CCB Waiver program in Dakota County has increased by 174 participants (13.8 percent); from 1,261 in 2009 to 1,435 in 2013. Most of this growth occurred in the case mix B, which grew by 113 people. With this increase Dakota County may be serving a higher proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Dakota County increased by 215 participants, from 850 in 2009 to 1,065 in 2013. In Dakota County, the DD waiver program is growing more quickly than in the cohort as a whole. While Dakota County experienced a 25.3 percent increase in the number of people served from 2009 to 2013, its cohort had an 11.3 percent increase in number of people served. In Dakota County, the profile group 3 had the largest increase growing by 71 people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. With the increase in the number of people in Profiles 1 and 2, Dakota County serves a slightly larger proportion of people in these groups (54.8 percent), than its cohort (54.0 percent).

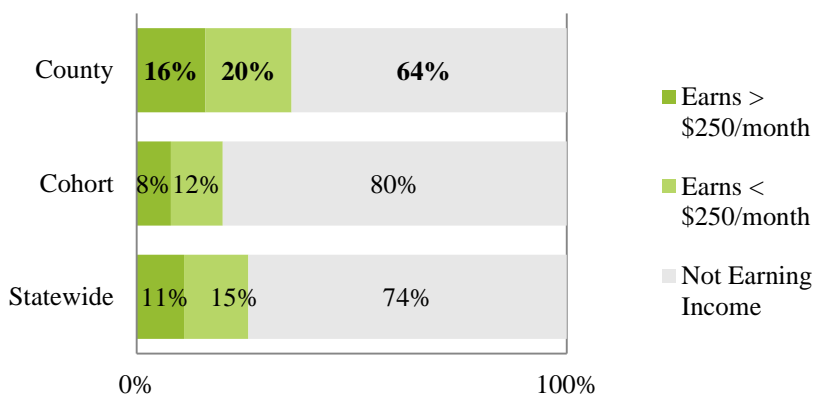
Since 2009, the number of people served in the EW/AC program in Dakota County has increased by 298 people (22.5 percent), from 1,327 people in 2009 to 1,625 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix B, which increased by 98

people. With this increase Dakota County may be serving a larger proportion of people 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.

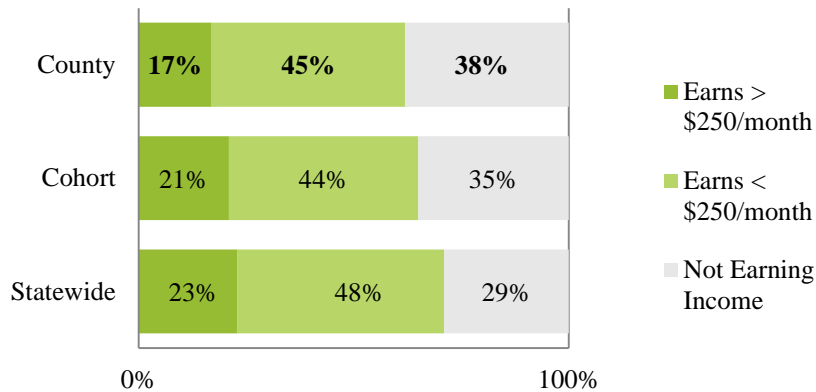
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Dakota County	16%	20%	64%
Cohort	8%	12%	80%
Statewide	11%	15%	74%

In 2013, Dakota County served 1,187 working age (22-64 years old) CCB participants. Of working age participants, 36.2 percent had earned income, compared to 19.8 percent of the cohort's working age participants. **Dakota County ranked 29th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Dakota County 16.3 percent of the participants earned \$250 or more per month, compared to 8.0 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



