

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Aitkin County**

Waiver Review Site Visit: September 2013

Report Issued: October 2013

Contents

Contents 2

Acknowledgements 3

About the Waiver Review Initiative 4

About Aitkin County 5

 Working Across the Lead Agency 6

 Health and Safety 7

 Service Development and Gaps 8

 Community and Provider Relationships/Monitoring 10

Capacity 12

Value 13

Sustainability 15

Usage of Long-Term Care Services 18

Managing Resources 20

Lead Agency Feedback on DHS Resources 23

 Aitkin County Strengths 25

 Recommendations 27

 Corrective Action Requirements 28

Waiver Review Performance Indicator Dashboard 30

Attachment A: Glossary of Key Terms 34

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 Aitkin 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 Aitkin County
Case File Review	38 cases
Provider survey	17 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 10 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver

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

About Aitkin County

In September 2013, the Minnesota Department of Human Services conducted a review of Aitkin County's Home and Community Based Services (HCBS) programs. Aitkin County is a rural county located in northeastern Minnesota. Its county seat is located in Aitkin, Minnesota and the County has another five cities and 40 townships. In State Fiscal Year 2012, Aitkin County's population was approximately 15,919 and it served 266 people through the HCBS programs. According to the 2010 Census Data, Aitkin County had an elderly population of 25.6%, placing it 1st (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Aitkin County's elderly population, 9.0% are poor, placing it 48th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty. In March of 1998, Aitkin merged the Public Health and Family Services departments into a Health and Human Services structure.

Aitkin County Health and Human Services Department is the lead agency for the HCBS programs and provides case management for these programs. The EW, AC, CAC, CADI, and BI programs are housed on the second floor and the DD program is housed on the first floor. The Public Health Supervisor primarily supervises the public health nurses while the Adult Social Services Supervisor primarily supervises the social workers who manage waiver cases. Both supervisors contribute towards the overall direction and guidance in the management of the waiver cases. The Public Health Supervisor held her position for fourteen years. The agency is currently in the process of hiring a new Social Services Supervisor, therefore the Health and Human Services Director is overseeing the social workers until the position is filled. Aitkin County serves as a contracted care coordinator for one managed care organization (MCO), Blue Plus.

There are four case managers working with AC, EW, CAC, CADI and BI cases; two are public health nurses and two are social workers. Two social workers manage DD cases and two other social workers manage CADI cases that also receive Rule 79 case management. One of the waiver case managers also has adult protection duties. In addition, there are two case aides whose responsibilities include scheduling, assisting with intake, entering service agreements into MMIS, and collaborating with financial workers on HCBS waiver management.

The intake worker is supervised by the Child Protection Supervisor, and all case managers act as backup for the intake worker as needed. The intake worker informs the case aide of calls related to HCBS waivers. The case aide then emails the financial workers who communicate back to her about the paperwork required for enrolling the participant in the waiver program. Cases are assigned based on the workload, strengths and skills of the case manager, as well as the complexity of the case. The case aide reviews these factors and then suggests a case manager to assign to the case, but the supervisors make the final decision about who will receive the case assignment.

Case managers working with waiver cases have approximately 50 cases. The two mental health workers with CADI cases have between 3 and 5 waiver cases. One EW and AC case manager is relatively new to the position and has 12 cases and one AC and EW case manager works half-time and has 26 cases.

Working Across the Lead Agency

Case managers, case aides, accounting staff and supervisors attend a weekly HCBS waiver unit meeting which allows for consistent communication with each other about participants needs. Staff communicates via email, in face-to-face discussions and at meetings. Staff have said that the integration of accounting staff in all meetings has been extremely valuable. Case managers collaborate on initial LTCC assessments, as all initial LTCC assessments are completed by a public health nurse and a social worker.

Agency staff shared that there is a high level of communication between financial workers and case managers. They are located in the same building and meet together monthly to discuss eligibility issues. Case managers said that financial workers are always willing to answer their

questions. Case managers always know which of the three financial workers are assigned to a case because cases are assigned alphabetically. Agency staff said that the financial workers are careful to inform case aides when participants have not yet turned in necessary paperwork, which expedites the process of enrolling participants in the waiver programs. In addition to communicating at monthly meetings, case managers and financial workers communicate using Form 5181, through email and by phone.

