Minnesota Department of Human Services Waiver Review Initiative

Report for: **Norman County**

Waiver Review Site Visit: September 2012

Report Issued: November 2012

Contents

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 Norman 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 Norman County
Case File Review	32 cases
Provider survey	7 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 5 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 Norman County

In September 2012, the Minnesota Department of Human Services conducted a review of Norman County's Home and Community Based Services (HCBS) programs. Norman County is a rural county located in northwest Minnesota. Its county seat is located in Ada, Minnesota and the county has another seven cities and twenty-four townships. In State Fiscal Year 2011, Norman County's population was approximately 6,869 and served 158 people through the HCBS programs. In 2011, Norman County had an elderly population of 20.5%, placing it 13th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Norman County's elderly population, 12.9% are poor, placing it 9th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Norman County Department of Social Services is the lead agency for all HCBS programs and provides case management for these programs. They also provide care coordination for Medica, Blue Plus, and UCare Managed Care Organizations (MCOs). Norman County's Social Services Director oversees all of the waiver programs and four case managers who manage a mix of all the waiver programs. Two Social Services case managers specialize in DD waivers, one case manager specializes in CADI waivers and handles Blue Plus managed care cases, and one case manager focuses on AC, EW, BI and CAC waivers and Medica managed care cases. One of the Social Services case managers has the role of lead worker. Case managers have a mix of experience and have been with the county from five years to 23 years.

Norman-Mahnomen Public Health includes all Public Health functions. It is a separate department from Social Services. The Public Health Director oversees public health involvement

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

Norman County completes dual initial assessments and six month reassessments with a social worker and public health nurse for CADI, CAC, BI, EW and AC waivers. The social worker and public health nurse also work together on care plan development. For DD waivers, Social Services case managers typically complete the screening and only involve public health nurse when needed for participants with high medical needs.

Average caseloads for workers range approximately from 20 waiver cases to 80 waiver cases. Many of the case managers have other program responsibilities in addition to their waiver caseloads. The County has one intake line, which is managed by Social Services. Intake responsibility rotates between all seven of the social workers that work in Norman County. Since case managers in Norman County specialize, cases are assigned based on waiver program or MCO. There is a lead worker in Norman County who monitors caseloads and will distribute cases differently, if needed. The social worker will notify the public health nurse when referrals come in so they can coordinate the assessment.

Working Across the Lead Agency

Norman County has two financial workers with waiver caseloads. One financial worker does cases over 65 years of age and the other does cases under 65 years of age. Social Services case managers work closely with financial workers to ensure individuals receive waiver services if they are eligible. Case managers are able to communicate directly with financial workers since their offices are located nearby or they use a communication form. Case mangers stated that it is more complicated for them to get people on Medical Assistance when paperwork in not coded correctly by financial workers.

The Social Services Department manages adult protection, child protection, and mental health, but Public Health works closely with Social Services for waiver participants. When a case involves adult or child protection, a team of three workers meet to staff and solve the issue. In the focus group, case managers stated that they work closely with adult and child protection

workers and communication about cases flows both ways. Norman County also participates in the Children's and Mental Health Collaborative which allows them to work with other organizations to generate revenue and assist participants.

The Social Service Board meets monthly and the Social Services Director presents any changes and requests approval for contracts. The lead worker also gives an annual update on programs and caseloads. The Public Health Director also meets with the Board when there is an issue with the budget. The Board has been supportive of collaboration between Social Services and Public Health. The Public Health Director shared that the Board is receptive and knowledgeable about the waiver programs.

Health and Safety

In the Quality Assurance survey, Norman County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified well trained and knowledgeable case managers and that case managers are advocates for consumers as county strengths. County staff shared that case managers have strong relationships with clients and their families and know the community and the available resources.

In order to stay current with requirements, Norman County staff attends trainings. Social Services staff holds a weekly staff meeting and staff share information from trainings they have attended. Case managers stated that they stay current and maintain expertise in the waiver programs by attending regional meetings, reading bulletins, talking to others, and referencing the Disabilities Service Program Manual. Case managers also mentioned that the managed care organizations help them keep up with changes. In addition, the Public Health Director mentioned attending health meetings, webinars, and videoconference trainings. Case managers mentioned that it is hard for them to keep up with the program changes, especially changes to the Customized Living rate tool. The Social Services Director finds it difficult to keep up with all of the managed care and DHS changes; in particular, the changes make it difficult to administer programs and to provide cost effective services. In their efforts to stay current with requirements,

Social Services does self-audits of case files with both the lead worker conducting reviews and case managers reviewing each other's cases.