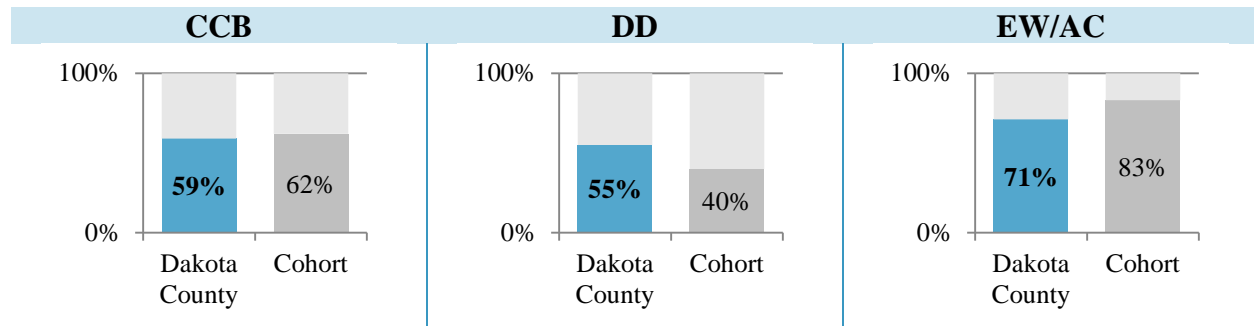
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Dakota County	17%	45%	38%
Cohort	21%	44%	35%
Statewide	23%	48%	29%

In 2013, Dakota County served 757 DD waiver participants of working age (22-64 years old). **The county ranked 70th in the state** for working-age participants earning more than \$250 per month. In Dakota County, 17.0 percent of working age participants earned \$250 or more per month, while 20.7 percent of working age participants in the cohort as a whole did. Also, 62.0 percent of working age DD waiver participants in Dakota County had some earned income, while 64.2 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 (2013)



	Dakota County	Cohort
CCB	59%	62%
DD	55%	40%
EW/AC	71%	83%

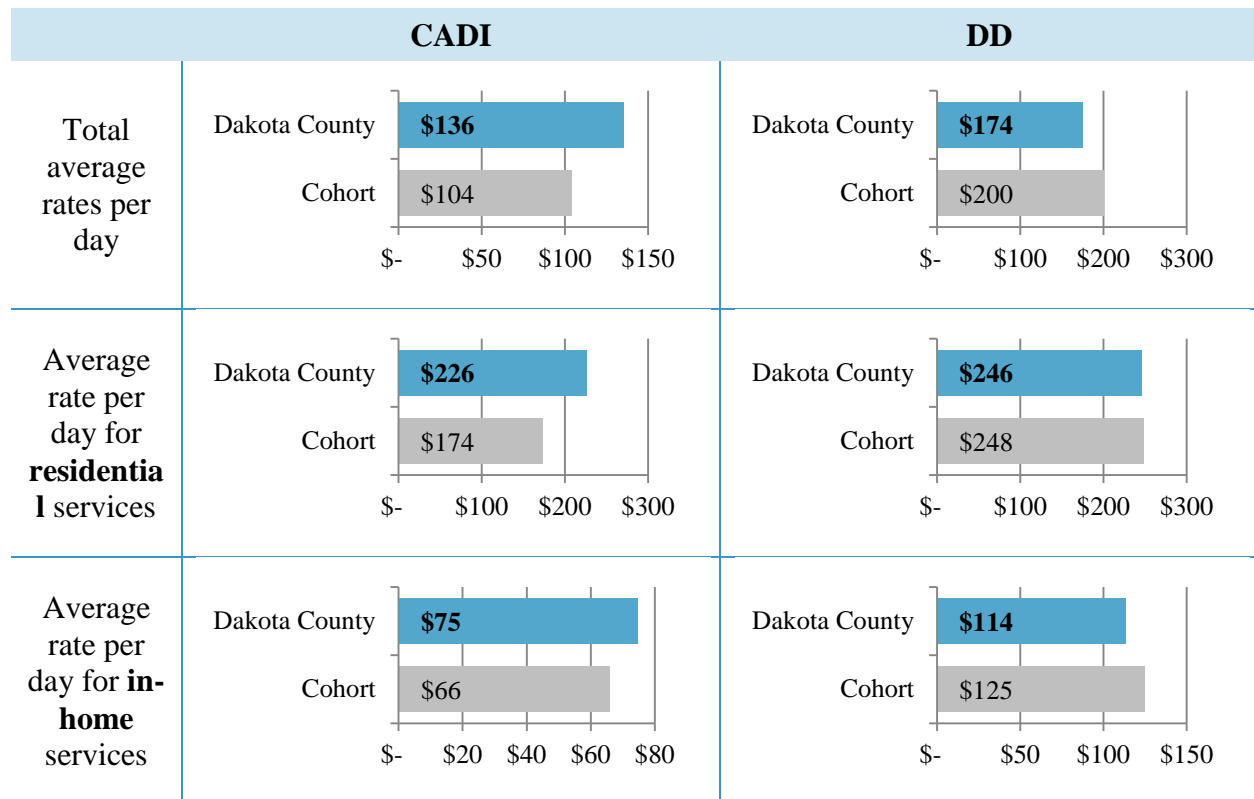
Dakota County ranks 49th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 845 participants at home. Between 2009 and 2013, the percentage increased by 1.3 percentage points. In comparison, the cohort percentage fell by 5.1 percentage points, and the statewide average fell by 3.7 points. In 2013, 58.9 percent of CCB participants in Dakota County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Dakota County ranks 2nd out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 583 participants at home. Between 2009 and 2013, the percentage increased by 0.9 percentage points. In comparison, the percentage of participants served at home in their cohort also increased by 0.9 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Dakota County ranks 47th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 1,150 participants at home. Between 2009 and 2013, the percentage increased by 3.0 percentage points. In comparison, the percentage of participants served at home increased by 1.2 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in

