

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Traverse County**

Waiver Review Site Visit: July 2013

Report Issued: October 2013

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Traverse 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 Traverse County
Case File Review	33 cases
Provider survey	1 respondent
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 3 staff
Quality Assurance Survey	One quality assurance survey completed

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

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

About Traverse County

In July 2013, the Minnesota Department of Human Services conducted a review of Traverse County's Home and Community Based Services (HCBS) programs. Traverse County is a rural county located in western Minnesota. Its county seat is located in Wheaton, Minnesota and the County has another three cities and fifteen townships. In State Fiscal Year 2012, Traverse County's population was approximately 3,471 and served 61 people through the HCBS programs. According to the 2010 Census Data, Traverse County had an elderly population of 23.4%, placing it 4th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Traverse County's elderly population, 7.0% are poor, placing it 75th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Traverse, Stevens, and Grant Public Health is the lead agency for the CCB, AC and EW programs and provides care coordination for the PrimeWest Health Managed Care Organization (MCO). Traverse County Social Services is the lead agency for the DD waiver program and the agency operates independently of the other counties.

There is one Public Health Supervisor who oversees nine total staff from the three counties. This includes eight waiver case managers and one case aide who is responsible for all service agreement and screening entry. The Public Health Supervisor has been in her position for five years and previously worked with all waiver programs as a public health nurse case manager. The Public Health case managers are assigned to cases by geographic region and generally specialize in either elderly AC and EW waiver programs or CCB waiver programs. Three Public

Health case managers work in Traverse County; one has EW and AC cases, one has CCB, AC and EW cases, and one does assessments across all programs, has some SNBC cases, and provides case management for the EW managed care cases.

In Traverse County Social Services, there is one Social Services Director who oversees ten total staff which includes one DD waiver case manager. The Social Services Director has been in her position for seven years.

The Public Health Supervisor performs all of the intake responsibilities. One case manager in each county does initial LTCC assessments, and the Public Health Supervisor assigns the appropriate Public Health Nurse case manager to the initial screening according to the county. After the initial assessment, case managers self-assign to the case depending on the geographical location and needs of the participant. Dual assessments are done occasionally when the participant would benefit from a social worker's involvement. Public health case managers working with EW, AC and CCB participants have 43 cases on average.

In Traverse County Social Services, there is only one case manager assigned to waiver cases, so she is automatically assigned to these cases. The DD case manager works closely with the public health nurses; the nurse may even take the lead on DD cases if the participants have overriding medical needs. The DD case manager has about 40 cases, approximately 11 which are DD and the remainder are various other adult services programs.

Working Across the Lead Agency

Traverse, Stevens, and Grant Public Health works with the corresponding county's financial workers. Case managers for Traverse County, in both Social Services and Public Health, connect with financial workers through informal face-to-face meetings. At Traverse County Social Services, the DD case manager works closely with the financial worker to ensure that the participant is eligible for Medical Assistance (MA) and has the proper paperwork completed.

Traverse County Social Services contracts with Grant County for adult and child protection investigations. Both Public Health and Social Services case managers from Traverse County work closely with child and adult protection workers. The adult protection worker is privy to all of the details of a case and uses the waiver case manager as a resource. When cases are under investigation, the adult protection worker may request for the waiver case manager to make a joint visit. When an adult protection case is reported for a participant who is not on a waiver, the adult protection worker visits the participant to determine whether waiver services could resolve the issue.

Child protection informs the Public Health Supervisor when a protection report is issued. The child protection worker then discusses the issue with the waiver case manager assigned to the case and occasionally they do joint visits. If a child protection case involves a waiver participant, the waiver case manager receives a copy of the child protection intake. Waiver case managers often meet with families to see if there are additional resources they are able to offer them. Additionally, the child protection worker attends Social Services waiver screening team meetings. The DD case manager works closely with the adult and child protection workers. They meet weekly on Mondays and if a child protection case involves a DD program waiver participant, they collaborate on case management by taking the lead on different responsibilities.

When participants are receiving both Rule 79 and CADI case management, the mental health worker from Social Services, who is also the DD waiver case manager, and CADI waiver case manager work as a team and attend the annual assessment together. CADI program participants with dual-case management are aware that they have two case managers and understand the different roles that each case manager has. Providers and participants determine which of the two case managers they are going to contact depending on the issue at hand.

