

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Meeker County**

Waiver Review Site Visit: July 2014

Report Issued: October 2014

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Acknowledgements

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

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

http://www.dhs.state.mn.us/main/dhs16_166609

[Waiver Review Website](#) at 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 Meeker County
Case File Review	44 cases
Provider survey	9 respondents
Supervisor Interviews	3 interviews with 3 staff
Focus Group	1 focus group with 13 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 Meeker County

In July 2014, the Minnesota Department of Human Services conducted a review of Meeker County's Home and Community Based Services (HCBS) programs. Meeker County is a rural county located in central Minnesota. Its county seat is located in Litchfield, Minnesota and the County has another eight cities and seventeen townships. In State Fiscal Year 2013, Meeker County's population was approximately 23,109 and served 377 people through the HCBS programs. According to the 2010 Census Data, Meeker County had an elderly population of 15.3%, placing it 51st (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Meeker County's elderly population, 7.5% are poor, placing it 63rd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Meeker County's Family Services Department is the lead agency for all of the HCBS waiver programs. The Public Health and Social Services units are separate departments within Family Services. All HCBS programs are managed by Meeker County Social Services, and Public Health provides co-case management for EW, AC, CAC, CADI, and BI cases. Meeker County also serves as a contracted care coordinator for the Managed Care Organization (MCO) PrimeWest Health.

There are two Social Services Supervisors; one oversees primarily adult services, and one oversees primarily children's services as well as staff in child protection, mental health, and chemical dependency areas. The adult Social Services Supervisor supervises eight case managers who manage waiver programs. She also supervises a case aide and a licenser who do not work on waiver programs. Four of the case managers handle the AC and EW cases and one has only

CADI cases. There are three case managers for DD cases, and two of the three also have adult protection responsibilities. The other Social Service Supervisor oversees a total of 14 staff including two mental health workers who have a CADI caseload. EW, AC, and CADI case managers in Social Services average 40 to 48 waiver cases each. The mental health workers have between 10 to 15 cases. The two DD case managers with adult protection have an average of 52 cases each, and the remaining DD case manager has an average of 45 cases.

The Public Health Supervisor oversees four public health nurses who provide co-case management for all EW and AC cases, and CAC, CADI, and BI waiver cases with higher medical needs. For these cases, the nurse primarily manages health-related concerns while the social worker manages service agreements, budget requests, and non-health related services. The four Public Health case managers average 48 waiver cases in addition to nursing home, Community Well, and Special Needs Basic Care (SNBC) cases.

Intake is managed in Social Services. Calls are transferred to the appropriate unit where additional information is collected by an assigned staff member and passed on to a Social Services Supervisor. The Social Services Supervisors assign cases to workers based on a rotation, taking into consideration the worker's caseload, complexity of current cases, and geographical location. Depending on caseloads, DD cases are typically assigned based on age with a designated case manager for children, transition-age, and adults. The Social Services case manager who is assigned the case notifies the Public Health Supervisor of the new case, and she assigns the case to the appropriate public health case manager based on geographical location and caseloads.

Working Across the Lead Agency

Staff identified their ability to work together and consult with one another as one of the strengths of the lead agency. Public health nurses and social workers are located in the same building, and communicate through emails, phone calls, and participate in monthly PrimeWest meetings together. A nurse and social worker complete LTCC assessments together and try to coordinate schedules so they can also do six month joint visits with participants.

Case managers work closely with eligibility workers. Eligibility workers and the case managers are located in the same building. Eligibility workers communicate with case managers through phone calls, email, and DHS forms. They communicate about changes in participant needs and eligibility. Lead agency staff said that if an eligibility worker has met with a participant who needs services, they also make referrals to social services about the possible need.

Two of the DD waiver case managers have adult protection responsibilities. All of the case managers can consult with the adult protection case workers and make referrals. The case managers with adult protection responsibilities do not manage adult protection cases for participants on their waiver caseload. There are two workers in Children's Services who do child protection investigations. Children's Services is located in the same building as the lead agency. Case managers said there is not the same level of transparency with child protection as with adult protection.

Adult mental health workers are located in the same unit as waiver case managers, and manage CADI cases. A participant may potentially have two case managers, a waiver and a Rule 79 targeted case manager. In some cases, a participant who has declined a mental health worker only has a waiver case manager who informally consults with mental health case managers about mental health specific needs. Children's mental health workers do not work in the waiver programs. Case managers said that it can be difficult to communicate with the child mental health unit, and that the child mental health workers do not have much experience with waivers.

