

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Red Lake County**

Waiver Review Site Visit: September 2012

Report Issued: January 2013

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## **Acknowledgements**

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Red Lake 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](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

*Waiver Review Website:*

[www.MinnesotaHCBS.info](http://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 Red Lake County
Case File Review	26 cases
Provider survey	5 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 3 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 Red Lake County**

In September 2012, the Minnesota Department of Human Services conducted a review of Red Lake County's Home and Community Based Services (HCBS) programs. Red Lake County is a rural county located in north western Minnesota. Its county seat is located in Red Lake Falls, Minnesota and the County has another four cities and thirteen townships. In State Fiscal Year 2011, Red Lake County's population was approximately 4,105 and served 71 people through the HCBS programs. In 2011, Red Lake County had an elderly population of 14.4%, placing it 60<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Red Lake County's elderly population, 10.8% are poor, placing it 26<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Red Lake County's Social Services Department is the Lead Agency for all HCBS programs and provides case management for these programs. The county provides care coordination for Blue Plus and UCare Managed Care Organizations (MCOs).

The Social Services Director oversees all HCBS programs, and supervises three waiver case managers. Case managers have experience in a variety of areas. One case manager's caseload includes EW fee-for-service and managed care cases, one has DD and adult mental health, and one has EW, AC, CCB, and children's mental health. The caseloads for the case managers range from 30 to 50 waiver cases.

### Working Across the Lead Agency

In Red Lake County, case managers work very closely with other individuals and units in the county to serve HCBS participants. Financial workers are co-located with case managers and will talk to case managers face-to-face when questions or issues arise. Mental health and DD workers meet with each other informally as well as occasionally perform joint reviews. When an adult or child protection issue arises, case managers said that they know the appropriate worker to notify.

Red Lake County's Public Health is a joint agency with Pennington County. Only one public health nurse is located in Red Lake Falls; the rest are located in Thief River Falls in Pennington County. A public health worker attends the initial LTCC screening for EW cases and will attend assessments for participants with high medical needs. Public health nurses also complete PCA assessments. Case managers will communicate with public health workers through e-mail.

The County Board holds monthly meetings. County staff shared that Board members are aware of reimbursement for case managers, and the amount of time they spend working with each program. The Board will also refer people to the Social Services Department to learn more about services that are available.

### Health and Safety

In the Quality Assurance survey, Red Lake 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 participants and are responsive to changes in participant needs. County staff shared that case managers are a strong resource in the county and work hard to ensure participants receive services necessary to remain safe and successful in the community.

Case managers noted that it is difficult to keep up with changes and requirements when working with multiple programs. Case managers read bulletins and attend webinars to stay current with program and policy changes. They also consult with other staff or other counties in the region.

### Service Development and Gaps

Red Lake County staff noted that they face several barriers to providing services to participants. Transportation is a major challenge; staff noted that they have limited bus services and buses only operate during a few days a week. They have had difficulty maintaining the volunteer driver program as elderly volunteers are not replaced when they become unable to provide this service.

Red Lake County staff noted that they have a shortage of providers in several areas. County staff shared that they do not have an assisted living provider in the county. Staff also identified adult family foster care, senior companionship, and nursing homes beds as major gaps in service availability. They also have limited specialized services for mental health. Case managers said that they do not have any home care agencies in Red Lake County who provide evening or weekend care. Public Health stopped providing homemaker services in the past year and private providers were able to pick up those services. Providers identified increasing services for participants residing in their own homes as the most urgent area of unmet service needs in the county.

Red Lake County has made efforts to expand services. The county has been working to develop mental health services in the county. In the past, they have tried to develop family foster care homes. They were able to license a family foster care home to serve elderly waiver participants, but then it remained vacant. Staff noted that in the small, rural community, people do not want to use this service. They mentioned that there is a stigma of adult children placing their elderly parents in a family foster care due to the community norm of caring for relatives. When the county spent significant time developing family foster care services for this purpose, the service was underutilized and not sustainable for the provider.

### 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.

**Red Lake County Case Manager Rankings of Local Agency Relationships**

<b>Count of Ratings for Each Agency</b>	<b>1</b>
	<b>2</b>
	<b>3</b>

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Homes	0	1	1
Schools (IEIC or CTIC)	0	2	0
Advocacy Organizations	1	1	1
ARC	0	0	2
Hospitals (in and out of county)	0	2	1
Area Agency on Aging	0	0	2
Public Health programs for Seniors	0	0	2
Employment Providers (DT&H, Supported Employment)	0	0	2
Residential Providers (CL, SLS)	0	2	2
Foster Care Providers	0	1	2
Home Health Care Agencies	0	0	

Red Lake County staff will meet with providers to discuss any issues that arise. If there are problems with providers, case managers will bring them to the Director’s attention. Case managers are also in close contact with providers and are able to easily access them. If the county determines that the provider is not offering services as planned, the county may discontinue the service.

