

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Goodhue County**

Waiver Review Site Visit: March 2013

Report Issued: May 2013

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## Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Goodhue 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](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

#### ***Waiver Review Website:***

[www.MinnesotaHCBS.info](http://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 Goodhue County
Case File Review	86 cases
Provider survey	16 respondents
Supervisor Interviews	2 interviews with 4 staff
Focus Group	1 focus group(s) with 11 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 Goodhue County

In March of 2013, the Minnesota Department of Human Services conducted a review of Goodhue County's Home and Community Based Services (HCBS) programs. Goodhue County is a rural county located in Southeast Minnesota. Its county seat is located in Red Wing, Minnesota and the County has another nine cities and 20 townships. In State Fiscal Year 2011, Goodhue County's population was approximately 46,217 and served 611 people through the HCBS programs. According to 2010 Census data, Goodhue County had an elderly population of 15.2%, placing it 53<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Goodhue County's elderly population, 7.7% are poor, placing it 60<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Goodhue County Health and Human Services is the lead agency for all HCBS programs and provides case management for these programs. The Public Health and Human Services Departments merged in 2010 to form the Health and Human Services Department. The county provides care coordination for the Managed Care Organization (MCO) South Country Health Alliance.

The Public Health unit is the lead for the CAC, CADI, BI, AC, and EW programs. The Health and Human Services' Deputy Director and a Public Health supervisor with a caseload oversee 10 case managers and three case aides who assist with data entry and scheduling related to the waiver programs. There are two social workers in Public Health who work on LTC cases, and they collaborate with all the Social Workers and Rule 79 case managers in the Social Services

unit. The county also contracts with Thomas Allen and Blue Sky for case management of some CADI and BI cases.

The Social Services unit is the lead for the DD waiver, and there is one Social Services Supervisor who provides oversight for this program. The Social Services Supervisor oversees three DD case managers. One DD worker manages cases for younger and transition age participants and the other two manage cases for adult participants.

In Public Health, all adult LTCC assessments are directed to the Public Health Supervisor who assigns the cases based on geography. Initial screenings and assessments are completed by all public health nurses and social workers. If the Social Services unit is already involved with a referral because of participant mental health needs, that social worker would likely accompany the Public Health staff on the LTCC. County staff shared that they also complete some dual assessments if they are unclear about the participant's potential needs and services. Public health nurses and social workers consult with each other informally as well as at meetings. In Social Services, the DD case managers also have intake responsibilities. When a call comes in, that person gathers the information and brings it to the weekly unit meeting. The group then decides as a whole who will manage the case based on geographical location and specialization.

Case managers in Goodhue County have high caseloads. Each full-time Public Health case manager has between 60 and 90 cases along with other responsibilities such as PCA assessments and Community Well case management. The DD case managers have a caseload of approximately 75 waiver cases, 95% of which are DD and the rest are CADI. They also have several other responsibilities including intake and adult protection. Unlike Public Health case managers, Social Services case managers do not have case aides and complete their own data entry.

### Working Across the Lead Agency

Goodhue County has a group of five financial workers who work on LTC cases. The financial unit uses case banking and has a rotating lead contact person for case managers to communicate with. County staff stated that they have very close contact with financial workers through phone,

e-mail, and some face-to-face interactions. Case managers shared that financial workers are often very busy, they do not always hear back promptly. However, case managers said that financial workers let them know about any Medical Assistance (MA) eligibility issues and work with them to resolve any immediate concerns.

DD case managers also serve as Adult Protection workers. If there are questions about vulnerable adult, supervisors stated that it would likely be a DD case manager or a mental health worker who would complete the investigation. If a Public Health case manager has concerns, they can call to request that someone go out and visit the waiver participant. County staff stated that they work closely with child protection and child protection case managers contact waiver case managers when working on a case open for both services. Supervisors shared that their interactions with child protection are less blended, but they occasionally talk to the child protection worker and attend joint visits.

Case managers work very closely with mental health staff. Mental health workers meet once a month with CADI case managers to talk about cases. They also have core team meetings for those who work with the participant which may include the Public Health waiver case manager, mental health worker, and psychologist. For DD cases, adult mental health workers attend weekly waiver management team meetings and discuss any participants that are on the DD caseload. Waiver case managers also meet with mental health staff quarterly and consult informally by phone and e-mail in between these regular meetings. The county contracts with a private agency for children's mental health targeted case management.

The Public Health Deputy Director updates the County Board once per month about the county's programs, but said that the Board's primary involvement is to approve contracts. Supervisors said that the Board plays a minimal role in the waiver programs and primarily receives overview and budget information.

## Health and Safety

In the Quality Assurance survey, Goodhue County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or

practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified well-trained and knowledgeable case managers as a county strength. Providers also indicated they have good, open communication with case managers.