One of the waiver case managers has adult protection duties. This case manager explained that if one of her cases opened as an adult protection case she would transfer waiver case management responsibilities to a different case manager. Adult protection intake and follow-up visits are discussed at weekly HCBS waiver unit staff meetings; therefore, case managers are aware of all adult protection cases. Adult Services and Children's Services meet monthly to discuss protection cases and to determine whether there are overlapping cases. Minutes from these meetings are published which helps case managers stay attuned to new and ongoing protection issues. The Children's Services unit meets regularly to discuss child protection cases. DD waiver case managers are often included in these meetings as there are a number of children on DD waivers.

The Administration team of Health and Human Services attends Aitkin County Board meetings and makes decisions about the items to be included on the meeting agendas. The team gives presentations on HCBS waiver programs to the board. They work to simplify the information provided so the board can understand the bigger picture of the waiver programs without getting into the details.

Health and Safety

In the Quality Assurance survey, Aitkin County reported that the 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 indicated they have good, open

communication with case managers. They also said that Aitkin County case managers respond quickly to inquiries from providers or waiver participants.

Case managers shared that they take compliance with the Federal and State program requirements very seriously. Agency staff maintain program expertise and ensure that they consistently respond to policy and procedural changes by attending weekly HCBS waiver unit meetings and a monthly process meeting during which they discuss bulletins. Case managers shared that the case aides support them in maintaining program expertise and help them operate as a synchronized unit. They explained that the case aides notice subtle differences in documentation in case files and suggest that case managers with differing practices meet to identify inconsistent practices. Case managers also attend trainings at nearby counties, and find it valuable to learn how other lead agencies are managing waivers.

Service Development and Gaps

Agency staff shared that they have strong relationships with providers, especially with hospitals and nursing facilities. However, agency staff said that the lack of providers in the region poses as a challenge to coordinating HCBS services in Aitkin County. They explained that the small pool of providers limits provider choice and leads to gaps in service provision. Case managers shared that mental health services are particularly lacking, as there is no mental health clinic or chemical dependency programs. They mentioned that because there is no Community Support Program worker in Aitkin County, case managers have to fulfill outreach services responsibilities for participants with mental health needs.

Agency staff explained that while there are services for younger and older HCBC waiver participants, services are particularly limited for young and middle-aged adults, such as affordable housing and employment options. The provider survey corroborated this service gap by indicating a lack of options for consumers residing in their own homes. In addition, providers indicated gaps in services to support informal caregivers and transportation services. Agency staff echoed the need for additional transportation services.

The agency is addressing some gaps in services by using assistive technology. For example, case managers have supplied participants with alert technology such as a talking alarm and technology to assist participants with hearing or visual impairments in finding work and driving a vehicle. Aitkin County Health and Human Services has responded to the lack of options for Personal Care Assistance (PCA) services by using the PCA Choice option. The agency has been innovative in its approach to providing supplies and equipment to participants by making purchases online and in doing so has reduced spending on this component of coordinating HCBS waiver services.

Aitkin County was collaborating with ARC and other organizations that support individuals with disabilities on an effort to develop housing with services in a downtown location. However some community members were opposed to this development. Agency staff believe that this barrier could be overcome in the future by educating the public on the importance of providing housing with services in a centralized location.

Community and Provider Relationships/Monitoring

During the Waiver Review, 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.

Aitkin County Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Facility	0	2	5
Schools (IEIC or CTIC)	0	3	0
Public Health Programs for Seniors	0	3	0
Hospitals (in and out of county)	0	2	4
Area Agency on Aging	2	1	0
Customized Living Providers	2	4	0
Foster Care Providers	0	6	0
Home Care Providers	0	6	0
Employment Providers (DT&H, Supported Employment)	1	2	0

Agency staff said that one of the strengths of their county is their close relationships with providers. Case managers stated that if they have any issues or concerns about providers, they can discuss them in meetings. The Public Health Supervisor said that provider performance is discussed at the weekly HCBS waiver unit staff meetings. She also indicated that the case managers are required to provide oversight of providers on a systematic basis and document provider performance as it relates to participants' services or care.

Most case managers rated their relationships with nursing facilities as being good. They stated that they are invited to care conferences, are involved in discharge planning, and get notified often about changes in participants' health statuses. Case managers who rated their relationships as average stated that they don't always receive these reports in a timely manner.