Case managers meet with participants semi-annually across all waiver programs and ask about satisfaction with service providers at these meetings. Red Lake County is looking at developing a site visit monitoring form to use in meetings with participants.



Staff have generally had good experiences with local providers and agencies and noted that they have high quality providers that they can rely on. Case managers shared that they do not currently have anyone participating in the Interagency Early Intervention Committee (IEIC).

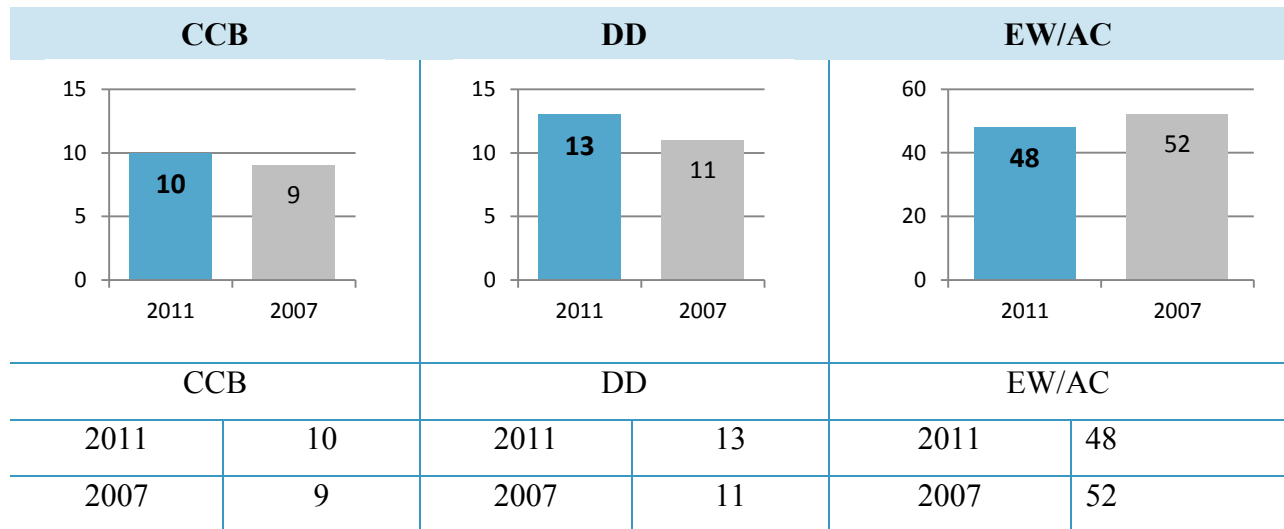
Case managers have had very positive experiences with the Area Agency on Aging. They shared that staff there are very responsive and will research questions for case managers. They also said that training sessions provided by the Area Agency on Aging are very well-done. Case managers said that they work well with Public Health staff and programs such as foot and flu clinics. They have established long-term relationships with the public health nurses and work together on screenings. Case managers shared that ARC workshops are good. Case managers noted that their experience with the Centers for Independent Living depend on the staff member they interact with. Staff also shared that workers from other counties are a great resource for them, and DD case managers are able to meet with them quarterly at regional meetings.

Case managers shared that they have excellent relationships with customized living facilities in Red Lake County. They shared that staff are great to work with and they receive timely notification about participants. Case managers said that hospitals give them timely notifications about DD participants, but do not always notify them about staffing changes. They report that there is a lack of communication both before and after discharge.

## **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 Red Lake County (2007 & 2011)**



Since 2007, the number of persons served in the EW/AC program in Red Lake County has decreased by four people (7.7%), from 52 people in 2007 to 48 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). Red Lake County served five fewer lower needs participants in 2011 than in 2007. In addition, case mixes E, G, and H grew slightly. As a result, Red Lake County is serving one additional higher need person than they did in 2007.

Since 2007, the total number of persons served in the CCB Waiver program in Red Lake County has increased by one participant (11.1%); from nine in 2007 to 10 in 2011. Most of this growth occurred in the case mix B, which grew by three people. Additionally, case mix A grew by one person. Decreases occurred in two case mix categories; D and J. The small number of CCB participants can create large changes in outcomes even when only one or two participants are involved.

