

Minnesota Department of **Human Services**

# Home and Community-Based Services

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## Lead Agency Review

Report for: **Isanti County**

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## About the HCBS Lead Agency Review process

### Overview

Minnesota strives to help people live as independently as possible so they can continue to be a part of their communities. Each year about \$3.9 billion in state and federal funds is spent on Medical Assistance Long-Term Service and Support (LTSS) programs that serve over 80,000 people. These programs are large and demand is growing. By 2020, they will serve nearly 110,000 people. LTSS programs have a large impact on Minnesotans, so it is crucial that they enhance the quality of life and independence of people who rely on them.

Home and Community-Based Services (HCBS) refers to the long-term services and supports an individual needs due to a chronic health condition or disability that are delivered in home or other community-based settings. These services and supports include private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The HCBS Lead Agency Review examines six programs: (1) Alternative Care (AC) Program, (2) Brain Injury (BI) Waiver, (3) Community Alternative Care (CAC) Waiver, (4) Community Alternatives for Disabled Individuals (CADI) Waiver, (5) Developmental Disabilities (DD) Waiver and (6) Elderly Waiver (EW). The CAC, CADI and BI programs, referred to as the CCB programs, and the DD waiver program generally serve those 64 and younger; while the EW and AC programs serve persons aged 65 and older.

The overarching goal of the HCBS Lead Agency Review is to determine how HCBS programs are operating and meeting the needs of the people they serve. Local and national pressures are influencing the current system and encouraging the state to re-examine how to best support people receiving services in a person-centered way. Some of these pressures include: [Minnesota's Olmstead Plan](#) and [Jensen Settlement Agreement](#), [Federal HCBS rule changes](#), [Minnesota Statute 245D](#), and the [Positive Supports rule](#). Additionally, the demand for services continues to grow faster than available revenues. All of these changes require that practices be aligned with person-centered thinking, person-centered planning, and positive supports to ensure high quality and sustainable programs.

This evaluation process helps the Minnesota Department of Human Services (DHS) assure the compliance of counties and tribes in the administration of HCBS programs, share performance on key measures and outcomes, identify best practices to promote collaboration between lead agencies (counties, tribes, and Managed Care Organizations), and obtain feedback about DHS resources to prompt state improvements. Successfully serving Minnesotans hinges on state partnerships with counties, tribes, and other agencies involved in administering and delivering the programs.

### Mixed methods approach

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. These methods are intended to provide a full picture of compliance, context and practices within each lead agency, and further explain how people benefit from the HCBS programs. The data collection methods are intended to glean supporting information, so that when strengths, recommendations or corrective actions are issued, they are supported by multiple sources.

Table 1 summarizes the number of sources reviewed in the lead agency for each data collection method.

**Table 1: Summary of data collection methods**

<b>Method</b>	<b>Numbers for Isanti County</b>
<b>Case file review</b>	43 cases
<b>Provider survey</b>	40 respondents
<b>Supervisor phone interviews</b>	2 interviews with 2 staff
<b>Case manager and assessor survey</b>	8 respondents
<b>Case manager and assessor focus group</b>	1 focus group with 10 staff
<b>Assurance plan</b>	1 assurance plan completed
<b>Supervisor meeting</b>	1 meeting with 4 staff

**About the lead agency**

**Department management**

In December 2015, DHS conducted a review of Isanti County’s HCBS programs. Isanti County is a large suburban county located in eastern Minnesota. Previous HCBS lead agency reviews were conducted in 2007 and more recently in 2013.

The HCBS programs are managed by the Family Services Department. The Adult Services unit is the lead for all of the waiver programs. Isanti County currently does not serve as a contacted care coordinator for any Managed Care Organizations. Their main offices are located in Cambridge, Minnesota.

Isanti County Family Services Department also works with the Isanti County Public Health Department who is located in a separate building down the street. Their role is to assist the Adult Services unit with MnCHOICES assessments across all waivers and programs as well as manage other public health programs such as disease prevention, outreach, WIC, and complete family home visits.

**Persons served**

Statewide 94% of people receiving long-term services and supports do so with community-based services. HCBS provides people with more control over services, which promotes independence and reduces costs over institutional care. Table 2 shows the percent of people receiving HCBS by program in Isanti County.

**Table 2. Percent of people receiving HCBS (2014)**

<b>Program or Disability Type</b>	<b>Isanti County</b>	<b>Cohort</b>
<b>Disabilities</b>	96.0%	93.1%
<b>Developmental Disabilities</b>	90.7%	92.1%
<b>Elderly</b>	63.5%	62.2%

In State Fiscal Year 2014, Isanti County’s population was approximately 38,413 and served 385 people through the HCBS waiver programs. Table 3 shows the number of people enrolled in HCBS waivers by program.

**Table 3. Number of people enrolled in HCBS by program**

<b>Program</b>	<b>2010</b>	<b>2014</b>
<b>CCB</b>	101	127
<b>DD</b>	66	81
<b>EW/AC</b>	152	177

One indicator which determines how well these programs support independence and person-centered outcomes is the percent of people on the waivers with high needs. A higher percentage of people with high needs shows that services are available to support people in the community even when they need more intense supports. Table 4 shows the percent of people on the waivers with high needs.

**Table 4. Percent of people on waivers with high needs (2014)**

<b>Program</b>	<b>Isanti County</b>	<b>Cohort</b>
<b>CCB</b>	77.2%	75.1%
<b>DD</b>	90.1%	81.3%
<b>EW/AC</b>	62.7%	53.3%

Persons with higher needs are those with a case-mix of "B"- "K" for CCB and EW/AC. Persons with higher needs are those with Profiles 1 through 3 for DD.