The county uses regular reports from providers to track participant progress. Public Health requires quarterly provider reports from home care and customized living providers. These are used to update changes in condition or service requests. For the DD program, provider reports are required at different intervals depending on the client. Progress reports are completed semi-annually or quarterly depending on the participant and this is noted in the Individual Support Plan (ISP). Supervisors stated that providers often call the county to update them on changes in condition or needs.

Case managers shared that a challenge is keeping up with new DHS initiatives and learning new systems and technology. Supervisors and case managers attend videoconferences and webinars to stay current on all county, state, and federal requirements as they relate to the HCBS waiver programs. Staff are encouraged to attend trainings as they become available. Supervisors stated that they may have a worker go to particular trainings depending on their area expertise. County staff also review and discuss bulletins at regular meetings.

Supervisors attend the Region 10 management meeting every other month to talk about upcoming changes and address any questions they may have. A few county staff attend these meetings and bring information back to the team. There are also quarterly Regional Resource Specialist (RRS) meetings for case managers. Case managers are also on various e-mailing lists and will send out updates to other team members when researching specific issues. Public Health has regular chart reviews and also has quarterly chart reviews from the South Country MCO. DD case managers use weekly meetings to ensure their cases are completed consistently.

### Service Development and Gaps

While Goodhue County has a strong network of trusted providers, there are still challenges in providing all needed services to participants. County staff shared that a transportation provider

recently closed and that they face gaps in this area, particularly in transporting DD clients to activities or work in rural areas outside of Red Wing. County staff also shared that finding residential placements or individual housing options for participants with behavioral issues has also proven to be a challenge. The county brought in three more providers in to address this issue. Staff learned about these new providers from regional meetings and one of the providers called the county to offer their service. Goodhue County currently does not have providers with the capacity to meet the complex needs of many BI participants, leading many to be served in St. Louis County because of their regional expertise and resources.

Supervisors shared that the county has worked to broaden their provider base to provide more choices for DD participants, especially those with more challenging behavioral needs. They also shared that assistive technology has become more popular and they are exploring ways to meet participant needs with these new tools.

**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.

**Goodhue County Case Manager Rankings of Local Agency Relationships**

<b>Count of Ratings for Each Agency</b>	<b>1 -2</b>
	<b>3 -4</b>
	<b>5+</b>

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facilities	0	6	1
Schools (IEIC or CTIC)	0	2	2
Advocacy Organizations	0	1	2
Hospitals (in and out of county)	0	5	1
Home Care Providers	0	2	4
Customized Living Providers	0	2	0
Foster Care Providers	0	2	3
Employment Providers (DT&H, Supported Employment)	0	0	7

Goodhue County uses surveys to assess participant satisfaction and monitor provider performance. Consumer satisfaction surveys are sent out to all Public Health waiver participants. The survey asks if their needs are being met and about the quality of the county’s case management. DD participants are also asked to complete a satisfaction survey on the back of their Care Plan signature page. If any concerns are identified on the survey, the county follows up with the provider or participant. The County licenser also conducts reviews of foster care providers.

In the focus group, case managers shared that they have strong working relationships with many of the providers that serve waiver participants. Case managers stated that they are working to build relationships with nursing facility staff. They noted that the turnover in social worker positions at nursing facilities has been frustrating and calls are not often returned. Case managers stated that they no longer have the input they used to because they are rarely invited to care conferences to discuss participants' discharge plans. Case managers said that hospitals do not consistently communicate about participant needs and hospital discharge.

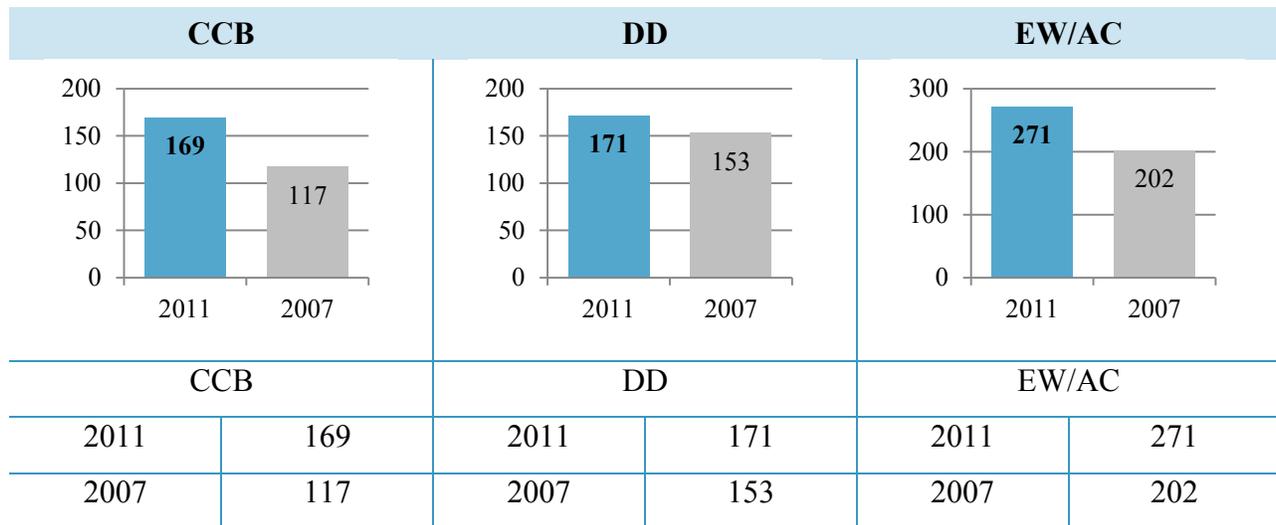
Case managers noted that schools have very good services and want the best for participants. They also noted that schools have strong programs and teachers for transition age participants. However, they shared that they no longer are invited to participate in a regular meeting with other community organizations and schools to talk about participants, and their relationships have suffered as a result. In addition, case managers are not invited to Individualized Education Program (IEP) meetings as often as in the past.

