Minnesota Department of Human Services Waiver Review Initiative

Report for: **St. Louis County**

Waiver Review Site Visit: September and October 2012

Report Issued: January 2013

Contents

Contents 2
Acknowledgements 3
About the Waiver Review Initiative 4
About St. Louis County 5
Working Across the Lead Agency 9
Health and Safety 10
Service Development and Gaps 11
Community and Provider Relationships/Monitoring 13
Capacity 15
Value 16
Sustainability 18
Usage of Long-Term Care Services 22
Managing Resources 24
County Feedback on DHS Resources 26
County Strengths, Recommendations & Corrective Actions 29
St. Louis County Strengths 29
Recommendations 30
Corrective Action Requirements 33
Waiver Review Performance Indicator Dashboard 38
Attachment A: Glossary of Key Terms 42

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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 St. Louis County
Case File Review	298 cases
Provider survey	54 respondents
Supervisor Interviews	5 interviews with 9 staff
Waiver Coordinator Interview	1 interview with 2 staff
Focus Group	2 focus group(s) with 25 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 St. Louis County

In September and October 2012, the Minnesota Department of Human Services conducted a review of St. Louis County's Home and Community Based Services (HCBS) programs. St. Louis County is a located in northeast Minnesota, with both urban and rural communities. Its county seat is located in Duluth, Minnesota and the County has another fifty-one cities and seventy-three townships. In State Fiscal Year 2011, St. Louis County's population was approximately 200,255 and served 3,628 people through the HCBS programs. In 2011, St. Louis County had an elderly population of 15.7%, placing it 46th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of St. Louis County's elderly population, 7.4% are poor, placing it 69th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

St. Louis County Public Health and Human Services Department is the lead agency for all HCBS programs and provides case management for these programs. The Adult Services and Children's Services units manage the EW, AC, CADI, BI, and DD programs. Public Health units manage all CAC cases, some CADI cases, and also perform care coordination for EW managed care participants. The county provides care coordination for UCare, Medica, and Blue Plus Managed Care Organizations (MCOs). There are four office locations for Public Health and Human Services: Duluth, Virginia, Hibbing, and Ely.

Because of the large size of the county, supervisors, case managers, and other staff for the waiver programs are split geographically in the northern and southern parts of the county. St. Louis

County has two supervisors in Adult Services Division who oversee staff who manage adult mental health CADI cases and a small number of BI cases. Each CADI mental health supervisor oversees two social workers who work with the waiver programs. The county has two additional supervisors in the Adult Services Division who oversee workers managing EW, AC, CADI, and BI wavier programs. These supervisors oversee a total of 43 case managers and staff who work with the waiver programs. Supervisors shared that most case managers have been with the county between eight and 30 years, but they anticipate losing some case managers to retirement in the near future.

St. Louis County has one Public Health Supervisor overseeing the waiver programs; she supervises 12 staff who manage CAC, EW managed care, and a small number of CADI cases. One of the public health staff in the Duluth office is a lead worker for the waivers, and staff rely on this worker to keep up with policy changes, answer questions from case managers, and lead training. Public Health's responsibilities also include PCA assessments, WIC, vaccinations, maternal child health programs, and emergency preparedness.

Children's and Family Services have supervisors in both the north and southern part of the county who oversee children's mental health and CADI cases for participants aged 0 to 18. Each supervisor oversees two case managers: one who manages children's CADI mental health cases and one who manages CADI cases when child protection is also involved with the family. There are two supervisors for the DD programs. The Virginia DD supervisor oversees a unit of eight case managers and a separate unit of three guardianship workers. The Duluth DD supervisor oversees 13 DD case managers. One of the Duluth case managers also has intake responsibilities and therefore has a smaller caseload.

In addition, St. Louis County has two social workers who serve as waiver coordinators for the county. Their responsibilities include managing the Waiver Management System and allocations, rate-setting for DD and CCB residential services, and special projects such as MN Choices beta testing and attending state or county meetings and work groups.

In the Duluth office, the AC, EW, and CADI (physical disabled adults) unit takes all calls that come into that location and transfer the calls requesting waivered services to the Duluth assessment team to complete the LTCC. Once the LTCC assessment is complete cases may be

transferred to an interim case manager who develops the care plan and sets up services before being assigned to a final, ongoing case manager. In the Duluth office, referral calls for the DD waiver are passed onto an intake worker who conducts the initial screening for participants with developmental disabilities. The county has a staff psychologist to help assess and confirm DD status. If the participant opens to the DD waiver, the intake staff will bring the case to the DD supervisor, and the supervisor will assign the case to an ongoing case manager. Historically, case managers have volunteered to take new cases, but supervisors said this happens less often today with high caseloads.

The Virginia office supervisor for elderly and disability programs, based in Virginia, MN, has two social services specialists who take phone referrals and walk-ins, and review participant information before the supervisor assigns cases. The Duluth office supervisor for elderly and disability programs shared that he currently assigns cases, but the county is currently reorganizing its intake and assessment process to specialize and cross-train staff in preparation for MN Choices. In the Virginia office, anyone in the unit is able to take a referral call for the DD waiver. The DD supervisor then assigns the case based on geographic location. If a particular case manager's caseload is too high, the supervisor will assign the case to a different case manager.

County staff shared that there have been very few new cases for children's CADI. As a result, children's CADI cases are self-assigned by case managers in the Children's Services Division. Public Health case manages CADI for children under age 14 with a physical disability. These cases are assigned by the PH supervisor. Both DD units also have CADI child and adult cases managed in their units. Any child CADI case that comes from the Duluth office is referred to the one worker who specializes in this area. Most referrals come from internal county workers, children's mental health, or parents.

CAC cases are assigned by geographic location, and in the northern part of the county, also by case manager availability. The primary lead worker for Public Health receives new referrals and the supervisor assigns the cases to staff. The lead worker collaborates and discusses the cases with the other case managers and the supervisor to help inform assignment decisions. Case assignment decisions for CADI mental health participants are also based on geographic location.

As mentioned above, St. Louis County recently created intake work-group in the Duluth office to examine and reorganize its intake and assessment processes. Supervisors shared that the impetus for creating this group was that they did not have the capacity to visit to everyone within the required timeframe following a referral. The county is exploring more efficient ways to complete the required tasks and pass cases onto the on-going case manager.

