

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Roseau County**

Waiver Review Site Visit: May 2014

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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 Roseau 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)

## 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 Roseau County
Case File Review	40 cases
Provider survey	4 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 5 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty

nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

## About Roseau County

In May 2014, the Minnesota Department of Human Services conducted a review of Roseau County's Home and Community Based Services (HCBS) programs. Roseau County is a rural county located in northeast Minnesota. Its county seat is located in Roseau, Minnesota and the County has another five cities and 33 townships. In State Fiscal Year 2012, Roseau County's population was approximately 15,484 and served 212 people through the HCBS programs. According to the 2010 Census Data, Roseau County had an elderly population of 12.4%, placing it 68<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Roseau County's elderly population, 11.8% are poor, placing it 15<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Roseau County Social Services Department is the lead agency for the HCBS waiver programs. The lead agency serves as a contracted care coordinator for three Managed Care Organizations (MCOs) including Blue Plus, UCare and Medica. At the time of the review the lead agency was in the process of hiring a case manager to assist with the new responsibilities that will result from MnCHOICES.

Roseau County has one Social Services Supervisor who oversees the management of all waiver programs. The Social Services Supervisor has held this position for 2 years and has a background in child protection and waiver case management. She oversees a total of 11 case managers, six of whom manage waiver cases. The waiver case managers carry mixed caseloads; the most seasoned worker carries cases from all waiver programs, two case managers carry AC, EW and

CADI cases, one carries AC, EW, CADI, and DD cases and two carry DD cases. Waiver case managers have caseloads between 50 and 70 cases. Nearly all waiver case managers have additional responsibilities, including adult protection, child protection, and foster care licensing.

Intake for the waiver programs goes through Social Services and is overseen by the Social Services Supervisor. The waiver case managers share intake responsibilities. The case manager who receives the intake call will carry out the initial LTCC assessment. The Social Services Supervisor assigns cases after the initial LTCC assessment has been completed based on caseload sizes, staff availability, and existing relationships with waiver participant or the participant's family.

The lead agency previously carried out dual LTCC initial and reassessments. However they will not continue this practice because there is no funding mechanism in place for reimbursing the contracted public health nurses.

### Working Across the Lead Agency

The lead agency contracts with a home health care agency, Life Care, located in the local hospital for public health services. Waiver case managers occasionally consult with the nurses on cases with high medical needs. There is also a local nurse practitioner from Sanford whose specialty is medication management. She works with some waiver participants who have high medical needs or a history of mental health issues. However, she is no longer taking new participants.

Financial workers at Roseau Social Services have used case banking for three years, and two financial workers specialize in working with participants in the LTC programs. Financial workers are accessible to the case managers. They are collocated with case managers and attend monthly meetings with lead agency staff. Lead agency staff shared that the financial workers have had very little turnover, which is an asset to the county.

Several waiver case managers have adult protection responsibilities and one waiver case manager has child protection responsibilities. For child protection cases, the child protection worker always transfers waiver case management responsibilities to a different case manager if

one of their waiver cases opens to child protection. However, for adult protection cases, the waiver case manager would carry out both roles unless there was a conflict of interest.

Waiver participants who are also eligible for Rule 79 Targeted Mental Health Case Management are dually case managed, with the mental health worker taking the lead. Waiver case managers collaborate with the mental health case managers to meet participants' needs. They often visit participants together and are in frequent communication with one another.

The Social Services Supervisor and Director attend the monthly Roseau County Board Meetings. The Social Services Supervisor reports on changes that will impact the waiver programs, the staff involved and the budget. Lead agency staff shared that the Board is supportive of their requests and have recently permitted them to hire additional staff.

### Health and Safety

In the Quality Assurance survey, Roseau County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that there is good, open communication between participants and providers. They also shared that case managers are advocates for participants.

Staff shared that the constantly changing waiver programs present significant challenges for case managers. They receive bulletins and attend regional meetings, videoconference trainings and webinars to stay current on all requirements and policy changes related to the waiver programs. Case managers discuss changes at weekly staff meetings and also at smaller unit meetings. The Social Services Supervisor attends quarterly regional meetings and utilizes connections within the Northwest Eight Waiver Alliance as support for keeping updated on the waiver programs.

Office administration staff create visit packets for case managers to use during assessments and reassessments. They also provide case managers with checklists that include all required documentation needed in case files. These packets and checklists are updated periodically. The

Social Services Supervisor monitors staff compliance by reviewing their cases when time allows and will also examine cases during case managers' performance reviews.

### Service Development and Gaps

Lead agency staff shared that the lack of providers in the region poses a challenge to coordinating HCBS services in Roseau County. Case managers also said that Roseau County does not have an adequate labor pool for providers. This has led to high staff turnover for HCBS providers and has also limited the opportunities for participants find employment in the community.