**Staffing roles and responsibilities**

Isanti County has number of staff who manage various programs and carry mixed caseloads. The supervisor in the Adult Services unit oversees a total of nine staff across all programs including MnCHOICES assessments, waiver case management, adult protection and intake. Of those staff, eight are social workers and one is a case aide designated for that unit. Two of the social workers are certified assessors and only complete MnCHOICES assessments, both initial and reassessments. Four social workers are waiver case managers and serve those across all programs while another staff member handles the adult protection cases. There is also a social worker who focuses on intake.

There is one Public Health supervisor who oversees seven staff. Two of the seven nursing staff are MnCHOICES assessors who do initial assessments alongside the certified assessors in the Adult Service unit. They also do MnCHOICES assessments for those receiving Personal Care Assistance (PCA) services. Assessors in both the Public Health Department and Adult Services unit work across all of the wavier programs.

For those open to both the waiver and mental health targeted case management, there are two separate workers with the mental health case manager taking the lead on coordinating services. Case aides also play a critical role in service delivery. There are two separate case aides across both Public Health and Adult Services. In Adult Services, the case aide enters data such as screening documents, service agreements, and SSIS data as well as tracks MnCHOICES assessments and quality improvement projects. In Public Health, the case aide also does data entry and PCA service agreements for those on waivers. Overall, case aides are seen as valuable and critical members of the team.

### **Intake, assessment, and case assignment**

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All intake is handled through the Adult Services unit of the Family Services Department. All social work staff, including case managers and assessors, and case aide participate in daily intake coverage on a rotating basis to take incoming referrals. To further streamline the referral process, there is a central phone number for community members to call for assistance. The lead agency often gets referral calls from various sources such as providers, hospitals, individuals and families. The county utilizes a computer system that tracks who is on intake coverage that day and incoming phone calls are transferred accordingly. Use of the central phone number decreases the chance that people will have to interact with multiple staff, thus helping to build a strong working relationship with community members.

Once the initial referral is completed by the intake worker, the case aide assigns a certified assessor from either Public Health or Family Services to complete the initial assessment through MnCHOICES. These initial MnCHOICES assessments are assigned between departments on a rotating basis, with each department trading off incoming referrals. Reassessments are also completed through MnCHOICES and are assigned in a similar manner with assessors from both entities sharing the responsibility. The case aide maintains a list of incoming referrals and current staff. Reassessments may be completed by the same assessor if it is in the best interest of the person being served.

Assessors, intake workers, supervisors and the designated HCBS program financial worker meet weekly to discuss the status of the initial assessments completed and report who is ready to be transferred for ongoing case management. Once confirmed, the Adult Services supervisor reviews her list of staff and assigns an ongoing case manager. Prior to the official hand off to the waiver case manager, the intake worker makes the necessary changes in SSIS. After that is completed, the file is sent electronically to the ongoing case manager. There is often a conversation between staff at this time as well to ensure important information is transferred effectively.

Currently, Minnesota Statute requires LTSS assessments to be completed within 20 days from the initial intake in order to ensure equal and expedient access to all people requesting HCBS services. Isanti County had 100% of assessments completed on time in EW, AC, and DD while CCB had 83% completed within required timelines. This illustrates the overall efficiency of their intake and assessment process, as well as the lead agencies dedication to ensuring people receive assistance in a timely and effective way.

### **Maintaining programmatic expertise**

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As HCBS programs' requirements and expectations change, the lead agency must stay up-to-date in order to provide seamless services. There are several strategies lead agency staff employ to stay current with program and policy changes, successfully implement those changes, address related challenges and maintain expertise in the HCBS programs.

Isanti County deploys various strategies to maintain program expertise among all staff with a focus on peer learning and continuous education. Supervisors across both departments consult informally with their staff each week and through monthly meetings. Bulletins, statutes and other training materials are read and reviewed by supervisors and forwarded onto staff accordingly. Staff also participate in webinars, trainings, discussions with regional partners and peers to maintain their knowledge of the various waiver programs and related services. To ensure staff compliance with program requirements,

the Adult Services supervisor is also working on re-organizing and formalizing their internal audit process. Both supervisors and staff acknowledge that staff are often generalists and need to know a lot about all of the waiver programs.

The weekly meetings between departments is seen as extremely beneficial and invaluable by both assessors, intake workers and supervisors in maintaining knowledge across programs. Topics discussed include status of those that have been assessed, MA eligibility issues, case assignment, and additional training topics. This weekly meeting was referenced by both supervisors as key to the success of transitioning to MnCHOICES. The Public Health supervisor also reviews support plans and assessments completed by assessors to ensure quality and compliance. There is also a checklist used that stays in each file to ensure the necessary information is transferred to the ongoing waiver case manager during the case assignment process.

The supervisor within Family Services also looks at the monthly rate management system reports from DHS to find errors. Once errors are identified, they talk with case managers and do remediation as necessary. Case managers' report that they use DHS video conferences and rely on each other for knowledge about the programs. MnCHOICES mentors share regular updates with the staff from trainings they have attended and the management staff supports the attendance of other state-wide conferences hosted by Minnesota Social Services Association (MSSA) and Odyssey. Management staff point out that the biggest challenge is keeping up with the number of changes in the HCBS programs and the apprehension that goes with wanting to do a good job in the midst of these changes. Overall respondents of the provider survey had positive regard for the county's ability to keep up with and respond to various changes while maintaining program knowledge.

### Working across the lead agency

The Lead Agency Review process looks at internal and external working relationships to gain greater insight into how the lead agency works together as a whole, how services are being delivered, and how the agency interacts with others delivering these services. Effective working relationships, both internally and externally, increases the level of coordination and quality of the services being delivered.

