

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Koochiching County**

Waiver Review Site Visit: August 2012

Report Issued: October 2012

Contents

Contents	2
Acknowledgements	3
About the Waiver Review Initiative	4
About Koochiching County	4
Working Across the Lead Agency	7
Health and Safety	7
Service Development and Gaps	7
Community and Provider Relationships & Monitoring	9
Capacity	10
Value	11
Sustainability	14
Usage of Long-Term Care Services	18
Managing Resources	20
County Feedback on DHS Resources	22
County Strengths, Recommendations, & Corrective Actions	21
Koochiching County Strengths	23
Recommendations	25
Corrective Action Requirements	27
Waiver Review Performance Indicator Dashboard	30
Attachment A: Glossary of Key Terms	34

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 participants.

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 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 Koochiching County
Case File Review	28 cases
Provider Survey	5 provider 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 Koochiching County

In August 2012, the Minnesota Department of Human Services conducted a review of Koochiching County's Home and Community Based Services (HCBS) programs. Koochiching County is a rural county located in northern Minnesota. Its county seat is located in International Falls, Minnesota and the county has another five cities and six unorganized townships. In State Fiscal Year 2011, Koochiching County's population was approximately 13,213 and served 181 people through the HCBS waiver programs. In 2011, Koochiching County had an elderly population of 20%, placing it 17th out of the 87 counties in Minnesota in the percentage of residents who are elderly. Nearly eleven percent (11%) of Koochiching County's elderly population are poor, placing it 31st out of the 87 counties in Minnesota in the percentage of elderly residents in poverty.

Koochiching County Community Services is the Lead Agency for all HCBS programs and provides case management for these programs. Community Services include all Social Services functions. Koochiching County Health Department includes all Public Health functions. It is a separate department that provides case management for EW, CADI, and CAC waiver cases. The county provides care coordination for Medica, Blue Plus, and UCare Managed Care Organizations (MCOs).

Koochiching County has two supervisors for the waiver programs: the Public Health Director oversees case management for the EW, CAC, and CADI waivers and a Social Services

Supervisor who oversees all of the waiver programs. The Public Health Director manages two public health nurses and one registered nurse who provide case management and care coordination for health plans. Each public health nurse case manager works with only one managed care organization. Public Health also completes PCA assessments for participants. The Social Services Supervisor oversees five case managers who manage a mix of all the waiver programs. Two Social Services case managers focus on adult mental health and one social worker specializes in EW and AC waivers. Supervisors shared that case managers are very experienced with most having five years to 12 or more years working with the county.

In general, Social Services serves participants with higher mental health or social service needs while Public Health manages serves participants with high medical needs. While there is no overlap in case management between Social Services and Public Health, the two departments coordinate regularly during a monthly options meeting. The options meeting includes a group of Social Services and Public Health staff who work on the waivers, the Social Services Supervisor, the Public Health Director, and an accounting worker. During this monthly meeting, the group discusses the budget, services, specific cases, and policy changes.

Supervisors shared that caseloads have remained stable over the past year. Average caseloads for workers range from approximately 20 waiver cases to approximately 70 waiver cases. Many of the case managers have other program responsibilities in addition to their waiver caseloads. For the DD waiver program, half of the waiver participants are in the county and half are out of county.

One senior staff worker from each Social Services and Public Health manage intake. Intake calls come into Social Services. The intake staff assigns cases based on the individual's needs as well as by managed care organization for public health nurses. When the intake workers are unable to decide whether the participant should be served in Social Services or Public Health, the case assignment will be done at the next options meeting. Referrals also come in to case managers and are given directly to the Social Services Supervisor. She assigns cases based on current caseloads, other responsibilities, and experience.

Working Across the Lead Agency

In Koochiching County, the case managers work primarily with two financial workers to complete eligibility paperwork. Case managers work very closely with financial workers, and their experience helps them navigate financial services more easily.

County staff who work with the waiver programs have multiple responsibilities across county-based programs. Adult mental health workers also have adult protection and child protection duties. However, if one case manager serves a participant on a waiver, their colleague will handle the protection investigation. Koochiching County uses dual case management for participants who are both on a waiver and qualify for Targeted Mental Health case management. For example, a CADI participant would have two case managers, a mental health case manager and waiver case manager. Public health workers additional responsibilities include PCA assessments, Community Well, nursing home admissions, foot care and blood pressure clinics, presentations, and family home visits. Public Health discontinued their home care services about three years ago, and discontinued their Medicare certification in 2012. At this time, they stopped taking new clients, and currently only have eight remaining clients.

The Community Services Director communicates with the Board at regular meetings. Public Health has given presentations to the Board in the past.

Health and Safety

In the Quality Assurance survey, Koochiching 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 case managers as advocates for consumers as a county strength. Case managers shared that they are very resourceful and creative when working with participants to get the supports they need to be safe and successful in the community. County staff shared that if a participant situation arises that requires immediate attention; they will call a meeting to discuss the issue and possible solutions.

