

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Chisago County**

Waiver Review Site Visit: January 2014

Report Issued: April 2014

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Chisago 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 Chisago County
Case File Review	68 cases
Provider survey	23 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group(s) with 8 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 Chisago County

In January 2014, the Minnesota Department of Human Services conducted a review of Chisago County's Home and Community Based Services (HCBS) programs. Chisago County is a rural county located in eastern Minnesota. Its county seat is located in Center City, Minnesota and the County has another nine cities and 10 townships. In State Fiscal Year 2012, Chisago County's population was approximately 53,576 and served 585 people through the HCBS programs. According to the 2010 Census Data, Chisago County had an elderly population of 10.9%, placing it 78th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Chisago County's elderly population, 7.3% are poor, placing it 70th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Chisago County's Health and Human Services Department is the lead agency for the HCBS waiver programs. The Public Health and Social Services departments merged to form one combined agency. All waiver programs are managed by the Aging and Disabilities Unit within the Health and Human Services Department. Additionally, the Department has served as a contracted care coordinator for two Managed Care Organizations (MCOs), Medica and Blue Plus.

The lead agency has experienced significant staffing and infrastructure changes over the past year and is currently in a period of transition. As part of this transition process, the lead agency hired a new Aging and Disabilities Unit Supervisor in May 2013. The new supervisor currently oversees the management of all waiver programs. In addition, Chisago County is in the process of transitioning a majority of their waiver cases to contracted case management. At the time of

the review, the lead agency was in the process of notifying participants about the transition and their choices for contracted case management agencies.

The lead agency currently has six active case managers; two manage DD and Rule 185 cases, two manage LTC cases, and two are assessors. DD case managers have about 80 cases including Rule 185, and LTC case managers have 80 or more cases on their caseload.

The lead agency has three case aides who have waiver responsibilities. One case aide receives intake calls, schedules appointments for assessments, and supports case managers by preparing visit packets with forms and assessment tools. The other two case aides enter screening documents and service agreements into MMIS.

Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is their ability to communicate and consult with one another. They stated that their communication with financial workers is very strong. While Chisago County has case banking for their financial worker unit, one financial worker with LTC cases is located in the same office as the waiver case managers. The two groups have frequent face-to-face contact and open dialogue. There are also financial workers located in other satellite offices and case managers communicate with them mostly by e-mail and phone conversations. Financial workers also help case managers troubleshoot issues concerning participants' Medical Assistance (MA) eligibility.

Case managers work closely with adult protection workers and stated that they have great working relationships with that unit. Although case managers shared that they are usually the ones making the adult protection report, they said that if adult protection gets a report, waiver case managers are notified and receive any relevant information. In child protection cases, case managers and child protection workers usually work in tandem and frequently seek each other's input.

Case managers also shared that they have good communication with adult and child mental health workers and consult with the staff about resources. Participants receiving Rule 79 Targeted Case Management have both a mental health worker and a waiver case manager to

manage the waiver requirements. Case managers said that they periodically go on visits with children mental health workers and interact with them when they travel to attend webinars.

Case managers said that they have good relationships with licensing in Chisago County. They stated that the county licenser is accessible and is great at getting back to them when they ask her questions. They shared that the licenser has done LTCC assessments in the past so she has knowledge of the waiver programs and the role of the case manager.

The Chisago County Health and Human Services Director attends county board meetings to keep them informed about the waiver programs. The Director presents information on the impact that initiatives such as MnCHOICES will have on the waiver programs and updates the board on staffing and policy changes.

Health and Safety

In the Quality Assurance survey, Chisago County reported that staff receive training directly related to 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 Chisago County case managers are well-trained and knowledgeable and that the lead agency responds to questions or inquiries from providers and waiver participants.

Case managers attend unit meetings to stay updated on changes with the waiver programs. There are subgroups of staff that also meet once a month: case managers and assessors, DD case managers, LTC case managers, and assessors. They review bulletins at these meetings and discuss any relevant information. The lead case manager attends metro waiver coordinator meetings and regional meetings for the waiver programs. The lead case manager informs case managers about webinar trainings relevant to their caseloads. Staff shared that in the past, there had been training issues when bringing on new staff and a lack of ongoing training for case managers. The lead agency is working hard to ensure case managers have the supports they need in order to be better prepared to perform case management responsibilities. For instance, the lead case manager works with staff schedules to help them attend webinars.

Chisago County files are currently being transitioned to OnBase, an electronic case filing system. The lead agency currently has a shared drive that contains many forms and resources designed to aid case managers. Staff stated that the contents of this shared drive need to be formatted and organized. They also stated that someone will have to be in charge of making sure all of the forms in the shared drive are updated.

