

Minnesota Department of Human Services Waiver Review Initiative

Report for: **McLeod County**

Waiver Review Site Visit: March 2014

Report Issued: May 2014

Contents

Contents 2

Acknowledgements 3

About the Waiver Review Initiative 4

About McLeod County 5

 Working Across the Lead Agency 6

 Health and Safety 8

 Service Development and Gaps 8

 Community and Provider Relationships/Monitoring 9

Capacity 12

Value 13

Sustainability 14

Usage of Long-Term Care Services 19

Managing Resources 21

Lead Agency Feedback on DHS Resources 23

Lead Agency Strengths, Recommendations & Corrective Actions 25

 McLeod County Strengths 25

 Recommendations 27

 Corrective Action Requirements 29

Waiver Review Performance Indicator Dashboard 31

Attachment A: Glossary of Key Terms 35

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 McLeod 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 \$3.6 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 McLeod County
Case File Review	53 cases
Provider survey	11 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 11 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 McLeod County

In March 2014, the Minnesota Department of Human Services conducted a review of McLeod County's Home and Community Based Services (HCBS) programs. McLeod County is a rural county located in south central Minnesota. Its county seat is located in Glencoe, Minnesota and the County has another eight cities and fourteen townships. In State Fiscal Year 2012, McLeod County's population was approximately 36,104 and served 476 people through the HCBS programs. According to the 2010 Census Data, McLeod County had an elderly population of 13.5%, placing it 64th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of McLeod County's elderly population, 7.3% are poor, placing it 71st (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

McLeod County Social Services is the lead agency for the HCBS waiver programs. The lead agency serves as a contracted care coordinator for the Managed Care Organization (MCO) PrimeWest Health. At the time of the review, McLeod County was in the process of hiring several staff and restructuring some of their management of the waiver programs.

McLeod County has one Social Services Supervisor who currently oversees the management of all of the waiver programs. There are 12 case managers and two support staff in Social Services who work with the waivers. Three case managers primarily manage CAC, CADI, and BI cases and two of the three also manage AC cases. Five case managers primarily manage DD cases, and four currently manage all of the EW cases. Social Services case managers have average caseloads of about 50 cases. However Social Services EW case managers have 90 to 100 cases on their caseloads which are co-case managed with public health. McLeod County Public Health

is currently transitioning to assume full responsibility for the management of all PrimeWest Health EW cases.

The lead agency has one Public Health Supervisor who currently oversees six full-time public health nurses who provide co-case management and assessments for EW, CAC, CADI, and BI cases, and two public health nurses who provide case management for SNBC cases. Public Health case managers have caseloads of about 60 cases; the Public Health Supervisor also has a small caseload as well. Public Health currently has three part-time support staff who provide assistance to case managers. After assuming responsibility of the managed care EW cases, Public Health plans to restructure and have eight public health nurses, one social worker, and two full-time office support staff.

Intake for the waiver programs goes through Social Services and is overseen by the Social Services Supervisor. Currently all Social Services staff rotate intake responsibilities on a daily basis, but the lead agency is transitioning the process to have two support staff responsible for intake with one social worker serving as back up. In preparation for MnCHOICES, McLeod County is planning on having three case managers work mainly as assessors. The lead agency currently conducts dual assessments for CADI, CAC, and DD cases where participants have high medical needs. They also have completed dual assessments for EW cases but are switching to the single assessor model.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is the amount of teamwork across different departments and teams. Social Services case managers often consult with Public Health nurses on cases for participants with high medical needs. CAC cases, for example, are often dually case managed to draw upon the expertise of both case managers. Public Health and Social Services also share their electronic calendars with one another which help in planning visits to participants.

McLeod County financial workers are located in the same building as Social Services and Public Health. Case manager communicate with financial workers through e-mail and telephone

conversations and also use formal financial communication forms. They also attend team meetings to discuss the communication process. Financial workers and case managers are in frequent contact with one another regarding Medical Assistance (MA) eligibility. Staff stated that they are currently working on reducing the time it takes financial workers and case managers to connect in cases where a participant's MA eligibility is ending.

Adult protection is supervised by the Social Services Supervisor. The three case managers who work with CAC, CADI, and BI cases currently have adult protection responsibilities. If one of their waiver cases were to have an adult protection report made, the investigation is completed by a different case manager. The case manager also involves a public health nurse when necessary. The lead agency is changing this process as well; after the transition, licensing staff and one of the assessors will take over adult protection responsibilities.

Child protection is located in a separate building. Case managers shared that this sometimes creates challenges with communication between the two departments. Waiver case managers do not have access to child protection information. Case managers are working to strengthen this relationship by sharing their reference guide with child protection workers on a regular basis to help them understand the waiver process. If a report is made on one of their cases, case managers attend meetings with the child protection worker assigned to the case.