Case managers shared that it is a challenge to remember all the details for managing the complex waiver programs. In order to keep current with policies, the county staff regularly participate in videoconferences and webinars. County staff noted that travel distance and cost are major barriers to attending trainings. The county does occasionally attend regional meetings if they are relevant to waivers. The Regional Resource Specialist (RRS) presents new changes at the options meeting. Case managers who are new to the waivers learn by being mentored by experienced staff.

Supervisors shared that they make sure county staff are aware of changes. The Public Health Director e-mails bulletins to all the options team members and to staff. The supervisors shared that they currently do not perform case audits.

Service Development and Gaps

Koochiching County staff noted that the large county size and travel are major barriers to providing services. In general, the county has a limited pool of providers. Many participants in the DD waiver program live out of the county.

County staff also shared that it has been difficult to develop specialized services including dementia services for elderly and behavioral services. Providers also identified specialty services as an urgent area of unmet participant services needs in Koochiching County. Case managers noted that there are limited homecare organizations in the area. It has been a challenge to find PCA providers to serve area participants. Transportation is a challenge for the county; staff shared that it is hard to transport participants to locations outside of International Falls because of limited transportation options.

Providers shared that the county has requested transportation services for rural areas, but the reimbursement rate is not adequate to cover costs. Providers also said that they would like the county to provide more opportunities for them to grow or expand services.

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.

Koochiching 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	4	1
Schools (IEIC or CTIC)	1	2	0
Advocacy Organizations	0	1	1
Hospitals (in and out of county)	0	1	3
Area Agency on Aging	0	1	2
Public Health programs for Seniors	0	0	6
Vocational Services	0	0	2
Assisted (Customized) Living	0	1	2
Foster Care	0	1	1

Case managers monitor provider performance during meetings with participants, but they do not use a specific checklist. They use observations as well as formal and informal contact with providers to assess performance. The county also reviews providers during the contract renewal process.

Staff have generally had good experiences with local providers and agencies. However, case managers rated their working relationship with schools as average to below average. They participate in the two county Interagency Early Intervention Committees (IEICs) and Community Transition Interagency Committee (CTIC) through the schools. Case managers

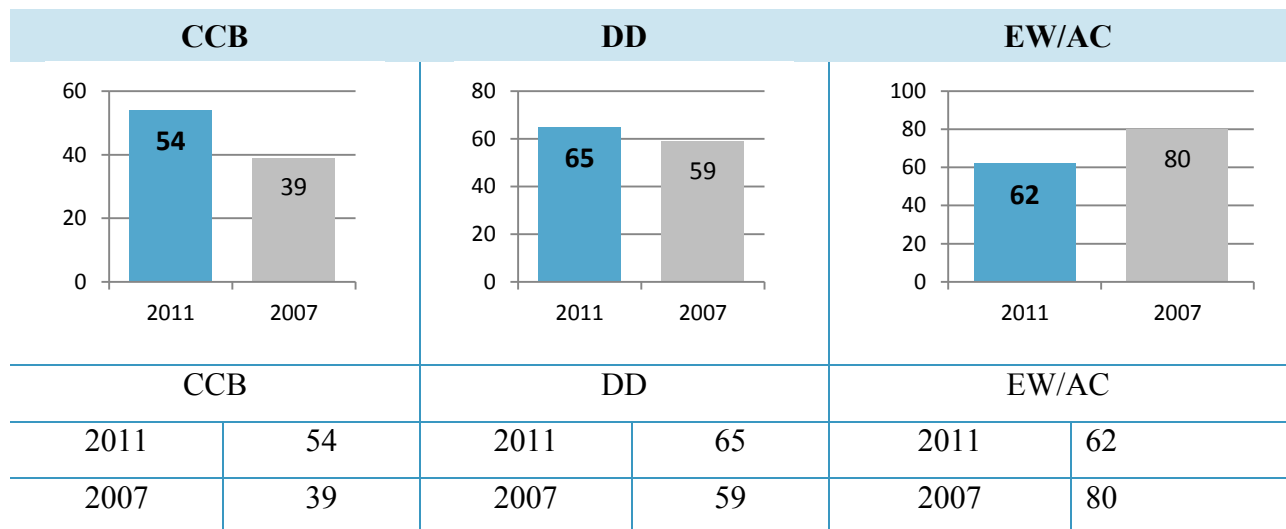
shared that the county does not receive referrals from the schools and are unsure how they are managed at the school level. They also shared that the transition process could be improved. Case managers noted that they have struggled with providing services to school-age participants because of timeliness issues with schools.

County staff are involved with the Elders Advisory Committee that includes providers, nursing homes, social services, public health, and college staff. Case managers mentioned that hospitals they interact with, including those located in Koochiching County and outside the county, are excellent. Case managers have had very good experiences with vocational providers that serve their participants. The local program director has been there for over 20 years and is easy to work with. They shared that assisted living facilities do not always provide information in a timely manner and take on more than they can handle. Local homecare agencies are very responsive. Case managers said that their local supportive living services provider is very good and they have ongoing talks about quality improvement.