Case managers mentioned that their relationships with vocational providers are good and that they invite case managers to meetings. Case managers said that it has taken a long time to develop relationships with customized living providers. Case managers stated that foster care providers are very devoted to their clients, provide all needed services, and have very supportive staff. They also shared that they have many good home care providers and that they have built strong relationships with them. Case managers said that The Arc of the United States (The Arc) offers good resources for families.

**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 Goodhue County (2007 & 2011)**



**Since 2007, the total number of persons served in the CCB Waiver program in Goodhue County has increased** by 52 participants (44.4 percent); from 117 in 2007 to 169 in 2011. Most of this growth occurred in case mix B, which grew by 31 people. As a result, Goodhue County may be serving a larger proportion of individuals with mental health needs on the CCB waivers.

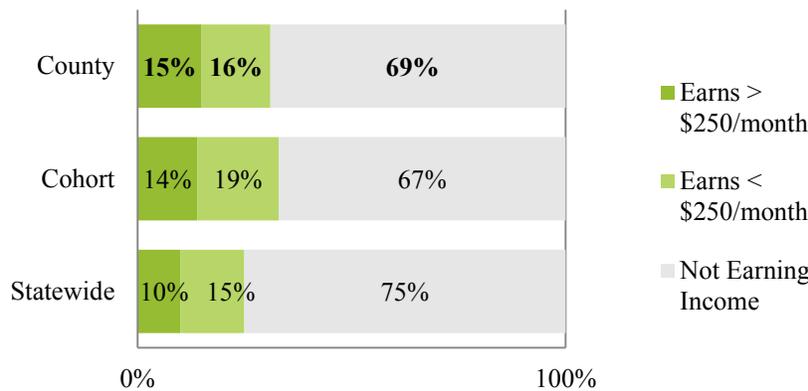
**Since 2007, the number of persons served with the DD waiver in Goodhue County increased** by 18 participants, from 153 in 2007 to 171 in 2011. In Goodhue County, the DD waiver program is growing more quickly than in the cohort as a whole. While Goodhue County experienced an 11.8 percent increase in the number of persons served from 2007-2011, its cohort had a 9.3 percent increase in number of persons served. In Goodhue County, the largest increase occurred in profile group two, which grew by twelve people. The greatest change in the cohort profile groups occurred in group three. In Goodhue County, the two groups with the highest needs, profiles one and two, grew by a total of 40.9 percent while the cohort groups grew by 37.8 percent.

Since 2007, the number of persons served in the EW/AC program in Goodhue County has increased by 69 people (34.2 percent), from 202 people in 2007 to 271 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mix D increased the most. In addition, much of the increase occurred in Case mixes B and E. As a result, Goodhue County may be serving a larger proportion of individuals with mental health needs on the EW and AC programs.

**Value**

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

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

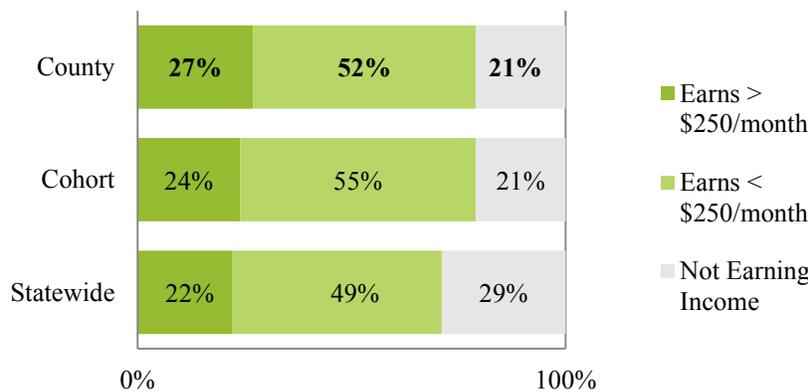


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Goodhue County	15%	16%	69%
Cohort	14%	19%	67%
Statewide	10%	15%	75%

In 2011, Goodhue County served 160 working age (22-64 years old) CCB participants. Of working age participants, 30.6 percent had earned income, compared to 32.5 percent of the cohort's working age participants. **Goodhue County ranked 22<sup>nd</sup> of 87 counties in the percent**

