Minnesota Department of Human Services Waiver Review Initiative

Report for: **DVHHS (Cottonwood County)**

Waiver Review Site Visit: May 2015

Report Issued: June 2015

Contents

Acknowledgements

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

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

Continuing Care Administration (CCA) Performance Reports at http://www.dhs.state.mn.us/main/dhs16_166609

Waiver Review Website at 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 DVHHS
Case File Review	37 cases
Provider survey	8 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 6 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 DVHHS – Cottonwood County

In January 2014, Cottonwood County's Family Services and Community Health Departments merged with Jackson County Human Services to form Des Moines Valley Health and Human Services (DVHHS). Prior to the merger, the Minnesota Department of Human Services conducted a review of Jackson County's Home and Community Based Services (HCBS) programs. Their report can be found here: http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_174186.pdf

Since Jackson County has already been reviewed during this round, all data collected for this review came from the Cottonwood County division of DVHHS. Therefore, for the purposes of this report, they will be considered the "lead agency" for the HCBS waiver programs.

In May 2015, DHS conducted a review of the Cottonwood County division of DVHHS. Cottonwood County is a rural county located in southwest Minnesota. Its county seat is located in Windom, Minnesota and the county has another six cities and 18 townships. In State Fiscal Year 2013, Cottonwood County's population was approximately 11,610 and served 184 people through the HCBS programs. According to the 2010 Census Data, Cottonwood County had an elderly population of 21.5%, placing it 7th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Cottonwood County's elderly population, 7.4% are poor, placing it 65th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

DVHHS currently has a Social Services Supervisor at the Cottonwood and Jackson locations who oversee the waiver programs for their respective divisions. While each supervisor will eventually specialize in managing certain waiver programs and transition into supervising staff

housed at both locations, the two divisions maintained their pre-merger management structure at the time of the review.

The lead agency's Social Services Supervisor oversees six social workers who manage waiver cases. Two case managers manage AC and EW cases and have caseloads of approximately 75 cases each including all cases where participants are enrolled in a Managed Care Organization (MCO) program. The lead agency serves as a contracted care coordinator for the MCOs Secure Blue and UCare. Two other case managers manage CADI and BI cases and carry caseloads of approximately 35 waiver cases each. The two case managers are also adult mental health workers. If waiver participants receive both waiver funding and Rule 79 Targeted Mental Health case management, one worker typically fills both roles.

Two case managers specialize in managing DD cases and have caseloads of approximately 45 cases each. There is also one public health nurse located in the Jackson division office who primarily conducts PCA assessments. While the lead agency did not have any CAC cases at the time of the review, staff indicated that the public health nurse would manage those cases due to the high medical needs of those participants. Additionally, the Social Services Supervisor oversees one case aide whose responsibilities include entering service agreements into MMIS and providing general support to waiver case managers.

All of the lead agency's waiver case managers are certified MnCHOICES assessors. Waiver staff at both the Cottonwood and Jackson locations meet every morning via a conference call to discuss any new intakes received during the previous day. The staff decide who will conduct the assessment as a team. Cases are assigned based on case manager specialties, geographical location, and caseload sizes. The lead agency occasionally conducts dual assessments with both a social worker and public health nurse for participants who have high medical needs. Typically, the assessor becomes the ongoing case manager.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is their ability to work cohesively as a team. DVHHS holds monthly meetings which include staff from all departments. Case managers also attend monthly waiver meetings that only include staff working with specific waiver

programs. Social Services staff access Public Health staff when they have questions regarding medically fragile participants.

Financial workers are located at both the Cottonwood and Jackson locations. Some specialize in working with elderly or disabled participants and others specialize in working with families. Participants are assigned to specific financial workers based on their last name. Case managers typically communicate with financial workers face to face if possible but also access them through e-mail and telephone conversations. Staff also use formal financial communication forms. Case managers shared that while they have great internal communication with financial workers, however some of the participants have expressed confusion over who their assigned financial worker is and where they are located.

Two CADI waiver case managers also have adult protection responsibilities at the lead agency. When a case is opened for a participant currently on a waiver program, their case manager is notified and may be brought in to consult or attend visits with the adult protection worker. If an adult protection investigation is opened for one of their waiver cases, the investigation would be conducted by the other adult protection worker.

Child protection workers are located within Children's Services and are located at both DVHHS offices. Staff shared that child protection cases are typically kept separate from waiver case management, but they are aware when an investigation is opened for a participant on their caseload. Case managers shared that they would only be brought in to consult on those cases if they needed to set up services for the participant. Children's mental health workers are also housed in Children's Services. While adults who receive both waiver and mental health case management usually have one case manager, children typically have two.

The Social Services Supervisor provides reports to the DVHHS Board and attends their monthly meetings when requested. Staff from the lead agency have made presentations to the board regarding changes that greatly affect the management of the waiver programs such as MnCHOICES. The Supervisor routinely updates the board on the status of the waiver budgets as well.