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 Koochiching County (2007 & 2011)



Since 2007, the number of persons served in the EW/AC program in Koochiching County has decreased by 18 people (22.5%), from 80 people in 2007 to 62 people in 2011. Enrollment of high needs participants grew to 58% (those with case mixes B-K).. There was a decrease in case mix *A* partially reflected by the creation of case mix *L*, a category for lower need participants. As a result, Koochiching County served 29 fewer lower needs participants in 2011 than in 2007. In addition, case mix *E* grew by 10 people. As a result, Koochiching County is serving 11 additional higher needs participants than they did in 2007.

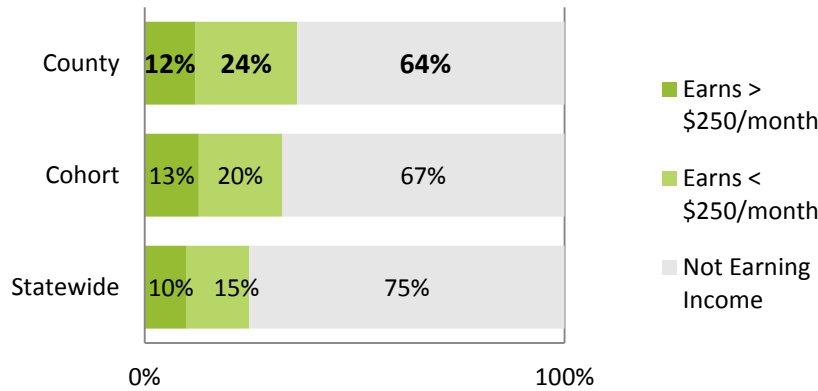
Since 2007, the total number of persons served in the CCB Waiver program in Koochiching County has increased by 15 participants (38.5%); from 39 in 2007 to 54 in 2011. Most of this growth occurred in the case mix *B*, which grew by 13 people. Small decreases occurred in case mix categories, *A*, *D*, and *J*. Due to the additional participants in case mix *B*, the overall proportion of higher need participants in Koochiching County has increased.

Since 2007, the number of persons served with the DD waiver in Koochiching County increased by six participants, from 59 in 2007 to 65 in 2011. In Koochiching, the DD waiver program is growing more quickly than in the cohort as a whole. While Koochiching County experienced a 10.2% increase in the number of persons served from 2007-2011, its cohort had an 8.5% increase in number of persons served. In Koochiching, the greatest change occurred with persons having a Profile 3, which increased by 8 people. Although the proportion of higher needs participants is growing, Koochiching County still serves a smaller proportion of persons with a Profile of 1 and 2 (24.6%), 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)



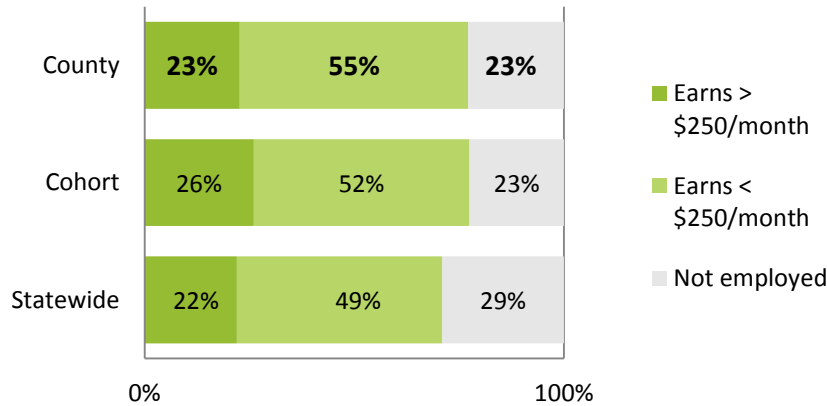
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Statewide	10%	15%	75%
Cohort	13%	20%	67%
Koochiching	12%	24%	64%

In 2011, Koochiching County served 33 working age (22-64 years old) CCB participants. Koochiching ranked 24th of 87 counties in the percent of CCB waiver participants with earned income. Of working age participants, 36.4% had earned income, compared to only 32.7% of the cohort's working age participants. Koochiching County had a slightly lower percentage of participants earning \$250 or more per month (12.1%) 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 Koochiching County decreased from 36 to 33 people. Over the same time period, the percentage of those participants

with earned income increased from 22.2% to 36.4%. 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%. The percentage of working age participants with earned income is increasing faster in Koochiching County than in their cohort.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Statewide	22%	49%	29%
Cohort	26%	52%	23%
Koochiching	23%	55%	23%

In 2011, Koochiching County served 44 DD waiver participants of working age (22-64 years old). The county ranked 45th in the state for working-age participants earning more than \$250 per month. In Koochiching, 22.7% of working age participants earned over \$250 per month, while 26.0% of working age participants in the cohort as a whole did. However, 77.3% of working age DD waiver participants in Koochiching had some earned income, which is about the same as its