The Director of Traverse County Social Services and the Director of Traverse, Stevens, and Grant Public Health are in communication with the Traverse County Board. The Public Health Director gives the County Board updates as needed and the County Board approves provider contract renewals. She also shares audit and review results with the Board and informs them of larger changes, such as MnCHOICES. The Social Services Director also updates the Board on program changes and gives an annual presentation on the details of the programs.

Health and Safety

In the Quality Assurance Plan survey, Traverse County Social Services and Traverse, Stevens, Grant Public Health reported that staff receive 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. The provider responding to the provider survey indicated that case managers are well-trained, knowledgeable, and advocates for participants.

In order to stay current with waiver program requirements, Public Health and Social Services staff attend a variety of meetings. These include monthly Public Health meetings with case managers from all three counties; monthly Mental Health Consortium meetings with Traverse, Stevens, and Grant Counties; quarterly regional public health meetings; quarterly Special Needs Basic Care (SNBC) meetings; bimonthly CADI meetings; and quarterly regional DD meetings. In addition to attending meetings, LTC waiver case managers maintain program expertise through the Public Health Supervisor who closely follows changes in procedures and regularly communicates these changes to staff. Case managers also mentioned that they attend teleconferences and webinars, read bulletins, and receive trainings through their managed care organization, PrimeWest. The Social Services Director said that her staff also reviews bulletins and DHS listserv emails at weekly meetings.

Service Development and Gaps

Case managers shared that they have a solid provider network, but still experience some service gaps due to a lack of providers in the region. Case managers explained that they do not have sufficient providers who offer services for participants with high behavioral needs, especially child psychiatrists and providers that work with participants with autism. The Social Services Director expressed that there is a deficit of services, explaining that they often authorize services but then the provider cannot find the staff to provide the services. She also mentioned that community employment providers are limited; there is only one provider who has a local thrift store. The Public Health Supervisor said that there is a lack of chore service providers and attributed this to low reimbursement rates for staff. She also mentioned the need for more

customized living options. She said they are currently encouraging providers to develop these options.

Lead agency staff shared that they try to address identified service gaps. They contact existing providers and informally discuss expanding services. The Social Services Director described an innovative strategy that Traverse County has developed to address transportation service gaps: Volunteers use county-owned cars and are covered by the county’s insurance company to transport participants. Additionally, a local volunteer organization provides informal community support to waiver participants.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Traverse 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	2	1
Schools (IEIC or CTIC)	0	0	2
Advocacy Organizations	0	1	2
Hospitals (in and out of county)	0	2	3
Customized Living Providers	0	0	2
Foster Care Providers	0	0	4
Home Care Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	0	3

Case managers shared that they work well with providers and frequently communicate with them. Case managers explained that they discuss any provider concerns with their supervisor. Public Health conducts reviews of providers when they enter contract agreements.

Case managers shared that they have a strong working relationship with one of two nursing facilities in the area and said that they have communication issues with the other. They attribute the lack of communication to recent turnover in leadership. Case managers shared that schools communicate with them around transition planning; however, they explained this process can be difficult because schools often begin planning just before the time of the transition rather than planning ahead. There is open communication between case managers and customized living providers, and case managers explained that they receive updates about participants when they call for other purposes.

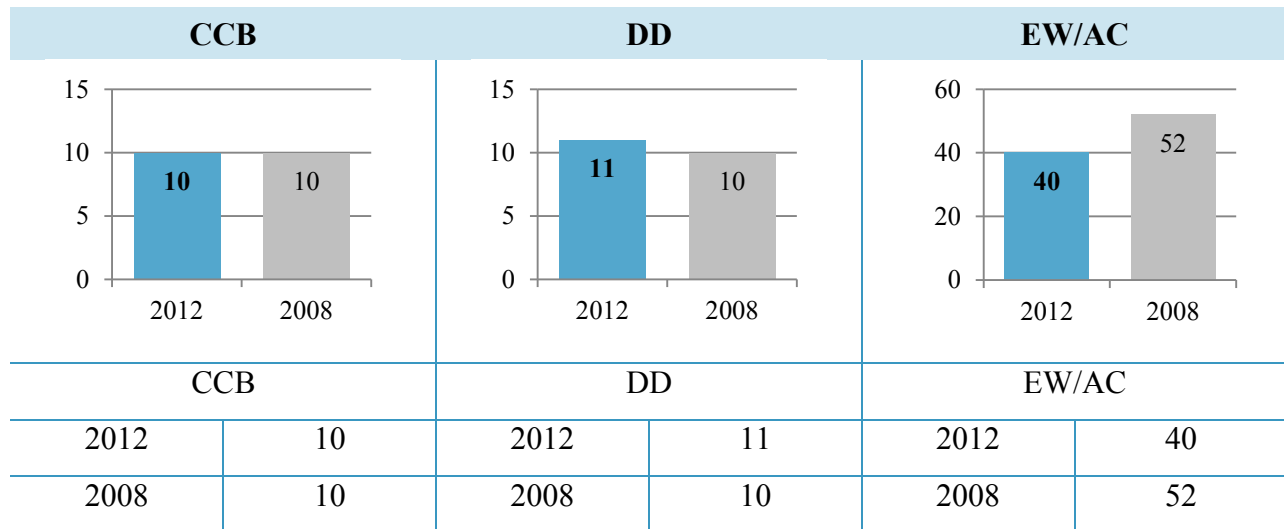
Case managers are generally satisfied with the care participants receive from family and corporate foster care providers. They appreciate that foster care providers are willing to provide end of life care, even for participants who have high needs. They also said that the foster care providers are willing to accommodate participants' varying needs. Case managers said that vocational providers are generally easy to work with. They appreciate that the local vocational provider, as it actively seeks community employment opportunities for participants. However, there are limited opportunities and participants are not able to work as many hours as they may like or are capable of at its thrift store. They also explained that the community would benefit from vocational providers able to develop opportunities for participants with mental health issues and autism.