Service Development and Gaps

Overall, lead agency staff reported being satisfied with their working relationships with service providers. However, they stated that the lack of providers in some areas can make it difficult to get participants the services they need. Staff shared that they have lost some family foster care providers recently and that participants who need corporate foster care often have to move out of the area to find a placement. Also, staff shared that there is limited availability of openings at customized living facilities for waiver participants.

Staff shared that finding affordable housing for participants is a major issue, as is finding providers that serve participants in their homes. In addition, staff said that the local day training and habilitation provider recently had to close one of their centers in North Branch due to lack of funding. Case managers also are looking for more ways to provide chore services for participants.

In the past, the lead agency has issued formal Request for Proposals (RFPs) to instigate service development in Chisago County. They have also informally sent invitations to providers to develop certain services, but said they see going to a more formal method in the future. Chisago County providers have responded positively to these previous requests and most have seen them as opportunities to expand their businesses and clientele.

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.

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

Staff shared that they have good relationships with providers in their area. They stated that they would like to improve provider monitoring practices by hiring additional support staff. Case managers gauge participant satisfaction informally during visits. They also shared that one foster care provider does participant satisfaction surveys annually and sends the results to the lead agency.

Case managers rated their working relationship with nursing facilities as average to above average. They said that staff responds quickly to general questions about participants; however, case managers shared that there are challenges in working with other nursing facilities such as staff who are not knowledgeable about the LTCC assessment.

Case managers shared that they have had mixed experiences when working with hospitals in the region. Case managers said that there is good communication with doctors at some of the local hospitals. However, case managers shared that there is poor communication with a few hospitals around discharge planning.

Overall, case managers rated their working relationships with local schools as average. Case managers shared that it has been hard to build relationships with teachers due to high turnover rates. A few case managers said they are not invited to Individualized Education Program (IEP) meetings. One case manager who works primarily with transition-age participants explained that she is always invited to meetings because school districts want the students to receive services when they graduate.

Case managers shared that most foster care providers have great communication and are in frequent contact through telephone calls and e-mails. Only one case manager has experience working closely with customized living providers and said that a few providers do a good job at taking high-level medical needs participants, while others are more selective about who they will serve.

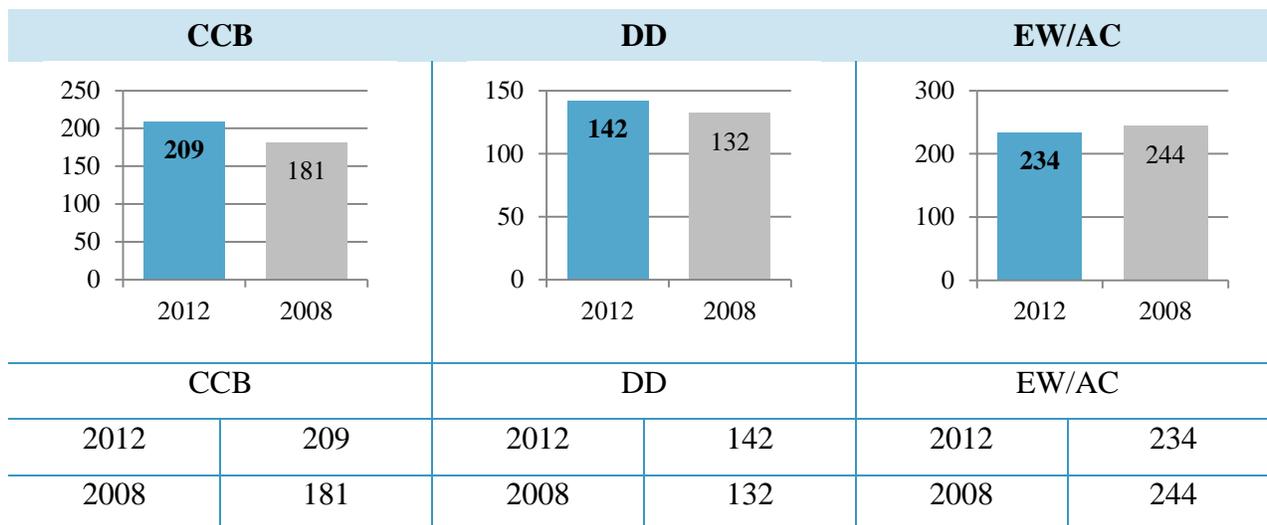
Case managers who have worked with home care providers rated their working relationships as above average stating that individual staff contact the case manager directly about participants on their caseload and are easy to get in touch with because they have individual work cell phones. Case managers rated their working relationship with vocational providers as average. They explained that some providers are very good at working with participants with challenging behaviors and are more creative in tailoring jobs towards participant interests. Some challenges faced by vocational providers include a high staff turnover rate and a lack of community job opportunities.