Supervisors noted that public health nurses and social workers collaborate frequently to serve participants. St. Louis County performs dual LTCC assessments with a public health nurse and social worker for LTC (EW, AC, CAC, CADI, and BI) programs. The county will also complete dual reassessments if the participant has high medical needs. Supervisors shared that the county values the multi-disciplinary approach and is supportive of two person assessments. However, due to higher waiver caseloads and increase number of initial assessments, Public Health has increased their role in waiver case management and primary assessor role This is decreasing the number of two person assessments.

While the DD waiver screenings include only a social worker and the CAC program is managed primarily by Public Health, there is also collaboration between departments in these programs. The Virginia DD unit performs dual assessments on a regular basis on their DD and CADI clients. If it is needed, a social worker will team up with a public health nurse for CAC cases. Public Health will also be involved with Rule 185 and/or DD waiver cases when the participant receives PCA services.

County staff shared that caseloads are very high. The caseloads for the CADI mental health social workers are between 75 cases and 100 cases for each for full-time staff and 40 for the part-time staff member. The children's CADI case managers have approximately 15 waiver cases in addition to their other duties. The caseload for DD case managers is between 50 and 70 cases. Case managers in the Duluth office, on average, have higher caseloads than case managers in the Virginia office. DD workers in the Virginia offices generally have a larger geographic area to cover in the rural area and have increased travel time to see their clients.

Working Across the Lead Agency

Financial workers in the Virginia offices are on a different floor than the case managers, and communication is usually by phone or e-mail. Virginia office case managers mentioned that it is more difficult to communicate with financial workers since they switched to "case banking". Both financial workers and case managers are very stretched, as a result case managers have less access to financial workers than they would like. Supervisors noted that the financial division in the Virginia offices has a good supervisor and staff, but very high caseloads. Many of the case managers do not have direct working relationships with financial workers; as a result, they often must wait a long time to talk to someone about a case. In addition, financial workers process requests in the order they are received so crisis situations may not be addressed quickly.

In the Duluth office, case managers are not co-located with financial workers, but case managers have frequent phone and email contact with the financial workers. DD supervisors explained that the financial division is currently transitioning to case banking, but they will have workers dedicated to serving waiver participants. The Public Health Supervisor shared that they have identified a specific financial worker who they primarily work with to help with financial eligibility issues.

CADI and mental health case managers informally consult with one another when there is a separate waiver and Rule 79 case manager for the participant. CADI mental health case managers have specialized more as the waiver programs become more complex.

In the Virginia office, case managers said that adult protection staff are housed in the mental health unit and they are in close contact with those workers. Case managers said that they are not always included in discussions about their waiver participants when there is a vulnerable adult investigation. Case managers in the Duluth office said that communication with adult and child protection is improving with a team process, and case managers are informed about cases under investigations by adult or child protection staff.

DD supervisors noted that many DD participants also have mental health needs. The county has a review team of three case managers in the Virginia Office to help make decisions regarding cases where the individual qualifies for CADI and DD.

The county recently formed a Critical Incident Review Team to assure the safety of all vulnerable adults as well as general community safety, especially in regard to adult foster care homes. The convened team, which includes the supervisor, case manager, adult protection, the county attorney, public health, and licensing, discuss and problem solve vulnerable adult situations for waiver participants.

Supervisors of the waiver programs do not have direct contact with the County Board of Commissioners. The Director and/or the Division Director manage communication with the Board to ensure they deliver a consistent message. County commissioners rotate responsibilities through all county departments and do not maintain expertise on waivers.

Health and Safety

In the Quality Assurance survey, St. Louis County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified good, open communication with case managers, and well trained and knowledgeable case managers, as county strengths. County staff shared that case managers support each other in their work and care deeply about ensuring participants are safe and successful in the community.

One of the challenges county staff identified is planning for staff turnover, other challenges are having enough staff time to complete existing work while also training new staff and staying informed about waiver program requirements. Case managers also noted that the increasing complexity of the programs has made working with the waivers more difficult.

CADI mental health waiver case managers receive formal training during their first year, which includes receiving specific training outside of the agency for waiver case management. Case managers attend trainings as they are available, and when changes occur that they need to learn more about. The elderly and disabilities waiver program supervisors shared that they require annual HIPAA training, abuse training, and regular trainings for staff to keep informed. The county shared that all employees also receive mandatory reporter training on an annual basis.

Case managers find it difficult to keep up with polices and program changes. There is an expectation that supervisors share information with case managers when it is received, and that case managers discuss policy and program changes with one another. Waiver coordinators will also share changes with supervisors as they occur; case managers said that most information is communicated to supervisors, and case managers must wait for this to be trickled down before they are able to act on it. The waiver coordinators reported that some case managers will directly seek them out to get information. Some of the supervisors also mentioned that they rely heavily on their Regional Resource Specialist and the DSPM to answer questions and maintain program expertise. Many case managers in the Duluth office shared that there is not a systematic way they learn about policy and practice changes. Some supervisors overseeing waiver programs have limited knowledge about specific waiver requirements and policy changes, as they have so many other job responsibilities. Case managers reported that they are forwarded bulletins with program changes, but with such high caseloads, they do not have the time to sift through bulletins to learn if they are relevant to their particular work.

St. Louis County has weekly supervisor meetings which allow them to discuss any new policy issues and review DHS listserv announcements and bulletins. Waiver coordinators, contract services and public health nursing supervisor also attend this meeting on a monthly basis. All units managing waiver programs have regular staff meetings, but the frequency of unit meetings varies. The CADI mental health supervisors shared that they informally review cases on a case-by-case basis. Public Health has a quality assurance process which includes performing record audits 30 days after a CAC case is opened.

Service Development and Gaps

St. Louis County staff noted that the large county size can pose a barrier to providing services to participants. County staff shared that the large, rural area makes it difficult for providers to find qualified staff to care for high need participants. In addition, transportation is a barrier to accessing services such as specialized medical services in the northern part of the county.

Additional barriers in the rural area include a limited workforce. It is difficult to find providers willing to provide HCBS services due to the travel involved. To illustrate the miles, from the

Virginia office, it is approximately 80 miles to the northern boundary, 55 miles to the eastern boundary, 35 miles to the western edge, and 70 miles to the southern boundary.

Case managers also indicated that there are limited choices for providers and placement for participants with mental health needs. They also said finding resources for children ages 16 and under with high needs is difficult, and respite services for caregivers can be hard to find. Case managers noted that it can be difficult to find culturally appropriate services for individuals of color. There are also gaps for specialized services and/or residential placements for sex offenders with DD or mental health issues. County staff also shared that they are challenged by a trend of shorter nursing home stays and the increasing number of participants requesting relocation back into the community. County staff said that, in general, the county needs more in-home services to allow people to remain in their homes and age in place.

