

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **Norman County**

Lead Agency Review Site Visit: September 2015

Report Issued: November 2015

For more information contact
Minnesota Department of Human Services
Lead Agency Review Team
dhs.leadagencyreviewteam@state.mn.us
<http://www.MinnesotaHCBS.info>

Contents

About the HCBS Lead Agency Review process 4

 Overview 4

 Mixed methods approach 4

About the lead agency..... 5

 Department management..... 5

 Persons served 5

 Staffing roles and responsibilities 6

 Intake, assessment, and case assignment 7

 Maintaining programmatic expertise 7

Working across the lead agency 8

 Internal relationships 8

 External relationships 9

 Provider monitoring process 10

Person centered practices and supports..... 10

 Jensen Settlement Agreement 12

 Positive Support Transition Plans 12

Service development 13

 Employment 13

 Housing and services 14

 Utilization of non-enrolled Tier 2 vendors 15

Managing resources 15

Lead Agency feedback on DHS resources 16

Results and findings..... 17

 Follow up from previous reviews 17

 Norman County’s strengths 18

 Recommendations 19

 Corrective action requirements..... 20

 Required remediation 22

Appendix A – Case file results dashboard..... 23

Appendix B – Quality indicators 25

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

Method	Numbers for Norman County
Case file review	36 cases
Provider survey	7 respondents
Supervisor phone interviews	2 interviews with 2 staff
Case manager and assessor survey	3 respondents
Case manager and assessor focus group	1 focus group with 4 staff
Assurance plan	1 assurance plan completed
Supervisor meeting	1 meeting with 1 staff

About the lead agency

Department management

In September 2015, DHS conducted a review of Norman County’s HCBS programs. Norman County is a rural county located in northwest Minnesota. Previous HCBS lead agency reviews were conducted in September 2006 (round 1) and more recently in September 2012 (round 2).

The Norman County Department of Social Services is the lead agency for all HCBS programs and provides case management for these programs. They also provide contracted care coordination for three Managed Care Organizations (MCOs): Blue Cross Blue Shield, Ucare, and Medica. Their main social services offices are located in Ada, MN. Staff from Norman-Mahnomen Public Health also work on the AC, EW, CAC, CADI, and BI waiver programs.

Persons served

Statewide 94 percent 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 Norman County.

Table 2. Percent of people receiving HCBS (2014)

Program or Disability Type	Norman County	Cohort
Disabilities	90.4%	92.7%
Developmental Disabilities	100%	91.3%
Elderly	51.5%	55.8%

In State Fiscal Year 2014, Norman County’s population was approximately 6,639 and served 136 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

Program	2010	2014
CCB	37	39
DD	39	34
EW/AC	80	63

One indicator of 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)

Program	Norman County	Cohort
CCB	66.7%	69.9%
DD	76.5%	83.4%
EW/AC	36.5%	42.6%

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.

Norman County is currently serving a higher percentage of people with high needs than in 2010. In 2014, 66.7 of people in the CCB program and 76.5 percent in the DD program had high needs, which is up from 62.2 percent and 66.7 respectively. Lead agency staff attribute increase for people on a CCB or DD waiver to changing demographics. People served on these waivers in Norman County are generally young than both the statewide and cohort averages, with 17.1 percent in CCB and 14.3 percent in DD who are 18 years of age and younger. This is compared to 8.6 percent and 13.4 percent for the Cohort 1 average, and 8.9 percent and 11.3 percent for the statewide average.

Staffing roles and responsibilities

Norman County has experienced changes in leadership since the last lead agency review in 2012. The lead agency has a new social services director who started in September 2015, and a lead worker who was promoted to a supervisory position in 2014.

There are two supervisors who work with the waiver programs in Norman County. The social services supervisor acts as the lead on all programs while the interim public health director oversees public health involvement for the AC, EW, CAC, CADI, and BI waivers. The interim public health director oversees four public health nurses and three office staff. One of the nurses is a certified MnCHOICES assessor, and works closely with social services staff on EW, AC, CAC, CADI, and BI waiver cases. The social services supervisor manages nine staff including four case managers and one case aide.

