

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Jackson County**

Waiver Review Site Visit: July 2012

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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 Jackson 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 make the most of information, navigate complexity and ensure their investments of time and money lead to meaningful, sustained impact. 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 some 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 Jackson County
Case File Review	25 cases
Provider Survey	3 provider respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 8 staff
Quality Assurance Survey	1 survey response

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions in their own homes or communities. 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 Jackson County

In July 2012, the Minnesota Department of Human Services conducted a review of Jackson County's Home and Community Based Services (HCBS) programs. Jackson County is a rural county located in south central Minnesota. Its county seat is located in Jackson, Minnesota and the county has another six cities and twenty townships. In State Fiscal Year 2011, Jackson County's population was approximately 10,202 and served 141 people through the HCBS waiver programs. In 2011, Jackson County had an elderly population of 20.0%, placing it 16th out of the 87 counties in Minnesota in the percentage of residents who are elderly. Slightly over eleven percent (11.2%) of Jackson County's elderly population is poor, placing it 23rd out of the 87 counties in Minnesota in the percentage of elderly residents in poverty.

Jackson County Department of Human Services is the county's lead agency for all HCBS programs and provides case management for these programs. Cottonwood - Jackson Community Health is involved in program administration through initial assessments and reassessments for participants that have high medical needs, and recently began providing case management for the county's one CAC case. It is also a Medicare Certified Home Health Agency, making it a service provider. While Cottonwood-Jackson Community Health is already a two-county agency, Jackson County Human Services Department is in the process of merging with Cottonwood County Human Services to form a joint human services agency by 2014. Jackson County Human Services staff recently moved into a new building, resulting in the social workers and public health staff being located closer together. Finally, the county provides care coordination for UCare and Blue Plus Managed Care Organizations (MCOs).

The Social Services Supervisor manages the eight waiver case managers. One of those case managers is the team lead and also assists in supervising child protection workers. Jackson County case managers have a mix of experience with the county, ranging from a few months to several years. One Public Health Supervisor oversees all home care services and staff, supervises the public health nurse who participates in LTCC assessments and PCA assessments, and acts as a co-case manager for one CAC case.

The Human Services and Community Health departments conduct dual initial assessments or screenings for the waiver programs. Social workers from Human Services serve as the case manager after the initial assessments, and nurses attend reassessments or full-team DD screenings only if the participant has high medical needs or has experienced medical changes. This practice allows the county to assess all aspects of the participants' needs and develop a comprehensive plan of care.

The average caseload for EW/AC staff is ranges from 50 to 60, but never more than 75 cases. The DD caseloads are also between 50 to 60 cases. For CCB programs, the caseload is approximately 30 per case manager. Notably, most CADI participants also have mental health needs (23 of 32 participants in 2011). When a CADI participant also qualifies for Rule 79 mental health services, he/she is assigned just one case manager that manages both programs. Compared to its cohorts, Jackson County serves participants with higher needs in CCB and EW/AC. It also uses a contracted case manager to provide flexibility in managing fluxes in caseload size or staffing shortages.

Cases come into the county via its intake system. EW cases are self-assigned by the two case managers who work in that program. All other cases coming into the main intake system are given to the Social Services Supervisor to assign based on caseload and specialty.

Working Across the Lead Agency

Jackson County has two financial workers who work with elderly and disability cases and case managers work closely with them. For example, if participants have not turned in paperwork, financial workers will notify their case managers so that participants do not lose their waived

services. Case managers said that financial workers do a great job of catching things and doing referrals. There is only one licensed adult foster care in the county, and there is limited need for much communication with licensing.

In Jackson County, case managers hold multiple roles. In addition to managing waiver cases, several case managers also work in Adult Protection and with participants with mental health needs. This means that case managers are able to easily navigate the system for participants to provide seamless services.

The Public Health Supervisor shared that they refer people to Human Services Department who may benefit from a waiver. They also meet with Social Services staff to talk about what they can do to support one another. Social Services shared that they have worked to educate public health staff about waiver eligibility so that participants have realistic expectations prior to meeting with Human Services.

The agency has a Human Service Advisory Board with two county commissioners. They will periodically bring in a social worker to talk with the Advisory Board about the waiver programs. All waiver service contracts are also approved by the board.

Health and Safety

Providers shared in the provider survey that Jackson County case managers are advocates for participants. Supervisors shared that case managers are responsive to participants and their needs, and this was considered a key strength in Jackson County. In the Quality Assurance survey, Jackson 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.

The Social Services Supervisor notes that they have a lot of knowledge about members of the community. Jackson County staff noted that they are very proactive especially with the elderly populations. Additionally, they do a lot of outreach and educational efforts with the CADI and DD waiver population. If individuals do not qualify for the program, the county will help them get informal supports.

Jackson County staff shared that staying current with changes in policies is a challenge. Certain workers take on expertise in their particular areas, and serve as a resource to their fellow case managers. When case managers have questions about how a policy applies to their case, they ask the Regional Resource Specialist. The Social Services Supervisor shared that staff are able to attend many trainings. Additionally, workers in the CCB and DD programs meet once a month, and this is a time for sharing policy and program updates. When there is time, the Social Services Supervisor will do case reviews to monitor the extent to which the cases are meeting requirements. Additionally, the Supervisor does individual case consultations with case managers about participant-specific issues.

Service Development and Gaps

Jackson County staff noted that they frequently meet with other lead agencies to share resources and providers. Jackson County reported that their service capacity is similar to neighboring counties. They have few, but resourceful, providers. In the Quality Assurance survey, Jackson County reported that they assess the need for HCBS waiver service providers to ensure access to and choice in a complete network of services and providers. They also assess the need for service providers with specialized skills, background and knowledge as needed. Jackson County reported it recruits service providers to address service gaps. To do this, they utilize providers contracted with neighboring counties or approach the existing provider base about expansion opportunities. When Jackson County case managers identify that a person's language or culture may serve as a barrier to meaningful HCBS waiver access and participation, they utilize interpreters, such as the telephone Language Line to better serve these participants.