Case managers rated their working relationship with Area Agency on Aging staff as above average. They shared they especially appreciate the outreach specialist, as this staff member help clients fill out forms/paperwork at client homes. Case managers noted that some waiver participants have took part in People First which encourages people with DD to be advocates for themselves. PACER has also been helpful when they have accessed this resource.

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 Chisago County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Chisago County has increased by 28 participants (15.5 percent); from 181 in 2008 to 209 in 2012. Most of this growth occurred in the case mix B, which grew by 23 people. As a result Chisago County may be serving a higher proportion of people with mental health needs.

Since 2008, the number of people served with the DD waiver in Chisago County increased by 10 participants, from 132 in 2008 to 142 in 2012. In Chisago County, the DD waiver program is growing less quickly than in the cohort as a whole. While Chisago County experienced a 7.6 percent increase in the number of people served from 2008 to 2012, its cohort had a 9.3 percent increase in number of people served. In Chisago County, the profile groups 3 and 4 each increased by 8 people. The greatest change in the cohort profile groups occurred in people having a Profile 2. Although the number of people in Profiles 1 and 2 decreased, Chisago County still serves a larger proportion of people in these groups (43.7 percent), than its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Chisago County has decreased by 10 people (4.1 percent), from 244 people in 2008 to 234 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, Chisago County served 70 fewer lower needs participants in 2012 than in 2008. In addition, case mixes D and E grew by 13 and 29 people respectively. As a result, Chisago County may be serving a larger 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.

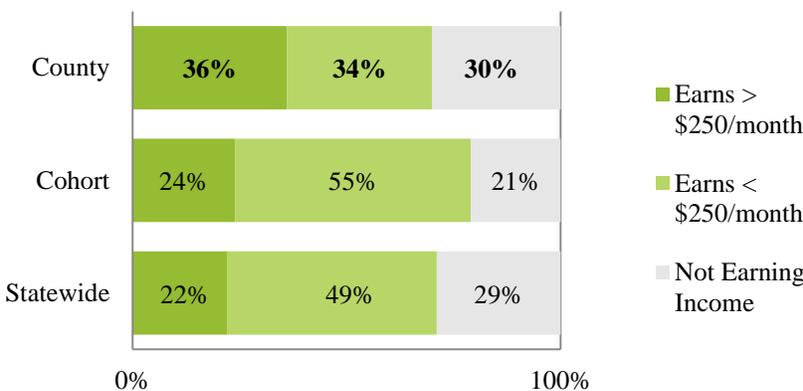
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Chisago County	10%	20%	70%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Chisago County served 143 working age (22-64 years old) CCB participants. Of working age participants, 29.4 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Chisago County ranked 64th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Chisago County 9.8 percent of the participants earned \$250 or more per month, compared to 14.7 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 (2012)



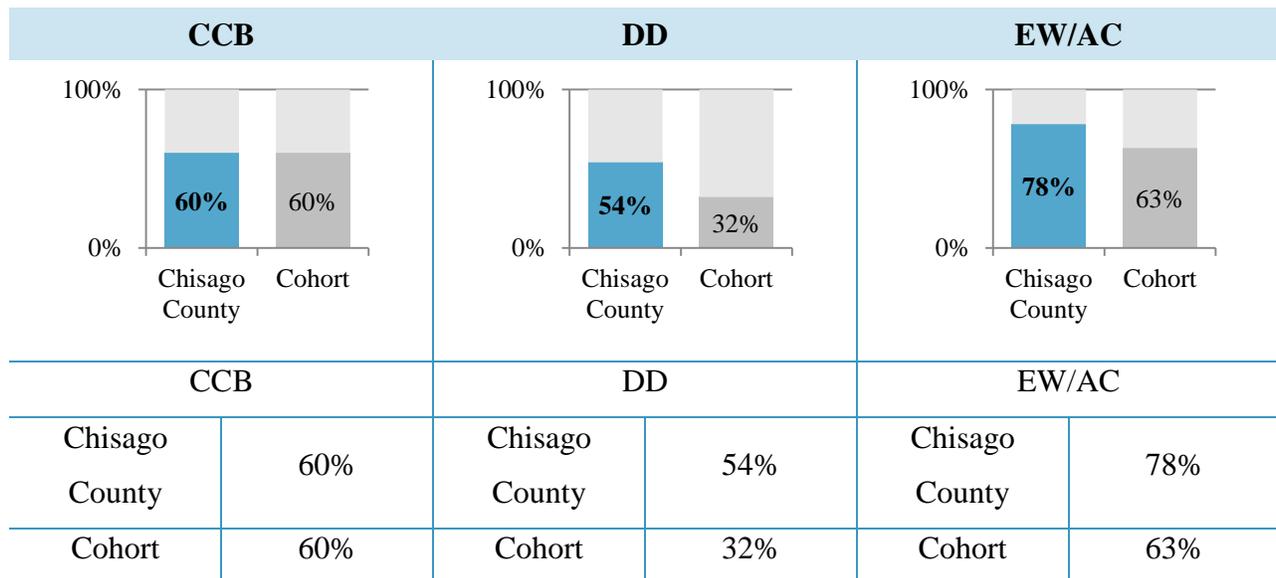
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Chisago County	36%	34%	30%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2012, Chisago County served 101 DD waiver participants of working age (22-64 years old). **The county ranked 6th in the state** for working-age participants earning more than \$250 per month. In Chisago County, 35.6 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 69.3 percent of working age DD waiver participants in Chisago County had some earned income, while 79.3 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 (2012)