Case managers shared that Roseau County lacks some in-home services that are wanted or needed by participants, particularly for those who are transitioning from school. They also said that many of the group homes located in Roseau County are full, making it difficult to find placements for participants. They mentioned that access to dental services was a significant service gap for participants as well.

Case managers stated that several mental health services are lacking in their area as well, saying that participants often have to wait extended amounts of time to receive therapy and that there is a lack of mental health crisis beds. Supervisors shared that, in an effort to improve crisis support services for participants, the lead agency has developed new crisis teams and has worked to build a close working relationship with law enforcement as well as others people who are typically involved during crisis situations.

The lead agency sends staff to health fairs, local churches, and other community events to educate people on the waiver programs. They often share a booth with the local home health agency when they attend health fairs and provide information to potential waiver participants.

### 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.



**Roseau County Case Manager Rankings of Local Agency Relationships**

<b>Local agencies</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	0	3
Schools (IEIC or CTIC)	0	0	3
Hospitals (in and out of county)	0	2	1
Area Agency on Aging	2	1	0
Customized Living Providers	0	0	3
Foster Care Providers	0	0	3
Home Care Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	0	3
Community Mental Health Providers	0	0	3

Overall, lead agency staff reported being satisfied with provider performance and relationships. Case managers gather feedback on provider performance by informally discussing issues with participants and by also giving out participant satisfaction surveys when providers are renewing their licenses. If any issues are brought to their attention, case managers said they would first contact providers directly to attempt to resolve the issue.

Case managers shared that nursing facility staff are good about communicating with them when participants are admitted and discharged. They shared that they are usually notified and invited to discharge meetings in advance. Case managers said that while nursing facilities experience a lot of turnover for their administrative and direct service staff, the social workers they work with have all been at their positions for extended periods of time, allowing them to build strong relationships.

Case managers also said that they have good relationships with local schools, stating that they have good communication with school staff. They shared that they work well with them, especially during child protection investigations. Case managers added, however, that schools no longer have a formal process for transition planning for participants moving from the school system to adult services.

Case managers shared that their relationships with hospital staff are average. They stated that they are not always notified when participants on their caseloads are admitted or discharged, which presents a challenges when trying to ensure that services are in place when participants return home. Case managers said that they do not always hear back from hospital staff when they specifically request to receive updates on participants.

Case managers shared that they are in constant communication with vocational providers, receiving updates on a daily basis when incidents occur. They stated that the local day training and habilitation (DT&H) is very participant-focused and that staff are good about getting out in the community to find job opportunities for participants.

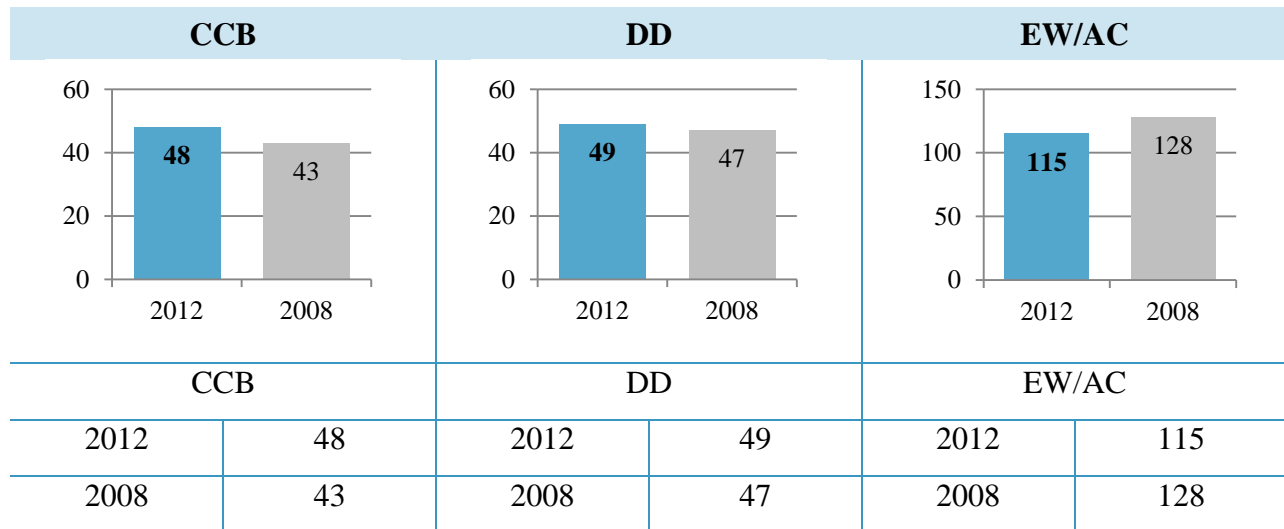
Case managers said that they also have good communication with customized living and foster care providers. They shared that local customized living providers are very participant-oriented and that they do a great job keeping participants happy and out of nursing facility placements as long as possible. Case managers said that their foster care providers, both in and out of county, do a good job from a licensing standpoint.