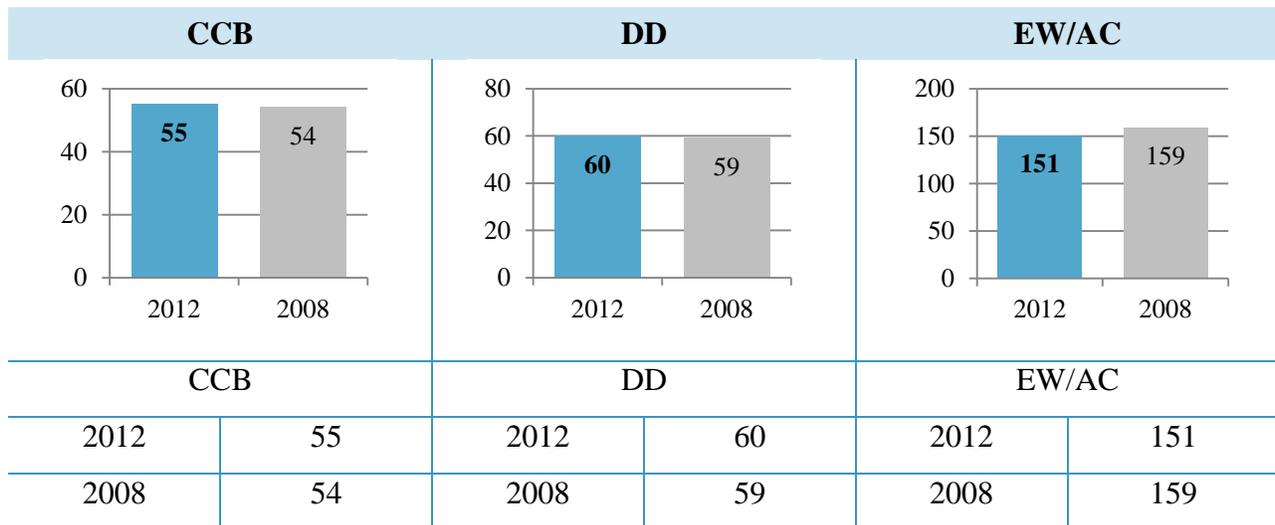
Case managers rated their relationships with schools as average, stating that they often give them short notice about IEP meetings or forget to invite them altogether. Some case managers mentioned that they feel this disconnect has caused transition planning to slip since they are not always involved in important decisions such as determining where the participant is going to work. They also wish that schools had more communication with families about vocational rehab options rather than automatically sending them to the DAC for employment. Case managers have done a campaign in the past geared towards educating parents that their kids could stay in school through age 21.

Although most case managers stated that they have good relationships with hospital staff, they did share that they are not always notified when participants are admitted and released. They also said there can be some confusion about each other's roles and exactly what each can do. Case managers stated that hospital staff expect a lot from them and sometimes want things they cannot provide. Case managers rated their relationships with vocational providers as either average or below average. They stated that most of these providers are very good with paperwork and are detail-oriented, but that they are not interest in branching out and finding more opportunities for supported employment in the community.

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 Aitkin County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Aitkin County has increased by 1 participant (1.9 percent); from 54 in 2008 to 55 in 2012. Significant growth occurred in the case mix B, which grew by 14 people. As a result Aitkin County may be serving a larger proportion of people with mental health needs. Decreases occurred in five case-mix categories; A, D, F, G and J.

Since 2008, the number of people served with the DD waiver in Aitkin County increased by 1 participant, from 59 in 2008 to 60 in 2012. While Aitkin County experienced a 1.7 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.0 percent increase in number of people served. In Aitkin County, the profile group 4 had the largest growth, increasing by 3 people, while 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 decreased by 3 people, Aitkin County still serves a larger proportion of people in these groups (40.0 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Aitkin County has decreased by 8 people (5.0 percent), from 159 people in 2008 to 151 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Aitkin County served 8 fewer lower needs participants in 2012 than in 2008. Case mix E grew significantly, increasing by 10 people. As a result Aitkin County may be serving a higher proportion of people with mental health needs.

