

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Lake of the Woods County**

Waiver Review Site Visit: May 2014

Report Issued: July 2014

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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 Lake of the Woods County.

### About the Minnesota Department of Human Services

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

### About the Improve Group

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

### Additional Resources

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

[http://www.dhs.state.mn.us/main/dhs16\\_166609](http://www.dhs.state.mn.us/main/dhs16_166609)

[Waiver Review Website](#) at [www.MinnesotaHCBS.info](http://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 Lake of the Woods County
Case File Review	34 cases
Provider survey	2 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 4 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 Lake of the Woods County**

In May 2014, the Minnesota Department of Human Services conducted a review of Lake of the Woods County's Home and Community Based Services (HCBS) programs. Lake of the Woods County is a rural county located in north central Minnesota. Its county seat is located in Baudette, Minnesota and the County has another two cities and 32 townships. In State Fiscal Year 2012, Lake of the Woods County's population was approximately 3,976 and served 77 people through the HCBS programs. According to the 2010 Census Data, Lake of the Woods County had an elderly population of 19.6%, placing it 22<sup>nd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Lake of the Woods County's elderly population, 5.1% are poor, placing it 85<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Lake of the Woods County Social Services is the lead agency for the HCBS waiver programs. The lead agency serves as a contracted care coordinator for three Managed Care Organizations (MCOs) including Blue Plus, Medica, and UCare.

The Lake of the Woods County Social Services Supervisor supervises all of the waiver programs. She oversees three case managers who manage waiver cases. One case manager has CADI, BI, and DD cases with a caseload of approximately 30 cases in addition to having children's mental health responsibilities. She has most of the children's CADI and DD cases. Another case manager has AC, EW, CADI, and DD cases and a caseload of about 60 cases. The third case manager manages approximately 11 CADI cases in addition to having adult mental

health cases. Participants who receive rule 79 mental health case management in addition to waiver services have one case manager. There are also two case aides in Social Services who support case managers by performing data entry and helping with service agreements and case file management.

Intake calls go to the lead agency's receptionist who is familiar with each case manager's caseload and program areas. She directs the calls to the appropriate case manager and they collect the initial intake information from participants. If the service area is unknown, the call is directed to any available case manager for intake and then the case is later assigned by the Social Services Supervisor to the appropriate staff person. The case manager who does the initial assessment typically becomes the participant's case manager.

### Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is their ability to work together and collaborate across all departments. They said that staff have good communication and are willing to help each other and provide consultation.

The lead agency contracts with the Lakewood Health Center to do some PCA assessments. Case managers also consult with their nursing staff as needed for medically complex cases. However, they are not currently involved in LTCC assessments or case management.

Case managers work very closely with financial workers. Financial workers are collocated with case managers and they attend the monthly staff meetings together. They have frequent contact with one another through e-mail, instant message, and telephone conversations as well as face-to-face meetings. Case managers shared that financial workers are very responsive to their questions and are good about communicating with them when participants are late turning in paperwork or when issues arise that may affect their Medical Assistance (MA) eligibility.

A case manager also does adult protection work, and the staff meet as a team when they receive a referral to decide who will conduct the investigation. The lead agency tries to avoid having the same case manager fill both adult protection and waiver case management roles, but have had situations where one case manager has done both in the past. Lake of the Woods County has a

child protection worker who is not part of the waiver case management team. They attend meetings with case managers weekly and work to ensure that case managers are made aware of the status of any child protection cases for participants on their caseloads.

The Social Services Director has most of the interaction with the county board. She attends board meetings and communicates with them about changes in policies or requirements that affect the management of the waiver programs.

### Health and Safety

In the Quality Assurance survey Lake of the Woods County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that the lead agency quickly responds to questions or inquiries and that there is good, open communication between case managers, participants and providers. They also shared that case managers are advocates for participants and that they are responsive to changes in participants' needs.

Case managers shared that keeping up with changing waiver requirements is a major challenge for them. The Social Services Supervisor reads listserv announcements and bulletins. She highlights the important information and shares it with case managers. Staff also discuss program developments at weekly meetings and frequently consult with one another to interpret changes in policy. Case managers also attend videoconference trainings, webinars, and other regional trainings.

A case aide creates visit packets for case managers that include updated versions of all required forms and documentation. The Social Services Supervisor occasionally conducts random reviews of case files to monitor staff compliance. She also conducts scheduled reviews of cases with staff where she and the case managers each pick a case to review.

## Service Development and Gaps

Overall, staff from the lead agency reported being satisfied with provider performance. However, they shared that they have some significant service gaps in Lake of the Woods County and that the area lacks the necessary participant numbers needed to entice new providers to develop services in the area. The lead agency works with surrounding counties in order to maintain the providers they currently have.