Case managers said that all of their home care providers are located outside of Roseau County, but that they have good relationships with them and communicate regularly. Case managers also rated their relationships with local advocacy organizations highly as well, stating that the organizations have always been there when they've needed them.

## 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 Roseau County (2008 & 2012)**



**Since 2008, the total number of people served in the CCB Waiver program in Roseau County has increased** by five participants (11.6 percent); from 43 in 2008 to 48 in 2012. Most of this growth occurred in the case mix A, which grew by three people. Additionally, case mixes D and J each grew by two people. Decreases occurred in three case-mix categories; G, I and K.

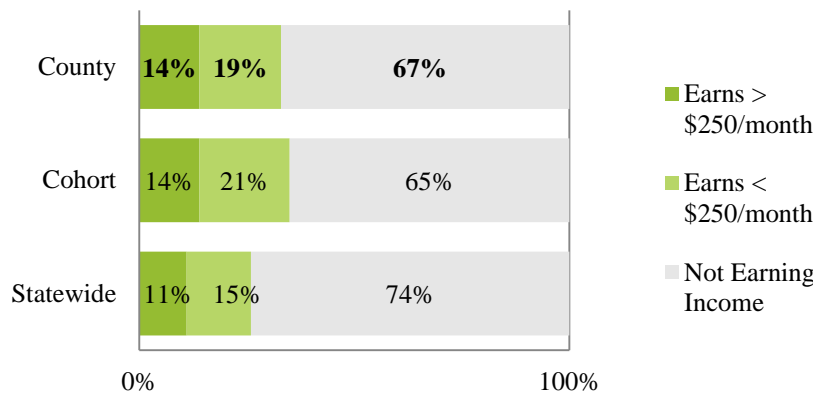
**Since 2008, the number of people served with the DD waiver in Roseau County increased** by two participants, from 47 in 2008 to 49 in 2012. While Roseau County experienced a 4.3 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Roseau County, the profile group 3 had the largest increase, growing by three people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 did not change, Roseau County still serves a larger proportion of people in these groups (49.0 percent), than its cohort (34.4 percent).

**Since 2008, the number of people served in the EW/AC program in Roseau County has decreased** by 13 people (10.2 percent), from 128 people in 2008 to 115 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in case mix B, increasing by four people. With this increase Roseau County may be serving a larger proportion of people with mental health needs.

**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.

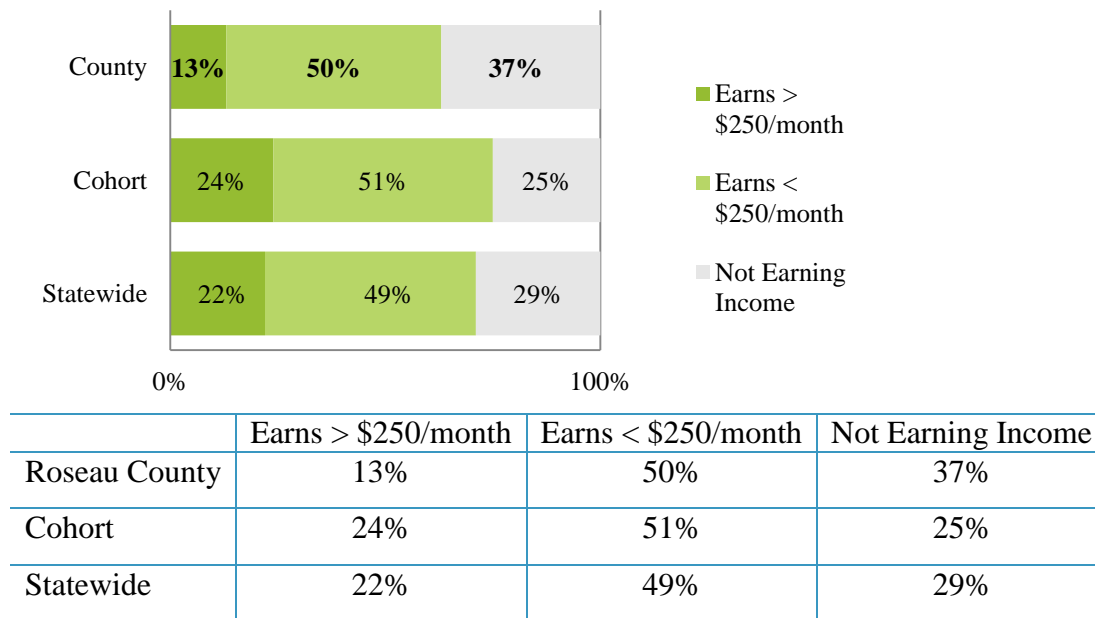
**CCB Participants Age 22-64 Earned Income from Employment (2012)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Roseau County	14%	19%	67%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Roseau County served 36 working age (22-64 years old) CCB participants. Of working age participants, 33.3 percent had earned income, compared to 35.4 percent of the cohort's working age participants. Roseau County ranked 39<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Roseau County 13.9 percent of the participants earned \$250 or more per month, compared to 14.3 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month. Roseau County spends \$120,000 of county funds to provide supportive employment to about 50 non waiver participants.