Case managers have a mix of experience, and have been with the county from just under two years to 15 years. Average caseloads for waiver staff range approximately from 15 waiver cases to 52 waiver cases. Many of the case managers and public health nurse have other responsibilities in addition to their waiver caseloads such as adult protection services, childcare licensing, and adult and child foster care licensing.

People who are on a waiver and require mental health targeted case management are assigned two staff. In these instances, the mental health worker is the lead in coordinating mental health services whereas the social service case manager handles the waiver services. The waiver case manager will participate in face-to-face visits along with the mental health worker, depending on the needs and wishes of the person served.

Intake, assessment, and case assignment

Norman County has one central intake line, which is managed by social services case managers. Intake responsibility rotates between all social workers. If a call comes into the public health department, the receptionist is able to help direct callers to the correct intake person. Once intake is complete, the social services supervisor assigns the person to a case manager for the assessment. The social services supervisor notifies the interim public health director when referrals come in so they can coordinate the assessment.

Historically, Norman County has completed dual initial assessments and six-month reassessments with a social worker and public health nurse for CADI, CAC, BI, EW, and AC waivers. The social worker and public health nurse also work together on care plan development. For DD waivers, social services case managers typically completed the screening and only involved public health nurse when needed for people with high medical needs. In anticipation of the roll-out of MnCHOICES, Norman County is currently updating their assessment protocols. Generally, case managers will be responsible for reassessing the people they currently serve and will consult with a public health nurse afterwards if they have further questions.

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. Norman County had 100 percent of assessments completed on time in EW, AC and DD while CCB had 71.4 percent. This illustrates the overall efficiency of their intake and assessment process.

Maintaining programmatic expertise

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, and maintain expertise in the HCBS programs.

The interim public health director states that their department makes training opportunities a priority. When there are trainings available in the area, the interim public health director makes sure that staff take advantage of those opportunities. In addition to training, the interim public health director holds monthly full-day staff meetings. Some of the standing agenda items include quality improvement

initiatives and updates on any program changes. If there are changes in any policy or procedures, staff sign-off on those items. In between these monthly staff meetings, the interim public health director will communicate with staff via email or hold smaller ad hoc meetings. Public health staff conduct peer audits in adult health and family home visiting programs. Staff have also found benefit in an electronic filing system, which makes it easier to know what is happening with each person served when staff are out of the office.

The social services supervisor receives all DHS bulletins and forwards them on to staff as applicable so they are able to stay current on changes in HCBS programs. They also discuss relevant bulletins at their ongoing staff meetings and on an individual basis. The social services supervisor states it is easy to hold last minute staff meetings on critical or time sensitive items because of their agency size. The social services supervisor also attends monthly MnCHOICES meetings, and relies on a regional social services group for peer-to-peer learning. In addition, the social services supervisor sometimes conducts random audits from each worker to make sure compliance items have been completed.

Social services staff attend various meetings and share what they've learned during weekly meetings. Case managers stated that they stay current and maintain expertise in the waiver programs by attending regional meetings, reading bulletins, talking to each other, and referencing the Community-Based Services Manual.

Providers responding to the provider survey reported that the Norman County staff have adapted well to and had the capacity to remain current with changes in Disability Waiver Rate System, the CMS settings rule, and MHCP enrollment. Providers responding to the survey also identified three areas which have been most challenging for lead agency staff: 245D licensing, the CMS settings rule, and person-centered planning.

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

Although Norman County Department of Social Services and Norman-Mahnomen Public Health are two separate departments, lead agency staff from both entities have characterized their working relationship as positive and collaborative. Staff from both agencies have benefited from conducting joint home visits together, and from the close proximity of the two offices, which makes impromptu problem-solving easier. When there are trainings pertaining to the waiver programs, social services staff coordinate with public health staff to attend.