Health and Safety

In the Quality Assurance survey, the Cottonwood division of DVHHS reported staff receives training directly related to abuse, neglect, self-neglect, and exploitation. In addition, the lead agency has practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that the lead agency quickly responds to questions from providers and participants and works cooperatively with them. They also said that the case managers are responsive to changes in participant needs.

Staff indicated that keeping up with all of the changing waiver program policies and requirements is one of the top challenges they face. Case managers receive bulletins and listserv announcements and discuss those updates during their monthly meetings. Staff also attend videoconference trainings, webinars, and regional meetings to stay informed on upcoming changes. The lead agency relies on experienced case managers to help train new case managers and orient them to the waiver programs.

Office support staff prepare visit packets for case managers that contain all required documents. The lead agency has a computer shared drive that all staff can access where they store the most current forms. Staff shared that they are working on developing a more formal process of updating the shared drive to ensure consistency. The lead agency has conducted internal audits of case files in the past.

Service Development and Gaps

Staff shared that while they work with a good group of providers, Cottonwood County has several significant service gaps. They indicated that they attempt to work with families and avoid placing participants outside the home when they can. Staff shared that area providers have experienced difficulty finding qualified staff to go into homes and provide services such as PCA. They said that they encourage families to consider using Consumer Directed Community Supports (CDCS) and look for creative ways to get participants the services they need.

Staff stated that housing in the area is limited both for participants and for provider staff. They indicated that the lead agency is looking into different options to develop housing for those

individuals and their families. Staff also indicated that the difficulty of finding placements for participants with high behavioral needs has been complicated by the implementation of 245D licensure requirements.

Staff stated that finding employment for participants is a major issue as well. They have been encouraging area providers to develop more community employment opportunities in Cottonwood County. Staff shared that the lack of transportation services is often a barrier to participants being able to access employment providers and other services outside of their communities. They stated that their current transportation services are inefficient, and some of the MCO requirements for arranging rides make coordinating these services difficult as well. Participants often have to travel great distances to access specialty providers which are limited in Cottonwood County.

Lead agency staff conduct educational activities in Cottonwood County to inform participants about the waiver programs and the services available. They receive requests from community members to do presentations and hand out brochures. Recently, staff made a presentation to the local advisory council for children and adult mental health. Staff have also gone to local schools to educate their staff of the waiver process and how the system works.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Cottonwood County participated in a review of the lead agency's practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

Each case manager is responsible for managing the pass through billing process for non-enrolled providers. The case aide maintains the paperwork and notifies case managers when they need to obtain documentation from vendors. Of the Tier 2 and 3 services, lead agency staff shared that

they primarily use chore services. Staff shared that because they are a rural community, they do not have many affordable options for these services. Therefore, in order to meet local needs and make these services available, the lead agency must use the lead agency non-enrolled vendor arrangement and act as a pass through billing agent.

One Tier 2 service claim and one Tier 3 service claim were reviewed and none were found to be in compliance with all documentation requirements. The lead agency uses their own the template for a Service Purchase Agreement (SPA). However they did not have a log documenting lead agency staff verification that the vendors were not on the CMS or MHCP Exclusion Lists.

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.

Table 2: DVHHS Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	0	4
Schools (IEIC or CTIC)	0	2	0
Hospitals (in and out of county)	0	4	1
Customized Living Providers	0	1	3
Foster Care Providers	0	3	1
Home Care Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	1	3

Most of the case managers indicated that they have good communication with nursing facilities and said that they are invited to care conferences and are notified about discharge planning. They also shared that these providers have stable staff and that this has helped establish positive relationships between the nursing facility and the case managers.

Case managers who consistently work with schools in the area said that they have had average relationships with school staff. They explained that tight budgets have made it somewhat difficult to secure extra school services in certain cases, and they are not always invited to Individualized Education Program (IEP) meetings. However, they added that transition planning is fairly strong among the schools.

Case managers said their relationship with hospitals depends on whether the hospital is in or out of the county. Most case managers said their relationship with in-county hospitals is good. They shared that the in-county hospitals know the people in the county and invite the case managers to meetings. However, the case managers said they do not always know when participants are admitted to an out-of-county hospital. They also said sometimes hospital staff do not know that the participant has a case manager and the participant does not think to tell them.

Case managers rated their relationships with customized living providers as average to above average and reported having good communication with staff. They also said that management for customized living providers has been stable which has helped create continuity. Case managers added, however, that many providers limit the number of waiver participants they will take due to low reimbursement rates and there are limited choices for people with high behavioral needs.

Case managers shared that their relationships with foster care providers vary depending on the provider. They shared that while some providers are good at communicating, others do not communicate with them regularly. In addition, case managers noted that finding agencies that fit participants' needs can be challenging.