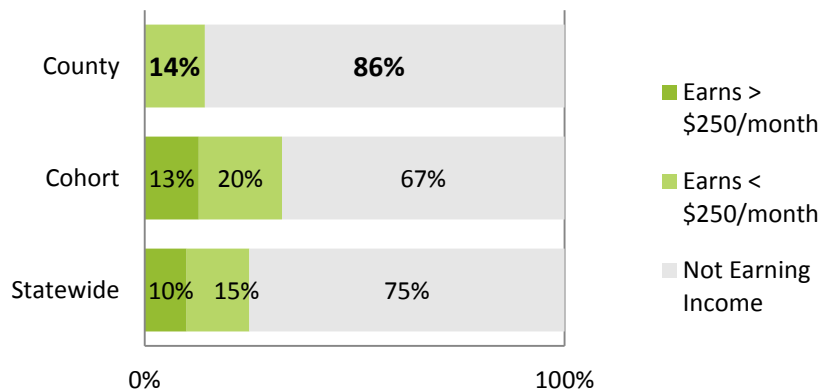
Since 2007, the number of persons served with the DD waiver in Red Lake County increased by two participants, from 11 in 2007 to 13 in 2011. In Red Lake County, the DD waiver program is growing more quickly than in the cohort as a whole. While Red Lake County experienced an 18.2% increase in the number of persons served from 2007-2011, its cohort had an 8.5% increase in number of persons served. In Red Lake County, the profile groups 3 and 4

each increased by one person. The greatest change in the cohort profile groups also occurred in persons having a Profile 3. Although the number of people in Profiles 1 and 2 did not change, Red Lake County still serves a larger proportion of persons in these groups (46.2%), than its cohort (31.9%). The small number of DD participants can create large changes in outcomes even when only one or two participants are involved.

## 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)



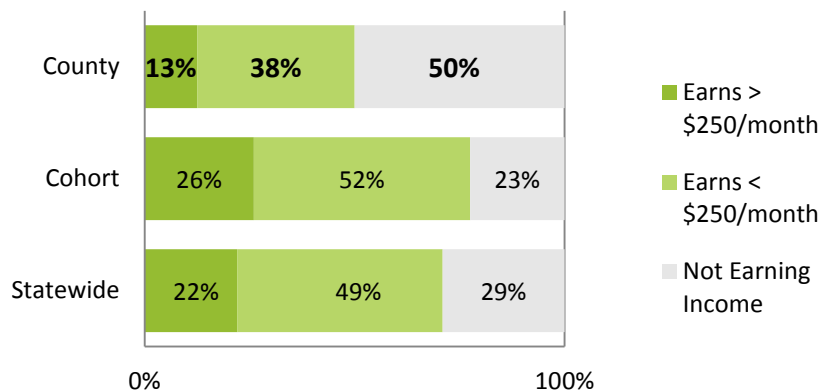
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Red Lake County	0%	14%	86%
Cohort	13%	20%	67%
Statewide	10%	15%	75%

In 2011, Red Lake County served seven working age (22-64 years old) CCB participants. Of working age participants, 14.3% had earned income compared to 32.7% of the cohort's working

age participants. Red Lake County ranked 87<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Red Lake County, none 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 Red Lake County remained steady at seven people. Over the same time period, the percentage of those participants with earned income increased from 0% to 14.3%. 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
Red Lake County	13%	38%	50%
Cohort	26%	52%	23%
Statewide	22%	49%	29%

In 2011, Red Lake County served eight DD waiver participants of working age (22-64 years old). The county ranked 81<sup>st</sup> in the state for working-age participants earning more than \$250 per month. In Red Lake County, 12.5% 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 Red Lake 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.

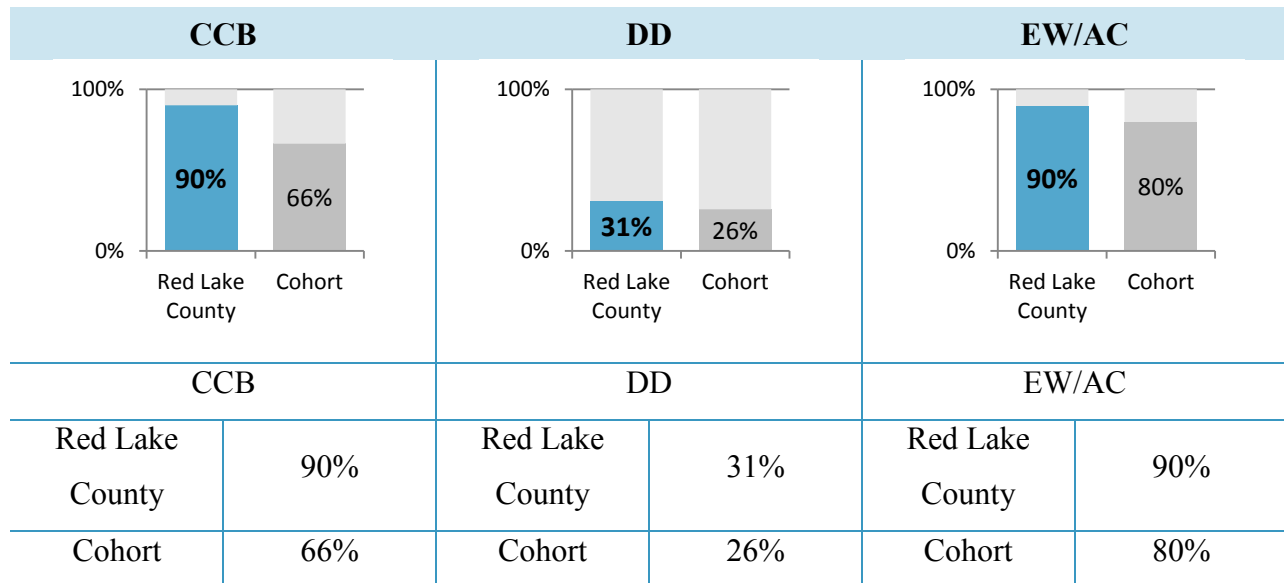
From 2007-2011, Red Lake County's percentage of working-age DD waiver participants with earned income increased from 37.5% to 50.0%. In comparison, the percentage of working age participants with earned income in the cohort only increased from 75.6% to 77.5%. Statewide, there was a modest increase in 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 Red Lake County.

