

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Isanti County**

Waiver Review Site Visit: February 2013

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Acknowledgements

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ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Isanti County
Case File Review	45 cases
Provider survey	17 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 6 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 Isanti County

In February 2013, the Minnesota Department of Human Services conducted a review of Isanti County's Home and Community-Based Services (HCBS) programs. Isanti County is a rural county located in east central Minnesota. Its county seat is located in Cambridge, Minnesota and the county has another two cities and thirteen townships. In State Fiscal Year 2011, Isanti County's population was approximately 38,283 and served 324 people through the HCBS programs. In 2011, Isanti County had an elderly population of 10.9%, placing it 77th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Isanti County's elderly population, 6% are poor, placing it 81st (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Isanti County Family Services is the lead agency for all HCBS programs and provides case management for these programs. Family Services includes all social services and economic assistance functions. Isanti County's Social Services Supervisor oversees 11 staff members including five case managers and a case aide who works with the waiver programs. Two of the case managers have CAC, CADI, BI, AC, and fee-for-service EW cases. Three of the workers are DD case managers. One of the DD workers also has children's mental health responsibilities.

Isanti County Public Health is a separate department from Family Services and includes all public health functions. Public Health is the lead agency and provides care coordination for the EW Managed Care Organization (MCO) Blue Plus. Public Health is also involved in the fee-for-service waiver programs, as it performs co-case management for all waiver programs except DD. The Isanti County Public Health Supervisor oversees two public health nurses who work on LTC

programs. One public health nurse has a waiver caseload while the other only completes PCA assessments. Due to staffing changes, the Public Health Supervisor also has case management and PCA assessment responsibilities.

On average, the two Social Services LTC case managers have between 75 and 90 cases. The three DD case managers have a total of approximately 50 cases, which include both DD waiver and Rule 185 cases. The public health nurse case manager has a caseload of 70 participants, 28 of which are on the waiver. The Public Health Supervisor co-case manages 130 cases.

Isanti County completes dual assessments with a social worker and public health nurse for all LTC participants except for Blue Plus managed care cases. Dual reassessments are also done most of time. All waiver participants receive a six month face-to-face visit regardless of program, and the case manager that conducts the visit is dependent on the participant's needs. For example, if the participant has high medical needs a public health nurse does the visit, while a social worker completes the visit if the participant has higher social or mental health needs. If a Social Services case manager is unable to attend an annual assessment for any reason, a Public Health case manager is able to fill in and complete the visit. For participants also receiving Rule 79 Targeted Case Management, a Rule 79 mental health social worker is the primary worker and the waiver workers co-case manages the case. The mental health and waiver case managers do not usually go on visits together.

In Isanti County, intake is divided between Family Services and Public Health. Either agency can take the intake call and schedule the assessment. Public Health transfers calls to Family Services if the initial information indicates that the participant may have a developmental disability. The Family Services case managers have intake responsibilities; whoever takes an intake call also completes the intake information, completes the assessment, and may also stay on as case manager. In Public Health, intake is done by the Public Health Supervisor. When a case is opened to a waiver, it is brought to the Social Services Supervisor or lead worker to determine if Family Services or Public Health should manage the case. Cases are assigned to social workers based on current caseload numbers. For EW cases, an LTC case manager in Family Services

does the initial set-up of the case as fee-for-service. If the case transfers to Blue Plus, it is transferred to Public Health.

Working Across the Lead Agency

Financial workers are located in the same building as Family Services. Two financial workers are assigned to work on LTC waiver cases and one is assigned to Group Residential Housing (GRH), therefore serving waiver participants in residential settings. Case managers noted that financial workers are accessible and that they have frequent communication with them, primarily through e-mail. They stated that financial workers are usually very responsive if there are any immediate eligibility issues and resolve issues quickly.

Adult protection workers are in the same unit as waiver case managers and share the Social Services Supervisor. They are told to notify waiver case managers when there is an investigation involving a waiver participant. However, they do not always remember to provide information about ongoing investigations, especially when DHS is involved regarding a licensed foster care. Staff said that case managers usually know about reports of self-neglect as it is often shared informally and they may be asked to help resolve the concerns with waiver services. Public Health may not always be informed of an adult protection issue unless it is a medical issue that caused the investigation. Case managers and supervisors shared that they are working on improving communication with child protection, as their workers do not always share information right away, making it difficult for the waiver case manager to take preventative or mitigating actions. One of the DD case managers attends monthly child protection meetings. CADI participants receiving Rule 79 case management may have up to three case managers: their mental health case manager, a CADI public health nurse, and a CADI social worker.

Health and Safety

In the Quality Assurance survey, Isanti County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified well-trained and

knowledgeable case managers as a county strength. Providers also indicated they have good, open communication with case managers. County staff shared that case managers have strong relationships with providers.