**of CCB waiver participants earning more than \$250 per month.** In Goodhue County, 15.0 percent of the participants earned \$250 or more per month, compared to 13.5 percent of its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



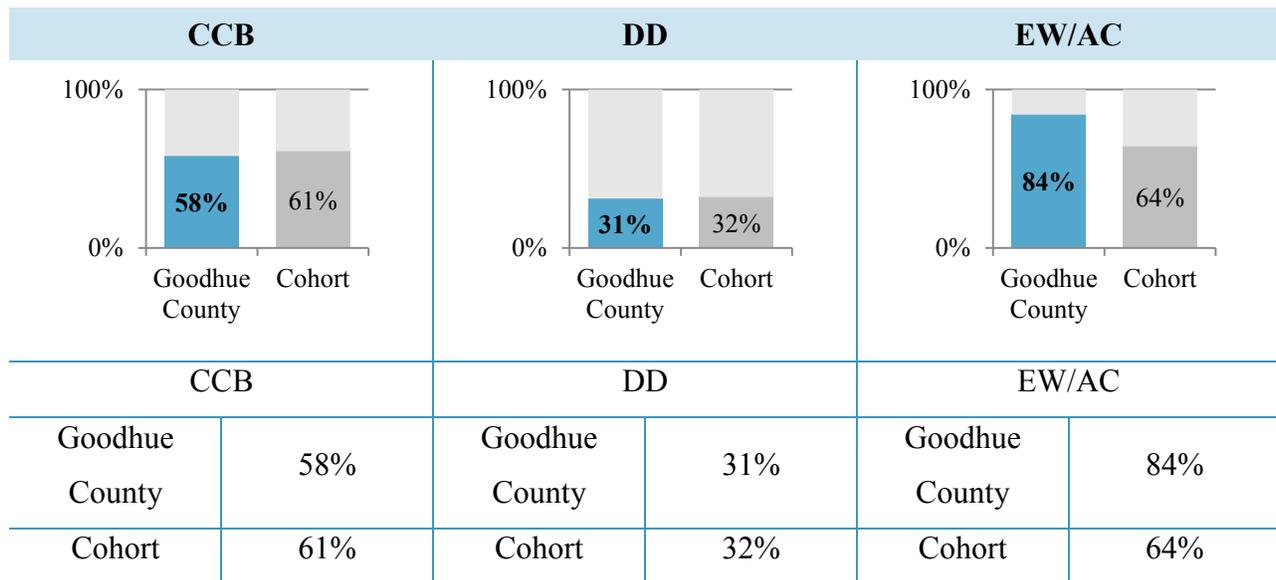
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Goodhue County	27%	52%	21%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2011, Goodhue County served 108 DD waiver participants of working age (22-64 years old). **The county ranked 34<sup>th</sup> in the state for working-age participants earning more than \$250 per month.** In Goodhue County, 26.9 percent of working age participants earned over \$250 per month, while 23.7 percent of working age participants in the cohort as a whole did. Also, 78.7 percent of working age DD waiver participants in Goodhue County had some earned income, while 78.8 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**Sustainability**

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

**Percent of Participants Living at Home (2011)**



**Goodhue County ranks 60<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 98 participants at home. Between 2007 and 2011, the percentage decreased by 2.7 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 2.0 points. In 2011, 58.0 percent of CCB participants in Goodhue County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

**Goodhue County ranks 34<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 53 participants at home. Between 2007 and 2011, the percentage decreased by 2.3 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by 0.5 percentage points.

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

**Goodhue County ranks 19<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 228 participants at home. Between 2007 and 2011, the percentage increased by 3.4 percentage points. In comparison, the percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Goodhue 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 (2011)**

	<b>CADI</b>	<b>DD</b>												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Goodhue County</td><td>\$80</td></tr> <tr><td>Cohort</td><td>\$101</td></tr> </table>	Category	Rate	Goodhue County	\$80	Cohort	\$101	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Goodhue County</td><td>\$179</td></tr> <tr><td>Cohort</td><td>\$180</td></tr> </table>	Category	Rate	Goodhue County	\$179	Cohort	\$180
Category	Rate													
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Goodhue County	\$179													
Cohort	\$180													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Goodhue County</td><td>\$149</td></tr> <tr><td>Cohort</td><td>\$163</td></tr> </table>	Category	Rate	Goodhue County	\$149	Cohort	\$163	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Goodhue County</td><td>\$212</td></tr> <tr><td>Cohort</td><td>\$220</td></tr> </table>	Category	Rate	Goodhue County	\$212	Cohort	\$220
Category	Rate													
Goodhue County	\$149													
Cohort	\$163													
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Goodhue County	\$212													
Cohort	\$220													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Goodhue County</td><td>\$40</td></tr> <tr><td>Cohort</td><td>\$62</td></tr> </table>	Category	Rate	Goodhue County	\$40	Cohort	\$62	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Goodhue County</td><td>\$102</td></tr> <tr><td>Cohort</td><td>\$93</td></tr> </table>	Category	Rate	Goodhue County	\$102	Cohort	\$93
Category	Rate													
Goodhue County	\$40													
Cohort	\$62													
Category	Rate													
Goodhue County	\$102													
Cohort	\$93													