**DD Participants Age 22-64 Earned Income from Employment (2012)**

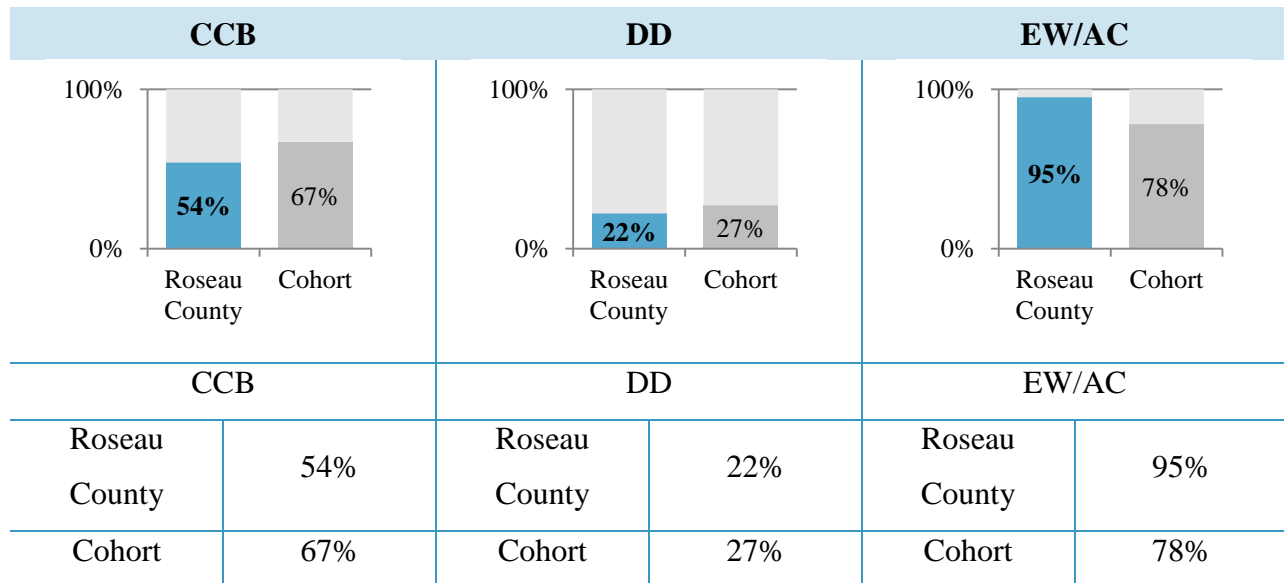


In 2012, Roseau County served 32 DD waiver participants of working age (22-64 years old). The county ranked 77<sup>th</sup> in the state for working-age participants earning more than \$250 per month. In Roseau County, 12.5 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 62.5 percent of working age DD waiver participants in Roseau County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**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 (2012)**



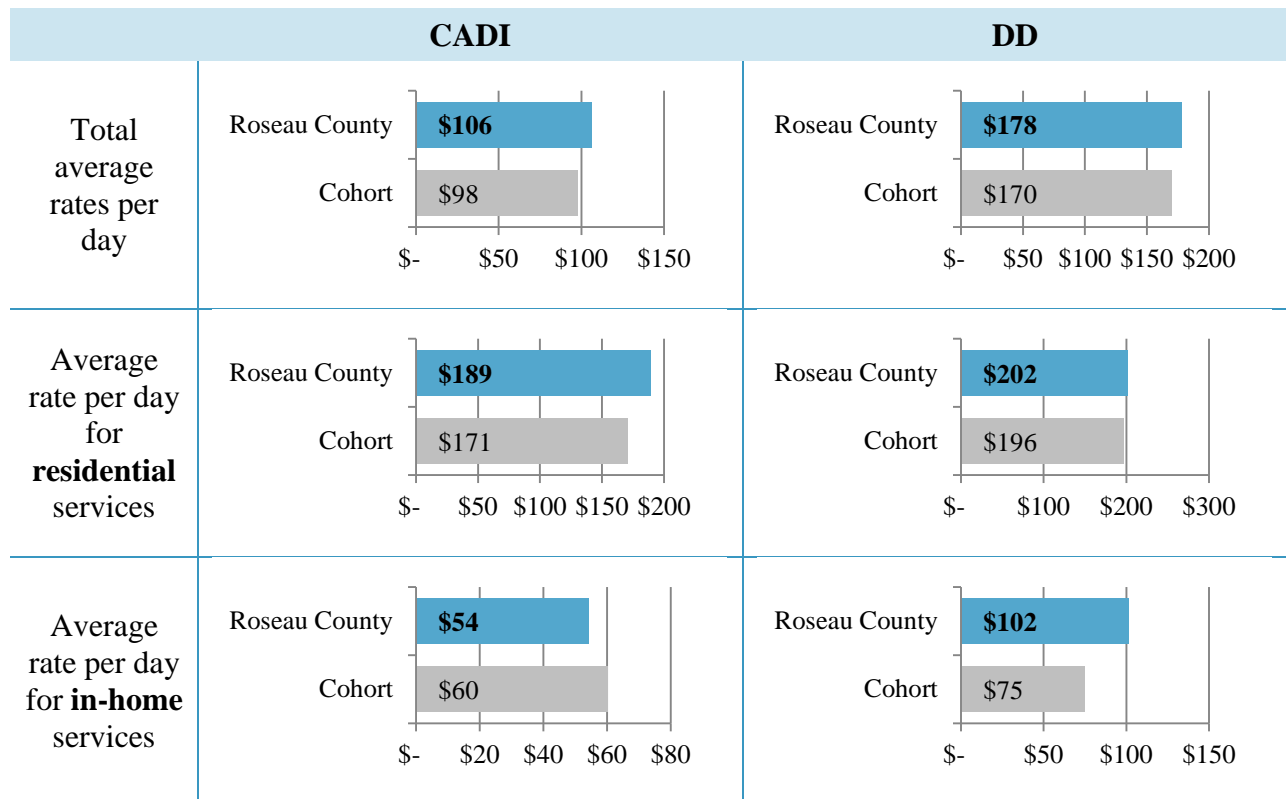
**Roseau County ranks 71<sup>st</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 26 participants at home. Between 2008 and 2012, the percentage decreased by 3.9 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 54.2 percent of CCB participants in Roseau County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Roseau County ranks 74<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 11 participants at home. Between 2008 and 2012, the percentage decreased by 1.0 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

