

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Wabasha County**

Waiver Review Site Visit: March 2013

Report Issued: May 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 Wabasha 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 Wabasha County
Case File Review	49 cases
Provider survey	10 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 12 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 Wabasha County

In March 2013, the Minnesota Department of Human Services conducted a review of Wabasha County's Home and Community Based Services (HCBS) programs. Wabasha County is a rural county located in southeastern Minnesota. Its county seat is located in Wabasha, Minnesota and the County has another 10 cities and seventeen townships. In State Fiscal Year 2011, Wabasha County's population was approximately 21,600 and served 294 people through the HCBS programs. According to 2010 Census data, Wabasha County had an elderly population of 16.6%, placing it 39th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Wabasha County's elderly population, 9.9% are poor, placing it 39th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The Wabasha County Public Department of Health and the Wabasha County Department of Social Services are separate agencies and provide case management for all HCBS programs. Public Health is the lead for the AC, EW, and CAC waiver programs. Social Services is the lead for the CADI, BI, and DD waiver programs. The two Departments also share responsibility on cases to best fit the needs of the participant. For example, Public Health manages CADI cases with high medical needs while Social Services manages CADI cases for participants with mental health issues. While Public Health is the lead for the EW waiver, Social Services also manages EW cases for participants with mental health issues. Wabasha County also provides care coordination for South Country Health Alliance and UCare Managed Care Organizations (MCOs).

The Public Health Director is the supervisor for the waiver programs and oversees 17 total employees. This includes five full-time public health nurses, four of which provide ongoing waiver case management and complete annual reassessments. One of the five nurses completes initial assessments and carries a small caseload that is exclusively UCare cases. Public Health case managers have a mix of CAC, CADI, AC, and EW fee-for-service and South Country cases. The case managers also have other Public Health related responsibilities in addition to their waiver case management duties. Public Health has one paraprofessional who does most of the MMIS data entry and also enters service agreements and screening documents. Full-time public health nurse case managers carry caseloads of 40 to 50 participants.

The Social Services Supervisor oversees 16 staff, six of which are waiver case managers. There are two case managers who manage DD cases, and two of the CADI case managers also perform mental health case management duties when a participant is open to both the waiver and Rule 79 Case Management. There are also two social workers who have some EW cases where the participant has a mental illness. DD case managers average 60 cases. CADI mental health case managers have around 30 cases.

Public Health and Social Services have separate intake lines and transfer calls to the appropriate Department depending on the potential participants' needs. Public Health intake auto-assigns a case to the initial assessor, and once the assessment is complete the case is assigned for ongoing case management based on geography. The Public Health Director monitors the intake system to ensure that no case manager is overloaded. For Social Services, cases are assigned based on caseload. The Social Services Supervisor shared that the person who completes the initial assessment usually becomes the ongoing case manager. If it is not clear what the participant's primary need is, Public Health and Social Services perform a dual assessment and then assign the case to the appropriate Department.

Working Across the Lead Agency

Financial workers use a case banking system to manage all of their cases. There are three workers that specialize in EW and AC programs. Financial workers are located right down the hall from the Social Services staff which has made the staff and their supervisor very accessible.

Supervisors stated that they have good communication with the financial workers who work with the elderly programs. However, the Social Services Supervisor shared that case banking has created some barriers for case managers trying to resolve financial issues for participants. They usually work with the Financial Work Supervisor to receive needed assistance.

Most of the social services waiver case managers also have Mental Health and Adult Protection responsibilities. If there is an Adult Protection issue with a waiver case, Social Services takes the lead on the Adult Protection issues, but both Public Health and Social Services work together to resolve the issue. The Social Services Supervisor shared that case managers deliberately keep investigations separate from waiver case management, but are aware when there is an issue with a case. For mental health concerns, Public Health consults with Social Services and may provide medical back-up. The two Departments attend monthly mental health consult meetings together. At this meeting, they discuss potential participants that may be in need of help before the situations rise to crisis that would warrant Social Services involvement. The Social Services Supervisor also attends a quarterly Child Protection meeting where both departments and representatives from schools in the area are present.

Health and Safety

In the Quality Assurance survey, Wabasha 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 well-trained and knowledgeable case managers as a county strength. Providers also indicated that case managers are advocates for participants and are responsive to their changing needs.