Service Development and Gaps

Norman County staff noted that, due to being a rural county, a challenge they face is a lack of providers. During staff meetings, county staff identify service gaps. A gap analysis is then conducted on a case-by-case basis. The Social Services Director checks with other directors to see if they are also experiencing a true need for the services, or if something has already been developed in another county. County staff will also contact case managers in other counties about their service needs. If a need is identified, the Social Services Director will contact providers and try to get them to provide a service in the county.

Community and Provider Relationships/Monitoring

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

Norman County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2 3 -4 5+		
	Average	Average	Average
Nursing Homes	0	0	4
Schools (IEIC or CTIC)	0	0	3
Advocacy Organizations	0	2	0
Area Agency on Aging	4	1	0
Public Health programs for Seniors	0	0	4
Residential Providers (CL, SLS)	0	0	1
Foster Care	0	2	0
Home Health Care	0	0	5

Case managers stated that overall they have good working relationship with providers. They find that providers look to them for advice and call to ask questions; they feel comfortable talking to the case managers. When an issue arises with a provider, county staff discuss the issue at their staff meeting. If needed, supervisors will talk directly to the provider. When clients or guardians have an issue with a provider, they will call the county. Case managers will talk directly with the provider and if the issue persists, a director will get involved and will hold a contract discussion.

In the focus group, case managers stated that overall relationships with customized living providers are good. With one customized living provider there have been some growing pains with certain areas such as learning to bill correctly. Case managers also mentioned that a corporate foster care provider has recently changed staffing so their relationship with them is improving. Case managers indicated they have good relationships with home care providers and if they call the providers they will provide them with participants' home health care 485 reports.

When it comes to working with schools, case managers stated in the focus group that they are invited to Individual Education Program (IEP) meetings and vocational staff members are invited

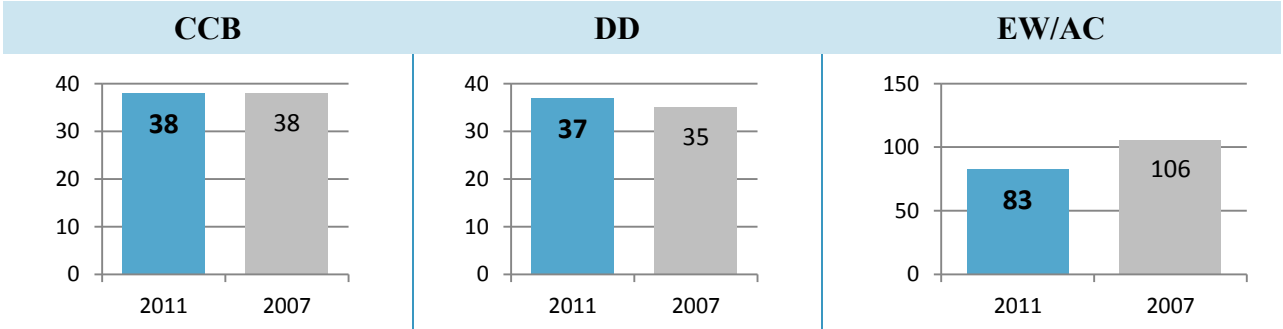
as well. The school nurse office is located in Public Health which is helpful. Case managers stated that clients like vocational providers and that they attend meetings.

Case managers find that the Options Interstate Resource Center for Independent Living and Freedom Resource Center are good mediators with families about what services they can actually get. Case managers also find that the advocacy organization, PACER, is supportive of families. Case managers build their own relationships with out of county hospitals and the doctor at the hospital in Ada calls them about clients. Case managers stated that they do not know where their regional Area Agency on Aging is located and they have not had much exposure to the agency.

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 Norman County (2007 & 2011)



CCB		DD		EW/AC	
2011	38	2011	37	2011	83
2007	38	2007	35	2007	106

Since 2007, the number of persons served in the EW/AC program in Norman County has decreased by 23 people (21.7%), from 106 people in 2007 to 83 people in 2011. Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants

(those with case mixes A and L). Norman County served 30 fewer lower needs participants in 2011 than in 2007. In addition, several of the higher need case mixes grew slightly. As a result, Norman County is serving fewer people, but a greater proportion of them have higher needs.