Chisago County ranks 49th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 126 participants at home. Between 2008 and 2012, the percentage decreased by 7.1 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 60.3 percent of CCB participants in Chisago County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Chisago County ranks 2nd out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 77 participants at home. Between 2008 and 2012, the percentage increased by 4.2 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points.

Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

Chisago County ranks 33rd out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 183 participants at home. Between 2008 and 2012, the percentage decreased by 2.9 percentage points. In comparison, the percentage of participants served at home fell by 5.6 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. Chisago County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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

	CADI	DD
Total average rates per day	<p>Chisago County: \$120 Cohort: \$104</p>	<p>Chisago County: \$151 Cohort: \$178</p>
Average rate per day for residential services	<p>Chisago County: \$207 Cohort: \$168</p>	<p>Chisago County: \$222 Cohort: \$217</p>
Average rate per day for in-home services	<p>Chisago County: \$66 Cohort: \$64</p>	<p>Chisago County: \$89 Cohort: \$94</p>

Average Rates per day for CADI services (2012)

	Chisago County	Cohort
Total average rates per day	\$119.51	\$103.96
Average rate per day for residential services	\$206.71	\$167.73
Average rate per day for in-home services	\$65.77	\$63.58

Average Rates per day for DD services (2012)

	Chisago County	Cohort
Total average rates per day	\$150.85	\$178.28
Average rate per day for residential services	\$222.02	\$216.75
Average rate per day for in-home services	\$88.73	\$94.34

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 Chisago County is \$15.55 (15.0 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Chisago County spends \$38.98 (23.2 percent) more on residential services and \$2.19 (3.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Chisago County ranks 71st 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 Chisago County is \$27.43 (15.4 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Chisago County spends \$5.27 (2.4 percent) more on residential services but \$5.61 (5.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Chisago County ranks 15th 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.

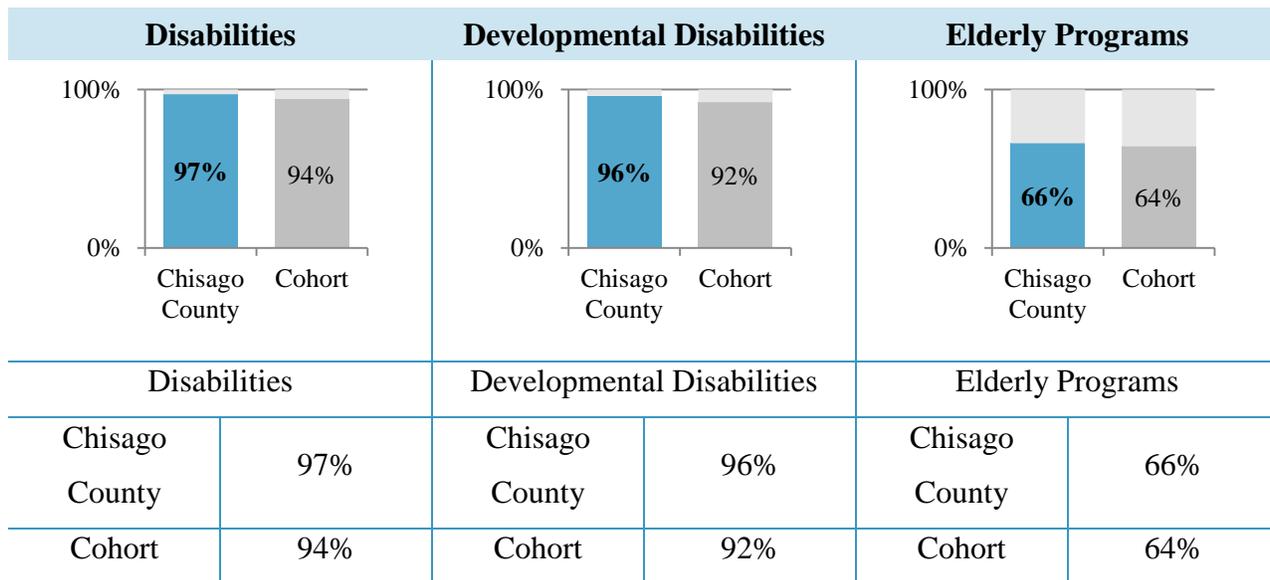
Chisago County has a higher use in the CADI program than its cohort of some residential based services such as Foster Care (31% vs. 26%), but a lower use of others such as Customized Living (6% vs. 12%). The lead agency has a lower use of vocational services: Prevocational Services (7% vs. 9%) and Supported Employment Services (10% vs. 12%). They also have a lower use of some in-home services, such as Skilled Nursing (14% vs. 19%), Home Health Aide (3% vs. 6%), Home Delivered Meals (12% vs. 19%), Independent Living Skills (17% vs. 20%), and Homemaker (18% vs. 28%). Sixty percent (60%) of Chisago County's total payments for CADI services are for residential services (57% foster care and 3% customized living) which is higher than its cohort group (54%). Their corporate foster care rates are higher than its cohort when billed daily (\$245.68 vs. \$227.80 per day). Their family foster care rates are lower than its cohort when billed daily (\$142.45 vs. \$170.50 per day).