**Average Rates per day for CADI services (2011)**

	Goodhue County	Cohort
Total average rates per day	\$79.99	\$101.14
Average rate per day for <b>residential</b> services	\$148.53	\$163.08
Average rate per day for <b>in-home</b> services	\$40.15	\$62.15

**Average Rates per day for DD services (2011)**

	Goodhue County	Cohort
Total average rates per day	\$178.51	\$179.75
Average rate per day for <b>residential</b> services	\$211.53	\$219.77
Average rate per day for <b>in-home</b> services	\$101.50	\$93.24

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 Goodhue County is \$21.15 (20.9 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Goodhue County spends \$14.55 (8.9 percent) less on residential services and \$22.00 (35.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Goodhue County ranks 18<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

**The average cost per day for DD waiver participants in Goodhue County is \$1.24 (0.7 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Goodhue County spends \$8.24 (3.7 percent) less on residential services but \$8.26 (8.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Goodhue County ranks 50<sup>th</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

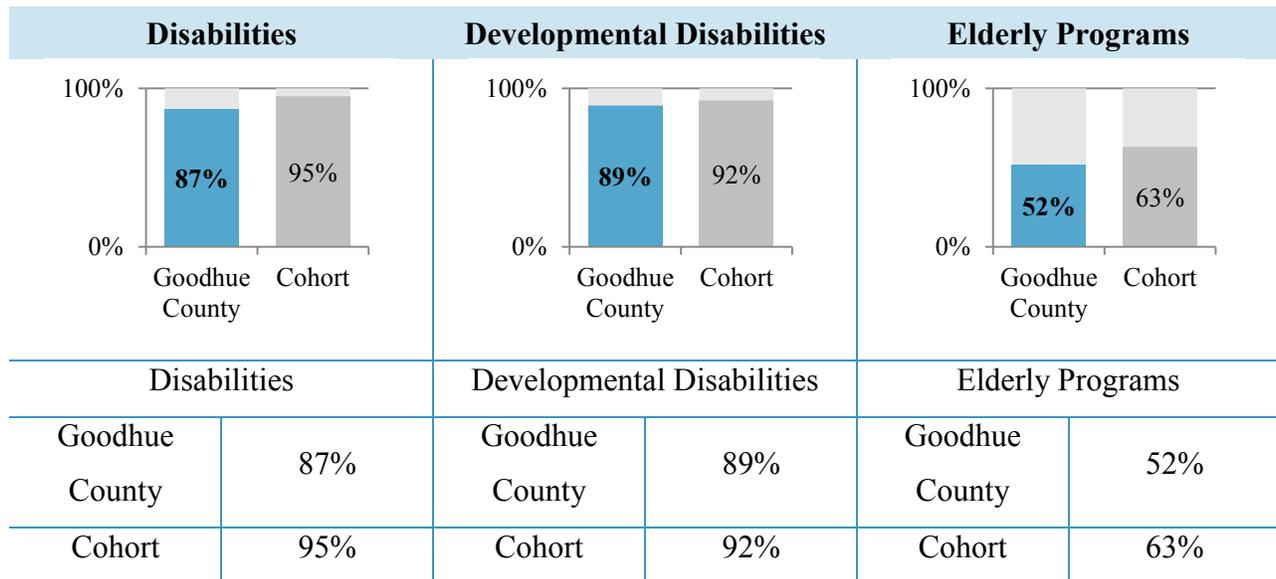
**Goodhue County has a lower use in the CADI program than its cohort of some residential based services** (Foster Care (17% vs. 25%), and a higher use for others (Customized Living (12% vs. 11%)). The county has a similar overall use of vocational services (Prevocational Services (6% vs. 9%) and Supported Employment Services (15% vs. 12%)). They have a higher use of some in-home services including Homemaker (43% vs. 29%), Home Delivered Meals (26% vs. 19%), and Independent Living Skills (23% vs. 20%). Fifty-three percent (53%) of Goodhue County's total payments for CADI services are for foster care (44%) and customized living (9%) which is lower than its cohort group (54%). Goodhue County's family foster care rates are notably higher than its cohort when billed monthly (\$4,240.59 vs. \$3,411.75 per month), but are notably lower when billed daily (\$115.85 vs. \$174.89 per day). Similarly, its corporate foster care rates are notably higher than its cohort when billed monthly, but are notably lower when billed daily (\$6,119.87 vs. \$5,459.40 per month and \$185.14 vs. \$228.58 per day).

**Goodhue County's use of Supportive Living Services (SLS) is slightly lower than its cohort (67% vs. 68%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The county's use of vocational services is lower than its cohort (Day Training & Habilitation (58% vs. 61%) and Supported Employment (2% vs. 4%). Its use of Respite Services (23% vs. 18%) and CDCS (12% vs. 9%) are higher than its cohort.