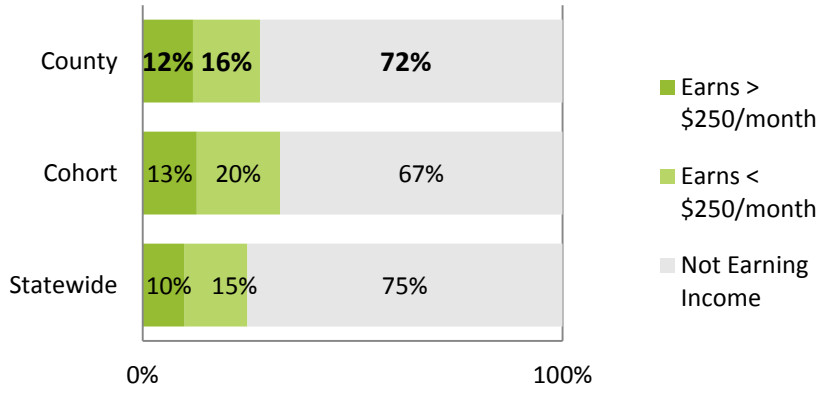
Since 2007, the total number of persons served in the CCB Waiver program in Norman County has remained stable at 38 people. Although the number of participants in case mix A declined by seven people, there was an increase of seven people in case mixes B through K. As a result, Norman County is serving the same number of people, but a significantly larger proportion of them have higher needs.

Since 2007, the number of persons served with the DD waiver in Norman County increased by two participants; from 35 in 2007 to 37 in 2011. In Norman County, the DD waiver program is growing at about the same pace as the cohort as a whole. While Norman County experienced a 5.7% increase in the number of persons served from 2007-2011, its cohort had an 8.5% increase in number of persons served. In Norman County, the Profile 3 group was the only one that increased. The greatest change in the cohort profile groups also occurred in persons having a Profile 3. The number of people in Profiles 1 and 2 did not change. Norman County still serves a similar proportion of persons in these groups (29.7%) as its cohort (31.9%).

Value

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

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

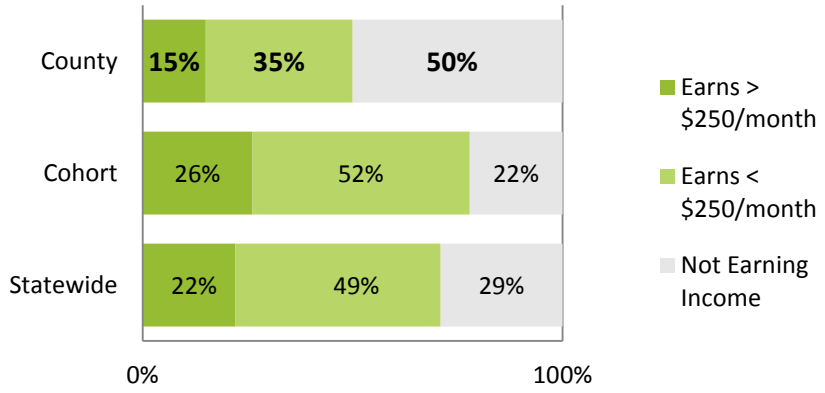


	Earns > $250/month	Earns < $250/month	Not Earning Income
Norman County	12%	16%	72%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Norman County served 25 working age (22-64 years old) CCB participants. Of working age participants, 28.0% had earned income, compared to 32.7% of the cohort's working age participants. Norman ranked 42nd of 87 counties in the percent of CCB waiver participants earning more than $250 per month. In Norman County 12.0% of the participants earned $250 or more per month, compared to 12.9% its cohort's participants. Statewide, 10.0% of the CCB waiver participants of working age have earned income of $250 or more per month.

From 2007-2011, the number of working age CCB participants in Norman County increased by five people. Over the same time period, the percentage of those participants with earned income increased from 26.7% to 28.0%. In comparison, its cohort increased just slightly from 28.7% to about 32.7% and the statewide rate increased from 10.2% to 25.0%.