In order to stay current with waiver program requirements, Social Services staff attend meetings twice per month and have separate meetings for the children's and disabilities units. Case managers consult with each other at staff meetings. Social Services staff attend Region 10 meetings and the supervisors attend the Region 10 supervisor meetings. Public Health also has staff meetings twice per month where they review any program or policy changes. Bulletins are brought to these meetings and they review them all together. They also review listserv

announcements and e-mails to keep informed about changes. The county staff also receives information from the Financial Worker Supervisor and from South Country. Public Health case managers have a checklist on the front of each chart to ensure all of the forms are updated and completed. Public Health also conducts peer and supervisor audits on a periodic basis as time permits.

There is a monthly Human Services Board meeting that includes time for both Social Services and Public Health. This time is used to share information about programs, staffing, budgets, and any big changes. Supervisors said that Board members have referred family members and neighbors to the county in the past.

Service Development and Gaps

Supervisors identified finding in-home services such as chore services for participants as a challenge. Supervisors also stated that they would like to explore different technology options for monitoring participants in their homes. They also stated that finding dental services for participants can be an issue, as they only have one dentist that consistently serves Medical Assistance participants in Wabasha County and there is a long waitlist. They would also like to get more assisted living services for their elderly participants.

Supervisors stated that they informally speak with providers about expanding services and have also had many providers come to the county looking to develop services. Providers have come to staff meetings in the past to make presentations about services they deliver.

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.

Wabasha 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 Facilities	0	2	4
Schools (IEIC or CTIC)	0	2	2
Advocacy Organizations	1	0	1
Hospitals (in and out of county)	6	2	0
Area Agency on Aging	0	4	0
Customized Living Providers	2	2	0
Foster Care Providers	0	5	1
Home Care Providers	0	5	3
Employment Providers (DT&H, Supported Employment)	0	1	5

Case managers or licensors investigate participant complaints about providers. The case manager contacts the agency and discusses the issue with supervisor personnel. If the issue is not resolved, the case manager will contact their supervisor for assistance. Face-to-face visits to participants home and with providers are offered to resolve performance issues. If necessary, the contract may be discontinued and the agency is reported to the appropriate licensing authority. Participants are reminded that they are able to choose or change providers.

Supervisors stated that Wabasha County case managers bring their laptops to visits and have a formatted document that reminds them to ask the participants about their satisfaction with their services and case management. Supervisors stated that EW/AC providers are required to submit quarterly reports on changes in conditions or services. Clerical staff monitor receipt of these reports and notify the case manager if they are not submitted on time.

Case managers shared that their relationships with the new social workers at the nursing facilities in Wabasha County are good and that they have good communication with them. The social workers contact case managers about situations that they know county staff would like to be involved in. Case managers stated that their relationships with hospitals are poor overall. Case managers shared that they do not receive any communication about discharge planning and are not notified when participants are admitted. They feel that they only receive phone calls from the hospital if they need county staff for something, and hospital staff have been unresponsive to phone calls from case managers. Case managers work with four school districts and three private schools. Case managers said that schools are responsive when they contact them, and invite them to meetings and are willing to listen.

Case managers also rated their relationships with customized living providers as being average to poor. They shared that providers sometimes do not appreciate the waiver process and have requested that they back-date eligibility and redo rate tools to get higher rates. Case managers also rated their relationships with foster care providers as average and stated that their interactions are mixed. They said that most of the providers specialize in the type of participants they are designed to serve and cited one good provider as an example who has the background to serve participants with mental health needs. Case managers said that the better foster care providers are very proactive and have open communication with case managers while others struggle with communication.