Staff indicated that they struggle to secure adequate PCA providers. Case managers noted that there is very high turnover in PCAs due to the low reimbursement rate which results in low wages paid to staff. County staff reported that the state reduction in reimbursement for this service has negatively impacted providers' capacity to find and employ new staff. In addition, the county noted that they have need for homemakers and additional independent living skills providers. Finally, it is difficult to secure enough transportation services for waiver participants, and this poses a significant barrier to employment.

Community and Provider Relationships & Monitoring

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

Jackson 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	5	1
Schools (IEIC or CTIC)	0	1	0
Advocacy Organizations	0	0	1
Hospitals (in and out of county)	3	1	1
Area Agency on Aging	0	1	2
Residential Providers	0	2	4
Employment Providers	0	2	2

There are two school districts in Jackson County and case managers noted that their relationship with schools varies by district. With one district, there is a lack of communication regarding services that may be available under the DD waiver to graduates. These individuals frequently do not contact the county for services until right before graduation. However, case managers shared that the other school district does a good job assisting with transition planning. One case manager is on the Interagency Early Intervention Committee (IEIC) for the Jackson School District.

Case managers shared that they have good relationships with residential facilities, including customized living facilities and foster care providers. Case managers keep the customized living

providers updated on changes via quarterly provider meetings for aging services. They also reported working well with the nursing staff at the assisted living, and feel that the customized living provider tries to meet participant needs in their facility as long as they can, before moving the participant to a more costly and restrictive setting such as a nursing facility or hospital. Case managers shared that they go ARC meetings in Fairmont for an Action Team meeting about the waivers that gathers monthly. Case managers shared that the local Area Agency on Aging holds a meeting every other month to share new items and they also send staff emails with updates.

Several case managers rated their relationships with hospitals (both in and out of county) less favorably. One reason for this is that discharge planning for at-risk individuals is not proactive. County staff also reported poor communication as a challenge as they do not receive calls when participants are admitted to the hospital or when individuals from Jackson County are moved to Sioux Falls for more specialized care. When case managers leave messages for hospital staff, the hospital does not always call back. For adult mental health crisis holds, staff will not hear anything from the hospital and must call around to determine what is going on with the participant. However, they reported that once they do make contact, the hospital shares information. Case managers said that they have given hospitals a copy of statutes to help them better understand each party's role, and communication will improve for a few weeks, but then reverts back to little or no communication.

All (three of three) providers responding to the provider survey said that they have good, open communication with case managers. The Social Services Supervisor shared that they know providers quite well and find it easy to call or visit them. Providers will sometimes attend ITVs with county staff. Providers reported that case managers have close relationships with providers and are good advocates for participants.

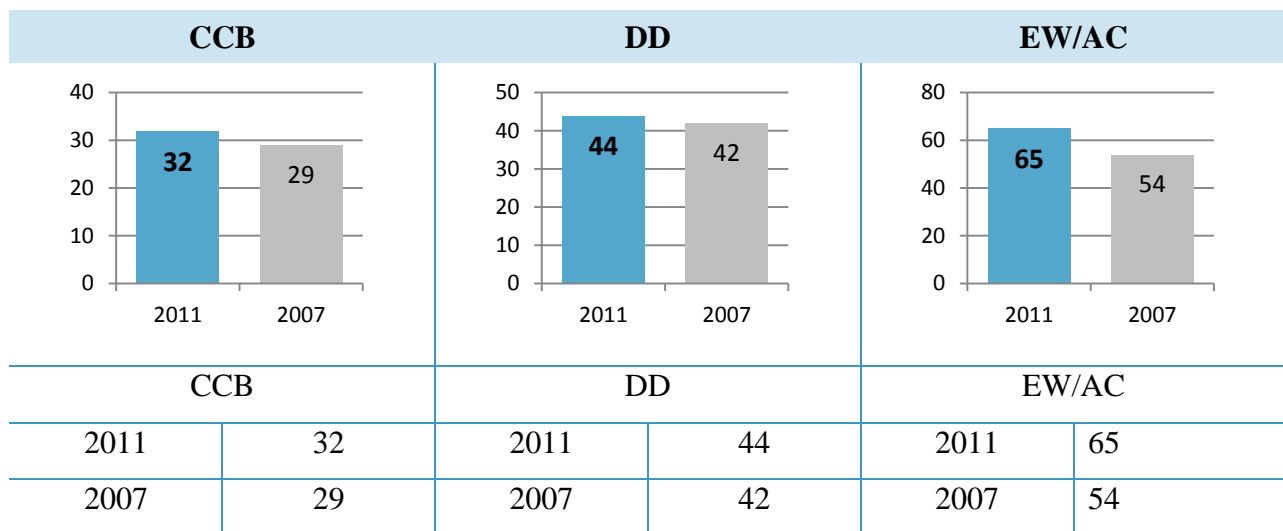
Jackson County reported in the Quality Assurance survey that it does not use unlicensed providers. They note that sometimes licenses and certificates are requested, but fail to be supplied in a timely manner by providers. Participant and case manager satisfaction with providers are discussed at staff meetings. The county holds providers accountable when they have provider issues. All three providers responding to the survey said that Jackson County has

conducted some type of audit or review within the past three years. The county will follow-up and address participant complaints. Managed Care Organizations (MCOs) have a grievance policy that workers follow. Provider reports are put in participant case files when they are sent to the county. If they are not satisfied with current providers or need additional options, they research providers and pursue either a host county contract via another county or secure new providers by issuing new contracts.