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



	Earns > $250/month	Earns < $250/month	Not Earning Income
Norman County	15%	35%	50%
Cohort	26%	52%	22%
Statewide	22%	49%	29%

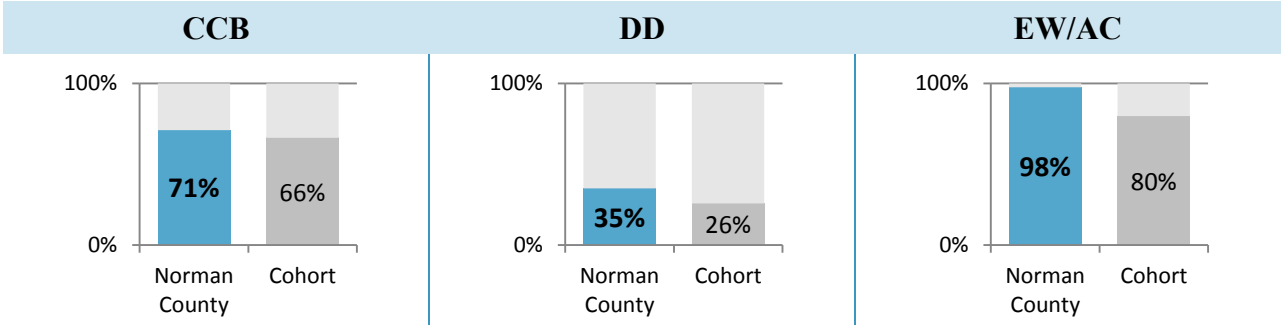
In 2011, Norman County served 20 DD waiver participants of working age (22-64 years old). The county ranked 77th in the state for working-age participants earning more than $250 per month. In Norman, 15.0% of working age participants earned over $250 per month, while 26.0% of working age participants in the cohort as a whole did. Also, 50.0% of working age DD waiver participants in Norman County had some earned income, while 77.5% of participants in the cohort did. Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

From 2007-2011, Norman County's percentage of working-age DD waiver participants with earned income increased from 33.3% to 50.0%. In comparison, the percentage of working age participants with earned income in the cohort only increased from 75.6% to 77.5%. Statewide, there was a modest increase in the number of participants with earnings; from 71.1% to 71.3% over the same time period. While the percentage of DD waiver participants is increasing statewide, the rate has increased at a faster pace in Norman County.

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)



CCB		DD		EW/AC	
Norman County	71%	Norman County	35%	Norman County	98%
Cohort	66%	Cohort	26%	Cohort	80%

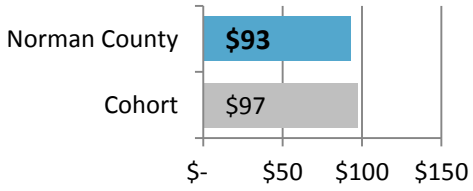
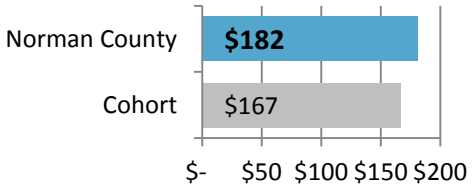
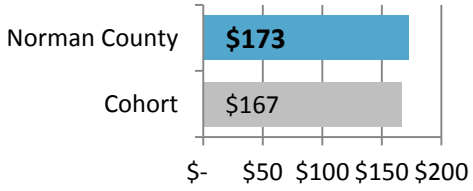
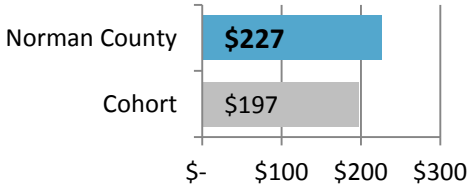
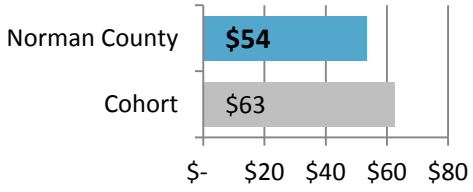
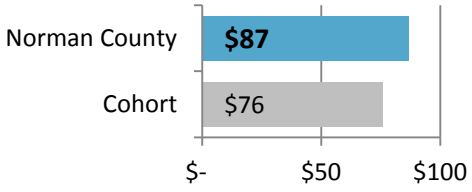
Norman County ranks 22nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 38 people. Of those people, 27 participants were served at home. Between 2007 and 2011, the percentage decreased by 5.3 percentage points. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 71.1% of CCB participants in Norman County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Norman County ranks 21st out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 37 people on the DD waiver. Of those people, 13 participants were served at home. Between 2007 and 2011, the percentage decreased by 4.9 percentage points. In comparison, the percentage of participants served at home in their cohort

remained fairly stable, falling by only 0.2 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6% to 35.7%.

Norman County ranks 1st out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 81 participants at home. Between 2007 and 2011, the percentage increased by 4.2 percentage points. In comparison, the percentage of participants served at home fell by 3.2 percentage points in their cohort and increased by 1.2 points statewide. In FY11, 75.4% of EW/AC participants were served in their homes statewide. Norman County serves a higher proportion of EW/AC participants than their cohort or the state.

