

# Minnesota Department of Human Services Waiver Review Initiative

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

Follow-up Site Visit: July 2015

Follow-up Report Issued: September 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 Rice 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](http://www.dhs.state.mn.us/main/dhs16_166609)

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

## Introduction

In August 2014, the Minnesota Department of Human Services conducted a review of Rice County's Home and Community Based Services (HCBS) waiver programs. This review resulted in 12 corrective actions for non-compliance. Overall, 88 cases were reviewed and 51 cases required remediation to achieve full compliance. All items were corrected and verification was submitted to the Waiver Review Team in October 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](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_183972.pdf)

In July 2015, DHS conducted a follow-up review of Rice 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 90 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 case files include the annual BI Assessment and Eligibility Determination form for all BI participants.	Compliant	Corrective Action plan needed
Ensure that LTC screenings for CCB programs occur within required time frames.	Non-compliant	Corrective Action plan needed

Corrective Action	2014 Compliance Status	2015 Compliance Status
Include a back-up plan in the care plan of all CCB, EW, and DD program participants.	Non-compliant	Corrective Action plan needed (DD only)
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 all participants have emergency contact information that is current within the past year included in their case file.	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 that includes the three required signatures and dates.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.	Non-compliant	Compliant
Ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes on an annual basis.	Non-compliant	Compliant

Corrective Action	2014 Compliance Status	2015 Compliance Status
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
Ensure that all care plans include information documenting the participant’s need for 24-hour supervision for all EW participants using customized living services.	Non-compliant	Compliant
Ensure that each working-age participant’s case file includes documentation that vocational skills and abilities have been assessed.	Non-compliant	Compliant

**Lead Agency Progress**

**○ Rice County has made several changes in an effort to better support case managers and reduce high caseloads.**

- At the time of the 2014 site visit, caseloads ranged from 60-80 for Social Services Department staff and 80-90 for Public Health Department staff. Exceedingly high caseloads leave staff with fewer opportunities to complete required documentation, enter detailed case notes into electronic systems, meet with participants, and attend trainings to keep up to date with waiver programs. At the time of the 2015 site visit, both departments reported reduced caseloads. For example, the Social Services Department staff had caseloads down to approximately 45-50 per waiver case manager. Caseloads for all waiver services are growing at a rate of 4%-5% per year in this county, indicating that maintaining reasonable workloads for staff will be an on-going challenge.
- The Social Services Department has greatly expanded its use of contracted case management in order to build capacity and ensure program compliance. The lead agency previously only used one private case management company to manage a

few BI cases. Following the Waiver Review Team's recommendation in 2014, they entered into a contract with an additional agency to manage participants in the CADI program. The lead agency remains responsible for the administrative oversight of the participants, which includes conducting annual assessments as well as performing data entry for DWRS and MMIS. The lead agency will need to develop a more formal process for transferring cases to their contracted partners and must ensure that contracted staff are knowledgeable of Rice County's policies and practices. Additionally, providing contracted staff with SSIS access will improve the lead agency's ability to provide oversight of contracted cases and will help them monitor contracted staff performance and compliance.

- **Rice County developed internal practices to review case files for compliance and has taken other steps to ensure consistency in care planning.** To help ensure a common and consistent understanding of program requirements, the lead agency created a case file checklist to aid case managers in making sure all required documentation is completed at the time of the reassessment. This checklist helps case managers understand which requirements apply to which waiver programs. The Social Services Department also modified its CSSP template to include a designated area within the document for the Back Up Plan.
- **Case files reviewed in Rice County now consistently meet HCBS program requirements.** The lead agency was found to be compliant in most areas that required corrective action plans after their initial review in 2014. All (100%) case files included complete and current assessments and DD screenings. Every case file included emergency contact information and all applicable case files also had required documentation including CAC forms, ICF/DD Level of Care forms, and Related Conditions Checklists.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that case files include the annual BI Assessment and Eligibility Determination form for all BI participants not assessed via MnCHOICES.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a documented diagnosis of brain injury or related neurological condition on an annual basis. Three out of seven BI cases reviewed did not have complete and current documentation in the file.
- **Beginning immediately, ensure that LTC screenings for CCB programs occur within required time frames.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Fiscal Year 2015 data indicates that 8 of 14 (57%) initial LTCC/MnCHOICES assessments for CAC, CADI, or BI participants were completed within the 20 day required timeframe. Even though this is below the 80% benchmark used as evidence of a compliant practice, it is much improved from the previous site visit (33%).
- **Beginning immediately, include a back-up plan in the care plan of all DD program participants.** 1) All care plans must be updated with this information. This is required for CAC, CACI, BI, EW, and DD programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Eight out of 24 DD cases did not have a complete back-up plan in place, meaning the plan included one or two, but not all three required elements.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Rice 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 26 cases. All items are to be corrected by September 15<sup>th</sup>, 2015 and verification submitted to the Waiver Review Team to document full compliance.