The Meeker County Social Services Director attends County Board meetings to keep them informed about the waiver programs. The Director provides a monthly PrimeWest update and presents information about the impact initiatives such as MnCHOICES will have on the waiver programs.

Health and Safety

In the Quality Assurance survey, Meeker County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-

neglect, and exploitation. Providers responding to the provider survey indicated that the lead agency responds to questions or inquiries from providers. They also said the lead agency has well-trained and knowledgeable case managers, and that case managers are responsive to consumers changing needs.

Public Health and Social Services each have separate staff meetings twice monthly to discuss program and policy changes. At these meetings, supervisors identify key DHS information in bulletins for case managers to read and forwards them to their staff. The MCO county case managers also attend a monthly Social Services and Public Health joint staff meeting. The Public Health and Adult Social Services Supervisor attends the quarterly meeting held by the Regional Resource Specialist. Clerical workers update visit packets, and one case manager keeps the forms updated using eDocs and puts together an assessment packet with resource information from Minnesotahelp.info and the linkage lines for case managers to use. The lead agency monitors staff compliance by reviewing EW, DD and Community Well case files quarterly to make sure required documents are in the file.

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. Staff said that services are limited for participants with mental health needs, especially psychiatric care and affordable housing. They also shared that the lead agency has had difficulty finding placements for high needs children in the DD program. Staff identified respite care and supplies and equipment as services areas that need improvement. Case managers also added that there are limited providers for vocational or supportive employment services, and the providers with meaningful community based employment opportunities currently have a waitlist.

The lead agency does not have a formal process for developing services, but reports they have had success working with providers to fill service gaps. When case managers recognize a service gap, they tell their supervisor. The supervisor then calls providers, talks with them about the need, and the provider develops the new service. The lead agency said they have had success working with providers to fill service gaps in respite care and supplies and equipment, but that

they have had a hard time developing services for high needs behavioral children in the DD program.

Community and Provider Relationships/Monitoring

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

Table 2: Meeker County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	1	11
Schools (IEIC or CTIC)	0	6	0
Hospitals (in county)	0	2	9
Hospitals (out of county)	2	9	0
Customized Living Providers	0	2	6
Corporate Foster Care Providers	0	2	4
Family Foster Care Providers	0	0	2
Home Care Providers	0	2	11
Employment Providers (DT&H, Supported Employment)	0	2	4
Public Health Programs (in county)	0	2	9
Public Health Programs (out of county)	0	9	0

Staff shared that they have good relationships with providers in their area. The lead agency monitors provider performance through surveys sent out by licensing. PrimeWest shares annual participant satisfaction survey results with the Adult Social Services and Public Health Supervisors and Directors. Lead agency staff also said that case managers talk with program participants informally about their satisfaction with services during visits.

Case managers rated their relationship with nursing facilities as above average. Case managers said that the nursing facilities are good at communicating about care conferences. However, they said that the facilities are not always timely with discharge and that discharge planning varies depending on the worker. Case managers also shared that they sometimes get short notice of meetings. The mental health case workers said that the nursing facilities are uncomfortable working with participants who have severe and persistent mental illness.

Case managers rated their relationship with schools as average. They shared that the quality of transition planning depends on the school, and meetings are not always communicated. Case managers said that the schools have high expectations and unrealistic teaching goals for participants. They also shared that schools have a one size fits all approach and do not individualize plans to meet the needs of the students. Case managers said that the schools tend to think about placements instead of in-home services when transition planning. Case managers said the Interagency Early Intervention Committee (IEIC) is not as strong as it used to be and that it does not meet regularly.

Case managers said their relationship with hospitals depends on whether the hospital is in or out of the county. Most case managers said their relationship with in-county hospitals is good. They shared that the in-county hospitals know the people in the county and invite the case managers to meetings. However, the case managers said they do not always know when participants are admitted to an out-of-county hospital. They said the out-of-county hospitals do not know what the case manager's role is, do not use the forms the lead agency gives them, and discharge mental health participants quickly. The case managers said that, overall, discharge planning is better at the in-county hospital.

Case managers rated their relationship with vocational providers as average to above average. Case managers said that they have good communication with employment providers. However, they said that there are a limited number of providers and that the existing employment providers do not have enough work for program participants. Case managers said that out-of-county employment providers have more work and are more creative in meeting participant needs, but that these providers have waiting lists.

