

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Mower County**

Waiver Review Site Visit: March 2013

Report Issued: June 2013

Contents

Contents 2

Acknowledgements 3

About the Waiver Review Initiative 4

About Mower County 5

 Working Across the Lead Agency 6

 Health and Safety 8

 Service Development and Gaps 9

 Community and Provider Relationships/Monitoring 10

Capacity 12

Value 13

Sustainability 15

Usage of Long-Term Care Services 18

Managing Resources 21

 County Feedback on DHS Resources 23

County Strengths, Recommendations & Corrective Actions 25

 Mower County Strengths 25

 Recommendations 26

 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 Mower County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

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

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

Table 1 below summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of Data Collection Methods

Method	Number for Mower County
Case File Review	72 cases
Provider survey	20 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 8 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 Mower County

In March 2013, the Minnesota Department of Human Services conducted a review of Mower County's Home and Community Based Services (HCBS) programs. Mower County is a rural county located in south east Minnesota. Its county seat is located in Austin, Minnesota and the County has another thirteen cities and 20 townships. In State Fiscal Year 2011, Mower County's population was approximately 39,349 and served 783 people through the HCBS programs. According to 2010 Census data, Mower County had an elderly population of 17.7%, placing it 36th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Mower County's elderly population, 10.2% are poor, placing it 35th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Mower County Health and Human Services is the lead agency for the HCBS waiver programs and provides case management for these programs. The county merged Community Health and Social Services together in May of 2012. The Community Health Division is the lead for the CAC, CADI, BI, EW, and AC waiver programs while the Social Services Division is the lead for the DD waiver program. Mower County serves as a contracted care coordinator for the Blue Plus and Ucare Managed Care Organizations (MCOs).

There is one Public Health Supervisor and one Social Services Supervisor who oversee the waiver programs. The Public Health Supervisor oversees a total of 17 staff including nine who work with the waiver programs. There are four social workers who have CAC, CADI, BI, AC, and EW fee-for-service cases and five public health nurses provide care coordination for EW managed care cases. The Social Services Supervisor oversees 21 total staff including four case

managers who provide case management for the DD waiver. Mower County uses a contracted case management agency for some distance cases in Clay and St. Louis Counties.

There is one central intake line for both the Community Health and Social Services Divisions. After the intake staff collects the potential participant's initial information, they pass it onto the appropriate department. If the case is directed to Social Services, a DD case manager sends out an intake packet and completes the screening with the participant. Once the participant is approved for a waiver slot, the case is assigned to an ongoing case manager. Cases are assigned based on the participant's needs and the case manager's area of expertise. The county receives approximately five new referrals for CCB per month, 10 for AC and EW fee-for-service per month, and 12 to 15 for Minnesota Senior Health Options (MSHO) per month. Assessments are performed by a single case manager for the LTC waiver programs. The county only completes dual assessments with both a public health nurse and social worker for cases with high medical needs. DD case managers consult with a public health nurse on cases with high medical needs.

The two case managers with AC cases have caseloads of approximately 60. EW managed care case managers have approximately 100 cases including nursing home and Community Well cases. The social workers with CCB cases have about 78 cases. DD case managers have an average case load of about 65 cases. There are four case managers who telecommute. These case managers have caseloads that are about 20% higher than those with a permanent office.

Working Across the Lead Agency

The Financial Assistance Unit uses a case banking system to manage cases and has assigned lead workers that case managers contact with questions. There is also a central case banking phone line that case managers can call with questions, but staff noted that they try to bypass this step and talk directly to a lead worker. Case managers also come into the office to talk face-to-face with financial workers. Case managers said that communication has improved overall, and the lead workers for the financial unit are very knowledgeable and helpful. Financial workers are also a source of referrals and contact case managers with questions.

Case managers shared that financial workers have increased caseloads and sometimes case managers are contacted by families with eligibility questions they are not able to address. Case managers said that while the financial workers are very busy, they work hard to help ensure participants maintain Medical Assistance (MA) eligibility. Case managers receive MA notices for their cases, so they are able to avoid crisis situations related to eligibility.

Adult Protection and Child Protection are part of the Social Services Division. Supervisors shared that social workers have good working relationships with staff in these units because many of them worked in adult and child protection before the Department merge. If there is an issue with one of their current waiver cases, case managers work directly with staff from these units to address the issue. The DD supervisor shared that she notifies the case manager if a waiver participant has an open child or adult protection case so they can see if they can address the issue by enhancing waived services. If a new intake comes in for a vulnerable adult, the county keeps a list that case managers can access so they are aware of concerns with potential participants. Mower County contracts for adult mental health services. A CADI participant with mental health needs would have two case managers: one CADI waiver case manager and one Rule 79 case manager. Case managers said that they do not usually work with mental health as a team. They shared that mental health workers are not always knowledgeable about the role of the waiver case managers.