Norman County has five financial workers. This area has experienced growth since the last review in that the area now has a supervisor and has gained three new employees. Social services case managers work closely with financial workers to ensure people receive waiver services if they are

eligible. Case managers are able to communicate directly with financial workers since their offices are located nearby or they use a communication form.

The social services department also operates the adult protection, child protection, and mental health programs. When a person receiving waived services is also involved with adult or child protection, a team of three workers meet to staff and solve the issue. In the focus group, case managers stated that they work closely with adult and child protection workers, and that communication about cases flows both ways in order to ensure services provided do not conflict with one another. Norman County also participates in integrated Children's Mental Health & Family Collaboratives, which allows them to work with other organizations to generate revenue and assist participants.

External relationships

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: Norman County Case Manager/Assessor Rankings of Local Agency Relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	0%	100%	0%	0%
Nursing facilities	0%	0%	50%	50%
Hospitals	0%	75%	0%	25%
Primary care clinics	0%	0%	75%	25%
Mental health service providers	0%	75%	25%	0%
Area Agency on Aging	0%	100%	0%	0%
Crisis services	25%	25%	25%	25%
Foster care providers	0%	100%	0%	0%
Customized living facilities	0%	50%	0%	50%
Center-based day programs	25%	50%	25%	0%
Community-based employment providers	0%	25%	50%	25%
Home health agencies	0%	0%	0%	0%
County collaborative	0%	0%	0%	0%
Other community-wide collaborative or partnerships	0%	0%	0%	0%

Lead agency staff stated that overall they have good working relationship with providers. They find that providers look to them for advice and call to ask questions; they feel comfortable talking to the case

managers when issues arise. In particular, case managers stated they have positive professional relationships with primary care clinics. The doctors and nurses are local and accessible so it is easy to communicate changes in the needs of people served. In addition, Norman County staff have been active in an e-health collaborative with Mahnommen and Polk Counties and local MCOs. This group is currently working on how to share information electronically to improve care coordination in that region.

Lead agency staff stated they face challenges in connecting people to crisis services. Lead agency staff felt that crisis services are good but not enough services are available to meet increasing need. Resources such as a crisis hotline and Community Supports Administration staff at DHS are not sufficient when dealing with an immediate crisis. In addition, lead agency staff said they have had some difficulties in the past when working with center-based day programs. These programs currently do not have the staffing to allow for more people to participate in a full day of community employment. However, they have been able to overcome some barriers by communicating expectations to the providers. Lead agency staff's comments were positive about changes that these providers have been making and are hopeful these relationships will continue to improve in the future.

The provider survey results for Norman County indicated that providers think they are very responsive. The survey also found that providers rated case managers and assessors as responsive to changing needs. Respondents found that Norman County staff are active participants in team meetings, which helps improve satisfaction with services.

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. Norman County currently has an informal process for monitoring providers. According to the provider survey results, the top three methods used by case managers and assessors to monitor providers are phone and email communications, and holding regular meetings with providers to problem solve jointly. If an issue is escalated, the social services supervisor meets with the provider to discuss.

Another component of provider monitoring is satisfaction. Over half of the provider survey respondents indicated that lead agency staff share feedback they have collected about the services being provided in order to make improvements. Lead agency staff shared that while they have a good network of providers in Norman County, the overall number of providers available is very limited. Providers also have a hard time finding staff in the rural areas. They highlighted transportation as a significant service gap in the area. Having satisfaction documented allows lead agencies to better see strengths and weaknesses across people, services, and providers.

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 disability. 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	2.90
Planning Practices	2.94
Community Participation and Inclusion	2.91

Domain	Average Score
Current Level of Support and Services	2.60
Organizational Design and Processes	2.96
Evaluation of Person Centered Practices	2.60

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

In the focus group, Norman County waiver staff reported that they have long had an organizational culture based in person-centered thinking because of the small, close-knit community within which they work. In their opinion, this is because the people they served are considered neighbors and are therefore, treated with respect. Many of the staff felt that the formal person-centered thinking training they received in April reinforced the work they are already doing. Lead agency staff discussed needing to overcome barriers to increase person-centeredness which included encouraging providers in the area to get trained in person-centered planning so service delivery is more consistently person-centered. In addition, case managers and assessors said they often find difficulty balancing the need to document more measurable, health-related goals and a person’s aspirations.