Staff said that there are no home health providers who can deliver services to elderly participants in the northern parts of Lake of the Woods County. They shared that transportation is a major service gap as well. The local public transportation provider has a very small area that it serves. It also has limited hours of operation which makes it difficult for participants to coordinate appointments and other non-medically related travel. Staff shared that they do have a somewhat extensive volunteer driver system and also frequently provide transportation for participants themselves.

Staff said that Lake of the Woods County has a general housing shortage which makes finding placements for participants extremely challenging. They shared that the county has a growing elderly population and that most of the available apartment options are filled by these individuals. Staff also said that they are anticipating having a shortage of customized living beds in the near future.

Additionally, area providers have had difficulty recruiting and maintaining their own staff. Staff said that homemaking agencies cannot find enough responsible staff to meet demand for their services. They stated that families do not have options for extended respite because providers have trouble keeping their employees.

The lead agency has attempted to bring in more mental health providers and to develop mental health crisis services in the area. They also encouraged a provider to develop a site that provides an out-patient chemical dependency program for participants, but this service was eventually discontinued. In addition, the lead agency has made significant efforts to develop telemedicine services for participants located in the most remote areas of Lake of the Woods County.



### Community and Provider Relationships/Monitoring

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

**Table 1: Lake of the Woods County Case Manager Rankings of Local Agency Relationships**

Local agencies	Below Average	Average	Above Average
Nursing Facility	0	2	0
Schools (IEIC or CTIC)	0	1	0
Public Health Programs for Seniors	0	0	1
Home Care Providers	0	3	0
Hospitals (in and out of county)	0	4	0
Customized Living Providers	0	1	1
Foster Care Providers	0	0	2
Employment Providers (DT&H, Supported Employment)	0	5	4

Lead agency staff reported having good relationships with area providers and said that they provided quality services for participants. Case managers fill out surveys for the county licenser to document provider performance. They also said that they would speak with providers informally if they were to receive complaints from participants.

Case managers shared that they have average communication with nursing facilities in Lake of the Woods County. They said that although they have overall good relationships with nursing facility staff, they have poor communication, especially with staff who do discharge planning.

A case manager said that they work primarily with the one school district in the county and one district outside of the county. The case manager is involved in IEP meetings. The case manager said that the school districts are good about communicating around behavioral issues but said

they do not have good transitional planning for students. Another case manager works with a local Public Health Program and shared that the program lets them know well in advance the dates of the health clinics they are holding at local senior centers and senior apartments.

Case managers said that Lake of the Woods County uses home care providers that are all outside of the county. Case managers are generally not satisfied with the home care providers explaining that most providers only offer a few types of services and there is high staff turnover. It can be difficult to find providers to serve participants that are north of Williams, Minnesota.

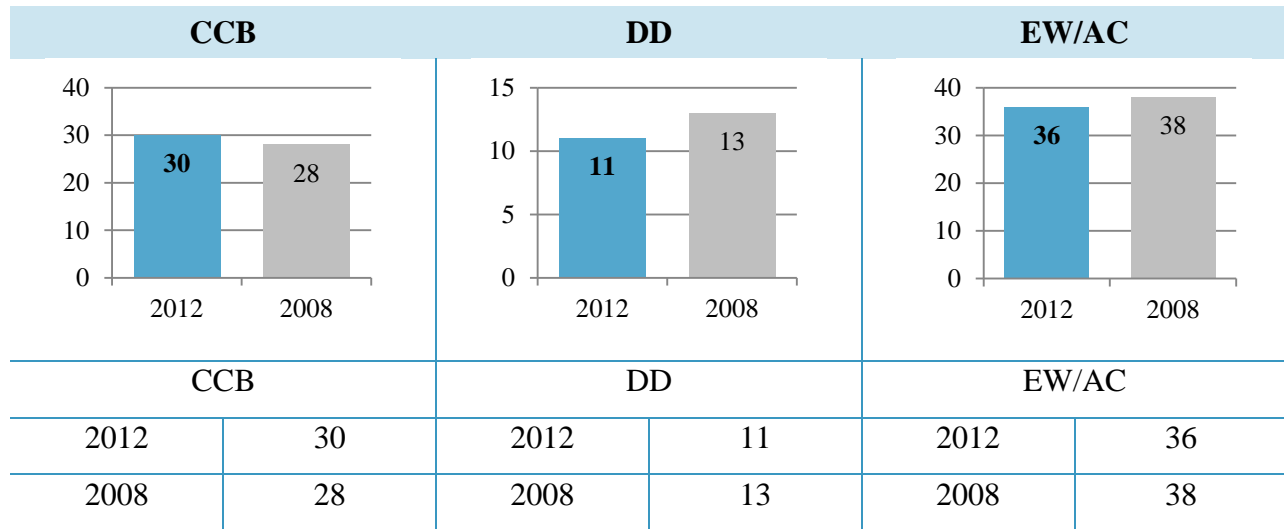
Case managers rated their relationships with staff at most of the area hospitals as average. Some hospital staff do not notify them when a participant has been discharged which can create challenges for coordinating services. In addition, case managers noted that some hospital staff are referring participants to services that are not available under the waiver programs. Case managers said that they have good relationships with customized living providers and stated that they always receive timely responses to their questions. Two case managers have worked with a family foster care provider in Lake of the Woods County and another foster care provider outside of the county and shared that they are both great facilities. They also shared that the family foster care provider is able to work with participants with high behavioral needs.

