

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Fillmore County**

Waiver Review Site Visit: September 2013

Report Issued: November 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 Fillmore 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 agencies 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 Fillmore County
Case File Review	41 cases
Provider survey	3 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 8 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty

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

About Fillmore County

In September 2013, the Minnesota Department of Human Services conducted a review of Fillmore County's Home and Community Based Services (HCBS) programs. Fillmore County is a rural county located in southeast Minnesota. Its county seat is located in Preston, Minnesota and the County has another 13 cities and 23 townships. In State Fiscal Year 2012, Fillmore County's population was approximately 20,837 and served 334 people through the HCBS programs. According to the 2010 Census Data, Fillmore County had an elderly population of 16.9%, placing it 38th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Fillmore County's elderly population, 13.1% are poor, placing it 8th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Fillmore County has recently made a significant shift to their organizational structure by contracting with the Winona County director to be their Community Services Administrator. As a result of this hire the Public Health, Human Services and Veteran Services Departments have merged into one Community Services Department. Fillmore County is currently working to more fully integrate the merger into their daily operations.

The lead agency for HCBS programs in Fillmore County is the Community Services Department. Within that department, the Public Health division is the lead agency for AC, EW and CCB programs and the Human Services division is the lead agency for the DD program. The department provides case management services for the HCBS programs housed within their respective divisions. The Director of Nursing oversees seven case managers who carry mixed

AC, EW and CADI waiver caseloads. She has been in this position for three years and previously worked twenty-two years as a case manager. Fillmore County has had only one CAC and one BI participant, and the Director of Nursing managed these cases.

Waiver case managers housed in Public Health are assigned cases based on geographical location and age. There is one case manager who works with all of the children on waiver programs. Public Health serves as a contracted care coordinator for two managed care organizations, UCare and Blue Cross Blue Shield. They are also a Medicare certified home health care agency and staff provides skilled nursing and home health aide services to some waiver participants and other community members.

In the Human Services division, the Social Services Supervisor oversees two full-time case managers who have DD cases and one part-time staff who has two DD cases and one CADI case, along with other job responsibilities. Staff housed in Human Services also carry out all adult protection responsibilities. The Social Services Supervisor has been in her position for ten years and previously worked in Child Protection Services for seventeen years.

Fillmore County Public Health and Human Services divisions have separate intake systems. Case managers housed in Public Health have rotating intake duties. When they receive an intake call for a potential waiver program participant, they enter the person's information into PH DOC as a referral. The Director of Nursing reviews the information and makes a case assignment if they appear to be eligible for waiver services. In the Human Services division, the intake worker refers potential program participants to a DD waiver case manager or a child protection worker depending on the person's needs.

Waiver case managers complete dual initial LTCC assessments and dual reassessments for participants who have both a Public Health case manager and a Human Services case manager. Co-managed cases include some CADI cases, which are typically children and young adults who receive supportive employment services and participants of all ages with mental health needs. When co-managing a case, case managers have clearly divided responsibilities and are aware of their role in managing the case. The Human Services case manager carries out home visits and foster placements and enters information into SSIS. The public health case manager is

responsible for administering and coordinating nursing services as well as managing the financial components of the case, which includes coordinating staffing. For all other cases, a social worker completes DD screenings and a public health nurse completes AC, EW and CCB assessments.

There are five primary waiver case managers in Public Health who carry mixed caseloads and have approximately 40 EW, AC and CADI waiver cases. The two other public health case managers have fewer cases since they have additional responsibilities. One of the two case managers is largely responsible for performing LTCC assessments and has a few waiver cases and the other case manager serves as the Home Care Coordinator and has approximately 30 cases. There are two case managers in Human Services who serve as the primary DD case managers; they have approximately 50 cases each which include some non-waiver cases. A third case manager works part time and has three waiver cases: two DD cases and one CADI case. She also works with children in foster care placement.

Working Across the Lead Agency

Staff from the lead agency shared that there is generally high communication between the Human Services staff and Public Health staff. Case managers from the two divisions do not have combined meetings; therefore much of their interaction is through informal face-to-face contact, phone calls and email. Frequent communication is facilitated by the fact that they are located in the same building.

Case managers regularly communicate with the financial workers about eligibility issues. They consult with each other on a daily basis through face-to-face conversation and by using the DHS communication form. The Director of Nursing explained that she supports the exchange of information between these two offices by reviewing the list of cases that have been exited from waiver programs and then sharing this information with both offices. The financial workers recently switched to a case banking system, and as a result there is now a team of financial workers assigned to participants receiving long term care services. Lead agency staff indicated that the switch to case banking has created a more streamlined waiver program enrollment process.

Staff housed in Human Services are responsible for adult protection duties. Staff from the lead agency shared that when a waiver case is under investigation in response to an adult protection report, the waiver case managers and the case manager with adult protective duties work closely together.