#### Internal relationships

Internal relationships at Isanti County are described as using a team approach model with a focus on peer learning and problem solving. Staff attend joint meetings and rely on each other for sharing knowledge about all programs and services across both departments. Most staff have experience working in other private and public sectors including schools, nursing facilities and other county positions. Additionally, most staff have been there for several years creating a sense of longevity and a strong knowledge base.

The physical distance between the Public Health and Family Services departments has not impacted their ability to work together effectively. There is a close working relationship between the assessors and case managers which seems to be the cornerstone of the strong internal relationships across the county. Both departments' staff consult with each other regularly to share their knowledge and expertise. It is not uncommon for supervisors to share resources with each other's staff regarding trainings or program changes. This practice is appreciated by both supervisors. Due to the close working relationship between departments they are also able to share decision-making processes and provide referrals to each other.

Relationships were strong between social workers and other Adult Services staff as confirmed by supervisors, case managers and assessors. Financial workers were seen as valuable, patient, responsive and knowledgeable. They communicate regularly through email and phone. There are two financial workers that work primarily with both the Family Services and Public Health MnCHOICES team and case managers. They also assist in the area of long term care program eligibility which helps to ensure eligibility issues are addressed in an effective manner. These close relationships aide in the ability of staff to see how their work affect's one another, particularly around issues of MA eligibility. Case managers reported that assessors create quality support plans and were willing to help out with questions or and participate in case consultation. Case managers were seen by assessors as having a wealth of knowledge and communicate regularly.

Collaboration among staff and adult and child protection workers was also rated as strong by both staff and supervisors. This collaboration also acts as a source of referrals for both HCBS programs and Adult Protection Services. Additionally, both a protection worker and a case manager or assessor may attend meetings with people as necessary or requested. Case managers are notified if there is an open case on someone they work with. There is also an internal review team that reviews incoming protection reports and an interdisciplinary team made of up various public stakeholders that work on adult protection issues. When it comes to child protection, case managers report that workers are more cautious to share information and they may need to seek out such information if needed.

Waiver case managers also work with those who are open to targeted mental health case management. In these situations, the mental health case manager is the lead worker and consults with the waiver case manager regularly when needed. Public Health assessors also might request that mental health staff to be part of the assessment process if it would help provide better service and assessment. Case managers also explained that they act as the liaison between the adult mental health worker and financial worker to assist with effective service delivery.

### **External relationships**

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During the Lead Agency Review, case managers and assessors were asked to rate their working relationships with other local service providers. Case managers and assessors only rated agencies they have had experience working with. Table 5 lists the results of the focus group ranking of local agency relationships.

**Table 5: Isanti County Case Manager/Assessor Rankings of Local Agency Relationships**

<b>Local Agencies</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Not applicable</b>
School districts (IEIC, CTIC, etc.)	0%	20%	20%	60%
Nursing facilities	0%	25%	75%	0%
Hospitals	0%	20%	70%	10%
Primary care clinics	0%	20%	60%	20%
Mental health service providers	0%	22%	44%	33%
Area Agency on Aging	0%	40%	30%	30%
Crisis services	0%	0%	22%	78%
Foster care providers	0%	20%	80%	0%
Customized living facilities	0%	30%	60%	10%
Center-based day programs	0%	20%	70%	10%
Community-based employment providers	0%	11%	44%	44%
Home health agencies	0%	20%	60%	20%

Lead agency staff shared they have overall good relationships with providers in Isanti County. Relationships with schools, nursing facilities, customized living facilities and primary care clinics were all noted as positive among case managers and assessors. The local school district has a transition program that focuses on vocational skill building and volunteering in the community in addition to academics. Additionally, there is a nurse psychiatrist that is housed at Isanti County who can meet with people in need. Other strengths included strong communication from providers and overall responsiveness. Supervisors note that there is a good network of advocacy, specifically with parents of children in the DD program.

Staff also explained that challenges included difficulty getting releases of information from out-of-county hospitals, finding permanent crisis placements, and finding local foster care providers to work with those with challenging behaviors. Additionally, staff noted that finding employment opportunities is a struggle for both center-based day programs as well as community-based employment providers. Lastly, they explained that there used to be more choices of home health agency providers and that some have stopped accepting waiver programs as payment.

The Lead Agency Review process also includes surveying the providers about their relationship with lead agency staff. In general, providers has positive regard for Isanti County and recognize the work that staff do to ensure that they are meeting the needs of those served. For example, 100% of respondents reported that case managers and assessors are responsive to the person’s changing needs. Furthermore, 100% of those surveyed stated that staff respond in a timely manner and that they receive needed assistance. Providers did point to increased staff turnover and the impact on those receiving services. Isanti County supervisors agree this has been a challenge and are invested in maintaining current staffing levels as well as seeking new positions to assist with growing caseloads.

### Provider monitoring process

It is the lead agency's responsibility to monitor the on-going provision of services for efficacy, people's satisfaction, continued eligibility, while making adjustments when necessary. Lead agency staff appear to do regular drop-in visits with the people they work with. Case file results show staff are visiting with people 3.4 times per program over 18 months. Satisfaction surveys are also used to measure how people feel about the services and supports they receive. One survey is sent by licensing staff to case managers regarding foster care providers and the other survey is given to people enrolled in the waiver programs regarding the lead agency's MnCHOICES intake and assessment processes. Results are then compiled by the case aide and shared with staff for the use of improving services and processes. Case managers also discuss provider performance during staff meetings and as needed. If issues should arise, staff contact providers directly to resolve the issue.

Staff review updates and reports from providers regarding any needs for additional services and send out quality assurance surveys to providers as well. Results are reviewed by supervisors and addressed accordingly. Providers had similar overall positive regard for how staff monitored performance and compliance. They acknowledge regular communication from staff regarding how service are being provided via phone, email and progress reports. They also indicated that they have received feedback from Isanti County which led to improvement on their end of services. Of those surveyed, 30% reported that Isanti County engaged vendors to deliver needed services.