their homes statewide. Dakota County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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



Average Rates per day for CADI services (2013)

	Dakota County	Cohort
Total average rates per day	\$135.70	\$104.47
Average rate per day for residential services	\$225.98	\$174.23
Average rate per day for in-home services	\$74.70	\$66.07

Average Rates per day for DD services (2013)

	Dakota County	Cohort
Total average rates per day	\$174.49	\$200.01
Average rate per day for residential services	\$246.26	\$248.16
Average rate per day for in-home services	\$113.52	\$124.99

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Dakota County is \$31.23 (29.9 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Dakota County spends \$51.75 (29.7 percent) more on residential services and \$8.63 (13.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Dakota County ranks 82nd of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Dakota County is \$25.52 (12.8 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Dakota County spends \$1.90 (0.8 percent) less on residential services, and \$11.47 (9.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Dakota County ranks 43rd of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

Dakota County has a higher use in the CADI program than its cohort of residential based services. While its Customized Living use is lower (9% vs. 17%), its Foster Care use is much higher (30% vs. 18%). The lead agency has a higher use of vocational services, including Prevocational Services (12% vs. 6%) and Supported Employment Services (19% vs. 5%). They also have a lower use of some in-home services, such as Home Delivered Meals (20% vs. 25%) and Homemaker (24% vs. 33%), but a higher use of Independent Living Skills (41% vs. 35%). Fifty-nine percent (59%) of Dakota County's total payments for CADI services are for residential services (53% foster care and 6% customized living) which is higher than its cohort group (52%).

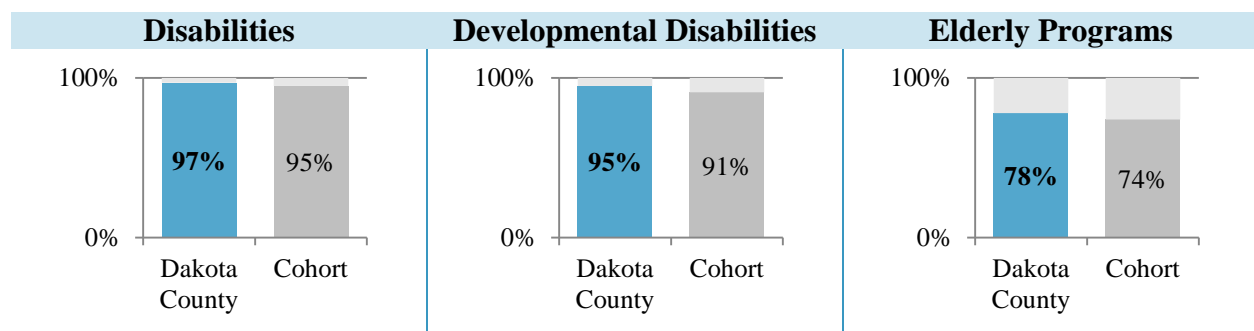
Dakota County's use of Supportive Living Services (SLS) is lower than its cohort (45% vs. 60%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own