In order to stay current with waiver program requirements, Isanti County staff attend meetings and trainings to learn about changes in policies. Case managers shared that the LTC and DD units have separate monthly meetings. Information about policy and procedural changes is usually disseminated within the county by e-mail and they use DHS listservs and bulletins to stay current with policy changes. Case managers attend video conferences and webinars and also rely on mentoring and cross-training from their coworkers. County staff shared that at least one person attends all the trainings and is expected to share any new information with the rest of the team. County staff are also required to attend metro meetings, which supervisors shared is a good resource to get support and learn about new changes. Regional meetings and groups are available for both supervisors and case managers to attend. The county does not do any formal case file audits. Files are organized by chart order form to ensure that all required elements are present.

The Social Services Supervisor provides some information about the waivers to the Family Services Director to share at county Board meetings. She also brings contracts to the Board for approval and signatures, but the Director manages all other communication. The Public Health Director gives an annual update on participants served in her programs to the Board. They are periodically asked to share more information such as results from MCO audits in which a public health nurse presents information to the Board.

Service Development and Gaps

County staff shared that while the small size of the county allows them to develop close relationships with participants and providers, it also presents barriers to accessing services to meet all participants' needs. Isanti County staff noted that they have more service gaps now than in the past due in part to several homecare agencies choosing to no longer work with the waiver programs due to low MA reimbursement rates. They also mentioned the recent loss of the adult day center as having a significant impact on providing service choices to participants. Case managers noted that certain specialized services, such as those for behavioral needs, are only

available in the Metro, and it has been difficult to find qualified staff to provide services to participants in Isanti County.

Isanti County supervisors stated that local providers are usually aware of service needs and contact the county with ideas regarding new service developments. County staff have also found that provider network meetings are very helpful in keeping the local providers in the loop about the needs of the county.

Community and Provider Relationships/Monitoring

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

Isanti 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 Homes	0	1	2
Schools (IEIC or CTIC)	0	0	3
Advocacy Organizations	0	0	1
Hospitals (in and out of county)	0	1	3
Foster Care Providers	0	3	3
Customized Living Providers	0	0	2
Employment Providers (DT&H, Supported Employment)	0	3	2
Home Care Providers	0	3	0

Isanti County sends out satisfaction surveys to participants in foster care, but noted that it is difficult to get participants to return these surveys. Case managers are able to contact the

licensing unit with any provider issues they may have observed during visits with participants. Case managers also receive surveys to complete about foster care homes. Some providers also send out their own surveys and share the results with the county.

Case managers stated that overall they have good working relationship with providers. Case managers stated that they have almost daily contact with nursing home social workers and are always invited to care conferences. Case managers also said that they know who to call at the hospitals and that staff there know the case managers. They often communicate back and forth with hospital staff about participants. Case managers shared that their relationships with schools are very good. They said that schools are receptive to the needs of the students and understand how the waiver programs can provide supports. Case managers noted that schools notify them about Individualized Education Program meetings. Case managers also shared that one school has a very good transition age program.

Case managers rated their relationships to vocational providers as average. They shared that there is only one provider in the county so they transport many participants out of the county to other vocational providers. Case managers have quarterly meetings with their local provider to address issues and concerns, such as a failure to communicate with case managers when there is no work available for participants.

Case managers said that their relationships with customized living providers are good, but they have had some difficulty getting all the information they need to complete the customized living tool. They added that many facilities do not have a system to document some of the needed information for the tool. Case managers shared that they have a mix of good and average foster care providers. They mentioned that there have been issues with finding qualified staff to serve participants with mental health needs in corporate foster cares. They also said that some of the family foster care providers in the county are very good, but many of the providers are getting older. Case managers said that foster care providers care about participants and make documentation available to case managers.