County staff shared that the county has engaged in several efforts to develop services and supports for waiver participants. The county has recruited foster care providers to address specialized needs, but has faced some limitations that restrict recruitment activities (e.g. the corporate foster care moratorium). The county has also actively explored service alternatives to fill gaps. Technology is an emerging option, and the county is evaluating the need for and cost effectiveness of using technology to meet participant needs. St. Louis County also recently established a Resource Development Team to address both residential and in-home service development projects.

The county shared that it is continually adding more providers of supportive employment services to meet consumer needs and preferences. The county has not looked into or utilized competitive employment for school-aged youth (18 and under) as they generally attend school full-time and engage in other disability and health related services. However, for DD participants, the county is always searching for work opportunities, training opportunities, and supports for transition-age youth. DD Virginia and Duluth offices have transition programming (including vocational training) in educational settings. Most DD transition age youth take advantage of this programming until age 22.

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.

St. Louis County Case Manager Rankings of Local Agency Relationships (Virginia)

Count of Ratings for Each Agency
1 -3
4-6
7+

	Below Average	Average	Above Average
Nursing Homes	4	4	0
Schools (IEIC or CTIC)	0	3	0
Advocacy Organizations	0	5	3
Hospitals (in and out of county)	0	6	2
Public Health programs for Seniors (foot clinics, flu clinics, blood pressure)	3	3	0
Area Agency on Aging	0	0	1
Residential Providers (CL, SLS)	0	4	4
Employment Providers (DT&H, Supported Employment)	0	0	3
Foster Care	0	0	6
Home Health Care	0	6	1

St. Louis County Case Manager Rankings of Local Agency Relationships (Duluth)

Count of Ratings for Each Agency	1 -3
	4-6
	7+

	Below Average	Average	Above Average
Nursing Homes	1	6	0
Schools (IEIC or CTIC)	1	2	1
Advocacy Organizations	1	8	2
Hospitals (in and out of county)	4	7	1
Area Agency on Aging	0	6	1
Residential Providers (CL, SLS)	2	6	1
Employment Providers (DT&H, Supported Employment)	0	3	1
Foster Care	1	9	0
Home Health Care	0	11	2

St. Louis County supervisors, licensors, and case managers are responsible for monitoring providers. The county has done work to clarify roles in the past year so staff knows who to inform if an incident occurs. Case managers bring issues with providers to supervisors. They will meet about concerns and will also initiate the Critical Incident Review Team process if it is determined that there is imminent danger to the participant. The county hosts a conference every year with its staff, providers, participants, and regional counties to provide information about programs and services. Case managers in the focus group noted that since there are many providers, there is a lot of variation in the quality of services across providers.

Relationships with area schools are mixed; case managers said communication with some schools is good, and that one local school has an excellent transition program. However, they have a more difficult time working with other schools and the quality of services provided varies

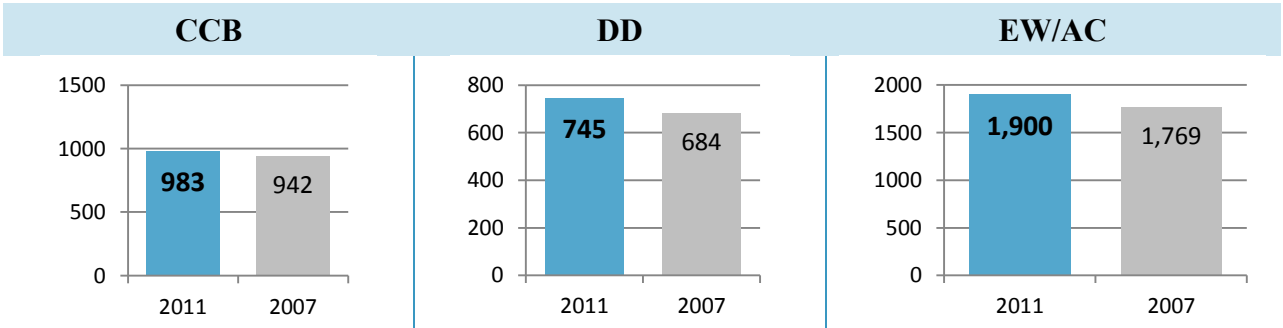
between districts. They also mentioned that they have had some challenges working with certain special education teachers while serving participants.

Case managers in the Virginia offices said, in general, communication with nursing homes is difficult. The Centers for Independent Living does community education. Case managers in the Virginia offices mentioned that some home care agencies will bill client obligations before providing services.

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 St. Louis County (2007 & 2011)



CCB		DD		EW/AC	
2011	983	2011	745	2011	1,900
2007	942	2007	684	2007	1,769

Since 2007, the number of persons served in the EW/AC program in St. Louis County has increased by 131 people (7.4 percent), from 1,769 people in 2007 to 1,900 people in 2011. While there was a decrease in lower need participants, it was offset by an increase in higher need participants. There was an especially large increase in case mixes B and E which may indicate that St. Louis County is serving a greater number of people with mental health needs in the EW and AC programs.

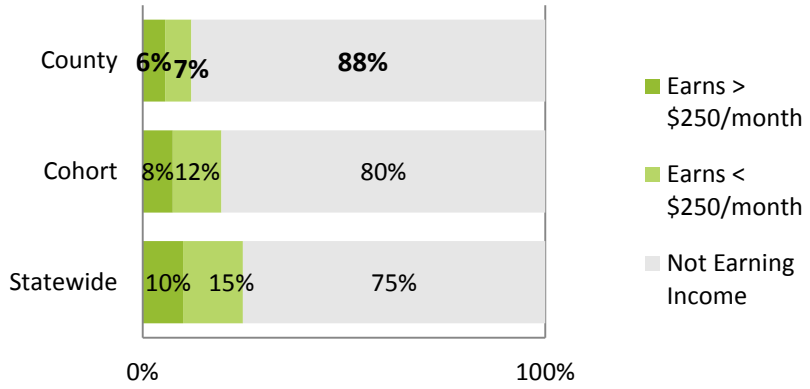
Since 2007, the total number of persons served in the CCB Waiver program in St. Louis County has increased by 41 participants (4.4 percent), from 942 in 2007 to 983 in 2011. While there has been a decrease in the number of lower need participants served, it has been offset by an increase of higher need individuals. The largest number of people served in St. Louis County is in case mix B which may indicate that the county serves a large number of people with mental health needs on the CCB waivers.