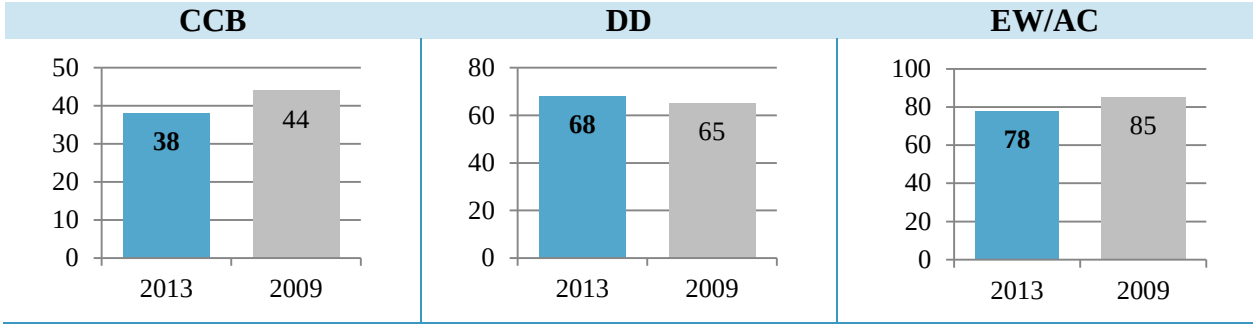
Case managers said that they have excellent communication with home health agencies but cited that their biggest challenges are the limited amount of available choices and the high amount of staff turnover.

Case managers rated their relationship with vocational providers as average to above average. They said that providers are participant focused and are good at finding community work for participants. However, they said that there are a limited number of supportive employment opportunities in the area and shared that transportation is often an issue that limits access to services for participants.

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 Cottonwood County (2009 & 2013)



	2009	2013
CCB	44	38
DD	65	68
EW/AC	85	78

Since 2009, the total number of people served in the CCB Waiver program in Cottonwood County has decreased by 6 participants (13.6 percent); from 44 in 2009 to 38 in 2013. The largest growth occurred in the case mix B, which grew by 5 people. With this increase Cottonwood County may be serving a higher proportion of people with mental health needs.

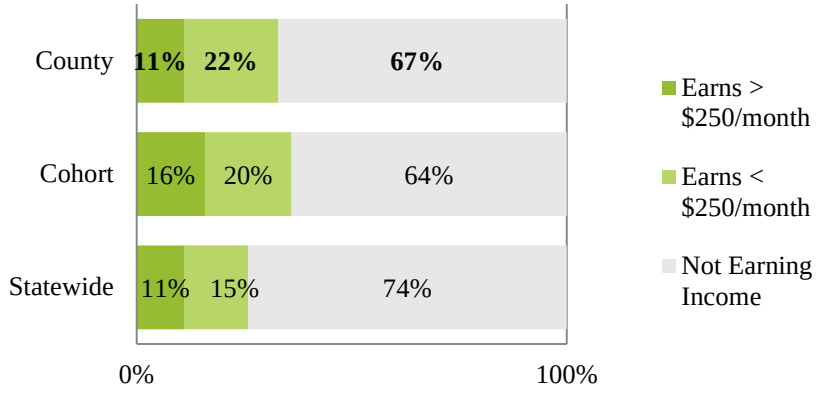
Since 2009, the number of people served with the DD waiver in Cottonwood County increased by 3 participants, from 65 in 2009 to 68 in 2013. While Cottonwood County experienced a 4.6 percent increase in the number of people served from 2009 to 2013, its cohort had a 6.8 percent increase in number of people served. In Cottonwood County, the profile group 2 increased by 9 people. 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, Cottonwood County still serves a smaller proportion of people in these groups (29.4 percent), than its cohort (34.5 percent).

Since 2009, the number of people served in the EW/AC program in Cottonwood County has decreased by 7 people (8.2 percent), from 85 people in 2009 to 78 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix D, which increased by 4 people.

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 (2013)

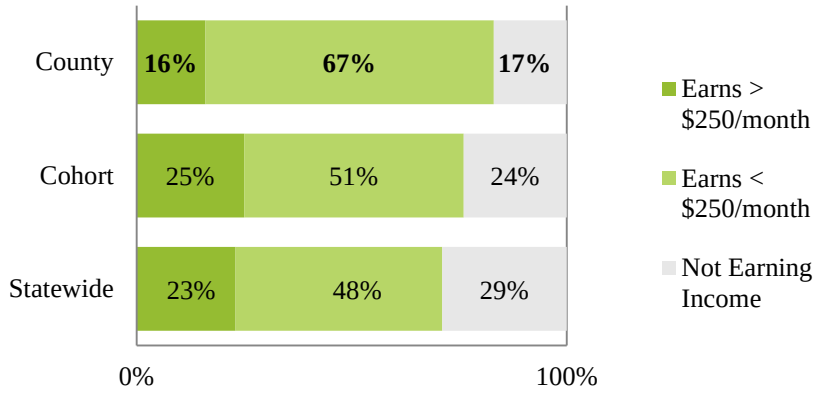


	Earns > $250/month	Earns < $250/month	Not Earning Income
Cottonwood County	11%	22%	67%
Cohort	16%	20%	64%
Statewide	11%	15%	74%

In 2013, Cottonwood County served 37 working age (22-64 years old) CCB participants. Of working age participants, 32.4 percent had earned income, compared to 36.1 percent of the cohort's working age participants. **Cottonwood County ranked 59th of 87 counties** in the percent of CCB waiver participants earning more than $250 per month. In Cottonwood County

10.8 percent of the participants earned $250 or more per month, compared to 15.9 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of $250 or more per month.