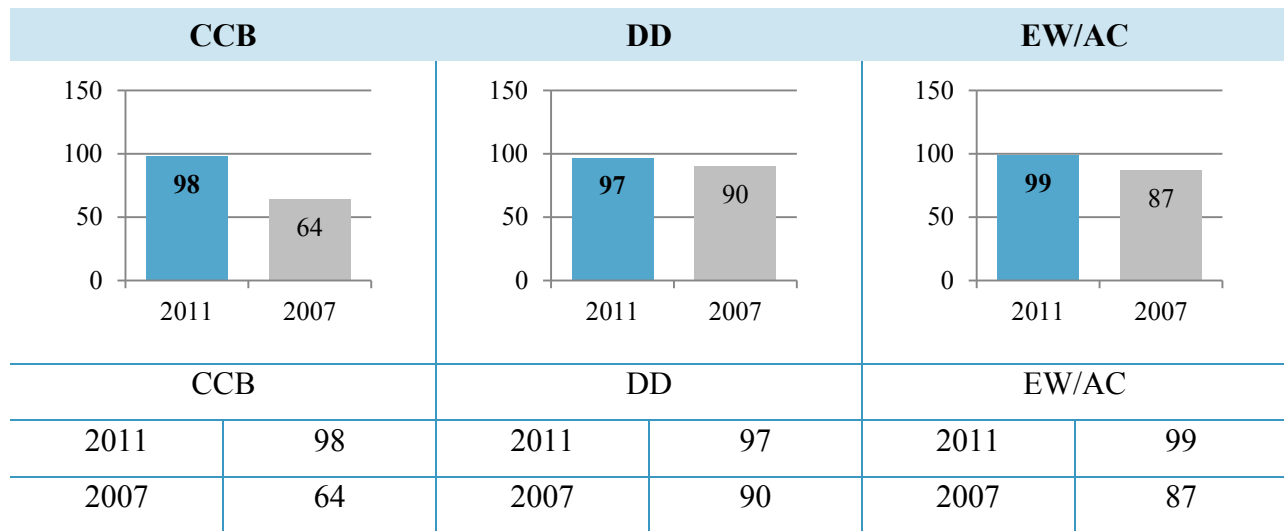
Case managers rated their relationships with home health agencies as being good to average, stating that some providers do not always have the enough staff to deliver all services that were agreed upon. Case managers rated their relationships with vocational providers as being good overall. They stated that one provider has been very proactive and creative at finding jobs for

waiver participants and that county staff are always included in participant meetings. Vocational providers are also open to case managers dropping in for visits.

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 Wabasha County (2007 & 2011)



Since 2007, the total number of persons served in the CCB waiver programs in Wabasha County has increased by 34 participants (53.1 percent); from 64 in 2007 to 98 in 2011. The largest increase occurred in the case mix B, which grew by 12 people. As a result, Wabasha County may be serving a larger proportion of individuals with mental health needs on the CCB waivers.

Since 2007, the number of persons served with the DD waiver in Wabasha County increased by seven participants, from 90 in 2007 to 97 in 2011. In Wabasha County, the DD waiver program is growing more quickly than in the cohort as a whole. While Wabasha County experienced a 7.8 percent increase in the number of persons served from 2007-2011, its cohort

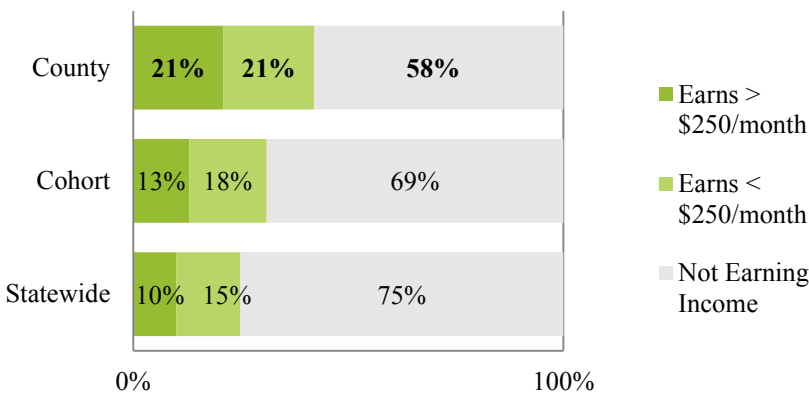
had a 6.9 percent increase in number of persons served. In Wabasha County, the profile group four increased by four people. The greatest change in the cohort occurred in profile group three.

Since 2007, the number of persons served in the EW/AC program in Wabasha County has increased by 12 people (13.8 percent), from 87 people in 2007 to 99 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increases occurred in case mixes B, D, and E. As a result of the increases in case mixes B and E, Wabasha County may be serving a larger proportion of people with mental health needs on the EW and AC programs.

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.