Case managers explained that their relationships with vocational providers vary. Providers outside of the county frequently communicate, are cooperative, and have really good supportive employment programs. Lead agency staff reported that some of their vocational providers are not well equipped to serve participants with mental health issues, subsequently making it harder to find placements for participants who have mental health needs.

## **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 Lake of the Woods County (2008 & 2012)**



**Since 2008, the total number of people served in the CCB Waiver program in Lake of the Woods County has increased** by two participants (7.1 percent); from 28 in 2008 to 30 in 2012. This growth occurred in the case mix E, which grew by two people. Additionally, case mix I grew by one person, while case-mix B fell by one person.

**Since 2008, the number of people served with the DD waiver in Lake of the Woods County decreased** by 2 participants, from 13 in 2008 to 11 in 2012. Lake of the Woods County experienced a 15.4 percent decrease in the number of people served from 2008 to 2012, while its cohort had a 7.1 percent increase in number of people served. In Lake of the Woods County, Profile group 2 increased by two people, while Profile group 3 decreased by four. The greatest change in the cohort profile groups occurred in people having a Profile 3. With the increase in the number of people in Profiles 1 and 2, Lake of the Woods County serves a larger proportion of people in these groups (45.5 percent), than its cohort (34.4 percent).

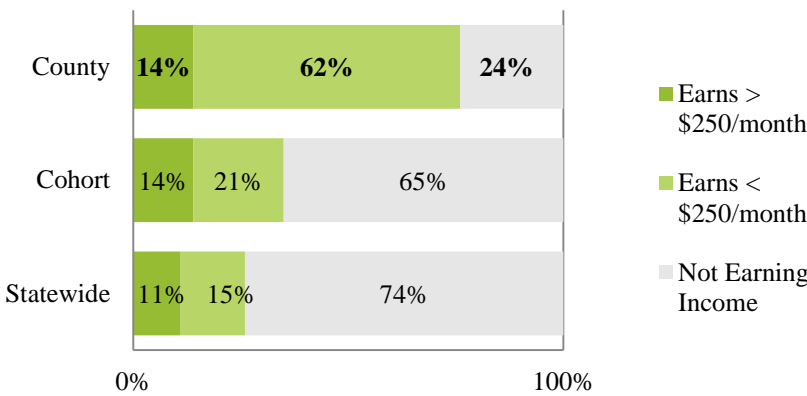
**Since 2008, the number of people served in the EW/AC program in Lake of the Woods County has decreased** by two people (5.3 percent), from 38 people in 2008 to 36 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase happened in two case mix categories, both B and I grew by three people. Case mix E grew by one person. With the increases in case mix B and E,

Lake of the Woods County may be serving a higher proportion of people with mental health needs.

**Value**

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

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

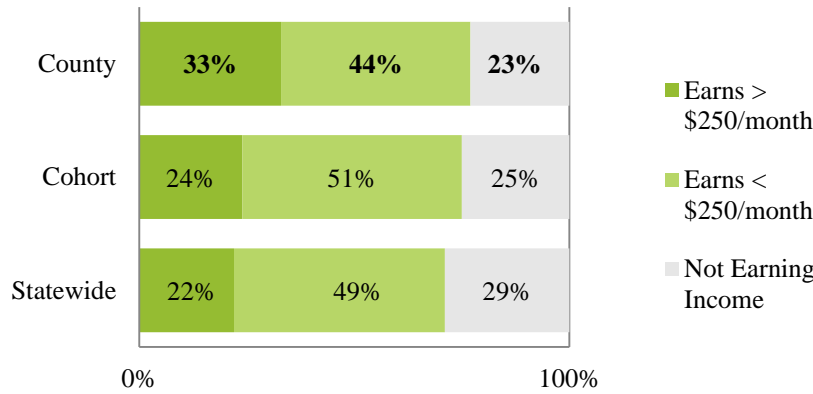


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Lake of the Woods County	14%	62%	24%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Lake of the Woods County served 21 working age (22-64 years old) CCB participants. Of working age participants, 76.2 percent had earned income, compared to 35.4 percent of the cohort's working age participants. Lake of the Woods County ranked 36<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Lake of the Woods County and also in their cohort, 14.3 percent of the participants earned \$250 or more per month.

Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



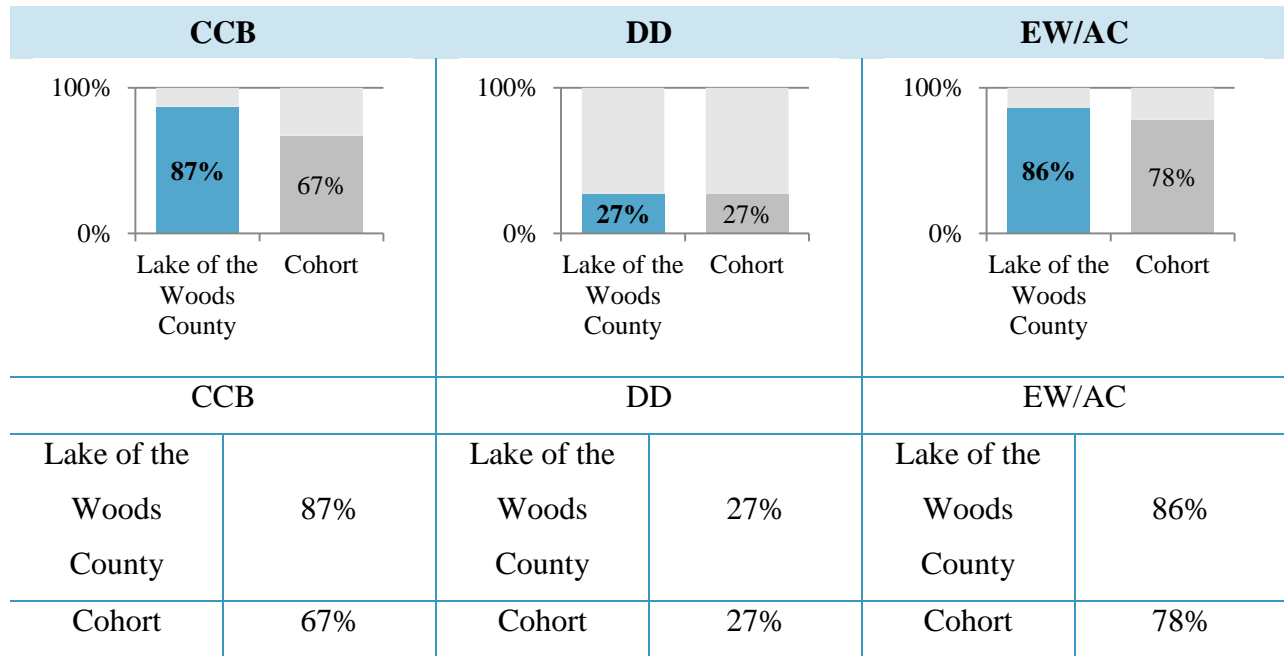
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Lake of the Woods County	33%	44%	23%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Lake of the Woods County served nine DD waiver participants of working age (22-64 years old). The county ranked 11<sup>th</sup> in the state for working-age participants earning more than \$250 per month. In Lake of the Woods County, 33.3 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 77.8 percent of working age DD waiver participants in Lake of the Woods County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**Sustainability**