DD Participants Age 22-64 Earned Income from Employment (2013)



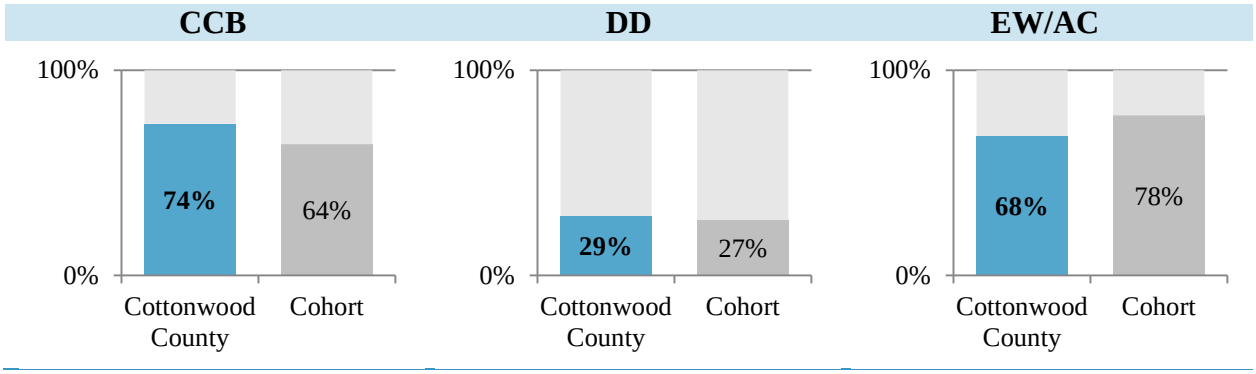
	Earns > $250/month	Earns < $250/month	Not Earning Income
Cottonwood County	16%	67%	17%
Cohort	25%	51%	24%
Statewide	23%	48%	29%

In 2013, Cottonwood County served 49 DD waiver participants of working age (22-64 years old). **The county ranked 71st in the state** for working-age participants earning more than $250 per month. In Cottonwood County, 16.3 percent of working age participants earned $250 or more per month, while 25.1 percent of working age participants in the cohort as a whole did. Also, 83.7 percent of working age DD waiver participants in Cottonwood County had some earned income, while 75.6 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 (2013)



