

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Mahnomen County**

Waiver Review Site Visit: September 2012

Report Issued: November 2012

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Mahnomen County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead 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 Mahnomen County
Case File Review	27 cases
Provider survey	8 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) 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 Mahnomen County

In September 2012, the Minnesota Department of Human Services conducted a review of Mahnomen County's Home and Community Based Services (HCBS) programs. Mahnomen County is a rural county located in northwestern Minnesota. Its county seat is located in Mahnomen, Minnesota and the County has another two cities and sixteen townships. In State Fiscal Year 2011, Mahnomen County's population was approximately 5,456 and served 149 people through the HCBS programs. In 2011, Mahnomen County had an elderly population of 14.5%, placing it 59th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Mahnomen County's elderly population, 12.5% are poor, placing it 11th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Mahnomen County Human Services Department is the lead agency for all HCBS programs and provides case management for these programs. Human Services includes all Social Services functions. They also provide care coordination for Medica and Blue Plus Managed Care Organizations (MCOs). Mahnomen County's Social Services Supervisor oversees all of the waiver programs and three case managers who manage a mix of all the waiver programs. One of the experienced case managers serves as a lead worker for the county and is relied upon heavily for her expertise, but she does not have an official lead worker position.

Norman-Mahnomen Public Health includes all Public Health functions and serves both counties. It is a separate department from Human Services. The Public Health Director oversees public

health involvement for the AC, EW, CAC, and CADI waivers and manages the one public health nurse who works with the waiver programs in Mahnomen County.

Mahnomen County completes dual initial assessments with a social worker and public health nurse for CADI, CAC, EW, and AC waivers. There are a few exceptions to this however; the Social Services Supervisor shared that due to high caseloads, it is possible that a public health nurse will complete the LTCC alone if a social worker is not available. A social worker will also perform the assessment alone for elderly participants if there are no overriding medical needs. Social Services case managers consult with Public Health frequently to ensure they have complete information about participants and are able to meet their health and safety needs. Staff shared that all workers are located in the same building, so there is a lot of informal face-to-face contact.

Average caseloads for workers range from 40 waiver cases to approximately 50 waiver cases. In Mahnomen County, the intake duties are shared amongst case managers. Therefore whichever case manager receives an intake call will complete the intake process. After the initial paperwork has been completed, the ad hoc lead worker assigns a case manager to complete the screening or assessment; this decision is based on current caseloads, case intensity, and information gathered during the phone intake.

Working Across the Lead Agency

Mahnomen County has a lead financial worker who assigns waiver cases to the financial workers. Financial workers are in the same building as the case managers. County staff shared that the system and timing works well, but sometimes staff become overwhelmed with complex cases.

Waiver participants with a Serious and Persistent Mental Illness (SPMI) have two case managers: a waiver case manager and a SPMI Rule 79 case manager. There is informal communication between the waiver case manager and the mental health case manager, and these case managers perform dual visits together when possible. Child protection workers also manage adult protection cases; case managers shared that there are challenges with this process because

the child protection workers are too busy to take on the extra responsibility of adult protection. Case managers have informal communication with adult and child protection workers as needed. If a waiver participant needs adult protection or child protection services, their waiver case manager does not complete the investigation. Instead, a separate social worker completes the investigation to keep good relationships between the waiver case manager and participant.

The County Board approves all provider contracts. The information Social Services presents to the Board include positive or negative provider feedback and monthly enrollment numbers. The Social Services Supervisor shared that the Board is supportive of programs and gets positive reviews from the community. Currently, the Human Services Director position is vacant and the County Board Chair is the acting director.

Health and Safety

In the Quality Assurance survey, Mahnomen 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 good, open communication with case managers and well trained and knowledgeable case managers as county strengths. County staff shared that case managers care about their participants and their families and develop close relationships with them.

In order to stay current, the Social Services Supervisor stated that staff attend trainings provided by DHS and others organizations on relevant topics; MCOs have a lot of trainings so often one staff member will attend and bring back information to share with other staff. Social Services holds a monthly staff meeting for all of its social workers, and the supervisor also attends. Case managers find it difficult to keep up with policy changes. Case managers noted Mahnomen County lacks a formal training program for new waiver case managers. They also noted that having to manage several programs at once is a challenge.

Service Development and Gaps

Mahnomen County staff noted that, due to being a rural county, a challenge they face is the limited choice of providers. Staff noted that there are very few choices for supportive living services, and the county currently does not have PCA or homemaking services available. Providers responding to the survey identified service options for participant residing in their own homes and support for informal caregivers as urgent areas of unmet consumer service needs.

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.