**Roseau County ranks 2nd out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 109 participants at home. Between 2008 and 2012, the percentage increased by 1.8 percentage points. In comparison, the percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their

homes statewide. Roseau 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 (2012)**



**Average Rates per day for CADI services (2012)**

	Roseau County	Cohort
Total average rates per day	\$106.23	\$97.99
Average rate per day for <b>residential</b> services	\$188.86	\$170.52
Average rate per day for <b>in-home</b> services	\$54.27	\$60.30

**Average Rates per day for DD services (2012)**

	Roseau County	Cohort
Total average rates per day	\$177.99	\$169.97
Average rate per day for <b>residential</b> services	\$201.72	\$196.37
Average rate per day for <b>in-home</b> services	\$101.55	\$74.78

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 Roseau County is \$8.24 (8.4 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Roseau County spends \$18.34 (10.8 percent) more on residential services and \$6.03 (10.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Roseau County ranks 53<sup>rd</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Roseau County is \$8.02 (4.7 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Roseau County spends \$5.35 (2.7 percent) more on residential services and \$26.77 (35.8 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Roseau County ranks 47<sup>th</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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.

**Roseau County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (31% vs. 25%) and Customized Living (8% vs. 6%)). The lead agency has a lower use of Supported Employment Services (12% vs. 14%). They also have a lower use of some in-home services, such as Skilled Nursing (12% vs. 27%), Home Delivered Meals (21% vs. 27%), and Home Health Aide (10% vs. 11%), but a higher use of others such as Homemaker (36% vs. 33%). Forty-eight percent (48%) of Roseau County's total payments for CADI services



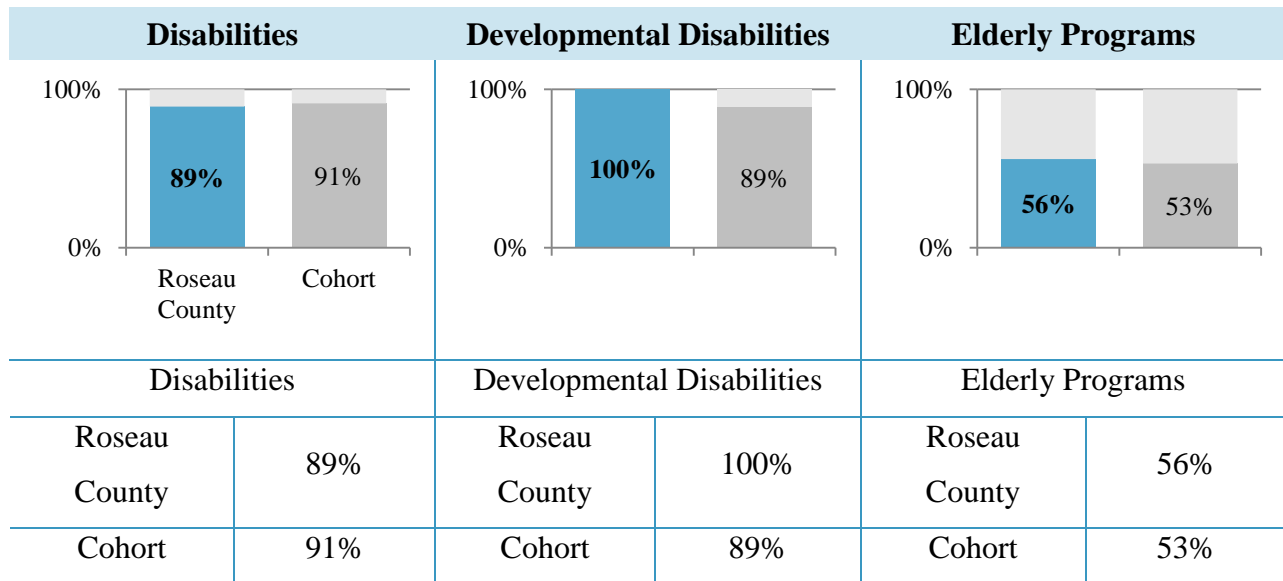
are for residential services (44% foster care and 4% customized living) which is lower than its cohort group (51%). Roseau County corporate foster care rates are lower than its cohort when billed daily (\$199.87 vs. \$202.48 per day). Their family foster care rates are also lower when billed daily (\$184.36 vs. \$207.99 per day) and when billed monthly (\$3,059.91 vs. \$3,591.64 per month).