home. The lead agency has a lower use of Day Training & Habilitation (50% vs. 63%) and a similar use of Supported Employment Services (7% vs. 6%). It has a higher use of CDCS (29% vs. 14%), personal support (21% vs. 16%), and In-Home Family Support (17% vs. 13%) than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2013)



	Dakota County	Cohort
Disabilities	97%	95%
Developmental Disabilities	95%	91%
Elderly Programs	78%	74%

In 2013, Dakota County served 3,176 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 195 in institutional care. Dakota County ranked 8th of 87 counties with 97.0 percent of their LTC participants received HCBS. This is higher than their cohort, where 94.5 percent were HCBS participants. Since 2009, Dakota County has increased its use of HCBS by 1.1 percentage points, while the cohort increased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Dakota County served 1,728 LTC participants (persons with development disabilities) in HCBS settings and 107 in institutional settings. Dakota County ranked 39th of 87 counties with 94.5 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.2 percent). Since 2009, the county has increased its use by 0.2 percentage points while its cohort rate has increased by 1.1 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Dakota County served 1,806 LTC participants (over the age of 65) in HCBS settings and 628 in institutional care. Dakota County ranked 1st of 87 counties with 77.5 percent of LTC participants receiving HCBS. This is higher than their cohort, where 74.1 percent were HCBS participants. Since 2009, Dakota County has increased its use of HCBS by 7.8 percentage points, while their cohort has increased by 7.7 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

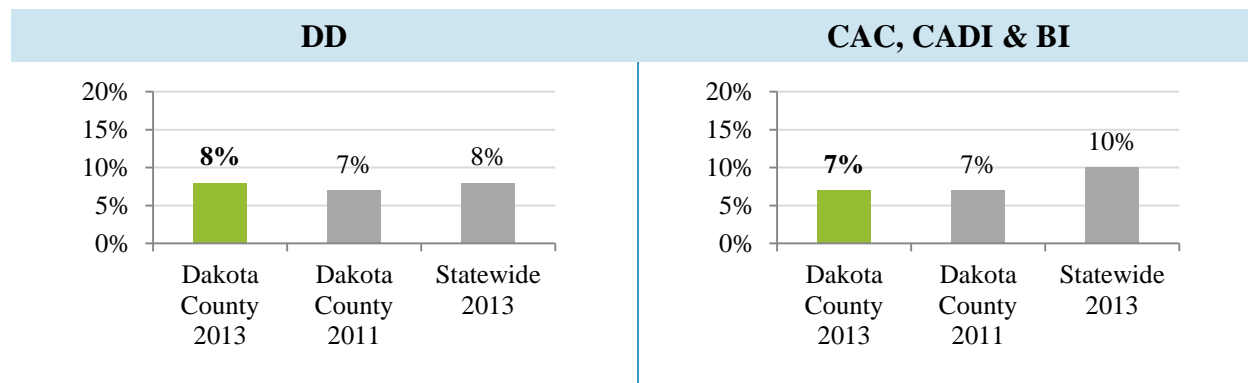
Age	Dakota County	Cohort	Statewide
Age 0-64	0.19	0.59	0.52
Age 65+	11.76	19.13	21.03
TOTAL	1.25	2.60	3.00

In 2013, Dakota County was ranked 3rd out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults under 65 years old is lower than its cohort and the statewide rate. Dakota County also has a lower nursing facility utilization rate for people 65 years and older. Since 2011, the number of nursing home residents 65 and older has decreased by 11.9 percent in Dakota County. Overall, the number of residents in nursing facilities has decreased by 9.3 percent since 2011.

Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Dakota County (2013)	8%	7%
Dakota County (2011)	7%	7%
Statewide (2013)	8%	10%

At the end of calendar year 2013, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Dakota County had an 8% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Dakota County’s DD waiver balance is larger than its balance in CY 2011 (7%), and equal to the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Dakota County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013.

This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Dakota County had a 7% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), and equal to the balance in FY 2011 (7%).

At the time of the Waiver Review site visit, Dakota County had a waitlist for the CCB and DD waiver programs according to data from MMIS. The lead agency prioritizes participants based on level of need for services. For example, a participant who is at imminent risk and requires out of home placement would move to the top of the list. The CCB budget is monitored by the two Team B supervisors and they meet monthly to evaluate the waitlist. They prioritize participants based on their level of need for services. Team B and C case managers request allocation increases through SMARTS. Supervisors can approve small increases, but anything over \$1,000 must be brought to the CCB POS committee.

The DD POS Committee manages the DD budget and holds weekly meetings where case managers can present cases and request allocation increases. The Committee has a waitlist policy and also uses a ranking process to prioritize cases for the waiver. Unlike CCB, all DD allocation increases must be approved by the committee. The committee includes the Team C and D supervisors, the Contracted Case Management Specialist, and a staff member from the financial department. They may also bring in supervisors from other areas to consult if necessary.

Lead Agency Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

Table 3: Dakota County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	0	1	1
MMIS Help Desk	2	0	2	0	0

Resource	1= Not Useful	2	3	4	5= Very Useful
Community Based Services Manual	0	1	6	3	2
DHS website	1	2	3	14	2
E-Docs	3	1	2	5	12
Disability Linkage Line	0	1	2	8	11
Senior Linkage Line	0	1	2	5	10
Bulletins	0	5	8	2	5
Videoconference trainings	0	0	7	9	4
Webinars	0	0	10	4	2
Regional Resource Specialist	3	0	0	0	0
Listserv announcements	0	1	3	1	0
MinnesotaHelp.Info	1	1	2	12	1
Ombudsmen	2	3	2	9	2
DB101.org	0	5	1	8	6

Case managers reported that E-Docs, Senior Linkage Line, and Disability Linkage Line were the most useful DHS resources for their work. Lead agency staff shared that Dakota County has links to individual forms on their intranet shared drive. The Dakota County staff check E-Docs regularly to ensure that the most current forms are updated on the internal shared drive. Case managers also said that the lead agency has Adobe Professional and they are able to save fillable forms. Case managers shared that they refer participants to the Disability Linkage Line whose staff have always been responsive in resolving issues. Case managers also said that Senior Linkage Line is particularly helpful for informing participants about Medicare Part D.

Lead agency staff have used Policy Quest and said that it has been a very helpful resource. They look up answers to past questions and also submit their own, but shared that it often takes a long time to receive answers. Most Lead agency supervisors were very satisfied with the Community Based Service Manual (CBSM) and utilize it almost daily, while case managers tended to be less familiar with the resource. Case managers who have used the CBSM said that they can get overwhelmed by the amount of information. One supervisor added that it would be helpful if DHS staff highlight the exact change that is made when making updates to the CBSM.

Lead agency staff said that the DHS website contains very good content, but it is very difficult to find specific information using the search function. They added that the website has improved significantly over the past year. Case managers said that they do not have time to read through bulletins and that they rely on supervisors to interpret information and share it with them in staff meetings. Lead agency staff shared that they feel bulletins are helpful but they expressed frustration that bulletins are not disseminated much in advance of the change. They also reported multiple instances where they were notified via bulletin of a new change after it had already been in effect. Case managers and lead agency staff explained that because they have developed such a strong connection with DHS employees there is less need to contact the Regional Resource Specialist when they have questions.

