

Minnesota Department of Human Services Waiver Review Initiative

Follow-up Report for: **Pennington County**

Follow-up Site Visit: April 2015

Follow-up Report Issued: July 2015

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 Pennington County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

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

[Waiver Review Website](#) at www.MinnesotaHCBS.info

Introduction

In May 2014, the Minnesota Department of Human Services conducted a review of Pennington County's Home and Community Based Services (HCBS) waiver programs. This review resulted in 13 corrective actions for non-compliance. Overall, 41 cases were reviewed and 29 cases required remediation to achieve full compliance. All items were corrected and verification was submitted to the Waiver Review Team in June 2014. The lead agency also submitted corrective action plans detailing what changes would be implemented to ensure continued compliance. A report of this review can be found at:

http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_183972.pdf

In April 2015, DHS conducted a follow-up review of Pennington County's HCBS waiver programs to determine what changes had taken place as a result of the initial waiver review. The purpose of the follow-up was to confirm lead agency compliance with corrective action plans and track local improvements.

Follow-up Review Findings

During the follow-up visit, the Waiver Review Team reviewed a stratified sample of 41 cases to evaluate the lead agency's progress toward achieving compliance in areas where they were found to be inconsistent in meeting state and federal requirements. As part of the follow-up review, the team looked at all compliance items and documented if new issues had emerged as well.

Case File Results Related to Corrective Actions

Corrective Action	2014 Compliance Status	2015 Compliance Status
Ensure that all LTC participants have a LTCC assessment that is current within the past year included in their case file.	Non-compliant	Compliant

Corrective Action	2014 Compliance Status	2015 Compliance Status
Ensure that all participants have an individual care plan that is current within the past year included in their case file.	Non-compliant	Compliant
Ensure that all participants have an individual care plan that is signed and dated by the appropriate parties, within the past year included in their case file.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services.	Non-compliant	Compliant
Ensure that care plans for HCBS participants in all programs include the required documentation of services to be provided, participant needs, health and safety issues, and outcomes and goals.	Non-compliant	Compliant
Include a back-up plan in the care plan of all CCB, EW, and DD program participants.	Non-compliant	Compliant
Ensure that all LTC participants include a completed OBRA Level One form in their case file.	Non-compliant	Compliant
Ensure that all DD cases have a full-team screening document fully completed within the required time frames.	Non-compliant	Compliant
Ensure that all DD cases have a full-team screening document fully completed that includes the three required signatures and dates.	Non-compliant	Compliant

Corrective Action	2014 Compliance Status	2015 Compliance Status
Ensure that case files include the annual BI Assessment and Eligibility Determination form for all BI participants.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.	Non-compliant	Compliant
Case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.	Non-compliant	Compliant
Develop and implement a caseload management plan that will assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.	Non-compliant	Compliant

Lead Agency Progress

- Pennington County has made several changes in an effort to better support case managers.** Since their initial review in 2014, the lead agency has hired a lead worker and is in the process of reorganizing the case management team to allow case managers to become more specialized, limiting the number of different waiver program requirements they need to know. The lead agency has also implemented the practice of holding regular weekly meetings where waiver case managers can learn about updates and have the opportunity to ask questions and consult with one another. The lead agency has also hired a dedicated intake person to stream line and provide consistency in the intake process.
- Pennington County developed internal practices to review case files for compliance and has taken other steps to ensure consistency in care planning.** The lead agency now conducts monthly peer reviews to audit case files. Staff pull a random sample of case files

and review them at a meeting held at the end of each month. The lead agency also created a case file checklist to aid case managers in making sure all required documentation is completed at the time of the assessment.

- **Case files reviewed in Pennington County now consistently meet HCBS program requirements.** The lead agency was found to be compliant in all areas that required corrective action plans after their initial review in 2014. All (100%) of applicable case files included complete and current assessments, DD screenings, and care plans. Every case files included an emergency backup plan and also had all required documentation including OBRA, right to appeal, and BI forms. In addition, nearly all (98%) case files included documentation that participants had received face-to-face visits as required by their waiver program.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team and are areas where a lead agency was found to be inconsistent in meeting state and federal requirements. Corrective 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. A lead agency will be required to update or revise their corrective action plan when items in the original plan did not result in a compliant practice. Follow-up with individual participants is required for all cases when noncompliance is found.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Pennington County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the lead agency, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 1 case. Pennington County submitted a completed case file compliance worksheet on July 6th, 2015.