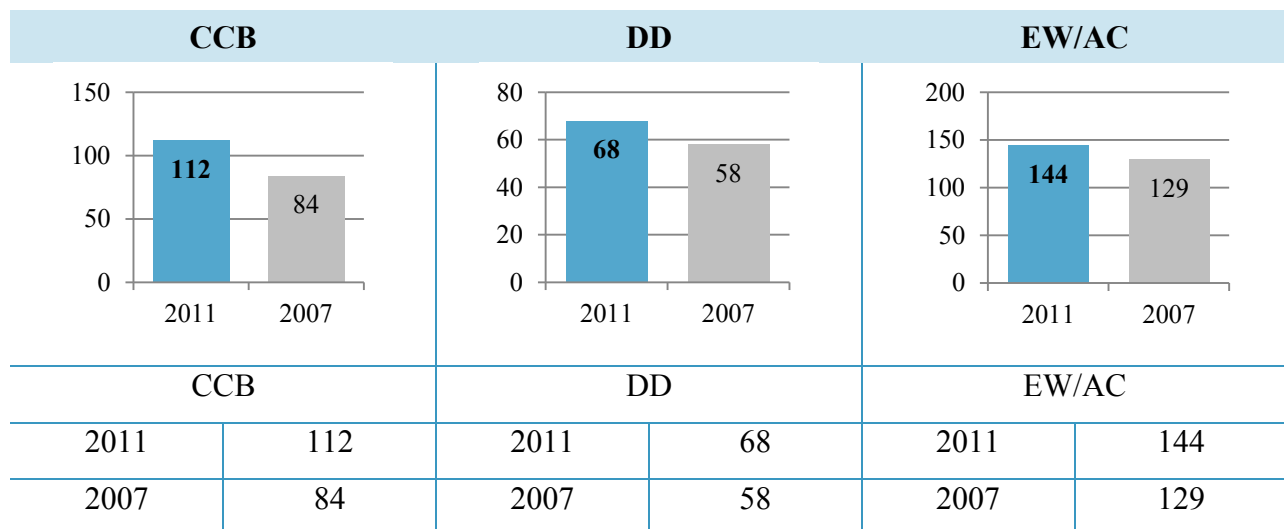
Isanti County recently lost a long-term home health care agency. Other providers have expanded into the county but they are still in the process of getting to know the new staff. They have set up regular meetings with the new providers to maintain open communication.

One of the case managers attends a quarterly senior network meeting that rotates throughout counties in the central regions. The meeting includes many providers and other key stakeholders. Another case manager noted that PACER is an excellent resource and spends time with, and coaches, parents about caring for their child.

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 Isanti County (2007 & 2011)



Since 2007, the total number of persons served in the CCB waiver program in Isanti County has increased by 28 participants (33.3 percent) from 84 in 2007 to 112 in 2011. Most of this growth occurred in the case mix B, which grew by 15 people. This case mix often includes individuals with mental health needs. As a result of this growth, Isanti County may be serving a higher proportion of people with mental health needs in the CCB waiver programs.

Since 2007, the number of persons served with the DD waiver in Isanti County increased by ten participants, from 58 in 2007 to 68 in 2011. In Isanti County, the DD waiver program is growing more quickly than in the cohort as a whole. While Isanti County experienced a 17.2 percent increase in the number of persons served from 2007 to 2011, its cohort had a 6.9 percent increase in number of persons served. In Isanti County, the profile groups two and four each grew by four people. In comparison, the greatest change in the cohort profile groups occurred in the profile group three. Isanti County serves a higher percentage of people in profile groups one and two (50.0 percent), the highest need groups, than their cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Isanti County has increased by 15 people (11.6 percent) from 129 people in 2007 to 144 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mixes B and E grew the fastest. As a result, Isanti County may be serving a higher proportion of individuals with mental health needs on the EW/AC programs.

Value

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

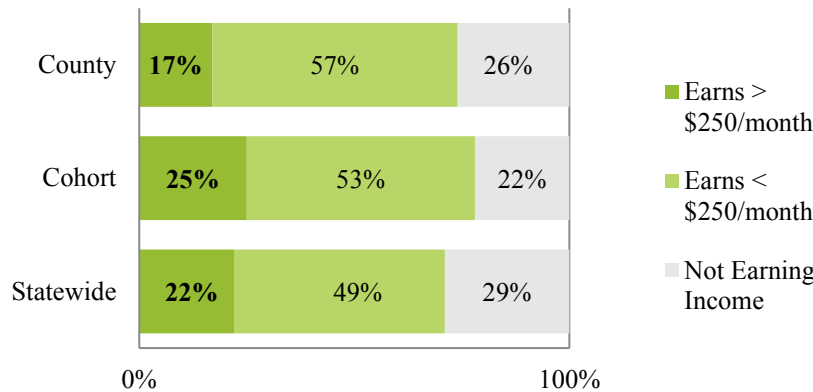
CCB Participants Age 22-64 Earned Income from Employment (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Isanti County	5%	26%	69%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Isanti County served 95 working age (22-64 years old) CCB participants. In both Isanti and their cohort 31.6 percent of working age participants had earned income. **Isanti ranked 80th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Isanti County 5.3 percent of the participants earned \$250 or more per month, compared to 13.4 percent of its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