	Cottonwood County	Cohort
CCB	74%	64%
DD	29%	27%
EW/AC	68%	78%

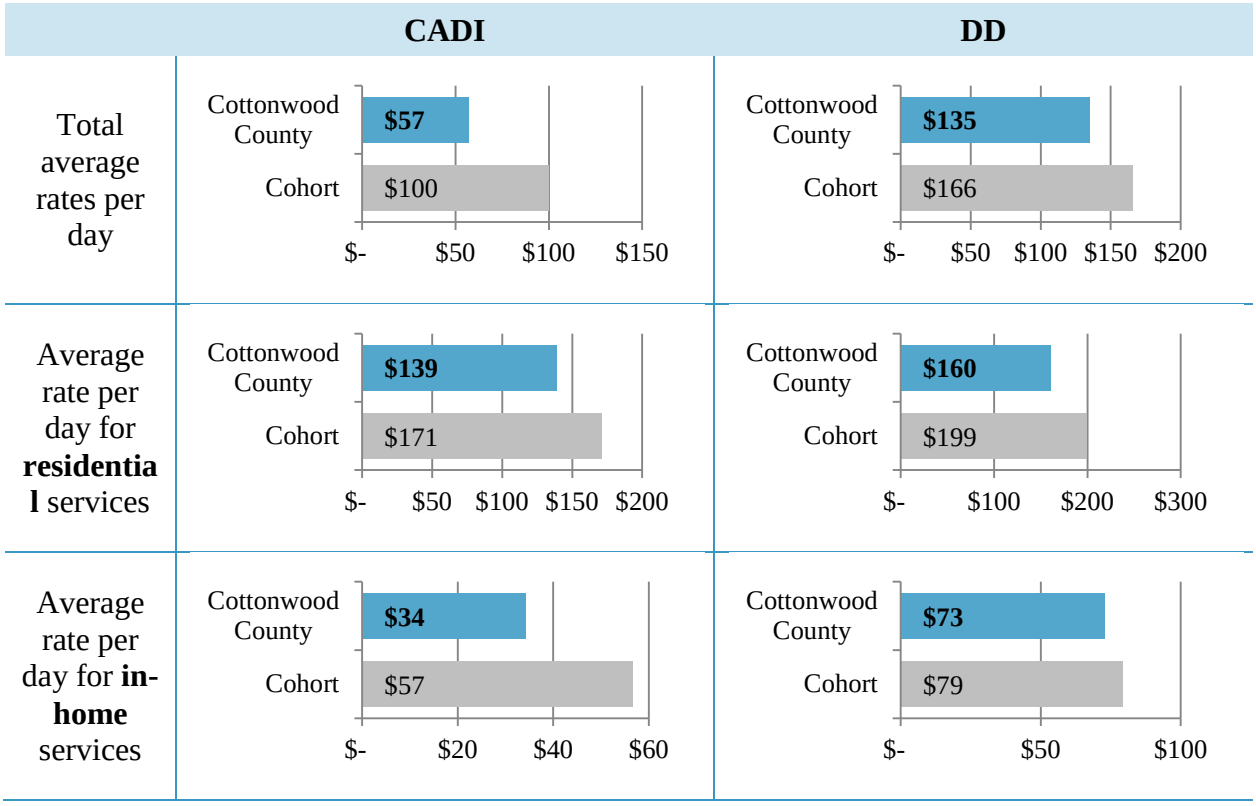
Cottonwood County ranks 13th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 28 participants at home. Between 2009 and 2013, the percentage decreased by 10.4 percentage points. In comparison, the cohort percentage fell by 1.5 percentage points and the statewide average fell by 3.7 points. In 2013, 73.7 percent of CCB participants in Cottonwood County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Cottonwood County ranks 42nd out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 20 participants at home. Between 2009 and 2013, the percentage decreased by 6.0 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling by only 1.0 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Cottonwood County ranks 54th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 53 participants at home. Between 2009 and 2013, the percentage decreased by 7.4 percentage points. In comparison, the percentage of participants served at home fell by 4.6 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their

homes statewide. Cottonwood County serves a lower proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2013)



Average Rates per day for CADI services (2013)

	Cottonwood County	Cohort
Total average rates per day	$56.87	$99.93
Average rate per day for **residential** services	$139.17	$170.71
Average rate per day for **in-home** services	$34.17	$56.66

Average Rates per day for DD services (2013)

	Cottonwood County	Cohort
Total average rates per day	$134.81	$165.66
Average rate per day for **residential** services	$160.38	$199.16
Average rate per day for **in-home** services	$73.02	$79.21

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 Cottonwood County is $43.06 (43.1 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Cottonwood County spends $31.54 (18.5 percent) less on residential services and $22.49 (39.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Cottonwood County ranks 2nd of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is $105.80**.**

The average cost per day for DD waiver participants in Cottonwood County is $30.85 (18.6 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Cottonwood County spends $38.78 (19.5 percent) less on residential services, and $6.19 (7.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Cottonwood County ranks 1st 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.

Cottonwood County has a lower use in the CADI program than its cohort of some residential based services (Foster Care (10% vs. 27%) and a higher use of others like Customized Living (8% vs. 6%). The lead agency has a lower use of Prevocational Services (8% vs. 10%) and Supported Employment Services (10% vs. 15%). They have a higher use of some in-home services, such as Home Health Aide (10% vs. 9%), Home Delivered Meals (56% vs. 25%), and Homemaker (45% vs. 30%). Forty-seven percent (47%) of Cottonwood County's total payments for CADI services are for residential services (39% foster care and 8% customized living) which is lower than its cohort group (53%).

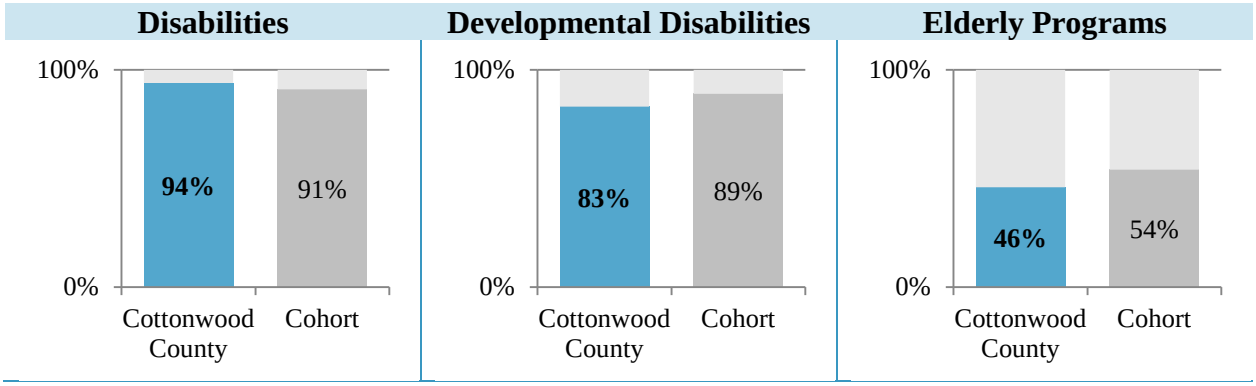
Cottonwood County's use of Supportive Living Services (SLS) is equal to its cohort (71% vs. 71%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a similar use of vocational services (Day Training &

