Minnesota Department of Human Services Waiver Review Initiative

Report for: **Sherburne County**

Waiver Review Site Visit: January 2014

Report Issued: March 2014

Contents

Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Sherburne County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota's Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

Table 1 below summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of Data Collection Methods

Method	Number for Sherburne County
Case File Review	80 cases
Provider survey	31 respondents
Supervisor Interviews	1 interview with 4 staff
Focus Group	1 focus group with 10 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 Sherburne County

In January 2014, the Minnesota Department of Human Services conducted a review of Sherburne County's Home and Community Based Services (HCBS) programs. Sherburne County is a rural county located in central Minnesota. Its county seat is located in Elk River, Minnesota and the County has another six cities and 10 townships. In State Fiscal Year 2012, Sherburne County's population was approximately 89,457 and served 678 people through the HCBS programs. According to the 2010 Census Data, Sherburne County had an elderly population of 7.5%, placing it 86th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Sherburne County's elderly population, 10.3% are poor, placing it 34th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Sherburne County's Health and Human Services Department is the lead agency for the HCBS waiver programs. In January 2011, Public Health and Social Services departments merged to form the combined agency. All waiver programs are managed under the Adult Services Unit within the Health and Human Services Department. Additionally, the Department also serves as a contracted care coordinator for several Managed Care Organizations (MCOs); Medica, UCare, Blue Plus, and Health Partners.

The Adult Services Supervisor oversees all of the waiver programs and supervises 16 waiver staff, one case aide who works with waiver cases, as well as 2 public health nurses and two staff who work with Special Needs Basic Care (SNBC). The lead agency has lead workers for the CCB, DD, EW and AC waiver programs and MnChoices. The four lead workers carry smaller

caseloads and have other responsibilities in addition to case management. Most of the case managers at the lead agency have caseloads that are specialized to specific waiver programs but some have mixed caseloads. Caseload size varies among all case managers depending on their other responsibilities and the complexity of their cases.

In total, four case managers manage CADI and BI cases and have caseloads ranging from 38 to 61 cases. Two of these case managers manage CADI participants who also receive Rule 79 mental health case management. These cases, along with other CADI cases that have a mental health component, are dual-case managed by mental health workers. Five DD case managers have caseloads between 52 and 86 cases. One case manager has 86 cases and works with younger adolescents and participants who require a lower level of case management. One DD case manager also manages some CADI cases. Five case managers manage EW and AC cases and have caseloads that range from 50 to 71 cases.

There are also two public health nurses in Adult Services. One public health nurse has a caseload of medically fragile participants that includes CAC cases as well as some elderly managed care cases; the other completes all the PCA assessments for the agency. Both public health nurses consult on cases where participants have high medical needs.

With the exception of the managed care programs, Adult Services receives all waiver cases as referrals from the intake unit. Intake workers gather information, enter data into SSIS, and send e-mails to the Adult Services Supervisor notifying them of new referrals. These e-mails also go to the four lead workers who have the responsibility of assigning cases. The CCB lead worker assigns cases based on size and complexity of caseloads and sends CAC referrals directly to the one case manager who handles those cases. The Adult Services Supervisor assigns cases on a rotating basis to the elderly program case managers who conduct initial LTCC assessments. The Adult Services Supervisor assigns cases based on the age of the participants as some DD case managers specialize in different age groups; including children, transition-age, and participants who are 21 years of age or older. In all of the waiver programs, the case manager who performs the initial assessment or screening becomes the ongoing case manager unless it is determined that the case would be better fit for a different case manager.

Working Across the Lead Agency

Case managers shared that communication across departments is one of the strengths of the lead agency. They stated that they have close working relationships with financial workers, adult protection and child protection staff, as well as adult and child mental health staff.

Financial workers assess Medical Assistance (MA) and Group Residential Housing (GRH) eligibility and also notify case managers when waiver participants have not sent in the paperwork they need to remain eligible for these programs. Two financial workers specialize in waiver services. Case managers stated that their relationships with financial workers are strong because they are located in the same building and the groups can easily meet face-to-face. Case managers who telecommute often use formal communication forms and e-mail to connect with financial workers.

Adult protection and child protection cases first come in to the county through the intake unit. When a vulnerable adult report is made, an adult protection worker notifies the participant's case manager through SSIS about the report. First-time child protection cases are also managed in the intake unit, but ongoing cases go to a separate child welfare unit for intake and case management. Case managers said that adult protection workers and child protection workers are good about including them in the process and may invite them on visits. They shared that this helps case managers maintain positive relationships with families in these situations.

As noted earlier, case managers work closely with mental health workers and dual-case manage some cases where a participant is on a waiver and also has mental health issues. This applies to both children and adult participants. Case managers shared that having two case managers creates a nice wraparound service for participants, with mental health workers serving their mental health needs and waiver case managers making sure program requirements are being met. Case managers added that the two groups do a good job of consulting with each other and that there is a lot of collaboration.