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

	CADI	DD
Total average rates per day		
Average rate per day for **residential** services		
Average rate per day for **in-home** services		

Average Rates per day for CADI services (2011)

	Norman County	Cohort
Total average rates per day	$92.75	$97.17
Average rate per day for **residential** services	$172.98	$166.64
Average rate per day for **in-home** services	$53.54	$62.58

Average Rates per day for DD services (2011)

	Norman County	Cohort
Total average rates per day	$181.60	$166.61
Average rate per day for **residential** services	$226.54	$197.28
Average rate per day for **in-home** services	$86.71	$75.80

The average cost per day for CADI waiver participants in Norman County is $4.42 (4.5%) less per day than that of their cohort. The average cost per day is one measure of how efficient and sustainable a county's waiver program is. In comparing the average cost of residential to in-home services, the graph above shows that Norman County spends $6.34 (3.8%) more on residential services but $9.04 (14.4%) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Norman County ranks 34th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is $100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Norman County increased by $35.64 (62.4%), from $57.11 to $92.75. In comparison, the average cost per day in the cohort increased by $22.11 (29.5%), from $75.06 to $97.17. Similarly, the statewide average cost increased by $23.16 (29.9%) over the same time period, from $77.36 to $100.52. The average CADI waiver cost per day has increased more steeply in Norman County than in the rest of their cohort and in the state as a whole.

The average cost per day for DD waiver participants in Norman County is $14.99 (9.0%) higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Norman County spends $29.26 (14.8%) more on residential services and $10.91 (14.4%) more on in-home services than their cohort. In a statewide comparison of the

average daily cost of a DD waiver participant, Norman County ranks 55th of 87 counties. Statewide, the average cost per day for DD waiver participants is $188.52.

From 2007-2011, the average cost per day for DD waiver participants in Norman County increased by $15.60 (9.4%). In comparison, the average cost per day in the cohort increased by $6.76 (4.2%). Similarly, the statewide average cost increased by $8.00 (4.4%) over the same time period, from $180.52 to $188.52. The average waiver cost per day has increased somewhat faster in Norman County than in the state as a whole.

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.

In the CADI program, Norman County has lower use than its cohort of residential based services. While fewer participants receive Foster Care services, (17% vs. 25%), there is slightly higher use of Customized Living (8% vs. 6%) than the cohort. The county has a lower use of some employment related services (Prevocational Services (5% vs. 8%) and Supported Employment Services (8% vs. 12%). They have higher use than their cohort of some in-home services, including Home Delivered Meals (42% vs. 25%) and Homemaker (40% vs. 32%). However, they have lower use of other in-home services, such as Independent Living Skills (8% vs. 17%). Fifty percent of Norman County's total payments for CADI services are for residential services (48% foster care and 2% customized living), which is higher than its cohort group (48%). Norman County's corporate foster care rates are slightly higher than its cohort when billed both monthly ($5,108.69 vs. $5,081.08 per month) and daily ($248.40 vs. $217.39 per day).

Norman County's use of Supportive Living Services (SLS) (64%) is notably lower than its cohort (74%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Its residential daily corporate SLS rates are higher than its cohort ($218.09 vs. $197.62 per day). The county's use of other non-residential services such as In-Home Family Support (21% vs. 15%) and Respite Services (27% vs. 18%) are higher than its cohort. Norman

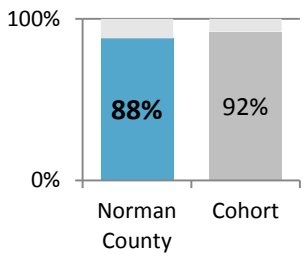
County also has notably higher use of Day Training and Habilitation (72% vs. 61%), but a lower use of Supported Employment (0% vs. 4%).