The Health and Human Services Director manages communication with the County Board. The Director gives updates about programs as needed. Supervisors also present annually to the Board about caseloads, trends, and any major changes. Mower County currently has a Strategic Planning Committee for Quality Improvement which includes representatives from each department. They are hoping to create evidence-based practices. They meet to discuss quality assurance, technology, outcome measures, staffing needs, improvements to be made, and how to make programs more efficient. They present an update to their plan to the County Board twice yearly.

Health and Safety

In the Quality Assurance survey, Mower County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey said that case managers are advocates for consumers. They also indicated that they have good, open communication with case managers.

County staff said that a major challenge is keeping up with the many program and policy changes happening with the waivers. There are weekly CCB meetings and DD meetings where case managers are able to discuss major program changes and allocations. Social workers who telecommute communicate with others in the office via email and phone. The EW and AC case managers meet twice per month and have a lot of informal communication in the office. EW fee-for-service case managers and public health nurses who work with managed care cases meet to discuss cases regularly since many cases move back and forth between the two programs.

County staff attend Region 10 meetings every other month where they talk with other counties and this helps case managers to stay updated on programs and resources. There is a Region 10 lead group with a Yahoo site where case managers are able to seek answers to questions from other counties. County staff shared that they have good relationships with other counties in the region and often rely on them to answer questions and problem solve. Bulletins are distributed by office support staff. County staff regularly attend webinars and videoconferences. Currently, Mower County completes internal case file audits for MSHO and MSC+ on an annual basis.

Case managers do not receive any formal training and noted that they rely heavily on each other to stay current with program requirements and maintain knowledge about available resources. One of the EW/AC case managers is the go-to worker for other case managers; this worker regularly uses resources like the Disability Services Program Manual (DSPM) and the DHS website so others often direct questions to her.

Service Development and Gaps

Mower County staff noted that they face some challenges in providing certain needed services for participants. One challenge is finding transportation for waiver participants who are located outside of city limits. Another emerging need is being able to provide culturally appropriate services for waiver participants. Case managers noted that there are limited beds for elderly participants and a lack of services for those with behavioral needs.

Supervisors shared that the county is working on developing new employment opportunities in the community for waiver participants. Supervisors stated that they contact providers that are already under contract about expanding services or trying new service models.

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.

Mower 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	6	2
Schools (IEIC or CTIC)	1	2	0
Hospitals (in and out of county)	3	5	1
Area Agency on Aging	0	0	6
Customized Living Providers	1	5	0
Foster Care Providers	0	3	0
Employment Providers (DT&H, Supported Employment)	0	3	0
Home Care Providers	0	4	3

County staff said that they have good relationships with providers in the community. Supervisors shared that issues with providers are discussed at staff meetings. Informal complaints are often brought to the attention of case managers. Case managers routinely ask consumers about their satisfaction with providers and case management during visits. Case managers shared that the licenser sends out surveys to case managers about foster care providers, but the feedback case managers provide is not always addressed.

Case managers stated that they have had communication issues with some of the hospitals they work with and that some do not always call them when a participant is discharged or are

unresponsive to requests for information. They added that the mental health unit at the hospital does not have the capacity to address the high behavioral needs of some participants and do not always communicate about discharge of these individuals. However, they did note that the local hospital has a great discharge planner.

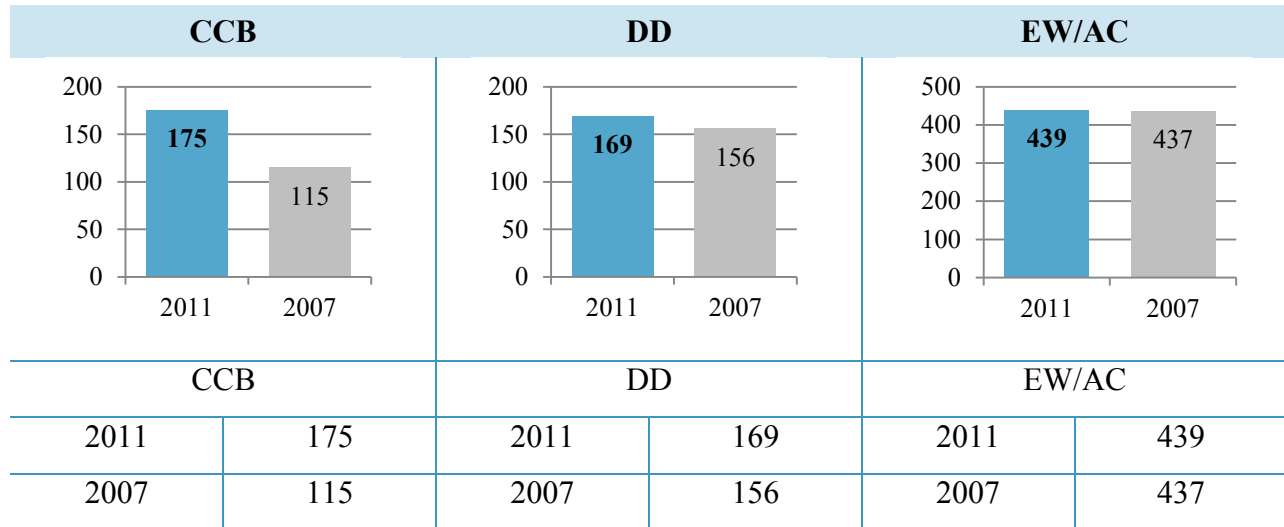
Case managers stated that they work with about seven school districts and communication with the schools is not great. They shared that they are often not notified or invited to Individual Education Program (IEP) meetings. Case managers said that while some teachers do a good job of involving the case managers, others either do not want them there or do not understand their role.