Case managers shared that the vocational providers they work with are very good. They noted that providers work with them as part of a team and one provider is developing a new program to better meet the needs of participants. County staff shared that Red Lake County does not have many local employment opportunities, and many of the jobs available are in Thief River Falls.

## **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)**



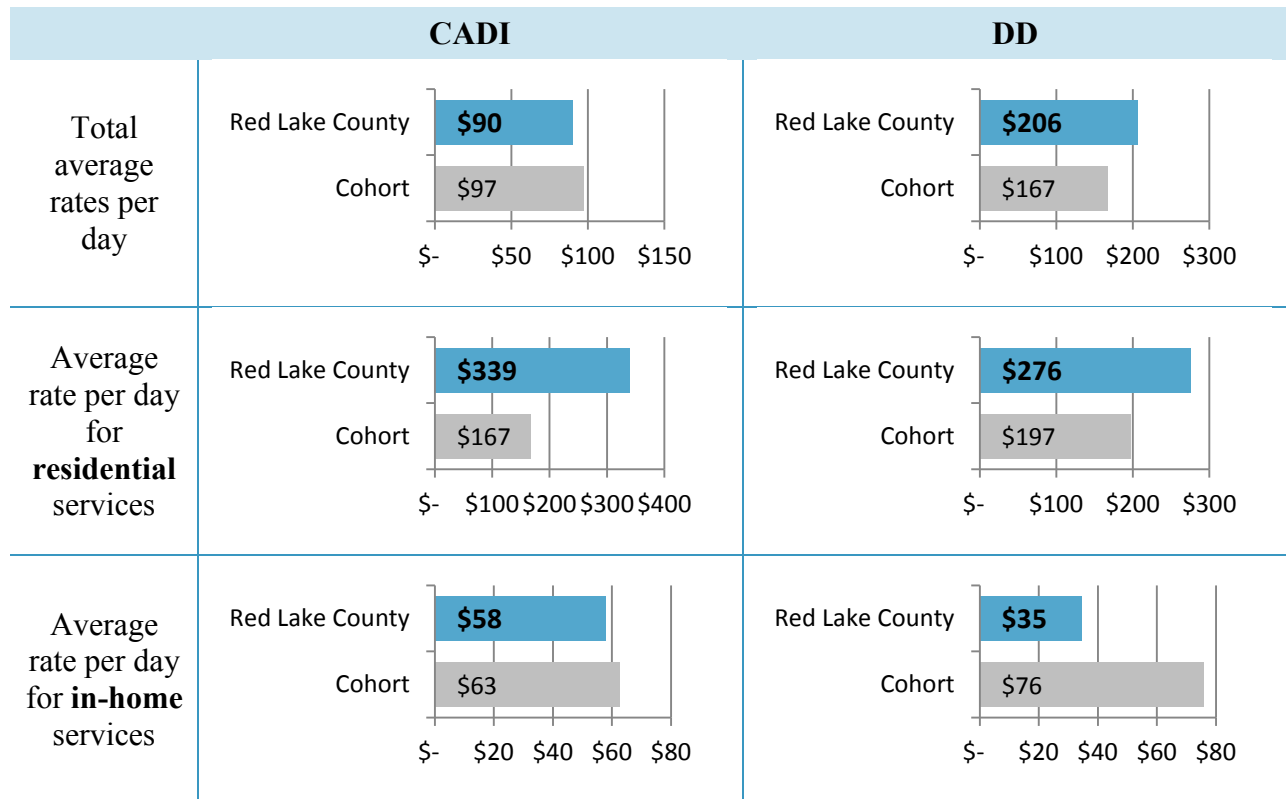
**Red Lake County ranks 2<sup>nd</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 10 participants. Of those 10 people, nine participants were served at home. Between 2007 and 2011, the percentage increased by 12.2 percentage points. In comparison, the cohort percentage fell by 1.9 percentage points and the statewide average fell by 2.0 points. In 2011, 90.0% of CCB participants in Red Lake County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

**Red Lake County ranks 36<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 13 people on the DD waiver. Of those 13 people, four were served at home. Between 2007 and 2011, the percentage of people served at home increased by 12.6 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%.