Value

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

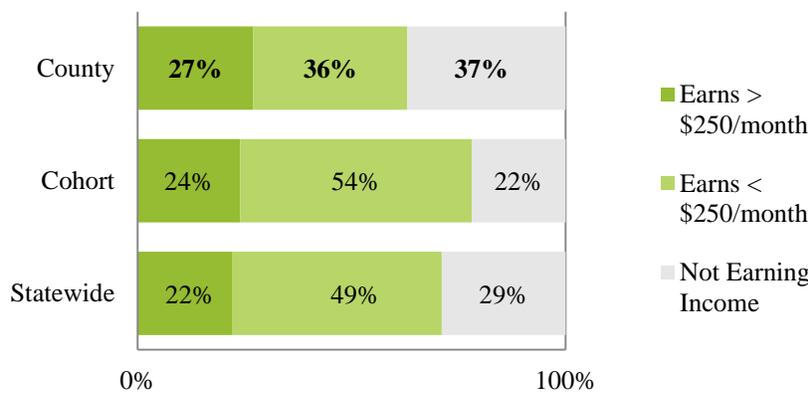
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Aitkin County	19%	5%	76%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, Aitkin County served 42 working age (22-64 years old) CCB participants. Of working age participants, 23.8 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **Aitkin County ranked 15th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Aitkin County 19.0 percent of the participants earned \$250 or more per month, compared to 14.4 percent of their cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



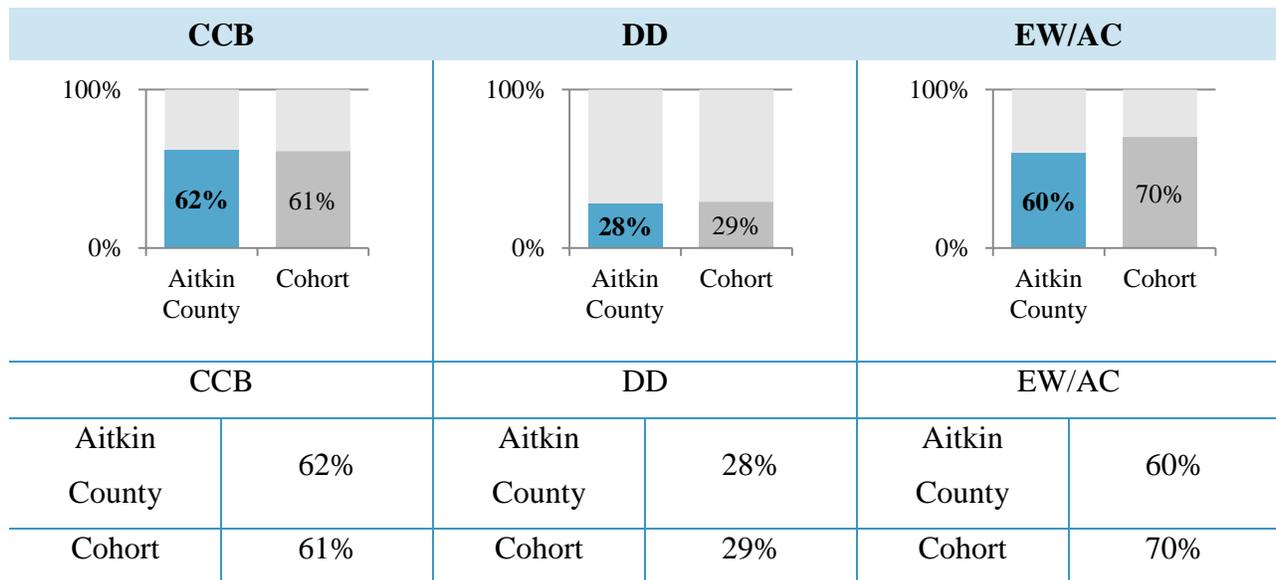
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Aitkin County	27%	36%	37%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

In 2012, Aitkin County served 44 DD waiver participants of working age (22-64 years old). **The county ranked 30th in the state for working-age participants earning more than \$250 per month.** In Aitkin County, 27.3 percent of working age participants earned over \$250 per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 63.6 percent of working age DD waiver participants in Aitkin County had some earned income, while 77.8 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver had some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2012)



Aitkin County ranks 45th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 34 participants at home. Between 2008 and 2012, the percentage decreased by 6.7 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points and the statewide average fell by 4.2 points. In 2012, 61.8 percent of CCB participants in Aitkin County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Aitkin County ranks 44th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 17 participants at home. Between 2008 and 2012, the percentage increased by 6.3 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 1.2 percentage points, from 34.2 percent to 35.4 percent.