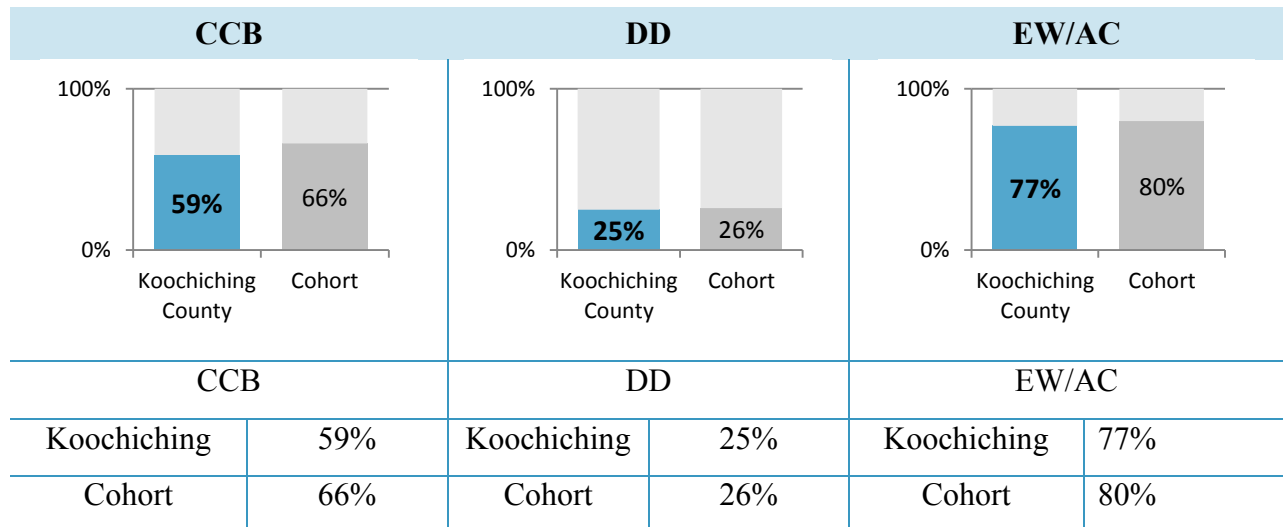
cohort (77.5%). Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

From 2007-2011, Koochiching County's percentage of working-age DD waiver participants with earned income increased from 72.9% to 77.3%. In comparison, the percentage of working age participants with earned income in the cohort increased from 75.6% to 77.5%. Statewide, there was a modest increase in the participants with earnings from 71.1% to 71.3% over the same time period. While the percentage of DD waiver participants is increasing statewide, the rate has increased at a faster pace in Koochiching.

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)



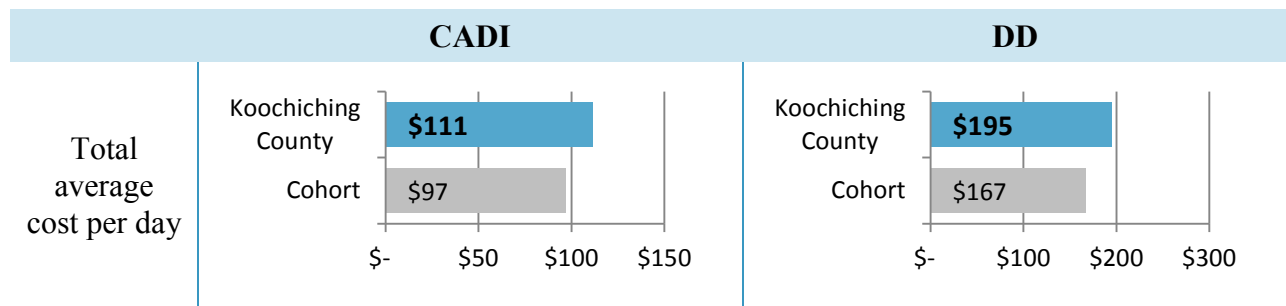
Koochiching County ranks 54th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 32 participants at home. Between 2007

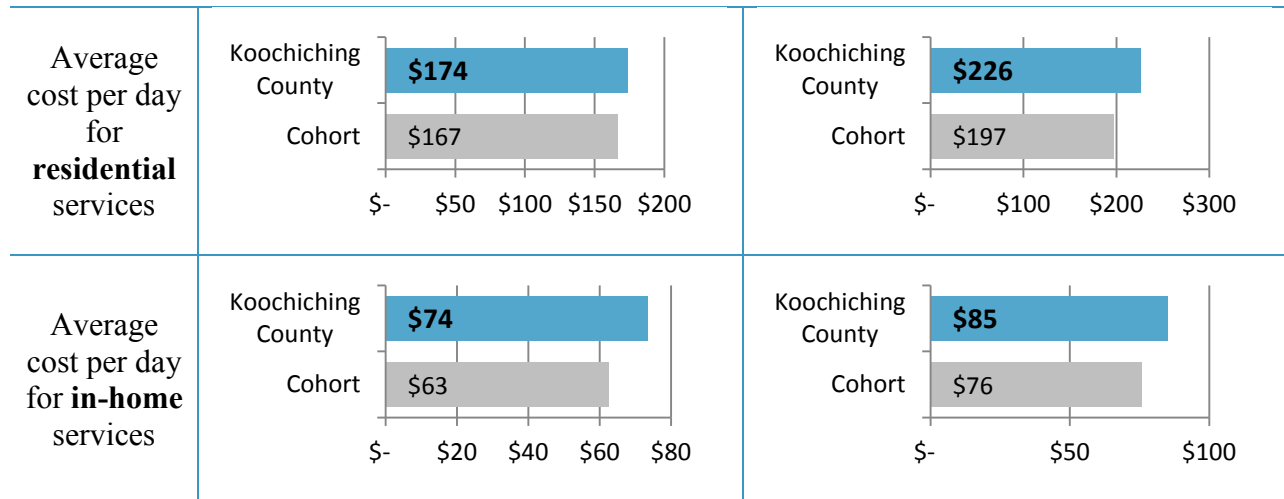
and 2011, the percentage increased by 8.0 percentage points. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 59.3% of CCB participants in Koochiching County were served at home. Statewide, 63.0% of CCB waiver participants are served at home.