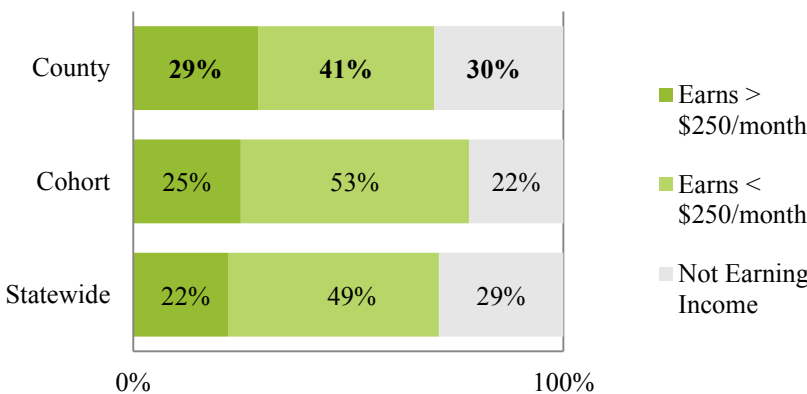
CCB Participants Age 22-64 Earned Income from Employment (2011)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Wabasha County	21%	21%	58%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Wabasha County served 76 working age (22-64 years old) CCB participants. Of working age participants, 42.1 percent had earned income, compared to 31.6 percent of the cohort's working age participants. **Wabasha County ranked 10th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Wabasha County, 21.1 percent of the participants earned \$250 or more per month, compared to 13.4 percent of 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.

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



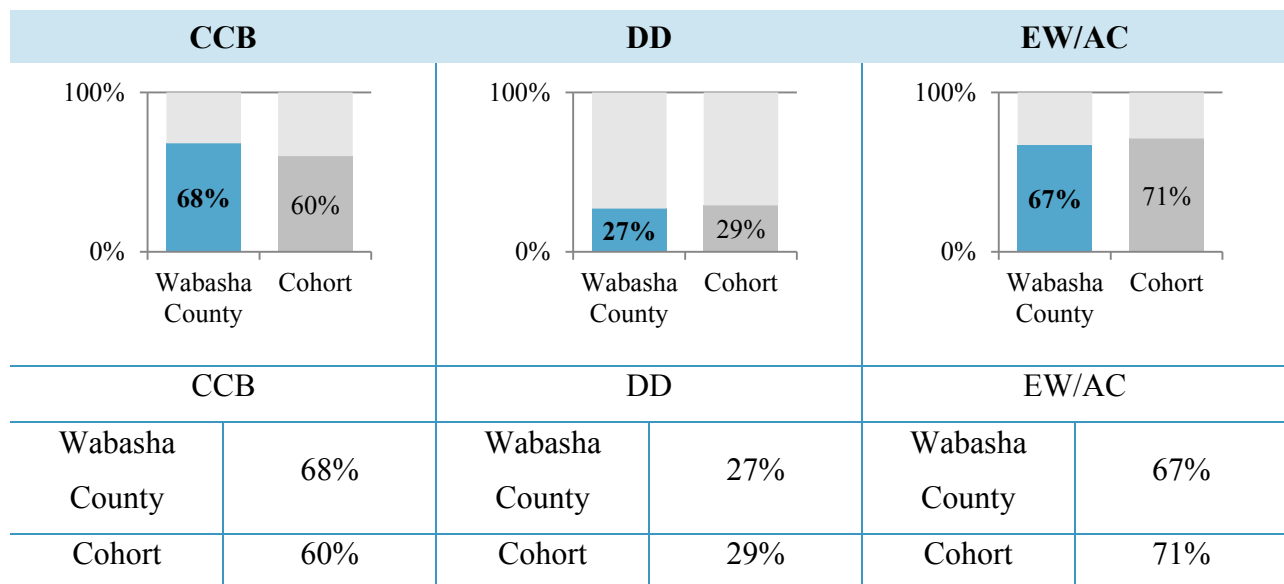
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Wabasha County	29%	41%	30%
Cohort	25%	53%	22%
Statewide	22%	49%	29%

In 2011, Wabasha County served 73 DD waiver participants of working age (22-64 years old). **The county ranked 27th in the state for working-age participants earning more than \$250 per month.** In Wabasha County, 28.8 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 69.9 percent of working age DD waiver participants in Wabasha County had some earned income, while 77.2 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.