Aitkin County ranks 68th out of 87 counties in the percentage of EW/AC program

participants served at home. In 2012, the county served 91 participants at home. Between 2008 and 2012, the percentage decreased by 11.4 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Aitkin County</td><td>\$92</td></tr> <tr><td>Cohort</td><td>\$97</td></tr> </table>	Category	Rate	Aitkin County	\$92	Cohort	\$97	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Aitkin County</td><td>\$145</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Category	Rate	Aitkin County	\$145	Cohort	\$171
Category	Rate													
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Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Aitkin County</td><td>\$167</td></tr> <tr><td>Cohort</td><td>\$161</td></tr> </table>	Category	Rate	Aitkin County	\$167	Cohort	\$161	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Aitkin County</td><td>\$176</td></tr> <tr><td>Cohort</td><td>\$207</td></tr> </table>	Category	Rate	Aitkin County	\$176	Cohort	\$207
Category	Rate													
Aitkin County	\$167													
Cohort	\$161													
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Cohort	\$207													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Aitkin County</td><td>\$57</td></tr> <tr><td>Cohort</td><td>\$55</td></tr> </table>	Category	Rate	Aitkin County	\$57	Cohort	\$55	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Aitkin County</td><td>\$67</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	Aitkin County	\$67	Cohort	\$81
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Aitkin County	\$57													
Cohort	\$55													
Category	Rate													
Aitkin County	\$67													
Cohort	\$81													

Average Rates per day for CADI services (2012)

	Aitkin County	Cohort
Total average rates per day	\$91.76	\$96.60
Average rate per day for residential services	\$167.29	\$160.81
Average rate per day for in-home services	\$57.02	\$55.43

Average Rates per day for DD services (2012)

	Aitkin County	Cohort
Total average rates per day	\$145.41	\$170.56
Average rate per day for residential services	\$176.33	\$206.94
Average rate per day for in-home services	\$67.22	\$80.98

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 Aitkin County is \$4.84 (5.0 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Aitkin County spends \$6.48 (4.0 percent) more on residential services, and \$1.59 (2.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Aitkin County ranks 31st of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Aitkin County is \$25.15 (14.7 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Aitkin County spends \$30.61 (14.8 percent) less on residential services and \$13.76 (17.0 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Aitkin County ranks 9th 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.

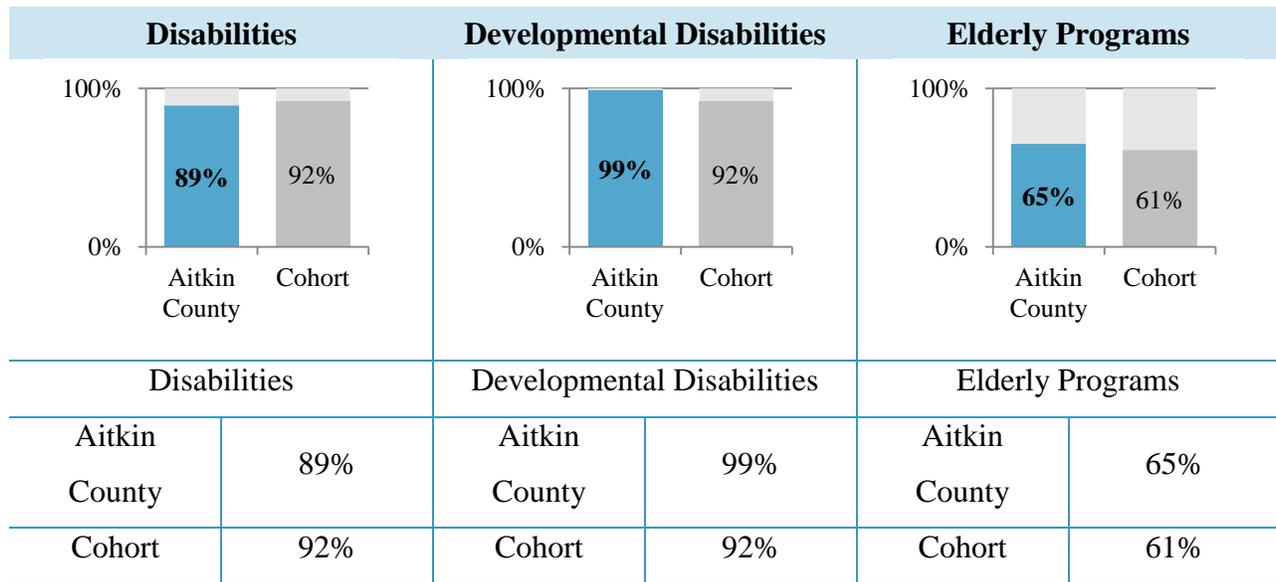
Aitkin County has a lower use in the CADI program than its cohort of some residential based services (Foster Care (16% vs. 28%), and a higher use for others (Customized Living (16% vs. 8%). The agency has a lower use of vocational services like Supported Employment Services (3% vs. 11%), but a higher use of others like Prevocational Services (14% vs. 11%). They have a lower use of some in-home services including Homemaker (11% vs. 28%), Home Delivered Meals (12% vs. 21%), and Home Health Aide (3% vs. 7%), but have a higher use of Independent Living Skills (14% vs. 13%). Fifty percent (50%) of Aitkin County's total payments for CADI services are for residential services (40% foster care and 10% customized living) which is lower than its cohort group (56%). Aitkin County's corporate foster care rates are higher than its cohort when billed daily but lower when billed monthly (\$231.48 vs. \$192.17 per day and \$4,273.77 vs. \$5,118.81).