Koochiching County ranks 63rd out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 16 participants at home. Between 2007 and 2011, the percentage increased by 2.6 percentage points. In comparison, the percentage of participants served at home in their cohort remained stable, falling by 0.2 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6% to 35.7%.

Koochiching County ranks 36th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 48 participants at home. Between 2007 and 2011, the percentage increased by 4.9 percentage points. In comparison, the percentage of participants served at home fell by 3.2 percentage points in their cohort and increased by 1.2 points statewide. Statewide, 75.4% of EW/AC participants were served at home in 2011. Koochiching County serves a lower proportion of EW/AC participants in home settings than their cohort, but the percentage is improving over time.

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





Average Rates per day for CADI services (2011)

	Koochiching County	Cohort
Total average rates per day	\$111.43	\$97.17
Average rate per day for residential services	\$173.60	\$166.64
Average rate per day for in-home services	\$73.55	\$62.58

Average Rates per day for DD services (2011)

	Koochiching County	Cohort
Total average rates per day	\$195.26	\$166.61
Average rate per day for residential services	\$226.30	\$197.28
Average rate per day for in-home services	\$85.21	\$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 Koochiching County is \$14.26 more per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Koochiching County spends \$6.96 more 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 CADI waiver participant, Koochiching County ranks 65th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Koochiching County increased by \$11.63, from \$99.80 to \$111.43. In comparison, the average cost per day in the cohort increased by \$22.11, from \$75.06 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 in Koochiching County than in the rest of their cohort or in the state as a whole.

The average cost per day for DD waiver participants in Koochiching County is \$28.65 higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Koochiching County spends \$29.02 more on residential services and \$9.41 more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant Koochiching County ranks 73rd 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 Koochiching County increased by \$16.74; from \$178.52 to \$195.26. 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 increased more rapidly in Koochiching 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.

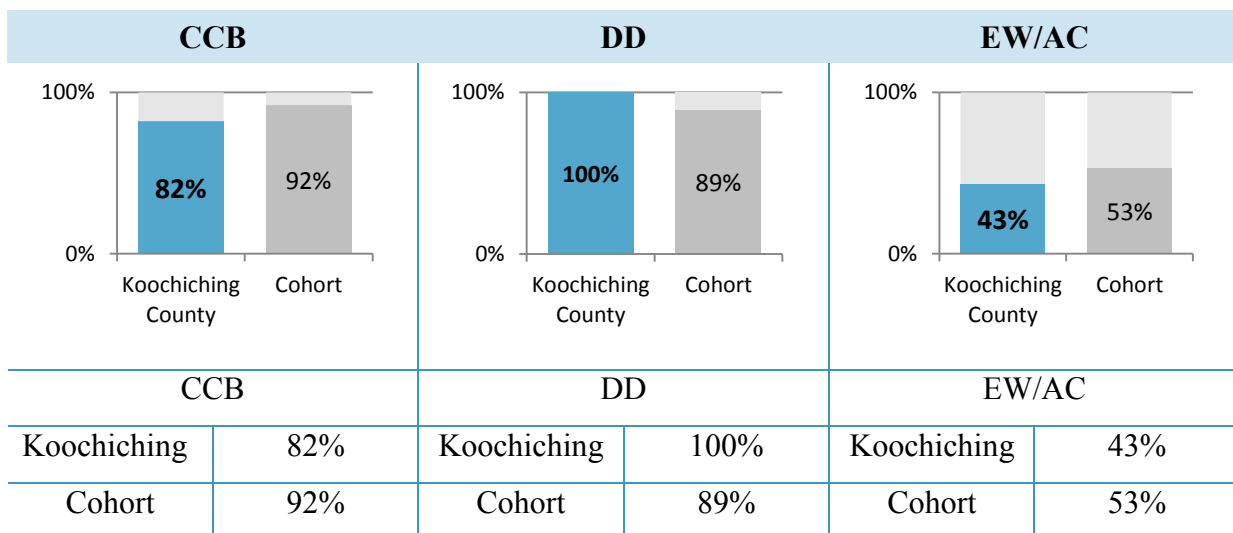
Koochiching County has notably higher use in the CADI program than its cohort of residential based services (Foster Care (32% vs. 25%)) and some employment related services (Supported Employment Services (20% vs. 12%)). Conversely, they have lower use of in-home services (Home Delivered Meals (8% vs. 25%) and Homemaker (16% vs. 32%)). Fifty-five percent of Koochiching County's total payments for CADI services are for residential services (49% foster care, 5% customized living, and 1% residential care services), which is higher than its cohort group (50%). Koochiching County's monthly rates for family Foster Care is notably

higher than its cohort (\$5,330.46 vs. \$3,593.20 per month) while its monthly rates for corporate foster care are lower than its cohort (\$3,414.61 vs. \$5,081.08 per month).