Since 2007, the number of persons served with the DD waiver in St. Louis County increased by 61 participants, from 684 in 2007 to 745 in 2011. In St. Louis County, the DD waiver program is growing more quickly than in the cohort as a whole. While St. Louis County experienced an 8.9 percent increase in the number of persons served from 2007-2011, its cohort had a 7.5 percent increase in number of persons served. In St. Louis County, the largest increase was in profile group three, which grew by 56 people. In comparison, the profile two group grew the most in the cohort. In St. Louis County, the number of people with the highest needs (profile groups one and two) fell by ten people. St. Louis County continues to serve a smaller proportion of persons in these groups (38.4 percent) than its cohort (52.2 percent).

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

CCB Participants Age 22-64 Earned Income from Employment (2011)

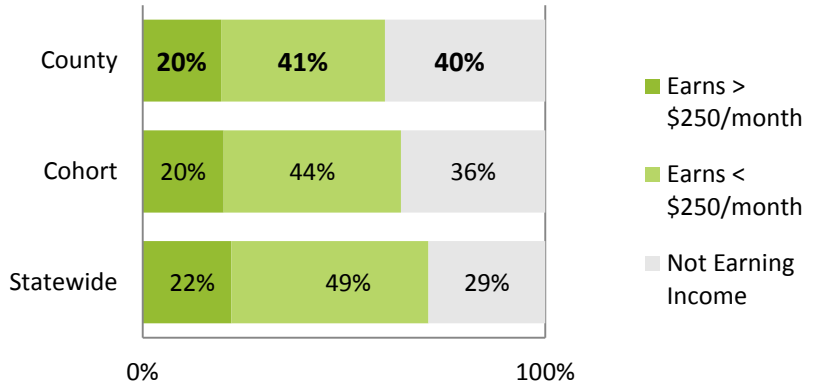


	Earns > $250/month	Earns < $250/month	Not Earning Income
St. Louis County	6%	7%	88%
Cohort	8%	12%	80%
Statewide	10%	15%	75%

In 2011, St. Louis County served 802 working age (22-64 years old) CCB participants. Of working age participants, 12.1 percent had earned income, compared to 19.6 percent of their cohort's working age participants. St. Louis County ranked 79th of 87 counties in the percent of CCB waiver participants earning more than $250 per month. In St. Louis County, 5.6 percent of the participants earned $250 or more per month, compared to 7.5 percent its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of $250 or more per month.

From 2007-2011, the number of working age CCB participants in St. Louis County decreased by 13 people; from 815 to 802. Over the same time period, the percentage of those participants with earned income remained fairly stable. In comparison, its cohort decreased just slightly from 20.0 percent to 19.6 percent and the statewide rate increased from 10.2 percent to 25.0 percent.

DD Participants Age 22-64 Earned Income from Employment (2011)



	Earns > $250/month	Earns < $250/month	Not Earning Income
St. Louis County	20%	41%	40%
Cohort	20%	44%	36%
Statewide	22%	49%	29%

In 2011, St. Louis County served 573 DD waiver participants of working age (22-64 years old). The county ranked 56th in the state for working-age participants earning more than $250 per month. In St. Louis County, 19.5 percent of working age participants earned over $250 per month, while 20.1 percent of working age participants in the cohort as a whole did. Also, 60.2 percent of working age DD waiver participants in St. Louis County had some earned income, while 64.2 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.

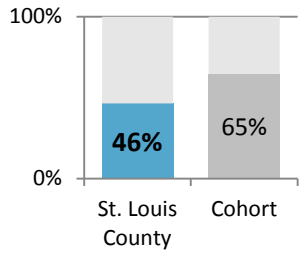
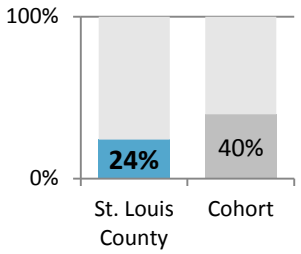
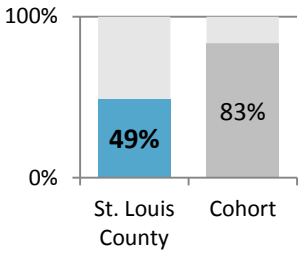
From 2007-2011, St. Louis County's percentage of working-age DD waiver participants with earned income increased from 51.0 percent to 60.2 percent. In comparison, the percentage of working age participants with earned income in the cohort only increased from 62.6 percent to 64.2 percent. Statewide, there was a modest increase in the number of participants with earnings; from 71.1 percent to 71.3 percent over the same time period. While the percentage of DD waiver participants is increasing statewide, the rate has increased at a faster pace in St. Louis County.

Sustainability

Each year, costs for HCBS exceed $3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus

on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2011)

CCB	DD	EW/AC
		

CCB		DD		EW/AC	
St. Louis County	46%	St. Louis County	24%	St. Louis County	49%
Cohort	65%	Cohort	40%	Cohort	83%

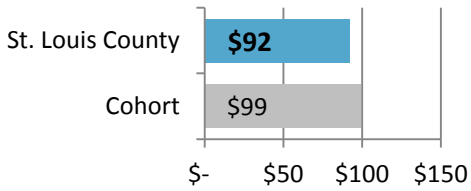
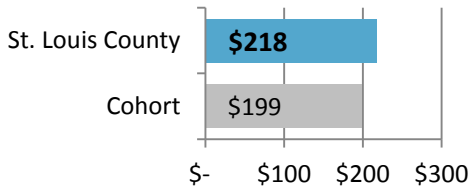
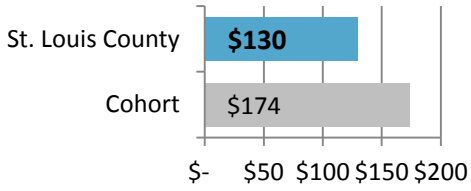
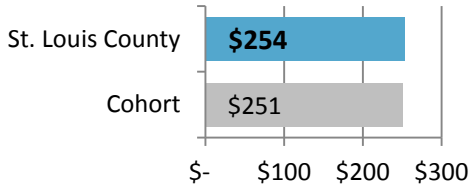
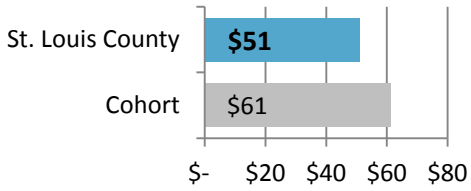
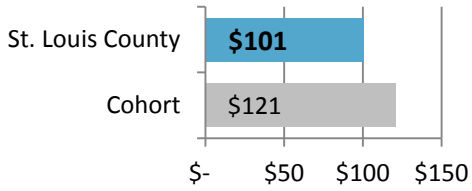
St. Louis County ranks 82nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 445 participants at home. Between 2007 and 2011, the percentage decreased by 3.6 percentage points. In comparison, the cohort percentage remained the same and the statewide average fell by 2.0 points. In 2011, 46.3 percent of CCB participants in St. Louis County were served at home. Statewide, 63.0 percent of CCB participants were served at home in 2011.