Mahnomen County Case Manager Rankings of Local Agency Relationships

	Count of Ratings for Each Agency		
	Below Average	Average	Above Average
Nursing Homes	1	3	0
Schools (IEIC or CTIC)	0	2	0
Advocacy Organizations	0	2	0
Hospitals (in and out of county)	0	3	0
Area Agency on Aging	0	0	2
In-county Employment Providers (DT&H, Supported Employment)	3	0	0
Out-of-county Employment Providers (DT&H, Supported Employment)	3 in	0	3
Residential Providers (CL, SLS)	0	3	0
Foster Care (Corporate/Family)	0	1	1
Home Health Care Agencies	0	2	1
Public Health programs for Seniors	0	0	3

Mahnomen County staff noted that they receive updates from providers when medical issues arise. DD vocational and supportive living services providers provide reports to the agency regarding participants and licensed providers complete incident reports when necessary. The county has tried to implement vendor surveys to rate their satisfaction with county services. County staff shared that they will get verbal complaints from elderly participants when they are not happy with services. County staff indicated that depending on the type of complaint, the licensing worker, case manager, or both will investigate. The county does not currently provide information to providers about the waiver programs.

In the focus group, county staff shared that a DD case manager attends Individual Education Planning (IEP) meetings. Mahnomen County does not have a Community Transition Interagency Committee (CTIC). Case managers rated customized living providers as “average” in the focus group, noting that customized living staff do not always know how to navigate the system. Case managers said they do not get information from hospitals in a timely manner.

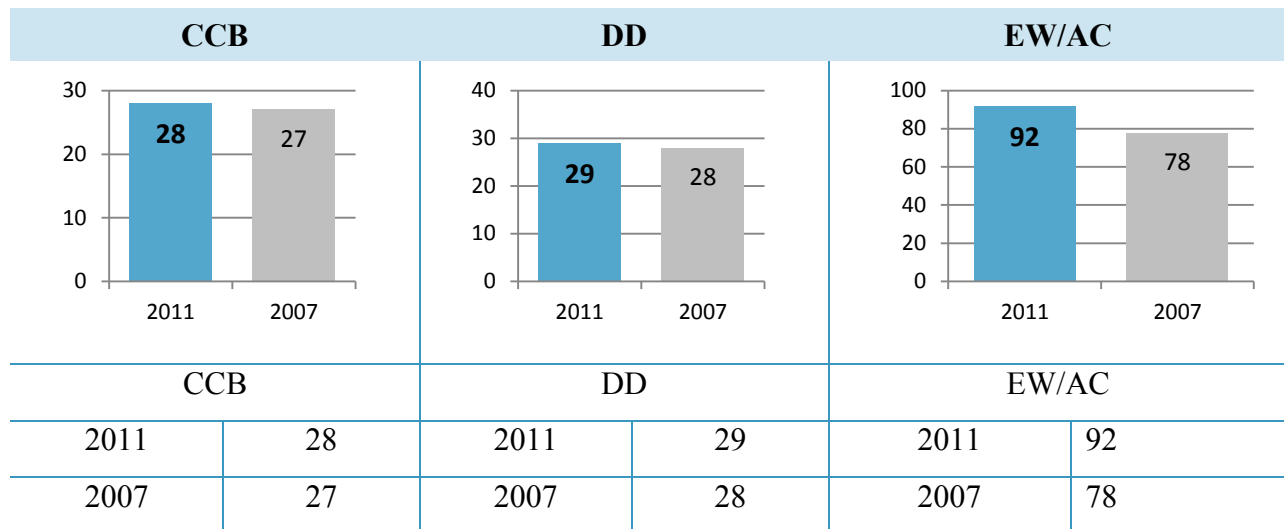
Case managers stated that one of the vocational rehabilitation centers is very willing work as a member of the team. They will conduct vocational assessments, and assist with placements.

Case managers said they have used the ARC in Bemidji for services and shared that they are helpful with referrals. Additionally, case managers shared that the Options Interstate Resource Center for Independent Living in Crookston gives useful recommendations. They also mentioned that their local Area Agency on Aging, The Land of the Dancing Sky, is very knowledgeable and helpful.

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 Mahnomen County (2007 & 2011)



Since 2007, the number of persons served in the EW/AC program in Mahnomen County has increased by 14 people (17.9%), from 78 people in 2007 to 92 people in 2011. Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants (those with case mixes A and L). Mahnomen County served 10 fewer lower needs participants in 2011 than in 2007. In addition, case mixes B and D grew significantly (7 and 10 people each) As a result, Mahnomen County is serving 24 additional higher need people than they did in 2007.

Since 2007, the total number of persons served in the CCB Waiver program in Mahnomen County has increased by 1 participant (3.7%); from 27 in 2007 to 28 in 2011. Most of this growth occurred in the case mix B, which grew by five people. Additionally, case mix A declined by five people. As a result, Mahnomen County is serving a higher proportion of people with high needs.