### Person-centered practices and supports

The State of Minnesota has a goal of broadening the effective use of person-centered planning principles and techniques for people with disabilities. People with disabilities will now decide for themselves where they will live, learn, work, and conduct their lives. In addition, the person will choose the services through a planning process directed by the person that discovers and implements what is important *to* the person and what is important *for* the person. This process is meant to improve the person's quality of life.

The [Minnesota Olmstead Plan](#) sees person-centered planning as foundational to overcoming system biases and supporting peoples' ability to engage fully in their communities. These priorities, coupled with changes in federal mandates, require that lead agencies' practices be updated for better alignment.

The Lead Agency Review process evaluates multiple data sources for evidence of person-centered practices within lead agencies using six criteria, or domains. Figure 1 and Table 6 show the results of person-centered practices assessment. These domains focus on various areas of person-centered practices such as: identifying dreams; having the person direct the planning process; providing opportunities for people to connect with others in their communities of choice; providing supports and services that are shaped by the person, and evaluating the quality of those services; and developing organizational alignment with these principals. For more information on the assessment tool and criteria, visit the [Lead Agency Review website](#).

**Figure 1. Person-centered practices assessment**



Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

**Table 6. Average score by domain**

Domain	Average Score
Assessment, Discovery, Exploration	2.34
Planning Practices	2.52
Community Participation and Inclusion	2.38
Current Level of Support and Services	2.50
Organizational Design and Processes	1.75
Evaluation of Person Centered Practices	1.93

Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

Isanti County is strongest in person-centered practices in the areas of level of support and services and planning practices. Supervisors indicate that all assessors have completed training through MnCHOICES and some staff have completed further training provided by the University of Minnesota’s Institute on Community Integration (ICI). Additional training is provided to staff by supervisors at weekly meetings. Areas for improvement suggested by supervisors include staff working to get more detailed information from the person about what they want for employment, housing and services.

Staff confirmed that they received some training regarding person-centered practices and that often trainings offered by University of Minnesota’s ICI were full before they could sign up. They noted that additional trainings would be helpful and that implementing person-centered practices and language into the care plans posed challenges. Of case managers surveyed, 78% indicated that they have the tools and resources to use person-centered practices and have been directed to do so. Additionally,

78% stated that they identify and document what is important to the person as well as what is important for them while creating plans that reflect the person's control over services and supports.

Providers reflected similar sentiments and indicated that staff stay current on person-centered practices and planning (60%). Forty percent also reported that support plans include what is important for the person. Notably, 40% of providers reported that there was no area for improvement regarding person-centered planning. Results from case file review did show a strengths-based perspective with 93% of cases including strengths. There was also consistent use of plain language (100%) and inclusion of service details (95%). Staff consistently referred to the person by their name instead of other identifiers such as 'client' or 'member' and 70% of files included indication of person's satisfaction with services and supports.

### **Jensen Settlement Agreement**

The [Jensen Settlement Agreement](#) is the result of a lawsuit filed against the DHS, which is prompting significant improvements to the care and treatment of people with developmental and other disabilities in the state of Minnesota. People who were a part of this class action settlement are entitled to additional services and supports from DHS and lead agencies to assist them in successfully transitioning into the community setting of their choice.

This lead agency does serve Jensen Settlement Agreement members. Case file review results showed that although there was a person centered plan completed, other content was missing such as dreams, preferred living situation and preferred work, which Isanti County is working to address by having an outside provider facilitate the person centered planning process. The county acknowledges that people want more from their living situation and employment and Isanti County wants to support this. Referrals have been made to providers accordingly. Depending on availability, case managers and or supervisors also attend monthly meetings in Dakota County to learn how best to support their Jensen members.

### **Positive Support Transition Plans**

In accordance with the Jensen Settlement Agreement, DHS was required to modernize "Rule 40" to reflect current best practices, including the use of positive and social behavioral supports. New rules and laws governing positive support strategies have been put into place. In extreme situations where a person's behavior poses an immediate risk of physical harm to themselves or others, a Positive Support Transition Plan (PSTP) is required. The person and their team, including providers and the lead agency case manager, design a PSTP that incorporates positive support strategies into a person's life to eliminate the use of aversive procedures, to avoid the emergency use of manual restraint, and to prevent the person from doing physical harm. It is important for these plans to be monitored to ensure that these new rules are being implemented appropriately and plans are reflecting current best practices. This lead agency did not serve any people with PSTPs at time of review.

### **Service development**

Minnesota strives to help people live as independently as possible so they can continue to be a part of their communities. Increasing the availability of choice and quality of services, helps support people's independence and control over the services and supports that fit a person's needs. The Lead Agency Review evaluates the lead agencies' abilities to connect people to opportunities (i.e. employment) and services (i.e. transportation), as well as how lead agencies ensure quality services are being delivered.

**Employment**

When people have higher monthly earnings, it indicates that community-based employment, and the supportive services sometimes needed to maintain employment, are available. Employment not only provides income for people, but is also one way that people participate in and contribute to their communities. The Minnesota Olmstead Plan establishes statewide goals to increase employment and earnings for people with disabilities. Table 7 and Table 8 show the percent of earning for those who are working by program.