## Waiver Review Follow-up 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>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	100%	N / A	N / A	N / A
Care plan is current (PR)	100%	100%	100%	100%	96%	100%	DD
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	92%	100%	DD
All needed services to be provided in care plan (PR)	100%	100%	100%	96%	100%	100%	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	100%	100%	N / A
Participant needs identified in care plan (PR)	100%	80%	73%	76%	100%	100%	EW
OBRA Level I in case file (PR)	100%	100%	100%	100%	N / A	N / A	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
ICF/DD level of care documentation in case file (PR for DD only)	N / A	N / A	N / A	N / A	92%	100%	DD
DD screening document is current (PR for DD only)	N / A	N / A	N / A	N / A	100%	100%	N / A
DD screening document signed by all relevant parties (PR for DD only)	N / A	N / A	N / A	N / A	75%	96%	DD
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	100%	N / A
Employment assessed for working-age participants	N / A	N / A	N / A	N / A	100%	100%	N / A
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	59%	100%	N / A	N / A	EW
<b>PARTICIPANT SAFEGUARDS</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	96%	96%	N / A
Health and safety issues outlined in care plan (PR)	100%	90%	92%	96%	100%	100%	EW
Back-up plan (Required for EW, CCB, and DD)	90%	90%	100%	100%	67%	67%	N / A
Emergency contact information	100%	100%	100%	100%	67%	100%	DD

<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	88%	100%	DD
Person informed of right to appeal documentation in the case file (PR)	100%	100%	42%	100%	88%	100%	EW, DD
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	88%	100%	DD
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>AC Initial</b>	<b>AC Follow Up</b>	<b>EW Initial</b>	<b>EW Follow Up</b>	<b>DD Initial</b>	<b>DD Follow Up</b>	<b>Improvement</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	96%	100%	100%	100%	EW

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	87%	94%	100%	71%	CADI
Care plan is current (PR)	100%	100%	100%	94%	100%	100%	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	80%	88%	80%	100%	CADI, BI
All needed services to be provided in care plan (PR)	100%	100%	100%	81%	100%	100%	N / A
Choice questions answered in care plan (PR)	100%	100%	53%	81%	60%	86%	CADI, BI
Participant needs identified in care plan (PR)	88%	100%	100%	88%	100%	86%	CAC
OBRA Level I in case file (PR)	100%	100%	67%	88%	100%	100%	CADI
TBI Form	N / A	N / A	N / A	N / A	100%	57%	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
CAC Form	88%	100%	N / A	N / A	N / A	N / A	CAC
Employment assessed for working-age participants	50%	100%	75%	91%	100%	100%	CAC, CADI
<b>PARTICIPANT SAFEGUARDS</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	80%	88%	80%	57%	CADI
Health and safety issues outlined in care plan (PR)	88%	75%	93%	75%	100%	100%	N / A
Back-up plan (Required for EW, CCB, and DD)	100%	100%	40%	81%	60%	86%	CADI, BI
Emergency contact information	100%	100%	93%	100%	100%	100%	CADI
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Informed consent documentation in the case file (PR)	100%	100%	73%	94%	80%	100%	CADI, BI
Person informed of right to appeal documentation in the case file (PR)	100%	100%	47%	88%	40%	71%	CADI, BI
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	73%	94%	80%	100%	CADI, BI

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>CAC Initial</b>	<b>CAC Follow Up</b>	<b>CADI Initial</b>	<b>CADI Follow Up</b>	<b>BI Initial</b>	<b>BI Follow Up</b>	<b>Improvement</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	93%	88%	100%	100%	N / A

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

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

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

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

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

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

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

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

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

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

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

**DD** is the Developmental Disabilities Waiver.

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

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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