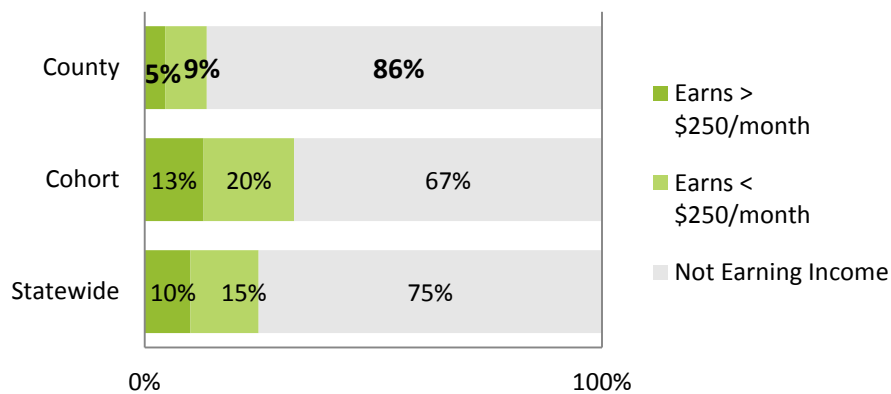
Since 2007, the number of persons served with the DD waiver in Mahnomen County increased by one participant, from 28 in 2007 to 29 in 2011. In Mahnomen, the DD waiver program is growing more slowly than in the cohort as a whole. While Mahnomen County experienced a 3.6% increase in the number of persons served from 2007-2011, its cohort had an 8.5% increase in number of persons served. In Mahnomen County, the profile groups 1 and 2

each increased by one person. In the cohort, profile group 3 increased the most. Mahnomen County serves a slightly larger proportion of persons in profile groups 1 and 2 (46.2%) 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 Earned Income from Employment (2011)



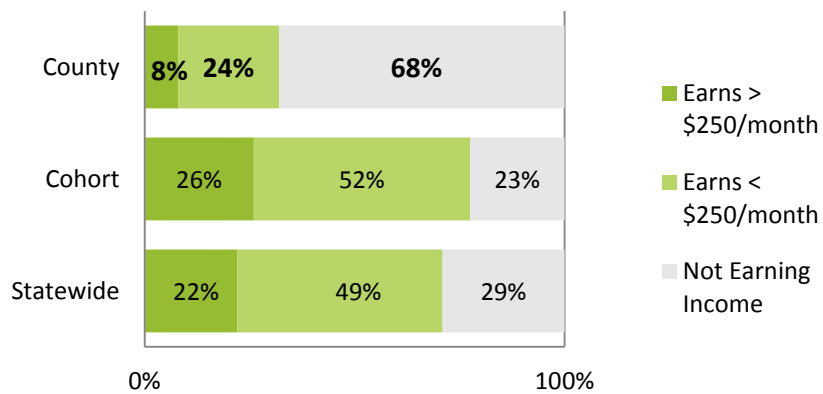
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Mahnomen County	5%	9%	86%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Mahnomen County served 22 working age (22-64 years old) CCB participants. Of working age participants, 13.6% had earned income, compared to 32.7% of the cohort's working age participants. Mahnomen ranked 82nd of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Mahnomen County, 4.5% of the participants

earned \$250 or more per month, compared to 12.9% of its cohort's participants. 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 Mahnomen County increased from 21 to 22 people. Over the same time period, the percentage of those participants with earned income increased from 4.8% to 13.6%. 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%.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Mahnomen County	8%	24%	68%
Cohort	26%	52%	23%
Statewide	22%	49%	29%

In 2011, Mahnomen County served 25 DD waiver participants of working age (22-64 years old). The county ranked 86th in the state for working-age participants earning more than \$250 per month. In Mahnomen County, 8.0% of working age participants earned over \$250 per month, while 26.0% of working age participants in the cohort as a whole did. Also, 32.0% of working age DD waiver participants in Mahnomen County had some earned income, while 77.5% of

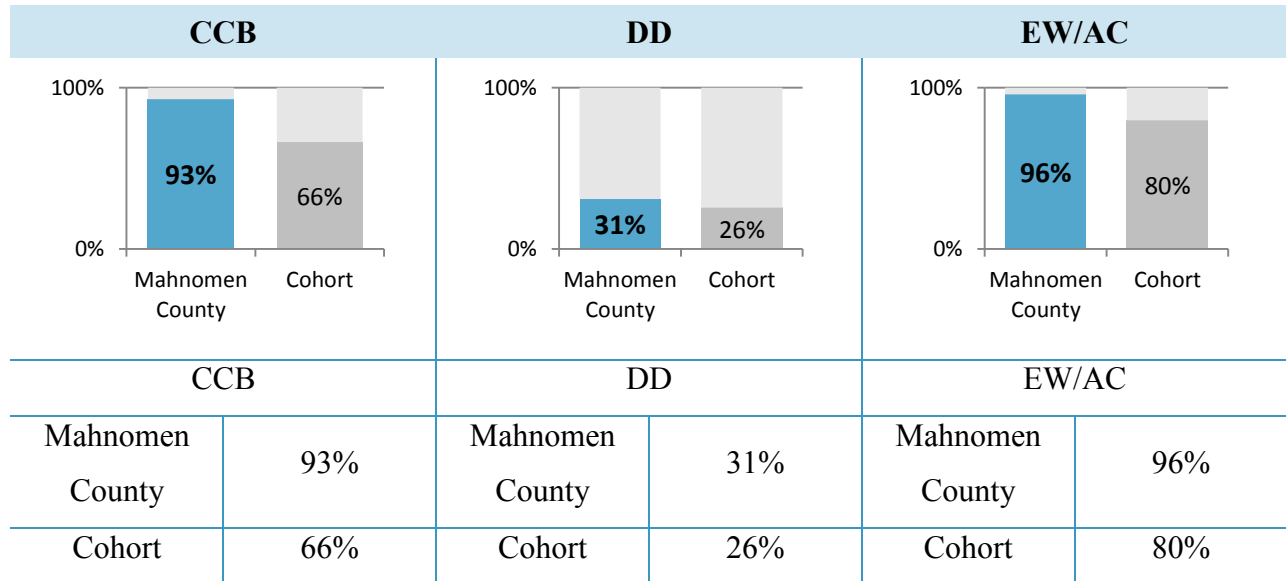
participants in the cohort did. Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