Case managers stated that customized living providers often try to be too creative with their services or provide unnecessary services which results in inflated rates. They added that there are some customized living providers that are a good fit for some younger CADI participants who need that level of care. Case managers shared that participants have a lot of choices for home care providers. Case managers said their relationships with the Area Agency on Aging are very good and stated that the senior advocates help participants with paperwork and have trainings for families.

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 Mower County (2007 & 2011)



Since 2007, the total number of persons served in the CCB waiver program in Mower County has increased by 60 participants (52.2 percent); from 115 in 2007 to 175 in 2011. Most of this growth occurred in the case mix B, which grew by 32 people. As a result, Mower County may be serving a larger percentage of individuals with mental health needs on the CCB waivers.

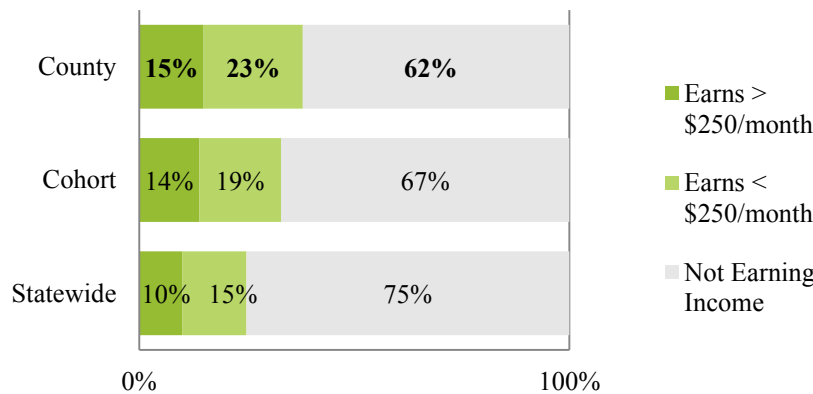
Since 2007, the number of persons served with the DD waiver in Mower County increased by 13 participants, from 156 in 2007 to 169 in 2011. In Mower County, the DD waiver program is growing more slowly than the cohort as a whole. While Mower County experienced an 8.3 percent increase in the number of persons served from 2007 to 2011, its cohort had a 9.3 percent increase in number of persons served. In Mower County, the profile groups 3 and 4 each increased by seven people. The greatest change in the cohort occurred in profile group 3. In addition, Mower County serves a higher proportion of the highest need individuals (42.0 percent), those in profile groups 1 and 2, than their cohort (37.8 percent).

Since 2007, the number of persons served in the EW/AC program in Mower County has increased by two people (0.5 percent), from 437 people in 2007 to 439 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increases occurred in case mixes B and E. As a result, Mower County may be serving a larger proportion of individuals with mental health needs on the EW/AC programs.

Value

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

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

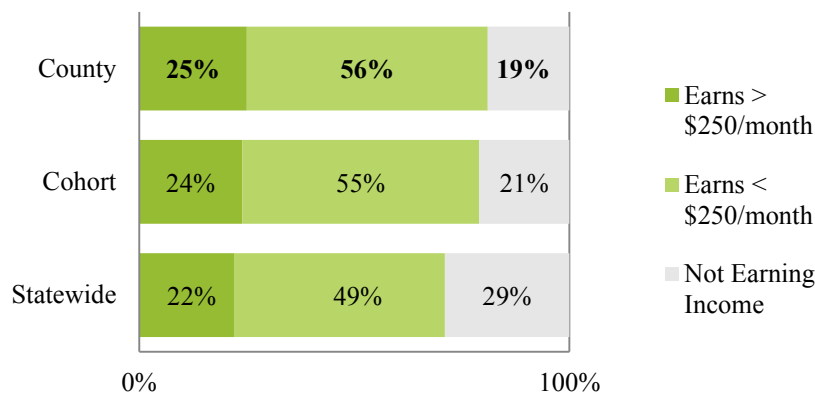


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Mower County	15%	23%	62%
Cohort	14%	19%	67%
Statewide	10%	15%	75%