St. Louis County ranks 64th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 179 participants at home. Between 2007 and 2011, the percentage increased by 1.5 percentage points. In comparison, the percentage of participants served at home in their cohort decreased by 1.0 percentage points. Statewide, the percentage of DD waiver participant served at home increased by 1.1 percentage points, from 34.6% to 35.7%.

St. Louis County ranks 81st out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the County served 928 participants at home. Between 2007 and 2011, the percentage decreased by six percentage points. In comparison, the percentage

of participants served at home increased by 5.6 percentage points in their cohort and 1.2 points statewide. In FY11, 75.4 percent of EW/AC participants were served in their homes statewide.

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

Total average rates per day		
Average rate per day for **residential** services		
Average rate per day for **in-home** services		

Average Rates per day for CADI services (2011)

	St. Louis County	Cohort
Total average rates per day	$92.27	$98.97
Average rate per day for **residential** services	$129.76	$173.66
Average rate per day for **in-home** services	$51.26	$61.14

Average Rates per day for DD services (2011)

	St. Louis County	Cohort
Total average rates per day	$217.91	$199.07
Average rate per day for **residential** services	$253.50	$250.62
Average rate per day for **in-home** services	$100.61	$120.69

The average cost per day for CADI waiver participants in St. Louis County is $6.70 (6.8%) less per day than that of their cohort. The average cost per day is one measure of how efficient and sustainable a county's waiver program is. In comparing the average cost of residential to in-home services, the graph above shows that St. Louis County spends $43.90 (25.3%) less on residential services and $9.88 (16.2%) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant St. Louis County ranks 31st of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is $100.52.

From 2007-2011, the average cost per day for CADI waiver participants in St. Louis County increased by $29.08 (46.0%); from $63.19 to $92.27. In comparison, the average cost per day in the cohort increased by $20.36 (25.9%), from $78.61 to $98.97. Similarly, the statewide average cost increased by $23.16 (29.9%) over the same time period, from $77.36 to $100.52. In St. Louis County, the average cost per day for CADI participants is still lower than their cohort, but it is growing much faster.

The average cost per day for DD waiver participants in St. Louis County is $18.84 (9.5%) higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that St. Louis spends $2.88 (1.1 percent) more on residential services but $20.08 (16.6%) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant St. Louis County ranks 87th of 87 counties. Statewide, the average cost per day for DD waiver participants is $188.52.

From 2007-2011, the average cost per day for DD waiver participants in St. Louis County increased by $6.37 (3.0%); from $211.54 to $217.91. In comparison, the average cost per day in the cohort increased by $6.68 (3.5%), from $192.39 to $199.07. Similarly, the statewide average cost increased by $8.00 (4.4%) over the same time period, from $180.52 to $188.52. In St. Louis County the average cost per day is increasing at a similar rate to that of their cohort.

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.

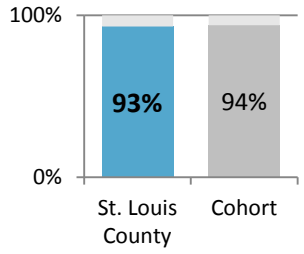
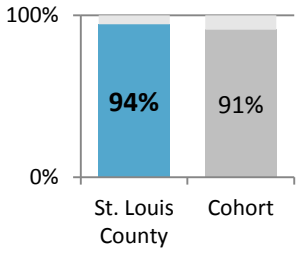
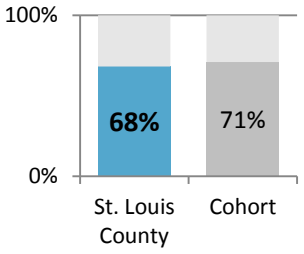
St. Louis County has higher use in the CADI program than its cohort of residential based services (Foster Care (25% vs. 17%) and Customized Living (25% vs. 14%)), but lower use of employment related services (Prevocational Services (3% vs. 5%) and Supported Employment Services (2% vs. 5%)). They also have lower use of some in-home services, including Home Delivered Meals (21% vs. 25%) and Independent Living Skills (8% vs. 34%). Sixty-eight percent of St. Louis County's total payments for CADI services are for residential services (49% foster care and 19% customized living), which is higher than its cohort group (52%). St. Louis County's family foster care rates are lower than its cohort when billed monthly ($3,155.11 vs. $4,462.72 per month) and when billed daily ($171.98 vs. $187.72 per day). Corporate foster care rates are slightly lower than its cohort when billed daily ($216.67 vs. $246.73 per day), but are notably lower when billed monthly ($6,184.22 vs. $7,417.96 per month).

St. Louis County's use of Supportive Living Services (SLS) (75%) is notably higher than its cohort (59%) 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. Its residential corporate SLS rates are similar to its cohort ($225.19 vs. $228.08) when billed daily, and the vast majority of clients are billed accordingly (96%). The county's use of some non-residential services such as In-Home Family Support (21% vs. 13%) is higher than its cohort, as is its use of some specialized services such as Behavioral Programming (8% vs. 2%). However, its use of Respite Care Services (13% vs. 19%) is lower 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 (2011)

Disabilities	Developmental Disabilities	Elderly Programs
		

Disabilities		Developmental Disabilities		Elderly Programs	
St. Louis County	93%	St. Louis County	94%	St. Louis County	68%
Cohort	94%	Cohort	91%	Cohort	71%

In 2011, St. Louis County served 1,801 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 317 in institutional care. St. Louis County ranked 56th of 87 counties in the percent of LTC participants receiving HCBS; 93% of their LTC participants received HCBS. This is slightly lower than their cohort where 93.8% were HCBS participants. Since 2007, St. Louis County has increased its use of HCBS by 1.7 percentage points. Statewide, 94.0% of LTC participants received HCBS in 2011.

In 2011, St. Louis County served 943 LTC participants (persons with development disabilities) in HCBS settings and 62 in institutional settings. The county ranked 37th of 87 counties in the percentage of LTC participants receiving HCBS with 94.4%. St. Louis County has improved the rate of participants receiving HCBS services at a similar rate to their cohort. Since 2007, the county has increased its use by 1.0 percentage points, while its cohort rate has increased by 2.1 percentage points. Statewide, 91.6% of LTC recipients received HCBS in 2011.