Case managers generally rated videoconferences and webinars as being useful but said that they prefer a video conference over a webinar. Case managers said that videoconference trainings are convenient since they are on site but they added that it would be helpful to offer more of a variety of dates and times. Lead agency staff said that videoconference trainings are a good way to get information and they appreciate being able to ask questions, but presenters do not always have enough time to follow up with answers.

Case managers said they have had differing experiences with the responsiveness and helpfulness of the Ombudsmen. Lead agency staff shared that they have had positive experiences with Ombudsmen in the past and they are available to participants and attend their meetings. Some case managers have used MinnesotaHelp.info and generally rated the usefulness as average to above average. However, they added that it is not easy to navigate or search and it does not always contain up-to-date information.

The usefulness of DB101.org varied among case managers, but most agreed that it is a nice resource to use with participants to see how work impacts their benefits. Some case managers said that they can get overwhelmed by the amount of information on the website and said that they prefer to contact the DB101 Experts by phone whom they stated are very knowledgeable and helpful.

Lead Agency Strengths, Recommendations & Corrective Actions

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

Dakota County Strengths

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

- **Dakota County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Dakota County received a corrective action for ICF/DD Level of Care form, Related Conditions Checklist, emergency contacts and back-up plans, health and safety issues in the care plan for CADI and BI participants, and frequency of face-to-face visits. In 2014, Dakota County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **Case managers provide high quality case management services to meet participant needs.** Case managers are advocates for participants, and bring knowledge and experience about waiver programs to their work. Teamwork and collaboration among social workers, nurses, MnCHOICES assessors, and ongoing case managers is a strength of Dakota County. It helps ensure that perspectives and expertise from all areas are considered when serving participants. In addition, case managers have good and frequent communication with other teams involved with HCBS participants, including financial workers. This strong communication helps ensure that participants maintain financial eligibility and receive services.
- **Dakota County offers employment opportunities to CCB participants and has achieved high rates of participants with earned income of \$250 or more.** Dakota County has a focus on employment for participants with disabilities and has the expectation that participants will work. The lead agency is outperforming the statewide average and its cohort with 16% of CCB waiver participants (compared to 8% for the cohort) earning more than \$250 per month which ranks them 29th out of 87 counties. However, Dakota County has

lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (17% vs. 21%) and ranks 70th of 87 counties. Dakota County recently created a supportive employment initiative using county funds to better incentive employment for all stakeholders and is partnering with many in the community including Dakota County Technical College. The lead agency should continue their effort to partner with providers in this area to grow employment opportunities for all waiver participants.

- **Dakota County has excellent supports in place to assist case managers.** The leadership staff are constantly developing business practices that make case managers' daily work more efficient and free up time to provide quality care to participants. For instance, SMARTS has allowed staff to better manage their participant service agreements and other administrative tasks. SMARTS has also improved communication about participants and providers across the agency since it provides shared access by all lead agency employees. Contracted case management agencies also have access to several internal systems such as SMARTS and SSIS to help them better communicate with lead agency departments and streamline services for participants. To further support county case managers, lead agency staff discontinued all MCO contracts to reduce the burden of knowing multiple programs allowing staff to direct more time and resources to other case manager responsibilities. Dakota County leadership staff are open to change in their management of human services programs by participating in numerous DHS initiatives which allows for innovation and creativity.
- **Dakota County has supports in place that make Consumer Directed programs very accessible to participants.** Dakota County provides training to participants and families to educate them about the Consumer-Directed Community Supports (CDCS) program, and other consumer directed programs. These programs are particularly 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. These programs also may help families and participants design a plan of care for services and supports that meets specific cultural needs. In 2014, Dakota County had 313 DD participants using Consumer Directed Community Supports (CDCS) and 134 CCB participants using CDCS. Hundreds of other county residents participate in the CSG and FSG self-directed programs.