Case managers shared that their relationships with home health care agencies are above average. They explained that the providers are both proactive about and responsive to the needs of participants. They also commended them for serving participants with high needs very well.

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 Traverse County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Traverse County has remained the same at 10 participants. There was a slight growth in case mixes B, C and E, which each grew by 1 person. Case mix A decreased by two people, and case mix I decreased by 1 person.

Since 2008, the number of people served with the DD waiver in Traverse County increased by 1 participant, from 10 in 2008 to 11 in 2012. In Traverse County, the DD waiver program is growing more quickly than in the cohort as a whole. While Traverse County experienced a 10.0 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Traverse County, the profile groups 2 and 3 each increased by 1 person. The greatest change in the cohort profile groups occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 increased by 1 person, Traverse County serves a smaller proportion of people in these groups (18.2 percent), than its cohort (34.4 percent).

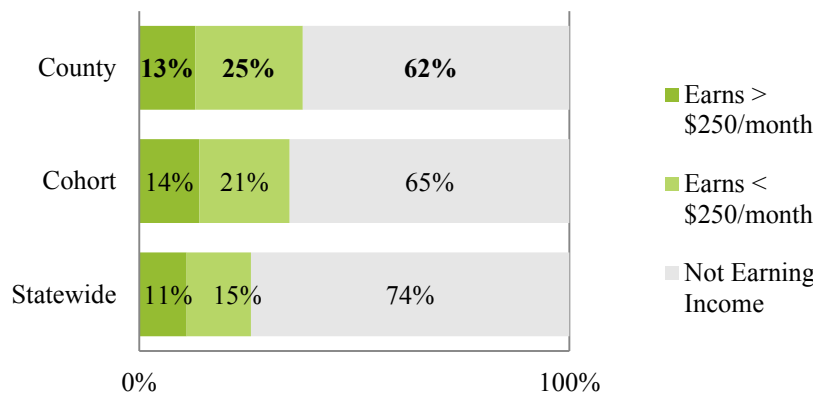
Since 2008, the number of people served in the EW/AC program in Traverse County has decreased by 12 people (23.1 percent), from 52 people in 2008 to 40 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Traverse County served 13 fewer lower needs

participants in 2012 than in 2008. The largest growth occurred in case mix E, increasing by 4 people, Traverse County may be serving a slightly higher proportion of participants with mental health needs. In addition, case mixes F and J each grew by 1 person. As a result, Traverse County is serving 10 additional higher needs people than they did in 2008.

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)