The waiver case managers also work closely with child protection staff. Child protection staff inform the waiver case managers if a report is made, and the case manager becomes involved in the child protection case if they have a strong relationship with the family. The Director of Nursing explained that the supervisor of the family health team attends all monthly child protection meetings and all placements meetings. She also said that waiver case managers are likely to be involved in the child protection case if it has medical components. The Social Services Supervisor shared that DD case managers have participated in child protection cases in the past if the child has a disability.

The lead agency contracts with Zumbro Valley Mental Health Center for all adult participants receiving Rule 79 Targeted Mental Health Case Management. The Social Services Supervisor shared she attends meetings with adult mental health workers at Zumbro Valley Mental Health Center. The lead agency contracts with two organizations for children's mental health case management: Zumbro Valley Mental Health Center and Hiawatha Mental Health Center. The Social Services Supervisor shared that the children's mental health workers attend monthly meetings with at Human Services staff. The Director of Nursing said that Public Health staff occasionally collaborate with children's mental health workers when cases are focused on family health rather than children's mental health specifically. Case managers shared that they would like Fillmore County to someday have the organizational capacity to serve participants with mental health needs.

Fillmore County has a joint Public Health Board with Houston County whereas Fillmore County has its own Social Services Board subcommittee. The Community Services Administrator, who supervises the Social Services Supervisor and the Director of Nursing, attends monthly Public Health Board meetings and discusses potential staffing changes as well as program changes resulting from MnCHOICES. The Human Services Manager attends the Social Services

subcommittee meetings. Lead agency staff shared that the subcommittee members are very open and well informed about programs.

Health and Safety

In the Quality Assurance survey, Fillmore County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. 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 they have good, open communication with case managers and participants. In addition, providers said that Fillmore County case managers are advocates for participants and are well-trained and knowledgeable. They also reported the lead agency responds to questions or inquiries from providers and waiver participants.

Lead agency staff maintain program expertise and are informed of changes in waiver program management through staff meetings. The Public Health and Human Services divisions meet separately. The Director of Nursing explained she and the Home Care Coordinator receive waiver information from the Department of Human Services (DHS) and bring it to their monthly Home Health Care staff meetings, which are attended by all of the AC, EW, and CCB case managers. DD case managers meet twice a month with the Social Services Supervisor. The Social Services Supervisor shared that counties in the region arrange meetings for Human Services staff; she said these meetings are particularly helpful in supporting staff to stay current with policies. In addition to relying on DHS resources such as bulletins and the Regional Resource Specialist, Human Services participates in a locally-run Yahoo group for Human Services lead agencies. The Social Services Supervisor mentioned that this is very useful tool, explaining that lead agency staff from neighboring counties use it to ask and respond to each other's questions.

Lead agency staff attend trainings in order to maintain waiver program expertise. Public Health has monthly staff trainings at their Home Health Care meetings. The Social Services Supervisor said that staff training takes place through webinars, videoconferences, quarterly regional meetings with the Regional Resource Specialist and Minnesota Region 10 Quality Assurance

meetings every two months. Lead agency staff said they informally review case files at some meetings to ensure case managers are consistently complying with procedures. The Director of Nursing explained that the cases are also audited when cases are closed.

Service Development and Gaps

Overall, lead agency staff reported being satisfied with their working relationships with service providers. They also shared that the lack of providers in the region poses as a challenge to coordinating HCBS services in Fillmore County. Case managers said that some of the most significant gaps are in transportation, community-based employment services and in vendors of equipment and supplies. They have observed an increase in participants' mental health needs, and explained that it is particularly difficult to find mental health providers for participants with disabilities.

Transition planning by local schools was also noted as an underdeveloped service, especially for participants with mental health needs. Fillmore County's home health care agency is one of three Home Health Care agencies physically located in the county, and others located outside the county border also serve Fillmore's waiver participants. Lead agency staff said that homemaking services are lacking in the Fillmore County because they are too costly. Lastly, case managers stated that Fillmore County is lacking general resources, such as grocery stores, dentists, eye doctors, and pharmacies.

The lead agency has attempted to address these service gaps by thinking creatively about how to meet participants' needs. For example, they are working with a group of churches that is developing a volunteer-driven service option for homemaking, caregiver support and transportation. Although this option is not yet fully developed, case managers said they have had a good experience working with them so far. In addition to this developing service option, some case managers reach out to local churches on their own for chore services and the local Day Activity Center (DAC) recently began providing respite services to assist caregivers.

Public Health has created a Quality Improvement Council in attempt to improve both the services they provide and the services offered by external providers. Lead agency staff can

submit ideas for strategies to improve specific services through the Quality Improvement Council. Council members, who are public health staff, review the proposed strategies and select ideas to implement agency-wide to improve existing processes. The council is currently working on a strategy to increase the efficiency of the intake process.

Community and Provider Relationships/Monitoring

During the Waiver Review, case managers from the lead agency 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.