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.

Percent of Participants Living at Home (2011)



Since 2007, the number of persons served in the EW/AC program in Jackson County has increased by 11 people (20.4%), from 54 people in 2007 to 65 people in 2011. Enrollment is comprised of high needs individuals (those with case mixes B-K) and low needs individuals (those with case mixes A and L). 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, Jackson County still served 11 fewer lower needs participants in 2011 than in 2007. In addition, nearly all

of the higher needs categories grew, especially categories B, E, and F. As a result, Jackson County is serving 22 more high needs individuals than they did in 2007.

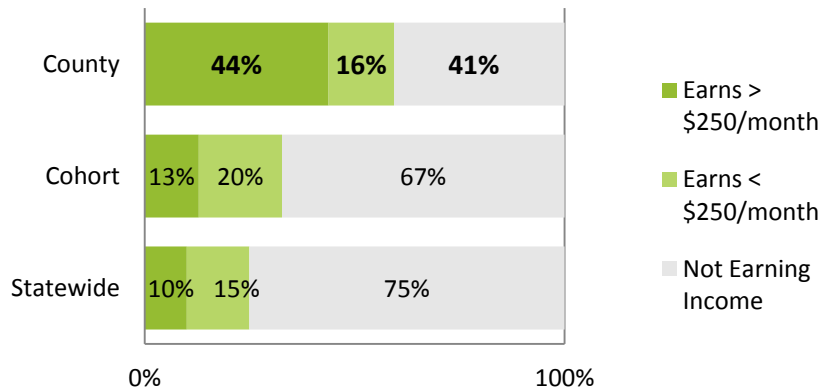
Since 2007, the total number of persons served in the CCB Waiver in Jackson County has increased by 3 participants (10.3%); from 29 in 2007 to 32 in 2011. Most of this growth occurred in the case mix A, which grew by 4 people. Decreases occurred in three case-mix categories, B, F, and G, which each lost 1 participant. Due to the overall additional participants in case mix A and losses in other categories, the overall proportion of higher need participants in Jackson County has decreased.

Since 2007, the number of persons served with the DD waiver in Jackson County increased by 2 participants, from 42 in 2007 to 44 in 2011. In Jackson County, the DD waiver program is growing more slowly than in the cohort as a whole. While Jackson County experienced a 4.8% increase in the number of persons served from 2007-2011, its cohort had an 8.5% increase in number of persons served. In Jackson County, the greatest change occurred with persons having a Profile 2, which accounts for the total increase of two people. In comparison, the greatest change in the cohort profile groups occurred in persons having a Profile 3. Although the proportion of higher needs participants is growing, Jackson County still serves a smaller proportion of persons with a Profile of 1 and 2 (20.5%), than its cohort (31.9%).

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 with Earned Income from Employment (2011)

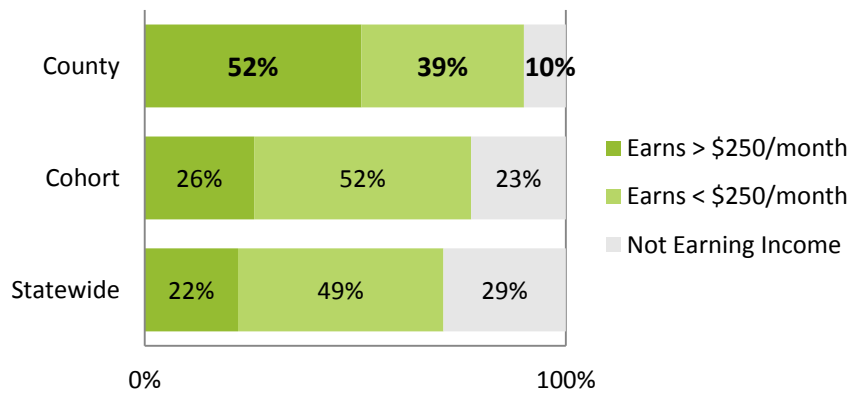


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Jackson County	44%	16%	41%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Jackson County served 37 people in CCB, of whom 32 were working age (22-64 years old). Jackson County ranked 4th of 87 counties in the percent of CCB waiver participants with earned income. Of working age participants, 59.4% had earned income, compared to only 32.7% of the cohort's working age participants. Jackson County also had a higher percentage of participants earning \$250 or more per month (43.8%) than its cohort (12.9%). Statewide, 10.0% of the CCB waiver participants of working age have earned income of \$250 or more per month.

From 2007-2011, the number of working age CCB participants in Jackson County increased from 23 to 32 people. During that time period, the percentage of working age participants with earned income decreased from 73.9% to 59.4%. In comparison, its cohort increased just slightly from 28.7% to about 32.7% and the statewide rate increased from 10.2% to 25.0%. While the percent of working age participants with earned income is higher than the cohort and the state, the rate of employment is not keeping up with the program growth in Jackson County.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Jackson	52%	39%	10%
Cohort	26%	52%	23%
Statewide	22%	49%	29%

In 2011, Jackson County served 44 people on the DD waiver; 31 of those people were of working age (22-64 years old). For participants in the 22-64 year age group, 90.3% had earned income, which is a higher rate than its cohort (77.5%). Jackson County ranked 1st in the state for working-age DD participants earning more than \$250 per month. Of working age participants in Jackson County, 51.6% earned more than \$250 per month, while only 26.0% of working age participants in the cohort as a whole did. Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

From 2007-2011, the number of working age DD waiver participants in Jackson County increased from 29 to 31 people. During the same time period, the percentage with earned income increased from 86.2% to 90.3%. Similarly, the percentage of working age participants with earned income in the cohort increased from 75.6% to 77.5%. Statewide, there was a modest decrease in the participants with earnings from 71.1% to 70.8% over the same time period. The