The Adult Services Supervisor attends county board meetings as necessary and brings new policies to them so they can give input and stay informed of changes. The lead agency has

conducted workshops for the board on topics such as MnCHOICES and what it will mean for the waiver programs in the future. They also do annual and semi-annual presentations to the board that outline unit goals and rate setting. As a result, the board has a high level of awareness about the waiver programs and has made efforts to support the lead agency by approving increased staffing when needed.

Health and Safety

In the Quality Assurance survey, Sherburne 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 they have good, open communication with case managers. They also said that Sherburne County case managers are well-trained and knowledgeable and that the lead agency responds to questions or inquiries from providers and waiver participants.

Lead agency staff shared that they have monthly Adult Services meetings to discuss large changes affecting the waiver programs. Each program area also meets monthly as well. They present information obtained from bulletins and talk about new program implementations. Staff stated that hearing information multiple times helps case managers learn. Lead workers and the supervisor are responsible for keeping up with program changes. The lead agency also has regular staff trainings.

The lead agency conducts internal waiver program reviews quarterly. Each case manager has two cases randomly selected to be reviewed by other staff members. This internal review helps case managers stay up-to-date on documentation requirements.

Service Development and Gaps

Overall, lead agency staff reported being satisfied with provider performance and relationships. They shared that the lack of providers in the region poses as a challenge to coordinating HCBS services in Sherburne County. Transportation was one of the biggest service gaps mentioned by

lead agency staff. They stated that the transportation options have limited hours of operation which, in turn, further limits employment opportunities for participants.

Lead agency staff also shared that mental health services are limited in their area and participants have to travel outside of Sherburne County to receive these services. They also mentioned that the moratorium on corporate foster care has limited the options for high need participants who require that level of care. Housing options for transition-age participants are also scarce. Lead agency staff said that their county needs more brain injury specialists and expressed a need for providers who have the competencies to serve participants from other cultures, such as Somali and Russian participants. They added, however, that they have no trouble accessing interpreters either by phone or in person.

In order to address some of the housing gaps, lead agency staff have met with local providers about renting apartments in a large apartment complex in the area. The plan would be to have providers bring staff directly into the apartments to deliver services. Parents are particularly in favor of community living options because of their concerns that their child will be isolated in other settings.

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.

Sherburne County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Facility	0	1	5
Schools (IEIC or CTIC)	0	1	2
Advocacy Organizations	1	4	0
Hospitals (in and out of county)	1	5	0
Community Mental Health Agencies	0	4	1
Customized Living Providers	0	3	3
Corporate Foster Care Providers	0	2	2
Family Foster Care Providers	0	3	2
Employment Providers (DT&H, Supported Employment)	0	3	3

Staff shared that one of the strengths of the lead agency was their relationships with their local providers. They stated that they have open lines of communication with all of their providers and have a number of practices in place to monitor their performance. Lead agency staff said they monitor providers by making frequent "drop-in" visits to participants to ensure all of their needs are being met. Participants voice any concerns they have during annual and semi-annual face-to-face visits. Case managers also verify that participants are satisfied with their services during these meetings. The lead agency requires quarterly reports from some providers and conducts participant and case manager surveys. If case managers have concerns with a particular provider, they can easily walk down the hall and discuss issues with the county licensor. Providers echoed the lead agency's efforts to ensure participants are receiving needed services and said that case managers advocate on the behalf of participants.

Sherburne case managers rated their working relationships with local providers as average to above average depending on the provider. Most case managers rated their relationships with nursing facilities as above average. Case managers shared they have really good support from local nursing facilities explaining that they are invited to care conferences and are involved in discharge planning. In addition, case managers stated that social workers at the nursing facilities are always available.

Case managers explained that their relationships with schools vary depending on the school. For example, case managers who rated schools as above average stated that the elementary schools are in constant communication with them and that their staff are advocates for the students. Case managers who rated the school as average said that some schools wait too long to refer participants who are close to transitioning into adult services.

Case managers explained that they are rarely in contact with advocacy organizations and that the strength of their working relationship varies depending on the organization. Case managers reported that some advocacy organizations have contacted them about school issues and some organizations have assisted participants who are interested in working to determine the benefits they would receive. Most of the case managers rated their relationships with hospitals as average, stating that their level of communication with hospitals varies. Case managers shared that there is poor communication with a few hospital social workers around discharge planning. However, case managers also said that communication with other hospitals is strong, especially around inviting case managers to care conferences. Case managers rated their relationships with community mental health facilities as average to above average and shared that staff are very polite.