**Roseau County's use of Supportive Living Services (SLS) is higher than its cohort (77% vs. 71%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Roseau County's monthly corporate Supportive Living Services rates are higher than its cohort (\$4,112.01 vs. \$3,729.91). The lead agency has a lower use of Day Training & Habilitation (51% vs. 61%) and Respite Care (10% vs. 20%) but a higher use of CDCS (12% vs. 3%) and extended transportation (18% vs. 8%) than its cohort.

## Usage of Long-Term Care Services

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

**Percent of LTC Participants Receiving HCBS (2012)**



**In 2012, Roseau County served 65 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 15 in institutional care.** Roseau County ranked 71<sup>st</sup> of 87 counties with 89.1 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 91.3 percent were HCBS participants. Since 2008, Roseau County has decreased its use of HCBS by 2.4 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Roseau County served 61 LTC participants (persons with development disabilities) in HCBS settings and one in institutional settings.** Roseau County ranked 1<sup>st</sup> of 87 counties with 100 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.2 percent). Since 2008, the county has increased its use by 1.7 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Roseau County served 117 LTC participants (over the age of 65) in HCBS settings and 113 in institutional care.** Roseau County ranked 55<sup>th</sup> of 87 counties with 56.2 percent of LTC participants receiving HCBS. This is higher than their cohort, where 52.9 percent were HCBS participants. Since 2008, Roseau County has increased its use of HCBS by 6.4 percentage

points, while their cohort has increased by 2.8 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

### Nursing Facility Usage Rates per 1000 Residents (2012)

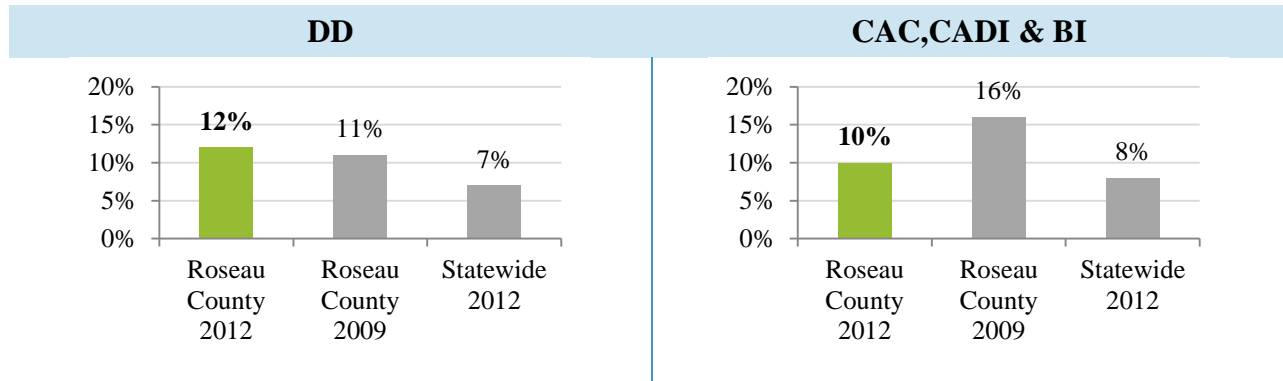
	Roseau County	Cohort	Statewide
Age 0-64	0.44	0.65	0.54
Age 65+	38.52	32.06	21.99
TOTAL	5.22	6.42	3.19

**In 2012, Roseau County was ranked 50<sup>th</sup> out of 87 counties 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, Roseau County has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 18.7 percent in Roseau County. Overall, the number of residents in nursing facilities has decreased by 18.4 percent since 2010.

## 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
Roseau County (2012)	12%	10%
Roseau County (2009)	11%	16%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, 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 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Roseau County had a 12% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Roseau County’s DD waiver balance is larger than its balance in CY 2009 (11%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Roseau County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Roseau County had a 10% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2009 (16%).