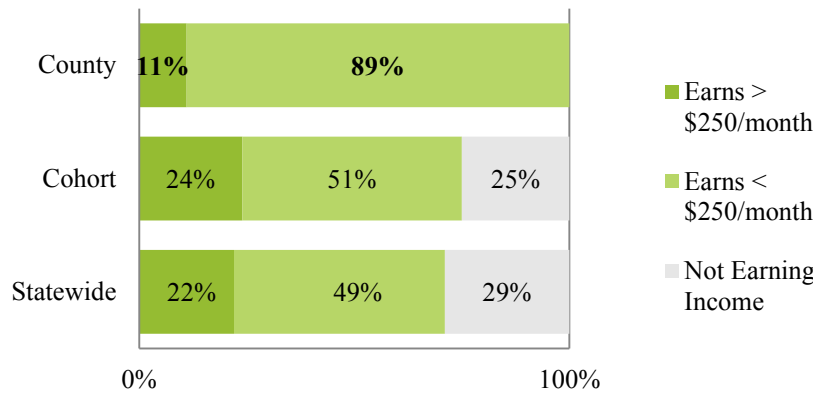


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Traverse County	13%	25%	62%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Traverse County served 8 working age (22-64 years old) CCB participants. Of working age participants, 37.5 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Traverse County ranked 44th of 87 counties in percent of CCB waiver participants earning more than \$250 per month.** In Traverse County 12.5 percent of the participants earned \$250 or more per month, compared to 14.3 percent 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)



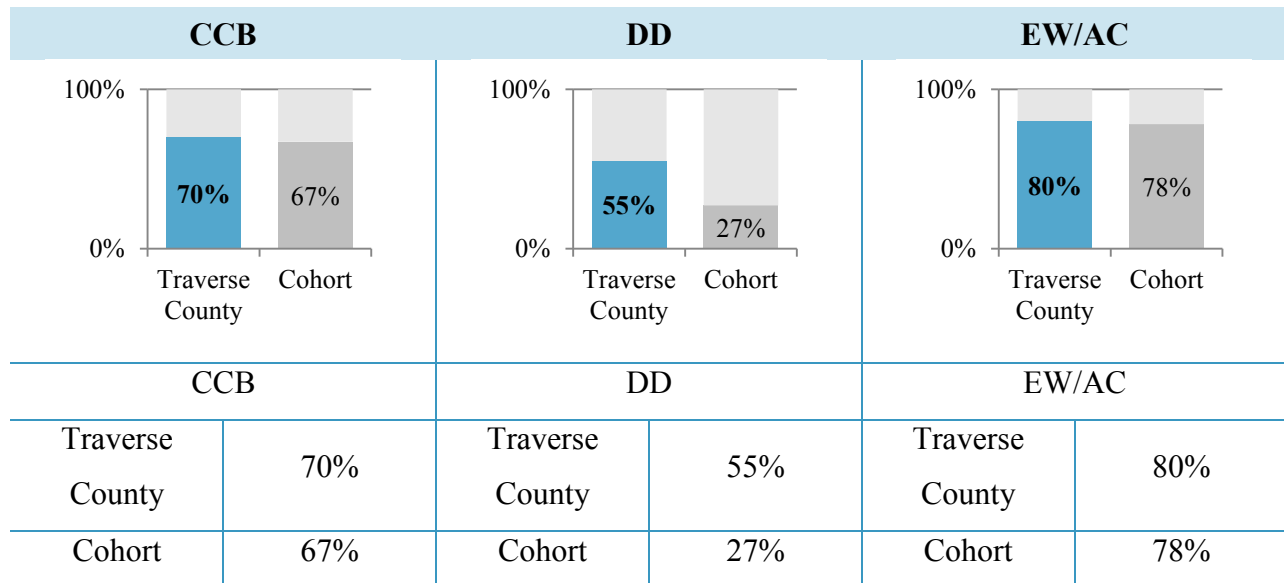
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Traverse County	11%	89%	0%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Traverse County served 9 DD waiver participants of working age (22-64 years old). **The county ranked 79th in the state for working-age participants earning more than \$250 per month.** In Traverse County, 11.1 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, 100 percent of working age DD waiver participants in Traverse County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps to manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2012)



Traverse County ranks 25th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 7 participants at home. Between 2008 and 2012, the percentage decreased by 10.0 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 70.0 percent of CCB participants in Traverse were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Traverse County ranks 1st out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 6 participants at home. Between 2008 and 2012, the percentage increased by 4.5 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

Traverse County ranks 29th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 32 participants at home. Between 2008 and 2012, the percentage decreased by 10.4 percentage points. In comparison, the percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their

homes statewide. Traverse County serves a higher proportion of EW/AC participants at home than their cohort and the state as a whole.