Fillmore 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	4	1
Schools (IEIC or CTIC)	1	4	1
Hospitals (in and out of county)	1	6	0
Area Agency on Aging	1	5	0
Customized Living Providers	0	3	2
Foster Care Providers	0	1	1
Home Care Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	2	4

Public Health and Human Services both monitor providers informally. Case managers get feedback from participants and bring persisting issues to their supervisors. Supervisors have held meetings with providers in the past to address case manager and participant concerns. The foster care licensor monitors providers by dropping in at foster care homes when participants make

complaints and by administering surveys to case managers to gather their feedback about providers. Public Health administers a survey to monitor participant satisfaction with the Home Health Care services that they provide.

Case managers said that their working relationships with the different nursing facilities vary. While some of these facilities are good at informing case managers when participants are discharged, others are not as good at communicating and sometimes do not understand the role of the case manager. Case managers also shared that it has been hard to build relationships with nursing facility staff due to high turnover.

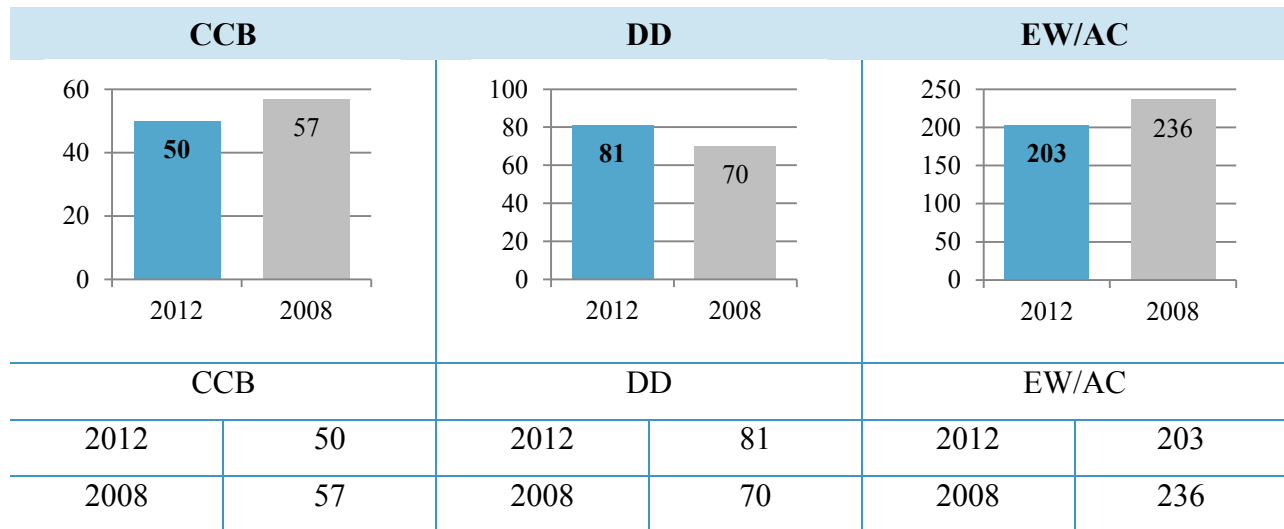
Most case managers rated their relationships with schools as average. They said they are often not invited to IEP meetings and are not contacted until the participant is graduating. Case managers stated that this lack of communication has made transition planning difficult. Case managers stated that their relationships with hospitals depend on the discharge planner, stating that sometimes they do not get notified when the participant is discharged and this makes it difficult to make sure services are in place for the transition.

Case managers shared that they have strong relationships with vocational providers and that their local providers make sure there are work opportunities for every participant. They also stated that these providers work hard to get participants out into the community and look for areas of job development. Case managers said that some other providers have a lot “crews” and would like to see them develop more individualized supported employment opportunities. Case managers shared the communication with customized living providers is very strong. They stated that these providers are willing to go above and beyond to help participants.

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 Fillmore County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Fillmore County has decreased by 7 participants (12.3 percent); from 57 in 2008 to 50 in 2012. The largest increase occurred in case mix B, which grew by 4 people. As a result of this increase Fillmore County may be serving a higher percentage of people with mental health needs.

Since 2008, the number of people served with the DD waiver in Fillmore County increased by 11 participants, from 70 in 2008 to 81 in 2012. In Fillmore County, the DD waiver program is growing more quickly than in the cohort as a whole. While Fillmore County experienced a 15.7 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.0 percent increase in number of people served. In Fillmore County, the profile group 3 increased by 16 people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 increased slightly, Fillmore County serves a smaller proportion of people in these groups (28.4 percent), than its cohort (34.4 percent).