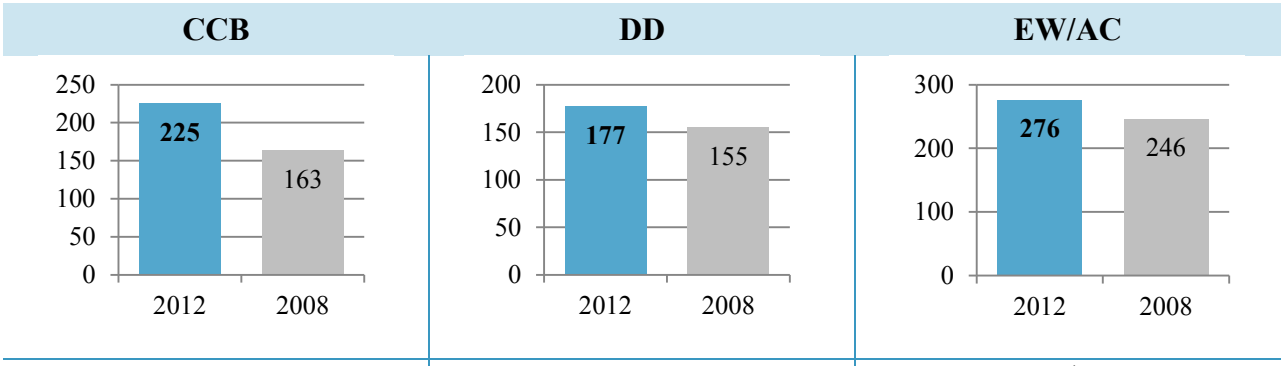
Case managers stated that some of customized living providers are great but they also noted that one of the biggest challenges with a few of the customized living providers is that they only accept a limited amount of waiver clients at a time. Additionally, case managers shared that their relationships with foster care providers are generally good. However, case managers shared that some foster care providers do not provide enough activities for participants and sometimes do not communicate about incidents in a timely manner.

Overall, case managers shared that vocational providers are of very good quality and they make their services convenient for participants. However, case managers said that vocational providers contend they are not able to employ participants with mental health needs because of licensing limitations.

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 Sherburne County (2008 & 2012)



CCB		DD		EW/AC	
2012	225	2012	177	2012	276
2008	163	2008	155	2008	246

Since 2008, the total number of people served in the CCB Waiver program in Sherburne County has increased by 62 participants (38.0 percent); from 163 in 2008 to 225 in 2012. Most of this growth occurred in the case mix B, which grew by 35 people. As a result Sherburne County may be serving a higher proportion of people with mental health needs. Additionally, case mix A grew by 11 people, and case mix J grew by 10 people.

Since 2008, the number of people served with the DD waiver in Sherburne County increased by 22 participants, from 155 in 2008 to 177 in 2012. In Sherburne County, the DD waiver program is growing more quickly than in the cohort as a whole. While Sherburne County

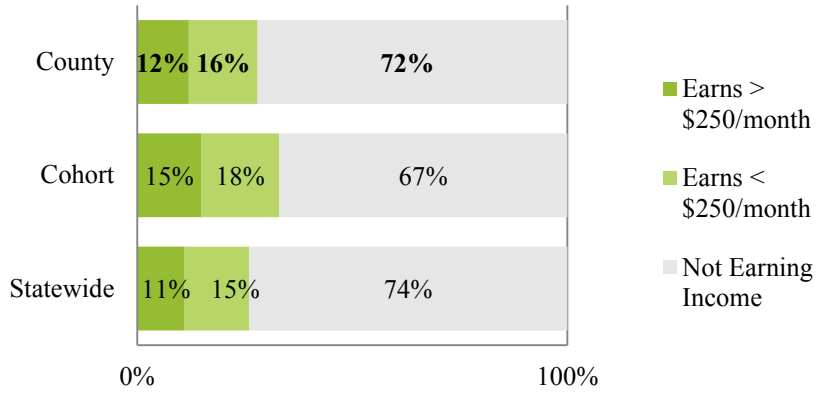
experienced a 14.2 percent increase in the number of people served from 2008 to 2012, its cohort had a 9.3 percent increase in number of people served. In Sherburne County, the profile groups two and three increased by 14 and 11 people respectively. The greatest change in the cohort profile groups also occurred in people having a profile two. Sherburne County serves a larger proportion of people in profile groups one and two (44.6 percent), than its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Sherburne County has increased by 30 people (12.2 percent), from 246 people in 2008 to 276 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mix E had the largest increase, growing by 15 people. As a result, Sherburne County may be serving a higher 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.