Average Rates per day for CADI and DD services (2012)

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Traverse County</td><td>\$107</td></tr> <tr><td>Cohort</td><td>\$98</td></tr> </table>	Category	Rate	Traverse County	\$107	Cohort	\$98	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Traverse County</td><td>\$154</td></tr> <tr><td>Cohort</td><td>\$170</td></tr> </table>	Category	Rate	Traverse County	\$154	Cohort	\$170
Category	Rate													
Traverse County	\$107													
Cohort	\$98													
Category	Rate													
Traverse County	\$154													
Cohort	\$170													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Traverse County</td><td>\$205</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Category	Rate	Traverse County	\$205	Cohort	\$171	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Traverse County</td><td>\$231</td></tr> <tr><td>Cohort</td><td>\$196</td></tr> </table>	Category	Rate	Traverse County	\$231	Cohort	\$196
Category	Rate													
Traverse County	\$205													
Cohort	\$171													
Category	Rate													
Traverse County	\$231													
Cohort	\$196													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Traverse County</td><td>\$54</td></tr> <tr><td>Cohort</td><td>\$60</td></tr> </table>	Category	Rate	Traverse County	\$54	Cohort	\$60	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Traverse County</td><td>\$89</td></tr> <tr><td>Cohort</td><td>\$75</td></tr> </table>	Category	Rate	Traverse County	\$89	Cohort	\$75
Category	Rate													
Traverse County	\$54													
Cohort	\$60													
Category	Rate													
Traverse County	\$89													
Cohort	\$75													

Average Rates per day for CADI services (2012)

	Traverse County	Cohort
Total average rates per day	\$106.97	\$97.99
Average rate per day for residential services	\$204.90	\$170.52
Average rate per day for in-home services	\$53.92	\$60.30

Average Rates per day for DD services (2012)

	Traverse County	Cohort
Total average rates per day	\$154.08	\$169.97
Average rate per day for residential services	\$231.33	\$196.37
Average rate per day for in-home services	\$89.08	\$74.78

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Traverse County is \$8.98 (9.2 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Traverse County spends \$34.38 (20.2 percent) more on residential services and \$6.38 (10.6 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Traverse County ranks 55th 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 Traverse County is \$15.89 (9.3 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Traverse County spends \$34.96 (17.8 percent) more on residential services and \$14.30 (19.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Traverse County ranks 16th 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.

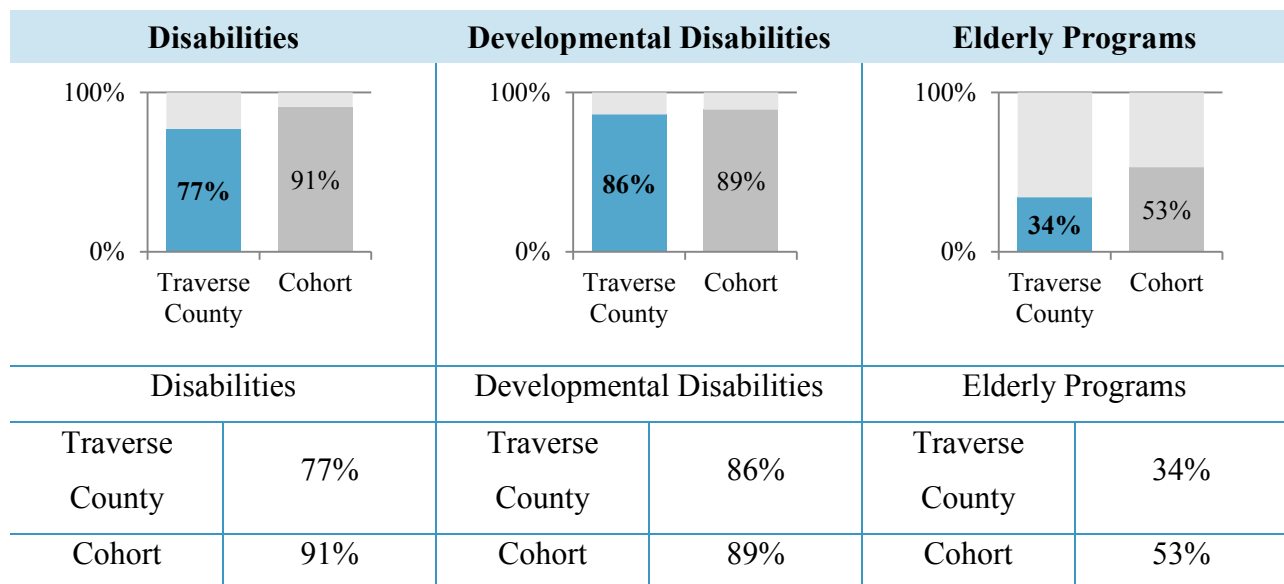
Traverse County has a similar use in the CADI program than its cohort of residential based services (Foster Care (30% vs. 24%) and Customized Living (0% vs. 6%)). The county has a higher use of Prevocational Services (30% vs. 9%), but a lower use of Supported Employment (0% vs. 14%). They also have a higher use of Home Delivered Meals (40% vs. 26%) and Extended Transportation (30% vs. 18%). Fifty-seven percent (57%) of Traverse County's total payments for CADI services are for residential services which is higher than its cohort group (50%). Traverse County's monthly family foster care rates are higher than its cohort (\$4,314.58 vs. \$3,598.06 per month). Monthly corporate foster care rates are also higher than its cohort (\$7,294.70 vs. \$5,267.96 per month).