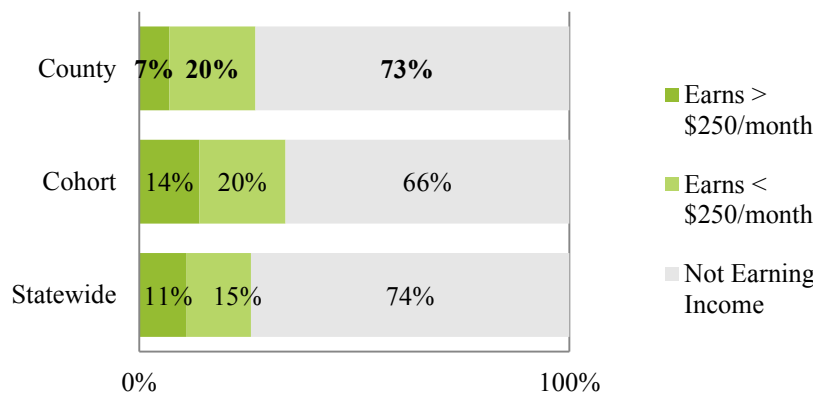
Since 2008, the number of people served in the EW/AC program in Fillmore County has decreased by 33 people (14.0 percent), from 236 people in 2008 to 203 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Fillmore County still served 36 fewer lower needs

participants in 2012 than in 2008. Case mix B had the largest increase, growing by 10 people. As a result Fillmore County may be serving a higher 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.

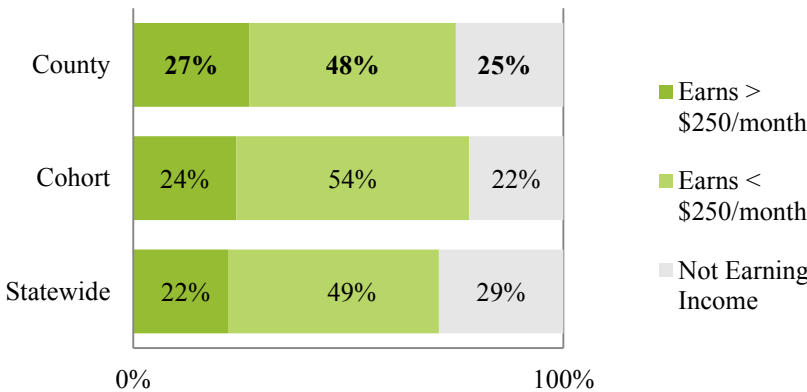
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Fillmore County	7%	20%	73%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, Fillmore County served 46 working age (22-64 years old) CCB participants. Of working age participants, 26.1 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **Fillmore County ranked 79th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Fillmore County 6.5 percent of the participants earned \$250 or more per month, compared to 14.4 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 (2012)



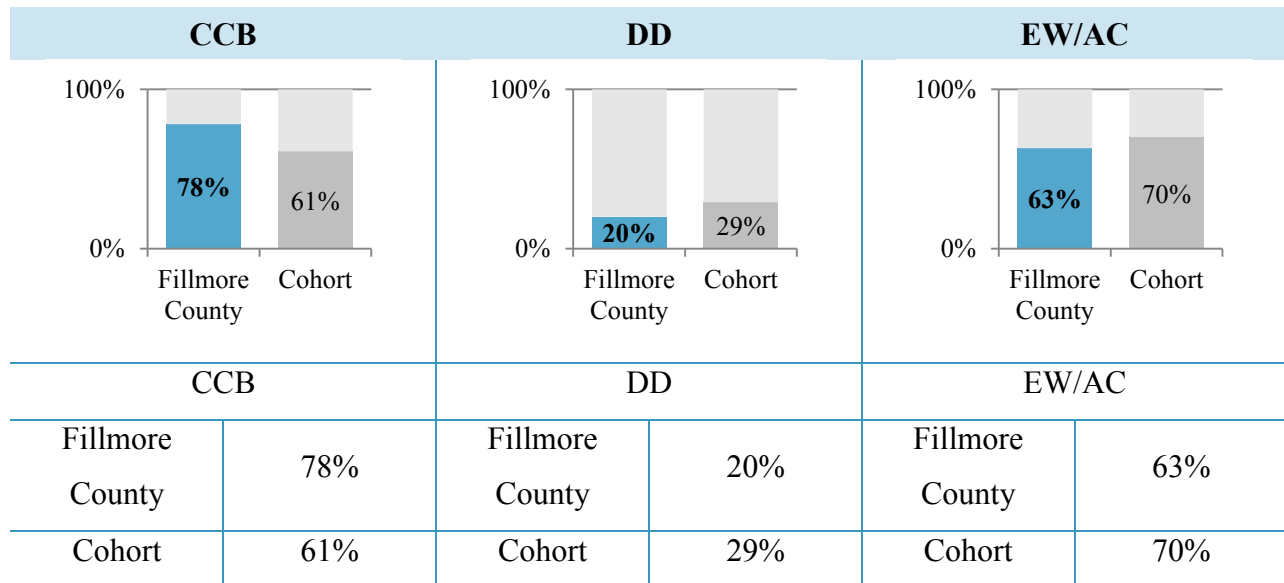
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Fillmore County	27%	48%	25%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