Aitkin County's use of Supportive Living Services (SLS) is 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. Aitkin County's Supportive Living Services rates are lower than its cohort when billed daily (\$167.44 vs. \$186.50 per day). The agency has a higher use of Day Training & Habilitation (70% vs. 64%) and lower use of Supported Employment (1% vs. 5%). Its use of Respite Services is higher than its cohort (20% vs. 19%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Aitkin County served 92 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 16 in institutional care. Aitkin County ranked 73rd of 87 counties with 88.7 percent of their LTC participants receiving HCBS. This is lower than their cohort, where 92.0 percent were HCBS participants. Since 2008, Aitkin County has decreased its use of HCBS by 6.0 percentage points, while the cohort increased its use by 0.5 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Aitkin County served 67 LTC participants (persons with development disabilities) in HCBS settings and one in institutional settings. Aitkin County ranked 9th of 87 counties with 98.5 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.2 percent). Aitkin County has improved the rate of participants receiving HCBS services slightly. Since 2008, the county has increased its use by 0.1 percentage points while its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Aitkin County served 158 LTC participants (over the age of 65) in HCBS settings and 104 in institutional care. Aitkin County ranked 31st of 87 counties with 65.0 percent of LTC participants receiving HCBS. This is higher than their cohort, where 60.7 percent were

HCBS participants. Since 2008, Aitkin County has increased its use of HCBS by 11.7 percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

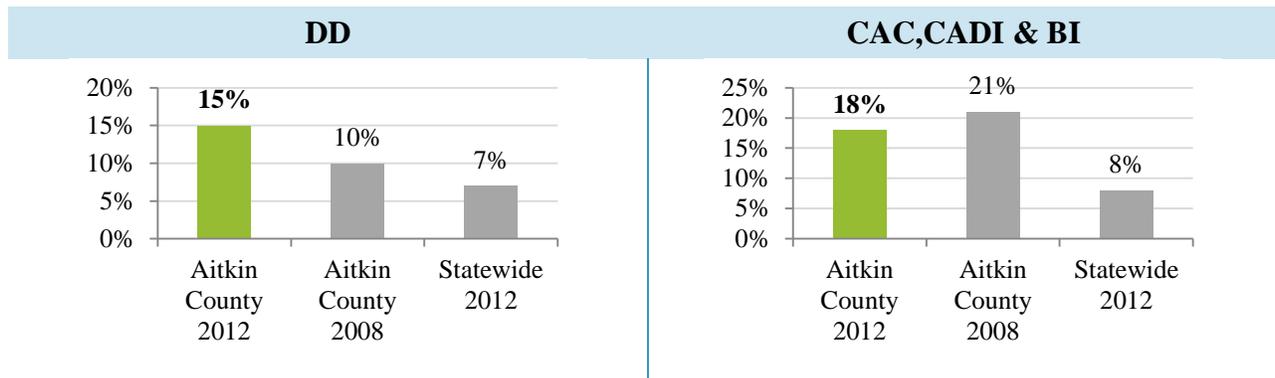
	Aitkin County	Cohort	Statewide
Age 0-64	0.67	0.57	0.54
Age 65+	17.68	24.57	21.99
TOTAL	5.08	4.48	3.19