In 2011, St. Louis County served 1,940 LTC participants (persons with disabilities over the age of 65) in HCBS settings and 1014 in institutional care. St. Louis County ranked 21st out of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 68.1% received HCBS. This is lower than their cohort, where 70.9 % were HCBS participants. Since 2007, St. Louis County has increased its use of HCBS by 9.8 percentage points, while their

cohort has increased by 8.9 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	St. Louis County	Cohort	Statewide
Age 0-64	**0.61**	0.58	0.47
Age 65+	**24.34**	21.13	23.11
TOTAL	**4.34**	2.81	3.24

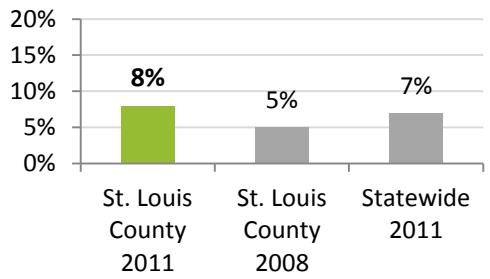
In 2011, St. Louis County was ranked 36th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. St. Louis County also has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 18.3 percent in St. Louis County. Overall, the number of residents in nursing facilities has decreased by 15.3 percent since 2009.

Managing Resources

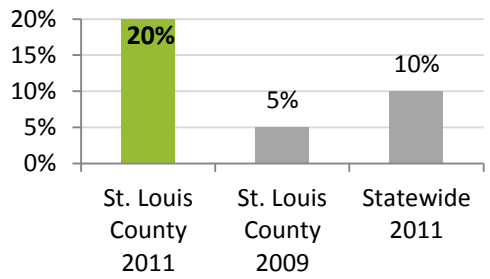
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year

DD



CAC,CADI & BI



	DD	CAC, CADI, BI
St. Louis County (2011)	8%	20%
St. Louis County (Past)	5%	5%
Statewide (2011)	7%	10%

At the end of calendar year 2011, the DD waiver budget had a reserve. Using data collected through the Waiver Management System, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, St. Louis County had an 8% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. St. Louis County's DD waiver balance is larger than its balance in CY 2008 (5%), and the statewide average (7%).

At the end of calendar year 2011, the CCB waiver budget had a reserve. St. Louis County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, St. Louis County had a 20% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), and larger than the balance in FY 2009 (5%).

St. Louis County currently has a waitlist for the DD waiver, but reports not having one for the CCB programs. In order to secure a waiver slot, gain approval on waiver funding requests, or receive authorization for placement for the DD or CCB programs, staff follow the Adult Level 4 Review (AL4R) process: 1) gather information about clients and their needs, 2) discuss the case with other case managers to receive input and different opinions, 3) discuss the case with a supervisor, and finally 4) present the case to the AL4R team which includes supervisors, waiver coordinators, and other staff to receive permission to add the individual to the waiver. Waiver coordinators shared that when a participant's health and safety is at risk, allocations are never denied. If a participant is already on the waiver, the case manager only has to go through this entire process if placement is needed or if they need to increase spending by more than 5% or $5.00 per day. For CAC, CADI, and BI cases, county staff from the Duluth intake and assessment teams follow the case through the four-step process before the case is assigned to a case manager. Also, supervisors are able to make emergency allocation decisions, which are approved on a temporary basis until the case manager is able to go through the AL4R process.

The allocations and requests are reviewed every Wednesday morning when the AL4R team meets, and the Virginia and Duluth offices meet via teleconference. Waiver coordinators shared that the county has a goal to have a 5% balance at the end of the year and to reduce the balance to 4% by 2013. The county follows its plan to manage allocations and adds approximately 15 cases a year to the program. St. Louis County does not have its own system to manage the allocations, and relies on the Waiver Management System. County staff shared that they try to serve people on the waiver programs when state plan or other county services cannot meet their needs.

County Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

St. Louis County Case Manager Rankings of DHS Resources (Virginia and Duluth)
Scale: 1= Not Useful; 5= Very Useful

Count of Ratings for Each Resource	1 -3
	4-6
	7+

	1	2	3	4	5
Policy Quest	6	2	4	1	0
Help Desk	0	2	7	9	0
Disabilities Service Program Manual	1	5	4	5	0
DHS website	2	6	6	4	1
E-Docs	0	1	0	14	5
Disability Linkage Line	1	2	1	5	2
Senior Linkage Line	1	2	1	2	7
Bulletins	1	6	14	3	0
Videoconference trainings	0	5	6	6	0
Webinars	1	2	6	7	0
Regional Resource Specialist	0	1	5	1	1
Listserv announcements	1	2	4	3	1
MinnesotaHelp.Info	0	3	1	1	0
Ombudsmen	2	1	4	1	3
DB101.org	2	1	0	0	0

County staff, including case managers and supervisors, provided feedback about DHS resources and support provided to lead agencies. Case managers do not have direct access to Policy Quest; waiver coordinators compile and submit questions to Policy Quest on behalf of case managers and supervisors. The waiver coordinators share answers and information with case managers and supervisors when it is received. Supervisors shared that they like Policy Quest, but note that there is a lack of consistency in responses they receive from different DHS staff. Similarly, the Help Desk is rarely used by some case managers who are not comfortable with their

knowledgeable of MMIS documents prefer to direct their questions through the waiver coordinators. A few case managers mentioned that it can be difficult to find specific information in the Disabilities Program Service Manual (DSPM). However, supervisors shared that the DSPM is used frequently, and is usually the first place they will look to answer questions. County staff agreed that the DHS website can be difficult to navigate, and the search function does not always help them locate specific information (i.e. initiatives, rate-setting, etc.). One supervisor mentioned that E-docs is used, but staff wishes the forms were fillable. Case managers noted that bulletins are not always clear. Conversely, supervisors said that bulletins are a good communication tool and are used to interpret changes and learn about expectations. Supervisors also like that they are able to easily look up old bulletins. Supervisors especially like the listserv announcements and will expand their use of this resource by learning how to look up past messages as they do with bulletins.

Both Virginia and Duluth offices attend videoconference trainings. Case managers in the focus group said that videoconference training announcements can be misleading and that topics are not always explained very well. Supervisors said that videoconferences are a good option for the county. Case managers in the focus group mentioned that they contact the Regional Resource Specialist (RRS), but are often directed to the DSPM to find answers. They mentioned that they do not have time to attend regional meetings. Supervisors noted that their RRS is very good and helpful in finding information. Supervisors have frequent face-to-face and email contact with the RRS. Supervisors said that MinnesotaHelp.Info is not as useful for rural resources, and is used more in elderly programs by case managers. A few supervisors noted that they have had very positive experiences with individual DHS communication. Case managers shared that their DD and LTC Ombudsmen in the county do a great job.