In 2011, Mower County served 143 working age (22-64 years old) CCB participants. Of working age participants, 37.8 percent had earned income, compared to 32.5 percent of the cohort's

working age participants. **Mower County ranked 25th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Mower County, 14.7 percent of the participants earned \$250 or more per month, compared to 13.5 percent of its cohort's participants. Statewide, 10.0 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 (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Mower County	25%	56%	19%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

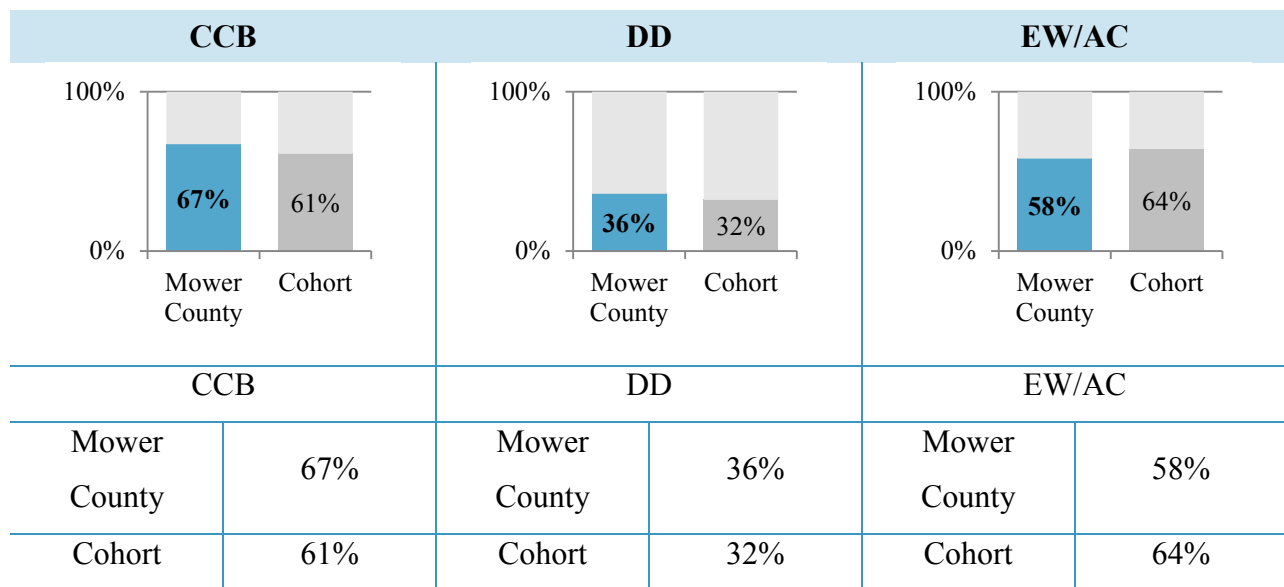
In 2011, Mower County served 121 DD waiver participants of working age (22-64 years old). **The county ranked 38th in the state for working-age participants earning more than \$250 per month.** In Mower County, 24.8 percent of working age participants earned over \$250 per month, while 23.7 percent of working age participants in the cohort as a whole did. Also, 81.0 percent of working age DD waiver participants in Mower County had some earned income, while 78.8 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.

In the focus group, case managers expressed frustration with vocational providers, saying that there is not much innovation in the way they operate. They did mention that there are few jobs for participants in the community due to the economy.

Sustainability

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

Percent of Participants Living at Home (2011)



Mower County ranks 30th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 117 participants at home. Between 2007 and 2011, the percentage decreased by 11.4 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 2.0 points. In 2011, 66.9 percent of CCB participants in Mower County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Mower County ranks 19th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 60 participants at home. Between 2007 and 2011, the percentage increased by 6.7 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.5 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