Chisago County's use of Supportive Living Services (SLS) is lower than its cohort (46% vs. 67%) 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. Chisago County's daily corporate Supportive Living Services rates are higher than its cohort (\$212.14 vs. \$210.90). The lead agency has a lower use of Day Training & Habilitation (55% vs. 61%) and a lower use of Supported Employment Services (3% vs. 4%). It has a higher use of In-Home Family Support (26% vs. 15%) than its cohort, and a higher use of Respite Care (26% vs. 18%).

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, Chisago County served 451 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 23 in institutional care. Chisago County ranked 7th of 87 counties with 96.9 percent of their LTC participants received HCBS. This is higher than their cohort, where 93.6 percent were HCBS participants. Since 2008, Chisago County has decreased its use of HCBS by 0.5 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Chisago County served 178 LTC participants (persons with development disabilities) in HCBS settings and eight in institutional settings. Chisago County ranked 27th of 87 counties with 95.5 percent of its DD participants receiving HCBS, a higher rate than its cohort (91.9 percent). Since 2008, the county has increased its use by 0.1 percentage points while

its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Chisago County served 243 LTC participants (over the age of 65) in HCBS settings and 133 in institutional care. Chisago County ranked 29th of 87 counties with 65.7 percent of LTC participants receiving HCBS. This is higher than their cohort, where 63.8 percent were HCBS participants. Since 2008, Chisago County has decreased its use of HCBS just slightly, falling by 0.2 percentage points, while their cohort has increased by 4.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

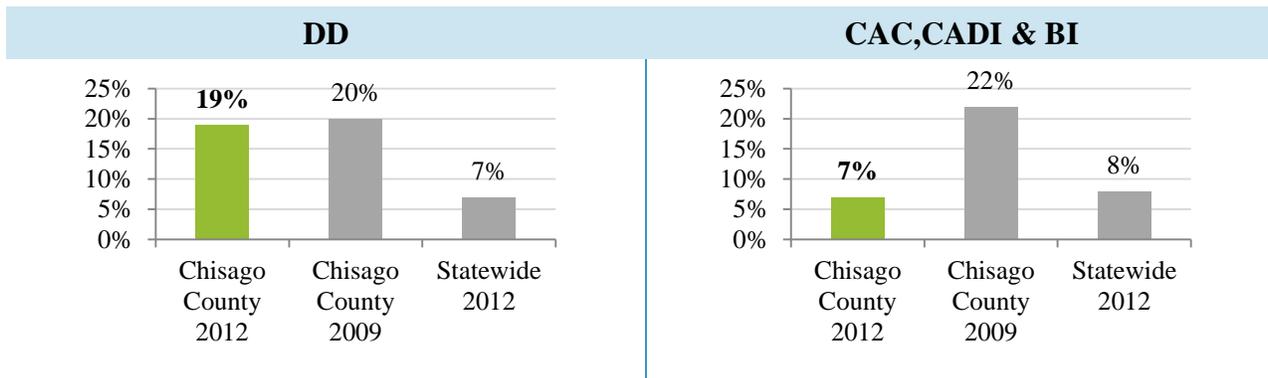
	Chisago County	Cohort	Statewide
Age 0-64	0.18	0.45	0.54
Age 65+	16.56	23.65	21.99
TOTAL	1.96	3.51	3.19

In 2012, **Chisago County was ranked 8th out of 87 counties** in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Chisago County also has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 4.2 percent in Chisago County. Overall, the number of residents in nursing facilities has decreased by 2.0 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
Chisago County (2012)	19%	7%
Chisago County (2009)	20%	22%
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, Chisago County had a 19% balance at the end of calendar year 2012, which indicates the DD waiver budget, had a reserve. Chisago County’s DD waiver balance is smaller than its balance in CY 2009 (20%), but larger than the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Chisago 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, Chisago County had a 7% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (22%).