The social services supervisor echoed many of the same sentiments as the case managers and assessors but felt there could be additional improvements to their person-centered practices, such as documenting the person’s dreams. The review of case files found that 36 percent of support plans had details about the person’s dreams.

Respondents of the provider survey found that lead agency staff excelled in encouraging service vendors to provide the level of service needed and in developing support plans that incorporates what is important for the person. Respondents also said that Norman County could improve on helping people overcome barriers in the system and developing support plans that incorporate what is important to the person.

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 not currently serve any Jensen Settlement Agreement 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 serves people with PSTPs. Currently, Norman County is working on clarifying roles internally to ensure the proper documentation is completed. Norman County did not have required documentation on file such as review forms. Expectations regarding these cases will be communicated by the supervisor to staff involved so that services and supports are better connected.

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)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Norman County	34.6%	57.7%	3.85%	3.85%
Cohort	28.3%	45.8%	17.3%	8.6%
Statewide	33.5%	42.9%	15.7%	7.8%

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

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Norman County	63.0%	22.2%	7.4%	7.4%
Cohort	65.4%	18.6%	9.8%	6.2%
Statewide	72.5%	14.4%	7.5%	5.5%

This lead agency has a higher percentage of people not earning income or who are earning \$250 or less per month than both its cohort and the statewide average for CCB and DD. Staff stated they would like to move people from their current Day Treatment and Habilitation placement into more competitive employment. However, the lack of employment providers greatly limits the person’s ability to choose a work program that fits their individual needs best. Staff also stated that the limitations of their current transportation services inhibits people’s ability to access employment elsewhere.

Minnesota’s Olmstead Plan creates benchmark to increase the number of people with disabilities earning at least \$250 per month. Norman County’s portion of this is two people per state fiscal year. They will do this by exploring more creative employment options, finding placements for people outside of the county, and providing more supported employment and pre-vocational services.

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)

Program	Norman County	Cohort
CCB	66.7%	61.2%
DD	29.4%	34.4%
EW/AC	93.7%	82.4%

Another significant service gap in Norman County is in-home supportive services. These services help keep people safe and independent. Staff attributed comparatively low numbers of people receiving CCB or DD waived services at home due to the lack of local providers of Independent Living Skills services or in-home Supportive Living Services. These types of services help people manage the

activities necessary to live independently in a healthy and safe environment. In addition, staff reported that younger people are being drawn to regional centers, such as Moorhead and Fargo, where there are greater opportunities and services. In contrast, over 90 percent of those served by the EW/AC waiver receive services at home. Staff believe this is largely due to the cultural importance of remaining in a person's home for as long as they can. Norman County continues to pursue additional providers in order to fill these gaps.

Utilization of non-enrolled Tier 2 vendors

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 social services supervisor oversees the management of the pass-through billing process for non-enrolled vendors. Of the Tier 2 services, staff shared they primarily use non-enrolled vendors for chore services. Staff state that using non-enrolled vendors allows participants more choice in providers and gives the lead agency flexibility in supporting high quality providers who choose to not complete the enrollment process.

Norman County utilizes the state's Service Purchase Agreement (SPA) template and log in order to ensure the vendors meet all qualifications, and that the SPA has the necessary information. Having a central manual for non-enrolled vendors allows case managers to quickly see which vendors have been approved to provide services. The case managers complete the SPA with the vendor including obtaining required licenses and signatures. The supervisor does background checks and keeps the log up to date. The documentation is kept in the supervisor's office so staff can check the information to see which vendors have already been qualified to do the work. Norman County also has staff in their accounting office who handles the billing process. Of the three service claims reviewed, all the log requirements were in compliance. There was one service claim which did not contain a compliant service agreement effective date. All other claims had compliant service purchase agreements.