McLeod County has a separate Mental Health Unit. In cases where a participant on the waiver and is also eligible for Rule 79 Targeted Mental Health Case Management, they have two case managers and separate care plans. The waiver case manager and mental health case manager try to coordinate as much as possible to limit duplication of their efforts. They work very closely, problem solve with one another, and go on visits together. The mental health case manager works on goals related to the participant's mental health and focuses on therapy and socialization while waiver case management role is very service-oriented.

The Public Health Director and Social Services Director have most of the interaction with the McLeod County Board. They participate in meetings and report on the status of waiver budgets. Supervisors are also sometimes asked to present at the board meetings. The Social Services Supervisor submits a paper report on the waivers once a year and does presentations on new

policy changes that affect the waiver programs. Two of the board members are also on the Public Health Advisory Council along with staff from Public Health Department. The council meets monthly and lead agency staff keep them updated on any changes. Overall, staff shared that the county board is supportive of the work they are doing and understand what they are trying to accomplish. The Board is also working with the county to help them create an efficient process to make the most of their budget.

Health and Safety

In the Quality Assurance survey, McLeod 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 case managers are responsive to changes in consumer needs. They said that McLeod County case managers are well-trained and knowledgeable. They also said the lead agency responds to questions or inquiries from providers and waiver participants.

Staff shared that the constantly changing waiver programs present significant challenges for case managers. The lead agency has increased the frequency of smaller team meetings in addition to meeting monthly as an entire unit, and staff shared that this has strengthened relationships among case managers.

Case managers utilize bulletins, listervs, and videoconference trainings to keep up with program and policy changes. Staff also meets with the Regional Resource Specialist fairly regularly. Public Health staff attend monthly PrimeWest Health trainings. The lead agency has an orientation training process in place for new staff. Staff attend Minnesota Social Service Association (MSSA) conference and have a process to share trainings and present information they learn at staff meetings.

Service Development and Gaps

Overall, staff from the lead agency reported being satisfied with provider performance and relationships. However, they shared that there are some significant service gaps in certain areas.

Case managers said that services are limited for DD participants, particularly for those on the autism spectrum and who have high needs. They shared that transportation, psychiatry, and PCA services are also limited. They stated that it is difficult to find vocational services for participants who have special needs, sharing that the local day training and habilitation center is usually full. They added that affordable housing is another significant gap and that they would like to have apartments where participants can live independently and have service providers come into their own homes. Overall, case managers said they have trouble finding providers for participants with high physical and behavioral needs.

Providers responding to the provider survey said that transportation is one of the biggest service gaps. Lead agency staff shared that they occasionally use volunteer drivers. McLeod County shared that they work with providers to address service gaps and have met with providers to discuss development of services as Supportive Living Services and Adult Day Care.

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.

McLeod County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Facility	0	5	2
Schools (IEIC or CTIC)	0	3	1
Public Health programs for Seniors	0	4	3
Hospitals (in and out of county)	0	4	6
Area Agency on Aging	0	4	3
Customized Living Providers	0	8	0
Foster Care Providers (Corporate and Family)	0	6	1
Home Care Providers	0	3	7
Employment Providers (DT&H, Supported Employment)	0	4	2
Community Mental Health Center	1	6	1

Case managers shared that they know most of their providers by name and that the referral process is very efficient as a result. Staff said that although the lead agency's licensing department does not currently do consumer surveys, they will be having fewer responsibilities in the future which will allow them to have more time for provider monitoring activities.

Case managers said that their working relationships with the different nursing facilities vary. They highlighted one nursing facility in the area that is very good and has helped set up services for waiver participants. While some of these nursing facilities are good at informing case managers when participants are discharged, others are not as good at communicating and sometimes give too short of a discharge notice. Case managers also shared that it has been

difficult to get nursing facilities to take individuals who have high behavioral needs and who are under 65.

Most case managers rated their relationships with schools as average. They said that some schools wait too long to refer participants who are close to transitioning into adult services, and they are only invited to transition planning meetings if the parents insist on the case manager attending. However, one school has implemented a new program geared toward helping transition aged kids develop life skills to help prepare them for vocational and employment services.

Case managers rated Public Health Programs as average to good and shared that they do outreach and get a lot of waiver referrals from these programs. Case manager also rated hospitals as average to good. They shared that they know most of the social workers at the hospitals in the county. Although some of the out of county hospitals do not always notify them when participants are going to be discharged. Case managers also shared that one of the local hospitals has a mental health unit which is a benefit to participants. They noted however that when participants are discharged early from the hospital, foster cares are not immediately notified. .