**Red Lake County ranks 13<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 48 people on the EW/AC programs. Of those 48 people, 43 participants were served at home. Between 2007 and 2011, the percentage

decreased by 4.6 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. Red Lake County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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



**Average Rates per day for CADI services (2011)**

	Red Lake County	Cohort
Total average rates per day	\$89.75	\$97.17
Average rate per day for <b>residential</b> services	\$339.24	\$166.64
Average rate per day for <b>in-home</b> services	\$57.91	\$62.58

**Average Rates per day for DD services (2011)**

	Red Lake County	Cohort
Total average rates per day	\$206.38	\$166.61
Average rate per day for <b>residential</b> services	\$276.11	\$197.28
Average rate per day for <b>in-home</b> services	\$34.63	\$75.80

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 Red Lake County is \$7.42 (7.6%) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Red Lake County spends \$172.60 (103.6%) more on residential services and \$4.67 (7.5%) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Red Lake County ranks 28<sup>th</sup> 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 Red Lake County decreased by \$20.07 (18.3%), from \$109.82 to \$89.75. 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 decreased in Red Lake County, while it has increased in the rest of their cohort and in the state as a whole.

**The average cost per day for DD waiver participants in Red Lake County is \$39.77 (23.9%) higher than in their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Red Lake spends \$78.83 (40.0%) more on residential services but \$41.17 (54.3%) less on in-home services than their cohort. However, only one person in Red Lake County received residential services. In a statewide comparison of the average daily cost of a DD waiver participant, Red Lake County ranks 84<sup>th</sup> 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 Red Lake County decreased by \$6.80 (3.2%); from \$213.18 to \$206.38. In comparison, the average cost per day in the cohort increased by \$6.76 (4.2%), from \$159.85 to \$166.61. Similarly, the statewide average cost increased by \$8.00 (4.4%) over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, the cost per day has decreased in Red Lake County.

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.

**Red Lake County has notably lower use in the CADI program than its cohort of residential based services** (Foster Care (10% vs. 25%) and Customized Living (0% vs. 6%)), but higher use of Prevocational Services (20% vs. 8%) a. They also have higher use of in-home services (Homemaker (40% vs. 32%), Personal Emergency Response System (50% vs. 16%) and Independent Living Skills (20% vs. 17%)). Forty-two percent of Red Lake County's total payments for CADI services are for residential services (42% foster care and 0% customized living), which is lower than its cohort group (48% foster care and 3% customized living).

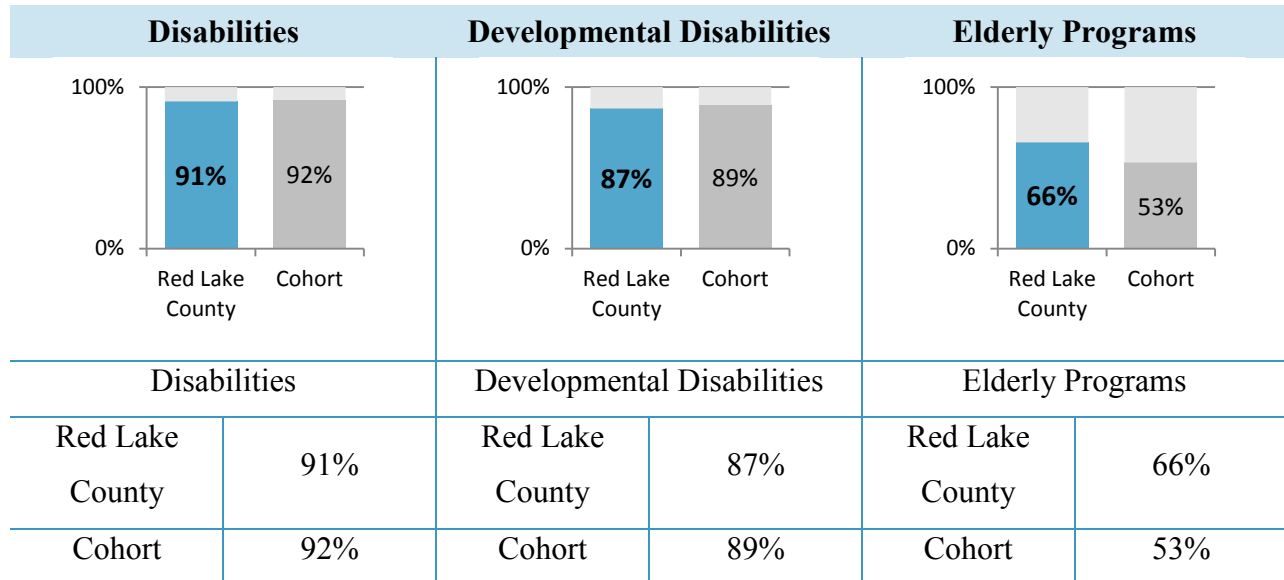
**Red Lake County's use of Supportive Living Services (SLS) (69% vs. 74%) is slightly lower than its cohort in the DD program.** Its corporate SLS foster care rates are notably higher than its cohort (\$5,560.44 vs. \$3,434.48 per month), as are its family SLS foster care rates (\$4,950.06 vsw. \$3,460.80). Supportive Living Services (SLS) can be a residential based service when provided in a licensed foster care, or it can be an in-home service when provided to a participant living in his/her own home. The county has higher use of other non-residential services such as Respite Care (30% vs. 18%). Also, Red Lake County has a lower use of Day Training and Habilitation (53% vs. 61%).