From 2007-2011, Mahnomen County's percentage of working-age DD waiver participants with earned income remained stable at 32.0%. In comparison, the percentage of working age participants with earned income in the cohort increased slightly from 75.6% to 77.5%. Statewide, there was a modest increase in the number of participants with earnings; from 71.1% to 71.3% over the same time period.

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)



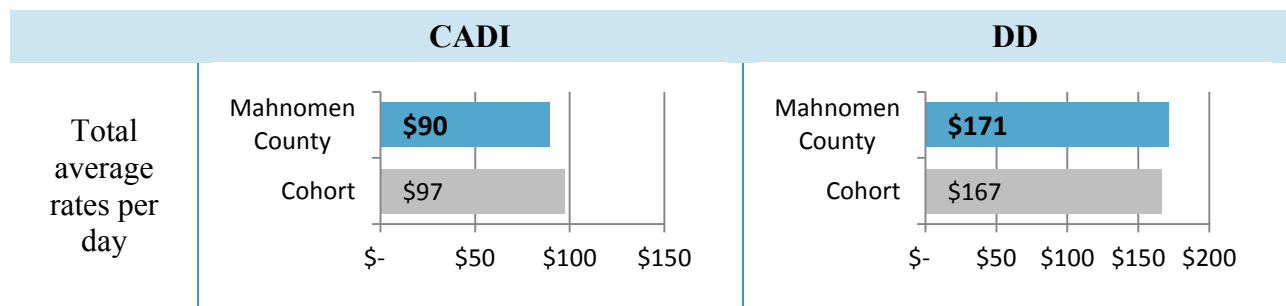
Mahnomen County ranks 1st out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 28 people on the CCB waivers. Of those 28 people, 26 participants were served at home. Since 2007, the percentage of people

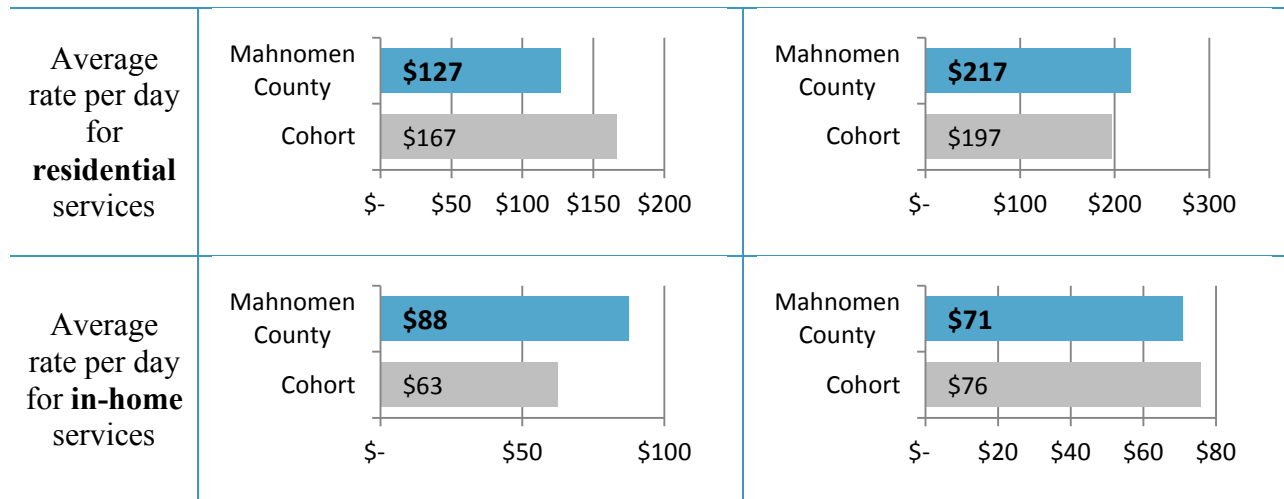
served at home has been consistently high. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 92.9% of CCB participants in Mahnomen County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Mahnomen County ranks 32nd out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 30 participants. Of those 30 people, nine participants were served at home. Between 2007 and 2011, the percentage increased by 9.6 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling by only 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%.