Recommendations

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

- **Include details about the participant’s services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 89% of case files reviewed included the provider name in the care plan, only 7% of cases reviewed included the annual amount allowed.
- **Consider developing additional supports for contracted case managers.** Contracted cases reviewed in Dakota County consistently met HCBS requirements indicating that contracted agencies and case managers are in communication with the lead agency to make sure Dakota County policies and practices are followed. However, contracted case managers do not have the same level of access to and working relationships with other Dakota County units such as financial workers. The lead agency may want to consider additional training for contracted staff and/or identifying a financial specialist who would work primarily with contracted case managers to ensure that they receive timely responses so that participants’ have a seamless experience with enrolling in waiver programs and maintaining financial eligibility. In addition, while Dakota County has strong practices and processes in place to transfer cases to contracted agencies, it is recommended that the lead agency develops a better notification process to ensure that contracted cases managers are being notified of their new participants before the participants or service providers. Thinking about ways to create more efficient practices is important as the lead agency builds more contracted case management capacity.

- **Develop training resources and formalize training processes to better support new waiver case managers and keep existing case managers informed on HCBS programs.** Dakota County has recently experienced a high level of staff turnover resulting in an influx of new case managers. While leadership has a positive outlook on this challenge, frequent staff turnover makes it difficult to build relationships and maintain continuity with participants. In order to facilitate smooth transitions, it is essential that any manuals and other training materials are updated regularly for new and seasoned case managers to help them stay current with policies, procedures, and forms. The lead agency may also want to consider formally assigning a mentor to new staff and develop orientation practices to connect them to community resources.
- **Dakota County should update their electronic case file system for the waiver programs.** To support case managers, Dakota County may want to consider strategies to more efficiently manage and update the OnBase electronic case file system. For example, assign an office support staff or case aide to help organize and maintain the upkeep of the electronic system. It is also essential that proper equipment such as laptops, signature pads, and bar scanners are available for case managers to use while visiting participants. This will help promote organizational efficiencies and consistencies and helps provide seamless services to participants as important information is easily accessible in the event that a case manager is out of the office.
- **Create tools to be used consistently across the waiver programs to document provider performance and participant satisfaction.** Dakota County should develop systems and practices across all programs to monitor quality provision of services outlined in participant care plans. The lead agency should consider creating visit sheets, case monitoring forms, and surveys so that the Dakota County can easily collect quantifiable data around provider performance. The provider monitoring tools should include standard questions to assess participant satisfaction with providers. In Dakota County, only 50% of the case files reviewed contained documentation of participant satisfaction. Dakota County should also consider summarizing the provider performance and participant satisfaction results for the waiver programs and share the results with providers. It is important for a lead agency of this

size to use the same provider monitoring practices across the lead agency to promote consistency.

- **Dakota County has reserves in the DD budget and is able to provide additional services to participants these programs.** Dakota County's DD waiver budget balance was 8% (\$6,007,135) at the end of CY 2013. Dakota County also has had a CCB budget balance ranging from 5% to 7% for the past few years. MMIS data from December 2014 also showed a waitlist for both the DD and CADI programs. Therefore, there is room to add more participants via service optimization to reduce the waiting lists or, if the individuals on the waitlist do not want waiver services at this time, to enhance the quality of current waiver participant's lives through services such as supportive employment. Typically a 1% to 2% allocation reserve is more than adequate to manage risk for counties of this size. Dakota County should use Anoka County as a resource because they have been particularly effective at reducing and maintaining their budget balance at the recommended level. Dakota County should also consider revising its criteria and updating its allocation process.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Dakota County was found to be inconsistent in meeting state and federal requirements and will require a response by Dakota 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. Dakota County identified one area of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Dakota County will be required to take corrective action.