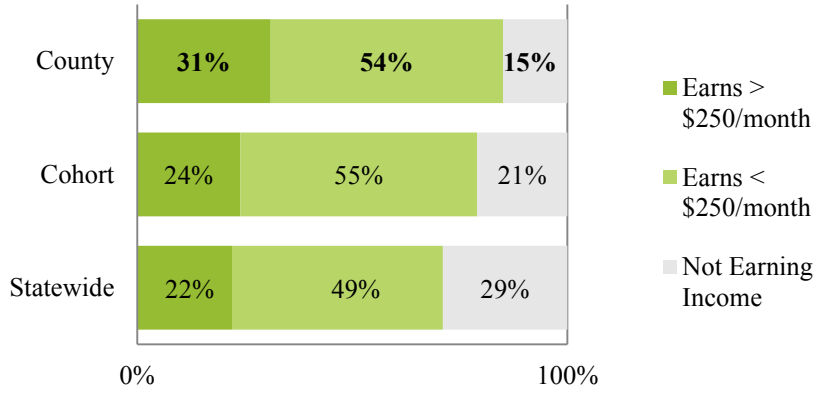
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > $250/month	Earns < $250/month	Not Earning Income
Sherburne County	12%	16%	72%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Sherburne County served 162 working age (22-64 years old) CCB participants. Of working age participants, 27.8 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Sherburne County ranked 48th of 87 counties** in the percent of CCB waiver participants earning more than $250 per month. In Sherburne County 11.7 percent of the participants earned $250 or more per month, compared to 14.7 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.

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



	Earns > $250/month	Earns < $250/month	Not Earning Income
Sherburne County	31%	54%	15%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

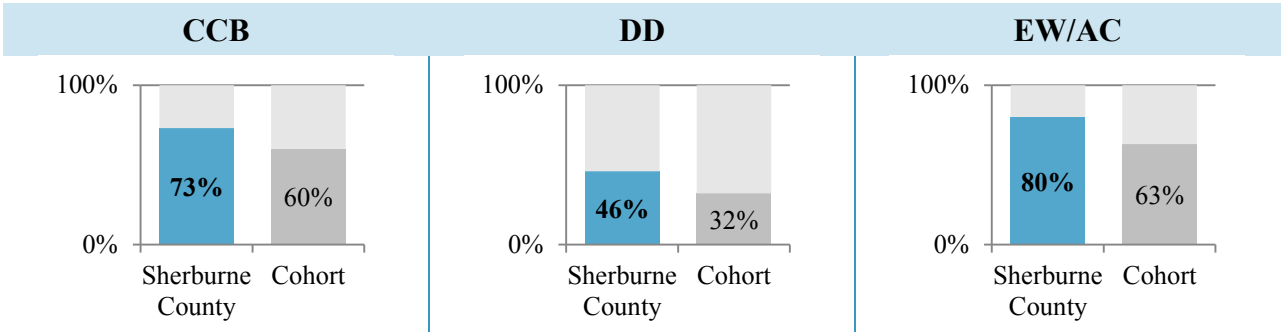
In 2012, Sherburne County served 115 DD waiver participants of working age (22-64 years old). **The county ranked 16th in the state** for working-age participants earning more than $250 per month. In Sherburne County, 31.3 percent of working age participants earned over $250 per

month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 85.2 percent of working age DD waiver participants in Sherburne County had some earned income, while 79.3 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)



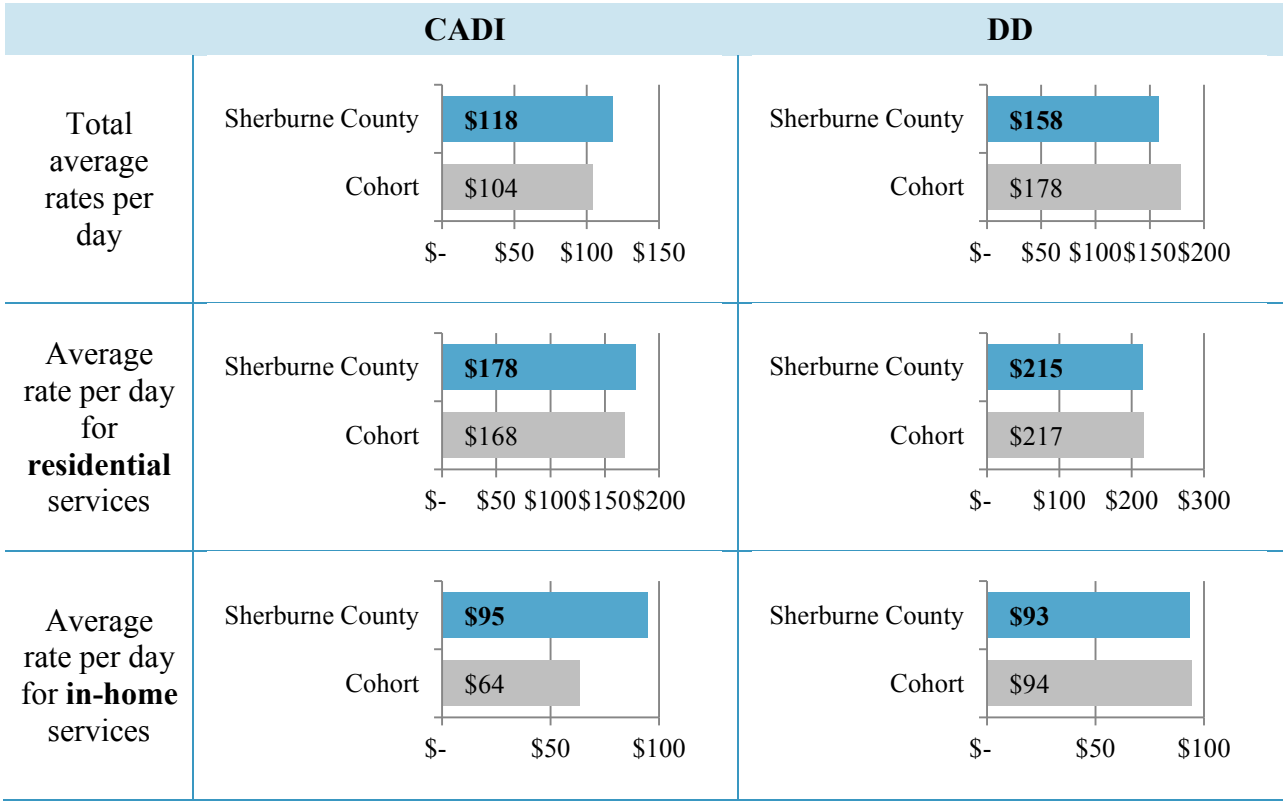
CCB		DD		EW/AC	
Sherburne County	73%	Sherburne County	46%	Sherburne County	80%
Cohort	60%	Cohort	32%	Cohort	63%