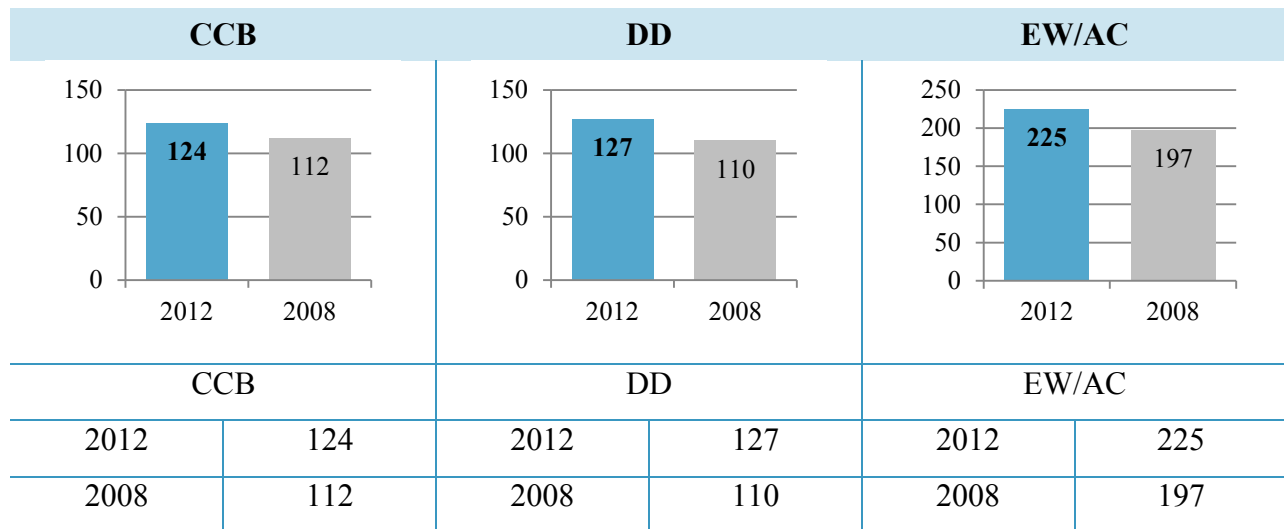
The local Area Agency on Aging organization (AAA) was highly rated among case managers. One case manager shared that they are on the Minnesota AAA board to represent the needs of rural residents.

Case managers explained that their relationships with customized living providers depend on the provider. Case managers stated that some of customized living providers are great. However, one of the biggest challenges with some of the customized living providers is that they are starting to limit the number of waiver participants they accept. Additionally, case managers shared that their relationships with foster care providers varies. For instance, most case managers agreed that while there are limited numbers of providers with well-trained staff, some of the foster care providers are great and are well equipped to support high behavioral need participants. Overall, case managers shared that vocational providers are of very good quality but they can also be selective and have waiting list.

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 McLeod County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in McLeod County has increased by 12 participants (10.7 percent); from 112 in 2008 to 124 in 2012. Most of this growth occurred in the case mix K, which grew by six people. Additionally, case mix A grew by five people. Decreases occurred in three case-mix categories; D, F, and I.

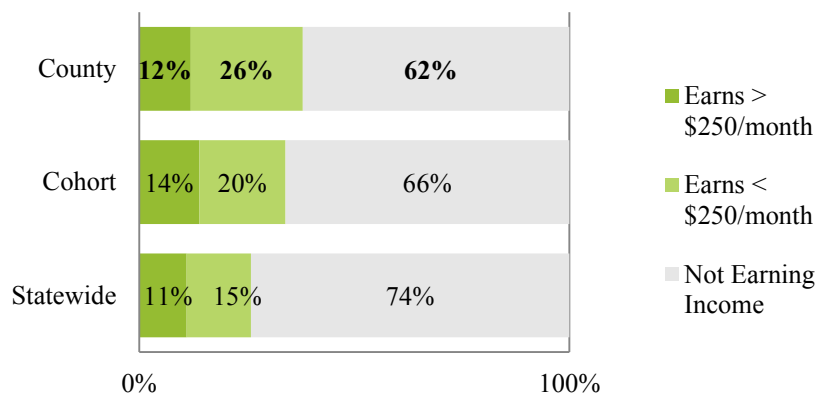
Since 2008, the number of people served with the DD waiver in McLeod County increased by 17 participants, from 110 in 2008 to 127 in 2012. In McLeod County, the DD waiver program is growing more quickly than in the cohort as a whole. While McLeod County experienced a 15.5 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.0 percent increase in number of people served. In McLeod County, the profile groups 2 and 3 increased by 5 and 17 people respectively. The greatest change in the cohort profile groups also occurred in people having a Profile 3. McLeod County serves a larger proportion of people in profile groups 1 and 2 (40.2 percent) than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in McLeod County has increased by 28 people (14.2 percent), from 197 people in 2008 to 225 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 growth occurred in case mix B, which increased by 31 people. With this increase McLeod County may be serving a larger 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)