Mower County ranks 70th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 254 participants at home. Between 2007 and 2011, the percentage decreased by 8.3 percentage points. In comparison, the percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Mower County</td><td>\$86</td></tr> <tr><td>Cohort</td><td>\$101</td></tr> </table>	Category	Rate	Mower County	\$86	Cohort	\$101	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Mower County</td><td>\$173</td></tr> <tr><td>Cohort</td><td>\$180</td></tr> </table>	Category	Rate	Mower County	\$173	Cohort	\$180
Category	Rate													
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Cohort	\$101													
Category	Rate													
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Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Mower County</td><td>\$157</td></tr> <tr><td>Cohort</td><td>\$163</td></tr> </table>	Category	Rate	Mower County	\$157	Cohort	\$163	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Mower County</td><td>\$231</td></tr> <tr><td>Cohort</td><td>\$220</td></tr> </table>	Category	Rate	Mower County	\$231	Cohort	\$220
Category	Rate													
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Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Mower County</td><td>\$52</td></tr> <tr><td>Cohort</td><td>\$62</td></tr> </table>	Category	Rate	Mower County	\$52	Cohort	\$62	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Mower County</td><td>\$71</td></tr> <tr><td>Cohort</td><td>\$93</td></tr> </table>	Category	Rate	Mower County	\$71	Cohort	\$93
Category	Rate													
Mower County	\$52													
Cohort	\$62													
Category	Rate													
Mower County	\$71													
Cohort	\$93													

Average Rates per day for CADI services (2011)

	Mower County	Cohort
Total average rates per day	\$85.54	\$101.14
Average rate per day for residential services	\$157.34	\$163.08
Average rate per day for in-home services	\$52.12	\$62.15

Average Rates per day for DD services (2011)

	Mower County	Cohort
Total average rates per day	\$173.18	\$179.75
Average rate per day for residential services	\$230.92	\$219.77
Average rate per day for in-home services	\$71.31	\$93.24

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 Mower County is \$15.60 (15.4 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Mower County spends \$5.74 (3.5 percent) less on residential services and \$10.03 (16.1 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Mower County ranks 24th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

The average cost per day for DD waiver participants in Mower County is \$6.57 (3.7 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Mower County spends \$11.15 (5.1 percent) more on residential services but \$21.93 (23.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Mower County ranks 41st of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

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.

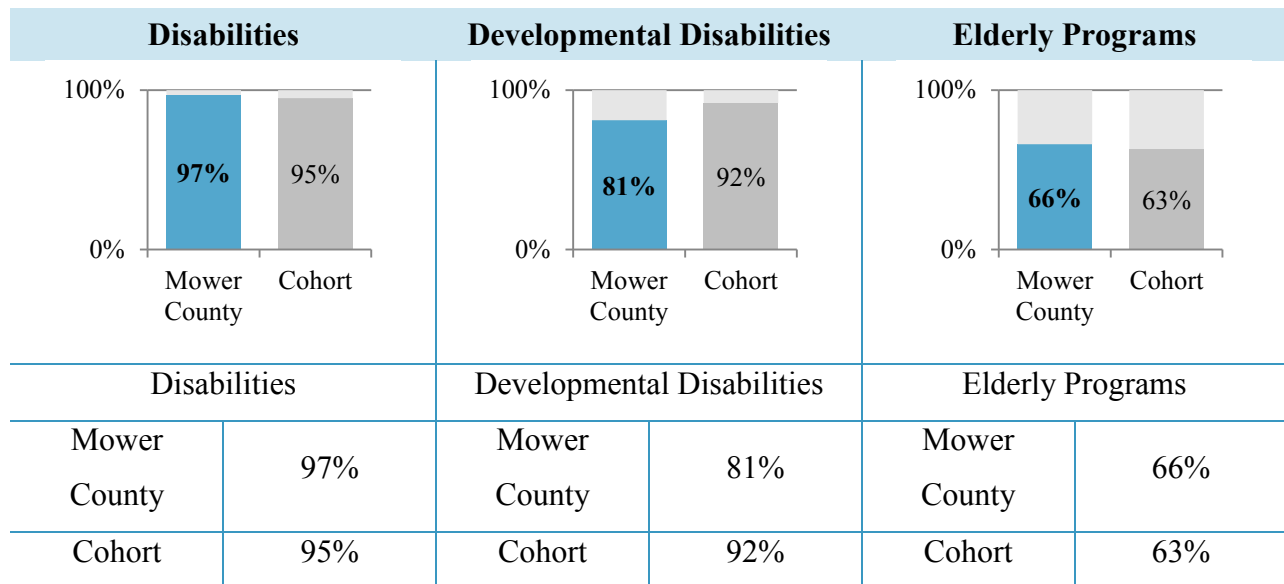
Mower County has a lower use in the CADI program than its cohort of some residential based services such as Foster Care (17% vs. 25%), but a higher use of others; Customized Living (20% vs. 11%). The county has a higher use of Supported Employment Services (28% vs. 12%). They have a higher use of some in-home services including Homemaker (38% vs. 29%), Home Delivered Meals (26% vs. 19%), and Home Health Aide (12% vs. 6%), but a slightly lower use of Independent Living Skills (17% vs. 20%). Fifty-one percent (51%) of Mower County's total payments for CADI services are for residential services (35% foster care and 16% customized living) which is lower than its cohort group (54%). Mower County's family foster care rates are higher than its cohort when billed monthly (\$3,562.64 vs. \$3,411.75 per month), but are lower when billed daily (\$142.98 vs. \$174.89 per day). Corporate foster care rates are lower than its cohort when billed monthly and when billed daily (\$5,291.03 vs. \$5,459.40 per month and \$203.44 vs. \$228.58 per day).