The lead agency currently has a waitlist for the DD and CADI waiver programs. The Aging and Disabilities Unit Supervisor meets with assessors monthly to review the waiting lists and allocate new waiver slots. One of the case aides performs a WMS simulation to determine the budget for any proposed plan of care. For waiver allocation increases or decreases, case managers use a formal request form.

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.

Chisago 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	1	0	1	0
MMIS Help Desk	0	3	0	1	0
Community Based Services Manual	0	1	4	0	0
DHS website	0	0	8	0	0
E-Docs	0	0	1	3	0
Disability Linkage Line	0	0	1	1	0
Senior Linkage Line	0	0	0	1	3
Bulletins	0	1	2	2	1
Videoconference trainings	0	1	4	1	0
Webinars	0	0	6	1	0
Regional Resource Specialist	0	0	0	2	1
Listserv announcements	0	0	3	0	0
MinnesotaHelp.Info	0	0	2	1	0
Ombudsmen	0	0	0	2	0

Case managers reported that participants in Chisago County have had a positive experience with the Senior Linkage Line. Additionally, case managers stated that they have received average feedback about the Disability Linkage Line from participants. DD case managers have accessed the Regional Resource Specialist and have found them to be very helpful. The case managers

shared that it would be helpful to expand this resource to the aging programs. Case managers are responsible for finding forms and keeping track of updates to forms, and those who have used E-Docs stated that it is a very helpful resource. Lead agency staff noted that younger workers use E-Docs more than older workers.

Most case managers have used webinars and videoconference trainings and rated their usefulness as average. Case managers stated that upcoming webinars are announced at team meetings and can be watched at the office, but it would be helpful if they could receive more advanced notice. Case managers shared that videoconference trainings have had some good instructors but others can be too lengthy. The case managers in the North Branch office also cited that they often have to travel to the Center City office to view the trainings.

A few case managers stated that the DHS website has helpful information, but most lead agency staff commented that navigation can be difficult and it is not very intuitive. Some case managers have used Listserv announcements and MinnesotaHelp.info and rated the usefulness as average to above average. Case managers reported they receive bulletins, but it is sometimes difficult to tell what information is relevant given the influx of mailings they get day to day. The Supervisor shared that the Community Based Service Manual is a very good resource while case managers explained that it can be hard to navigate, and it would be helpful if there was more standard information included in the manual.

The lead worker is the only staff member who has the ability to post questions in Policy Quest while all staff can see the answers. All agency staff shared that it is a very useful tool but noted that it can be confusing when they get information that conflicts with DHS manuals. Case managers generally rated the MMIS Help Desk as being not very useful. Lead agency staff shared that because e-mail is the preferred way to submit questions to the Help Desk, delayed response times are common. They added that it would be helpful if they could communicate more through telephone calls. Only a few case managers have used Ombudsmen and rated their usefulness as above average.

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.

Chisago County Strengths

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

- **Chisago County addresses issues to comply with Federal and State requirements.**
During the previous review in 2008, Chisago County received a corrective action for timeliness of referral to LTCC assessment for CCB programs and timeliness of referral to DD screenings and the BI form. Upon follow-up, Chisago County was fully compliant in these areas thus demonstrating technical improvements over time.
- **Case managers collaborate well with each other and other units within Chisago County.**
Case managers work closely and have good communication with staff from other units within the lead agency including adult protection, financial workers, and licensing staff. Case managers shared that their practice of consulting with other case managers and their relationships with financial workers are strengths of the lead agency. Additionally, case managers said that case aides provide considerable support to managing waivers. These strong working relationships enhance the services participants are receiving and ensure that they maintain financial eligibility to receive waiver services.
- **Chisago County completes screenings for the waiver programs within the required timeframe after a referral.** In CY 2013, 80% of CCB, 83% of AC and EW, and 100% of DD assessments were completed within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice. Chisago County has an efficient intake process that allows staff to successfully complete assessment and screenings within the required timeframes.
- **Chisago County has effectively used Consumer-Directed Community Supports (CDCS) for families to be able to serve participants at home.** In 2012, Chisago County had 29 DD

participants using CDCS and 19 CCB participants using CDCS. This program is particularly effective at supporting participants and their families in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing.