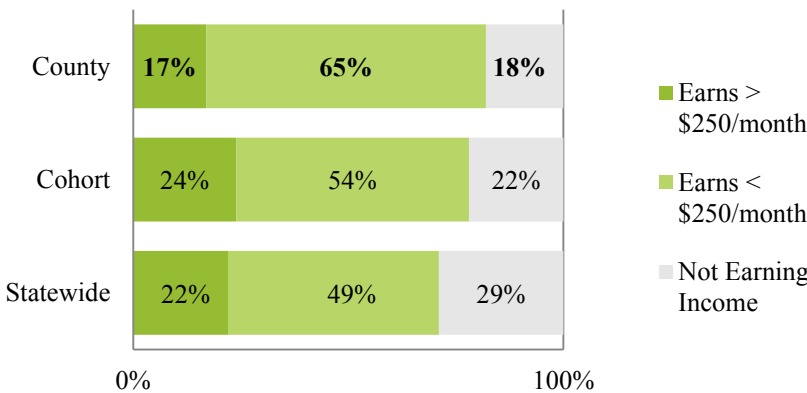


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
McLeod County	12%	26%	62%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, McLeod County served 87 working age (22-64 years old) CCB participants. Of working age participants, 37.9 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **McLeod County ranked 52nd of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In McLeod County 11.5 percent of

the participants earned \$250 or more per month, compared to 14.4 percent of its cohort's participants. 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
McLeod County	17%	65%	18%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

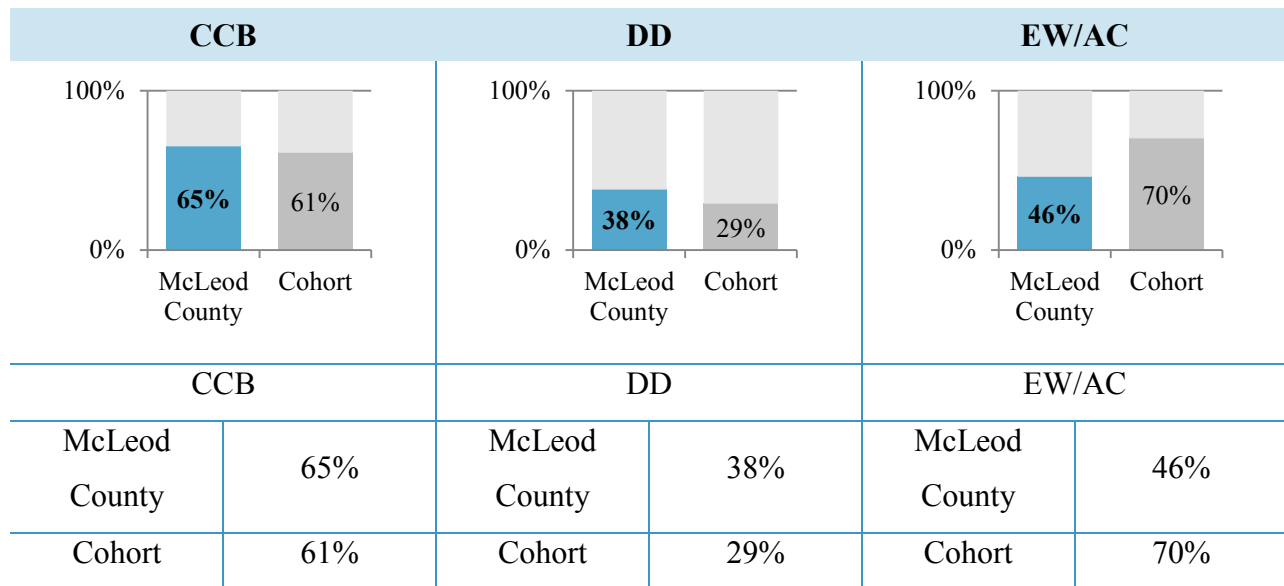
In 2012, McLeod County served 92 DD waiver participants of working age (22-64 years old). **The county ranked 65th in the state for working-age participants earning more than \$250 per month.** In McLeod County, 17.4 percent of working age participants earned \$250 or more per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 82.6 percent of working age DD waiver participants in McLeod County had some earned income, while 77.8 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 \$3.6 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)



McLeod County ranks 36th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 81 participants at home. Between 2008 and 2012, the percentage increased by 0.1 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points and the statewide average fell by 4.2 points. In 2012, 65.3 percent of CCB participants in McLeod County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

McLeod County ranks 16th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 48 participants at home. Between 2008 and 2012, the percentage increased by 6.9 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.0 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.