Mower County's use of Supportive Living Services (SLS) is lower than its cohort (66% vs. 68%) 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. Mower County's daily Supportive Living Services rates are notably higher than its cohort (\$246.98 vs. \$203.31). For vocational services, the county's use of Day Training & Habilitation is higher than its cohort (72% vs. 61%). Its use of Respite Services (23% vs. 18%) and in home family support (23% vs. 16%) is also higher than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2011)



In 2011, Mower County served 230 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 24 in institutional care. Mower County ranked 15th of 87 counties in the percent of LTC participants receiving HCBS; 97.0 percent of their LTC participants received HCBS. This is higher than their cohort, where 94.6 percent were HCBS participants. Since 2007, Mower County has increased its use of HCBS by 5.3 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Mower County served 184 LTC participants (persons with development disabilities) in HCBS settings and 43 in institutional settings. Mower County ranked 82nd of 87 counties in the percentage of DD participants receiving HCBS with 80.6 percent of its DD participants receiving HCBS; a lower rate than its cohort (91.9 percent). Since 2007, Mower County has decreased its use by 1.5 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Mower County served 441 LTC participants (over the age of 65) in HCBS settings and 239 in institutional care. Mower County ranked 27th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 65.7 percent received HCBS. This is

higher than their cohort, where 63.3 percent were HCBS participants. Since 2007, Mower County has increased its use of HCBS by 5.6 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Facility Usage Rates per 1000 Residents (2011)

	Mower County	Cohort	Statewide
Age 0-64	0.25	0.35	0.47
Age 65-84	26.80	24.75	23.11
TOTAL	4.96	3.54	3.24

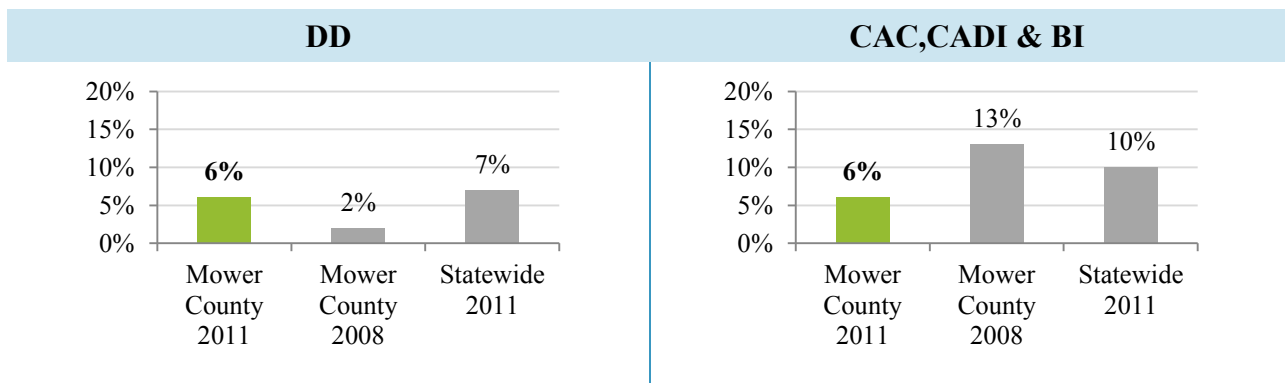
In 2011, Mower County was ranked 42nd in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Mower County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has decreased by 6.7 percent in Mower County. Overall, the number of residents in nursing facilities has decreased by 6.9 percent since 2009.

In the focus group, case managers stated that some nursing facilities are better than others. They noted that nursing facilities do not notify case managers about screenings until a few days before one is needed. County staff added that they are not always notified about discharges in a timely manner which makes it difficult for case managers to plan services to ensure participants are safe when they return home.

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
Mower County (2011)	6%	6%
Mower County (2008)	2%	13%
Statewide (2011)	7%	10%

At the end of calendar year 2011, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Mower County had a 6% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Mower County’s DD waiver balance is larger than its balance in CY 2008 (2%), but smaller than the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Mower County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Mower County had a 6% balance at the end of fiscal year 2011, which is a smaller balance than the statewide average (10%) and the balance in FY 2008 (13%).