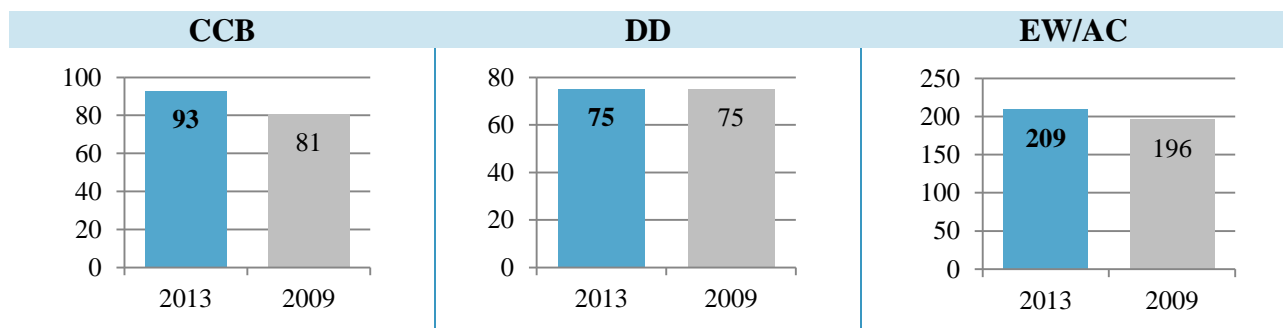
Case managers rated their relationship with customized living facilities as above average. Case managers said there is variety in the type of customized living setting including apartments with 24-hour supervision. The case managers shared that the quality of communication with and care provided by a facility depends on the provider and the site manager. Case managers rated their relationship with foster care providers as average to above average. Case managers identified high turnover, particularly with direct care staff, as a barrier to building relationships with corporate foster care providers. Case managers who have experience with out-of-county family foster care providers said they communicate very well.

Case managers rated their relationship with home care providers as good. They shared that they have good communication with providers, and that the providers are good at helping participants remain in their own home. Case managers also shared that there are only a couple of providers in the county, and that providers have problems finding qualified staff. Case managers said there are a shortage of home care services for mental health program participants.

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 Meeker County (2009 & 2013)



	2009	2013
CCB	81	93
DD	75	75
EW/AC	196	209

Since 2009, the total number of people served in the CCB Waiver program in Meeker County has increased by 12 participants (14.8 percent); from 81 in 2009 to 93 in 2013. Most of this growth occurred in the case mix B, which grew by 20 people. With this increase Meeker County may be serving a larger proportion of people with mental health needs.

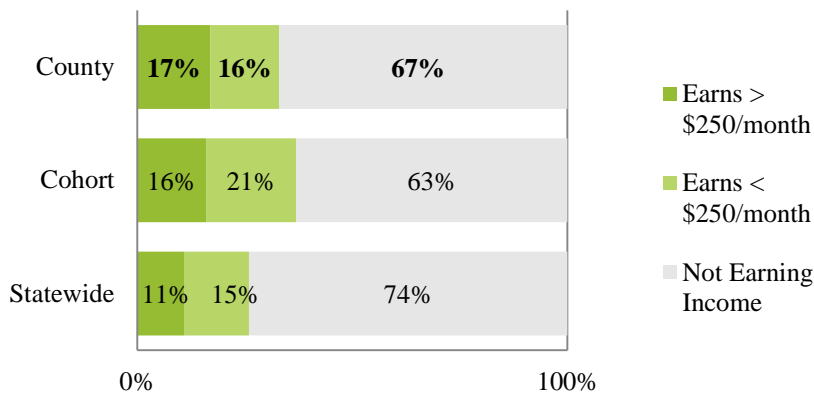
Since 2009, the number of people served with the DD waiver in Meeker County remained steady at 75 people. While Meeker County experienced no increase in the number of people served from 2009 to 2013, its cohort had a 6.5 percent decrease in number of people served. In Meeker County, the profile groups 3 and 4 each increased by one and two people respectively. The greatest change in the cohort profile groups occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 decreased, Meeker County still serves a larger proportion of people in these groups (44.0 percent), than its cohort (34.7 percent).

Since 2009, the number of people served in the EW/AC program in Meeker County has increased by 13 people (6.6 percent), from 196 people in 2009 to 209 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix B, which increased by 16 people. With this increase Meeker 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.