HCBS Waiver Programs: AC,EW,DD	Legend:	N / A	Improved	Strength		Challenge	
PERSON-CENTERED SERVICE PLANNING & DELIVERY	AC Initial	AC Follow Up	EW Initial	EW Follow Up	DD Initial	DD Follow Up	
Timeliness of assessment and individual care planning	100%	100%	100%	100%	N / A	N / A	
Care plan is current	100%	100%	90%	100%	90%	100%	
Care plan signed and dated by all relevant parties	100%	100%	100%	100%	90%	100%	
All needed services to be provided in care plan	100%	100%	100%	100%	90%	100%	
Choice questions answered in care plan	100%	100%	90%	100%	50%	100%	
Participant needs identified in care plan *	33%	67%	40%	50%	90%	100%	
OBRA Level I in case file	83%	100%	100%	100%	N / A	N / A	
ICF/DD level of care documentation in case file (DD only)	N / A	N / A	N / A	N / A	80%	100%	
DD screening document is current (DD only)	N / A	N / A	N / A	N / A	50%	100%	
DD screening document signed by all relevant parties (DD only)	N / A	N / A	N / A	N / A	10%	100%	
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	0%	N / A	
Employment assessed for working-age participants	N / A	N / A	N / A	N / A	100%	100%	
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	75%	100%	N / A	N / A	
PARTICIPANT SAFEGUARDS	AC Initial	AC Follow Up	EW Initial	EW Follow Up	DD Initial	DD Follow Up	
Participants are visited at the frequency required by their waiver program	100%	100%	100%	100%	60%	100%	
Health and safety issues outlined in care plan	83%	100%	80%	100%	90%	100%	
Back-up plan (Required for EW, CCB, and DD)	33%	100%	80%	100%	50%	100%	
Emergency contact information	100%	100%	90%	100%	100%	100%	
PARTICIPANT RIGHTS AND RESPONSIBILITIES	AC Initial	AC Follow Up	EW Initial	EW Follow Up	DD Initial	DD Follow Up	
Informed consent documentation in the case file	100%	100%	100%	100%	100%	100%	
Person Informed of right to appeal documentation in the case file	50%	100%	90%	100%	90%	100%	
Person Informed privacy practice (HIPAA) documentation in the case file	50%	100%	90%	100%	100%	100%	
PARTICIPANT OUTCOMES AND SATISFACTION	AC Initial	AC Follow Up	EW Initial	EW Follow Up	DD Initial	DD Follow Up	
Participant outcomes & goals stated in individual care plan	100%	100%	100%	100%	70%	100%	

Dark grey shading represents required compliance items.

* Compliance item Meets or Exceeds DHS standards

HCBS Waiver Programs: CAC, CADI, BI	Legend:		N/A	Improved	Strength	Challenge	
PERSON-CENTERED SERVICE PLANNING & DELIVERY	CAC Initial	CAC Follow Up	CADI Initial	CADI Follow Up	BI Initial	BI Follow Up	
Timeliness of assessment and individual care planning	N/A	N/A	80%	100%	60%	100%	
Care plan is current	N/A	N/A	90%	100%	80%	100%	
Care plan signed and dated by all relevant parties	N/A	N/A	90%	100%	80%	100%	
All needed services to be provided in care plan	N/A	N/A	90%	100%	80%	100%	
Choice questions answered in care plan	N/A	N/A	80%	100%	80%	100%	
Participant needs identified in care plan *	N/A	N/A	50%	100%	60%	100%	
OBRA Level I in case file	N/A	N/A	70%	100%	40%	100%	
TBI Form	N/A	N/A	N/A	N/A	40%	100%	
CAC Form	N/A	N/A	N/A	N/A	N/A	N/A	
Employment assessed for working-age participants	N/A	N/A	63%	100%	60%	100%	
PARTICIPANT SAFEGUARDS	CAC Initial	CAC Follow Up	CADI Initial	CADI Follow Up	BI Initial	BI Follow Up	
Participants are visited at the frequency required by their waiver program	N/A	N/A	70%	90%	40%	100%	
Health and safety issues outlined in care plan	N/A	N/A	70%	100%	80%	100%	
Back-up plan (Required for EW, CCB, and DD)	N/A	N/A	40%	100%	60%	100%	
Emergency contact information	N/A	N/A	100%	100%	80%	100%	
PARTICIPANT RIGHTS AND RESPONSIBILITIES	CAC Initial	CAC Follow Up	CADI Initial	CADI Follow Up	BI Initial	BI Follow Up	
Informed consent documentation in the case file	N/A	N/A	90%	100%	80%	100%	
Person Informed of right to appeal documentation in the case file	N/A	N/A	70%	100%	80%	100%	
Person Informed privacy practice (HIPAA) documentation in the case file	N/A	N/A	90%	100%	80%	100%	
PARTICIPANT OUTCOMES AND SATISFACTION	CAC Initial	CAC Follow Up	CADI Initial	CADI Follow Up	BI Initial	BI Follow Up	
Participant outcomes & goals stated in individual care plan	N/A	N/A	90%	100%	80%	100%	

Dark grey shading represents required compliance items.

* Compliance item Meets or Exceeds DHS standards

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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