In 2012, Fillmore County served 8 DD waiver participants of working age (22-64 years old). **The county ranked 31st in the state** for working-age participants earning more than \$250 per month. In Fillmore County, 27.0 percent of working age participants earned over \$250 per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 74.6 percent of working age DD waiver participants in Fillmore County had some earned income, while 77.8 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2012)



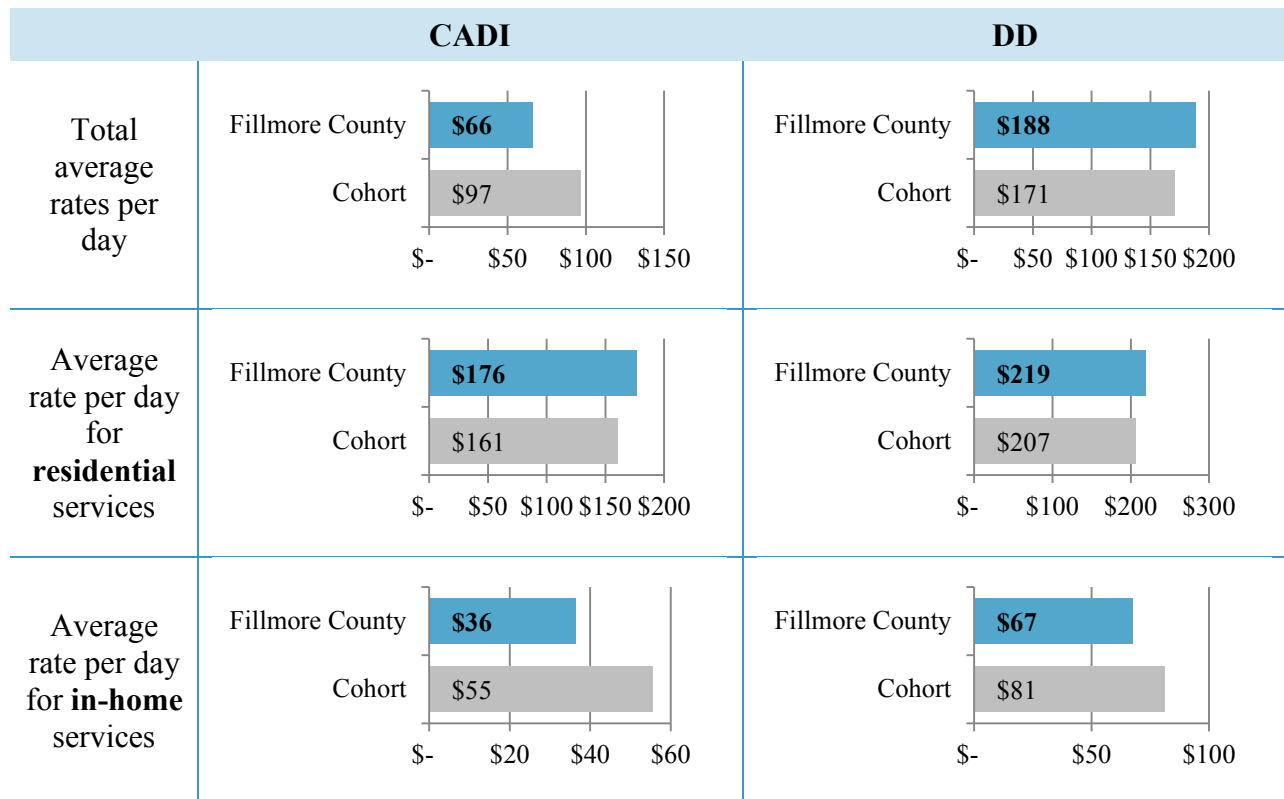
Fillmore County ranks 8th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 39 participants at home. Between 2008 and 2012, the percentage increased by 0.8 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points, and the statewide average fell by 4.2 points. In 2012, 78.0 percent of CCB participants in Fillmore County were served at home. Statewide, 60.9 percent of CCB waiver participants are served at home.

Fillmore County ranks 79th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 16 participants at home. Between 2008 and 2012, the percentage decreased slightly, falling by 0.2 percentage points. In comparison, the percentage of participants served at home in their cohort had a slight increase, 1.0 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

Fillmore County ranks 63rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 63 participants at home. Between 2008 and 2012, the percentage decreased by 9.4 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their

homes statewide. Fillmore 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 (2012)



Average Rates per day for CADI services (2012)

	Fillmore County	Cohort
Total average rates per day	\$66.16	\$96.60
Average rate per day for residential services	\$176.26	\$160.81
Average rate per day for in-home services	\$36.36	\$55.43

Average Rates per day for DD services (2012)

	Fillmore County	Cohort
Total average rates per day	\$188.17	\$170.56
Average rate per day for residential services	\$219.36	\$206.94
Average rate per day for in-home services	\$67.42	\$80.98

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 Fillmore County is \$30.44 (31.5 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Fillmore County spends \$15.45 (9.6 percent) more on residential services, and \$19.07 (34.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Fillmore County ranks 5th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Fillmore County is \$17.61 (10.3 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Fillmore County spends \$12.42 (6.0 percent) more on residential services, but \$13.56 (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, Fillmore County ranks 66th 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.