Koochiching County’s use of Day Training and Habilitation (66% vs. 61%) is higher than its cohort in the DD program. Koochiching County’s daily rate for Day Training and Habilitation is slightly higher than its cohort (\$68.01 vs. \$64.04). The county also has slightly higher use of Supportive Living Services (75% vs. 74%) and Residential Care Services (21% vs. 18%). The county’s use of other non-residential services such as In Home Family Support (18% vs. 15%) is higher than its cohort. Koochiching County’s monthly rates for Supportive Living Services is notably higher than its cohort (\$4,378.58 vs. \$3,434.48 per month).

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.



In 2011, Koochiching County served 170 long-term care (LTC) participants (persons with disabilities under the age of 65), in HCBS settings and 24 in institutional care. Koochiching County ranked 85th of 87 counties in the percent of LTC recipients receiving HCBS; 82.2% of

their LTC recipients received HCBS. This is lower than their cohort, where 92.1% were HCBS recipients. Since 2007, Koochiching County has increased its use of HCBS at about the same rate as their cohort; 2.7 percentage points and 2.5 percentage points respectively. Statewide, 94.0% of LTC recipients received HCBS in 2011.

In 2011, Koochiching County served 75 long-term care (LTC) participants (persons with development disabilities) in HCBS settings and only one in institutional settings.

Koochiching County ranked 1st of 87 counties in the percentage of LTC recipients receiving HCBS with 100.0% of its LTC recipients receiving HCBS; a higher rate than its cohort (88.9%). Koochiching County has consistently had a high rate of participants receiving HCBS services. Since 2007, the county has increased its use by 2.8 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, Koochiching County served 75 elderly long-term care (LTC) participants (over the age of 65), in HCBS settings and 105 in institutional care. Koochiching County ranked 80th of 87 counties in the percent of LTC recipients receiving HCBS. Of LTC recipients, 43.4% received HCBS. This is lower than their cohort, where 53.2% were HCBS recipients. Since 2007, Koochiching County has increased its use of HCBS by 3.7 percentage points, while their cohort has increased by 5.3 percentage points. Statewide, 65.9% of LTC recipients received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Koochiching County	Cohort	Statewide
Age 0-64	1.12	0.53	0.47
Age 65+	28.73	33.43	23.11
TOTAL	6.63	6.53	3.24

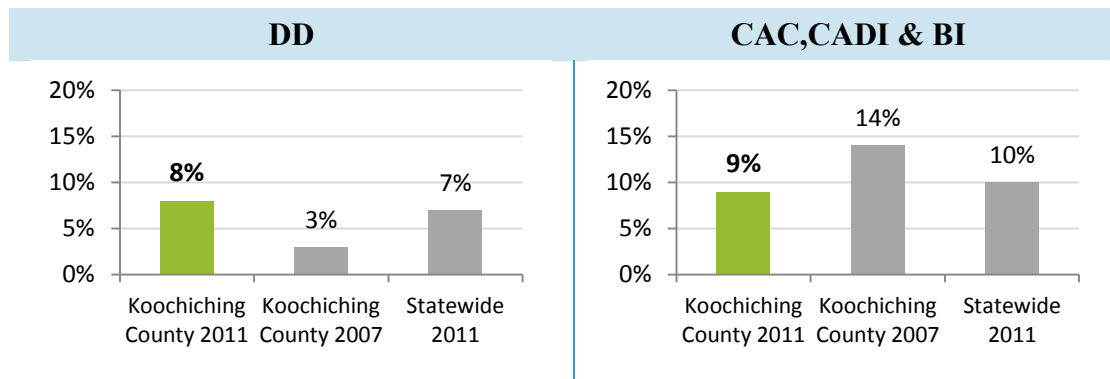
In 2011, Koochiching County was ranked 67th in their overall use of nursing facility services. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort, but higher than the statewide rate. Koochiching also has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 18.9% in Koochiching County. Due to this decrease, the overall number of residents in nursing facilities has decreased by 8.8% since 2009.

Case managers shared that they have good working relationships with social workers in nursing homes. They have only had a few bad experiences with missing paperwork.

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)	8%	9%
County (2007)	3%	14%
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, Koochiching County had an 8% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Koochiching County's DD waiver balance is larger than its balance in CY 2007 (3%), but smaller than the statewide average (10%).

At the end of state fiscal calendar year 2011, the CCB waiver budget had a reserve. Koochiching 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, Koochiching County had a 9% balance at the end of fiscal year 2011, which is a smaller balance than both the statewide average (10%) and the balance in FY 2007 (14%).

Supervisors shared that Koochiching County currently has only one person on the waiting list for the DD waiver. The county has a waiting list policy used to prioritize slots when they become available. The waiting list is discussed at the options group meeting and a designated record keeper keeps track of the waiting list for prioritizing. The DD waiver team also has separate monthly meetings to talk about the waiting list or generate one if necessary.