In 2012, Aitkin County was ranked 52nd 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 is higher than its cohort and the statewide rate. However, Aitkin County has a lower nursing facility utilization rate for people 65 years and older. Since 2010, the number of nursing home residents 65 and older has decreased by 8.8 percent in Aitkin County. Overall, the number of residents in nursing facilities has decreased by 4.7 percent since 2010.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Aitkin County (2012)	15%	18%
Aitkin County (2008)	10%	21%
Statewide (2012)	7%	8%

At the end of calendar year 2012, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Aitkin County had a 15% balance at the end of calendar year 2012, which indicates the DD waiver budget, had a reserve. Aitkin 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 2012, the CCB waiver budget had a reserve. Aitkin County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Aitkin County had an 18% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2008 (21%).

Aitkin County currently has one person pending for the DD program. The agency does not have a wait list for either DD or CCB program at this time. The Public Health Supervisor manages the CCB allocations; case managers bring requests for increases in funding over \$100 to the team meeting for discussion. The accounting staff member who manages billing also participates in these meetings. DD allocations are managed by the Accounting Supervisor. DD case managers, a case aide and the Accounting Supervisor meet monthly to review funding requests.

Lead Agency Feedback on DHS Resources

During the Waiver Review, 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.

Aitkin County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

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

The Public Health Supervisor shared that she finds Policy Quest to be a useful tool. She prefers to receive responses to questions in writing so that she can be confident that she is relying on

correct information to inform decisions. She mentioned that when using Policy Quest she finds it helpful to phrase questions in way that elicits a “yes” or “no” response. Case managers reported that bulletins and videoconference trainings were the most useful DHS resources for their work. They stated that everyone receives the bulletins and that the information is reviewed at meetings. Staff shared that videoconference trainings are great for educating staff, but that they usually travel to another site because of technical difficulties with their own equipment. Case managers said that they like not having to travel for webinars and mentioned that it would be nice to have a catalog of past webinars and other trainings that they could go back and watch. Case managers shared that the DHS website and the Community Based Services Manual are both very helpful resources, but navigating them can be difficult and the search functions do not always yield the results they want. The Public Health Supervisor said that she has been using the DHS website to learn more about MnCHOICES, but rarely uses it otherwise. Case managers stated that it would be nice if E-docs could be integrated into SSIS and that they wish the forms were savable as they currently have to print them out.

The staff that rated the Regional Resource Specialist as being very helpful noted that they give straight answers to their questions. The case aides who have experience with Help Desk rated it highly and stated that they like being able to get answers right away. Case managers had varied experiences with Ombudsmen in the past. This was also true with those that have used the Disability Linkage Line, with some finding it to be a very useful, user friendly and responsive resource and others saying it does not have all of the information they need. Staff stated that they like that Policy Quest can give them straight answers to support decisions and that it is nice to look at past questions, but that it is somewhat limited.

Aitkin County Strengths

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

- **Aitkin County addresses issues to comply with Federal and State requirements.** During the previous review in 2008, Aitkin County received a corrective action for the screenings on time, back-up plans for CCB participants, documentation of needs in the care plan, and timeliness of assessment to care plan. In 2013, none of these issues remain for Aitkin County indicating technical improvements over time.
- **Case managers provide high quality case management services to meet participant needs.** Waiver cases are managed by a great combination of knowledgeable staff. They are able to draw on each other's expertise to advocate on behalf of participants and generate creative solutions to meet participants' needs. Participants have a single case manager which leads to continuity in care and allows case managers to build stronger relationships with participants. In addition, case managers are in frequent contact with their participants; they see participants an average of five times every 18 months across all programs and most participants were seen on a quarterly basis.
- **The case files reviewed in Aitkin County consistently met HCBS program requirements.** Participant case files are well-organized and complete. 100% of required documentation and forms were included in the file, including the ICF/DD Level of Care, BI Form, informed consent, notice of privacy practices (HIPAA), and signed and dated care plans.
- **Case managers develop person-centered and participant friendly care plans in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. Care plans reviewed included 100% of required content, such as participant outcomes and goals stated, health and safety issues outlined, and emergency contact. The agency also includes

information about needs, services, and health and safety in the care plan which exceeds program requirements. Moreover, care plans in Aitkin County were thoughtfully written and meaningful to each individual participant and his/her unique situation. 100% of care plans reviewed included participants' preferences and names, goals that were individualized and meaningful, and addressed participants' behavioral medical issues. Case managers also do a great job of documenting detailed information about participants in assessment notes and case notes.