Habilitation (62% vs. 62%) and Supported Employment Services (4% vs. 5%)). It has a lower use of Respite Care (14% vs. 19%) and a higher use of In-Home Family Support (30% vs. 16%) 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 (2013)



	Cottonwood County	Cohort
Disabilities	94%	91%
Developmental Disabilities	83%	89%
Elderly Programs	46%	54%

In 2013, Cottonwood County served 191 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 14 in institutional care. Cottonwood County ranked 45th of 87 counties with 93.5 percent of their LTC participants received HCBS. This is higher than their cohort, where 91.3 percent were HCBS participants. Since 2009, Cottonwood County has decreased its use of HCBS by 4.0 percentage points, while the cohort decreased its use by 0.9 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Cottonwood County served 75 LTC participants (persons with development disabilities) in HCBS settings and 15 in institutional settings. Cottonwood County ranked 79th of 87 counties with 82.6 percent of its DD participants receiving HCBS; a lower rate than its cohort (89.4 percent). Since 2009, the county has increased its use by 0.6 percentage points while its cohort rate has increased by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Cottonwood County served 88 LTC participants (over the age of 65) in HCBS settings and 98 in institutional care. Cottonwood County ranked 75th of 87 counties with 46.3 percent of LTC participants receiving HCBS. This is lower than their cohort, where 53.9 percent were HCBS participants. Since 2009, Cottonwood County has increased its use of HCBS by 4.2 percentage points, while their cohort has increased by 3.2 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

	Cottonwood County	Cohort	Statewide
Age 0-64	**0.22**	0.69	0.52
Age 65+	**28.90**	30.81	21.03
TOTAL	**6.81**	6.11	3.00

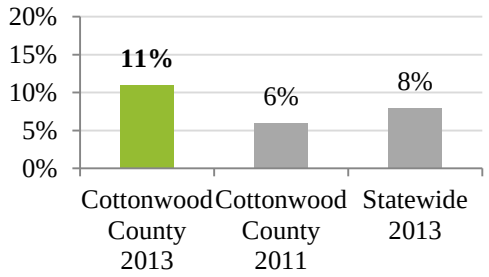
In 2013, **Cottonwood County was ranked 75th out of 87 counties** in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults under 65 years old is lower than its cohort and the statewide rate. Cottonwood County has a lower nursing facility utilization rate for people 65 years and older than it's cohort, and higher than the statewide rate. Since 2011, the number of nursing home residents 65 and older has decreased by 4.0 percent in Cottonwood County. Overall, the number of residents in nursing facilities has increased by 1.3 percent since 2011.

Managing Resources

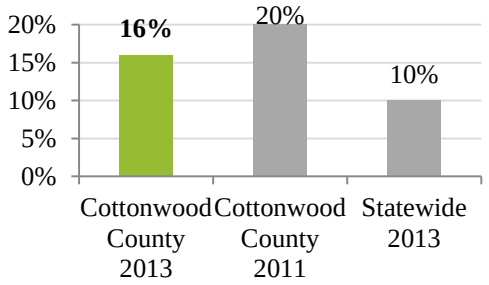
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year

DD



CAC, CADI & BI



	DD	CAC, CADI, BI
Cottonwood County (2013)	11%	16%
Cottonwood County (2011)	6%	20%
Statewide (2013)	8%	10%

At the end of calendar year 2013, 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 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Cottonwood County had an 11% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Cottonwood County's DD waiver balance is larger than its balance in CY 2011 (6%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Cottonwood County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013.

This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Cottonwood County had a 16% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2011 (20%).

The lead agency has a waitlist for DD but not for the CCB programs. Staff from Cottonwood and Jackson have joint monthly meetings for DD and CCB to review the waitlist and discuss the status of the budgets. Supervisors from each county manage the budgets together and run simulations using the Waiver Management System (WMS). The lead agency has a formal policy for prioritizing participants on the waitlist based on their screening results, readiness to go on a waiver program, and their risk level. Case managers are allowed to authorize small allocation increases, but must go through their supervisor for large increase requests.

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.