**Table 7. Percent of working age people on the DD waiver with earned income (2014)**

	<b>Not earning income</b>	<b>Earns \$250 or less per month</b>	<b>Earns \$251 to \$599 per month</b>	<b>Earns \$600 or more/month</b>
<b>Isanti County</b>	34.9%	46.0%	15.9%	3.2%
<b>Cohort</b>	21.8%	50.6%	20.0%	7.6%
<b>Statewide</b>	33.5%	42.9%	15.7%	7.8%

**Table 8. Percent of working age people on a CCB waiver with earned income (2014)**

	<b>Not earning income</b>	<b>Earns \$250 or less per month</b>	<b>Earns \$251 to \$599 per month</b>	<b>Earns \$600 or more/month</b>
<b>Isanti County</b>	64.2%	21.7%	9.4%	4.7%
<b>Cohort</b>	62.0%	18.4%	12.0%	7.6%
<b>Statewide</b>	72.5%	14.4%	7.5%	5.5%

Lead agency staff shared that while they have a good network of providers in Isanti County, the overall number of providers available for certain services is very limited. For example, the Home Delivered Meal program is a small program that is run by community volunteers. Additionally, there is one center-based day program in the county where people work in enclaves and complete piece work. Staff went on to say that most employment providers have difficulty finding work for those they serve and will pull in other resources such as Vocational Rehabilitation services as needed. Center-based programs work to find other community-based employment opportunities and make the appropriate referrals.

There are several providers that focus on community-based employment where some people have their own business or work in local retail stores. Staff acknowledge that some people choose to not work and worry that they will lose their other benefits if they do. When this occurs, staff work to educate people on how employment may or may not affect their benefits and direct them to other resources. Providers wanting increased rates for those with high needs was also noted as a challenge to people gaining sustainable employment. Unreliable public transportation and routes that may not be conducive to people’s preferred work schedules also poses difficulties. This is noted as a common challenge of a rural community where 75% of the Isanti county workforce leaves every day to work in the nearby metro area, leaving little options left for others who stay.

Despite the obstacles, staff work to ensure that all employment options are discussed with the person. Additionally, the use of transportation services through the non-enrolled vendor process is used to

assist in increasing people’s access to employment as well as other services. Leadership staff have been working with local transportation providers to increase community access. They report that the provider is open to creating electronic bus passes that would allow for easier access to transportation. Staff are hopeful that they will be able to use this more in the future with those that have difficulty accessing the community for employment and other services. The local center-based day program is also planning to merge with another program in a neighboring county that has a strong track record of finding community-based employment opportunities. Staff are excited about this new relationship and are working with providers to ensure better opportunities for those they serve.

Isanti County’s portion of the Minnesota Olmstead Plan’s benchmark to increase employment and earnings for people with disabilities is approximately 3 people per fiscal year. They will do this by working to develop creative ways to meet people’s employment needs as well as work with local providers to provide more community-based employment opportunities through the upcoming provider merger.

**Housing and services**

Higher percentages of people able to receive services in their own homes versus provider controlled housing and residential settings reflect the availability of more flexible and customizable services. When people are served in their own homes, they have more choices and are able to make more decisions in how they live their life. Services coming into a person’s home must be flexible and must be well coordinated. The Minnesota Olmstead Plan also establishes statewide goals to improve housing integration and choice for people with disabilities. Table 9 shows the percent of people who receive services in their own home.

**Table 9: Percent of people who receive services at home (2014)**

<b>Program</b>	<b>Isanti County</b>	<b>Cohort</b>
<b>CCB</b>	55.9%	59.0%
<b>DD</b>	44.4%	38.5%
<b>EW/AC</b>	76.3%	64.5%

As indicated above, Isanti County overall serves more people at home than their cohort, with CCB programs being the slight exception. They also have served more people at home across all programs over time, except for in their EW/AC programs which as seen a slight decrease from 2010 to 2014. Staff confirm that out-of-home options are seen as a last resort and they work to educate people on all housing options and in-home services. For example, the use of Consumer Directed Community Supports (CDCS) has increased over time as well as other programs like Consumer Support Grant (CSG). This helps to reduce cost by decreasing the use of more costly options as well as keeping people in their homes. Similarly, the low numbers of in-county nursing facility providers and similar service providers are focused more on rehabilitation which may keep the elderly population at home thus making in-home services utilized more often. There is also a new assisted living that recently opened in the county as well which is an option for those that can’t be served in their home.

Despite the increase of those served at home, staff expressed concerns regarding those served in the DD program currently living in an Intermediate Care Facility (ICF) that may be re-licensed as foster care sites. If this were to happen those residing there may have to move. Other concerns included the increase in number of market rate apartments compared to income-based or low-income housing

options. Staff acknowledge that while people may want to live Isanti County and stay at home, they may relocate due to needing to travel for work.

Isanti County is working to address these various barriers and challenges in order to continue serving people at home. There currently is a mental health initiative working to develop more income-based housing options for those served through the waiver programs. They confirm there is a need for more income-based options because people cannot afford market rate housing. There is also a focus for those on the DD waiver and to build a more robust provider base around in-home services such as Semi-Independent Living Skills services and other in-home family supports.

Other service gaps included a lack of crisis services, lack of chore services and barriers to transportation. Increased caseloads and the practice of serving people with higher needs makes these service gaps increasingly significant. To address service gaps, supervisors are open to increasing the use of non-enrolled vendors for Tier 2 services such as chore services or other in-home supports. This practice allows for greater access to different types of services, especially in rural areas, allowing people to have more independence around how services are delivered while keeping them in the community versus residential or institutional settings.

### **Utilization of non-enrolled Tier 2 vendors**

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With the end of lead agency contracts for HCBS services effective January 1, 2014, lead agencies may elect to use vendors not enrolled as a Minnesota Health Care Programs (MHCP) provider for some waiver services to increase local access to those services. Lead agencies choosing to do this must comply with DHS policies and document verification that all providers receiving Medical Assistance funds meet all applicable service standards.