Traverse County's use of Supportive Living Services (SLS) is notably lower than its cohort (45% vs. 73%) 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. The county has a higher use of Day Training & Habilitation (72% vs. 62%), and Supported Employment Services (9% vs. 5%). Traverse County also has a higher use of several in-home services, including Respite Services (45% vs. 19%), In Home Family Support (54% vs. 15%), and Skilled Nursing (36% vs. 2%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Traverse County served 20 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 9 in institutional care. Traverse County ranked 86th of 87 counties with 76.5 percent of their LTC participants receiving HCBS. This is lower than their cohort, where 91.3 percent were HCBS participants. Since 2008, Traverse County has decreased its use of HCBS by 14.0 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Traverse County served 13 LTC participants (persons with development disabilities) in HCBS settings and two in institutional settings. Traverse County ranked 71st of 87 counties with 85.7 percent of its DD participants receiving HCBS; a lower rate than its cohort (89.2 percent). Traverse County has improved the rate of participants receiving HCBS services. Since 2008, the county has increased its use by 10.7 percentage points while its cohort

rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Traverse County served 41 LTC participants (over the age of 65) in HCBS settings and 64 in institutional care. Traverse County ranked 86th of 87 counties with 33.7 percent of LTC participants receiving HCBS. This is lower than their cohort, where 52.9 percent were HCBS participants. Since 2008, Traverse County has decreased its use of HCBS by 13.0 percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

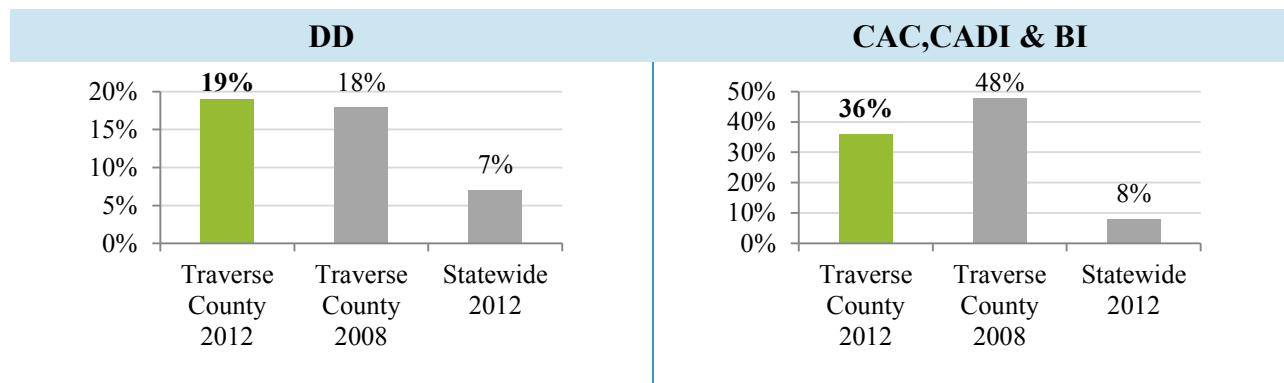
	Traverse County	Cohort	Statewide
Age 0-64	1.50	0.65	0.54
Age 65+	67.48	32.06	21.99
TOTAL	16.93	6.42	3.19

In 2012, Traverse County was ranked 87th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Traverse County also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has increased by 3.8 percent in Traverse County. Overall, the number of residents in nursing facilities has increased by 5.4 percent since 2010.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Traverse County (2012)	19%	36%
Traverse County (2008)	18%	48%
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, Traverse County had a 19% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Traverse County’s DD waiver balance is larger than its balance in CY 2008 (18%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Traverse 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, Traverse County had a 36% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2008 (48%).