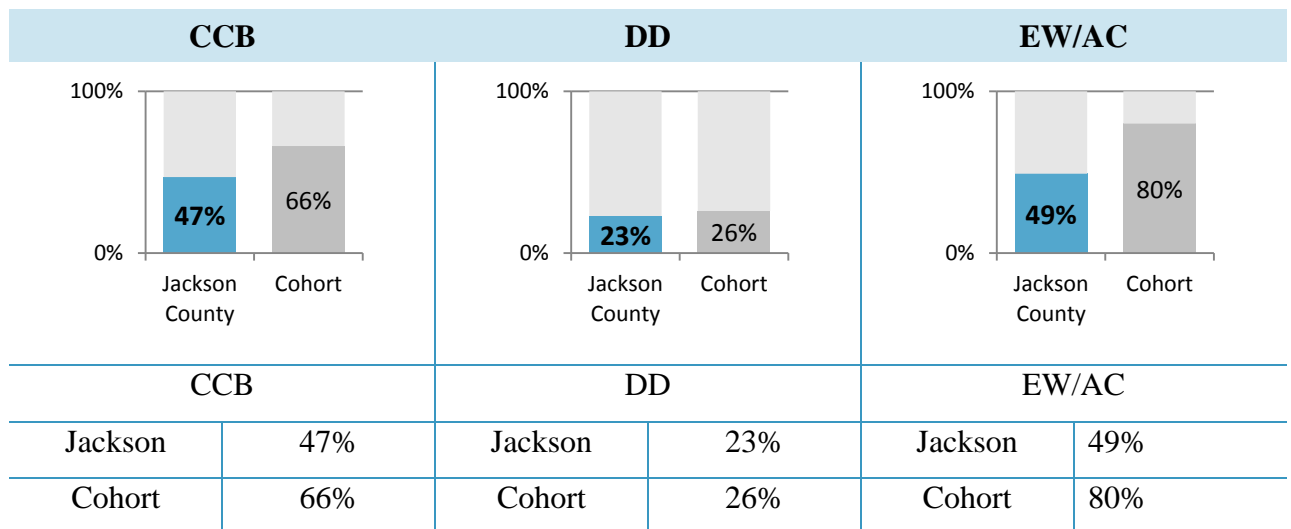
percentage of DD waiver participants with earnings in Jackson County is much higher than both their cohort and the state.

Securing community-based employment opportunities for HCBS participants is a particular strength in Jackson County. Many participants are employed in community settings throughout Jackson County and the surrounding communities. Case managers shared that their employment providers have a variety of site based and community based options, and offer participants as many hours as possible. In Jackson County, it is expected that HCBS participants will work and case managers work with providers to make this a reality. Case managers reported that they have very good relationships with employment providers. Case managers communicate participants' needs to providers and problem solve as a team when employment options are not working out for participants.

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)

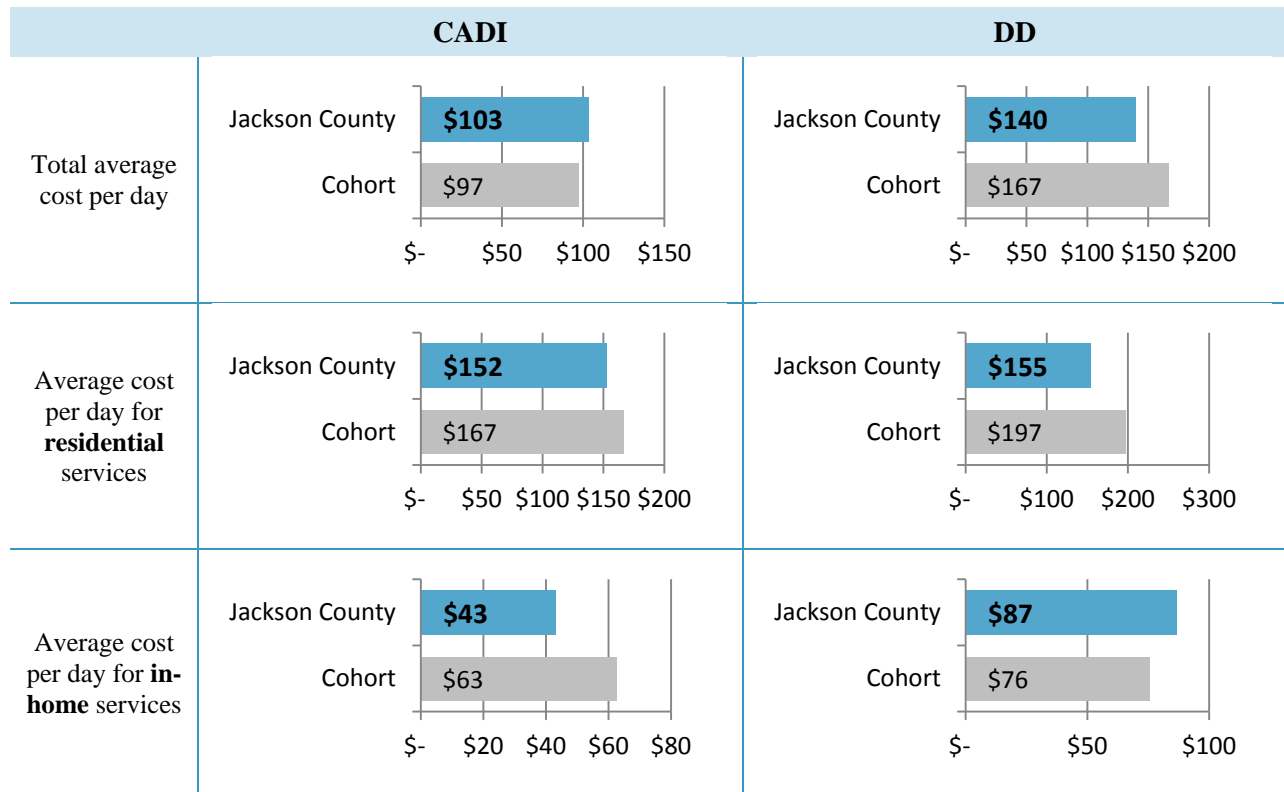


Jackson County ranks 81st out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 32 people at home. Between 2007 and 2011, the percentage decreased by 1.4 percentage points. In comparison, their cohort's percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. Statewide, 63.0% of CCB participants were served at home in 2011. Jackson County serves a lower proportion of CCB waiver participants at home than the rest of the state and their cohort, but the proportion has fallen at a similar rate.