The process for using non-enrolled vendors is overseen by the Adult Services unit supervisor and used typically for home modifications and transportation. The supervisor references instructions in DHS bulletins regarding when and how the process is to be used as well as relevant changes in requirements. She works closely with case managers through the entire process and maintains a file with the most current and updated documents including sample purchase agreements, provider exclusion lists, and vendor logs. Supervisors report that the vendor approval log is very helpful with instructions being clear and easy to follow. Additional trainings are done with staff to ensure the process is well understood and completed correctly. Other documents maintained include a list of all services that can be used, related requirements, approved transportation providers, copy of the current Community-Based Services Manual (CBSM), and copies of current policy changes relevant to the process.

The decision to use non-enrolled vendors is based largely off of the MnCHOICES assessment and subsequent discussions with the person. Staff will often give people lists of commonly used providers as appropriate. For environmental modifications, staff require two different bids from providers to ensure the most cost-effective use of waiver funding. The case manager then has a conversation with the provider after a signed release of information has been received regarding the process and necessary steps. Staff work with the provider to ensure all documentation is completed and work can begin. A request for payment is sent to the case aide and payment is entered into SSIS. The state is then billed for reimbursement. This process allows for more immediate response to the person's need. The commitment to this process and utilization of non-enrolled service providers shows Isanti County's dedication to meeting local needs and making certain services available to people that otherwise may not be.

**Managing resources**

In Minnesota, waiting lists occur when the overall budgets for the waiver programs are limited by the federal and/or state government. A waiting list is created when people who are eligible for the program do not have immediate access because of funding or enrollment limits.

Lead agencies receive separate annual aggregate allocations for the DD and CCB programs. 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). Beginning in 2015, changes in spending and wait list requirements will create added accountability for lead agencies and DHS to ensure timely access to HCBS waiver programs.

The Adult Services unit supervisor is responsible for managing allocations for both DD and CCB programs although the overall process has also been incorporated into weekly staff meetings. Staff give the supervisor information from the screening document along with a worksheet that contains information about the person, projected services, explanation for services and projected cost. This information is worked into the Rate Management System (RMS) by either the case manager or case aid to see how the overall budget is affected. If there is a need for additional funding, the supervisor will contact DHS to request funds.

**Table 10: Combined year-end budget balance and percent of program need met for CCB (2014)**

	<b>Year-end budget balance</b>	<b>Percent of program need met</b>
<b>Isanti County</b>	8%	96.0%
<b>Statewide</b>	8%	96.8%

For the CCB programs, Isanti County had a 8% balance at the end of fiscal year 2014, which is on par with the statewide average (8%). Overall the county has consistently maintained low year-end balances with a decrease from 11% in 2013 to 8% in 2014. Additionally, the year-end balance for 2015 is 6% thus showing that Isanti County has been able to balance risk (i.e. over spending) and access (i.e. long waiting lists) across their CCB programs. The practice and dedication of staff to educate people on other community resources outside of the HCBS program also likely assists in the lead agency’s ability to manage their financial resources.

**Table 11: Combined year-end budget balance and percent of program need met for DD (2014)**

	<b>Year-end budget balance</b>	<b>Percent of program need met</b>
<b>Isanti County</b>	3%	90.7%
<b>Statewide</b>	8%	86%

At the end of calendar year 2014, the DD waiver budget had a balance of 3%. Isanti County’s DD waiver balance is smaller than its balance in CY 2012 (6%), and smaller than the statewide average (8%). When looking over time, their year-end balances have remained consistent with the lowest balance at the end of year 2014.

Isanti County currently has waitlists for the CCB and DD waiver programs which are managed and monitored by the Adult Services unit supervisor. The supervisor reported that she is in the process of working to clean up the waitlists in both programs acknowledging that they have moved several people off of the DD list by completing screenings for the waiver. They are working to remove several people

who were mistakenly put on the list initially. For the CCB programs, MnCHOICES assessments have been assigned for those on the waitlist and they are working on requesting additional allocations. Allocations and waitlists are discussed at the weekly staff meetings as well as at regular waiver review committees. The supervisor reported that the process is more transparent than it used to be with staff being more aware of the overall budget. In Isanti County, the volume of those served through HCBS has increased across all programs compared to their cohort, making the management of allocations and waitlists increasingly significant.

**Lead Agency feedback on DHS resources**

During the Lead Agency 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. Supervisors, case managers, and assessors only rated resources they have had experience working with. Table 12 shows the DHS resources that were rated the highest and the lowest by lead agency staff.

**Table 12: Highest and lowest rated DHS resources by lead agency staff**

<b>Rating</b>	<b>Resource</b>
<b>High</b>	<ul style="list-style-type: none"> <li>• E-Docs</li> <li>• Bulletins</li> <li>• MHCP Provider Manual</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>• MinnesotaHelp.Info</li> <li>• MinnesotaHCBS.info</li> <li>• HB101.org</li> </ul>

Staff had general positive regard for DHS resources and noted that they reference them often. They stated that although MinnesotaHelp.Info is helpful, there are issues with the search function that can result in getting more information than requested or not enough. Leadership staff had similar positive reflections on resources and reported that bulletins, the CBSM, videoconferences, webinars and Linkage Lines are used frequently in trainings with staff and as resources for people served through the waiver programs. They state that when using CountyLink it can be difficult to find information on MnCHOICES although it is used regularly as well.

**Results and findings**

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.

**Follow up from previous reviews**

During Isanti County’s 2013 review, DHS issued several recommendations and corrective actions to prompt lead agency improvements. These were identified by the review team as opportunities where additional actions by the lead agency would further benefit its staff and people receiving services. Table 13 gives an update on the lead agency’s actions on previous recommendations.