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

**Percent of Participants Living at Home (2012)**



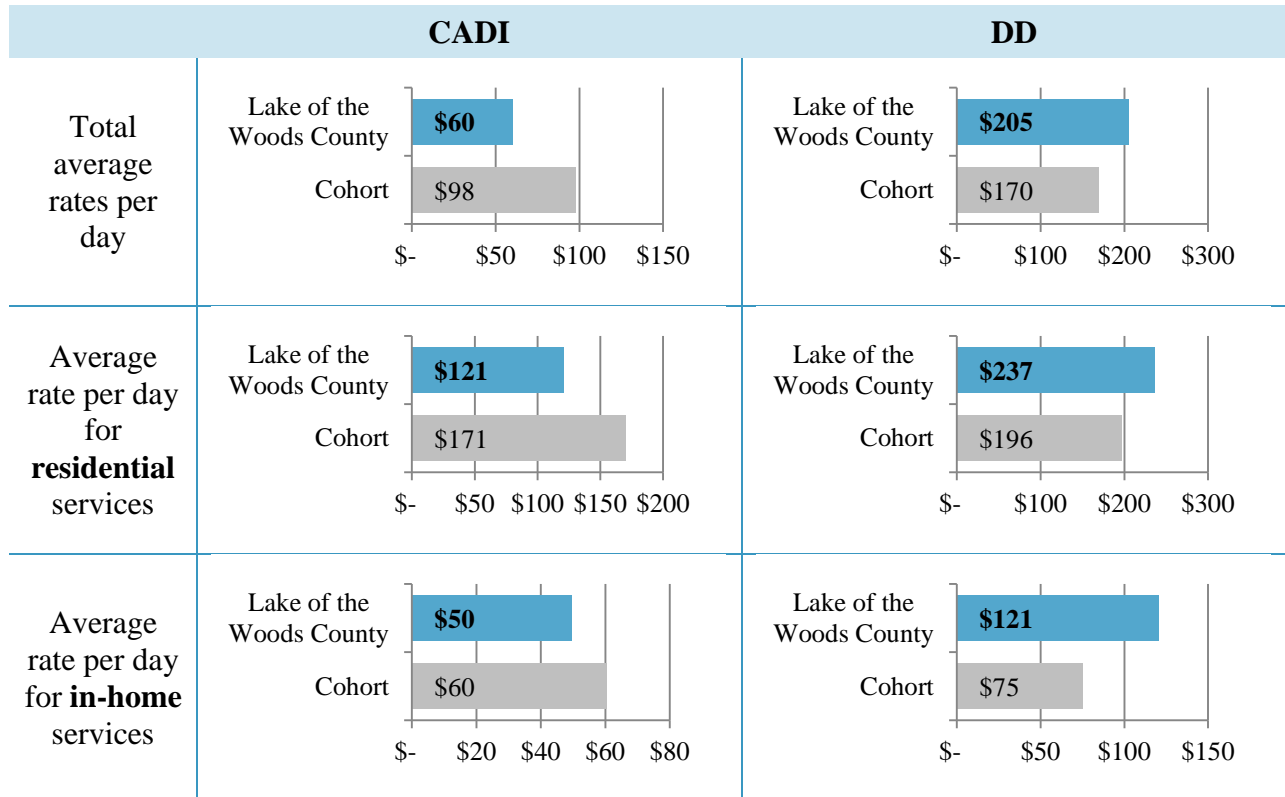
**Lake of the Woods County ranks 2<sup>nd</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 26 participants at home. Between 2008 and 2012, the percentage decreased by 2.6 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 86.7 percent of CCB participants in Lake of the Woods County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Lake of the Woods County ranks 50<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served three participants at home. Between 2008 and 2012, the percentage decreased by 3.5 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

**Lake of the Woods County ranks 14<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 31 participants at home. Between 2008 and 2012, the percentage increased by 1.9 percentage points. In comparison, the

percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Lake of the Woods County serves a higher proportion of EW/AC participants at home than their cohort or the state.

**Average Rates per day for CADI and DD services (2012)**



**Average Rates per day for CADI services (2012)**

	Lake of the Woods County	Cohort
Total average rates per day	\$60.13	\$97.99
Average rate per day for <b>residential</b> services	\$120.76	\$170.52
Average rate per day for <b>in-home</b> services	\$49.59	\$60.30

**Average Rates per day for DD services (2012)**

	Lake of the Woods County	Cohort
Total average rates per day	\$205.18	\$169.97
Average rate per day for <b>residential</b> services	\$236.90	\$196.37
Average rate per day for <b>in-home</b> services	\$120.58	\$74.78

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 Lake of the Woods County is \$37.86 (38.6 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Lake of the Woods County spends \$49.76 (29.2 percent) less on residential services and \$10.71 (17.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Lake of the Woods County ranks 2<sup>nd</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Lake of the Woods County is \$35.21 (20.7 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Lake of the Woods County spends \$40.53 (20.6 percent) more on residential services and \$45.80 (61.2 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Lake of the Woods County ranks 82<sup>nd</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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

**Lake of the Woods County has a lower use in the CADI program than its cohort of some residential based services** such as Foster Care (22% vs. 25%). The lead agency has a higher use of Supported Employment Services (55% vs. 14%). They also have a higher use of some in-home services, such as Skilled Nursing (44% vs. 27%), Homemaker (41% vs. 33%), and