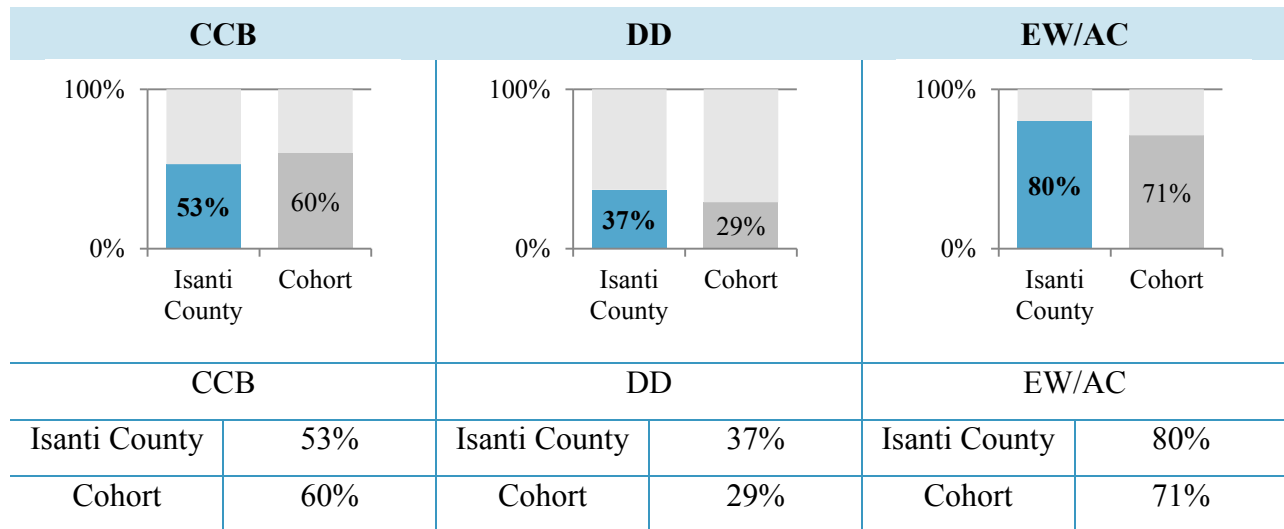
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Isanti County	17%	57%	26%
Cohort	25%	53%	22%
Statewide	22%	49%	29%

In 2011, Isanti County served 58 DD waiver participants of working age (22-64 years old). **The county ranked 72nd in the state for working-age participants earning more than \$250 per month.** In Isanti, 17.2 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 74.1 percent of working age DD waiver participants in Isanti County had some earned income, while 77.2 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2011)



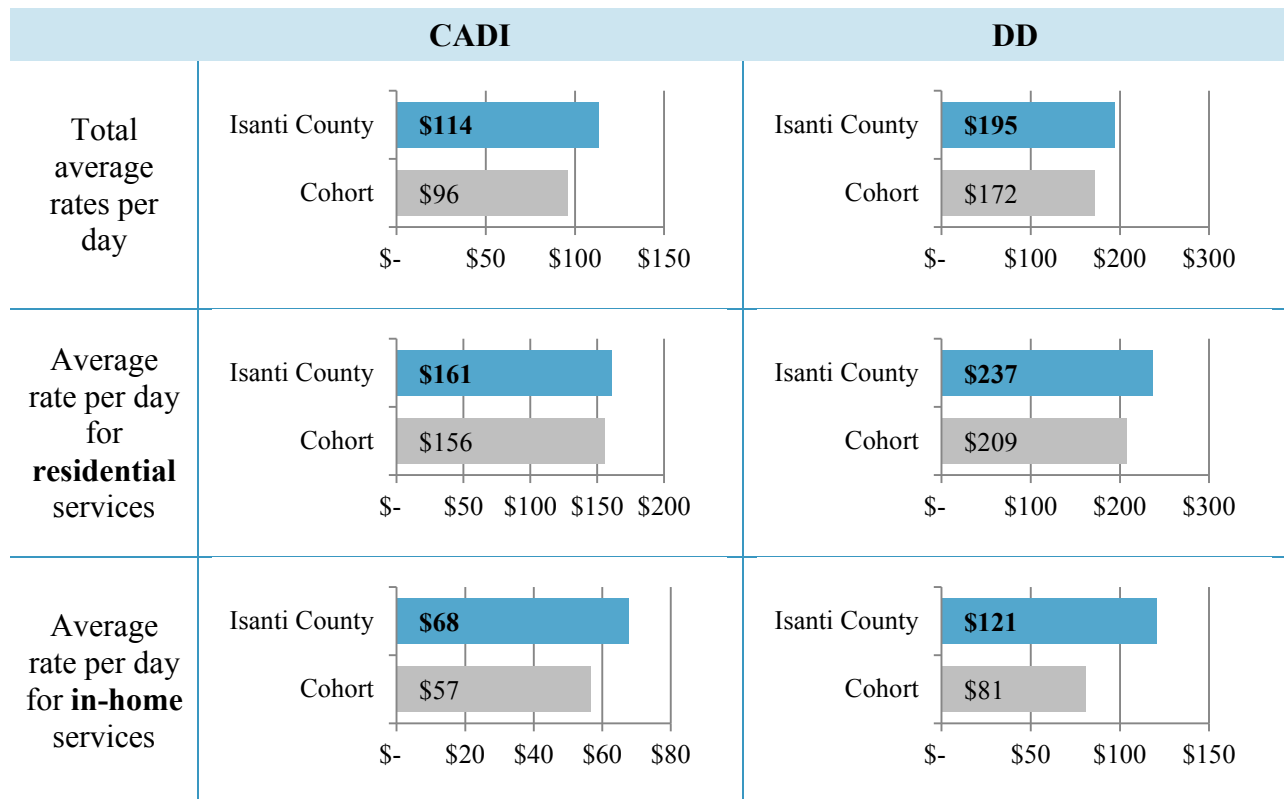
Isanti County ranks 71st out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 59 participants at home. Between 2007 and 2011, the percentage increased by 1.5 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 52.7 percent of CCB participants in Isanti County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Isanti County ranks 17th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 25 participants at home. Between 2007 and 2011, the percentage increased by 5.8 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.6 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6% to 35.7%.