Jackson County ranks 70th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 44 people at home. Between 2007 and 2011, the percentage increased by 3.7 percentage points. In comparison, their cohort's percentage increased by 6.9 percentage points. Statewide, the percentage of participant served at home increased by 1.1 percentage points from 34.6% to 35.7%. Jackson County serves a similar proportion of DD waiver participants at home as their cohort, but the proportion is lower than the rest of the state.

Jackson County ranks 80th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 65 people at home. Between 2007 and 2011, the percentage decreased by 26.7 percentage points. In comparison, their cohort's percentage increased by 3.9 percentage points and the statewide average increased by 1.2 points. Statewide, 75.4% of EW participants were served at home in 2011. Jackson County serves a lower proportion of EW/AC participants at home than the rest of the state and their cohort, and the percentage has fallen more over time.

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



Average Rates per day for CADI services (2011)

	Jackson County	Cohort
Total average rates per day	\$103.14	\$97.17
Average rate per day for residential services	\$152.47	\$166.64
Average rate per day for in-home services	\$43.13	\$62.58

Average Rates per day for DD services (2011)

	Jackson County	Cohort
Total average rates per day	\$139.92	\$166.61
Average rate per day for residential services	\$154.51	\$197.28
Average rate per day for in-home services	\$86.77	\$75.80

The average cost per day is one measure of how efficient and sustainable a county’s waiver program is. **The average cost per day for CADI waiver participants in Jackson County is**

\$5.97 more than that of their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Jackson County spends \$14.17 less on residential services and \$19.45 less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Jackson County ranks 53rd out of 87 counties. Statewide, the average waiver cost per day for CADI is \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Jackson County increased by \$14.67 from \$88.47 to \$103.14. In comparison, the average cost per day in the cohort increased by \$22.01 from \$75.16 to \$97.17. Similarly, the statewide average cost increased by \$23.16 over the same time period from \$77.36 to \$100.52. The average CADI waiver cost per day has increased less than in the rest of their cohort, or in the state as a whole.

The average cost per day for DD waiver participants in Jackson County is \$26.69 lower than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Jackson County spends \$42.77 less on residential services and \$10.97 more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Jackson County ranks 3rd of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Jackson County decreased by \$1.51; from \$141.43 to \$139.92. In comparison, the average cost per day in the cohort increased by \$6.76, from \$159.85 to \$166.61. Similarly, the statewide average cost increased by \$8.00 over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, the cost per day has decreased in Jackson County.

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.

Besides case management which is provided to all participants, Jackson County has notably higher use than its cohort of residential based services (Foster Care (41% vs. 25%)) and employment related services (Prevocational Services (26% vs. 8%)). Conversely,

they have lower use of in-home services (Home Delivered Meals (11% vs. 25%) and Homemaker (8% vs. 32%)).

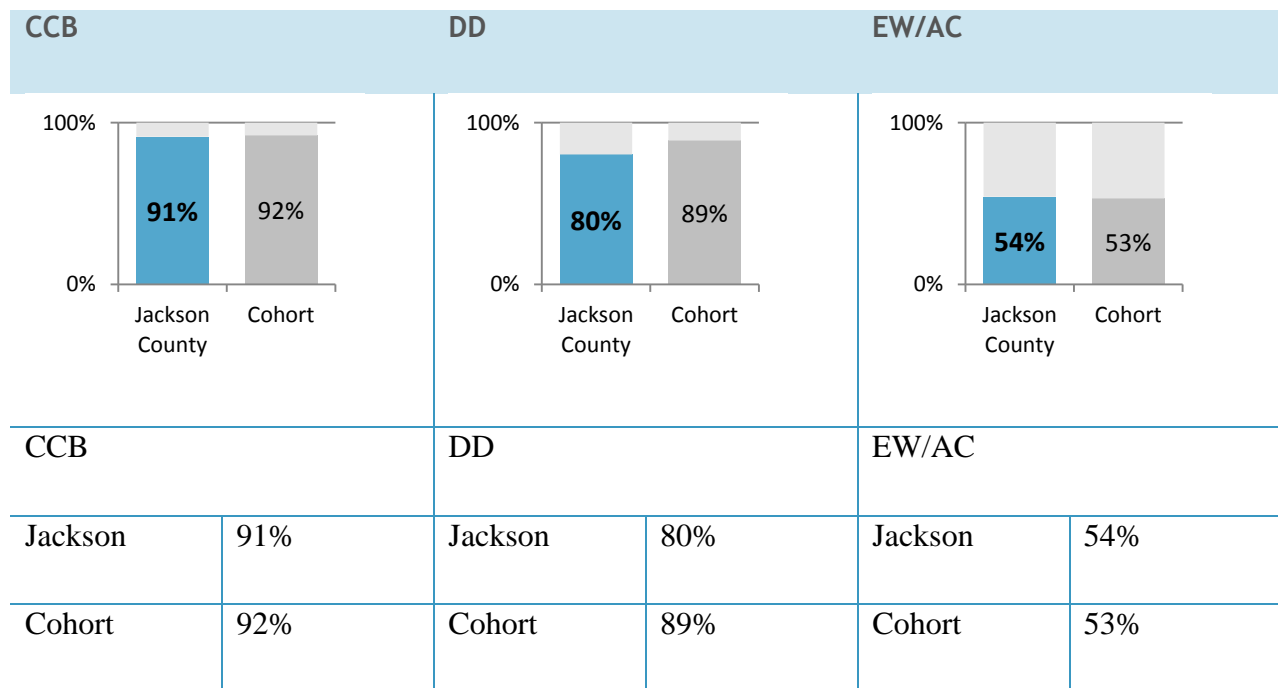
Fifty-one percent of Jackson County's total payments for CADI services are for residential services (41% foster care, 8% customized living, and 2% residential care services), which is higher than its cohort group (32%). Overall, Jackson County's monthly and daily rates for Foster Care, both family and corporate providers, are lower than its cohort group's average. For example, family foster cares have rates of \$155.71 per day and \$1,738.83 per month in Jackson County, while their cohort's averages were \$199.56 per day and \$3,593.20 per month. Corporate foster care rates for Jackson compared to its cohorts were \$142.96 vs. \$217.39 per day and \$3,305.58 vs. \$5,081.07 per month.