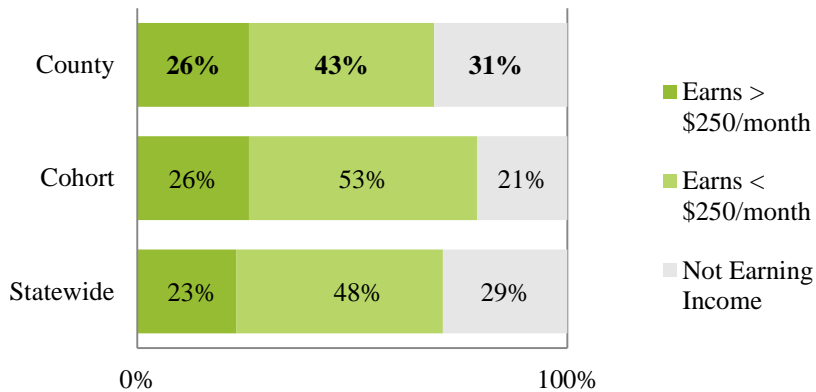
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Meeker County	17%	16%	67%
Cohort	16%	21%	63%
Statewide	11%	15%	74%

In 2013, Meeker County served 71 working age (22-64 years old) CCB participants. Of working age participants, 32.4 percent had earned income, compared to 36.3 percent of the cohort's working age participants. **Meeker County ranked 23rd of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Meeker County 16.9 percent of the participants earned \$250 or more per month, compared to 15.7 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 (2013)



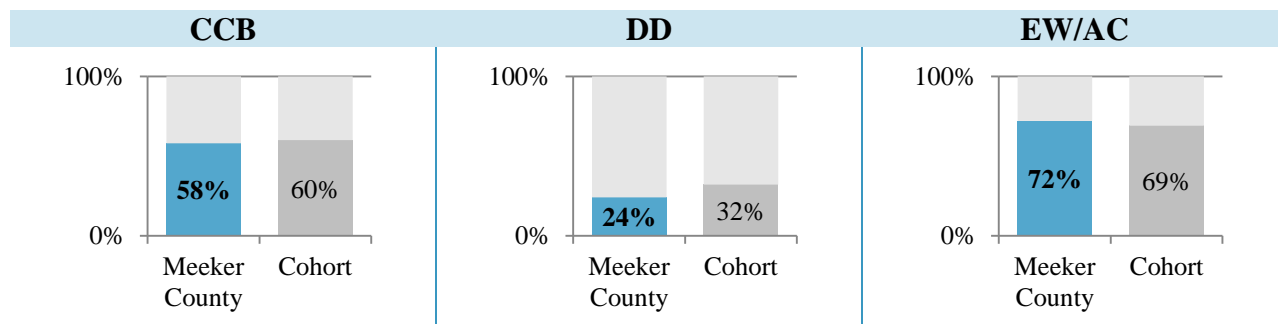
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Meeker County	26%	43%	31%
Cohort	26%	53%	21%
Statewide	23%	48%	29%

In 2013, Meeker County served 51 DD waiver participants of working age (22-64 years old). **The county ranked 40th in the state** for working-age participants earning more than \$250 per month. In Meeker County, 25.5 percent of working age participants earned \$250 or more per month, while 26.4 percent of working age participants in the cohort as a whole did. Also, 68.6 percent of working age DD waiver participants in Meeker County had some earned income, while 79.3 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2013)



	Meeker County	Cohort
CCB	58%	60%
DD	24%	32%
EW/AC	72%	69%

Meeker County ranks 53rd out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 54 participants at home. Between 2009 and 2013, the percentage decreased by 8.6 percentage points. In comparison, the cohort percentage fell by 2.6 percentage points and the statewide average fell by 3.7 points. In 2013, 58.1 percent of CCB participants in Meeker County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Meeker County ranks 71st out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 18 participants at home. Between 2009 and 2013, the percentage decreased by 1.3 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.6 percentage points. Statewide, the percentage of

DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Meeker County ranks 42nd out of 87 counties in the percentage of EW/AC program participants served at home.

In 2013, the county served 151 participants at home. Between 2009 and 2013, the percentage increased by 1.3 percentage points. In comparison, the percentage of participants served at home fell by 6.9 percentage points in their cohort, and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Meeker County serves a higher proportion of EW/AC participants at home than their cohort.