McLeod County ranks 80th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 104 participants at home. Between

2008 and 2012, the percentage decreased by 20.8 percentage points. In comparison, the percentage of participants served at home fell by 6.1 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. McLeod County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>McLeod County</td><td>\$92</td></tr> <tr><td>Cohort</td><td>\$97</td></tr> </table>	Category	Rate	McLeod County	\$92	Cohort	\$97	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>McLeod County</td><td>\$147</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Category	Rate	McLeod County	\$147	Cohort	\$171
Category	Rate													
McLeod County	\$92													
Cohort	\$97													
Category	Rate													
McLeod County	\$147													
Cohort	\$171													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>McLeod County</td><td>\$150</td></tr> <tr><td>Cohort</td><td>\$161</td></tr> </table>	Category	Rate	McLeod County	\$150	Cohort	\$161	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>McLeod County</td><td>\$189</td></tr> <tr><td>Cohort</td><td>\$207</td></tr> </table>	Category	Rate	McLeod County	\$189	Cohort	\$207
Category	Rate													
McLeod County	\$150													
Cohort	\$161													
Category	Rate													
McLeod County	\$189													
Cohort	\$207													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>McLeod County</td><td>\$63</td></tr> <tr><td>Cohort</td><td>\$55</td></tr> </table>	Category	Rate	McLeod County	\$63	Cohort	\$55	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>McLeod County</td><td>\$76</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	McLeod County	\$76	Cohort	\$81
Category	Rate													
McLeod County	\$63													
Cohort	\$55													
Category	Rate													
McLeod County	\$76													
Cohort	\$81													

Average Rates per day for CADI services (2012)

	McLeod County	Cohort
Total average rates per day	\$92.10	\$96.60
Average rate per day for residential services	\$149.82	\$160.81
Average rate per day for in-home services	\$63.31	\$55.43

Average Rates per day for DD services (2012)

	McLeod County	Cohort
Total average rates per day	\$147.31	\$170.56
Average rate per day for residential services	\$189.25	\$206.94
Average rate per day for in-home services	\$76.33	\$80.98

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 McLeod County is \$4.50 (4.7 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, McLeod County spends \$10.99 (6.8 percent) less on residential services and \$7.88 (14.2 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, McLeod County ranks 33rd 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 McLeod County is \$23.25 (13.6 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, McLeod County spends \$17.69 (8.5 percent) less on residential services and \$4.65 (5.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, McLeod County ranks 12th 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.

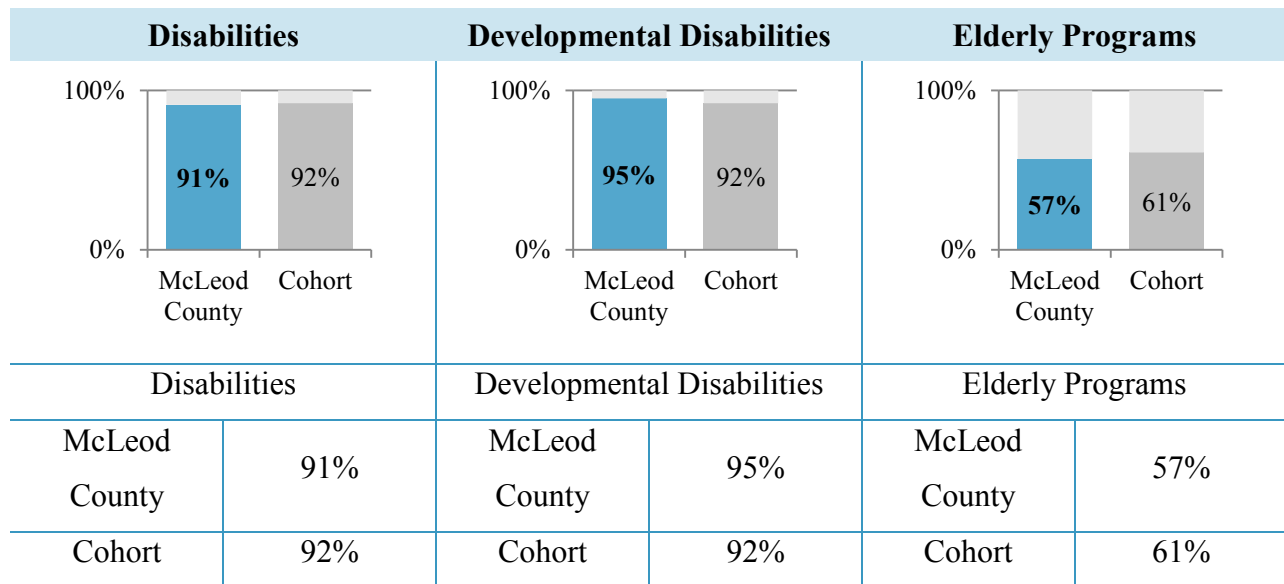
McLeod County has a lower use in the CADI program than its cohort of residential based services (Foster Care (23% vs. 28%) and Customized Living (7% vs. 8%)). The lead agency has a higher use of Prevocational Services (16% vs. 11%) and a lower use of Supported Employment Services (4% vs. 11%). They also have a higher use of some in-home services, such as Skilled Nursing (25% vs. 22%), Home Health Aide (9% vs. 7%), Independent Living Skills (15% vs. 13%), and Homemaker (29% vs. 28%), but a lower use of Home Delivered Meals (17% vs. 21%). Forty-seven percent (47%) of McLeod County's total payments for CADI services are for residential services (42% foster care and 5% customized living) which is lower than its cohort group (56%). McLeod County corporate foster care rates are lower than its cohort when billed daily (\$171.41 vs. \$192.17 per day).