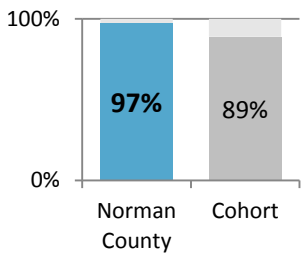
Usage of Long-Term Care Services

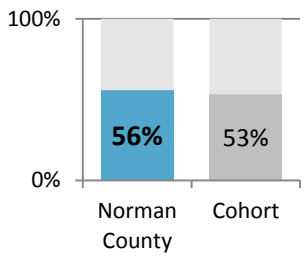
Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

Percent of LTC Participants Receiving HCBS (2011)

Disabilities







Disabilities		Developmental Disabilities		Elderly Programs	
Norman County	88%	Norman County	97%	Norman County	56%
Cohort	92%	Cohort	89%	Cohort	53%

In 2011, Norman County served 56 long-term care (LTC) participants (persons with disabilities under the age of 65) in HCBS settings and 11 in institutional care. Norman County ranked 75th of 87 counties in the percent of LTC participants receiving HCBS; 87.9% of their LTC participants received HCBS. This is slightly lower than their cohort, where 92.1% were HCBS participants. Since 2007, Norman County has decreased its use of HCBS by 9.8 percentage points. Statewide, 94.0% of LTC participant received HCBS in 2011.

In 2011, Norman County served 40 long-term care (LTC) participants (persons with developmental disabilities) in HCBS settings and only 1 in institutional settings. Norman

County ranked 12th of 87 counties in the percentage of LTC participants receiving HCBS with 97.4% of its LTC participants receiving HCBS; a higher rate than its cohort (88.9%). The proportion of participants receiving HCBS has remained relatively stable in Norman County. Since 2007, the county has increased its use by 0.4 percentage points while its cohort rate has increased by 1.1 percentage points. Statewide, 91.6% of LTC participants received HCBS in 2011.

In 2011, Norman County served 85 elderly long-term care (LTC) participants (over the age of 65) in HCBS settings and 78 in institutional care. Norman County ranked 55th of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 55.7% received HCBS. This is higher than their cohort, where 53.2% were HCBS participants. Since 2007, Norman County has increased its use of HCBS by 7.3 percentage points, while their cohort has increased by 5.3 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Norman County	Cohort	Statewide
Age 0-64	**1.12**	0.53	0.47
Age 65+	**39.13**	33.43	23.11
TOTAL	**8.91**	6.53	3.24

In 2011, Norman County was ranked 79th 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. In addition, Norman County has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 26.0% in Norman County. Overall, the total number of residents in nursing facilities of any age has decreased by 22.1% from 77 residents to 60 since 2009.

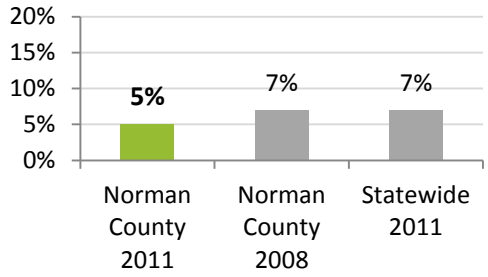
In the focus group, case managers reported that they have good working relationships with nursing homes. Nursing homes will contact them when a consumer is admitted. However, case managers indicated that nursing homes do not do as well with discharge notification and planning, as they will often call the case manager the day the participant is discharged.

Managing Resources

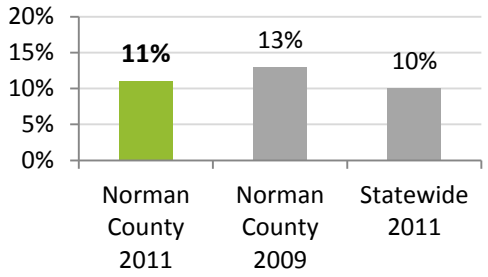
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year

DD



CAC,CADI & BI



	DD	CAC, CADI, BI
Norman County (2011)	5%	11%
Norman County (Past)	7%	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,

Norman County had a 5% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Norman County's DD waiver balance is smaller than its balance in CY 2007 (7%), and the statewide average (7%).

At the end of state fiscal year 2011, the CCB waiver budget had a reserve. Norman 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, Norman County had a 11% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2007 (13%).

The county does not have a waitlist for any waiver programs. Several years ago, Norman County joined the Northwest Eight Alliance which is a group of 8 counties in Northwest Minnesota who manage both the DD and CCB allocations as a group. Counties allocate their own budget, but petition the Alliance for more funds if there is a need. Norman County recently had a need in DD program and received assistance from the Alliance. The Alliance has a panel that makes decisions about managing the pool of waiver dollars according to its formal policy.

In Norman County, the lead worker monitors and manages waiver allocations. Case managers complete a form if a client has a need for more funding. Costs are estimated and the lead worker tests costs in WMS for DD and CCB waivers, and makes a final decision. The Social Services Director stated that the providers drive the rates. Often, they are desperate to place consumers and with limited competition he has limited power to negotiate with the provider.

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.