Fillmore County has lower use in the CADI program than its cohort of residential based services (Foster Care (13% vs. 28%) and Customized Living (7% vs. 8%)). The county has a lower use of vocational services like Supported Employment Services (7% vs. 11%). They have a higher use of some in-home services including Homemaker (43% vs. 28%), Home Delivered Meals (33% vs. 21%) and Home Health Aide (18% vs. 7%). Forty-one percent (42%) of Fillmore County's total payments for CADI services are for residential services (39% foster care

and 3% customized living) which is lower than its cohort group (56%). Fillmore County corporate foster care rates are higher than its cohort when billed daily but lower when billed monthly (\$312.26 vs. \$192.17 per day and \$5,017.00 vs. \$5,118.81).

Fillmore County’s use of Supportive Living Services (SLS) is higher than its cohort (79% vs. 70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Fillmore County’s corporate Supportive Living Services rates are higher than its cohort when billed daily (\$282.90 vs. \$186.50 per day). The county has identical use of Day Training & Habilitation (64% vs. 64%) and a higher use of Supported Employment (8% vs. 5%). Its use of Respite Services is lower than its cohort (13% vs. 19%).

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 (2012)

Disabilities		Developmental Disabilities		Elderly Programs	
Disabilities		Developmental Disabilities		Elderly Programs	
Fillmore County	85%	Fillmore County	96%	Fillmore County	56%
Cohort	92%	Cohort	92%	Cohort	61%

In 2012, Fillmore County served 76 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 25 in institutional care. Fillmore County ranked 81st of 87 counties with 84.6 percent of their LTC participants receiving HCBS. This is lower than their cohort, where 92.0 percent were HCBS participants. Since 2008, Fillmore County has decreased its use of HCBS just slightly, 0.7 percentage points, while the cohort increased its use by 0.5 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Fillmore County served 83 LTC participants (persons with development disabilities) in HCBS settings and four in institutional settings. Fillmore County ranked 20th of 87 counties with 96.3 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.2 percent). Since 2008, the county has increased its use by 9.4 percentage points while its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Fillmore County served 208 LTC participants (over the age of 65) in HCBS settings and 181 in institutional care. Fillmore County ranked 57th of 87 counties with 55.6 percent of LTC participants receiving HCBS. This is lower than their cohort, where 60.7 percent were HCBS participants. Since 2008, Fillmore County has increased its use of HCBS by 1.9 percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

	Fillmore County	Cohort	Statewide
Age 0-64	0.59	0.57	0.54
Age 65+	38.79	24.57	21.99
TOTAL	7.08	4.48	3.19

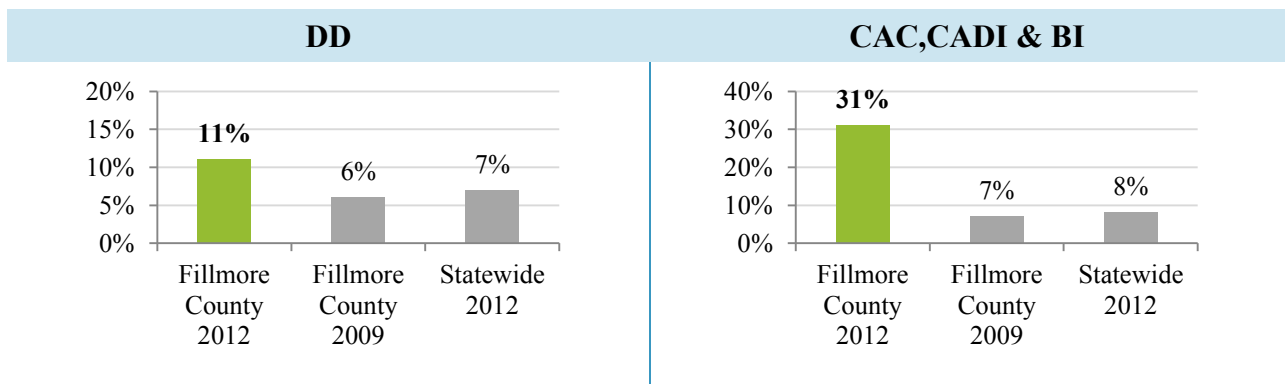
In 2012, Fillmore County was ranked 78th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and

older is higher than its cohort and the statewide rate. Fillmore County also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 15.3 percent in Fillmore County. Overall, the number of residents in nursing facilities has decreased by 14.9 percent since 2010.