Table 3: Cottonwood County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	0	4	2
MMIS Help Desk	0	0	0	0	1
Community Based Services Manual	0	0	1	3	2
DHS website	0	0	1	2	2
E-Docs	0	0	0	1	4
Disability Linkage Line	0	0	0	1	2
Senior Linkage Line	0	0	0	0	4
Bulletins	0	0	1	1	4
Videoconference trainings	0	0	4	2	0
Webinars	0	0	4	1	0
Regional Resource Specialist	0	0	0	0	2

Resource	1= Not Useful	2	3	4	5= Very Useful
Listserv announcements	0	0	3	3	0
MinnesotaHelp.Info	0	0	2	0	1
Ombudsmen	0	1	4	0	0

Case managers reported that E-Docs and Bulletins were the most useful DHS resources. Case managers said that E-Docs is particularly useful as long as you know the specific form number. They also shared that they are independently responsible for finding and keeping track of updates to forms on E-Docs. Although case managers found Bulletins helpful, they shared that they can get overwhelmed by the amount of information in them and they do not always have the time to review them.

The usefulness of the Community Based Service Manual (CBSM) varied among case managers, but most agreed that the resource has improved over the past year. Some case managers added that it is still hard to find specific information quickly, and it can be too vague and difficult to interpret. The usefulness of the DHS website also varied among case managers. A few case managers stated that the DHS website has helpful information, while other case managers and lead agency staff said that it can be cumbersome to search for and find information. Case managers rated the MMIS Help Desk as useful and said that case aides use the MMIS Help Desk when they are entering screening documents and receive timely responses to their questions.

Case managers expressed that they had a strong working relationship with the Regional Resource Specialist (RRS) who recently left the position. They explained that the new RRS is not as helpful and can be slow in responding to questions. Case managers also said that Policy Quest is a useful resource and they used it a lot when their RRS position was vacant. They received timely responses to their Policy Quest questions but said that the search function can be cumbersome. Case managers shared that they refer participants both to the Senior Linkage Line and the Disability Linkage Line and have received good feedback from participants. They said that Senior Linkage Line is particularly helpful for informing participants about Medicare Part D.

Case managers generally rated the usefulness of webinars and videoconferences as average. Lead agency staff noted that they are not a site for videoconference trainings and often have to travel to neighboring counties. Case managers shared that some presenters are very good while others

just read off the slides instead of providing more context to the information. They added that they appreciate being able to ask questions at the end of the presentation. Case managers shared that they like webinars because they do not have to travel and also added that they like being able to view the same webinar multiple times.

A few case manager shared that MinnesotaHelp.Info has been a helpful resource for finding placement and treatment options across the state for adult mental health participants. However, most case managers added that it is not easy to navigate or search. Case managers rated the Ombudsmen as not very useful and shared that they have had negative interactions with them in the past.

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.

Strengths

The following findings focus on DVHHS' 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.

- **Cottonwood County addresses issues to comply with Federal and State requirements.** During the previous review in 2012, Cottonwood County received a corrective action for the following items being out of compliance: timeliness of referral to LTCC assessment and face-to-face visits. In 2015, none of these issues remain for DVHHS/Cottonwood County indicating technical improvements over time.
- **The case files reviewed in Cottonwood County consistently met several HCBS program requirements. Participant case files are well-organized and complete.** Nearly all of the required documentation and forms were included in the file, including 100% of BI forms, OBRA Level One forms, ICF/DD Level of care, notice of privacy practices (HIPPA), consent to release private information, and right to appeal information. The need for 24 hour supervision was documented for EW cases, and employment was assessed for CCB & DD

cases. LTCC assessments are current and care plans are current, choice questions are answered, signed and dated by participants and case managers. DD screening documents are also current, signed and dated by all required parties. Emergency contacts and back-up plans were included in file.

- **Case managers demonstrate person-centered thinking in their assessments and care plans.** Case managers document detailed information about participants in the LTCC assessment. 100% of the lead agency's assessments were complete and contained detailed information about the participant. A detailed assessment helps the case manager develop a strong and comprehensive care plan that is thoughtfully written and meaningful to each individual participant and his/her unique situation. All of care plans reviewed addressed participants' behavioral/medical issues and 95% of care plans reviewed in the lead agency included participants' preferences and names. However, while 100% of the lead agencies EW care plans and 90% of DD care plans reviewed had individualized and meaningful goals, only 60% of CCB and 67% AC care plans reviewed contained individualized and meaningful goals. The goals in the care plan should be customized to the participant and include their preferences and elements unique to their lives.

- **Case managers provide high quality case management services to meet participant needs.** The lead agency's case managers have good continuity over time, are experienced and support each other in their work. Case managers are also knowledgeable about resources and the informal supports that are available. Their knowledge of local providers helps case managers connect participants with providers that are a good fit for their unique needs and preferences. In addition, case managers are in frequent contact with their participants; they see participants an average of four times every 18 months across all programs, which is above the required amounts.

- **DVHHS case managers work well with the lead agency's other units.** Case managers' collaboration with different teams and units across DVHHS is strong. Case managers' reported during the focus group that they are well connected and have good working relationships with public health, financial workers, adult protection, and mental health staff. More recently, to maintain medical expertise, the lead agency added a public health nurse to their team to conduct MnCHOICES assessments, PCA assessments, and to serve on the adult

protection team. Some case managers also specialize in mental health to support children and adults with high behavioral needs. The interdisciplinary approach to waiver case management ensures that perspectives and expertise from multiple fields are considered when care planning which benefits waiver participants.