Mahnomen County ranks 3rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 92 people on the EW/AC programs. Of those 92 people, 88 participants were served at home. Between 2007 and 2011, the percentage remained fairly stable; increasing by 0.8 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. In FY11, 75.4% of EW/AC participants were served in their homes statewide. Mahnomen County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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





Average Rates per day for CADI services (2011)

	Mahnomen County	Cohort
Total average rates per day	\$89.69	\$97.17
Average rate per day for residential services	\$127.21	\$166.64
Average rate per day for in-home services	\$87.54	\$62.58

Average Rates per day for DD services (2011)

	Mahnomen County	Cohort
Total average rates per day	\$171.44	\$166.61
Average rate per day for residential services	\$216.95	\$197.28
Average rate per day for in-home services	\$70.90	\$75.80

The average cost per day for CADI waiver participants in Mahnomen County is \$7.48 (7.7%) less per day than that of their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Mahnomen spends \$39.43 (23.7%) less on residential services and \$24.96 (39.9%) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Mahnomen County ranks 27th 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 Mahnomen County increased by \$1.90 (2.2%), from \$87.79 to \$89.69. In comparison, the average cost per day in the cohort increased by \$22.11 (29.5%), from \$75.06 to \$97.17. Similarly, the statewide average cost increased by \$23.16 (29.9%) over the same time period, from \$77.36 to \$100.52.

The average cost per day for DD waiver participants in Mahnomen County is \$4.83 (2.9%) higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Mahnomen spends \$19.67 (10.0%) more on residential services but \$4.90 (6.5%) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Mahnomen County ranks 37th 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 Mahnomen County decreased by \$4.07 (2.3%); from \$175.51 to \$171.44. In comparison, the average cost per day in the cohort increased by \$6.76 (4.2%), from \$159.85 to \$166.61. Similarly, the statewide average cost increased by \$8.00 (4.4%) over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, the cost per day has decreased in Mahnomen 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.

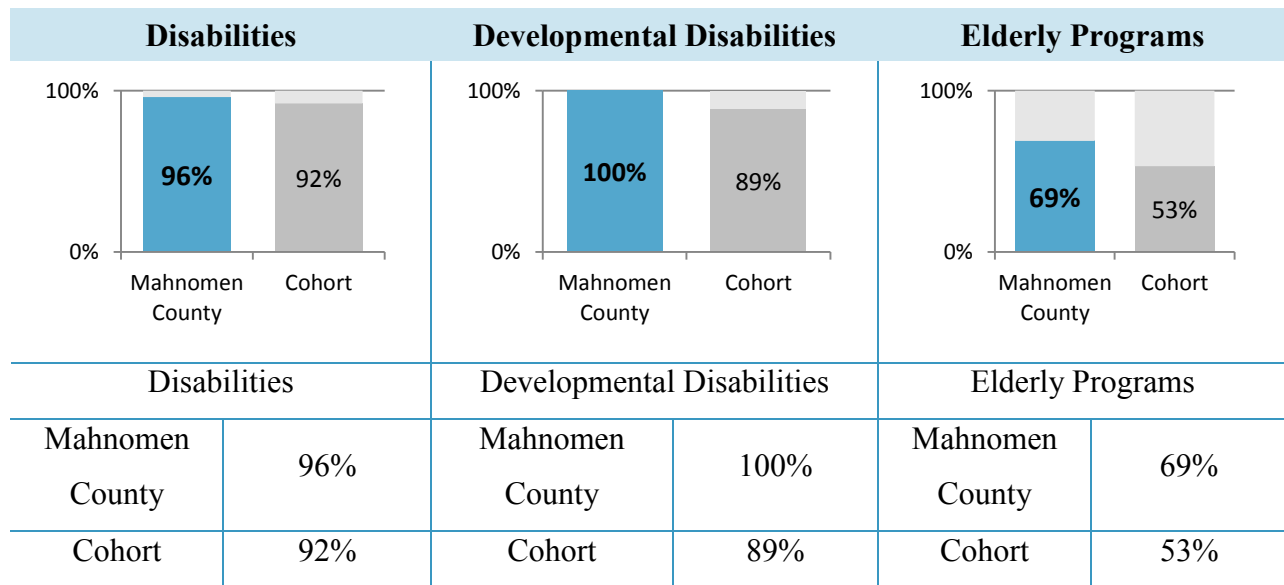
Mahnomen County has notably lower use in the CADI program than its cohort of residential based services (Foster Care (3% vs. 25%) and Customized Living (0% vs. 6%)). Seven percent of Mahnomen County's total payments for CADI services are for residential services (7% foster care), which is lower than its cohort group (48%). It also has a lower use of employment related services (Prevocational Services (0% vs. 8%) and Supported Employment Services (0% vs. 12%)). Conversely, they have higher use of in-home services (Home Delivered Meals (50% vs. 25%) and Homemaker (57% vs. 32%)). Because Mahnomen County has few CADI participants receiving residential based services, data is only available for one participant, and it indicates that the county's monthly family foster care rates are similar to its cohort (\$3,433.69 vs. \$3,593.20 per month).