- **Chisago County has the capacity to serve people with high needs in community settings, often avoiding more costly and restrictive institutional placements.** Chisago County has the capacity to serve participants in community settings, often avoiding more costly and restrictive institutional placements. The lead agency serves a greater proportion of participants with high needs across all programs when compared to its cohort and the statewide average. In 2012, Chisago County served 53.8% of its CCB high needs participants, 57.3% of its DD high needs participants, and 68.5 of its EW/AC high needs participants at home. In addition, Chisago County ranks 8th out of 87 counties for their low nursing facility usage across all age groups.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Chisago County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Chisago County 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 85% of case files reviewed included the type of service in the care plan, only 13% of cases reviewed included the annual amount allowed.
- **Increase efforts to use contracted case management and immediately begin building capacity to support contracted case management practices.** Put practices and processes

in place to ensure a seamless handoff of cases. In particular, the lead agency can promote consistency by creating shared drives available for both lead agency and contracted case management staff. Then all required forms are easily accessible and can be used in a fillable electronic format. Chisago County should also build in quality assurance mechanisms such as case file documentation checklists or file reviews to monitor their work.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and gather participant feedback.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Specifically, visit sheets make it possible to consistently document participant progress on goals and changes to needs, monitor providers in their delivery of services, and evaluate provider performance. The lead agency should consider adopting this practice in order to assess participant satisfaction with providers, as only 29% of case files reviewed in Chisago County included documentation of participant satisfaction.
- **Chisago County has reserves in the CCB and DD budget and is able to serve more participants and provide additional services to participants already enrolled in these programs.** Chisago County's CCB waiver budget balance was 7% at the end of FY 2012 and their DD waiver budget balance was 19% at the end of CY 2012. Given the size of the agency, a budget reserve of five percent is adequate to manage risks. Therefore, there is room in both budgets to add more participants or enhance services such as supportive employment. In addition, Health and Human Services may want to consider including an accounting person on their waiver allocation committee.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB programs.** Chisago County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB programs (10.0% vs. 15.0%) and ranks 64th of 87 counties. The lead agencies should continue to work with local providers to develop community-based employment opportunities for CCB participants and focus on creating opportunities that result in higher wages for participants across all waiver programs. Over one third (35%) of Chisago County DD participants and 26% of Chisago County CCB participants are currently under age 22 and will be transitioning soon from school to work.

The lead agency should work more closely with schools and be more involved in transition planning for youth to better connect students to community-based employment opportunities. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.

Corrective Action Requirements

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

- **Develop and implement a caseload management plan that will assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.** Many compliance issues are a result of high caseloads and staff vacancies. MN Choices, the changes in the waiver programs and staffing issues has resulted in caseloads that are overwhelming. This makes it difficult to operationalize planned changes in business practices. In addition, many of the cases involve complex medical or behavioral needs. Case managers have had to absorb these additional cases and complexities. Chisago County may want to consider strategies that have worked in other lead agencies of similar size such as accelerating contract efforts with private agencies for case management, or adding additional county case managers. Another strategy is streamlining the use of electronic forms. This would allow case managers to be more efficient in their work and have more time to spend providing direct care planning. Chisago County must carefully consider its options for managing caseloads and develop a plan that meets the lead agency's needs while assuring all waiver program requirements are met.

- **Beginning immediately, ensure that all care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.** It is required that all care plans are completed and signed by the participant, parent, or legal representative within the 50 day timeframe. All care plans that are not completed or signed within this time frame must be updated with required information and signatures. Three out of 14 EW cases, one out of 10 AC cases, one out of 5 CAC cases, three out of 16 CADI cases, and one out of 9 BI cases reviewed in Chisago County did not meet this standard.
- **Beginning immediately, ensure that all participants have an individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are seven waiver participants who do not have a current care plan in their case file including one out of 14 EW cases, one out of 10 AC cases, one out of 16 CADI cases, and four out of 14 DD cases.
- **Beginning immediately, ensure that all care plans are signed and dated by the participant, and include required choice questions.** Two out of 10 EW care plans, one out of 10 AC care plans, and two out of 14 DD cases did not include the required signatures on the care plan. In addition, documentation of required choice questions was not complete for 3 EW cases, 2 AC cases, 2 CAC cases, 1 CADI case, 1 BI case, and 2 DD cases.
- **Beginning immediately, include a back-up plan in the care plan of all CCB program participants.** 1) All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, one out of 14 EW cases, one out of 10 AC cases, seven out of 16 CADI cases, three out of nine BI cases, and two out of 14 DD cases, did not have a back-up plan. In addition, one CADI case and 1 DD case included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames that includes the three required**

signatures and dates. Four out of 14 DD cases were missing a full-team screening document, and therefore did not have the case manager's signature, participant's or legal representative's signature and the QDDP's signature on the DD screening document.