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)



Wabasha County ranks 27th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 67 participants at home. Between 2007 and 2011, the percentage remained fairly stable, decreasing by only 0.4 percentage points. In comparison, the cohort percentage decreased 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 68.4 percent of CCB participants in Wabasha County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Wabasha County ranks 52nd out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 26 participants at home. Between 2007 and 2011, the percentage increased by 1.2 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.5 percentage points. Statewide, the percentage of

DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

Wabasha County ranks 55th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 66 participants at home. Between 2007 and 2011, the percentage decreased by 11.5 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Wabasha County</td><td>\$70</td></tr> <tr><td>Cohort</td><td>\$96</td></tr> </table>	Category	Rate	Wabasha County	\$70	Cohort	\$96	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Wabasha County</td><td>\$175</td></tr> <tr><td>Cohort</td><td>\$172</td></tr> </table>	Category	Rate	Wabasha County	\$175	Cohort	\$172
Category	Rate													
Wabasha County	\$70													
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Cohort	\$172													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Wabasha County</td><td>\$115</td></tr> <tr><td>Cohort</td><td>\$156</td></tr> </table>	Category	Rate	Wabasha County	\$115	Cohort	\$156	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Wabasha County</td><td>\$212</td></tr> <tr><td>Cohort</td><td>\$209</td></tr> </table>	Category	Rate	Wabasha County	\$212	Cohort	\$209
Category	Rate													
Wabasha County	\$115													
Cohort	\$156													
Category	Rate													
Wabasha County	\$212													
Cohort	\$209													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Wabasha County</td><td>\$50</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Category	Rate	Wabasha County	\$50	Cohort	\$57	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Wabasha County</td><td>\$75</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	Wabasha County	\$75	Cohort	\$81
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Wabasha County	\$50													
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Category	Rate													
Wabasha County	\$75													
Cohort	\$81													

Average Rates per day for CADI services (2011)

	Wabasha County	Cohort
Total average rates per day	\$69.83	\$95.98
Average rate per day for residential services	\$115.41	\$155.87
Average rate per day for in-home services	\$49.57	\$56.68

Average Rates per day for DD services (2011)

	Wabasha County	Cohort
Total average rates per day	\$175.40	\$171.92
Average rate per day for residential services	\$212.07	\$208.53
Average rate per day for in-home services	\$74.82	\$80.99

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 Wabasha County is \$26.15 (27.2 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Wabasha County spends \$40.46 (26.0 percent) less on residential services and \$7.11 (12.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Wabasha County ranks 9th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

The average cost per day for DD waiver participants in Wabasha County is \$3.48 (2.0 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Wabasha County spends \$3.54 (1.7 percent) more on residential services but \$6.17 (7.6 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Wabasha County ranks 42nd of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

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.

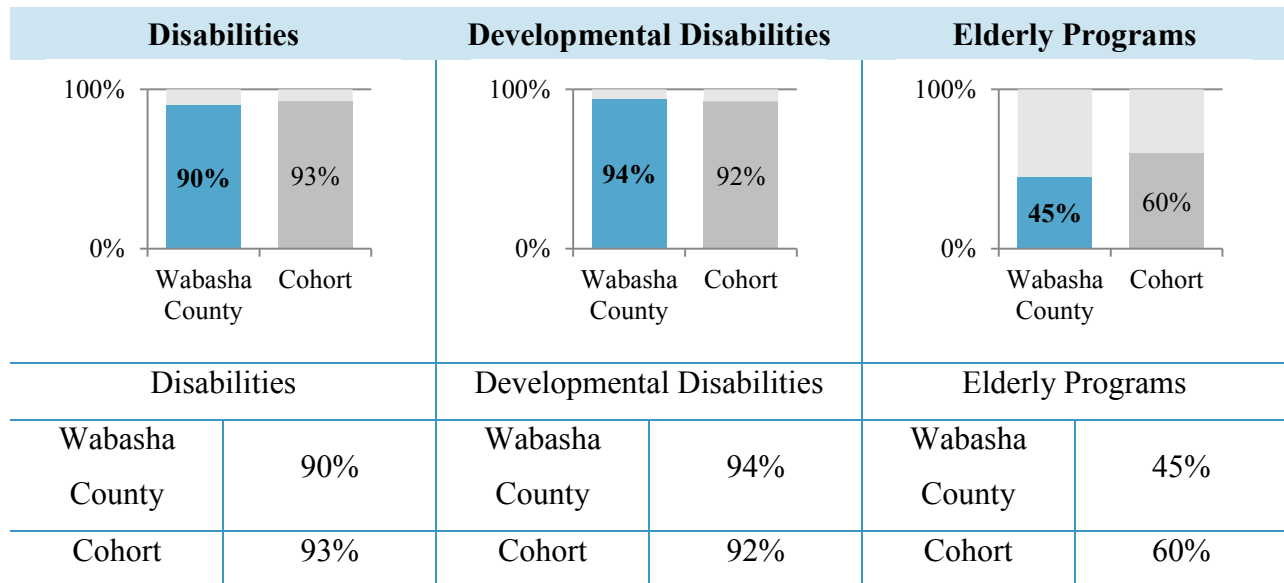
Wabasha County has a lower use in the CADI program than its cohort for residential based services (Foster Care (19% vs. 28%) and Customized Living (4% vs. 8%)). The county has a lower use of some vocational services like Prevocational Services (3% vs. 11%), but a notably higher use of others like Supported Employment Services (34% vs. 11%). They have a lower use of some in-home services including Homemaker (19% vs. 28%) and Home Delivered Meals (19% vs. 21%), but a higher use of Independent Living Skills (23% vs. 13%). Twenty-nine percent (29%) of Wabasha County's total payments for CADI services are for residential services (25% foster care and 4% customized living) which is notably lower than its cohort group (56%). Wabasha County's family foster care rates are notably lower than its cohort when billed monthly (\$867.91 vs. \$3,095.41 per month). Corporate foster care rates are also notably lower than its cohort when billed monthly and when billed daily (\$4,003.07 vs. \$5,118.81 per month and \$158.98 vs. \$192.17 per day).