Mahnomen County’s use of Supportive Living Services (SLS) (66%) is the lower its cohort (74%) 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. Its monthly corporate SLS rates (\$5,374.33 vs. \$3,434.48 per month) and monthly family SLS rates (\$5,629.71 vs. \$3,460.80) are notably higher than its cohort. The county’s use of other non-residential services, such as Respite Services (23% vs. 18%) and Homemaker (20% vs. 2%) are higher than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Recipients Receiving HCBS (2011)



In 2011, Mahnomen County served 189 long-term care (LTC) participants (persons with disabilities under the age of 65) in HCBS settings and 10 in institutional care. Mahnomen County ranked 23rd of 87 counties in the percent of LTC participants receiving HCBS; 96.0% of their LTC recipients received HCBS. This is higher than their cohort, where 92.1% were HCBS

participants. Since 2007, Mahnomen County has increased its use of HCBS by 10.3 percentage points. Statewide, 94.0% of LTC participants received HCBS in 2011.

In 2011, Mahnomen County served 31 long-term care (LTC) participants (persons with developmental disabilities) in HCBS settings and none in institutional settings. Mahnomen County ranked 1st of 87 counties in the percentage of LTC participants receiving HCBS with 100% of its LTC participants receiving HCBS; a higher rate than its cohort (88.9%). Mahnomen County has had a consistently high rate of HCBS use. Since 2007, the county has maintained a rate of 100%. Statewide, 91.6% of LTC participants received HCBS in 2011.

In 2011, Mahnomen County served 96 elderly long-term care (LTC) participants (over the age of 65) in HCBS settings and 47 in institutional care. Mahnomen County ranked 19th of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 68.8% received HCBS. This is higher than their cohort, where 53.2% were HCBS participants. Since 2007, Mahnomen County has increased its use of HCBS by 8.8 percentage points, while their cohort has increased by 5.3 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Mahnomen County	Cohort	Statewide
Age 0-64	1.11	0.53	0.47
Age 65+	47.18	33.43	23.11
TOTAL	7.80	6.53	3.24

In 2011, Mahnomen County was ranked 74th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Also, Mahnomen County has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents

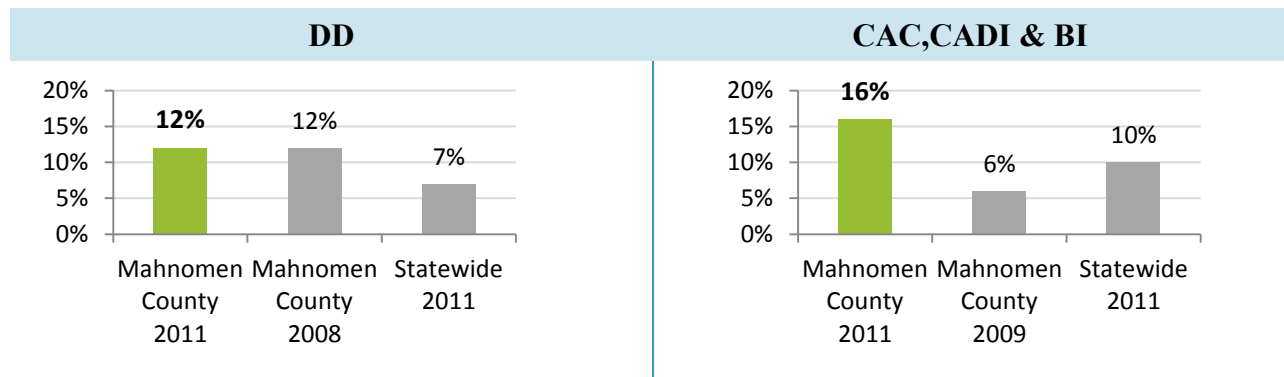
65 and older has stayed the same in Mahnomen County. Overall, the number of residents in nursing facilities has decreased by 4.7% since 2009.

Case managers shared that they often find out directly from participants if they are admitted to or discharged from the nursing home. They also said nursing homes are very busy which may cause screenings to be done last minute. There is only one nursing facility within Mahnomen County.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Mahnomen County (2011)	12%	16%
Mahnomen County (2008 or 2009)	12%	6%
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, Mahnomen County had a 12% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Mahnomen County's DD waiver balance is the same as its balance in CY 2008 (12%), and larger than the statewide average (7%).

At the end of state fiscal year 2011, the CCB waiver budget had a reserve. Mahnomen 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, Mahnomen County had a 16% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), and larger than the balance in FY 2009 (6%).

Mahnomen County is a member of the Northwest Eight Regional Alliance, which also includes Polk, Pennington, Kittson, Marshall, Red Lake, Roseau, and Norman Counties. Counties receive their own allocations and manage their own budgets, but petition the Alliance for more funds if there is a need. As a member of the Alliance, the county receives their own allocation that stays with them under the Waiver Management System. County staff noted that this process works well to provide a cushion for the county and as a result, the county has been fortunate enough to not have to make any tough decisions regarding their participants. The county does not currently have a waitlist for any waiver programs.

One case manager manages allocations using the Waiver Management System. However, because she does not attend the Alliance meetings, she does not always have the most up to date information. The Social Services Supervisor will also run simulations in WMS as needed. When there is a need for more funding for a participant, case managers discuss the need with the Social Services Supervisor regarding which services are least restrictive and which services are available.