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.

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

	Year-end budget balance	Percent of program need met
Norman County	-3%	100%
Northwest 8 Waiver Alliance	16%	100%
Statewide	8%	96.8%

For the CAC, CADI and BI programs, Norman County had a negative three percent balance at the end of fiscal year 2014, which is a lower balance than the statewide average (eight percent) and its CY 2012 balance (seven percent).

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

	Year-end budget balance	Percent of program need met
Norman County	12%	97.3%
Northwest 8 Waiver Alliance	8%	96.7%
Statewide	8%	86.2%

At the end of calendar year 2014, the DD waiver budget had a balance of 12 percent. Norman County’s DD waiver balance is larger than its balance in CY 2012 (three percent) and larger than that of the statewide average (8 percent).

Norman County currently has a waitlist for the DD waiver program and does not have a waitlist for CCB; however, the social services supervisor stated there is a plan to begin DD waived services for those on the waitlist in the near future. Several years ago, Norman County joined the Northwest 8 Waiver Alliance which is a group of eight counties in Northwest Minnesota who manage both the DD and CCB allocations collectively. Counties allocate their own budget, but petition the Alliance for more funds if there is an identified need. Norman County recently had a need in the DD program and received assistance from the Alliance. The Alliance has a panel that makes decisions about managing the pool of waiver dollars according to its formal policy. In Norman County, the social service supervisor monitors and manages waiver allocations. Case managers complete a form if a person has a need for more funding. Costs are estimated and the social services supervisor tests costs in WMS for DD and CCB waivers, and makes a final decision.

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

Rating	Resource
High	<ul style="list-style-type: none"> • Bulletins • MMIS Help Desk • Community-Based Services Manual • CountyLink
Low	<ul style="list-style-type: none"> • Policy Quest • DB101.org • MinnesotaHelp.Info

Lead agency staff found DHS bulletins to be helpful, but also indicated there were often too many, making it more difficult to stay current on every policy change. Critical bulletins are discussed at staff meetings so that everyone has that information. Lead agency staff use the Community-Based Services Manual often but stated it is often difficult to find the information needed. Lead agency staff reported that they are pleased with how helpful the MMIS Helpdesk is in troubleshooting issues. Lead agency staff use CountyLink to access program and training information, and find it easy to maneuver. Lead agency staff rarely access MinnesotaHelp.Info and DB101.org, and find that Policy Quest is difficult to navigate.

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 Norman County’s 2012 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

2012 Recommendations	Update on Lead Agency Actions
Assess vocational skills and abilities for all people of working age and document that people are informed of their right to appeal annually.	They developed a form to collect right to appeal documentation and case managers are asking people what kind of work they want to do out in the community.
Reduce lead worker caseload.	Norman County hired a supervisor, in the past the director was also the supervisor.
Use contracted case management services to serve people who live out of the region.	They use contracted case management for distance cases and keep a copy of all the required documentation in a shadow copy of the file.

2012 Recommendations	Update on Lead Agency Actions
Develop higher wage, community-based employment opportunities for people with disabilities and developmental disabilities.	They have been working with the local DT&H to find employment options in the community.

During the previous review in September 2012, the lead agency received corrective actions for two areas of non-compliance. Since that time, the lead agency has implemented practices to correct one of the two areas. This demonstrates that Norman County has improved its compliance in HCBS program requirements.

Norman County’s strengths

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

Norman County has good processes in place to verify that all non-enrolled vendors meet applicable standards. This process works well in this lead agency because the staff understand the process and have easy access to the information. Norman County’s willingness use this process allows people access to services that might not be readily available in their community.

Norman County staff collaborate across departments and units to serve people receiving waived services. Case managers shared that the relationship between social workers and nurses is strong. The public health nurse assigned to work in Norman County does dual legacy assessments with the social workers, which allows them to draw on the expertise of both disciplines to do service planning. Case managers also said that they have good communication with adult and child protection staff and financial workers. These strong working relationships enhance the services people are receiving and help them navigate services.