There is currently a waitlist of 14 participants for the CCB programs. The Public Health Supervisors shared that they have reuse slots available to serve additional participants, but do not have enough staff to use CCB slots. A CCB social worker monitors the Waiver Management System (WMS). Public Health case managers meet weekly to discuss availability of slots and individual requests for increases.

There is also a DD waitlist of 3 participants in Mower County. There is a policy in place to assess the needs of the participants to help prioritize new slots. They also have team meetings where they discuss any openings and to review requests for increases in services or dollars. The DD lead worker monitors allocations, runs simulations in WMS, and creates a spreadsheet to share at meetings.

County Feedback on DHS Resources

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

Mower 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	1	1	1	0	2
Help Desk	0	1	1	1	0
Disabilities Service Program Manual	1	0	1	2	3
DHS website	0	1	1	2	3
E-Docs	0	2	0	0	6
Disability Linkage Line	0	1	0	0	1
Senior Linkage Line	0	0	0	2	4
Bulletins	0	1	7	0	0
Videoconference trainings	1	1	0	5	1
Webinars	1	1	0	4	1
Regional Resource Specialist	0	0	4	2	0
Listserv announcements	0	0	2	3	0
MinnesotaHelp.Info	0	0	1	2	0
Ombudsmen	1	1	1	0	0

Case managers shared that office support staff submit questions to Policy Quest. Case managers look up answers to questions that others have submitted. They stated that some staff have found the search function difficult to use and sometimes it takes a long time to receive answers to submitted questions. Supervisors stated that they think Help Desk is a nice tool, but case managers found that the helpfulness often depends on who they come into contact with through e-mail. Some case managers use the Disabilities Service Program Manual (DSPM) as their main source of information while others do not like the search function as it does not always direct them to the correct information. Supervisors found the DHS website hard to navigate; however, case managers stated that they use the DHS website for the directory to contact people at DHS, and one case manager has useful information bookmarked there. Case managers shared that while they have had some technical issues when printing forms in E-Docs, it is used to access the most up-to-date forms. Case managers said that they refer people to the Disability Linkage Line. Case managers have found that the Senior Linkage Line is helpful when they call with questions.

Case managers stated that they receive information about changes in bulletins after the fact and that they do not always have time to read them. A supervisor shared that there are not many videoconferences with a DD focus and that staff still usually have to travel to Olmsted County to attend even though they have equipment available in the county. County staff shared that the Regional Resources Specialist (RRS) has been great, but that the RRS does not have enough time to dedicate to answering their questions. They contact her a lot with questions and feel she is a great source of information. Case managers have referred families to MinnesotaHelp.info. Case managers shared that they have had some less than great experiences with Ombudsmen recently.

County Strengths, Recommendations & Corrective Actions

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

Mower County Strengths

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

- **Mower County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, Mower County received a corrective action for the following items being out of compliance: timing of assessment to care plan, OBRA Level One, BI form, CAC form, ICF/DD Level of Care, DD screening document signatures, care plan signatures, face-to-face visits, and back-up plan and emergency contact for CCB participants. In 2013, none of these issues remain for Mower County indicating technical improvements over time.
- **Case managers are strong advocates for participants.** They are hardworking and dedicated to going the extra mile to ensure participants' health and safety needs are met. Case managers have strong working relationships with each other and are supportive of one another. They collaborate and problem-solve to provide needed services for participants. Case managers get to know participants and their families through frequent face-to-face visits. Frequent visits to participants allow case managers to not only build a strong relationship, but also monitor the participant and be proactive in putting preventative services in place to ensure the health and safety of the participant. Across waiver programs, participants receive an average of three visits every 18 months.
- **Mower County case managers work well with each other and the county's financial unit.** The Public Health and Human Services departments and staff have good working relationships with one another. Teamwork and collaboration among social workers and the

public health nurses are strengths of the county. In addition, case managers frequently communicate with lead financial workers about waiver participants on their caseload. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility to receive services.

- **Multiple sources of data indicate that Mower County staff is well-connected to the community and with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Their knowledge of local providers helps case managers connect participants with providers that are a good fit for their unique needs and preferences. They have deliberately built strong relationships and collaborated with providers over time. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Mower County has a good senior advocates program that helps senior participants navigate programs and complete paperwork.
- **The case files reviewed in Mower County consistently met HCBS program requirements, and the quality of the care plan has improved.** Mower County has a practice in place for timely completion and documentation of the CAC form, BI form, OBRA Level One, informed consent to release information, and HIPAA privacy practices. In addition, caregiver needs were addressed in the care plan in 79% of cases reviewed. The DD program uses the individualized Interagency Intervention Plan (IIIP) as a care plan for children attending school which is considered a best practice.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal**

annually. The counties must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.