The county has a staff person from the accounting office manage the allocations and runs budget simulations. Staff review the budget at every options meeting. Supervisors shared that case managers are familiar with the resources available, and how to best use these resources to serve participants. The Public Health Director shared that if the service change is small, the case manager is authorized to make changes. If the change involves a larger amount of money, the request is brought to the options group. The Social Services Director makes the final decision about larger requests based on information provided by case managers.

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.

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

Case managers shared that Policy Quest provides general responses to their questions. County staff also said that the Help Desk has been very helpful for them. They also use the Disabilities

Service Program Manual frequently. The Public Health Director shared that they use the DHS website often. However, case managers noted that they have found it difficult to locate information on the DHS website, and the new format further complicates this. The Public Health Director also mentioned that bulletins are a useful resource. Because forms change often, case managers use E-docs to stay current. They added that the Disability and Senior Linkage Lines have not been helpful for the county.

In general, county staff have had positive experiences with the videoconferences and webinars offered by DHS. Case managers shared that some of the videoconference trainings are better than others. They have had some technical difficulties in the past. Case managers said that bulletins can be too long and are overly technical. The DD staff member uses the Regional Resource Specialist (RRS) often, and attends meetings with her when they have specific questions. Case managers shared that they attend quarterly meetings with the RRS, but they are always held in the same location which requires extensive travel. The staff noted that they have not had a lot of contact with the DD Ombudsman, but the LTC Ombudsman has been helpful when available. The Public Health Director said that she has had positive experiences with MN-ITS and receives timely responses to eligibility questions.

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.

Koochiching County Strengths

The following findings focus on Koochiching 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.

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

During the previous review in 2006, Koochiching County received a corrective action for the following items being out of compliance: OBRA, emergency contact and back-up plan for CCB participants, outcomes and goals in the care plan, face-to-face visits, and current care

plan in case file. In 2012, none of these issues remain for Koochiching County indicating technical improvements over time.

- **Case managers are experienced and have a wide variety of backgrounds.** Case managers are responsive to changing participant needs and are strong advocates for participants. The small size of the county and co-location of Social Services and Public Health allow case managers to easily navigate across programs within the agency. Case managers develop good working relationships with their co-workers and with other departments. Staff communication is particularly strong in Koochiching County; case managers speak very highly of monthly team meetings (options meeting) where staff from different departments come together to problem solve, make decisions about cases, and share information about the budget and policy changes.
- **Multiple sources of data indicate that Koochiching County staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. While the large size of the county presents geographical barriers such as limited provider and service options, the county staff have developed good relationships with providers and are creative with resources to meet participant needs. Case managers work especially well with the community Elders Advisory Committee to serve elderly HCBS participants.
- **Koochiching County has the capacity to serve a high need population in the community and serves many participants at home.** The county serves a greater proportion of participants with high needs in the CCB and DD programs when compared to its cohort and the statewide average. In 2011, the county ranked 22nd out of 87 counties in the percent of CCB waiver participants having higher needs (81.5%) and 26th out of 87 in the percent of DD waiver participants having higher needs (84.6%). Between 2007 and 2011, Koochiching County also saw an increase in the percent of waiver participants served at home.
- **Case managers are in frequent contact with their participants.** Documentation of visits with the participant within the required timeframe (every six months (CAC, CADI, BI, DD) or every 12 months (AC, EW) must be in the participant's case file or case notes. All (100%)

of participants reviewed in all programs had been visited in the past six months, and most participants were seen on at least a quarterly basis.

- **Based on budget allocation reports, Koochiching County waiver budgets are well-managed.** Koochiching County's DD waiver budget balance was 8% at the end of CY 2011, and there was a 9% balance in the CADI, CAC and BI programs at the end of FY 2011. This is an adequate amount of reserve funds for a county of this size to balance risks from costly participant crises with meeting local needs. Koochiching County's practice of using accounting staff expertise from their business office to help manage allocations works well for the county.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Koochiching County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Koochiching 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 assigning one case manager to serve CADI participants with mental health needs, and using a single, integrated care plan for all these participants.** Having a single case manager would streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of

their program needs. Examples of an integrated care plan format, such as one from Blue Earth County, can be found at www.Minnesotahcbs.info/.

- **Consider expanding contracted case management services to serve participants that live out of the county or in isolated areas of the county, and to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. In such cases, Koochiching County should treat contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.
- **Consider designating a lead worker to establish consistency in the case management process and provide guidance to case managers.** With growing caseloads and continually changing programs, managing the waiver programs will become more complicated. The lead worker would still maintain a small caseload, but would also have the added responsibility of staying current with program and policy changes and sharing this information with case managers. A lead worker may help promote more consistency in case file organization and ensure that complete paperwork is included in the files. The county may also want to consider using shared drives that are accessible to case managers and contain all required forms in fillable formats.
- **Koochiching 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 provider staff across all programs.** Koochiching County currently includes semi-annual visit sheets in case files for the DD program that works very well, and it should expand this practice to the LTC program caseload. In addition to documenting required face-

to-face visits in the participant's case file, visit sheets can be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include questions to assess participant satisfaction with providers. The county should also request progress reports as a way to monitor provider performance.