**Table 13. Lead agency actions on previous recommendations**

2013 Recommendation	Update on Lead Agency Actions
Assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually	Isanti County has done staff training and developed a form which staff share with individuals. The form contains information about employment and appeal rights.
Develop additional systems or practices to support case managers.	Isanti County has developed checklists and has ongoing trainings with staff to ensure they are knowledgeable about program requirements.
Continue to expand community –based employment opportunities for individuals with disabilities in the CCB and DD programs.	The lead agency did not implement this recommendation.
Work to develop services that support people in the community and in their own homes to reduce reliance on more expensive residential or institutional care.	The lead agency did not implement this recommendation.
Isanti County has reserves in the DD budget and is able to provide additional services to participants these program	The DD allocation is now at 3% and Isanti County is working with DHS staff to reduce their wait lists.

During the previous review in 2013, the lead agency received corrective actions for three areas of non-compliance. Since that time, the lead agency has implemented practices to correct all of the areas of non-compliance. This demonstrates that Isanti County promptly remediates issues to improve its compliance HCBS program requirements.

**Strengths**

The following findings focus on the strengths observed during the recent review of Isanti County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in its community, Isanti County continues to create positive results for the people receiving services.

**Isanti County’s staff collaborate across departments and units to serve people receiving waived services.** Case managers shared that the relationship between social workers and public health nurses is strong. They rely on each other’s expertise and knowledge when serving the people on their caseloads. Isanti County’s HCBS case managers and assessors come from a variety of backgrounds, which gives them added knowledge of other programs or services people likely utilize (e.g. other social service programs, economic assistance programs, local service providers, etc.). Case managers also have good communication with adult and child protection staff as well as the mental health case managers. These strong working relationships enhance the services people are receiving helping them to navigate services and county systems.

**The case files reviewed in Isanti County continue to meet HCBS program requirements.** As indicated in Appendix A, required documentation and forms were included in all case files. For example, 100% of cases contained the related condition checklist, right to appeal and release of information. All LTC assessments and DD screening documents were current. Support plans were current and included the required content, such as a person’s outcomes and goals along with their needs and health and safety concerns.

**The interdisciplinary assessment team is a strength of Isanti County.** There is a weekly meeting where MnCHOICES assessment and reassessment assignments are made. The meetings are attended by the MnCHOICES assessors, the intake worker, a financial worker, and supervisors. Discussions about eligibility, waiver allocations and wait lists occur at the meeting. They use a detailed assessment and reassessment tracking system to ensure staff stay within required timelines. Having these particular staff members at the meeting allows for good problem solving and communication about what is needed to ensure a person can start or continue waiver services in a timely manner.

**Isanti County has effectively used Consumer Directed Community Supports (CDCS) to serve people at home.** In 2014, Isanti County had 16% of people on the CADI program using CDCS while only 7% of people in the cohort used the service. Similarly, in the DD program 23% of people used CDCS compared to the cohort that only had 8% of people using the service. This program is particularly effective at supporting people in their homes because the person designs a plan of care for in-home services and it allows for added flexibility in staffing and other supports. In addition, Isanti County is experiencing growth in the number of people using the Consumer Support Grant program.

## **Recommendations**

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Recommendations are developed by the Lead Agency Review Team, and are intended to prompt improvements in the lead agency's administration of HCBS programs. The following recommendations could benefit Isanti County and people receiving services.

**Expand employment opportunities to ensure people with disabilities have choices for competitive, meaningful and sustained employment.** This recommendation is being reissued due to the increasing importance on providing opportunities for persons with disabilities to fully engage in their communities. The State's Olmstead Plan will require all counties to increase the number of people with disabilities earning at least \$250 per month. This will support Isanti County's ability to reach their Olmsted goals of moving three additional people a year to community based employment. Only 14% of people on CCB programs and 19% of people on DD programs earn more than \$250 a month. The lead agency should continue to work with its providers both inside and out of the county to create opportunities that align with what people want. Isanti County should take advantage of the upcoming provider merger by demanding what they need to increase the work opportunities for people on waiver programs that result in higher wages.

**Continue to work with providers and neighboring counties to develop services that support people in their own homes and reduce reliance on more expensive residential or institutional care.** This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, nursing, and in-home support services. The lead agency is also encouraged to use their non-enrolled vendors to provide chore services or other services with a decreasing provider base to allow people to remain in the community. It is often these softer services such as lawn mowing and snow shoveling that will keep people at home. While 76% of people on the elderly programs live at home only 55% of people in the CCB programs live at home. The lead agency needs to be deliberate in developing these services for people at all levels of need across programs in order to support people living as independently as possible in their own homes.

**Use contracted case management for people living outside Isanti County's borders.** Many lead agencies utilize contracted case management for a variety of reasons such as serving people residing outside of the lead agency or its neighboring counties in an effort to reduce caseloads for case managers and eliminate excessive travel time. Also, a local contracted case manager may have more knowledge of local resources to ensure quality service delivery. Isanti will need to establish a system with strong oversight practices that includes set standards for the contracted case management agency. This may include things such as requiring quarterly face to face visits with people on their caseloads, using Isanti County specific forms, attending specific trainings, or sharing a copy of all case file documentation.

**Ensure that the support planning process and the support plan document are person-centered.** The support plan is the one document that all people receive, and it should include personalized and detailed information about their plan of care. People should be asked about their dreams, where they want to live and work, and how they want to spend their free time. Only 8% of case files reviewed contained information about a person's dreams and only 40% of case files contained information about a person's preferred type of work. All of this should be embedded in the support plan and used, in part, to establish meaningful and customized goals. The support plan should also state how those goals will be monitored and by whom to ensure providers are helping each person realize those goals and dreams. It is important for Isanti County to set expectations for the quality and content of support plans to create consistency across the lead agency. The lead agency should seek out person-centered training for all their staff and work towards becoming a person-centered agency.

### **Corrective action requirements**

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Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements<sup>1</sup>. A corrective action plan must be developed and submitted to DHS, outlining how the lead agency will bring all items into full compliance. Isanti County was found to have no corrective actions, as they were compliant in meeting program requirements which are measured through the case file review process.