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
Fillmore County (2012)	11%	31%
Fillmore County (2009)	6%	7%
Statewide (2012)	7%	8%

At the end of calendar year 2012, 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 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program,

Fillmore County had an 11% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Fillmore County's DD waiver balance is larger than its balance in CY 2009 (6%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Fillmore County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Fillmore County had a 31% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2009 (7%).

At the time of the waiver review, Fillmore County Human Services had a waitlist of one person for the DD program. The Director of Nursing shared Public Health has a policy in place for prioritizing new waiver slots. She explained priority is given to participants who are in a more restrictive setting so the lead agency can coordinate waiver services to support participants in the least restrictive setting possible. The Social Services Supervisor said that the health and safety of the participants is the most significant factor in prioritizing waiver slots. Lead agency staff said that case managers are always aware whether or not waiver slots are available when they carry out initial visits.

The Director of Nursing manages the CCB budget and the DD budget is managed by the lead DD case manager. The waiver budgets are regularly discussed at inter-departmental meetings. Waiver allocations are approved by the Director of Nursing and the Social Services Supervisor.

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.

Fillmore 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	1	1	0	0	0
Help Desk	0	0	1	1	0
Community Based Services Manual	0	0	2	0	1
DHS website	0	3	4	1	0
E-Docs	0	2	0	0	5
Disability Linkage Line	0	4	0	0	0
Senior Linkage Line	0	2	1	0	0
Bulletins	0	5	1	2	0
Videoconference trainings	0	1	0	6	0
Webinars	0	1	0	6	0
Regional Resource Specialist	0	2	1	0	0
Listserv announcements	0	2	0	0	0
MinnesotaHelp.Info	0	0	2	0	0
Ombudsmen	0	4	1	0	1

Case managers reported that videoconference trainings, webinars, and E-Docs were the most useful DHS resources for their work. Supervisors said that a lot of case managers really appreciate the videoconference trainings and they are great for nurses to use for their continuing education time. Staff also stated that webinars are very helpful and that they like hearing questions from staff in other counties. Most case managers shared that they regularly use E-Docs and that it is very helpful. Supervisors shared that staff look at bulletins independently and discuss them at meetings. They also stated that they rely on bulletins a lot for changes and updates.

A few case managers had much experience using Help Desk and the Community Based Services Manual. Supervisors said that they have not found Help Desk to have timely or helpful responses and have instead turned to peers for that information. They also said that they use the Community Based Services Manual for questions regarding eligibility and for reeducation purposes. Case managers stated that the DHS website has very helpful information, but that navigation can be difficult and it is not very intuitive. The two case managers who have access to Policy Quest rated it very low and shared that they do not always receive firm answers to their questions. Supervisors stated that the Regional Resource Specialist holds a quarterly case manager meeting for the LTC waiver programs. Case managers had varying experiences with Ombudsmen in the past.

Lead Agency Strengths, Recommendations & Corrective Actions

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

Fillmore County Strengths

The following findings focus on Fillmore 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.

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

During the previous review in 2009, Fillmore County received a corrective action for the following items being out of compliance: timeliness of referral to LTCC assessment, timeliness of assessment to care plan, face-to-face visits, ICF/DD Level of Care, and case manager and guardianship roles. In 2013, none of these issues remain for Fillmore County indicating technical improvements over time.

- **Case managers provide high quality case management services to meet participant needs.** Case managers are responsive to changing participant needs and are strong advocates for participants. They know participants on each other's caseloads which enables them to serve as back-ups for each other's cases when needed, allowing for seamless services for

participants. In addition, case managers are in frequent contact with waiver participants; nearly all (95%) of participants reviewed were seen at the frequency required by their waiver plan and many were seen more often than required. Case managers visit participants on average eight times in the past 18 months across all programs.

- **Case managers collaborate well with each other and other units within Fillmore County.** Case managers shared that the relationship between Public Health and Human Services is a strength of the lead agency. Case managers also said that they have good communication with adult and child protection staff and financial workers. These strong working relationships enhance the services participants are receiving and helps them navigate services.
- **Lead agency staff are well-connected with providers and other organizations that serve participants.** Fillmore County case managers have worked to build strong relationships with area providers. This has been supported by the small size and supportive culture of the community in which they are located. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. Case managers mentioned that they have especially strong relationships with local vocational providers. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The collaborative nature of the relationships between providers and case managers is supported by the providers. The Fillmore County providers surveyed shared that they have good, open communication and work cooperatively with the case managers.
- **The case files reviewed in Fillmore County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the file, including 100% of ICF/DD Level of Care forms, OBRA Level One forms, emergency contacts, and current care plans.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Fillmore County work toward reaching their goals around HCBS

program administration. The following recommendations would benefit Fillmore County and its HCBS participants.