McLeod County's use of Supportive Living Services (SLS) is lower than its cohort (61% vs. 70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. McLeod County's daily corporate Supportive Living Services rates are higher than its cohort (\$218.07 vs. \$186.50). The lead agency has a lower use of Day Training & Habilitation (52% vs. 64%). It has a lower use of In-Home Family Support (15% vs. 17%) than its cohort, but a higher use of Respite Care (21% vs. 19%).

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, McLeod County served 287 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 41 in institutional care. McLeod County ranked 62nd of 87 counties with 90.6 percent of their LTC participants received HCBS. This is lower than their cohort, where 92.0 percent were HCBS participants. Since 2008, McLeod County has decreased its use of HCBS by 0.4 percentage points, while the cohort increased its use by 0.5 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, McLeod County served 164 LTC participants (persons with development disabilities) in HCBS settings and 10 in institutional settings. McLeod County ranked 35th of 87 counties with 94.5 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.2 percent). Since 2008, the county has increased its use by 0.2 percentage points while

its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, McLeod County served 231 LTC participants (over the age of 65) in HCBS settings and 191 in institutional care. McLeod County ranked 49th of 87 counties with 57.3 percent of LTC participants receiving HCBS. This is lower than their cohort, where 60.7 percent were HCBS participants. Since 2008, McLeod County has increased its use of HCBS by 2.5 percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

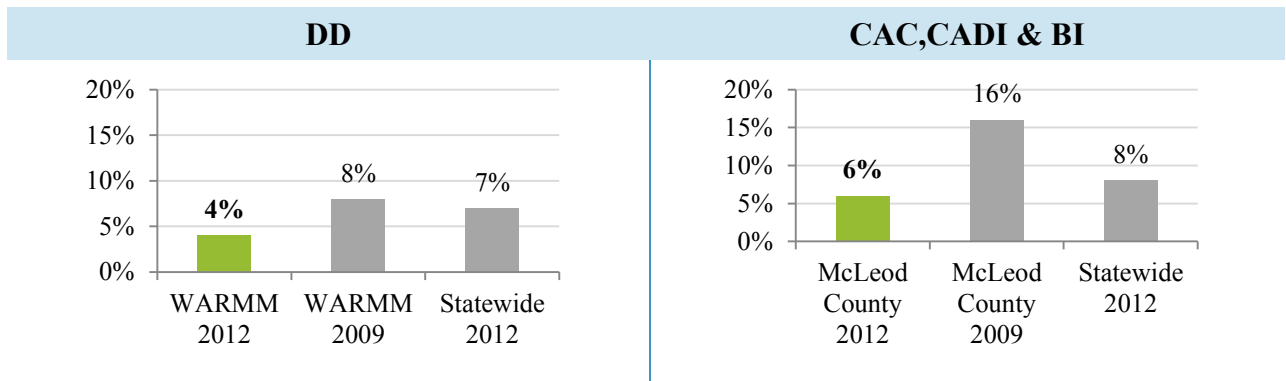
	McLeod County	Cohort	Statewide
Age 0-64	0.58	0.57	0.54
Age 65+	27.23	24.57	21.99
TOTAL	4.29	4.48	3.19

In 2012, McLeod County was ranked 33rd 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 higher than its cohort and the statewide rate. McLeod County also has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 4.3 percent in McLeod County. Overall, the number of residents in nursing facilities has decreased by 4.4 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
WARMM (2012)	4%
WARMM (2009)	8%
Statewide (2012)	7%

	CAC, CADI, BI
McLeod County (2012)	6%
McLeod County (2009)	16%
Statewide (2012)	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, McLeod County is in a waiver alliance with Meeker County and Renville County and the balance was at 4% at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. The Waiver Alliance for Renville, Meeker and McLeod (WARMM)'s DD waiver balance is smaller than its balance in CY 2009 (8%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. McLeod 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, McLeod County had a 6% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (16%).