Sherburne County ranks 16th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 164 participants at home. Between 2008 and 2012, the percentage decreased by 2.0 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points, and the statewide average fell by 4.2 points. In 2012, 72.9 percent of CCB participants in Sherburne County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Sherburne County ranks 8th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 82 participants at home. Between 2008 and 2012, the percentage decreased by 1.4 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling 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.

Sherburne County ranks 31st out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 220 participants at home. Between 2008 and 2012, the percentage increased by 1.3 percentage points. In comparison, the percentage of participants served at home fell by 5.6 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. Sherburne 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)

	Sherburne County	Cohort
Total average rates per day	$118.11	$103.96
Average rate per day for **residential** services	$178.15	$167.73
Average rate per day for **in-home** services	$94.60	$63.58

Average Rates per day for DD services (2012)

	Sherburne County	Cohort
Total average rates per day	$158.35	$178.28
Average rate per day for **residential** services	$214.56	$216.75
Average rate per day for **in-home** services	$93.43	$94.34

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 Sherburne County is $14.15 (13.6 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Sherburne County spends $10.42 (6.2 percent) more on residential services and $31.02 (48.8 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Sherburne County ranks 69th 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 Sherburne County is $19.93 (11.2 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Sherburne County spends $2.19 (1.0 percent) less on residential services, and $0.91 (1.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Sherburne County ranks 22nd 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.

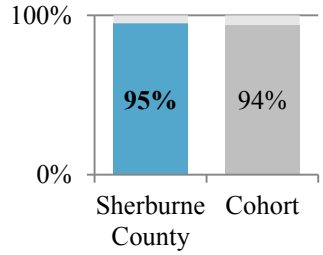
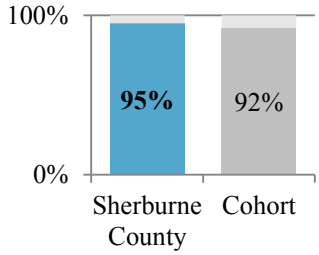
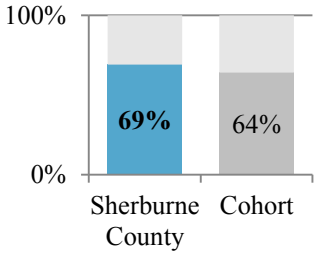
Sherburne County has a lower use in the CADI program than its cohort of residential based services (Foster Care (20% vs. 26%) and Customized Living (6% vs. 12%)). The lead agency has a higher use of Prevocational Services (17% vs. 9%) and a lower use of Supported Employment Services (6% vs. 12%). They also have a lower use of some in-home services, such as Skilled Nursing (9% vs. 19%), Home Health Aide (1% vs. 6%), Home Delivered Meals (16% vs. 19%), Independent Living Skills (19% vs. 20%), and Homemaker (25% vs. 28%). Thirty-four percent (34%) of Sherburne County's total payments for CADI services are for residential services (30% foster care and 4% customized living) which is lower than its cohort group (54%). Corporate foster care rates are lower than its cohort when billed daily ($211.42 vs. $227.80 per day). Sherburne County's family foster care rates are higher when billed daily ($185.82 vs. $170.50 per day), but lower when billed monthly ($2,143.31 vs. $3,411.26 per month).