Norman County Case Manager Rankings of DHS Resources
Scale: 1= Not Useful; 5= Very Useful

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

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

*Although there were five participants in the focus group, the helpfulness of the Regional Resource Specialist was rated six times, indicating that one person rated this indicator twice.

County staff provided feedback about DHS resources and support provided. Case managers said that they use Policy Quest, but do not always get an answer to their question. Case managers find that the Help Desk provides them with the help they need, but does not always seem happy to help. The Public Health Director uses the Help Desk primarily for assistance with service agreement issues. Case managers said they use the Disabilities Service Program Manual all of

the time and find it very helpful and are easily able to find forms. On the other hand, the Public Health Director finds the Disabilities Service Program Manual to be overwhelming and cumbersome. All County staff agreed that they have a hard time finding what they are looking for on the DHS website and commented that it is not user friendly. Case managers stated that they like the Bulletins because they notify them of changes and the links are helpful. The Public Health Director added that she relies on the Bulletins for notice about changes that are occurring.

Case managers attend videoconference trainings and must travel to another town to attend. The Public Health Director noted that she appreciates that the trainings are in a different location so she is not distracted by what is going in the office and they provide an opportunity to share. On the other hand, case managers said they do not like how the trainings are read to them and find it difficult to hear when there are side conversations going on during the trainings. In addition, case managers said they do not always know by the announcement if they should attend a videoconference. Case managers find the webinars convenient because they are able to sit at their own computer. Case managers stated that the Regional Resource Specialist frequently refers them on to other DHS staff or resources which are not familiar with Norman County. This process is time consuming for case managers. . The Public Health Director noted that she calls the Regional Resource Specialist with questions. There is confusion on what the role of the ombudsman should be. Case managers stated they have not received help from the ombudsmen despite having called. The Social Services Director commented that they work with the ombudsmen if they have client who needs help, but with varying degrees of success.

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.

Norman County Strengths

The following findings focus on Norman 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.

- **Norman County addresses issues to comply with Federal and State requirements**. During the previous review in 2006, Norman County received a corrective action for the following items being out of compliance: OBRA Level One form, ICF/DD Level of Care, DD screening documents signed by providers, waiting list procedures, public guardianship roles, and emergency contact and back-up plan for CCB participants. In 2012, none of these issues remain for Norman County indicating technical improvements over time.

- **Case managers are responsive to changing participant needs and are strong advocates for participants.** Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need. Case managers are knowledgeable about resources and the informal supports that are available. They are resourceful and creative in ensuring participants receive needed services. Case managers work well together across the agency and develop good working relationships with providers.

- **Norman County's current strategy of designating a lead worker for the waiver programs serves the county well.** With growing caseloads and continually changing programs, managing the waiver programs has become increasingly complicated over time. The lead worker helps promote consistency in case file organization and completion, and is a valuable resource person for her colleagues.

- **The Social Services and Public Health agencies and staff in Norman County have good working relationships with each other.** Norman County has a dual assessment process for

participants to help assure that participant medical and social needs are identified and met. CCB and EW/AC participants are currently visited every six months for a reassessment, more often than the required frequency.

- **Norman County's participation in the Northwest 8 Alliance helps them meet needs and manage risks.** The county does not currently have a waitlist, and the alliance allows Norman County to spend more of the HCBS budget while being protected in the event of high cost participants. Participating in the alliance has helped lay the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.

- **Norman County has the capacity to serve many waiver participants in their own homes**. The county serves a greater proportion of participants at home in all HCBS programs when compared to its cohort. In 2011, the county ranked 1st out of 87 counties in the percent of EW/AC participant served at home (98%). They also ranked 21st in the percent of DD participants served at home (35%), and 22nd in the percent of CCB participants served at home (71%).

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Norman County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Norman 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 county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.

- **Consider significantly reducing the case load of the lead worker to allow for adequate time to supervise the administration of the waiver programs and manage the training and work of the on-going case managers.** The recently expanded role of the Director has reduced the level of oversight of the day to day operations of the waiver programs and case managers. These programs have complex federal and state requirements, change frequently, and are rapidly growing. The lead worker's high caseload prevents her from fully taking on the essential duties of a lead worker, such as training and mentoring new staff; attending trainings and meetings to learn about program changes; keeping current staff up to date; ensuring compliance with federal and state requirements, and; providing quality assurance and monitoring of case management and providers.

- **Consider expanding contracted case management services to serve participants that live out of the county or in isolated areas of the county, and to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and an effective use of case management time. Build on the existing practice of using contracted case management for participants that live in the Metro to expand to other cases that require significant travel time for cases. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This will also reduce some burden for case managers as some cases require significant windshield time. In such cases, Norman County should treat contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.