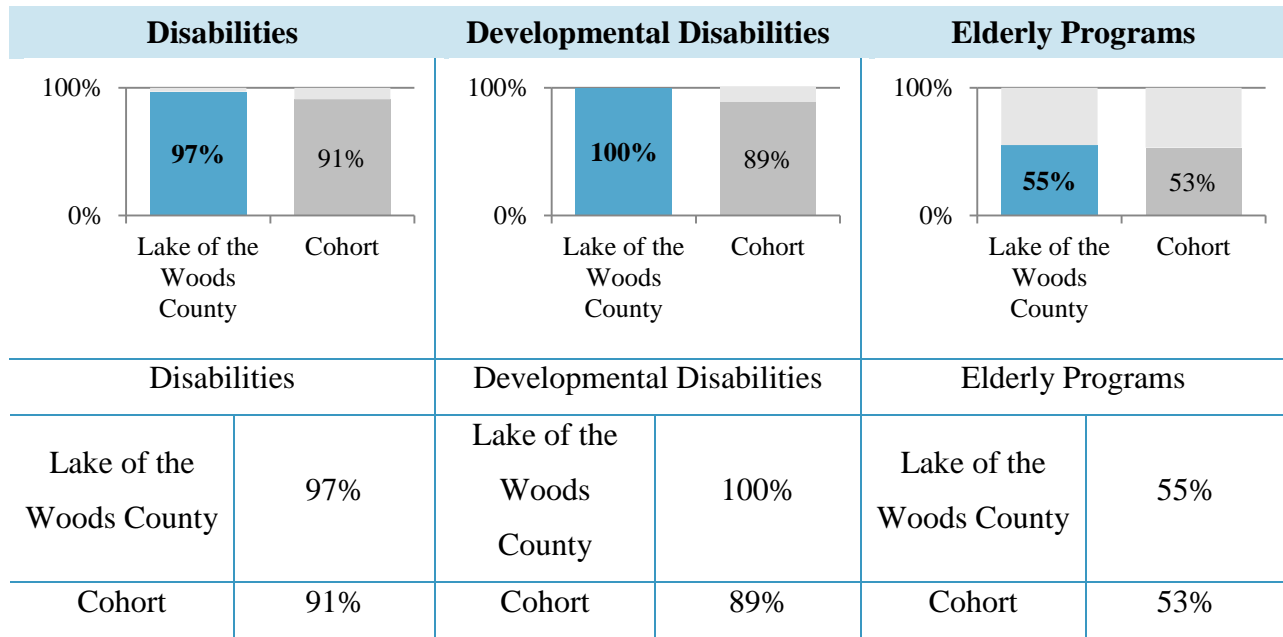
Independent Living Skills (24% vs. 16%), but a lower use of others such as Home Delivered Meals (17% vs. 27%) and Home Health Aide (3% vs. 11%). 15 percent (15%) of Lake of the Woods County's total payments for CADI services are for foster care which is lower than its cohort group (51%).

**Lake of the Woods County's use of Supportive Living Services (SLS) is slightly higher than its cohort (72% vs. 71%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a lower use of Day Training & Habilitation (36% vs. 61%). It has a higher use of Respite Care (27% vs. 20%), CDCS (9% vs. 3%), personal support (18% vs. 4%), and extended transportation (27% vs. 8%).

### **Usage of Long-Term Care Services**

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

**Percent of LTC Participants Receiving HCBS (2012)**



**In 2012, Lake of the Woods County served 31 LTC participants (persons with disabilities under the age of 65) in HCBS settings and one in institutional care.** Lake of the Woods County ranked 10<sup>th</sup> of 87 counties with 96.6 percent of their LTC participants received HCBS. This is higher than their cohort, where 91.3 percent were HCBS participants. Since 2008, Lake of the Woods County has increased its use of HCBS just slightly, rising by 0.3 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Lake of the Woods County served 15 LTC participants (persons with development disabilities) in HCBS settings and none in institutional settings.** Lake of the Woods County ranked 1<sup>st</sup> of 87 counties with 100 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.2 percent). Since 2008, the county has remained at 100 percent, while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Lake of the Woods County served 37 LTC participants (over the age of 65) in HCBS settings and 36 in institutional care.** Lake of the Woods County ranked 60<sup>th</sup> of 87 counties with 54.7 percent of LTC participants receiving HCBS. This is higher than their cohort,

where 52.9 percent were HCBS participants. Since 2008, Lake of the Woods County has increased its use of HCBS by 0.5 percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

### **Nursing Facility Usage Rates per 1000 Residents (2012)**

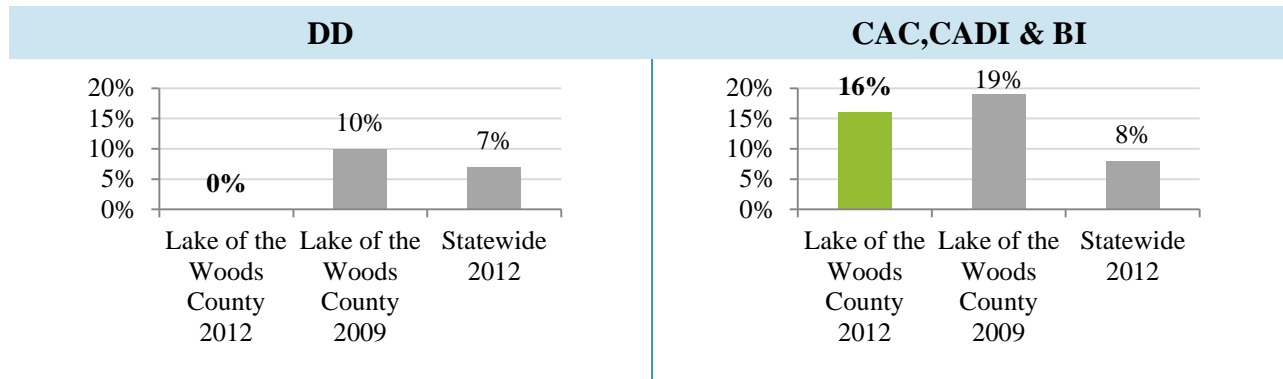
	<b>Lake of the Woods County</b>	Cohort	Statewide
Age 0-64	<b>0.30</b>	0.65	0.54
Age 65+	<b>30.90</b>	32.06	21.99
TOTAL	<b>6.28</b>	6.42	3.19