Roseau County is part of the Northwest Eight Waiver Alliance and pools their DD and CCB waiver budgets with other counties in the alliance. The lead agencies allocate their own budget, but petition the Alliance for more funds if there is a need. The Social Services Supervisor oversees the budgets and manages waiver slots. They do not currently have any participants on waitlists for the CCB or DD waiver programs. Case managers bring allocation increase requests to the Social Services Supervisor for approval informally or during weekly meetings.

### Lead Agency 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.

**Roseau County Case Manager Rankings of DHS Resources**

<b>Resource</b>	<b>1= Not Useful</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5= Very Useful</b>
Policy Quest	0	0	2	1	0
MMIS Help Desk	0	2	0	0	0
Community Based Services Manual	0	1	2	1	1
DHS website	0	0	5	0	0
E-Docs	0	0	0	4	2
Disability Linkage Line	0	0	0	0	3
Senior Linkage Line	0	0	0	1	3
Bulletins	0	0	5	0	0
Videoconference trainings	0	0	0	4	0
Webinars	0	0	5	0	0
Regional Resource Specialist	0	0	2	2	0
Listserv announcements	0	0	1	2	0
MinnesotaHelp.Info	0	0	1	1	0
Ombudsmen	1	0	0	0	0
DB101.org	0	1	0	0	0

Case managers reported that E-Docs, Disability Linkage Line, and Senior Linkage Line were the most useful DHS resources for their work. They shared that they use E-Docs to obtain the most current forms and that administrative staff get notification by DHS when documents are updated. They added that they wish the documents were in a format where they could save information. Case manager shared that Disability Linkage Line is extremely helpful when they call them and that they go above and beyond to answer any questions they have. They were equally complimentary of Senior Linkage Line, which they have found to be a great resource to help with medication questions. They have also said that Senior Linkage Line responds to inquiries in a very timely manner.

Lead agency staff stated that they use Policy Quest periodically to submit questions and also review answers to previous questions to obtain information they need. Staff did not rate MMIS Help Desk as a very helpful resource, saying that it is difficult to get in contact with them.

Case managers said that they use the Community Based Services Manual often and that they can usually find what they are looking for. They shared that the manual is not always current but that it seems to be improving in this area. Staff said that the DHS website is difficult to navigate and that they usually have to use outside search engines to find the information they need.

Staff said that they receive so many bulletins and listserv announcements, it is hard to keep track. Case managers stated that bulletins are not always clear and that it can be frustrating when many seem to be open to interpretation. They discuss information from bulletins and listservs during staff and unit meetings.

Case managers said that videoconference trainings are good when they do not have any technical difficulties and that they can access them on-site at the lead agency. They prefer videoconference trainings because they give them opportunities to interact with presenters and ask questions. They shared that they have also experienced technical difficulties with webinars recently. Case managers shared that the Regional Resource Specialist is very helpful but that she can be hard to get ahold of because of the wide area she covers. They also try to connect with her at regional meetings. Case managers who have used MinnesotaHelp.Info said that the site is not very up to date, but rated it as a somewhat helpful resource.

## Lead Agency Strengths, Recommendations & Corrective Actions

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

### Roseau County Strengths

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

- **Roseau County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Roseau County received a corrective action for Informed Consent to Release Information, ICF/DD Level of Care, timeliness of assessment to care plan, and designating separate case management and public guardianship roles. In 2014, Roseau County was fully compliant in these areas thus demonstrating technical improvements over time.
- **Case managers provide high quality case management services to meet participant needs.** Roseau County case managers are knowledgeable about the waiver programs and the services available to participants. They build relationships with families, advocate for participants, and are responsive to changing participant needs. In addition, providers responding to the survey recognized the work case managers are doing for participants and also indicated that there is good, open communication between case managers, participants, and providers. Case managers have long-standing relationships with waiver participants and match them with providers who fit their specific needs.
- **Case managers collaborate well with each other and other units within Roseau County.** Case managers are supportive of one another and are knowledgeable about resources available in the community to meet the needs of waiver participants. Case managers from different units have opportunities to access each other's expertise during regular staff meetings to help problem solve and stay updated on program requirements. Case managers work closely and have good communication with staff from other units with the lead agency including adult protection, child protection, financial workers, and licensing staff. These



strong working relationships allow case managers to help participants navigate across units to enhance the services participants are receiving.

- **Roseau County staff are well-connected with providers and other organizations that serve participants.** Case managers have local ties to the community giving them good knowledge of the community and who can provide needed services for participants. Case managers have developed close working relationships with providers. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met.
- **The case files reviewed in Roseau County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the case file, including 100% of BI Forms, 24 hour supervision is documented for EW cases, emergency contacts are documented in care plans, care plans are signed by all required parties, and DD screenings are current.

## Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 93% of case files reviewed included the provider name in the care plan, only 3% of cases reviewed included the annual amount allowed.