Jackson County's use of SLS (77% vs. 74%) is slightly higher than its cohort. Its residential SLS rates are lower than its cohort (\$2,080.75 bimonthly rate vs. \$3,434.48 bimonthly rate). Supportive Living Services (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. Its use of other non-residential services such as In Home Family Support (20% vs. 15%) and Transitional Services (2% vs. 0%), which helps participants fund the up-front costs of moving into their own home, are higher than its cohort. Also, Jackson County has lower use than its cohort for Day Training and Habilitation (40% vs. 61%) and has a similar use of Supported Employment (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 Recipients Receiving HCBS (2011)



In 2011, Jackson County served 134 LTC recipients (persons with disabilities under the age of 65), 122 in HCBS settings and 15 in institutional care. Jackson County ranked 65th of 87 counties in the percent of LTC recipients receiving HCBS; 91.3% of their LTC recipients received HCBS. This is slightly lower than their cohort, where 92.1% were HCBS recipients. Since 2007, Jackson County has increased its use of HCBS more than their cohort; 7.1 percentage points and 2.5 percentage points respectively. Statewide, 94.0% of LTC recipients received HCBS in 2011.

In 2011, Jackson County served 63 LTC recipients (persons with development disabilities under the age of 65); 50 in HCBS settings and 13 in institutional settings. Jackson County ranked 83rd of 87 counties in the percentage of LTC recipients receiving HCBS with 80.3% of its LTC recipients receiving HCBS; a lower rate than its cohort (88.9%). Jackson County has slightly increased its use of HCBS over the last four years (+3.7 percentage points), and its cohort rate has increased similarly (+1.1 percentage points). Statewide, 91.6% of LTC recipients received HCBS in 2011.

In 2011, Jackson County served 132 LTC recipients (over the age of 65), 66 in HCBS settings and 71 in institutional care. Jackson County ranked 61st of 87 counties in the percent of LTC recipients receiving HCBS. Of those LTC recipients, 54.4% received HCBS. This is about the same as their cohort, where 53.2% were HCBS recipients. Since 2007, Jackson County has increased its use of HCBS by 11.4 percentage points, while their cohort has only increased by 5.3 percentage points. Statewide, 65.9% of LTC recipients received HCBS in 2011.

Nursing Home Usage Rates per 1,000 Residents (2011)

	Jackson County	Cohort	Statewide
Age 0-64	0.61	0.53	0.47
Age 65+	22.89	33.43	23.11
TOTAL	5.07	6.53	3.24

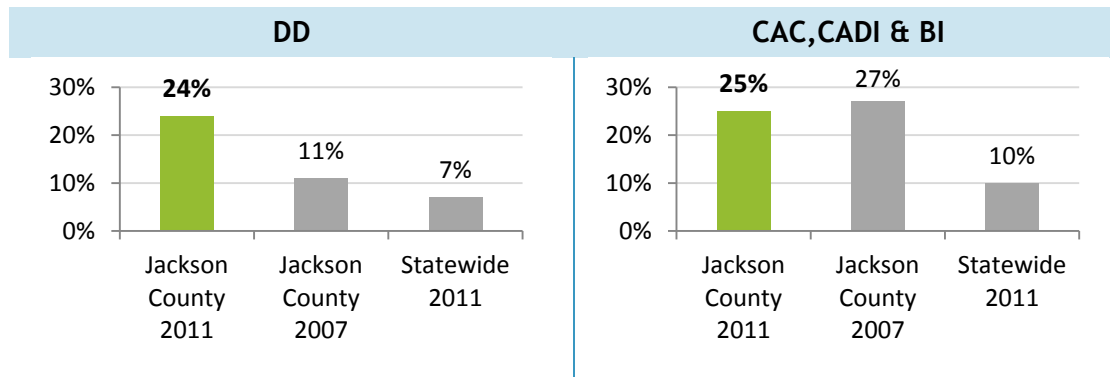
In 2011, Jackson County was ranked 45th in their overall use of nursing facility services. Since 2009, the number of nursing home residents 65 and older has decreased by 19.0% in Jackson County. In addition, Jackson County's rate of nursing facility use for adults 65 years and older is lower than both its cohort and the statewide rates. Over the same time period, the number of nursing home residents under 65 has remained steady. In Jackson County there are more nursing home residents under 65 per 1,000 people than in the county's cohort or the state. Due to the decrease in elderly nursing home residents, the overall number of residents has decreased by 9.1% since 2009.