Isanti County ranks 33rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 115 participants at home. Between 2007 and 2011, the percentage increased by 10.9 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in

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

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



Average Rates per day for CADI services (2011)

	Isanti County	Cohort
Total average rates per day	\$113.54	\$95.98
Average rate per day for residential services	\$160.66	\$155.87
Average rate per day for in-home services	\$67.84	\$56.68

Average Rates per day for DD services (2011)

	Isanti County	Cohort
Total average rates per day	\$194.73	\$171.92
Average rate per day for residential services	\$236.88	\$208.53
Average rate per day for in-home services	\$121.13	\$80.99

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. The average cost per day for CADI waiver participants in Isanti County is \$17.56 (18.3 percent) more per day than that of their cohort. In comparing the average cost of residential to in-home services, Isanti County spends \$4.79 (3.1 percent) more on residential services and \$11.16 (19.7 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, **Isanti County ranks 72nd of 87 counties**. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

The average cost per day for DD waiver participants in Isanti County is \$22.81 (13.3 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Isanti County spends \$28.35 (13.6 percent) more on residential services and \$40.14 (49.6 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, **Isanti County ranks 72nd of 87 counties**. Statewide, the average cost per day for DD waiver participants is \$188.52.

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

Isanti County has a higher use in the CADI program than its cohort of some residential based services (Foster Care (36% vs. 28%), and lower use for others (Customized Living (7% vs. 8%). The county has lower use of vocational services like Prevocational Services (9% vs. 11%) and Supported Employment Services (5% vs. 11%). They also have a notably lower use of some in-home services including Homemaker (14% vs. 28%) and Home Delivered Meals (5% vs. 21%), but have a higher use of Independent Living Skills (15% vs. 13%). Sixty-five percent

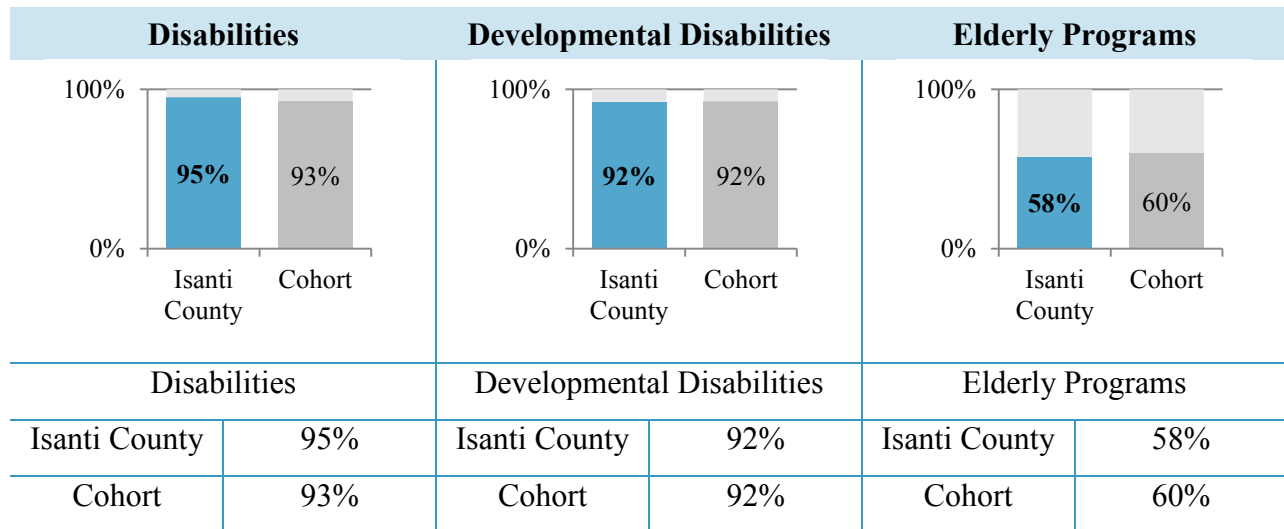
(65%) of Isanti County's total payments for CADI services are for residential services (57% foster care and 8% customized living) which is higher than its cohort group (56%). Isanti County's family foster care rates are lower than its cohort when billed monthly (\$2,343.60 vs. \$3,094.63 per month) and when billed daily (\$127.10 vs. \$145.97 per day). Corporate foster care rates are lower than its cohort when billed monthly, but are notably higher when billed daily (\$4,546.63 vs. \$5,118.81 per month and \$246.99 vs. \$192.18 per day). Isanti County utilizes the family foster care model more than its cohort for CADI participants.