**In 2012, Lake of the Woods County was ranked 64<sup>th</sup> out of 87 counties in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is lower than its cohort, but higher than the statewide rate. Lake of the Woods County has a lower nursing facility utilization rate for people under 65 years old than their cohort and the statewide rate. Since 2010, the number of nursing home residents 65 and older has decreased by 16.7 percent in Lake of the Woods County. Overall, the number of residents in nursing facilities has decreased by 16.1 percent since 2010.

## **Managing Resources**

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

**Budget Balance Remaining at the End of the Year**



	DD	CAC, CADI, BI
Lake of the Woods County (2012)	0%	16%
Lake of the Woods County (2009)	10%	19%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Lake of the Woods County had a 0% balance at the end of calendar year 2012, which indicates the DD waiver budget did not have a reserve. Lake of the Woods County’s DD waiver balance is smaller than its balance in CY 2009 (10%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Lake of the Woods County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Lake of the Woods County had a 16% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2009 (19%).

Lake of the Woods County currently has a waitlist for the DD waiver program. Staff discuss open waiver slots at weekly meetings. They prioritize participants based on who has the highest need for services and case managers are always aware of available slots when they go out to screen participants. In addition, requests for allocation increases are also made at these weekly meetings and must be approved by the Social Services Supervisor. A case aide helps her monitor the budget using the waiver management system (WMS).

### Lead Agency Feedback on DHS Resources

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

**Table 4: Lake of the Woods County Case Manager Rankings of DHS Resources**

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	2	1	0	0
MMIS Help Desk	0	0	0	0	1
Community Based Services Manual	0	0	3	1	0
DHS website	0	1	3	1	0
E-Docs	0	0	0	0	5
Disability Linkage Line	0	0	1	0	0
Senior Linkage Line	0	0	1	1	0
Bulletins	0	0	1	3	0
Videoconference trainings	0	0	3	2	0
Webinars	0	0	4	0	0
Regional Resource Specialist	0	0	2	1	0
Listserv announcements	0	0	3	0	0

Case managers reported that E-Docs is very helpful and easy to use. However, they added that they cannot save the documents as fillable because they do not have the appropriate software. Case managers generally rated Policy Quest as being not very useful citing that they often do not receive timely responses to their questions. In addition, the supervisor added that the responses usually pertain only to larger counties and that it would be helpful to consider the size of the county when Policy Quest staff responds to county questions. One case manager has used the MMIS Help Desk and rated the usefulness as above average. The usefulness of the DHS website varied across case managers. For example, a fairly new case manager said the website is very helpful while others said that it is cumbersome and the search function can be hard to use. Some case managers also said that the Community Based Service Manual is somewhat useful while the Social Services Supervisor explained that it is not easy to access and is constantly changing.

Case managers said that they frequently use Bulletins for the DHS waiver rate setting and scored the usefulness as average to above average. The supervisor added that she really appreciates the simplicity of Secure Blue's interpretation of the bulletins. Only a few case managers have used the Disability Linkage Line and Senior Linkage Line and rated their usefulness as average to above average.

Case managers said that they like Videoconference Trainings because they have an ITV set up at the lead agency and do not have to travel. They shared that some presenters are very good while others just read off the slides instead of providing more information. Case managers said that the Regional Resource Specialist (RRS) has very technical descriptions and can be hard to understand. The Supervisor added that she has received inconsistent responses from the RRS and relies heavily on Listserv announcements for identifying policy changes.

## Lead Agency Strengths, Recommendations & Corrective Actions

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

### Lake of the Woods County Strengths

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

- **Lake of the Woods County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Lake of the Woods County received a corrective action for timeliness of assessment to care plan, current care plans, care plan signatures, documentation of choice, ICF/DD Level of Care, OBRA Level One, emergency contacts and back-up plans for CCB participants, right to appeal information and consent to release information. In 2014, Lake of the Woods County was fully compliant in these areas thus demonstrating technical improvements over time.
- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Case managers are resourceful and creative in ensuring participants receive needed services. Case managers work hard for participants and are dedicated to helping them and their families navigate systems. Case managers are in frequent contact with their HCBS waiver participants through face-to-face visits as they see participants an average of 4.6 times every 18 months across all programs.
- **Case managers collaborate well with each other and other units within Lake of the Woods County.** Case managers shared that inter-departmental collaboration is a strength of the lead agency. Case managers also said that they have good communication with adult and child protection staff, financial workers, and case aides. These strong working relationships enhance the services participants receive and help case managers effectively navigate services.