County Feedback on DHS Resources

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

Mahnomen County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

Count of Ratings for Each Resource	1
	2
	3+

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

The Social Services Supervisor commented that case managers use Policy Quest when they do not know an answer; this seems to work, but can take some time. However, case managers said that Policy Quest is not very useful because it is not easily searchable. County staff said that the Help Desk is used often, and they receive prompt e-mail responses from the Help Desk. Case managers said the Disabilities Service Program Manual is a lifeline, but they find it hard to find specific information and examples. They also added that they have difficulty finding information on the DHS website. Case managers noted that the Disability Linkage Line and the Senior Linkage Line are helpful.

Case managers said that they find it frustrating when Bulletins expire; they would like to have additional years of archives of these materials available online. County staff shared that while they are an ITV site, they still usually have to drive somewhere else to attend the video conference. Case managers find that videoconference trainings are not always useful, as there is a lot of repetition of the material in the presentations. County staff were in agreement that webinars and videoconferences are not a replacement for interaction or consultation that takes place during a face-to-face training.

County staff shared that their Regional Resource Specialist is helpful for clarifying details they are unsure of, and points them in the right direction to get questions answered. The Social Services Supervisor added that the Regional Resource Specialist calls back promptly and either answers questions or refers them to someone else at DHS. Case managers said they need the Listserv announcements to stay up-to-date on recent changes. Case managers find that MinnesotaHelp.info is useful for finding resources in other communities. County staff agreed that they have a good relationship with their Ombudsmen and that they are helpful and a good source of information.

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.

Mahnomen County Strengths

The following findings focus on Mahnomen 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.

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

During the previous review in 2006, Mahnomen County received a corrective action for the following items being out of compliance: emergency contact information and back-up plans for CCB participants, ICF/DD form, and OBRA Level One form. In addition, Mahnomen was cited for not designating separate roles for the case manager and legal representative for public guardianship cases and for having providers sign the DD screening documents. In 2012, none of these issues remain for Mahnomen County, indicating technical improvements over time.

- **Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need.**

Case managers are in frequent contact with participants. All (100%) of participants reviewed were seen at the frequency required by their waiver plan; many were seen more often than required with three to four face-to-face visits a year. Case managers are resourceful and creative in providing services. They are experienced and they work well together and with Public Health and financial workers; this gives them ability to navigate across agency to provide seamless services for participants.

- **Care planning in Mahnomen County is thorough and person-centered.**

Because the care plan is the only document that the participant receives, it is important that it provides the participant with information about his/her needs and which services will address those needs. Care plans reviewed outlined health and safety issues of the participant, included back up plans and emergency contact information when required, were current and completed in accordance with required timelines, and outlined all needed services to be provided. In addition, all care plans of students included information about the students IEP, and most care plans included relevant health and behavioral information (89%) and were written using

participant-friendly language (85%). Many (78%) also include individualized and meaningful participant goals.

- **Multiple sources of data indicate that Mahnomen County staff is well-connected with providers and other organizations that serve participants.** Mahnomen County case managers have made connections with staff at hospitals, nursing homes, schools, vocational rehab providers, and other agencies that serve participants. Case managers have good knowledge of the community and who can provide needed services for participants. They have deliberately built strong relationships with providers over time. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met.
- **Mahnomen County has the capacity to serve waiver participants in the community and serves many participants at home.** Across programs, Mahnomen County has a higher proportion of LTC participants receiving services in the community than in institutions compared to its cohort and the statewide averages. Mahnomen County ranks 1st in the developmental disabilities programs, 19th in the elderly programs and 23rd in the disability programs in the proportion of LTC participants receiving HCBS services. Additionally, the county serves a greater proportion of HCBS participants in the CCB and EW/AC waiver programs at home than in residential based services when compared to its cohort and the statewide average. In 2011, the county ranked 1st out of 87 counties in the percentage CCB program participants served at home (93%) and it ranked 3rd out of 87 counties in the percentage of EW/AC program participants served at home (96%).
- **Mahnomen County's participation in the Northwest 8 Alliance helps them meet needs and manage risks.** The county does not currently have a waitlist, and the alliance allows Mahnomen County to spend more of the HCBS budget while being protected in the event of high cost participants. Participating in the alliance has helped lay the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.
- **Mahnomen County includes visit sheets in DD case files and has a practice of documenting participant satisfaction in these files.** Face-to-face contact with participants

was well-documented in the case notes and included detailed information about the participant. One hundred percent (100%) of DD cases reviewed documented issues or life events to better understand the participant's situation. In addition, eighty-eight percent (88%) of all DD cases reviewed specifically document participant satisfaction in the case files.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Mahnomen County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Mahnomen 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 creating a formal lead worker staff position 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. The lead worker would also help train and mentor new staff, and would provide support for the Social Services Supervisor, who works across multiple complex DHS programs.
- **Consider contracted case management services to serve participants that live out of the county or region, and to cover during staffing shortages.** Counties 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. In such cases, Mahnomen 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.