Isanti County's use of Supportive Living Services (SLS) is lower than its cohort (63% 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. Isanti County's Supportive Living Services rates are lower than its cohort when billed daily (\$137.92 vs. \$186.50 per day) and when billed monthly (\$3,766.38 vs. \$3,877.30 per month). The county has a lower use of Day Training & Habilitation (63% vs. 64%) and Supported Employment (2% vs. 5%). Its use of Consumer Directed Community Supports (CDCS) is higher than its cohort (10% vs. 4%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2011)



In 2011, Isanti County served 259 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 22 in institutional care. Isanti County ranked 35th of 87 counties in the percent of LTC participants receiving HCBS; 94.6 percent of their LTC participants received HCBS. This is slightly higher than their cohort where 92.6 percent were HCBS participants. Since 2007, Isanti County has increased its use of HCBS by 4.0 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Isanti County served 87 DD participants (persons with development disabilities) in HCBS settings and eight in institutional settings. Isanti County ranked 49th of 87 counties in the percentage of DD participants receiving HCBS, with 92.2 percent of its DD participants receiving HCBS, about the same rate as its cohort (92.3 percent). Isanti County has slightly improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 0.9 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of DD participants received HCBS in 2011.

In 2011, Isanti County served 151 LTC participants (over the age of 65) in HCBS settings and 129 in institutional care. Isanti County ranked 54th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 57.5 percent received HCBS. This is lower than their cohort, where 59.9 percent were HCBS participants. Since 2007, Isanti County

has increased its use of HCBS by 15.0 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

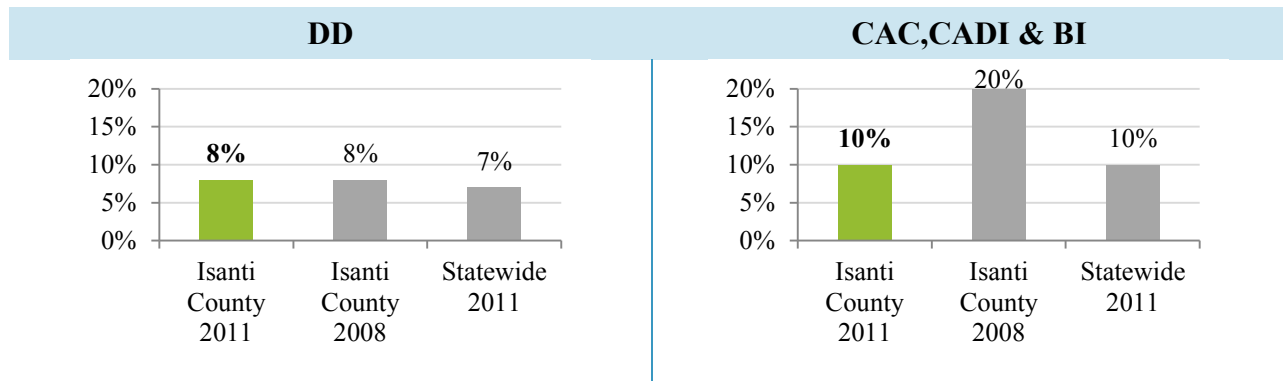
	Isanti County	Cohort	Statewide
Age 0-64	0.24	0.46	0.47
Age 65-84	23.28	26.01	23.11
TOTAL	2.75	4.59	3.24

In 2011, Isanti County was ranked 15th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. In addition, Isanti County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 16.8 percent in Isanti County. Overall, the number of residents in nursing facilities has decreased by 14.3 percent since 2009.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Isanti County (2011)	8%	10%
Isanti County (2008)	8%	20%
Statewide (2011)	7%	10%

At the end of calendar year 2011, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Isanti County had an 8% balance at the end of calendar year 2011, which indicates that the DD waiver budget had a reserve. Isanti County’s DD waiver balance is the same as its balance in CY 2008 (8%), and is larger than the statewide average (7%).