Sherburne County's use of Supportive Living Services (SLS) is lower than its cohort (53% vs. 67%) 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. Sherburne County's monthly corporate Supportive Living Services rates are lower than its cohort ($2,996.78 vs. $3,831.57). The lead agency has a lower use of Day Training & Habilitation (58% vs. 61%) and a higher use of Supported Employment Services (12% vs. 4%). It has a lower use of In-Home Family Support (13% vs. 15%) than its cohort, but a higher use of Respite Care (20% vs. 18%) and personal support (15% vs 10%).

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)

Disabilities	Developmental Disabilities	Elderly Programs
		

Disabilities		Developmental Disabilities		Elderly Programs	
Sherburne County	95%	Sherburne County	95%	Sherburne County	69%
Cohort	94%	Cohort	92%	Cohort	64%

In 2012, Sherburne County served 423 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 35 in institutional care. Sherburne County ranked 21st of 87 counties with 95.3 percent of their LTC participants received HCBS. This is a higher rate than their cohort, where 93.6 percent were HCBS participants. Since 2008, Sherburne County has increased its use of HCBS by 4.5 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, Sherburne County served 271 LTC participants (persons with development disabilities) in HCBS settings and 15 in institutional settings. Sherburne County ranked 31st of 87 counties with 95.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Since 2008, the county has increased its use by 2.2 percentage points while its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Sherburne County served 291 LTC participants (over the age of 65) in HCBS settings and 139 in institutional care. Sherburne County ranked 20th of 87 counties with 69.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 63.8 percent were HCBS participants. Since 2008, Sherburne County has increased its use of HCBS by 1.8

percentage points, while their cohort has increased by 4.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

	Sherburne County	Cohort	Statewide
Age 0-64	**0.22**	0.45	0.54
Age 65+	**15.97**	23.65	21.99
TOTAL	**1.42**	3.51	3.19

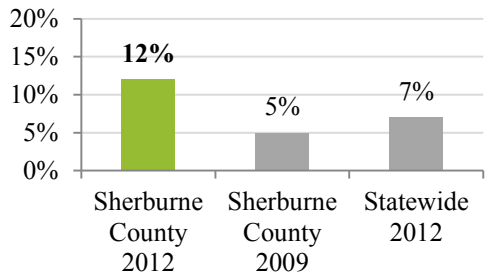
In 2012, Sherburne County was ranked 4th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Sherburne County also has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing facility residents 65 and older has increased by 8.6 percent in Sherburne County. Overall, the number of residents in nursing facilities has increased by 8.3 percent since 2010.

Managing Resources

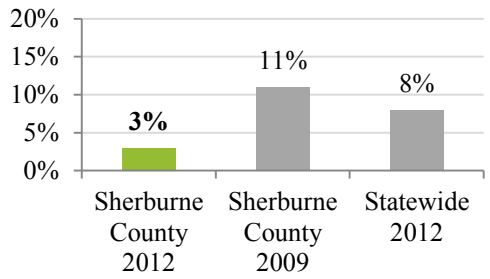
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year

DD



CAC,CADI & BI



	DD	CAC, CADI, BI
Sherburne County (2012)	12%	3%
Sherburne County (2009)	5%	11%
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, Sherburne County had a 12% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Sherburne County's DD waiver balance is larger than its balance in CY 2009 (5%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Sherburne 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, Sherburne County had a 3% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (11%).

Sherburne County currently has a waitlist for the CCB and DD waiver programs. The CCB unit meets twice a month to discuss participants who wish to be on a waiver and to manage allocations. The DD unit meets monthly to discuss these issues. Both units prioritize participants based on highest need and award waiver slots and allocation increases accordingly. Lead agency staff specified that participants in crisis go to the top of the list. Lead workers meet with the Adult Services Supervisor to make final decisions.

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.

Sherburne County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	1	0	0	5	0
MMIS Help Desk	0	1	0	5	2
Community Based Services Manual	1	0	0	5	0
DHS website	0	1	2	3	1
E-Docs	0	0	1	4	4
Disability Linkage Line	1	1	2	0	0
Senior Linkage Line	0	1	2	1	1
Bulletins	0	0	6	1	0
Videoconference trainings	0	7	0	1	0
Webinars	0	0	3	2	0
Regional Resource Specialist	0	3	1	0	0
Listserv announcements	0	2	0	2	0
MinnesotaHelp.Info	0	0	4	0	0
Ombudsmen	0	2	3	0	0
DB101.org	0	1	0	2	0

Case managers said the MMIS Help Desk is a very useful resource because it provides timely responses to questions. However, lead agency staff noted that it can be a challenge to communicate with an automated system instead of a person. Some lead agency staff shared that the Regional Resource Specialist is prompt in responding to questions, but during the focus group, case managers said that they have limited contact with the Regional Resource Specialist and that she seems to be spread thin across many responsibilities.