## Usage of Long-Term Care Services

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

**Percent of LTC Participants Receiving HCBS (2011)**



**In 2011, Goodhue County served 262 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 57 in institutional care.** Goodhue County ranked 82<sup>nd</sup> of 87 counties in the percent of LTC participants receiving HCBS; 86.5 percent of their LTC participants received HCBS. This is lower than their cohort, where 94.6 percent were HCBS participants. Since 2007, Goodhue County has increased its use of HCBS by 3.5 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Goodhue County served 189 LTC participants (persons with development disabilities) in HCBS settings and 29 in institutional settings.** Goodhue County ranked 60<sup>th</sup> of 87 counties in the percentage of LTC participants receiving HCBS with 89.3 percent of its LTC participants receiving HCBS; a slightly lower rate than its cohort (91.9 percent). Goodhue County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 2.1 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

**In 2011, Goodhue County served 281 elderly LTC participants (over the age of 65) in HCBS settings and 264 in institutional care.** Goodhue County ranked 64<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 52.3 percent received HCBS. This is lower than their cohort, where 63.3 percent were HCBS participants. Since 2007,

Goodhue County has increased its use of HCBS by 9.9 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

#### Nursing Facility Usage Rates per 1000 Residents (2011)

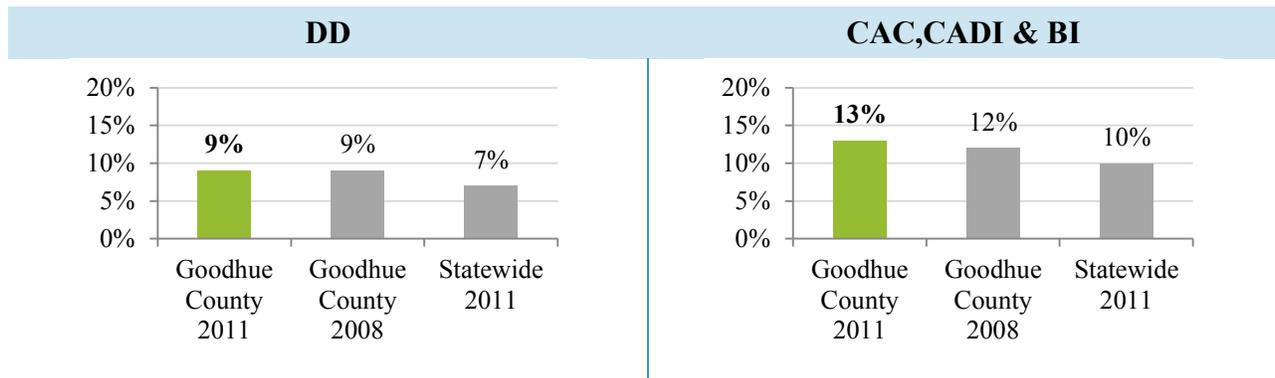
	Goodhue County	Cohort	Statewide
Age 0-64	0.88	0.35	0.47
Age 65-84	26.82	24.75	23.11
TOTAL	4.83	3.54	3.24

In 2011, Goodhue County was ranked 41<sup>st</sup> in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. In addition, Goodhue County has a higher nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has remained stable in Goodhue County. Overall, the number of residents in nursing facilities has increased by 1.4 percent since 2009.

### Managing Resources

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

**Budget Balance Remaining at the End of the Year**



	DD	CAC, CADI, BI
Goodhue County (2011)	9%	13%
Goodhue County (2008)	9%	12%
Statewide (2011)	7%	10%

**At the end of calendar year 2011, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Goodhue County had a 9% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Goodhue County’s DD waiver balance is identical to its balance in CY 2008 (9%), but larger than the statewide average (7%).

**At the end of calendar year 2011, the CCB waiver budget had a reserve.** Goodhue County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Goodhue County had a 13% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%) and the balance in FY 2008 (12%).

Goodhue County does not have a waitlist for the CADI program. Supervisors shared that whenever they receive a referral, a supervisor or a case aide runs a simulation in the Waiver Management System (WMS) to assess the cost of awarding a new waiver slot. The team meets once a month to review new or potential cases. If an urgent case comes up in between regular meetings, the supervisor makes the decision about the case. Case managers have a form to fill out with any requests for any service changes or funding increases for existing waiver participants.

The county currently has a waitlist for the DD program. Participants who have been screened and are eligible are placed on this waitlist, which includes individuals who would like services as soon as possible and individuals who will want services in the future. For those wanting services at this time, a priority list is put together based on health and safety needs. There is a formal policy in place for the priority list and this is reviewed at the weekly unit meeting. The lead DD worker runs simulations in WMS. DD also has weekly meetings where they talk about cases, then prioritize slots based on the participant's needs, caregiver availability, and other circumstances. Case managers have a request form to fill out, and present their case to the waiver management team to decide on.