## 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, Red Lake County served 17 long-term care (LTC) participants under 65 with disabilities in HCBS settings and 2 in institutional care.** Red Lake County ranked 66<sup>th</sup> of 87 counties in the percent of LTC recipients receiving HCBS; 90.9% of their LTC participants received HCBS. This is slightly lower than their cohort where 92.1% were HCBS participants. Since 2007, Red Lake County has decreased its use of HCBS by 9.1 percentage points. Statewide, 94.0% of LTC participants received HCBS in 2011.

**In 2011, Red Lake County served 14 LTC participants (persons with development disabilities), in HCBS settings and two in institutional settings.** Red Lake County ranked 68<sup>th</sup> of 87 counties in the percentage of LTC participants receiving HCBS with 86.7% of its LTC participants receiving HCBS, a slightly lower rate than its cohort (88.9%). Red Lake County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 24.2 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, Red Lake County served 50 elderly long-term care (LTC) participants in HCBS settings and 29 in institutional care.** Red Lake County ranked 28<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 65.6% received HCBS. This is higher than their cohort, where 53.2% were HCBS participants. Since 2007, Red Lake County has increased its use of HCBS by 6.2 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)**

	<b>Red Lake County</b>	Cohort	Statewide
Age 0-64	<b>0.30</b>	0.53	0.47
Age 65 +	<b>37.04</b>	33.43	23.11
TOTAL	<b>5.58</b>	6.53	3.24

**In 2011, Red Lake County was ranked 54<sup>th</sup> 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, Red Lake County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 22.2% in Red Lake County. Overall, the number of residents in nursing facilities has decreased by 24.1% since 2009.

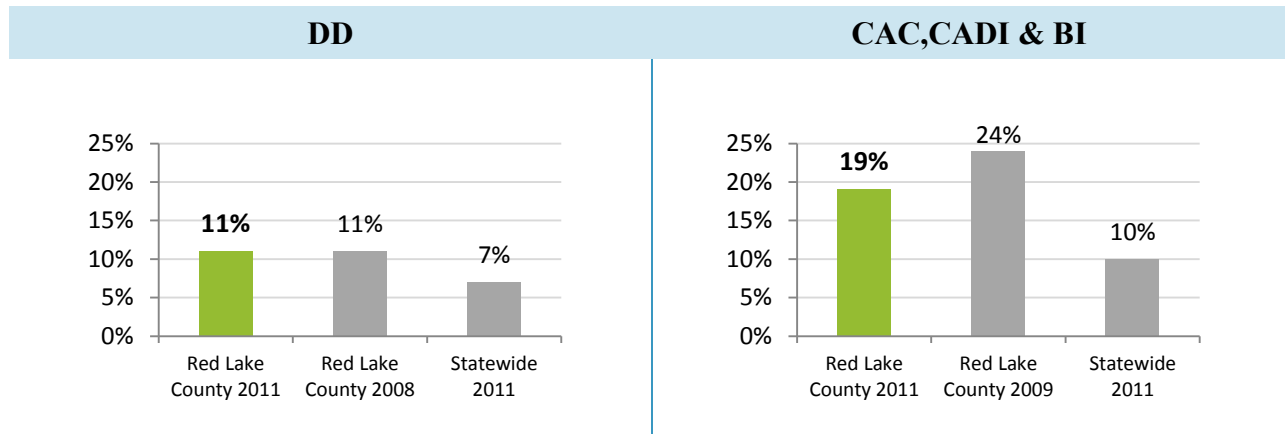
Case managers shared that their relationships with nursing homes in Red Lake County are excellent. They noted that there is more variation in quality for nursing homes outside of the county. Case managers said that most of these facilities will communicate with case managers if they know the participant has a social worker; however, they will not always ask if the person has a social worker.