Wabasha County's use of Supportive Living Services (SLS) is slightly higher than its cohort (71% vs. 70%) 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. For vocational services, the county's use of Day Training & Habilitation is notably higher than its cohort (80% vs. 64%) while its use of Supported Employment is lower than its cohort (3% vs. 5%). Its use of Respite Services (23% vs. 19%) and personal support services (11% vs. 5%) are higher 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)



In 2011, Wabasha County served 137 LTC participants (persons with disabilities under the age of 65), 118 in HCBS settings and 19 in institutional care. Wabasha County ranked 71st of 87 counties in the percent of LTC participants receiving HCBS; 90.3 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 92.6 percent were HCBS participants. Since 2007, Wabasha County has increased its use of HCBS by 4.4 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Wabasha County served 112 LTC participants (persons with development disabilities), 105 in HCBS settings and seven in institutional settings. Wabasha County ranked 38th of 87 counties in the percentage of DD participants receiving HCBS with 94.3 percent of its LTC participants receiving HCBS; a higher rate than its cohort (92.3 percent). Since 2007, the county has slightly decreased its use by 1.6 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Wabasha County served 252 LTC participants (over the age of 65), 105 in HCBS settings and 147 in institutional care. Wabasha County ranked 77th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 45.4 percent received HCBS. This is lower than their cohort, where 59.9 percent were HCBS participants. Since 2007,

Wabasha County has increased its use of HCBS by 5.2 percentage points, while their cohort has increased by 6.8 percentage points.

Nursing Facility Usage Rates per 1000 Residents (2011)

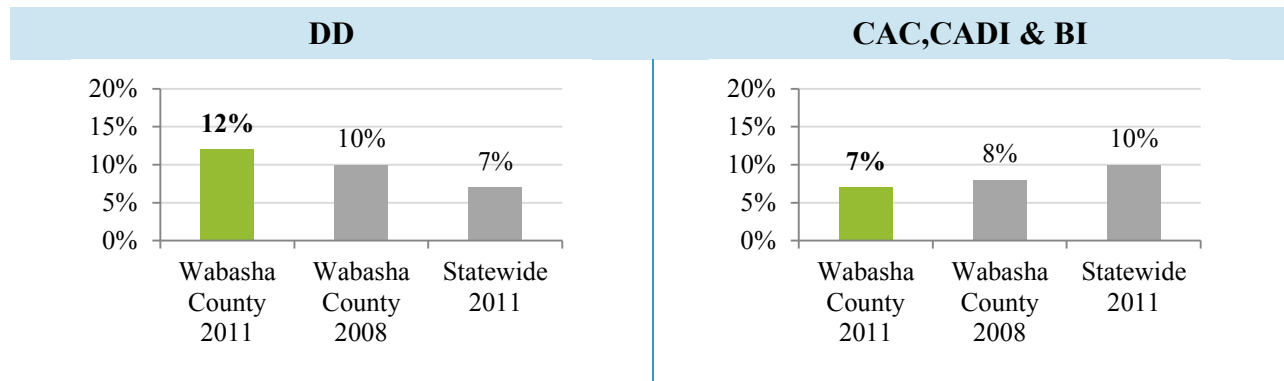
	Wabasha County	Cohort	Statewide
Age 0-64	0.50	0.46	0.47
Age 65-84	29.53	26.01	23.11
TOTAL	5.30	4.59	3.24