Norman County staff have strong relationships with providers. Case managers have good knowledge of the community and who can provide needed services for people on the waiver programs. They are in frequent communication with providers about the needs of the people they are serving. They have deliberately built strong relationships with providers in and outside of the county borders. These relationships assure that providers are responsive to peoples’ changing needs and are willing to stretch to ensure that a person’s needs are met.

The case files reviewed in Norman County continued to meet several HCBS program requirements. Required documentation was found in the case files, including 100 percent of cases contained ICF/DD Level of Care documentation, related condition check list and the BI Form. All LTC assessments and DD screening documents were current. Support plans in both the DD and EW waiver programs included 100 percent of much of the required content, such as a person’s outcomes and goals were stated along with documenting a person’s needs and health and safety concerns.

Recommendations

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

Expand community based employment opportunities for people on the DD and CCB waivers.

This recommendation is being reissued due to the increasing importance of providing opportunities for individuals 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 income through community based employment. Norman County's benchmark will be two people per year. The lead agency should focus on strengthening employment by increasing its engagement with local community groups and providers. This group should include people with mental health issues and those of transition age. Norman County should continue to work with providers to reduce their use of center-based employment and develop more opportunities that result in higher wages.

Develop a formal process and tools to document and monitor provider performance across all HCBS programs.

Norman County should develop systems and practices across all programs to monitor quality provision of services outlined in a person's support plan. The lead agency should develop a tool that contains standard questions to ensure they are consistently asking each person about the services outlined in the support plan. The tool should allow lead agency staff to monitor the person's progress on dreams, goals, changes in needs, and satisfaction with all service providers, including case management. The data collected should be summarized and shared with providers to improve the quality of service provision at an incidental level and an agency-wide level. Sample tools can be found [here](#).

Ensure that the support planning process and the support plan itself 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, strengths, where they want to live and work, and how they want to spend their free time. All of this should be included in the support plan and used, in part, to establish meaningful and customized goals. Thirty six percent of support plans reviewed in Norman County included a person's dreams. It is important for Norman 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 their staff and work towards becoming a person centered agency.

Provide additional supports for case managers and assessors. A similar recommendation was given to Norman County in 2012, and since that time HCBS waiver programs have undergone a significant number of major changes, with even more changes coming soon. Administering the waiver programs and providing case management has become increasingly more complicated. Norman County has seen growth in the number and acuity of individuals requesting waiver services, as well as changes in leadership. Other lead agencies have deployed several different strategies to provide additional supports. These include: developing checklists, instituting peer-to-peer case file audits, and designating a support staff to organize and update documents in the shared drive to ensure forms are

current and fillable to promote consistency. Some counties have expanded their use of contracted case management to supplement staff in times of staff turnover.

Continue to work with providers and neighboring counties to develop services that support people in their own homes. While Norman County is ranked third out of 87 counties in serving people at home in the AC and EW programs, they are ranked 69th in the DD programs only serving 29 percent of people at home. The lead agency should work across populations to ensure access to in-home supports and supports for people regardless of their age or disability. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, and crisis respite. Norman County should work regionally with other lead agencies such as the Northwest 8 to develop services across programs. By supporting more people to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs.

Corrective action requirements

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements¹. A corrective action plan must be developed and submitted to DHS, outlining how the lead agency will bring all items into full compliance. The following are areas in which Norman County will be required to take corrective action. Because some items below were previously issued Norman County should review past submissions to ensure the corrective action plan will result in a compliant result this time.

Complete LTSS MnCHOICES assessments within 20 days of referral. MN statute 256B.0911 requires that assessments be conducted within 20 days of the request. Overall, for people who newly opened to the CADI waiver program in SFY 2015, 29 percent were not assessed within this time frame. This includes two of seven CADI cases. Completing assessments and eligibility determination within 20 days helps ensure prompt access to those needing services.