McLeod County currently has a waitlist for the DD program. The DD budget is managed through an alliance with Meeker County and Renville County. The three lead agencies pool their allocations for the DD waiver. Supervisors from each lead agency meet once or twice a month to discuss the budget and to address new requests for waiver slots. The alliance has two different waiting lists for DD participants: one is for participants currently on the DD waiver who want changes to services, and one is for participants requesting to be on the waiver. For the CCB allocation, staff meet monthly and potential participants are prioritized based on health and safety needs using internal policies. Staff fill out an allocation increase request form for DD while CAC and CADI requests do not need authorization if the increase is under \$1,000. Lead agency staff shared that they believe their waiver rate setting is a strength at their agency, stating that case managers pay close attention to costs of services and have worked to negotiate rates with providers.

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.

McLeod County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	1	3	2
MMIS Help Desk	0	0	1	4	3
Community Based Services Manual	0	0	0	3	3
DHS website	1	1	4	0	1
E-Docs	0	0	1	3	3
Disability Linkage Line	0	0	1	1	0
Senior Linkage Line	0	3	3	1	1
Bulletins	0	2	1	1	5
Videoconference trainings	0	0	4	5	0
Webinars	0	1	3	4	0
Regional Resource Specialist	0	0	0	1	3
Listserv announcements	0	0	7	0	0
MinnesotaHelp.Info	0	0	1	3	0
Ombudsmen	0	0	0	4	4

Case managers reported that Bulletins are a very useful DHS resource for their work. They save their bulletins to shared drives for future references. They also shared that it would be helpful if they could receive more advanced notice about program changes and if each bulletin was accompanied by a video teleconference.

Case managers explained that the MMIS Help Desk is a very useful resource because it provides timely responses to questions. In addition, case managers also added that the Regional Resource Specialist is prompt in responding to questions, but lead agency staff noted that she seems to be spread thin across many responsibilities. In addition, case managers rated Ombudsmen as a very useful resource but explained that they also have too many responsibilities and are spread too thin.

McLeod County case managers were very satisfied with the Community Based Service Manual (CBMS). However lead agency staff added that the search function can be hard to use and that staff are not always aware of updates in policy made to the CBSM. They noted that this can be missed easily, and suggested incorporating policy updates in bulletins and then adding it to the manual.

Most case managers said that they regularly use E-DOCs, but added that it would be helpful if they could save the documents. Most case managers stated that the DHS website is not very helpful citing that the navigation can be difficult and not very intuitive.

Overall, case managers rated the Senior Linkage Line as moderately to not very useful, and one case manager said they were giving waiver participants wrong answers about the nursing facility process. Case managers added that the helpfulness of the Senior Linkage Line varies and stated that the information is very complicated for participants to understand over the phone.

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.

McLeod County Strengths

The following findings focus on McLeod 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.

- **McLeod County addresses issues to comply with Federal and State requirements.**
During the previous review in 2008, McLeod County received a corrective action for timeliness of referral to screenings for the CCB programs and timeliness of assessment to care plan for CCB programs. In 2014, McLeod 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.** McLeod County case managers are participant focused, experienced, and hard-working; they build close relationships with families and are responsive and resourceful to changing participant needs. Case managers are in frequent contact with their HCBS waiver participants through face-to-face visits as they see participants an average of four times every 18 months across all programs.
- **McLeod County case managers collaborate well with each other and other units within McLeod County.** There are strong interagency relationships at McLeod County as well as great working relationships between Public Health and Social Services. The communication between Public Health and Social Services is a strength of the lead agency. There is good teamwork and collaboration with adult protection staff, licensing workers, and financial workers. These strong working relationships enhance the services participants are receiving and helps them navigate services.
- **McLeod County's participation in the DD waiver alliance with Meeker and Renville Counties helps them meet needs and manage risks.** The alliance allows McLeod County to

spend more of the HCBS budget while being protected in the event of high cost participants or crisis. McLeod County's DD waiver budget balance was 6% at the end of CY 2013, and there was a 5% balance in the CADI, CAC and BI programs at the end of FY 2013. This is an adequate amount of reserve funds for a county of this size to balance risks from costly participant crises with meeting local needs. Participating in the alliance has helped lay the groundwork for the lead agency to continue to build relationships and conduct regional planning in order to enhance services for their participants.