County Strengths, Recommendations & Corrective Actions

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

St. Louis County Strengths

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

- **St. Louis County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, St. Louis County received a corrective action for the following items being out of compliance: DD screenings and signatures, OBRA Level One form, and BI form. In 2012, these issues did not remain for St. Louis County, which indicates technical improvements in these areas over time.

- **Case managers are consumer focused and work hard to ensure participants receive needed services.** Case managers are knowledge about community resources, experienced in the HCBS programs and use this knowledge to navigate across the agency to provide services for participants. The case managers are responsive to changing consumer needs and support participant rights to choose services and providers.

- **Case managers work as a team and collaborate well with one another.** Case managers work across the agency in teams and have good communication within units. Case managers have strong working relationships with each other and are supportive of one another**.** Because of the large size of the county, workers have been able to specialize. For example, those who work with the EW managed care cases have been able to specialize by managed care health plan.

- **St. Louis County has developed good relationships with providers.** Case managers know providers and many providers are willing to stretch to help develop services and meet participant needs. While the northern part of the county does not have as many choices in providers, the county as a whole has strong local provider capacity. St. Louis County has

further strengthened provider relationships through work on rate setting and contracting practices.

- **St. Louis County has an Adult Level 4 Review team for managing allocations, determining placements, and waiver services for participants.** The county has used regular, weekly Adult Level 4 Review team meeting to discuss and confirm waiver requests since 2007. This process has worked well for managing resources and ensuring that case managers are able to consult with staff including licensors, other case managers, and supervisors before a decision is made about waiver funding or service authorization.

- **The recent addition of a second waiver coordinator has provided significant support for case managers in the county.** Waiver coordinators play an important role in disseminating important information about program and policy changes to staff. Their other responsibilities also include special projects and managing the Waiver Management System and allocations for the county. By taking on these tasks, the waiver coordinator position helps ease the burden of case managers with high caseloads and others' responsibilities within the agency.

- **St. Louis County has developed a strong management team that works very well together and is committed to working across areas to create positive changes.** As a result of work done by the team, the county has developed new practices such as having an assessment team located in a new common client area in the Duluth office which makes it easier for individuals to apply for programs. The critical incident prevention team was also developed by the management team to ensure participants receive supports needed to maintain their health and safety. In addition, the management team is active in statewide and regional forums and frequently partners with DHS and other counties.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The counties must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.

- **Develop learning systems that cross units in the agency to allow case managers to stay informed on HCBS programs and to address staff turnover and transitions.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. Moreover, cases are dispersed across many units, supervisors, and offices. It is difficult for staff to stay current on program requirements, and case managers are in need of additional supports. The county may want to consider strategies such as: rehiring retired staff to train and mentor new staff; streamlining the process for creating fillable electronic documents in a centralized location to support case managers; strengthening the role of waiver coordinators to include training of new staff; providing regular updates to current case managers to assist them in staying current with the waiver programs; and developing an internal case file audit system to ensure that all required documentation is in place and provide constructive feedback to case managers.

- **Continue to expand community employment opportunities for participants in the CCB and DD programs.** When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. St. Louis County has lower rates than its cohorts in the percentage of working age participants earning income in the CCB and DD programs. A renewed focus on employment will help the County bring its CCB and DD employment levels up. The county should actively focus on developing higher-wage, community employment and consider working with St. Louis County's neighboring counties to increase purchasing power for these services.

- **Work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Across all waiver programs, St. Louis County has fewer waiver participants receiving HCBS services in their own homes than their cohorts. Only 46.3% of CCB participants receive services at home (ranking St. Louis County 82nd of 87 counties); 24.0% of DD participants receive services at home (ranking 64th of 87 counties), and; 48.8% of EW/AC participants receive services at home (ranking 81st of 87 counties). It is recommended that the county work across program populations to develop Home and Community Based Services to serve participants at all levels of need in their own homes in the community instead of in an institution or residential setting. This may involve 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. The county should be deliberate in developing these services. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Information (RFI).

- **St. Louis County has reserves in the DD and CCB budgets and is able to serve additional participants in these programs.** St. Louis County's DD waiver budget balance was 8% at the end of calendar year 2011 and the county has a waiting list. There was a 20% balance in the CADI, CAC and BI programs at the end of FY 2011. Therefore, there is room to add more people via new or reuse slots or service optimization to reduce or eliminate the waiting list and add more services such as supportive employment for current participants. Typically a 2.5% to 3% allocation reserve is more than adequate to manage risk for county of this size. The County may also want to consider using their business office expertise to help manage allocations.

- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or staff.** The visit sheet can be used to monitor a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face-to-face visits. The visit sheet should also include questions to assess

participant satisfaction with providers. The county should also request progress reports as a way to monitor provider performance.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB and Elderly programs occur within 20 days of referral.** 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 85 out of 122 assessments for new CAC, CADI and BI participants and 49% or 98 out of 199 screenings for new EW and AC 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 all future care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs**. It is required that all care plans are completed and signed by the participant, parent, or legal representative within the 50 day timeframe. All care plans that are not completed or signed within this time frame must be updated with required information and signatures. Twelve out of 72 CADI care plans reviewed in St. Louis County did not meet this standard.
- **Beginning immediately, ensure that all care plans are signed and dated by the participant, and include required choice questions.** Ten out of 72 CADI care plans did not include this documentation. Five of the CADI cases included a case manager signature, but did not have a participant or legal representative signature. The remaining five cases did not include any signatures on the care plan. Two out of 21 AC care plans did not include

complete documentation of signatures; one included a case manager signature, but did not have a participant or legal representative signature and the other included the participant signature, but not the case manager's signature. Three out of 69 DD cases included a case manager signature, but not the participant or legal representative signature. Fourteen out of 121 EW cases did not have complete documentation of signatures; eight EW cases had a case manager's signature, but no participant or legal representative signature and six EW cases had no signatures on the care plan. In addition, documentation of choice was not complete for cases that did not include a participant or legal representative signature.

- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant needs.** All care plans must be updated with this information. Seventeen out of 72 CADI care plans reviewed did not include documentation of participant needs. The care plan is the one document that all participants receive. Therefore, it must include information the participant's needs along with which services, formal or informal, will be provided to address those needs.