The lead agency staff shared that Policy Quest is a very useful tool. One lead case manager uses Policy Quest at his meetings where he reads through the questions and answers with the case managers. The Adult Services Supervisor is the only staff member with access to post questions. The lead case managers also added that the Community Based Services Manual is very helpful but would like it to include more details, especially around CDCS services.

Lead agency staff shared that they frequently use E-Docs but cannot save the documents as fillable because they do not have the appropriate software. Staff said that bulletins are sent to case managers and explained it is sometimes a challenge to know whether to implement changes immediately or to wait for further instruction from DHS. Case managers generally rated videoconference trainings as being not very useful, citing that they have to travel to a neighboring county to view them and that the subject matter is often too general. Lead agency staff commented that webinars are helpful and that they would prefer a webinar over a videoconference.

Case managers rated the Disability Linkage Line as moderately to not very useful, and one case manager said their calls are often not answered or returned. Case managers were more satisfied with the Senior Linkage Line, stating that the staff are very responsive to their questions. The lead agency staff have worked with Ombudsmen in the past and shared that the Ombudsmen follows up with them after they make reports. Most staff were satisfied with DB101.org. One case manager said that it is a great resource for families with transition aged children and other lead agency staff reported that they use the website to look at how employment affects health care coverage.

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.

Sherburne County Strengths

The following findings focus on Sherburne 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.

- **Sherburne County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Sherburne County received a corrective action for timeliness of assessment to care plan, signed and dated care plans, choice questions, and documentation of needs in the care plan for CAC and CADI participants. In 2013, Sherburne County was fully compliant in these areas thus demonstrating technical improvements over time.

- **Case managers are experienced and provide high quality case management services to meet participant needs.** Sherburne County case managers are consumer focused and hard-working; they build relationships with families and are responsive to changing participant needs. Case managers navigate easily across programs within the agency to provide seamless services for participants. Case managers are in frequent contact with their HCBS waiver participants through face-to-face visits as they see participants an average of four times every 18 months across all programs. In addition, Sherburne County does a good job of supporting caregivers and including them in care plans; caregiver needs were included in the care plan 77% of the time.

- **Lead agency staff are well-connected with providers and other organizations that serve participants.** Sherburne County case managers have worked to build strong relationships to the community. They serve on advisory groups, have worked with the sheriff's office to host a workshop for the elderly, and are well-connected to schools as a result of attending CTIC and early intervention meetings, especially when working with school-aged DD participants. In addition, case managers reported having close working relationships with staff at nursing homes, schools, vocational programs, and customized living and foster care facilities. Moreover, providers surveyed identified open communication with case managers as a county strength.

- **Case managers work well together and collaborate across departments and units to provide quality case management to waiver participants.** The agency makes good use of its social services and public health expertise so that participants benefit from both disciplines through case consultation. Case managers work closely and have good communication with staff from other units within the lead agency including adult and child protection, adult and child mental health, financial workers, and licensing staff. Both consumer and providers reflected on the high quality of interagency teamwork. Case managers are also knowledgeable about the waiver programs; they have lead case managers for all waiver programs and health plans, and have a mentor for their SSIS system. The case managers' program expertise and teamwork are valuable to the lead agency as they improve outcomes for waiver participants.

- **The case files reviewed in Sherburne 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 file, including the ICF/DD Level of Care, BI Form, CAC form, OBRA Level One, informed consent, right to appeal information, notice of privacy practices (HIPAA), back-up plans, emergency contacts, signed and dated care plans, signed and dated DD screenings, and current assessments. In addition, care plans included documentation of nearly all the required content, including 100% of health and safety issues outlined and 100% of participant outcomes and goals stated.

- **Sherburne County serves many participants at home and has the capacity to serve a high need population in the community.** The lead agency serves a greater proportion of participants at home when compared to its cohort in the CCB program (73% vs. 60%), DD program (46% vs. 32%) and EW/AC program (80% vs. 63%). In addition, the lead agency serves a greater proportion of high needs participants at home as compared to its cohort in the CCB program (72% vs. 53%), DD program (46% vs. 31%) and EW/AC program (64% vs. 46%).