- **Lake of the Woods County staff are well-connected with providers and other organizations that serve participants.** Case managers have local ties to the community, giving them good knowledge of the community and who can provide needed services for participants. Case managers have developed close working relationships with providers and relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. In particular, case managers have strong communication with the local school districts and with nursing homes.
- **Lake of the Woods County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Lake of the Woods County has a focus on employment for participants with disabilities and has the expectation that participants will work. The lead agency is outperforming the statewide average and its cohort with 33.3% of DD waiver participants (compared to 24.1% for the cohort) and is currently performing at the same rate as its cohort for the CCB program (14.3%). Case managers have a good relationship and open communication with supportive employment providers. Lake of the Woods County created an employment package bundling the supportive employment and transportation waiver services. The lead agency uses county funds to pay for the participants' wages at the local Occupational Development Center and they use the transportation service to pay for the participants' transportation to and from work. The lead agency should continue their effort to partner with providers in this area to grow employment opportunities for waiver participants.
- **The case files reviewed in Lake of the Woods County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level forms, ICF/DD Level of Care forms, right to appeal information, care plans are current, signed and dated by participants and case managers, DD screening documents are current and signed and dated by all required parties and emergency contact information is in the file. In addition, 97% of case files included a current signed and dated informed consent to share information form, notice of privacy practices (HIPAA) and a back-up plan.



- **Lake of the Woods County has high quality care plans that include all required information.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. Care plans included 100% of nearly all required content, such as choice questions answered, all needed services outlined, and health and safety issues outlined. In addition, 97% of cases reviewed had outcomes and goals that met or exceeded the required information that is expected to be included in the care plan. Care plans also contained evidence of person-centered thinking. 100% of care plans reviewed in Lake of the Woods County included participants' preferences and names, 100% of care plans reviewed addressed participants' behavioral medical issues, and 94% of care plans reviewed had individualized and meaningful goals. In addition, of the 19 cases reviewed for participants of working age, 90% contained employment assessment documentation. The lead agency should continue to develop practices across all programs that facilitate documentation of person-centered thinking.

## Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 94% of case files reviewed included the provider name in the care plan, only 3% of cases reviewed included the annual amount allowed.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and gather participant feedback.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Specifically, visit sheets make it possible to consistently document participant progress on goals and changes to needs, monitor providers in their delivery of services, and evaluate provider performance. The lead agency should consider adopting this practice in order to assess participant satisfaction with providers, as only 50% of case files reviewed in Lake of the Woods County included documentation of participant satisfaction.
- **Lake of the Woods County may want to consider using contracted case management services to help serve participants that live out of the region and cover during staffing shortages.** Other lead agencies have found that contracted case management in these types of situations improves care oversight and is 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. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Lake of the Woods County should treat contracted case managers as their own employees by having them adhere to county practices and by maintaining a case file with current documentation of all required paperwork.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across all programs, Lake of the Woods County has achieved similar or higher rates of participants served at home than its cohort or the state. In Lake of the Woods County, 87% of CCB waiver participants are served at home (ranking 2nd out of 87 counties) and 86% of the elderly program participants are served at home (ranking 14th out of 87 counties). However, only 27% of DD waiver participants are served at home (ranking 50th out of 87 counties). To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps

such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

### Corrective Action Requirements

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

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CCB participants must have a documented face-to-face visit by the case manager two times a year. However, one of 10 CADI cases (10%) had case manager visits less frequently than required. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, two DD cases (20%) did not meet this requirement.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Lake of the Woods County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on nine cases. Lake of the Woods County submitted a completed compliance report on June 10, 2014.

## 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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	2	N / A	0	2	N / A	N / A
Screenings done on time for new participants (PR)	66%	100%	100%	0%	AC / EW, CCB	DD
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	100%	N / A	CCB	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	94%	100%	91%	90%	ALL	N / A
Inclusion of caregiver needs in care plans	75%	N / A	75%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	0%	N / A	0%	N / A	N / A	CCB
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	90%	N / A	78%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	N / A	N / A	N / A	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=2</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=2</i> )	100%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	91%	100%	91%	80%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	97%	92%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	97%	100%	100%	90%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	97%	100%	100%	90%	ALL	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=13</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	97%	100%	100%	90%	ALL	N / A
Documentation of participant satisfaction in the case file	50%	54%	55%	40%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	96%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	55%	97%	100%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	27%	93%	100%	CCB, DD	N / A
Percent of waiver participants with higher needs	N / A	31%	40%	91%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	88%	CCB	DD
Percent of waiver participants served at home	N / A	86%	87%	27%	AC / EW, CCB	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	14%	33%	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.

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

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

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

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

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

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

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

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

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

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