- **Roseau County has reserves in the CCB and DD budget and is able to serve more participants and provide additional services to participants already enrolled in these programs.** Roseau County's CCB waiver budget balance was 10% at the end of FY 2012 and their DD waiver budget balance was 12% at the end of CY 2012. There is room in the budget to provide additional services or enhance services such as supportive employment or in-home services for current participants. The lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.
- **Roseau County should continue to expand the use of contracted case management services to help serve participants that live out of the region and cover during staffing shortages.** Other lead agencies 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. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Roseau County should treat contracted case managers as their own employees by having them adhere to county practices and by maintaining a case file with current documentation of all required paperwork.
- **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these participants.** Consider expanding the role of a Rule 79 case manager to also be the CADI case manager for the same participants. Having a single case manager would streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at the [Waiver Review Initiative Website](http://www.Minnesota.HCBS.info) at [www.Minnesota.HCBS.info](http://www.Minnesota.HCBS.info).
- **Create visit sheets and use them consistently across the waiver programs to document provider performance and gather participant feedback.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan.

Specifically, visit sheets make it possible to consistently document participant progress on goals and changes to needs, monitor providers in their delivery of services, and evaluate provider performance. The lead agency should consider adopting this practice in order to assess participant satisfaction with providers, as only 50% of case files reviewed in Roseau County included documentation of participant satisfaction.

- **Continue efforts to expand community employment opportunities for individuals with disabilities.** Roseau County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (12.5% vs. 24.1%) and ranks 77<sup>th</sup> of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 13.9% vs. 14.3% for the cohort which ranks 39<sup>th</sup> of 87 counties. Roseau County should continue to build off of improvements that have been made around community-based employment. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program.

#### Corrective Action Requirements

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

- **Beginning immediately, include a back-up plan in the care plan of all DD program participants.** All DD care plans must be updated with this information. This is required for all CCB, 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. Currently, one out of 10 DD cases did not have a back-up plan. In

addition, three DD cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

- **Beginning immediately, 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.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency’s privacy practices on an annual basis. Currently, one out of 10 CADI cases, one out of three BI cases, two out of 10 EW cases, and three out of 10 DD cases did not have this completed documentation in the case file. In addition, one out of 10 EW cases and two out of seven AC cases did not have current documentation that the participant had been informed of the lead agency’s privacy practices in accordance with HIPAA and Minnesota Statutes.
- **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 completed documentation of their informed right to appeal included in the case file. In Roseau County, two out of 10 CADI cases, two out of three BI cases, and two out of 10 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 10 EW cases and one out of seven AC cases did not have current documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that each working-age participant’s case file includes documentation that vocational skills and abilities have been assessed.** Roseau County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 21 applicable cases, 24% did not have employment assessed. Most notably, 5 out of nine CADI cases not have evidence that employment was assessed.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CAC, CADI, and

BI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, two of 10 CADI cases (20%) and one of three BI cases reviewed (33%) had case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. Three of 10 DD cases (30%) did not meet this requirement.

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

**Team's site visit.** Although it does not require Roseau County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 25 cases. Roseau County submitted a completed compliance report on June 26, 2014.

## 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	2	N / A	0	2	N / A	N / A
Screenings done on time for new participants (PR)	86%	89%	78%	100%	DD	AC / EW, CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	66%	0%	N / A	CCB, DD
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=17</b>	<b>CCB n=13</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	93%	94%	92%	N / A	AC / EW, CCB	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=17</b>	<b>CCB n=13</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	98%	94%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	98%	94%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	78%	77%	85%	70%	N / A	N / A
Inclusion of caregiver needs in care plans	100%	N / A	N / A	100%	DD	N / A
OBRA Level I in case file (PR)	97%	100%	92%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	90%	N / A	N / A	90%	DD	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)	90%	N / A	N / A	90%	DD	N / A
Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	76%	N / A	58%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
<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 (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=4</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=4</i> )	100%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=17</b>	<b>CCB n=13</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	85%	100%	77%	70%	AC / EW	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	85%	88%	100%	60%	CCB	DD
Emergency contact information	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=17</b>	<b>CCB n=13</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	98%	94%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	80%	77%	69%	100%	DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	75%	71%	85%	70%	N / A	N / A



<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=17</b>	<b>CCB n=13</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	100%	90%	ALL	N / A
Documentation of participant satisfaction in the case file	50%	47%	62%	40%	N / A	N / A
<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)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	56%	89%	100%	AC / EW, DD	CCB
Percent of LTC funds spent on HCBS	N / A	25%	82%	100%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	22%	71%	90%	CCB, DD	AC / EW
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	97%	CCB	N / A
Percent of waiver participants served at home	N / A	95%	54%	22%	AC / EW	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	14%	13%	N / A	DD

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

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

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

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

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

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

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

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

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

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

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

**DD** is the Developmental Disabilities Waiver.

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

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

**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.