Average Rates per day for CADI and DD services (2013)

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Meeker County</td><td>\$108</td></tr> <tr><td>Cohort</td><td>\$100</td></tr> </table>	Category	Rate	Meeker County	\$108	Cohort	\$100	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Meeker County</td><td>\$197</td></tr> <tr><td>Cohort</td><td>\$173</td></tr> </table>	Category	Rate	Meeker County	\$197	Cohort	\$173
Category	Rate													
Meeker County	\$108													
Cohort	\$100													
Category	Rate													
Meeker County	\$197													
Cohort	\$173													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Meeker County</td><td>\$181</td></tr> <tr><td>Cohort</td><td>\$164</td></tr> </table>	Category	Rate	Meeker County	\$181	Cohort	\$164	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Meeker County</td><td>\$229</td></tr> <tr><td>Cohort</td><td>\$212</td></tr> </table>	Category	Rate	Meeker County	\$229	Cohort	\$212
Category	Rate													
Meeker County	\$181													
Cohort	\$164													
Category	Rate													
Meeker County	\$229													
Cohort	\$212													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Meeker County</td><td>\$50</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Category	Rate	Meeker County	\$50	Cohort	\$57	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Meeker County</td><td>\$89</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	Meeker County	\$89	Cohort	\$81
Category	Rate													
Meeker County	\$50													
Cohort	\$57													
Category	Rate													
Meeker County	\$89													
Cohort	\$81													

Average Rates per day for CADI services (2013)

	Meeker County	Cohort
Total average rates per day	\$108.07	\$100.18
Average rate per day for residential services	\$181.48	\$164.14
Average rate per day for in-home services	\$49.52	\$57.27

Average Rates per day for DD services (2013)

	Meeker County	Cohort
Total average rates per day	\$197.44	\$172.82
Average rate per day for residential services	\$228.94	\$211.72
Average rate per day for in-home services	\$88.55	\$80.94

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 Meeker County is \$7.89 (7.9 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Meeker County spends \$17.34 (10.6 percent) more on residential services and \$7.75 (13.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Meeker County ranks 47th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Meeker County is \$24.62 (14.2 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Meeker County spends \$17.22 (8.1 percent) more on residential services, and \$7.61 (9.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Meeker County ranks 72nd 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.

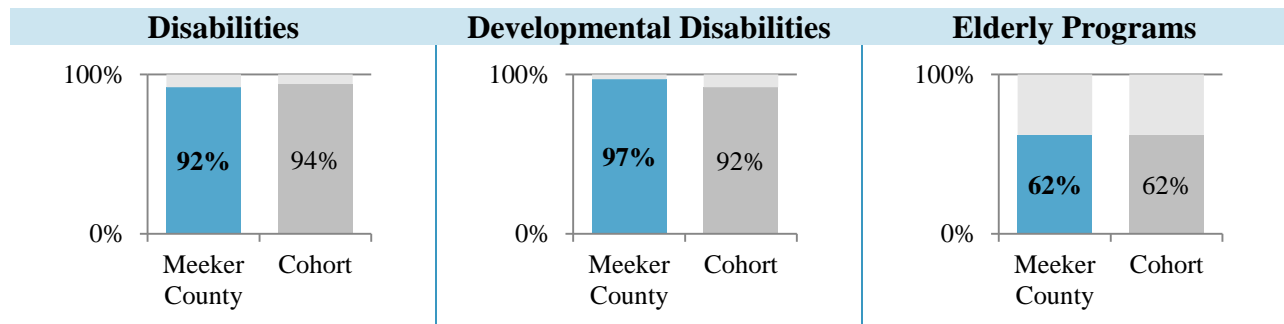
Meeker County has a higher use in the CADI program than its cohort of residential based services such as Foster Care (30% vs. 28%) and Customized Living (9% vs. 8%). The lead agency has a lower use of Prevocational Services (2% vs. 11%) and Supported Employment Services (2% vs. 11%). They also have a lower use of some in-home services, such as Home Delivered Meals (18% vs. 21%), Home Health Aide (3% vs. 6%), and Independent Living Skills (9% vs. 14%), but a higher use of Homemaker (37% vs. 27%), skilled nursing (24% vs. 16%) and PCA services (25% vs. 20%). Seventy-one percent (71%) of Meeker County's total payments for CADI services are for residential services (64% foster care and 7% customized living) which is higher than its cohort group (57%). Meeker County's corporate foster care rates are lower than its cohort when billed daily (\$193.82 vs. \$196.65 per day).