In the focus group, a majority of case managers rated their working relationships with nursing homes as average. They mentioned that nursing homes often contact the county more than needed instead of doing internal problem solving. Case managers also said that preadmission screenings at nursing homes are not always done on time. They also shared that nursing homes will often call several staff until they receive an answer that they like from the county.

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
County (2011)	24%	25%
County (2007)	11%	27%
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, Jackson County had a 24% balance at the end of calendar year 2011, which is a fairly large reserve. Jackson County’s DD waiver balance has increased since CY 2007 (11%), and exceeds the statewide average (7%).

At the end of state fiscal year 2011, the CCB waiver budget had a reserve. Jackson 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, Jackson County had a 25% balance at the end of fiscal year 2011, which is a smaller balance than the balance in FY 2007 (27%), but larger than the statewide average (10%).

Jackson County maintains one combined waitlist for the CADI and DD programs. They keep a spreadsheet of those who have come on and off the waiver and manually track names to prioritize to allocate slots. Social Services staff members sit down as a group and discuss all the people requesting services or those who may need services, concentrating on participants at high-risk of placement or with safety issues. The Social Services Supervisor shared that case managers are effective at determining who would benefit most from the waiver and try to fit those needs into the budget. The Social Services Supervisor shared that they have a healthy budget and can usually provide services to new waiver recipients or increase the service levels for existing waiver participants. However, the county shared that they recently took on their first CAC participant, and that this individual is costing more than was originally allocated to their budget. Because of this, they have had to scrutinize additional requests more closely.

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.

Jackson County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

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

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

Case managers feel that Policy Quest is source of good information, but it can be hard to access and responses are not always timely. They also noted that the Help Desk has cut back on hours, but they still receive quick, thorough answers even on Fridays. Case managers said that it is not easy for them to find things in the Disabilities Service Program Manual because there is so much information. They also have trouble finding things through the DHS website and E-docs when using their search features. They have found the Disability Linkage Line and Senior Linkage Line helpful, and they also attend meetings hosted by their local Area Agency on Aging. Case

managers noted that bulletins seem to be published after changes take place and that there are a lot of changes to the bulletins themselves.

Case managers try to participate in trainings when offered by DHS. The county has had some technical issues with video conferences and they find that sometimes receiving the handouts is sufficient, as no additional information is shared during the videoconference itself. Despite this, videoconference trainings and webinars received relatively high ratings from case managers. They also said that their Regional Resource Specialist (RRS) is very accessible and knowledgeable, and this resource received the highest rating from case managers. The Social Services Supervisor noted that the RRS is very good and that they regularly attend Region 8 quarterly meetings, which they find helpful. They can try to look into things on their own using other resources, but the RRS has provided the greatest assistance in helping the county understand and follow policies. However, now that other required responsibilities have recently been added to the RRS position, they have found she is not as available as in the past.

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.

Jackson County Strengths

The following findings focus on Jackson 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.

- **Jackson County promptly addresses issues to comply with Federal and State requirements.** In the previous review in 2006, Jackson County received a corrective action for the following items being out of compliance: ICF/DD level of care; OBRA; timeliness of completing care plans after assessment for CCB and; CCB emergency contact/ back up plan. In 2012, none of these issues remain for Jackson County, indicating significant technical improvements over time.

- **Case managers are responsive to changing participant needs and are advocates for participants.** Providers said that they have good, open communication with case managers. A review of case files revealed that case managers are in frequent contact with their HCBS participants through face-to-face visits. Eighty percent (80%) of all HCBS participants reviewed had face-to-face visits with a case manager at least bi-annually. Case managers are experienced and well-trained, which allows them to navigate easily across programs within the agency. Case managers speak very highly of monthly team meetings and work well together.
- **The case files reviewed in Jackson County consistently met HCBS program requirements.** Participant case files are well-organized and complete. There was good documentation of required forms including OBRA Level I form and documentation of informed consent to share private information. All care plans reviewed were current within the last year.
- **Multiple sources of data indicate that Jackson County staff is well-connected with providers and other organizations that serve participants.** Jackson County case managers have made connections with staff at nursing homes, schools and other agencies that serve participants. Case managers have good knowledge of the community and who can provide needed services for participants. The county shared that it is a natural practice to be in close contact with providers and the stability in providers has allowed them to build strong relationships. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The county and many of its providers attend quarterly meetings sponsored by the Minnesota River Area Agency on Aging.
- **Jackson County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income.** Jackson County has a strong focus on employment for participants with disabilities and has the expectation that participants will work. The county ranks 1st of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month. It also ranks 1st of 87 counties statewide in the percentage of working age DD waiver

participants (aged 22 to 64 years) with earned income over \$250 a month. Case managers encourage participants to work, regardless of their disability status.

- **Care planning in Jackson County is thorough and person-centered.** Because the care plan is the only document that the participant receives, it is important that it provides the participant with information about his/her needs and which services will address those needs. Care plans reviewed outlined health and safety issues of the participant, included back up plans and emergency contact information when required, were current and completed in accordance with required timelines, and outlined all needed services to be provided. In addition, all (100%) of the care plans used participant-friendly language, meaning the case manager avoided using acronyms and jargon that may not be easily understood by the participant.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, Jackson County should incorporate this into its assessment or screening documents. 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.
- **Jackson County has large reserves in the DD and CCB budgets and is able to serve additional participants in these programs.** Jackson County's DD and CCB waiver budget balances have exceeded 20% for the past few years. Therefore, there is room to add more

people via new or reuse slots to reduce or eliminate its waiting list. Typically a 10% allocation reserve is more than adequate to manage risk for a county of this size.