Traverse, Stevens, and Grant Public Health has a policy to prioritize waiver slot assignment based on assessed needs of the participants. If there is a wait list for CCB, case managers meet with the Public Health Supervisor to prioritize the waitlist based on risk of health and safety. They also consult with the Regional Resource Specialist who helps Public Health trade waiver slots amongst its three counties. There is no waitlist for CCB program services. Traverse, Stevens, and Grant Public Health has one case manager designated to running simulations in WMS for each county. This designated case manager oversees the budget and prints WMS reports on a monthly basis to share with staff. Potential CCB, EW and AC waiver changes are discussed between the case manager with access to WMS, the case manager assigned to the case and the Public Health Supervisor.

Traverse County Social Services recently had a DD waitlist which included one person. This participant was added to the waiver program shortly before the waiver review, leaving the county with no individuals waiting for the DD waiver program. The DD case manager at Traverse County Social Services has access to WMS and runs simulations when necessary in order to determine waiver eligibility or funding availability.

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.

Traverse 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	0	0	3	0	0
MMIS Help Desk	0	0	0	2	1
Community Based Services Manual	0	0	0	1	1
DHS website	1	0	1	0	0
E-Docs	0	0	0	0	2
Disability Linkage Line	0	0	1	0	1
Senior Linkage Line	0	0	2	1	0
Bulletins	0	0	1	1	1
Videoconference trainings	0	0	1	2	0
Webinars	0	2	1	0	0
Regional Resource Specialist	0	0	0	0	2
Listserv Announcements	0	0	0	0	1
MinnesotaHelp.Info	0	0	2	0	0
Ombudsmen	0	0	0	0	2

Case managers said that they greatly appreciate having the Community Based Services Manual as a tool, and described that it helps them explain the details around program coverage to waiver participants and their families. Case managers said the MMIS Help Desk and the Regional Resource Specialist are very useful resources because they provide timely responses to questions. One case manager mentioned Policy Quest could be improved by expediting question response time. Case managers also stated that the Ombudsmen is very helpful. The Social Services Director expressed that the Regional Resource Specialist and other DHS staff are great resources. The Public Health Supervisor was also very pleased with the Regional Resource

Specialist, and she mentioned that the case managers often consult with her. She also mentioned that the case managers are beginning to use the MinnesotaHelp.info website more frequently.

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.

Traverse County Strengths

The following findings focus on Traverse 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.

- **Traverse County addresses issues to comply with Federal and State requirements.**
During the previous review in 2009, Traverse County received a corrective action to ensure proper signatures for right to appeal and informed consent documentation. In 2013, this issue does not remain for Traverse County indicating technical improvements over time.
- **Case managers build relationships with waiver participants and families over time by visiting frequently and by helping them navigate systems to receive the services that they need.** Traverse County case managers are in frequent contact with participants. All (100%) of participants reviewed were seen at the frequency required by their waiver plan; many were seen more often than required. Traverse County Public Health case managers visit participants on average five times every 18 months across AC, EW and CCB programs. The Social Services case manager also visits DD participants on average five times every 18 months.
- **Case managers collaborate well with each other and other units within and across counties.** There are strong interagency relationships as well as great working relationships between Public Health and Social Services across Traverse, Stevens, and Grant Counties. As small counties, Traverse, Stevens, and Grant Counties partner often and think regionally. For example, Traverse County waiver staff work closely with Grant County staff on child and adult protection cases and Traverse County assists Grant and Stevens Counties in training new financial workers. Traverse, Stevens, and Grant Public Health have monthly staff meetings and discuss practices across counties. This collaboration enhances the services participants are receiving and helps them navigate services.

- **County staff are well-connected with providers and other organizations that serve participants.** Public Health and Traverse County Social Services case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Case managers acknowledged that the large majority of their providers go above and beyond their responsibilities.
- **Traverse County has excellent supports in place to assist case managers.** Traverse, Stevens, and Grant Public Health has worked to make case managers' daily work more efficient by using visit sheets and electronic files. Case aides reduce the administrative burdens on case managers by maintaining current forms, which are located on a shared drive along with updated provider information. The Social Services financial worker is highly knowledgeable and oversees Medical Assistance (MA) eligibility issues. Together these supports free up time for case managers to provide quality care to participants. Case managers also benefit from strong leadership; having a supervisor who is very knowledgeable about the waiver programs makes them feel supported and makes their jobs easier. Social Services could benefit from using an electronic file and case notes system, and it would be easy to adopt a system similar to Public Health. This practice facilitates organization and enables other staff to access information in a case manager's absence.
- **The DD program in Traverse County has developed a person-centered and participant friendly care plan in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. The Social Services case manager thoughtfully documents the person-centered care they give to participants by creating individualized goals and by using participants' names. Additionally 100% of DD case files reviewed indicated that the case manager was responsive to consumer needs, documented life events to illustrate patients' situations and used participant friendly language.