- **Beginning immediately, complete the ICF/DD Level of Care form for all participants in the DD program.** Maintain this form in the case file and update it annually. Eight out of 14 DD cases did not include this documentation in the case file, and five out of 14 DD cases included documentation that was not current within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Two out of 10 AC cases did not have completed documentation in the case file. In addition, two out of 14 EW cases, and two out of 14 DD cases did not have documentation that the participant had given informed consent to release private information within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices on an annual basis. Currently, one out of five CAC cases, one out of nine BI cases, three out of 14 EW cases, one out of 10 AC cases, and four out of 14 DD cases did not have this completed documentation in the case file. In addition, one out of five CAC cases, five out of 16 CADI cases, one out of 9 BI cases, four out of 14 EW cases, one out of 10 AC cases, and four out of 14 DD cases did not have current documentation and one out of 16 CADI cases had partial documentation that the participant had been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their

informed right to appeal included in the case file. Two out of five CAC cases, four out of 16 CADI cases, two out of 9 BI cases, three out of 14 EW cases, three out of 10 AC cases, and three out of 14 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 16 CADI cases, one out of nine BI cases, and three out of 14 DD cases did not have current documentation.

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CAC and CADI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, two of 5 CAC cases reviewed (40%) and three of 16 CADI cases (18.8%) had case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, four DD cases (28.6%) did not meet this requirement.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Chisago 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 lead agency, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 54 cases. Chisago County submitted a completed compliance report on April 15, 2014.

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	27	N / A	3	24	N / A	N / A
Screenings done on time for new participants (PR)	86%	83%	80%	100%	DD	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	62%	78%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=24	CCB n=30	DD n=14	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	83%	83%	83%	N / A	N / A	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=24	CCB n=30	DD n=14	Strength	Challenge
Care plan is current (PR)	90%	92%	97%	71%	AC / EW, CCB	N / A
Care plan signed and dated by all relevant parties (PR)	93%	88%	100%	86%	CCB	N / A
All needed services to be provided in care plan (PR)	93%	88%	100%	86%	CCB	N / A
Choice questions answered in care plan (PR)	84%	79%	87%	86%	N / A	N / A
Participant needs identified in care plan (PR)	53%	29%	63%	71%	N / A	AC / EW, CCB
Inclusion of caregiver needs in care plans	39%	33%	43%	N / A	N / A	N / A
OBRA Level I in case file (PR)	96%	100%	93%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	7%	N / A	N / A	7%	N / A	DD
DD screening document is current (PR for DD only)	71%	N / A	N / A	71%	N / A	N / A
DD screening document signed by all relevant parties (PR for DD only)	71%	N / A	N / A	71%	N / A	N / A
Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form	67%	N / A	67%	N / A	N / A	CCB
CAC Form	60%	N / A	60%	N / A	N / A	CCB
Employment assessed for working-age participants	88%	N / A	86%	92%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	50%	50%	N / A	N / A	N / A	AC / EW
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

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=23</i>)	91%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=23</i>)	83%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=24	CCB n=30	DD n=14	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	87%	100%	83%	71%	AC / EW	N / A
Health and safety issues outlined in care plan (PR)	81%	67%	90%	86%	CCB	AC / EW
Back-up plan (Required for EW, CCB, and DD)	74%	88%	63%	71%	N / A	CCB
Emergency contact information	96%	96%	97%	93%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=24	CCB n=30	DD n=14	Strength	Challenge
Informed consent documentation in the case file (PR)	91%	83%	100%	86%	CCB	N / A
Person informed of right to appeal documentation in the case file (PR)	66%	71%	67%	57%	N / A	CCB, DD
Person informed privacy practice (HIPAA) documentation in the case file (PR)	60%	63%	67%	43%	N / A	ALL

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=24	CCB n=30	DD n=14	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	94%	92%	100%	86%	AC / EW, CCB	N / A
Documentation of participant satisfaction in the case file	29%	33%	37%	7%	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)	83%	N / A	N / A	N / A	N / A	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	66%	97%	96%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	41%	96%	92%	ALL	N / A
Percent of waiver participants with higher needs	N / A	62%	83%	82%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	88%	N / A	N / A
Percent of waiver participants served at home	N / A	78%	60%	54%	AC / EW, DD	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	36%	DD	CCB

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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.