At the end of state fiscal year 2011, the CCB waiver budget had a reserve. Isanti County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Isanti County had a 10% balance at the end of fiscal year 2011, which is smaller than its balance in FY 2008 (20%), and the same as the statewide average (10%).

There is currently a waitlist for both CCB and DD. Since 2011 both the DD and CCB allocations have tightened, as four participants have been added to CCB and five to DD. Supervisors shared that there are slots in CADI but they are concerned there is not enough money to meet the needs currently in the budget.

The LTC case managers oversee the allocations for CCB programs. The CCB unit has monthly meetings to discuss needs and priorities to determine if they are able to add new participants to the waiver within the budget. Family Services has a formal policy on how to handle immediate needs that arise for participants. DD social workers monitor the allocation for the DD program. One DD case manager runs reports and simulations in the Waiver Management System (WMS) on a monthly basis. Case managers stated that the DD unit meets monthly to talk about potential participants, priorities, and to do service optimization with any extra money that is available.

County Feedback on DHS Resources

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

Isanti County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

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

County staff provided feedback about DHS resources and support provided. County staff said that they usually search Policy Quest for responses to questions that have been asked previously, but do not submit questions. Case managers added that they often find out new information there

as well. Case managers shared that the Help Desk response time is good. Case managers stated that the Disabilities Service Program Manual (DSPM) is helpful but it is difficult to find specific information quickly. The supervisors also said that the DSPM is a very good resource. Case managers said that the search mechanism on the DHS website does not always direct them to the right place, and they are unable to direct participants and families to the website because it is difficult to navigate. Case managers shared that they use E-Docs, but do not always know about updates to the forms. Public Health refers managed care participants to the Senior Linkage Line. Case managers and supervisors said that bulletins are very important, but can be difficult to interpret and ensure they are understanding all of the vital information.

County staff shared that they attend videoconference trainings, but sometimes must travel to another county since they are not a primary site. Case managers shared that they like webinars better because they do not have to travel. Case managers also said that they subscribe to listserv announcements and shared they are helpful for learning about changes, but said it is difficult to read all of them. The Public Health Supervisor shared that MinnesotaHelp.Info is helpful for when a participant is planning to move to another county since they do not always know about resources available in other counties.

County Strengths, Recommendations & Corrective Actions

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

Isanti County Strengths

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

- **Isanti County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, Isanti County received a corrective action for the following items being out of compliance: back-up plan and emergency contact information for CCB participants, documentation of needs in the care plan, documentation of health and safety

issues in the care plan, participant choice, signatures in the care plan, and ICF/DD Level of Care for DD participants. In 2013, none of these issues remain for Isanti County indicating technical improvements over time.

- **Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need.** Case managers are experienced and have good continuity. Case managers are supportive of one another and know about each other's caseloads, allowing them to fill in for one another in a pinch. They are responsive to changing participant needs and are strong advocates for participants. In addition, case managers conduct frequent face-to-face visits; many participants were seen by their case manager at least every four months. On average, EW participants are visited by their case manager every 106 days, AC participants are visited by their case manager every 116 days, CAC participants are visited by their case manager every 115 days, CADI participants are visited by their case manager every 104 days, BI participants are visited by their case manager every 70 days, and DD participants are visited by their case manager every 113 days.
- **The Family Services and Public Health Departments and staff in Isanti County have good working relationships with each other.** Isanti County has a dual assessment process for participants to help assure that participant medical and social needs are identified and met. Although the two agencies are in two different locations, case managers and supervisors communicate frequently and are available to consult with each other on cases. County staff also have strong connections with other internal units (licensing, adult protection, and financial workers) which allows the case managers to easily navigate across programs within the agency and provide timely services to participants.
- **Multiple sources of data indicate that Isanti County staff is well-connected to the community and with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Their knowledge of local providers helps case managers connect participants with providers that are a good fit for their unique needs and preferences. They have deliberately built strong relationships and collaborated with providers over time. These

relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met.

- **The case files reviewed in Isanti County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the file, including the OBRA Level One, current DD screening documents, ICF/DD Level of Care, consent to release private information, and notice of privacy practices (HIPAA). The county also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information.
- **Isanti County has the capacity to serve people with high needs in community settings.** The county serves a greater proportion of participants with high needs in the CCB and elderly programs when compared to its cohort and the statewide average. In 2011, the county ranked 19th out of 87 counties in the percent of elderly waiver participants having higher needs (59%) and 34th out of 87 in the percent of CCB waiver participants having higher needs (82.1%). In the elderly program, 67% of these high needs participants are able to be served at home, up from 32% in 2007 and well above the cohort average of 52%.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The counties 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.

- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. Isanti County currently has very high caseloads in the LTC programs. It is also difficult for staff to stay current on program requirements, and case managers are in need of additional supports. The county may want to consider strategies such as: designate a lead worker who maintains a smaller caseload, but has the added responsibility of staying current with program and policy changes and sharing this information with other case managers; create fillable electronic forms or have office support assist in creating packets to ensure forms are current and promote consistency; use contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages; or integrating mental health and waiver case management and care planning to streamline services for the participant.

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Isanti County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (17.2% vs. 24.6%) and ranks 72 of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 5.3% vs. 13.4% for the cohort which ranks 80th of 87 counties. Isanti County has demonstrated a commitment to funding employment services through their use of grant dollars for waiver and non-waiver participants. The county should build off current efforts to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The county should consider creating a Request for Information (RFI) for the community-based employment opportunities and set expectations for providers about these services. Finally, the county should ensure these opportunities can be accessed by all participants regardless of the waiver program.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** This may involve 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. The county should continue to be deliberate in developing service choices that are appropriate for the needs of participants, which may include partnering with neighboring counties with similar needs or service capacity, or drawing from the resources available in the Metro. Work across populations to ensure access to participants regardless of their age or disability. Currently, 52.7% of CCB participants receive services at home (ranking Isanti County 71st of 87 counties).
- **Isanti County has reserves in the DD budget and is able to provide additional services to participants these programs.** Isanti County's DD waiver budget balance was 8% at the end of CY 2011. Therefore, there is room in the budget to add more participants or enhance services such as supportive employment or in-home services for current participants. The county may also want to consider using their business office expertise to help manage allocations.
- **Rate setting should occur at the supervisor or director level.** The final determination of the rate for residential services should not be done by a case manager, as rates tend to be inflated when this occurs. It is also an added responsibility that takes away from the time they spend on case management duties. Case managers should gather the staffing, service, and cost information from providers to assist in the rate setting process, but the final approval or denial, along with any negotiations, should be done at the supervisory level. It is also recommended that Isanti County use the new DHS rate setting methodology to make providers justify the need for a rate increase by providing documentation of participant need for additional staffing.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Isanti County was found to be inconsistent in meeting state and federal requirements and will

require a response by Isanti 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 Isanti 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 a completed documentation of their informed right to appeal included in the case file, and only 69% of cases reviewed had this documentation. Two out of 10 CADI cases, one out of three BI cases, three out of 10 AC cases, and the only CAC case did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, two out of 10 CADI cases, one out of three BI cases, two out of 11 EW cases, and two out of ten AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that care plans for HCBS participants in the EW program include outcomes and goals.** All care plans must be updated with this information. Three out of 11 cases (27%) did not include documentation of participant outcomes and goals and one out of the 11 cases (9%) did not include sufficient detail of the participant outcomes and goals. The care plan is the one document that all participants receive. Therefore, it must include information about the participant's needs along with which services, formal or informal, will be provided to address those needs, the participant's health and safety issues and goals and outcomes for their involvement with home- and community-based services.
- **Beginning immediately, ensure that LTC screenings for CCB occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Fifty-five percent (55%) or 6 out of 11 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review**

Team's site visit. Although it does not require Isanti 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 20 cases. All items are to be corrected by April 8, 2013 and verification submitted to the Waiver Review Team to document full compliance. Isanti County submitted a completed compliance report on March 8, 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	18	N / A	9	9	N / A	N / A
Screenings done on time for new participants (PR)	78%	83%	55%	100%	DD	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	68%	50%	CCB	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=21	CCB n=14	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	97%	95%	100%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=21	CCB n=14	DD n=10	Strength	Challenge
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	98%	100%	93%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	89%	95%	71%	100%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	91%	100%	71%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	78%	62%	86%	100%	DD	AC / EW
Inclusion of caregiver needs in care plans	60%	33%	100%	0%	CCB	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	33%	N / A	33%	N / A	N / A	CCB
CAC Form	0%	N / A	0%	N / A	N / A	CCB
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=17</i>)	94%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=17</i>)	94%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=21	CCB n=14	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	78%	62%	86%	100%	DD	AC / EW
Back-up plan (PR for CCB)	64%	76%	93%	0%	CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=21	CCB n=14	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	96%	95%	93%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	69%	67%	50%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	98%	100%	93%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=21	CCB n=14	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	84%	76%	86%	100%	DD	N / A
Documentation of participant satisfaction in the case file	29%	24%	43%	20%	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)	97%	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	58%	95%	92%	CCB	AC / EW
Percent of LTC funds spent on HCBS	N / A	34%	92%	87%	CCB	DD
Percent of waiver participants with higher needs	N / A	59%	82%	82%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	96%	90%	N / A	CCB, DD
Percent of waiver participants served at home	N / A	80%	53%	37%	AC / EW, DD	CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	5%	17%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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