### **County Feedback on DHS Resources**

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

**Goodhue County Case Manager Rankings of DHS Resources**

<b>Count of Ratings for Each Resource</b>	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	0	1	2
Help Desk	0	0	0	3	4
Disabilities Service Program Manual	0	0	0	3	1
DHS website	0	0	5	2	1
E-Docs	0	0	1	0	4
Disability Linkage Line	0	0	1	1	3
Senior Linkage Line	0	0	2	1	3
Bulletins	0	2	1	7	0
Videoconference trainings	0	0	5	6	0
Webinars	0	0	7	1	0
Regional Resource Specialist	0	0	3	0	2
Listserv announcements	0	1	2	0	0
MinnesotaHelp.Info	1	0	0	0	0
Ombudsmen	0	0	1	0	1

County staff shared that Policy Quest has been very helpful and that the turnaround for receiving responses to questions has been very fast, but that sometimes more information is needed to interpret the answers. Supervisors have found the Disabilities Service Program Manual to be good for overview information, but not very helpful for interpretation and wish that information about the elderly programs was also included. County staff stated that they use the DHS website a lot and have found it to helpful, but it is difficult to navigate using the search tool, and it takes too long to find information. Case managers shared that they refer participants to the Disability and Senior Linkage Lines, but said that these two resources do not always have needed answers and information available. Supervisors have said bulletins are helpful for the most part but that

interpretation can be difficult. Supervisors also stated that they like getting the Listserv announcements and mentioned that it would be nice to direct them to the program they are intended for. Case managers shared that sometimes there is too much information in the listservs to go through.

County staff said that the usefulness of videoconference trainings depends on the presenter. They added that they sometimes have to travel to Rochester to attend. County staff shared that they like the webinars and like that more people can attend because they do not have to travel. However, they have had some technical issues with them at times. County staff have found the RRS to be a very knowledgeable reference. Supervisors shared that this person has been very helpful with the ICF/DD that is scheduled to close and is going to help facilitate communication with families. Case managers stated that they have found MinnesotaHelp.Info to be confusing, and they do not like that they cannot filter by provider type.

## County Strengths, Recommendations & Corrective Actions

The findings in the following sections are drawn from reports by the county staff, reviews of participant case files, and observations made during the site visit.

### Goodhue County Strengths

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

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

During the previous review in 2007, Goodhue County received a corrective action for the following items being out of compliance: screenings on time, timeliness of care plan after assessment, health and safety issues addressed in the care plan, current care plan, signatures in the care plan, BI and CAC forms, OBRA Level One form, signatures in DD screenings, and back-up plan and emergency contact information for CCB participants. In 2013, none of these issues remain for Goodhue County indicating technical improvements over time.

- **Goodhue County case managers developed close relationships with participants over time.** The case managers build relationships with participants and their families, and have good continuity over time. Case managers are experienced and collaborate across disciplines which allows them to navigate easily across programs within the agency and provide seamless services for participants.
- **Case managers collaborate well with other units that serve participants and are supported in their work.** For example, county waiver staff work closely with mental health staff to ensure the health and safety of participants. They have monthly full-team meetings and consultations with mental health staff. Case managers also benefit from supportive leadership. County leadership is knowledgeable and keep case managers informed about waiver requirements and changes; this is reflected in the high rates of compliance for the case file review. The role of the LTC case aides also allows case managers to focus more on their interactions with participants.
- **Goodhue County staff are well-connected with providers and other organizations that serve participants.** Case managers have worked to build strong relationships with area providers who can provide quality services for participants. Geographic designations have allowed case managers to gain knowledge of local services and resources, both informal and formal. Goodhue County has also designated a case manager as a South Country MCO liaison and a DD worker as an out-of-county school liaison. These additional roles help the county form good relationships and communicate more effectively with those serving participants. Providers responding to a survey identified open communication with case managers as a county strength.
- **The case files reviewed in Goodhue County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the file, including the CAC form, BI form, OBRA Level One, informed consent to share private information, right to appeal, signed and dated care plans, and current DD screening documents. The county also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the AC and

DD cases included emergency contact information and all (100%) of AC cases included a back-up plan.

## Recommendations

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

- **Goodhue County should adopt strategies to reduce current caseloads.** Caseloads will continue to grow over time and continually changing requirements and complexity of cases will make administering the waiver programs more complicated. The county may want to consider strategies such as: hiring additional staff, reducing other duties currently assigned to case managers, and expanding use of contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages. Having additional support systems in place for training and mentorship in place will become more critical as Goodhue County prepares for upcoming retirements.
- **Goodhue County should update care plan formats to ensure that in addition to including required information about participant health and safety, needs, services, and goals, the document is also participant-friendly.** The South Country Health Alliance care plan that the county currently uses has a checkbox and grid format that is not conducive to creating a quality, participant-friendly care plan. In addition, the DD program currently does not use a care plan format consistently. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their needs, services, goals, etc.
- **Goodhue County should build off of current provider monitoring practices and existing consumer satisfaction sheets and use them consistently across waiver programs.** In addition to standard questions to document provider performance and satisfaction, visits sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. The county's foster care licenser currently checks in with DD case managers

before foster care licensing visits, but should also survey LTC case managers who use the same foster care services.