In 2011, Wabasha County was ranked 50th 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. In addition, Wabasha County has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has increased by 5.0 percent in Wabasha County. Overall, the number of residents in nursing facilities has increased by 2.7 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
Wabasha County (2011)	12%	7%
Wabasha County (2008)	10%	8%
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, a 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, Wabasha County had a 12% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Wabasha County’s DD waiver balance is larger than its balance in CY 2008 (10%), and the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Wabasha 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, Wabasha County had a 7% balance at the end of fiscal year 2011, which is a smaller balance than the statewide average (10%) and its balance in FY 2008 (8%).

There currently is no waitlist for the waiver programs. The Social Services Supervisor manages the CCB and DD budget. Public Health staff contacts Social Services to determine whether there is a slot open before they go out for the assessment or screening. If a participant is ready to go on the waiver, the request for a slot is given to the Social Services Supervisor. The Social Services Supervisor must approve the slot before the participant receives services. After the case is approved, it is assigned to a case manager. If a participant needs additional funding or changes in their services, the case managers submit a request form to the Social Services Supervisor for approval.

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.

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

County staff shared that Policy Quest is not very useful and stated that it is often difficult to find answers and they often require more interpretation of answers they receive. Case managers

stated that it is hard to contact the Help Desk because of their limited hours. Supervisors use the Disabilities Service Program Manual and are able to find information there, but it is not always clear. County staff shared that the DHS website search function does not work well, and the new layout makes it difficult to locate specific information. Case managers said that they use E-Docs and forms are easy to locate. Case managers stated that the bulletins are often too long and general and that they would like them to be brief, concise, and more specific.

Supervisors stated that they are not currently a site for videoconference trainings and travel to Rochester to attend the trainings. County staff stated that the quality of the videoconference trainings and webinars depends a lot on the presenter and that there have been some technological issues in the past. Case managers mentioned that they like the videoconference trainings for their convenience, but the downside is that they are not able to have any conversation or dialogue with DHS staff. County staff attend regional meetings with the Regional Resource Specialist (RRS). Supervisors shared that the RRS is helpful, but is not always available to answer questions because of other responsibilities.

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.

Wabasha County Strengths

The following findings focus on Wabasha 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.

- **Wabasha County addresses issues to comply with Federal and State requirements.**

During the previous review in 2007, Wabasha County received a corrective action for the following items being out of compliance: current care plans, care plan signatures, choice questions, current DD screenings, back-up plan and emergency contact for CCB, ICF/DD Level of Care, CAC Form, and BI form. In 2013, none of these issues remain for Wabasha County indicating technical improvements over time.

- **Case managers are responsive to participant needs.** Case managers are experienced and have backgrounds in a variety of disciplines which allows them to navigate easily across programs within the agency and provide seamless services for participants. The case managers advocate for participants and are flexible in meeting their needs.
- **Wabasha County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers in Public Health and Social Services are accessible to one another and frequently consult and problem solve with each other on cases. Case managers also work closely with other county units such as child protection, adult protection, financial workers, and clerical staff. These other units provide support and bring an outside perspective which is valuable in meeting participants' unique needs. Case managers ensure needs are being met by tailoring services for participant. For example, most EW cases are managed in Public Health, but there is a social worker in Social Services who manages EW cases with behavioral health needs.
- **Case managers get to know participants and frequently visit them.** Frequent visits to participants allow case managers to monitor provider performance and fulfillment of services outlined in the care plan. Ninety-six percent of the cases reviewed, were compliant with the required number of visits. Participants receive a face-to-face visit from case managers an average of four times in every 18 months across all programs. Notably, EW waiver participants receive an average seven visits every 18 months which is above and beyond the requirement of one visit per year.
- **Wabasha County assigns one case manager to serve CADI participants who also receive Rule 79 case management and use a single, integrated care plan for these participants.** The single case manager allows the county to streamline services for the participant. It also allows participants to reference only one care plan document for their program needs. The Wabasha County integrated care plan format can be found at www.MinnesotaHCBS.info.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Wabasha County work toward reaching their goals around HCBS