### **Required remediation**

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Findings indicate that some case files do not contain all required documentation. Isanti County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), which were given to the lead agency, provide detailed information regarding what items need remediation. All items are to be corrected within 60 days of the site visit and verification submitted to the Lead Agency Review Team to document full compliance. Isanti County has completed remediation on all items found to be non-compliant.

- **Case File Compliance Worksheet:** 5 of 35 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** The cases reviewed require remediation.

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<sup>1</sup> In instances where five or fewer cases are reviewed, compliance is reported as a percentage.

**Appendix A – Case file results dashboard**

Required Items	Total	AC	EW	CAC	CADI	BI	DD
Cases in each program are compliant with case management <b>visit requirements</b> .	100%	100%	100%	100%	100%	100%	100%
The <b>support plan</b> is current.	100%	100%	100%	100%	100%	100%	100%
The person <b>signed the current Support Plan</b> .	100%	100%	100%	100%	100%	100%	100%
Person acknowledges <b>choice</b> in services, providers, etc.	100%	100%	100%	100%	100%	100%	100%
A person's <b>outcomes and goals</b> are documented in the support plan.	100%	100%	100%	100%	100%	100%	100%
A person's <b>needs</b> are documented in the support plan.	100%	100%	100%	100%	100%	100%	100%
A person's <b>health and safety</b> concerns are documented in their support plan.	100%	100%	100%	100%	100%	100%	100%
<b>The services</b> a person is receiving are documented in the support plan.	100%	100%	100%	100%	100%	100%	100%
<b>Service details</b> are included in the support plan (frequency, type, cost, & name).	95%	90%	100%	100%	100%	100%	90%
<b>Information on competitive employment opportunities</b> has been provided annually.	100%	N/A	N/A	N/A	100%	100%	100%
<b>An emergency back-up plan</b> has been completed within the last year.	93%	90%	100%	100%	100%	100%	90%
<b>Assessment is current</b> .	100%	100%	100%	100%	100%	100%	100%
<b>Supplemental Form for Assessment of Children Under 18</b> (DHS-3428C) is completed at the time of assessment.	100%	N/A	N/A	100%	100%	100%	N/A
<b>Timelines</b> between assessment and support plan have been met.	100%	100%	100%	100%	100%	100%	100%
<b>OBRA Level One Screening</b> form is completed.	100%	100%	100%	100%	100%	100%	N/A

Required Items	Total	AC	EW	CAC	CADI	BI	DD
A current <b>AC Program Eligibility Worksheet</b> is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A
A <b>Release of Information</b> to share private information is signed by the person annually.	100%	100%	100%	100%	100%	100%	100%
Documentation that a person received <b>Right to Appeal</b> information in the last year.	100%	100%	100%	100%	100%	100%	100%
Documentation that a person received a <b>Notice of Privacy Practices/HIPAA</b> in the last year.	100%	100%	100%	100%	100%	100%	100%
<b>Application for Title XIX HCBS Waiver Services</b> is completed annually	88%	N/A	N/A	100%	90%	50%	90%
<b>BI Waiver Assessment and Eligibility Determination</b> form) is completed annually.	100%	N/A	N/A	N/A	N/A	100%	N/A
<b>CAC Application or Request for Physician Certification of Level of Care</b> is completed annually.	100%	N/A	N/A	100%	N/A	N/A	N/A
<b>DD screening document</b> is signed/dated by all required parties.	100%	N/A	N/A	N/A	N/A	N/A	100%
<b>ICF/DD Level of Care</b> is completed within the last year.	100%	N/A	N/A	N/A	N/A	N/A	100%
<b>ICF/DD Related Conditions Checklist</b> is completed annually for a person with a related condition.	100%	N/A	N/A	N/A	N/A	N/A	100%
Documents are signed correctly when a person has a <b>public guardian</b> .	100%	N/A	N/A	N/A	N/A	N/A	100%

**Appendix B – Quality indicators dashboard**

The evidence for these findings are found in a person’s support plans, case files, and case notes.

Items Reviewed	Total	AC	EW	CAC	CADI	BI	DD
A <b>person’s dreams</b> are discussed in support plan.	8%	0%	0%	0%	20%	50%	0%
A person’s <b>behavioral/mental health</b> issues are described in the support plan.	73%	60%	100%	100%	40%	50%	100%
A person’s <b>medical health</b> issues are described in the support plan.	88%	705	100%	100%	80%	50%	100%
Support plan includes <b>natural supports</b> .	83%	100%	100%	100%	80%	50%	60%
Support plan has sufficient details about what is <b>important to</b> the person.	83%	90%	86%	100%	90%	100%	60%
The person’s <b>satisfaction</b> with services and supports is documented.	70%	70%	43%	0%	70%	100%	90%
Case manager <b>documents a person’s issues or life events</b> to better understand the situation.	93%	100%	71%	100%	90%	100%	100%
Support plan clearly <b>reflects values and beliefs of</b> person centered planning.	63%	80%	43%	100%	60%	50%	60%
Support plan identifies and has a plan to reduce <b>personal risks</b> .	75%	80%	71%	100%	50%	50%	100%
Support plan is written in <b>plain language</b> .	100%	100%	100%	100%	100%	100%	100%
The type of <b>preferred work</b> activities are identified in the support plan.	45%	N/A	N/A	N/A	40%	100%	44%
The type of <b>preferred living setting</b> is identified in the support plan.	68%	90%	71%	100%	80%	50%	30%
Support plan identifies who is responsible for <b>monitoring implementation</b> of the plan.	50%	40%	29%	0%	50%	50%	80%
Support plan includes a person’s <b>strengths</b> in the support plan.	93%	100%	71%	100%	100%	100%	90%