- **The case files reviewed in Traverse County consistently met HCBS program requirements.** Participant case files in Traverse, Stevens, and Grant Public Health and Traverse County Social Services are well-organized and complete. 100% of required documentation and forms were included in the file, including the ICF/DD Level of Care, BI Form, OBRA Level One, Related Conditions Checklist, informed consent, notice of privacy practices (HIPAA), and signed and dated care plans. Care plans included 100% of required content, such as choice questions answered, care giver needs included, participant outcomes and goals stated, and health and safety issues outlined. The lead agency also includes elements in case files that exceed program requirements.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants annually.** The 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 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.
- **Update long-term care program care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** The public health care plans in Traverse, Stevens and Grant Counties were 100% compliant on all required components; however, the language used was not individualized to each participant. Although it was clear in other areas that the case managers were providing person-centered care, the care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care.

The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name. Traverse County Social Services is using a person-centered ISP care plan format, and Traverse, Stevens, and Grant Public Health could use it as an example when making improvements.

- **Use existing visit sheets to document participant satisfaction and provider performance.** Traverse, Stevens and Grant Public Health is using visit sheets that already include detailed information about the participant, such as updates and monitoring of living environment. However, they could be improved by adding prompts for documentation of participant satisfaction and provider performance. In addition, Traverse County should consider developing and implementing a regular survey about county services to gather feedback about the county's performance from participants and providers.
- **Continue to work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Traverse County has achieved high rates of participants living in their own homes. 70% of CCB waiver participants are served at home (ranking 25th out of 87 counties) and 55% of DD participants are served at home (ranking 1st out of 87 counties). However, 20% of CCB and 18% of DD waiver participants are currently under age 22 and will be transitioning soon from school to work and from their family home into their own home. To ensure it is able to keep up this strong performance, the county should formally solicit providers capable of serving DD and CADI participant to develop additional capacities and supports for participants living in their own homes. 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 county should work with providers to repurpose the vacant foster care beds to meet emerging needs.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Traverse county ranked 79th of 87 counties for working-age DD participants earning more than \$250 per month, and 44th for working-age CCB waiver participants

earning more than \$250 per month. The county should focus on strengthening employment by working with providers to reduce use of center-based employment and develop more opportunities that result in higher wages for participants. Through this process, the county should also address transportation issues that exist for waiver participants to ensure community based employment opportunities can be accessed by all participants.

- **Develop an alliance with Stevens and Grant Counties to manage waiver allocations for the CCB and DD budgets.** Participation in a waiver alliance will help Traverse County meet needs and manage risks. Being part of an alliance will allow Traverse County to spend more of the HCBS budget while being protected in the event of high cost participants. The counties may also want to consider using their accounting expertise to help manage allocations in the Waiver Management System. Participating in the alliance will help Traverse County continue to build on its strong regional relationships and conduct regional planning in order to enhance services for its participants.

Corrective Action Requirements

Required corrective actions are developed by the Waiver review Team, and areas that are found to be inconsistent in meeting state and federal requirements. Traverse County was found to have no corrective actions as there were no patterns of noncompliance discovered during the case file review.

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	1	N / A	0	1	N / A	N / A
Screenings done on time for new participants (PR)	83%	83%	N / A	N / A	N / A	AC / EW
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	75%	100%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=13	CCB n=10	DD n=10	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

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=13	CCB n=10	DD n=10	Strength	Challenge
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)	97%	100%	90%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	97%	100%	90%	100%	ALL	N / A
Inclusion of caregiver needs in care plans	100%	100%	100%	100%	ALL	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)	80%	N / A	N / A	80%	N / A	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	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 (<i>Provider survey, n=1</i>)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=1</i>)	100%	N / A	N / A	N / A	ALL	N / A

PARTICIPANT SAFEGUARDS	ALL	AC / EW n=13	CCB n=10	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (PR for CCB)	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=13	CCB n=10	DD n=10	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)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=13	CCB n=10	DD n=10	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	76%	69%	70%	90%	DD	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
Percent of completed remediation plans submitted 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	34%	77%	86%	N / A	ALL
Percent of LTC funds spent on HCBS	N / A	17%	62%	82%	N / A	ALL

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of waiver participants with higher needs	N / A	25%	50%	73%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	92%	CCB	DD
Percent of waiver participants served at home	N / A	80%	70%	55%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	13%	11%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.