- **McLeod 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. These 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 hospitals, residential providers, and schools.
- **The case files reviewed in McLeod consistently met several 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 ICF/DD Level of Care, current DD screening documents, Related Conditions Checklist, BI form, CAC form, employment assessed, 24 hour supervision documented for EW cases, and notice of privacy practices (HIPPA). Ninety eight percent of case files included a current signed and dated care plan, and an OBRA Level One form. In addition, McLeod care plans reviewed include required elements. For example, 100% of care plans reviewed included emergency contacts, 98% included a back-up plan, 100% included all needed services, and 94% included choice questions. In addition, 94% of the goals and outcomes reviewed met or exceeded requirements.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help McLeod County work toward reaching their goals around HCBS program administration. The following recommendations would benefit McLeod 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 9% of cases reviewed included the annual amount allowed.
- **Continue to expand community-based employment opportunities for individuals in the CCB and DD waiver participants.** It is clear that it is a lead agency wide practice to assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Of the 15 cases reviewed where participants were of working age, 100% had employment assessed. However, McLeod County has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the CCB program (11.5% vs. 14.4%) and ranks 52nd of 87 counties in this area. Additionally, McLeod County also has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the DD program (17.4% vs. 24.2%) and ranks 65th of 87 counties in this area. McLeod County should focus on strengthening employment options by working to reduce use of center-based employment and develop more community-based employment opportunities. McLeod County may want to conduct regional outreach efforts to include local businesses such as the area hospital and college. In addition, there are 22 McLeod County waiver participants who are currently between the ages of 18 and 22 and will be transitioning soon from school to work. The lead agency should work closely with schools and be more

involved in transition planning for youth to better connect them to community-based employment opportunities. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** McLeod County has lower rates of high needs participants served at home than its cohort in the elderly programs (25.2% vs. 51.5%). McLeod County should work to develop needed services by communicating expectations to new and current providers or by sending out a Request for Proposals (RFP) or Request for Information (RFI). McLeod County should continue to be deliberate in developing service choices that are appropriate for the needs of participants. This should involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely in their own homes. 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.
- **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 28% of case files reviewed in McLeod County included documentation of participant satisfaction.
- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency may

want to consider strategies such as creating an electronic case file system; create and use fillable electronic forms and use shared drives to store forms to ensure they are current. Develop and use an electronic case file system using simple Microsoft tools. This promotes organizational efficiencies and consistency and allows supervisors and other staff easy access to information in a case manager's absence.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Currently, five out of 5 CAC cases, six out of 10 CADI cases, two out of 2 BI cases, 12 out of 14 EW cases, nine out of 10 AC cases, and three out of 12 DD cases did not include informed consent documentation in the case file. In addition, one out of 10 CADI cases did not have documentation that the participant had given informed consent to release private information within the past year.
- **Beginning immediately, ensure that LTC screenings for the EW program occurs within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Fifty percent (50%) or six out of 12 assessments for new EW participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require McLeod 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 lead agency, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 42 cases. McLeod County submitted a completed compliance report on May 13, 2014 and is working with the Waiver Review Team to submit additional documentation.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	28	N / A	2	26	N / A	N / A
Screenings done on time for new participants (PR)	82%	65%	93%	100%	CCB, DD	AC / EW, CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	58%	75%	DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=24	CCB n=17	DD n=12	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	95%	92%	100%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=24	CCB n=17	DD n=12	Strength	Challenge
Care plan is current (PR)	98%	96%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	98%	96%	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)	94%	96%	88%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	94%	100%	82%	100%	AC / EW, DD	N / A
Inclusion of caregiver needs in care plans	60%	33%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	98%	100%	94%	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)	92%	N / A	N / A	92%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Some of the Time	N / A	N / A	N / A	N / A	ALL

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	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=11</i>)	72%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=11</i>)	82%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=24	CCB n=17	DD n=12	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	88%	100%	AC / EW, DD	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)	98%	100%	100%	92%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=24	CCB n=17	DD n=12	Strength	Challenge
Informed consent documentation in the case file (PR)	28%	13%	18%	25%	N / A	ALL
Person informed of right to appeal documentation in the case file (PR)	96%	96%	94%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=24	CCB n=17	DD n=12	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	94%	96%	88%	100%	AC / EW, DD	N / A
Documentation of participant satisfaction in the case file	28%	25%	29%	33%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	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	57%	91%	95%	DD	AC / EW, CCB
Percent of LTC funds spent on HCBS	N / A	32%	82%	92%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	53%	71%	85%	AC / EW, DD	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	86%	CCB	DD
Percent of waiver participants served at home	N / A	46%	65%	38%	CCB, DD	AC/EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	12%	17%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.