- **Beginning immediately, include a back-up plan and emergency contact in the care plan of all CADI participants.**[1] All CCB care plans must be updated with this information. This is required for all CCB 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 provided needed services. Currently, 11 out of 72 CADI cases did not have a back-up plan and ten out of 72 CADI cases did not emergency contact. In addition, six out of 72 CADI cases and one out of 8 BI cases included partial back-up plan documentation meaning the plan

- **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

[1] A sample back-up plan with emergency contact information can be accessed at: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

person with a condition related to developmental disability on an annual basis. Four out of five DD cases reviewed with a related condition did not have complete and current documentation in the file.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Fifty-four out of 72 CADI cases, seven out of eight BI cases, 11 out of 21 AC cases, 72 out of 121 EW cases, and 14 out of 69 DD cases did not have completed informed consent documentation in the case file. In addition, eight CADI cases, one BI case, six AC cases, 16 EW cases, and 23 DD case did not have documentation that the participant had given informed consent to release private information within the past year.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA 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 county's privacy practices on an annual basis. Currently, three out of 72 CADI cases, one out of 121 EW cases and three out of 69 DD cases did not have this completed documentation in the case file. In addition, 19 CADI cases, 18 EW cases, 14 DD cases, three CAC cases, one BI case and one AC case did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of informed rights included in their case file. Twenty-four out of 72 CADI cases, six out of eight BI cases, one out of 21 AC cases, 21 out of 121 EW cases and one out of 69 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, 36 out of 72 CADI cases, one out of seven CAC cases, two out of eight BI cases, 13 out of 21 AC cases, 66 out of 121 EW cases and six out of 69 DD

cases did not have documentation that the participant had been informed of their right to appeal within the past year.

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CCB waiver participants must have a face-to-face visit by the case manager twice per year. EW and AC participants must have a face-to-face visit by the case manager once per year. DD waiver participants must have a face to face visit by the case manager every six months. However, 25 of 72 CADI cases and one of eight BI cases reviewed had case manager visits less frequently than on a biannual basis. Additionally, two of 119 EW cases had case manager visits less frequently than on an annual basis and two of 69 DD cases had not been seen in the previous six months.

- **Beginning immediately, ensure that all EW participants receiving 24-hour supervision in a customized living setting have documentation of this need included in the participant's care plan.** It is required that all EW participants receiving 24-hour supervision in a customized living setting have completed documentation of this need in their care plan. Currently, 27 out of the 66 EW participants receiving this service do not have documentation of need for 24-hour supervision in their care plan.

- **Develop and implement a caseload management plan that can assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.** Many compliance issues are a result of high caseloads. Even with the strong leadership team, the growth in the waiver programs has resulted in caseloads that are overwhelming and make it difficult to operationalize planned changes. Over the last five years all the waiver programs have grown; the DD program has grown by 61 cases, EW by 131 cases and CADI by 41 cases. In addition, many of the cases involve complex medical or behavioral needs. Case managers have had to absorb these additional cases and complexities. The county may want to consider strategies that have worked in other counties. One such strategy is to contract with private agencies for case management for participants with lower needs who are served inside the county or outside of its region. Another strategy would be to enhance support functions to assist case managers in areas such as data entry, scheduling

meetings, and streamlining the use of electronic forms. This would allow case managers to be more efficient in their work and have more time to spend providing direct care planning. St. Louis County must carefully consider its options for managing caseloads and develop a plan that meets the county's needs while assuring all waiver program requirements are met.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require St. Louis County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 268 cases. All items are to be corrected by December 4, 2012 and verification submitted to the Waiver Review Team to document full compliance. St. Louis County submitted a completed compliance report on December 3, 2012.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

CCB: A combination of the CAC, CADI, and BI waiver programs

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	105	N / A	1	104	N / A	N / A
Screenings done on time for new participants (PR)	60%	49%	70%	93%	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	88%	73%	CCB	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC / EW n=142**	**CCB n=87**	**DD n=69**	**Strength**	**Challenge**
Timeliness of assessment to development of care plan (PR)	87%	90%	84%	N / A	AC / EW	N / A
Care plan is current (PR)	97%	100%	98%	91%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=142	CCB n=87	DD n=69	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	90%	89%	88%	96%	DD	N / A
All needed services to be provided in care plan (PR)	95%	97%	89%	99%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	90%	88%	84%	99%	DD	N / A
Participant needs identified in care plan (PR)	95%	71%	51%	100%	DD	CCB
Inclusion of caregiver needs in care plans	35%	18%	35%	100%	DD	N / A
OBRA Level I in case file (PR)	96%	99%	91%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	93%	N / A	N / A	93%	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)	97%	N / A	N / A	97%	DD	N / A
Related Conditions checklist in case file (DD only)	20%	N / A	N / A	20%	N / A	DD
TBI Form completed and current (PR for BI only)	100%	N / A	100%	N / A	CCB	N / A
CAC Form completed and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	N / A
PROVIDER CAPACITY & CAPABILITIES	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	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
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Providers report receiving assistance when requested from the LA (Provider survey, n=54)	72%	N / A	N / A	N / A	N / A	N / A
Providers submit monitoring reports to the LA (Provider survey, n=54)	85%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=142**	**CCB n=87**	**DD n=69**	**Strength**	**Challenge**
Participants have a face-to-face visit at the frequency required by their waiver program (PR)	90%	98%	70%	97%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	80%	71%	81%	99%	DD	N / A
Back-up plan (PR for CCB only)	40%	35%	79%	0%	N / A	N / A
Emergency contact information (PR for CCB only)	87%	97%	89%	62%	AC / EW	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=142**	**CCB n=87**	**DD n=69**	**Strength**	**Challenge**
Informed consent documentation in the case file (PR)	26%	24%	17%	41%	N / A	ALL
Person informed of right to appeal documentation in the case file (PR)	39%	27%	17%	90%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	75%	85%	62%	73%	N / A	CCB
PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n=142**	**CCB n=87**	**DD n=69**	**Strength**	**Challenge**
Participant outcomes & goals stated in individual care plan (PR)	89%	84%	87%	100%	DD	N / A
Documentation of participant satisfaction in the case file	30%	27%	30%	0%	N / A	ALL
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 LTC recipients receiving HCBS	N / A	68%	93%	94%	DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	39%	85%	92%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	55%	73%	85%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	90%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	49%	46%	24%	N / A	ALL
Percent of working age adults employed and earning $250+ per month	N / A	N / A	6%	20%	N / A	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.

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

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

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

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

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

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

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

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

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

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