program administration. The following recommendations would benefit Wabasha 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.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Wabasha County current outperforms it cohort for participants earning more than \$250 per month in the CCB programs (21.1% vs. 13.4%) and the DD program (28.8% vs. 24.6%). The county should focus on continuing to strengthen 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 employment opportunities can be accessed by all participants.
- **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.** 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. As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants which may include partnering with neighboring counties with similar needs or service capacity. The county should also expand use of Consumer Directed Community Supports (CDCS), Family Support Grants (FSG), and Consumer Support Grants (CSG) to reduce reliance on residential

services and reach people in more rural areas of the county. Currently, 26.8% of DD participants receive services at home (ranking Wabasha County 52nd of 87 counties). 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.

- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. The county may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. The county could designate a lead worker or subject matter experts for the various waivers or MCOs based on experience and expertise. The county may also want to work with support staff to develop fillable electronic forms or create packets for use across the agency to ensure required forms are current and promote consistency. While most cases are regional, contracted case management services may help ease caseloads during staffing shortages and serve participants that live out of the region and reduce the county service waitlist.
- **Consider holding regular joint Public Health and Social Services waiver meetings to share practices and resources.** Regular meetings allow case managers to work more closely across the Departments and build relationships with one another. The Departments would benefit from adopting each other's practices across the agency. For example, Wabasha County has some strong provider monitoring practices in place, but they do not cross department lines; Public Health does not receive the same foster care licensing survey as Social Services, and Social Services does not currently use the Public Health provider monitoring tool.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Wabasha County was found to be inconsistent in meeting state and federal requirements and will

require a response by Wabasha 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 Wabasha County will be required to take corrective action.

- **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 their informed right to appeal included in the case file. One out of 11 EW cases and one out of 10 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. One out of 10 DD cases and one out of six BI cases did not have complete documentation. In addition, one out of 10 CADI cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **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 waived services for a person with a condition related to developmental disability on an annual basis. The one DD case reviewed with a related condition did not have complete and current documentation in the file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Wabasha County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 12 cases. All items are to be corrected by May 20, 2013 and verification submitted to the Waiver Review Team to document full compliance. Wabasha County submitted a completed compliance report on May 16, 2013 and the county is assisting DHS with additional follow-up data.

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	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	93%	100%	85%	N / A	AC / EW, CCB	N / A
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	62%	14%	CCB	DD

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=21	CCB n=18	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	87%	95%	78%	N / A	AC / EW	N / A
Care plan is current (PR)	96%	100%	94%	90%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	94%	100%	89%	90%	AC / EW, DD	N / A
All needed services to be provided in care plan (PR)	80%	81%	67%	100%	DD	CCB
Choice questions answered in care plan (PR)	92%	100%	89%	80%	AC / EW	N / A
Participant needs identified in care plan (PR)	69%	91%	33%	90%	AC / EW, DD	CCB
Inclusion of caregiver needs in care plans	40%	60%	0%	100%	DD	N / A
OBRA Level I in case file (PR)	97%	100%	94%	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)	90%	N / A	N / A	90%	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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	83%	N / A	83%	N / A	N / A	N / A
CAC Form	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

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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=10</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=10</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=21	CCB n=18	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	94%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	82%	95%	61%	90%	AC / EW, DD	CCB
Back-up plan (PR for CCB)	55%	48%	83%	20%	N / A	N / A
Emergency contact information (PR for CCB)	92%	95%	94%	80%	AC / EW, CCB	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=21	CCB n=18	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	94%	100%	89%	90%	AC / EW, DD	N / A
Person informed of right to appeal documentation in the case file (PR)	90%	95%	89%	80%	AC / EW	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES (continued)	ALL	AC / EW n=21	CCB n=18	DD n=10	Strength	Challenge
Person informed privacy practice (HIPAA) documentation in the case file (PR)	92%	95%	94%	80%	AC / EW, CCB	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=21	CCB n=18	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	80%	81%	72%	90%	DD	N / A
Documentation of participant satisfaction in the case file	45%	62%	39%	20%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	97%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	45%	90%	94%	DD	AC / EW, CCB
Percent of LTC funds spent on HCBS	N / A	23%	83%	92%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	38%	60%	83%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	67%	68%	27%	CCB	AC / EW, DD

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	21%	29%	CCB, DD	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.

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.