- **Develop case load management systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management has become more complicated. Mower County currently has very high caseloads in the LTC programs. It is also difficult for staff to stay current on program requirements, and case managers are in need of additional supports. The county may want to consider several strategies to keep up with case load growth and increasing complexity of cases. Mower County should consider expanding contracted case management services to help serve participants that live out of the region to cut down on travel time, to cover during staffing shortages, and to provide culturally appropriate services. Another is to create fillable electronic forms or have office support assist in creating packets to ensure forms are current and promote consistency.
- **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these participants.** Having a single case manager would streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at www.MinnesotaHCBS.info/.
- **Mower County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care

plan should be meaningful and unique to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs.

- **Maintain focus and expand planning efforts for critical service needs that promote sustainability and quality of life for waiver participants.** Mower County has achieved high rates of participants with earned income and high rates of participants living in their own homes. However, many waiver participants are currently under age 23 and will be transitioning soon from school to work and from their family home into their own home. To ensure it is able to keep up this strong performance, the county should formally solicit providers capable of serving DD and CADI participants to develop additional capacities in community-based employment opportunities and supports for participants living 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 county 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 consumer satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the county to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. The county should also request progress reports as a way to regularly monitor provider performance.
- **Mower County has reserves in the CCB budget and is able to provide additional services to participants these programs.** Mower County's CCB waiver budget balance was 6% at the end of FY 2011 and they have a waitlist. Therefore, there is room in the budget to add more participants or enhance services such as supportive employment or in-home

services for current participants. The county may also want to consider using their business office expertise to help manage allocations.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC assessments for CAC, CADI, and BI programs occur 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 three out of six assessments for new CAC, CADI, and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant needs and health and safety issues.** All care plans must be updated with this information. Four out of 27 EW cases and one out of 14 CADI cases did not include documentation of participant needs in the care plan. In addition, two out of 14 CADI cases, one out of 27 EW cases, and three out of 10 AC cases did not include documentation of health and safety issues. The care plan is the one document that all participants receive. Therefore, it must include information the participant's needs including any health and safety issues that should be addressed by formal and informal services the participant is receiving.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an**

annual basis. It is required that all HCBS participants have a completed documentation of their informed right to appeal included in the case file. Currently, six out of 14 CADI cases, five out of seven BI cases, 24 out of 27 EW cases, and five out of 11 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 11 DD cases did not have documentation that the participant had been informed of their right to appeal within the past year.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review**

Team's site visit. Although it does not require Mower 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 52 cases. All items are to be corrected by May 27, 2013 and verification submitted to the Waiver Review Team to document full compliance. Mower County submitted a completed compliance report on May 21, 2013.

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	17	N / A	14	3	N / A	N / A
Screenings done on time for new participants (PR)	93%	98%	50%	100%	AC / EW, DD	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	86%	76%	CCB, DD	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	97%	97%	96%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	97%	97%	100%	91%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	99%	97%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	92%	87%	100%	91%	CCB, DD	N / A
Choice questions answered in care plan (PR)	93%	95%	92%	91%	ALL	N / A
Participant needs identified in care plan (PR)	65%	51%	83%	73%	N / A	AC / EW
Inclusion of caregiver needs in care plans	79%	71%	78%	100%	DD	N / A
OBRA Level I in case file (PR)	97%	100%	92%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	82%	N / A	N / A	82%	N / A	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)	82%	N / A	N / A	82%	N / A	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
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	100%	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=20</i>)	90%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=20</i>)	85%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	92%	82%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	65%	65%	54%	91%	DD	AC / EW, CCB
Back-up plan (PR for CCB)	36%	8%	92%	9%	CCB	N / A
Emergency contact information (PR for CCB)	89%	84%	100%	82%	CCB	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Informed consent documentation in the case file (PR)	88%	78%	100%	91%	CCB, DD	N / A
Person informed of right to appeal documentation in the case file (PR)	42%	32%	54%	46%	N / A	ALL
Person informed privacy practice (HIPAA) documentation in the case file (PR)	96%	97%	100%	82%	AC / EW, CCB	N / A

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	63%	62%	54%	82%	N / A	AC / EW, CCB
Documentation of participant satisfaction in the case file	38%	38%	42%	27%	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)	100%	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)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	66%	97%	81%	AC / EW, CCB	DD
Percent of LTC funds spent on HCBS	N / A	40%	94%	75%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	50%	65%	84%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	93%	98%	DD	CCB
Percent of waiver participants served at home	N / A	58%	67%	36%	CCB, DD	AC / EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	15%	25%	CCB, DD	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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.