- **Sherburne County has effectively used Consumer-Directed Community Supports (CDCS) to serve participants at home.** In 2012, Sherburne County had 67 CCB participants using CDCS and 45 DD participants using CDCS. This program is particularly

effective at supporting participants in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Sherburne County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Sherburne 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 95% of case files reviewed included the provider name in the care plan, only 8% of cases reviewed included the annual amount allowed.
- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency may want to consider strategies such as: developing an electronic case file system; create and use fillable electronic formats and signature pads, or have office support assist in creating packets or use shared drives to store forms to ensure they are current. This will promote organizational efficiencies and consistency and will allow supervisors and other staff easy access to information in a case manager's absence.
- **Consider expanding contracted case management services to help serve participants that live out of the region, to reduce the case size of the lead workers and to provide culturally appropriate services.** With continually changing policies under MnCHOICES and shifts in the demographics of people served by the waiver programs, administering the

programs and providing case management has become more complicated. The lead agency may want to consider contracted case management as a strategy to ensure lead workers are able to keep up with the increasing complexity of the waiver programs and maintain program expertise over 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, Sherburne 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.

- **Sherburne County should build off of current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Sherburne County's provider monitoring practices are exceptional. However, the lead agency should consider using visit sheets ensure monitoring providers is a standard practice. Visit sheets will help lead agency staff easily collect quantifiable data around provider performance. In addition, visit sheets can be used for consistent documentation of participant satisfaction.
- **The Lead agency should continue to develop services that support participants in their own homes and reduce reliance on more expensive residential care**. Sherburne County could benefit from more in-home supports for waiver participants. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs. Sherburne County should work to influence what services are available to its waiver participants, which may include partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. In addition, the lead agency should work to develop specialized family foster care to support those with higher needs.
- **Sherburne County has reserves in the DD budget and is able to serve additional participants in the DD program.** Sherburne County's DD waiver budget balance was 12%

at the end of calendar year 2012 and the lead agency has a waiting list. Therefore, there is room to add more participants. Typically a 3% allocation reserve is more than adequate to manage risk for a lead agency of this size. Additionally, the lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.

- **Continue to expand community-based employment opportunities for individuals in the CCB programs, particularly CADI waiver participants.** Sherburne County has a lower percentage of working age participants earning more than $250 a month than its cohorts for the CCB program (11.7% vs. 14.7%) and ranks 48th of 87 counties in this area. Sherburne County should focus on strengthening employment options by working to reduce use of center-based employment and develop more community-based employment opportunities. Nearly one third (32%) of Sherburne County CADI participants are currently under age 22 and will be transitioning soon from school to work. The lead agency should work closely with schools and be more involved in transition planning for youth to better connect them to community-based employment opportunities. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.

Corrective Action Requirements

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

- **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. Seventy percent (70%) or 16 out of

23 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that case files include the Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a condition related to developmental disability on an annual basis. One out of 3 DD cases reviewed with a related condition did not have the Related Conditions Checklist in the file. In addition, another DD case with a related condition did not have a current Related Conditions Checklist in the file.

- **Beginning immediately, ensure that all CADI working-age participant's case file includes documentation that vocational skills and abilities have been assessed**. Sherburne County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment and care planning process. Of the 10 CADI applicable cases, four did not have employment assessed.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Sherburne 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 8 cases. Sherburne County submitted a completed compliance report on February 18, 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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	111	N / A	13	98	N / A	N / A
Screenings done on time for new participants (PR)	N / A	84%	70%	94%	AC / EW	CCB, DD
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	70%	31%	CCB	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC / EW n=28**	**CCB n=35**	**DD n=17**	**Strength**	**Challenge**
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, 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)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	99%	100%	97%	100%	ALL	N / A
Choice questions answered in care plan (PR)	99%	100%	97%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=28	CCB n=35	DD n=17	Strength	Challenge
Participant needs identified in care plan (PR)	95%	86%	100%	100%	CCB, DD	N / A
Inclusion of caregiver needs in care plans	77%	78%	71%	100%	DD	N / A
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)	100%	N / A	N / A	100%	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)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	33%	N / A	N / A	33%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	88%	N / A	78%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
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)	Always	N / A	N / A	N / A	ALL	N / A
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 *(Provider survey, n=31)*	90%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA *(Provider survey, n=31)*	77%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=28**	**CCB n=35**	**DD n=17**	**Strength**	**Challenge**
Participants are visited at the frequency required by their waiver program (PR)	99%	96%	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)	100%	100%	100%	100%	ALL	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=28**	**CCB n=35**	**DD n=17**	**Strength**	**Challenge**
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	99%	100%	97%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n=28**	**CCB n=35**	**DD n=17**	**Strength**	**Challenge**
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	40%	50%	23%	59%	N / A	N / A
SYSTEM PERFORMANCE	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of completed remediation plans summited by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	69%	95%	95%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	42%	89%	89%	AC / EW, DD	N / A
Percent of waiver participants with higher needs	N / A	54%	90%	82%	CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	96%	72%	N / A	CCB, DD
Percent of waiver participants served at home	N / A	80%	73%	46%	ALL	N / A
Percent of working age adults employed and earning $250+ per month	N / A	N / A	12%	31%	DD	CCB

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.