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants 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-based employment opportunities for participants in the CCB programs.** Fillmore County has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the CCB program (6.5% vs. 14.4%) and ranks 79th of 87 counties in this area. Fillmore County should focus on strengthening employment options by working to reduce use of center-based employment and develop more community-based employment opportunities. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages. When developing services, work across all programs to ensure employment opportunities can be accessed by all participants regardless of the program.
- **Work with providers and regional counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Fillmore County has lower rates of participants served at home than its cohort in the DD and elderly programs. Only 20% of DD participants (79th of 87 counties) and 63% of elderly participants (63rd of 87 counties) are served at home, indicating high use of residential services. In addition, Fillmore County serves fewer high needs DD participants (19% vs. 27%) and elderly participants (28% vs. 52%) at home than its cohort. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet

emerging needs. Fillmore County should work to influence what services are available to its waiver participants, which may include partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. 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.

- **Fillmore County has reserves in the CCB and DD budgets and is able to provide additional services to participants these programs.** Fillmore County's CCB waiver budget balance was 31% at the end of FY 2012 and an 11% budget reserve in their DD budget for CY 2012. There is also a waitlist for these programs. There is room in the budget to add more participants or enhance services such as supportive employment or in-home services for current participants. Human Services may want to consider including an accounting person on their waiver allocation committee. Public Health already has this practice and finds it helpful for managing waiver budgets.
- **Fillmore County should update care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** The care plan is the one document that all participants receive and one of its main functions is to communicate the participants' preferences and needs to all of their service providers. Accordingly care plans should include detailed information about the comfort needs of the participants in addition to their basic health and safety needs. The Fillmore County care plans include required information, but they should also include more detailed information that is unique to the participant. For example, the care plan should refer to the participant by their name, include goals that are meaningful to the participant, and outline information about the participant's health and safety and needs and explain how planned services will address these needs.

- **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 should implement formal staff meetings that combine Public Health and Human Services; create a more formal system for case file monitoring practices; and create a common shared drive for Public Health and Human Services in order to promote consistency and efficiency in the use of forms. In addition, contracted case management services may help ease caseloads during staffing shortages and cut down on travel time to serve participants that live out of the region. The lead agency should also consider creating case manager specialty areas, such as the CADI program. Finally, Fillmore County should consider partnering with Winona County to pool resources for the upcoming MnCHOICES changes.

Corrective Action Requirements

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

- **Beginning immediately, include a back-up plan in the care plan of all CADI participants.** All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided

needed services. Currently, nine out of 10 CADI cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

- **Beginning immediately, ensure that each DD participant case file includes a current full-team (01) screening document.** It is required that all DD participants aged 22 and over have documentation of a full-team screening completed within the last six years included in their case file, and that all DD participants under age 22 have documentation of a full-team screening completed with the last three years included in their case file. Currently, one out of 10 DD cases did not have documentation that the participant had a screening within the required timeframe.
- **Beginning immediately, ensure that each participant case file includes signed documentation that DD 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 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 DD participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA and Minnesota Statutes.** 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. Currently, six out of 10 DD cases did not have this completed documentation in the case file. In addition, two out 10 DD cases did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA and Minnesota Statutes.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Fillmore County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required

follow up on 21 cases. All items are to be corrected by November 19, 2013 and verification submitted to the Waiver Review Team to document full compliance. Fillmore County submitted a completed compliance report on November 15, 2013.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	2	N / A	1	1	N / A	N / A
Screenings done on time for new participants (PR)	91%	91%	90%	N / A	AC / EW, CCB	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	39%	100%	DD	CCB

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=21	CCB n=10	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	94%	100%	80%	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)	98%	100%	100%	90%	ALL	N / A
All needed services to be provided in care plan (PR)	93%	86%	100%	100%	CCB, DD	N / A
Choice questions answered in care plan (PR)	98%	95%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	68%	67%	60%	80%	N / A	AC / EW, CCB
Inclusion of caregiver needs in care plans	75%	80%	67%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	N / A	ALL
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	N / A	ALL

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=3</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=3</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=21	CCB n=10	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	90%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	95%	100%	80%	100%	AC / EW, DD	N / A
Back-up plan (PR for CCB)	46%	67%	10%	40%	N / A	CCB
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=21	CCB n=10	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	93%	100%	100%	70%	AC / EW, CCB	N / A
Person informed of right to appeal documentation in the case file (PR)	98%	100%	100%	90%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	81%	100%	100%	20%	AC / EW, CCB	DD

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=21	CCB n=10	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	100%	90%	ALL	N / A
Documentation of participant satisfaction in the case file	66%	67%	70%	60%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	56%	85%	96%	DD	AC / EW, CCB
Percent of LTC funds spent on HCBS	N / A	29%	72%	96%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	25%	54%	83%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	98%	99%	DD	N / A
Percent of waiver participants served at home	N / A	63%	78%	20%	CCB	AC / EW, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	7%	27%	DD	CCB

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.