- **Goodhue County should be proactive in addressing emerging and future service needs, including building capacity to serve high need participants in their own homes and expanding community based employment opportunities for participants with disabilities.** The county should be deliberate in developing these services and work with providers and neighboring counties who have similar needs for this type of service capacity. Set expectations for providers and ensure they can be accessed by all participants regardless of their age or disability. Goodhue County currently has an emerging transition age population who will want options for independent housing and community-based employment. By supporting more participants to live independently, space in more expensive residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the county should work with providers to repurpose the vacant foster care beds to meet future needs.
- **Goodhue County has reserves in the DD and CADI budgets and is able to serve additional participants in these programs.** Goodhue County's DD waiver budget balance was 9% at the end of calendar year 2011 and they have a waiting list. There was also a 13% balance in the CADI, CAC and BI programs at the end of FY 2011. There is room to add more people to reduce or eliminate the waiting list or enhance services such as supportive employment for current participants. The county could consider using CADI funds to serve DD participants if funding is available and the participant meets the level of care standard. The county may also want to consider using their accounting expertise to help manage allocations in the Waiver Management System.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Goodhue County was found to be inconsistent in meeting state and federal requirements and will require a response by Goodhue County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined

that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Goodhue County will be required to take corrective action.

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, 11 of 17 DD cases reviewed (64.7%) had case manager visits less frequently than on a biannual basis. Additionally, seven DD cases (41.2%) had not been seen in the previous six months.
- **Beginning immediately, ensure that case files include the Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a condition related to developmental disability on an annual basis. Six out of nine DD cases reviewed with a related condition did not have complete and current documentation in the file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Goodhue County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 12 cases. All items are to be corrected by May 13, 2013 and verification submitted to the Waiver Review Team to document full compliance. Goodhue County submitted a completed compliance report on April 12, 2013.

## 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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	13	N / A	0	13	N / A	N / A
Screenings done on time for new participants (PR)	85%	81%	84%	100%	CCB, DD	AC / EW
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	83%	81%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=43</b>	<b>CCB n=26</b>	<b>DD n=17</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	93%	95%	89%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	99%	98%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	66%	67%	62%	71%	N / A	AC / EW, CCB
Choice questions answered in care plan (PR)	99%	98%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	63%	79%	42%	53%	N / A	CCB, DD

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=43</b>	<b>CCB n=26</b>	<b>DD n=17</b>	<b>Strength</b>	<b>Challenge</b>
Inclusion of caregiver needs in care plans	43%	33%	100%	100%	CCB, DD	AC / EW
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	83%	N / A	N / A	83%	N / A	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
CAC Form	100%	N / A	100%	N / A	CCB	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Never	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	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 (Provider survey, n=16)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (Provider survey, n=16)	81%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=43</b>	<b>CCB n=26</b>	<b>DD n=17</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	87%	100%	100%	35%	AC / EW, CCB	DD
Health and safety issues outlined in care plan (PR)	83%	86%	88%	65%	N / A	DD

<b>PARTICIPANT SAFEGUARDS (continued)</b>	<b>ALL</b>	<b>AC / EW n=43</b>	<b>CCB n=26</b>	<b>DD n=17</b>	<b>Strength</b>	<b>Challenge</b>
Back-up plan (PR for CCB)	85%	98%	100%	29%	AC / EW, CCB	N / A
Emergency contact information (PR for CCB)	99%	98%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=43</b>	<b>CCB n=26</b>	<b>DD n=17</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	99%	98%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	99%	98%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	95%	98%	100%	82%	AC / EW, CCB	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=43</b>	<b>CCB n=26</b>	<b>DD n=17</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	66%	67%	65%	65%	N / A	ALL
Documentation of participant satisfaction in the case file	22%	21%	31%	12%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	97%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	52%	87%	89%	N / A	ALL
Percent of LTC funds spent on HCBS	N / A	28%	79%	86%	N / A	ALL
Percent of waiver participants with higher needs	N / A	43%	64%	82%	N / A	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	93%	CCB, DD	N / A

<b>SYSTEM PERFORMANCE (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of waiver participants served at home	N / A	84%	58%	31%	AC / EW	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	15%	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.

**MN Choices** is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

**Participants** are individuals enrolled and receiving services in a HCBS program.

**Promising practice:** An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

**Policies** are written procedures used by lead agencies to guide their operations.

**Provider contracts** are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

***Provider Survey:*** Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

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

***Residential Services*** support people in outside of their homes, and include supported living services, foster care and customized living services.

***Waiver Review Performance Indicators Dashboard*** is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

***Waiver Review Site visit*** refers to the time DHS and IG are on site with the lead agency to collect data used in this report.