**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
Red Lake County (2011)	11%	19%
Red Lake County (Past)	11%	24%
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, Red Lake County had an 11% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Red Lake County’s DD waiver balance is the same than its balance in FY 2007 (11%), and larger the statewide average (7%).

**At the end of calendar year 2011, the CCB waiver budget had a reserve.** Red Lake 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, Red Lake County

had a 19% 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 (24%).

Red Lake County is part of an eight county region alliance for CADI and DD programs. The county reports that its participation in the Northwest Eight Regional Alliance, which began with the DD waiver and expanded to the CCB waiver in recent years, has been beneficial to the county and provided added assurances regarding its waiver allocations. The county does not currently have a waitlist for CADI. County staff shared that the waiver team meets monthly to review the budget as well as the waitlist, if necessary.

### 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.

**Red Lake County Case Manager Rankings of DHS Resources**

Scale: 1= Not Useful; 5= Very Useful

<b>Count of Ratings for Each Resource</b>	<b>1</b>
	<b>2</b>
	<b>3</b>

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

Case managers shared that they submit questions to Policy Quest, but do not always receive timely answers. However, case managers said that the Help Desk is very responsive, and they receive helpful responses. They also shared that they really like the Disabilities Service Program Manual and the DHS website. Case managers said that forms are hard to locate on E-docs. They also shared that while they receive bulletins, they do not always have time to read them. Case managers said that their Regional Resource Specialist is very good, but does not always provide information about the EW program. They noted that MinnesotaHelp.Info is not very participant-

friendly. Case managers shared that they were in contact with the LTC Ombudsman a few years ago and felt that this person was a great resource.

## **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.

### **Red Lake County Strengths**

The following findings focus on Red Lake 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.

- **Red Lake County addresses issues to comply with Federal and State requirements.**

During the previous review in 2006, Red Lake County received a corrective action for the following items being out of compliance: OBRA level one, ICF/DD Level of Care, timeliness of assessment to care plan, as well as emergency contact information and back-up plans for CCB participants. In 2012, none of these issues remain for Red Lake County, indicating technical improvements over time.

- **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 accessible to participants and their families and have frequency contact through face-to-face visits. Case managers are experienced and have backgrounds in a variety of disciplines, which allows them to navigate easily across programs within the agency to provide seamless services for participants. Case managers develop good working relationships and have frequent communication with their co-workers and with other departments. For example, cooperation between case managers and financial workers allows information to flow quickly between the two units and ensure participants receive services in a timely manner.

- **Multiple sources of data indicate that Red Lake County staff are well-connected with providers and other organizations that serve participants.**

Although the county is small, there is a high-quality network of providers, and case managers are able to leverage their

relationships with providers to meet the needs of participants. Case managers are knowledgeable about resources and informal supports available, and are able to serve participants with high needs in the region, especially for the DD program. Red Lake County staff also have strong relationships with local agencies and state partners; ARC and the DHS Ombudsman office have been very effective for the county. Additionally, case managers are resourceful in using staff from neighboring counties to assist them in serving participants.

- **The case files reviewed in Red Lake County consistently met HCBS program requirements.** Participant case files are well-organized and complete. There was good documentation of required forms including the OBRA Level One form. All care plans included information about outcomes and goals and health and safety for participants. In addition, all DD screenings and care plans were current. Although it is not a requirement for the EW and AC programs, all (100%) of the EW and AC cases included emergency contact information, and 55% included a back-up plan indicating the county has taken extra measures to ensure participant health and safety.
- **Red Lake County has a consistent assessment process for HCBS program participants.** While LTCC assessments are on required on a yearly basis, CCB and EW/AC participants in Red Lake County receive an assessment every six months. In addition, case managers assess spiritual needs for DD participants which demonstrates a commitment to addressing the cultural and spiritual preferences of participants.
- **Red Lake 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 Red Lake 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.



## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Red Lake County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Red Lake 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.
- **Consider assigning one case manager to serve CADI participants with mental health needs, and using 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 Blue Earth County, can be found at [www.minnesotahcbs.info/](http://www.minnesotahcbs.info/).
- **Rate setting should occur at the supervisor or director level.** Rate setting should not be done by a case manager, as rates tend to be inflated when this occurs. It is recommended that Red Lake County use the new DHS rate setting methodology to make providers justify need for rate increase by providing documentation of participant need for additional staffing.
- **Continue to expand community employment opportunities for participants 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. Red Lake 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 main county provider currently does not provide community-based employment. Red Lake County may consider entering into a contract with this provider to leverage more opportunities for participants or working with its neighboring counties to increase its purchasing power.