Meeker County's use of Supportive Living Services (SLS) is higher than its cohort (76% vs. 69%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (69% vs. 64%). It has a higher use of In-Home Family Support (22% vs. 17%), but a lower use of Respite (14% vs. 18%) than its cohorts.

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 (2013)



	Meeker County	Cohort
Disabilities	92%	94%
Developmental Disabilities	97%	92%
Elderly Programs	62%	62%

In 2013, Meeker County served 205 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 30 in institutional care. Meeker County ranked 27th of 87 counties with 91.7 percent of their LTC participants received HCBS. This is lower than their cohort, where 94.0 percent were HCBS participants. Since 2009, Meeker County has decreased its use of HCBS by 4.5 percentage points, while the cohort decreased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Meeker County served 93 LTC participants (persons with development disabilities) in HCBS settings and three in institutional settings. Meeker County ranked 10th of 87 counties with 96.7 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.0 percent). Since 2009, the county has remained steady at 96.7 percent, while its

cohort rate has increased by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Meeker County served 219 LTC participants (over the age of 65) in HCBS settings and 139 in institutional care. Meeker County ranked 39th of 87 counties with 62.4 percent of LTC participants receiving HCBS. This is higher than their cohort, where 62.1 percent were HCBS participants. Since 2009, Meeker County has increased its use of HCBS by 2.1 percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

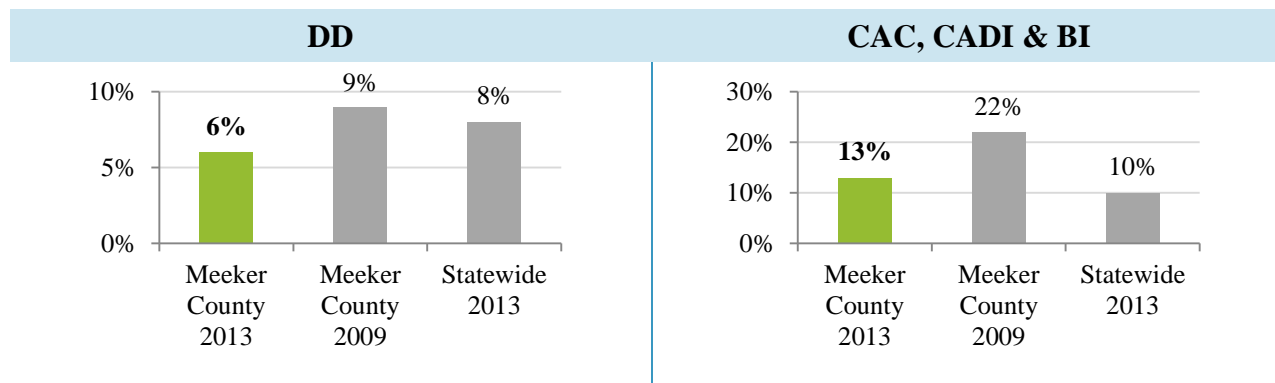
Age	Meeker County	Cohort	Statewide
Age 0-64	0.72	0.44	0.52
Age 65+	27.98	23.40	21.03
TOTAL	4.75	4.17	3.00

In 2013, Meeker County was ranked 46th 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. Meeker County has a higher nursing facility utilization rate for people under 65 years old. Since 2011, the number of nursing home residents 65 and older has decreased by 1.0 percent in Meeker County. Overall, the number of residents in nursing facilities has increased by 1.9 percent since 2011.

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
Meeker County (2013)	6%	13%
Meeker County (2009)	9%	22%
Statewide (2013)	8%	10%

Meeker County belongs to a waiver budget alliance and at the end of calendar year 2013 its 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 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, the waiver alliance had a 6% balance at the end of calendar year 2013, which indicates the alliance’s DD waiver budget had a reserve. The DD waiver balance is smaller than its balance in CY 2009 (9%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Meeker County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Meeker County had a 13% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2009 (22%).

Meeker County currently has a waitlist for the CADI and DD programs. The lead agency has a policy of prioritizing participants based on need, with participants in nursing homes having highest priority. The CCB team meets monthly and as needed to review the waitlist and allocation requests. Case managers fill out a request form and the supervisor runs a simulation before approving the request. Case managers discuss larger requests as a team during monthly meetings.