- **Use the pending merger with Cottonwood County to improve HCBS administration.** The upcoming merger of Human Services in Jackson and Cottonwood Counties will create new opportunities for Jackson County. Now, Jackson and Cottonwood Counties have the potential to accomplish what they might not have been able to do alone, such as developed specialized case management. Jackson County should use its new structure to ensure depth of program knowledge and maintenance of best practices. For example, some counties have created a shared drive to store required, fillable forms to ensure that case managers are meeting program requirements.
- **While Jackson County’s case files included most required documentation, the county may benefit from developing an internal case file audit system.** It is recommended that the county create a process for auditing case files on a regular basis to ensure that all required documentation is in place. At regular intervals, have supervisors or a case aide audit case files and participant information to increase oversight. Case file audits are considered a promising practice because it helps to ensure completeness and consistency in case management, especially during times of turnover or program changes.
- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or staff.** The visit sheet can be used to monitor a participant’s progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant’s case file to document required face-to-face visits.
- **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 be deliberate in developing these services. Work across populations to ensure access to participants regardless of their age or disability. Also consider partnering with neighboring counties who

have similar needs for this type of service capacity, or sending out a Request for Information (RFI).

- **Consider expanding contracted case management to assist in managing variations in caseload size or staffing shortages.** The county currently has one contracted case manager who provides case management to fill in when county case managers need assistance with their caseloads. She serves both in- and out-of-county cases and also serves as a guardian for some participants. This arrangement is working well for Jackson County, and the county may want to consider contracting with additional case managers to assist with cases that are out-of-the county, particularly in the Metro area. This may help reduce significant and frequent travel for case managers.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Jackson County was found to be inconsistent in meeting state and federal requirements and will require a response by Jackson County. Follow-up with individual participants is required for all cases when noncompliance is found. Corrective 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 Jackson 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 the county's privacy practices in accordance with HIPAA.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, one out of eight EW cases, one out of eight DD cases and the one CAC case did not have this completed documentation in the case file.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved waiver plan.** Biannual visits are required for all DD and CCB waiver participants. However, three out of eight CADI cases had case manager visits less frequently than a biannual basis.

- **Beginning immediately, ensure that each CAC case file includes documentation of participant needs.** The one CAC case in Jackson County does not include documentation of the participant's needs for assistance with Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's). This information could be included as an attachment to the DHS CAC Application/Reassessment Support Plan.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although Jackson County is not required to submit a Correction Action plan for this item, a prompt response is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on eight cases. All items are to be corrected by September 28, 2012 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

	PARTICIPANT ACCESS	ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
1	Participants waiting for HCBS program services	13	N / A	6	7	N / A	N / A
2	Screenings done on time for new participants (PR)	80%	75%	50%	100%	DD	CAC, CADI, BI
3	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	30%	79%	N / A	N / A
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	96%	100%	89%	100%	AC, EW, DD	N / A
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)		ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
6	Care plan signed and dated by all relevant parties (PR)	96%	100%	100%	88%	AC, EW, CADI, CAC, BI	N / A
7	All needed services to be provided in care plan (PR)	96%	100%	89%	100%	AC, EW, DD	N / A
8	Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
9	Participant needs identified in care plan (PR)	76%	63%	78%	88%	N / A	AC, EW
10	Inclusion of caregiver needs in care plans (PR)	38%	0%	33%	100%	DD	AC, EW, CAC, CADI, BI
11	OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC, EW, CAC, CADI, BI	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
13	DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	88%	N / A	N / A	88%	N / A	N / A
15	CAC Form completed and current (PR for CAC only)	100%	N / A	100%	N / A	CAC	N / A
PROVIDER CAPACITY & CAPABILITIES		ALL	AC/EW	CCB	DD	Strength	Challenge
16	Case managers provide oversight to providers on a systematic basis most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
17	LA recruits service providers to address gaps most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)		ALL	AC/EW	CCB	DD	Strength	Challenge
18	Case managers document provider performance most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
19	Providers report receiving assistance when requested from the LA (<i>Provider survey, n=3</i>)	67%	N / A	N / A	N / A	N / A	N / A
20	Providers submit monitoring reports to the LA (<i>Provider survey, n=3</i>)	67%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS		ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
21	Participants have a face-to-face visit in the last six months (PR)	80%	88%	67%	88%	N / A	CAC, CADI, BI
22	Participants receive face-to-face visits on a biannual or more frequent basis (PR)	84%	88%	67%	100%	DD	CAC, CADI, BI
23	Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
24	Back-up plan (PR for CCB only)	64%	75%	100%	13%	CAC, CADI, BI	N / A
25	Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES		ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
26	Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
27	Person Informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
28	Person Informed privacy practice (HIPAA) documentation in the case file (PR)	88%	88%	89%	88%	N / A	N / A

PARTICIPANT OUTCOMES & SATISFACTION		ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
29	Participant outcomes & goals stated in individual care plan (PR)	96%	100%	89%	100%	AC, EW, DD	N / A
30	Documentation of participant satisfaction in the case file	68%	50%	78%	75%	N / A	N / A
SYSTEM PERFORMANCE		ALL	AC/EW n=8	CCB n=9	DD n=8	Strength	Challenge
31	Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
32	Percent of LTC recipients receiving HCBS	N / A	54%	91%	80%	AC, EW, CAC, CADI, BI	N / A
33	Percent of LTC funds spent on HCBS	N / A	28%	78%	70%	N / A	AC, EW, CAC, CADI, BI
34	Percent of waiver participants with higher needs	N / A	62%	81%	61%	AC, EW	CAC, CADI, BI
35	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	91%	88%	CAC, CADI, BI	N / A
36	Percent of waiver participants served at home	N / A	49%	47%	23%	N / A	ALL
37	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	44%	52%	CAC, CADI, BI, DD	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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.