- **Consider expanding contracted case management services to serve participants that live out 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 is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. In such cases, Red Lake 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.
- **Include a back-up plan in the care plan for DD program participants.** Back-up plans are not currently required for DD, EW, or AC cases; Red Lake County has this practice fully in place for CADI and has expanded it to EW and AC. The county should strongly consider also expanding the practice to DD as this information is helpful for the participant, family members and caregivers regardless of age or disability. Back-up plans are especially helpful for participants that live in home settings such as children. However, case managers should also document back-up staffing plans for participants that live in residential settings.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant needs.** All care plans must be updated with this information. Two out of seven CADI care plans reviewed did not include documentation of participant needs. The care plan is the one document that all participants receive. Therefore, it must include information the participant's needs along with which services, formal or informal, will be provided to address those needs.
- **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. One out of seven CADI cases, one out of eight EW cases, and one out of eight DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, three out of seven CADI cases, three out of eight EW cases, and one out of three 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 given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Three out of eight DD cases did not have completed documentation in the case file.
- **Beginning immediately, ensure that all DD screening documents have the two required signatures and are dated. Five out of eight DD cases were missing one or both of the required signatures.** Two out of eight DD cases had neither the case manager's signature nor the participant's or legal representative's signature on the DD screening document. Two of eight DD cases had the case manager's signature, but not the participant's or legal representative's signature. One of eight DD cases was signed by both parties, but was not dated.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Red Lake 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 19 cases. All items are to be corrected by November 13, 2012 and verification submitted to the Waiver Review Team to document full compliance. Red Lake County submitted a completed compliance report on November 20, 2012.

## 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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	N / A	N / A	N / A	N / A	N / A	N / A
Screenings done on time for new participants (PR)	100%	100%	100%	100%	ALL	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	100%	100%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=11</b>	<b>CCB n=7</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	83%	73%	100%	N / A	CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	96%	100%	100%	88%	AC / EW, CCB	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=11</b>	<b>CCB n=7</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
All needed services to be provided in care plan (PR)	92%	82%	100%	100%	CCB, DD	N / A
Choice questions answered in care plan (PR)	92%	100%	100%	75%	AC / EW, CCB	N / A
Participant needs identified in care plan (PR)	73%	100%	0%	100%	AC / EW, DD	CCB
Inclusion of caregiver needs in care plans	17%	0%	0%	100%	DD	AC / EW, CCB
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	75%	N / A	N / A	75%	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)	38%	N / A	N / A	38%	N / A	DD
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis ( <i>QA survey</i> )	Some of the time	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps ( <i>QA survey</i> )	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance ( <i>QA survey</i> )	Some of the time	N / A	N / A	N / A	N / A	ALL
Providers report receiving assistance when requested from the LA (Provider survey, n=5)	100%	N / A	N / A	N / A	ALL	N / A
Providers submit monitoring reports to the LA (Provider survey, n=5)	40%	N / A	N / A	N / A	N / A	N / A

<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=11</b>	<b>CCB n=7</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Participants have a face-to-face visit at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (PR for CCB only)	46%	55%	86%	0%	N / A	N / A
Emergency contact information (PR for CCB only)	92%	100%	100%	75%	AC / EW, CCB	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=11</b>	<b>CCB n=7</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	89%	100%	100%	63%	AC / EW, CCB	N / A
Person Informed of right to appeal documentation in the case file (PR)	54%	45%	29%	88%	N / A	AC / EW, CCB
Person Informed privacy practice (HIPAA) documentation in the case file (PR)	92%	100%	100%	75%	AC / EW	CCB
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=11</b>	<b>CCB n=7</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	42%	64%	29%	25%	N / A	ALL
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	89%	N / A	N / A	N / A	N / A	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	66%	91%	87%	AC / EW	CCB, DD

<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of LTC funds spent on HCBS	N / A	37%	87%	85%	AC / EW	N / A
Percent of waiver participants with higher needs	N / A	33%	60%	85%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	90%	90%	31%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	0%	13%	N / A	CCB, DD



## **Attachment A: Glossary of Key Terms**

**AC** is the Alternative Care program.

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

**CAC** is the Community Alternative Care Waiver.

**CADI** is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

**CMS** is the federal Centers for Medicare & Medicaid Services.

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

**DD** is the Developmental Disabilities Waiver.

**DHS** is the Minnesota Department of Human Services.

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

**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.