- **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 completed documentation of their informed right to appeal included in the case file. 11 out of 33 CAC cases, 51 out of 89 CADI cases, 34 out of 59 BI cases, 43 out of 65 EW cases, two out of 74 AC cases, and 13

out of 88 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, four CAC cases, five CADI cases, one BI case, five EW cases, and one DD case did not have current documentation, and two AC cases included only partial documentation that the participant had been informed of their right to appeal within the past year.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency’s privacy practices in accordance with HIPAA and Minnesota Statutes 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 lead agency’s privacy practices on an annual basis. Currently, two out of 33 CAC cases, four out of 89 CADI cases, and 13 out of 88 DD cases did not have this completed documentation in the case file. In addition, three CAC cases, four CADI cases, three BI cases, one EW case, and three DD cases did not have current documentation and one CADI case and one DD case had only partial documentation that the participant that the participant had been informed of the lead agency’s privacy practices in accordance with HIPAA and Minnesota Statutes.
- **Beginning immediately, ensure that case files include a completed CAC Application and Reassessment Support Plan that is signed and dated within the past year.** It is required that the primary physician signs the form to certify the level of care needed to confirm eligibility for the CAC waiver program. Three out of 33 CAC cases reviewed did not have documentation in the file and four out of 33 CAC cases reviewed did not have complete and current documentation in the file and two out of 33 CAC cases included only partial documentation in the file.
- **Beginning immediately, ensure that each working-age participant’s case file includes documentation that vocational skills and abilities have been assessed.** Dakota County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 214 applicable cases, 86% did not have employment assessed. Most notably, 11 out of 19 CAC cases, 16 out of 74 CADI cases, and 4 out of 51 BI cases did not have evidence that employment was assessed.

- **Beginning immediately, ensure that all participants have a signed and dated individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are six waiver participants who do not have a current care plan in their case file including one out of 33 CAC cases, two out of 89 CADI cases, two out of 59 BI cases and one out of 88 DD cases. In addition, two CAC cases, three CADI cases, one BI case, one EW case, two AC cases, and two DD cases did not include the required signatures on the care plan.
- **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. One out of 59 BI cases did not have this documentation on file, two out of 59 BI cases reviewed did not have complete and current documentation in the file, and two out of 59 BI cases included partial documentation in the file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Dakota County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 152 cases. Dakota County submitted all required information regarding their case file compliance on February 9, 2015.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Dakota County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the County, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 25 cases. Dakota County submitted a completed non-enrolled vendor compliance worksheet on February 9, 2015.

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	319	N / A	48	271	N / A	N / A
Screenings done on time for new participants (PR)	69%	72%	49%	90%	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	35%	87%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=139	CCB n=181	DD n=88	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	97%	97%	97%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	99%	100%	97%	99%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=139	CCB n=181	DD n=88	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	97%	98%	97%	98%	ALL	N / A
All needed services to be provided in care plan (PR)	98%	99%	97%	100%	ALL	N / A
Choice questions answered in care plan (PR)	99%	99%	98%	100%	ALL	N / A
Participant needs identified in care plan (PR)	85%	83%	81%	97%	DD	N / A
Inclusion of caregiver needs in care plans	54%	48%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	99%	99%	98%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	98%	N / A	N / A	98%	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)	96%	N / A	N / A	96%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	92%	N / A	92%	N / A	CCB	N / A
CAC Form	73%	N / A	73%	N / A	N / A	N / A
Employment assessed for working-age participants	86%	N / A	79%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	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)	Most of the time	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=95</i>)	93%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=95</i>)	85%	N / A	N / A	N / A	N / A	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	ALL	AC / EW	CCB	DD	Strength	Challenge
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=24)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=1)	0%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=139	CCB n=181	DD n=88	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	95%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	95%	93%	94%	99%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	93%	94%	92%	93%	ALL	N / A
Emergency contact information	99%	100%	100%	96%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=139	CCB n=181	DD n=88	Strength	Challenge
Informed consent documentation in the case file (PR)	97%	99%	96%	94%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	58%	63%	41%	84%	N / A	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	91%	99%	91%	81%	AC / EW, CCB	N / A

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=139	CCB n=181	DD n=88	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	96%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	50%	48%	42%	69%	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	78%	97%	95%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	56%	95%	91%	ALL	N / A
Percent of waiver participants with higher needs	N / A	77%	90%	88%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	98%	86%	DD	N / A
Percent of waiver participants served at home	N / A	71%	59%	55%	DD	AC / EW, CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	16%	17%	CCB	DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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