The DD budget is managed through an alliance with McLeod County and Renville County. The three lead agencies pool their allocations for the DD waiver. Supervisors from each lead agency meet at least twice monthly to discuss the budget and to address new requests for waiver slots. They also discuss service changes. When a lead agency wants to make service changes for a DD waiver participant, they fill out a service change sheet and submit it to the other counties. The requests are discussed at the next alliance meeting.

Lead Agency Feedback on DHS Resources

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

Table 3: Meeker County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	3	6	2	1
MMIS Help Desk	0	0	0	0	6
Community Based Services Manual	0	0	0	1	9
DHS website	0	0	7	4	1
E-Docs	0	0	0	4	8
Disability Linkage Line	0	0	2	3	2
Senior Linkage Line	0	0	1	7	0
Bulletins	1	1	0	8	1
Videoconference trainings	0	0	2	9	1
Webinars	0	1	3	8	3
Regional Resource Specialist	0	0	0	2	5
Listserv announcements	0	2	6	2	0
MinnesotaHelp.Info	0	3	2	2	0
Ombudsmen	0	0	1	3	4
DB101.org	2	2	1	0	1

Case managers said that the Community Based Services Manual was a very useful resource. They said the manual is used frequently, and that it is a good place to start when they have a question. The Adult Social Services Supervisor said that staff uses the tool regularly, but that they do not always get notifications when the manual is updated. Staff said they use eDocs frequently to get the most current forms and that the Regional Resource Supervisor sends them a

list of updated forms. Case managers said they save the forms individually, but would prefer that all of the forms were fillable without Adobe Professional.

Case managers reported that Policy Quest is a helpful tool. Case managers said that they love the resource, and that they like getting the answer in writing. However, they said it can be hard to navigate and that they get conflicting answers. The Adult Social Services Supervisor agreed that case managers use the resource, but she said it takes a long time to get a response.

Case managers shared that, while they find Bulletins and the Listserv helpful, they have a hard time keeping up with the information in them. Case managers said they do not always have time to read the bulletins, and that key points with hyperlinks would help them to manage the information. They also said that the Listserv and the Bulletins are sometimes difficult to understand. Staff said that they find the videoconference trainings helpful when they are a site and that the webinars are helpful depending on the topic. Case managers said the Help Desk is very helpful. Case managers also said that the Linkage Lines, Ombudsmen, and Regional Resource Specialist are useful when they need them.

Staff said that the DHS website, Minnesotahelp.info, and DB101.org are less helpful tools. They said that the DHS website is difficult to navigate and that they prefer to use Google. The case managers also said that Minnesotahelp.info is not always accurate and that they are not able to narrow their search. Staff said they hand out information about DB101.org at assessments, but they do not think the website is being used.

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.

Meeker County Strengths

The following findings focus on Meeker 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.

- **Meeker County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Meeker County received a corrective action for current care plans, ICF/DD Level of Care, Related Conditions Checklist, consent to release information, and face to face visits. In 2014, Meeker County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **Case managers are experienced and provide quality case management services to meet participant needs.** Case managers are responsive to changing participant needs and are strong advocates for participants. For example, case managers explained that they are always accessible to their participants and sometimes even accompany participants to appointments. There is a good mix of new and experienced case managers and both are supportive to one another. New case managers bring strengths that include new ideas, energy, and technological literacy, and seasoned case managers have good continuity over time which allows them to develop long-term relationships with participants and their families. Across all programs, case managers visited participants an average of 3.4 times in the last 18 months.
- **Meeker County staff work well together and collaborate across units to serve waiver participants.** Case managers in Public Health and Social Services are accessible to one another and frequently consult and problem solve with each other on cases. The lead agency completes dual assessments with both a social worker and a nurse for elderly participants which allows them to draw on the expertise from both disciplines. The relationship between the two departments helps bring an outside perspective which is valuable in meeting

participants' unique needs. In addition, case managers reported during the focus group that they are well connected and have good working relationships with licensors, adult protection staff, and financial workers. These strong working relationships enhance the services participants are receiving and helps them navigate services.

- **Meeker County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. Case managers have especially good relationships with nursing facilities, hospitals, customized living facilities, and family foster care providers. In addition, case managers serve on a local senior provider group. Moreover, providers surveyed identified open communication with case managers as a county strength. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participants' needs are met.
- **Meeker County's participation in the DD waiver alliance with Renville and McLeod Counties helps them meet needs and manage risks.** The alliance allows Meeker County to spend more of the HCBS budget while being protected in the event of high cost participants or crisis. 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.
- **The case files reviewed in Meeker County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level one forms, right to appeal information, consent to share information, notice of privacy practices (HIPPA), employment assessed, 24-hour supervision documented for EW cases, choice questions are answered and care plans are signed and dated by participants and case managers, DD screening documents are current and signed and dated by all required parties, emergency contact information and back-up plans are in the file, and participants received the number of face-to-face visit required by their program in the past 18 months.