- **Cottonwood County has the capacity to serve participants in their own homes.** Cottonwood County has higher rates of participants served at home than its cohort in the CCB and DD programs. 74% of CCB participants were served at home (13th out of 87 counties) indicating less reliance on residential services. However, only 68% of Cottonwood County's EW/AC participants (ranking 54th out of 87 counties) and 29% of DD participants (42nd of 87 counties) are served at home**.** The lead agency should build on the success of their CCB program and continue to work to influence what services are available to its elderly waiver participants. This could include developing a package of services offered by several providers working together to provide home modifications, chores, nursing, and in-home support services.

Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 89% of case files reviewed included the provider name in the care plan, only 22% of cases reviewed included the annual amount allowed.

- **Cottonwood County has reserves in the CCB and DD budgets.** Cottonwood County had a CCB waiver budget balance of 7% at the end of FY 2014 and a 12% budget reserve in their DD budget for CY 2014. Because Cottonwood and Jackson Counties are already a joint human service agency and share the financial risks of serving participants, it is recommended that the lead agency develop a more formal process between the two counties to manage their slots and allocations. The lead agency should consider conducting waiver allocation meetings and inviting a staff person with accounting expertise participate to those meetings.

- **Consider broadening the use of technology and practices to support case managers.** With the new merger between Cottonwood and Jackson Counties and continually changing programs, administering the waiver programs will require more coordination between the two agencies. To promote better coordination**,** the lead agency may want to consider strategies such as creating an electronic case file system; have an office support staff create and maintain fillable electronic forms using Microsoft Adobe and use existing shared drives to store forms to ensure they are current. Thinking about ways to create more efficient practices with Cottonwood and Jackson Counties is important as the lead agency continues to combine business practices.

- **Continue to expand community-based employment opportunities for individuals in the CCB and DD waiver participants.** It is clear that it is an agency wide practice to assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Of the 20 cases reviewed where participants were of working age, 100% had employment assessed. However, Cottonwood County has a lower percentage of working age participants earning more than $250 a month than its cohorts for the CCB program (11 % vs 16%) and ranks 59th of 87 counties in this area. Additionally, Cottonwood County also has a lower percentage of working age participants earning more than $250 a month than its cohorts for the DD program (16% vs 25%) and ranks 71st of 87 counties in this area. The lead agency should continue to build off of improvements that have been made around community-based employment with existing providers, local businesses, and hospitals. The lead agency should consider creating a Request for Information (RFI) for the community-based employment services to set expectations for providers and ensure they can be accessed by all participants regardless of the waiver program.

- **Maintain focus and expand planning efforts for critical service needs that promote sustainability and quality of life for waiver participants.** A local ICF/DD provider in Cottonwood County is closing and the lead agency will need to develop new services to support participants. It is recommended that the lead agency work with that provider to repurpose the vacant ICF/DD beds into foster care beds to meet future needs, such as serving those with high behavioral needs.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas that are found to be inconsistent in meeting state and federal requirements. DVHHS was found to have no corrective actions, as there were no patterns of noncompliance discovered. However, DVHHS is required to submit a Non-Enrolled Vendors Compliance Worksheet as described below.

- **Submit the Non-Enrolled Vendors Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require DVHHS to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet, which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 2 cases. The compliance work sheet was received on June 15th, 2015. All items have been corrected and full compliance has been documented.

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	12	N / A	0	12	N / A	N / A
Screenings done on time for new participants (PR)	95%	100%	89%	100%	ALL	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	83%	94%	ALL	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC / EW n=13**	**CCB n=14**	**DD n=10**	**Strength**	**Challenge**
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	100%	ALL	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=13	CCB n=14	DD n=10	Strength	Challenge
Participant needs identified in care plan (PR)	97%	92%	100%	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)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
Case managers provide oversight to providers on a systematic basis (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA *(Provider survey, n=8)*	100%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA *(Provider survey, n=8)*	75%	N / A	N / A	N / A	N / A	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=1)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=1)	0%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=13**	**CCB n=14**	**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)	97%	92%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	100%	100%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=13**	**CCB n=14**	**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=14	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	97%	92%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	46%	54%	50%	30%	N / A	N / A
SYSTEM PERFORMANCE	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans summited by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	46%	94%	83%	CCB	AC / EW, DD
Percent of LTC funds spent on HCBS	N / A	24%	87%	79%	CCB	AC / EW, DD
Percent of waiver participants with higher needs	N / A	67%	77%	78%	AC /EW	CCB, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	86%	CCB	DD
Percent of waiver participants served at home	N / A	68%	74%	29%	CCB, DD	AC / EW
Percent of working age adults employed and earning $250+ per month	N / A	N / A	11%	16%	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.