- **Continue to expand community based employment opportunities for participants in the DD and CCB programs.** Koochiching County has similar rates as their cohorts in the percentage of working age participants earning income in the CCB and DD communities; however, a higher proportion of participants earn less than \$250 per month than the county's cohorts. The county should actively focus on developing community-based employment opportunities across programs that tend to result in higher wages for participants.
- **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).
- **Rate setting should occur at the supervisor or director level, or be the responsibility of a lead worker if the county chooses to establish this position.** Rate setting should not occur at the case manager level. It is recommended that Koochiching County use the new rate setting tool to make providers justify need for rate increase by providing documentation of client increased need for staffing.

Corrective Action Requirements

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

- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant needs.** All care plans must be updated with this information. Three out of eight CADI care plans reviewed did not include documentation of participant needs. The care plan is the one document that all participants receive. Therefore, it must include information the participant's needs along with which services, formal or informal, will be provided to address those needs.
- **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 informed rights included in their case file. Three out of eight CADI cases, four out of eight DD cases, and two out of two BI cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, four CADI cases, three DD cases and two of two 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 each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, two out of eight CADI cases, two out of eight EW cases, three out of eight DD cases, and two out of two BI cases did not have this completed documentation in the case file. In addition, three CADI cases, four DD cases, three EW cases and two AC cases did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private**

information. It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Four out of eight CADI cases, two out of two AC cases, seven out of eight EW cases, five out of eight DD cases, and two out of two BI cases did not have completed documentation in the case file. In addition, two CADI cases and one DD case did not have documentation that the participant had given informed consent to release private information within the past year.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Koochiching County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 28 cases. All items are to be corrected by October 22, 2012 and verification submitted to the Waiver Review Team to document full compliance. Koochiching County submitted a completed compliance report on September 27, 2012.

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
1	Participants waiting for HCBS program services	3	N / A	2	1	N / A	N / A
2	Screenings done on time for new participants (PR)	100%	100%	100%	100%	ALL	N / A
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	61%	100%	DD	CCB
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC/EW n=10	CCB n=10	DD n=8	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	95%	90%	100%	N / A	AC / EW, CCB	N / A
5	Care plan is current (PR)	96%	90%	100%	100%	ALL	N / A
6	Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)		ALL	AC/EW n=10	CCB n=10	DD n=8	Strength	Challenge
7	All needed services to be provided in care plan (PR)	93%	100%	80%	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)	82%	90%	70%	88%	AC / EW	N / A
10	Inclusion of caregiver needs in care plans	55%	33%	67%	100%	DD	N / A
11	OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	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)	63%	N / A	N / A	63%	N / A	DD
15	BI Form completed and current (PR for BI only)	50%	N / A	50%	N / A	N / A	CCB
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
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 (Provider survey, n=5)	80%	N / A	N / A	N / A	N / A	N / A
20	Providers submit monitoring reports to the LA (Provider survey, n=5)	60%	N / A	N / A	N / A	N / A	N / A

PARTICIPANT SAFEGUARDS		ALL	AC/EW n=10	CCB n=10	DD n=8	Strength	Challenge
21	Participants have a face-to-face visit in the last six months (PR)	100%	100%	100%	100%	ALL	N / A
22	Participants receive face-to-face visits on a biannual or more frequent basis (PR)	100%	100%	100%	100%	ALL	N / A
23	Health and safety issues outlined in care plan (PR)	75%	70%	70%	88%	N / A	N / A
24	Back-up plan (PR for CCB only)	54%	10%	70%	88%	N / A	N / A
25	Emergency contact information (PR for CCB only)	89%	70%	100%	100%	CCB, DD	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES		ALL	AC/EW n=10	CCB n=10	DD n=8	Strength	Challenge
26	Informed consent documentation in the case file (PR)	18%	10%	20%	25%	N / A	ALL
27	Person Informed of right to appeal documentation in the case file (PR)	36%	80%	10%	13%	N / A	CCB, DD
28	Person Informed privacy practice (HIPAA) documentation in the case file (PR)	21%	30%	20%	13%	N / A	ALL
PARTICIPANT OUTCOMES & SATISFACTION		ALL	AC/EW n=10	CCB n=10	DD n=8	Strength	Challenge
29	Participant outcomes & goals stated in individual care plan (PR)	75%	70%	70%	88%	N / A	N / A
30	Documentation of participant satisfaction in the case file	75%	80%	50%	100%	DD	CCB
SYSTEM PERFORMANCE		ALL	AC/EW	CCB	DD	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	43%	82%	100%	DD	AC / EW, CCB

SYSTEM PERFORMANCE (continued)		ALL	AC/EW	CCB	DD	Strength	Challenge
33	Percent of LTC funds spent on HCBS	N / A	21%	80%	100%	DD	AC / EW, CCB
34	Percent of waiver participants with higher needs	N / A	58%	82%	85%	ALL	N / A
35	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	97%	99%	DD	N / A
36	Percent of waiver participants served at home	N / A	77%	59%	25%	N / A	ALL
37	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	12%	23%	N / A	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.

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.