Recommendations

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

- **Update care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** Care plans in Meeker County were complaint in several areas; however, the language used was not always individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. While the majority of CCB and AC care plans reviewed had individualized and meaningful goals, only half of the DD and EW care plans reviewed did. Also none of EW care plans reviewed included participant friendly language. It is important for Meeker County to set expectations for the format and quality of care plans to create consistency across the lead agency. In addition, 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). This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 98% of case files reviewed included the type of service in the care plan, only 11% of cases reviewed included the annual amount allowed.
- **Consider using contracted case management services to help serve participants that live out of the region and cover during staffing shortages.** Other lead agencies have found that contracted case management in these types of situations is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Meeker County needs to require contracted case managers to adhere to county practices and maintain case files with documentation of all required paperwork.

- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Meeker County has lower rates of participants served at home than its cohort in the CCB and DD programs. Only 58.1% of CCB participants are served at home (53rd of 87 counties), 24.0% of DD participants are served at home (71st of 87 counties), and 72.2% of elderly participants are served at home (42nd of 87 counties) indicating high use of residential services. It is recommended that the lead agency work across programs to develop HCBS services to serve participants of all levels of need in their own homes in the community, instead of in a residential setting. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. Communicate expectations to providers by sending out a Request for Proposals (RFP) or Request for Information (RFI). By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs. In addition, 13.9% of Meeker CCB participants and 20.0% of Meeker DD participants are currently under the age 22. The lead agencies should be mindful of the number of youth who will soon be transitioning to adulthood and may need independent housing options that include some supportive services.

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the DD and CCB programs.** Meeker County is currently performing at the same rate as its cohort for participants earning more than \$250 per month in the DD programs (26%), and is slightly outperforming its cohort for the CCB program (17% vs. 16%). While employment providers out of the county are helping to support participants to work in the community, the lead agency should continue to focus on strengthening in-county employment by working to reduce use of center-based employment and develop more opportunities in the community that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.

- **Consider developing additional systems or practices to provide additional support and oversight to 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 implementing additional strategies to support case managers such as: developing an electronic case file system; creating and using fillable electronic formats and signature pads; creating learning opportunities to disseminate information to case managers about program changes; and specializing case managers by waiver programs. This will promote organizational efficiencies and consistency across the lead agency and will help workers stay updated on waiver program requirements.
- **Continue the use of visit sheets in the DD program and expand the use of them across the other waiver programs to document provider performance and participant satisfaction.** Visit sheets can be used to monitor a participant's progress, note changes or additional needs of a participant and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face to face visits. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Meeker County, only 48% of the case files reviewed contained documentation of participant satisfaction.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where a lead agency was found to be inconsistent in meeting state and federal requirements. Meeker County was found to have no corrective actions as there were no patterns of noncompliance discovered. However, Meeker County is required to submit a Case File Compliance Worksheet as described below.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Meeker County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required

follow up on three cases. Meeker County submitted a completed compliance report on August 15, 2014.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	16	N / A	8	8	N / A	N / A
Screenings done on time for new participants (PR)	95%	97%	92%	100%	ALL	N / A
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	44%	100%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=22	CCB n=12	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	97%	100%	92%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	98%	100%	92%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=22	CCB n=12	DD n=10	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	98%	100%	92%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	98%	100%	92%	100%	ALL	N / A
Inclusion of caregiver needs in care plans	50%	67%	0%	0%	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	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
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

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=9</i>)	89%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=9</i>)	78%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=22	CCB n=12	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	83%	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)	100%	100%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=22	CCB n=12	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=22	CCB n=12	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	100%	90%	ALL	N / A
Documentation of participant satisfaction in the case file	48%	55%	33%	50%	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	62%	92%	97%	DD	CCB
Percent of LTC funds spent on HCBS	N / A	35%	83%	96%	DD	CCB
Percent of waiver participants with higher needs	N / A	52%	72%	79%	N / A	CCB, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	94%	92%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	72%	58%	24%	AC / EW	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	17%	26%	CCB	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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