- **Aitkin County case managers collaborate well with each other and the agency's other units.** The Public Health and Social Services departments and staff have good working relationships with one another. Teamwork and collaboration among social workers and public health nurses are strengths of the agency. Case managers also work closely with mental health workers as well as adult and child protection staff. The staff from other units contribute different perspectives to case management which is valuable in meeting participant's unique needs. In addition, case managers frequently communicate with financial workers about waiver participants which helps ensure that participants maintain financial eligibility to receive waiver services.
- **Agency staff are well-connected with providers and other organizations that serve participants.** Aitkin County case managers have worked to build strong relationships with area providers, especially hospitals and nursing facilities. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Providers responding to a survey agreed that a strength of the agency was the good, open communication between case managers, participants, and providers. Aitkin County should consider using their existing relationships with providers to develop service options for youth transitioning from school to work such as additional community-based employment opportunities and supports for participants living in their own homes.

Recommendations

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

- **Work with providers and regional counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Aitkin County has lower rates of participants served at home than its cohort in the DD and elderly programs. Only 28.3% of DD participants are served at home (44th out of 87 counties) and 60.3% of elderly participants are served at home (68th of 87 counties) indicating high use of residential services. In addition, Aitkin County serves fewer high need DD participants at home than its cohort (21.3% vs. 27.3%), and fewer high need elderly participants at home than its cohort (35.7% vs. 51.5%). The agency should consider formalizing the request for these opportunities across programs by creating a Request for Information (RFI) for the in-home services that they are looking to develop. Aitkin County could also work to influence service developments by partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. 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 agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.
- **Aitkin County has reserves in the CCB and DD budgets and is able to serve more participants and provide additional services to participants already enrolled in these programs.** Aitkin County's CCB waiver budget balance was 18% at the end of FY 2012 and their DD waiver budget balance was 15% at the end of CY 2012. Therefore, there is room in

the budget to add more participants or enhance services such as supportive employment or in-home services for current participants.

- **Aitkin County should build off of current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. They can also be used to document provider performance and participant satisfaction. The agency is currently using a checklist to assist in monitoring providers. Case managers should work together to determine the key questions they should ask participants during face-to-face visits in order to enhance provider monitoring.
- **Aitkin County may want to consider using contracted case management services to help serve participants that live out of the region and cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Aitkin County should treat contracted case managers as their own employees by having them adhere to county practices and by maintaining a case file with current documentation of all required paperwork.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Aitkin County was found to be inconsistent in meeting state and federal requirements and will require a response by Aitkin 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. Aitkin County identified four areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to

remediate. The following are areas in which Aitkin County will be required to take corrective action.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review**

Team's site visit. Although it does not require Aitkin 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 six cases. All items are to be corrected by November 11, 2013 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	1	N / A	0	1	N / A	N / A
Screenings done on time for new participants (PR)	86%	85%	89%	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	70%	N / A	CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=16	CCB n=12	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	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)	97%	94%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	97%	100%	92%	100%	ALL	N / A
Participant needs identified in care plan (PR)	90%	88%	83%	100%	DD	N / A
Inclusion of caregiver needs in care plans	78%	0%	100%	100%	CCB, DD	N / A
OBRA Level I in case file (PR)	96%	94%	100%	N / A	ALL	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
TBI 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)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=17</i>)	76%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=17</i>)	88%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=16	CCB n=12	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	100%	80%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (PR for CCB)	92%	94%	100%	80%	AC / EW, CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=16	CCB n=12	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)	95%	94%	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=16	CCB n=12	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	37%	31%	33%	50%	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)	94%	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	65%	89%	99%	AC / EW, DD	CCB
Percent of LTC funds spent on HCBS	N / A	33%	84%	99%	DD	CCB
Percent of waiver participants with higher needs	N / A	37%	75%	78%	CCB	AC / EW, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	99%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	60%	62%	28%	N / A	AC / EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	19%	27%	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.

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.