- **Develop higher wage, community-based employment opportunities for participants with disabilities and developmental disabilities.** Mahnomen County has lower rates than its cohorts in the percentage of working age participants earning income in both DD and CCB programs. Mahnomen County ranked 82nd out of 87 counties in the percent of CCB waiver participants earning more than \$250 per month and the County ranked 86th in the state for working-age participants in the DD program earning more than \$250 per month. A renewed focus on employment will help the County bring its CCB and DD employment levels up. When developing services, work across programs to ensure programs can be accessed by all participants regardless of the program and focus on developing community-based employment opportunities that tend to result in higher wages for participants. Consider working with Mahnomen County's neighboring counties to increase purchasing power for these services.
- **Consider strategies for streamlining six-month reassessment visits.** Instead of completing full reassessments for all LTC participants every six months, the county may want to focus on monitoring provider performance, participant satisfaction, and participant progress towards goals with a structured visit sheet which can be kept in the participant's case file to document the visit. Mahnomen County could modify their existing visit sheet used in the DD waiver program for this purpose, and apply this practice to all programs. The visit sheets can also document changes in participants' needs, and if substantial changes have occurred, then the reassessment should be completed. The county should also request progress reports as a way to monitor provider performance.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB and Elderly programs occur within 20 days of referral, and that DD screenings occur within 90 days of referral.** As of August 1, 2012, MN Statute 256b.0911 requires that LTCC assessments be conducted within 20 days of the request. Thirty-three percent (33%) or two out of six assessments for new CAC, CADI and BI participants and 50% or one of two screenings for new EW and AC participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **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. One out of eight EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of one CAC case, three out of eight CADI cases, and four out of eight EW 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, four out of eight EW cases and one out of eight DD 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.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Mahnomen 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 16 cases. All items are to be corrected by November 13, 2012 and verification submitted to the Waiver Review Team to document full compliance. Mahnomen County submitted a completed compliance report on October 3, 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	0	N / A	0	0	N / A	N / A
2	Screenings done on time for new participants (PR)	38%	50%	33%	N / A	N / A	AC / EW, CCB
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	100%	N / A	CCB	N / A
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC/EW n=10	CCB n=9	DD n=8	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	79%	60%	100%	N / A	CCB	AC / EW
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)		ALL	AC/EW n=10	CCB n=9	DD n=8	Strength	Challenge
6	Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
7	All needed services to be provided in care plan (PR)	93%	80%	100%	100%	CCB, DD	N / A
8	Choice questions answered in care plan (PR)	89%	90%	78%	100%	AC / EW, DD	N / A
9	Participant needs identified in care plan (PR)	70%	80%	33%	100%	DD	CCB
10	Inclusion of caregiver needs in care plans	57%	0%	50%	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)	100%	N / A	N / A	100%	DD	N / A
15	CAC Form completed and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES		ALL	AC/EW	CCB	DD	Strength	Challenge
16	Case managers provide oversight to providers on a systematic basis most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
17	LA recruits service providers to address gaps most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
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=8)	75%	N / A	N / A	N / A	N / A	N / A

	PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC/EW	CCB	DD	Strength	Challenge
20	Providers submit monitoring reports to the LA (Provider survey, n=8)	38%	N / A	N / A	N / A	N / A	N / A
	PARTICIPANT SAFEGUARDS	ALL	AC/EW n=10	CCB n=9	DD n=8	Strength	Challenge
21	Participants have a face-to-face visit at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
22	Health and safety issues outlined in care plan (PR)	96%	100%	89%	100%	AC / EW, DD	N / A
23	Back-up plan (PR for CCB only)	82%	90%	100%	50%	AC / EW, CCB	N / A
24	Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
	PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC/EW n=10	CCB n=9	DD n=8	Strength	Challenge
25	Informed consent documentation in the case file (PR)	93%	90%	100%	88%	AC / EW, CCB	N / A
26	Person Informed of right to appeal documentation in the case file (PR)	48%	20%	34%	100%	DD	AC / EW, CCB
27	Person Informed privacy practice (HIPAA) documentation in the case file (PR)	78%	60%	89%	88%	N / A	AC / EW
	PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC/EW n=10	CCB n=9	DD n=8	Strength	Challenge
28	Participant outcomes & goals stated in individual care plan (PR)	93%	90%	100%	88%	AC / EW, CCB	N / A
29	Documentation of participant satisfaction in the case file	52%	20%	56%	88%	N / A	AC / EW, CCB

	SYSTEM PERFORMANCE	ALL	AC/EW	CCB	DD	Strength	Challenge
30	Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	N / A	N / A	N / A	ALL	N / A
31	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
32	Percent of LTC recipients receiving HCBS	N / A	69%	96%	100%	ALL	N / A
33	Percent of LTC funds spent on HCBS	N / A	49%	91%	100%	ALL	N / A
34	Percent of waiver participants with higher needs	N / A	41%	64%	76%	AC / EW	CCB
35	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
36	Percent of waiver participants served at home	N / A	96%	93%	31%	ALL	N / A
37	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	5%	8%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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.