- **Continue to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCB and DD programs.** When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. Norman County has lower rates than its cohorts in the percentage of working age participants earning income in the CCB and DD programs. The county should actively focus on developing higher-wage, community employment. The county should consider creating a Request for Information (RFI) for the community-based services that you are looking to

develop. Transportation is a barrier to employment in Norman County, so consider this in service development. Norman County may consider joining efforts with neighboring counties facing similar challenges and use the Northwest 8 Alliance to build leverage for service development.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of informed rights included in their case file. One out of eight CADI cases and one out of eight EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of eight CADI cases, six out of eight EW cases, and two out of five AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, three out of eight EW cases, one out of five AC cases, and one out of eight DD cases did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Norman County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 22 cases. All items are to be corrected by November 13, 2012 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

	PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
1	Participants waiting for HCBS program services	0	N / A	0	0	N / A	N / A
2	Screenings done on time for new participants (PR)	100%	100%	100%	100%	ALL	N / A
3	Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	50%	0%	N / A	CCB, DD
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC / EW n=13**	**CCB n=11**	**DD n=8**	**Strength**	**Challenge**
4	Timeliness of assessment to development of care plan (PR)	75%	69%	82%	N / A	N / A	N / A
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

	PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=13	CCB n=11	DD n=8	Strength	Challenge
6	Care plan signed and dated by all relevant parties (PR)	94%	100%	91%	88%	AC / EW, CCB	N / A
7	All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
8	Choice questions answered in care plan (PR)	97%	100%	91%	100%	ALL	N / A
9	Participant needs identified in care plan (PR)	94%	92%	91%	100%	ALL	N / A
10	Inclusion of caregiver needs in care plans	36%	0%	33%	100%	DD	N / A
11	OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
13	DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
15	Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
16	TBI Form completed and current (PR for BI only)	0%	N / A	0%	N / A	N / A	CCB
17	CAC Form completed and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	N / A
	PROVIDER CAPACITY & CAPABILITIES	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
18	Case managers provide oversight to providers on a systematic basis most of the time or always (*QA survey*)	100%	N / A	N / A	N / A	ALL	N / A
20	Case managers document provider performance most of the time or always (*QA survey*)	100%	N / A	N / A	N / A	ALL	N / A
21	Providers report receiving assistance when requested from the LA (Provider survey, n=7)	86%	N / A	N / A	N / A	N / A	N / A

	PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
22	Providers submit monitoring reports to the LA (Provider survey, n=7)	57%	N / A	N / A	N / A	N / A	ALL
	PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=13**	**CCB n=11**	**DD n=8**	**Strength**	**Challenge**
23	Participants have a face-to-face visit at the frequency required by their waiver program (PR)	94%	100%	82%	100%	AC / EW, DD	N / A
24	Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
25	Back-up plan (PR for CCB only)	63%	62%	100%	13%	CCB	N / A
26	Emergency contact information (PR for CCB only)	94%	92%	100%	88%	AC / EW, CCB	N / A
	PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=13**	**CCB n=11**	**DD n=8**	**Strength**	**Challenge**
27	Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
28	Person Informed of right to appeal documentation in the case file (PR)	56%	23%	73%	88%	N / A	AC / EW
29	Person Informed privacy practice (HIPAA) documentation in the case file (PR)	56%	62%	73%	25%	N / A	AC / EW, DD
	PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n=13**	**CCB n=11**	**DD n=8**	**Strength**	**Challenge**
30	Participant outcomes & goals stated in individual care plan (PR)	94%	100%	82%	100%	AC / EW, DD	N / A
31	Documentation of participant satisfaction in the case file	50%	31%	45%	100%	DD	N / A

	SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
32	Percent of required HCBS activities in which the LA is in compliance (QA survey)	97%	N / A	N / A	N / A	ALL	N / A
33	Percent of completed remediation plans summited by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
34	Percent of LTC recipients receiving HCBS	N / A	56%	88%	97%	AC / EW, DD	CCB
35	Percent of LTC funds spent on HCBS	N / A	24%	76%	96%	DD	AC / EW, CCB
36	Percent of waiver participants with higher needs	N / A	21%	63%	65%	N / A	ALL
37	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
38	Percent of waiver participants served at home	N / A	98%	71%	35%	ALL	N / A
39	Percent of working age adults employed and earning $250+ per month	N / A	N / A	12%	15%	N / A	DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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