Complete support plans for people receiving HCBS waived services within required timelines. MN statute 256b.0911 requires that case plans are developed within 60 days of the assessment. Overall 39 percent of support plans did not meet this requirement. This includes five of 10 CADI cases, 25 percent of BI cases, three of 10 EW cases, and 50 percent of AC cases. It is important that support plans are completed within required time lines so people can begin receiving services right away.

Ensure that each person receiving HCBS waiver services has a current support plan that is signed, and dated by the person and their case manager. MN statute requires that all support plans must be completed on at least an annual basis. Overall 27 percent of support plans did not meet this requirement. Four of 10 CADI cases, 25 percent of BI cases, one of 10 EW cases, and 50 percent of

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

AC cases did not have a support plan. Support plans are the basis for service delivery and without a support plan people have not acknowledged agreement with the plan.

Ensure that each person's support plan includes the required documentation of services to be provided, needs, service details, health and safety issues, and outcomes and goals. MN statute requires that all support plans contain specific information about the person including the services a person is to receive to meet individual desires, needs, and preferences and to ensure their health, welfare, and safety. Forty percent of CADI cases, 25 percent of BI cases, and 50 percent of AC cases did not contain the required documentation. The support plan is the only document a person receives that details their needs and services.

Include a back-up plan in the support plan of all people receiving HCBS waiver services.

Minnesota's federally approved waiver plans require case managers develop emergency back-up plans to address unexpected events. Overall, 17 percent of cases reviewed across all programs did not contain this information. One of 10 DD cases, 50 percent of AC cases, four of 10 CADI cases did not have a current and complete back-up plan. This is required for all programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include: 1) a medical contact such as physician or preferred admitting hospital; 2) an emergency contact person; and 3) back-up staffing plans in event that primary staff are unable to provided care.

Document that each person has been informed of their appeal rights on an annual basis. This is required by MN statute 256B.0911. Overall 40 percent of cases in the CADI program did not contain the information. Four of 10 CADI cases did not have documentation in the case file indicating that person was informed of their right to appeal within the past year. By having each individual sign documentation confirming that they understand their appeal rights, the lead agency is giving the person the ability to advocate for themselves and the tools to address concerns with the county, DHS, or service providers.

Document that each person has been informed of the county's privacy practices in accordance with HIPAA on an annual basis. It is a requirement of MN statute 256B.0911. Overall 30 percent of cases in the CADI program are missing the information. Three of 10 CADI cases did not have documentation that the person had been informed of the county's privacy practices in accordance with HIPAA within the past year. This is required to ensure that people understand how the private information they share with lead agency staff, as a part of the assessment and care planning will be protected by the county.

Ensure that each working-age person's case file includes documentation that vocational skills and abilities have been assessed. This is a requirement of MN statute 256B.0911. Of the 17 applicable cases, 27 percent of cases were missing information about employment. Four of 10 CADI and 33 percent of BI cases did not have evidence that employment was assessed. Providing meaning full employment opportunities for people is an important Olmstead Goal that cannot be reached if a discussion about employment doesn't happen during the planning process.

Required remediation

Findings indicate that some case files do not contain all required documentation. Norman County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), which was given to the lead agency, provides detailed information. All items are to be corrected by within 60 days of the site visit and verification submitted to the Lead Agency Review Team to document full compliance. Due to extenuating circumstances, Norman County will continue its work on remediation, and will submit compliance worksheets to DHS by December 28, 2015.

- **Case File Compliance Worksheet:** 13 of 36 cases reviewed require remediation.
- **Positive Support Transition Plan Compliance Worksheet.** All cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet:** All cases reviewed require remediation.

Appendix A – Case file results dashboard

Required Items	Total	AC	EW	CAC	CADI	BI	DD
Cases in each program are compliant with case management visit requirements .	94%	100%	100%	N/A	100%	75%	100%
The support plan is current.	73%	50%	90%	N/A	60%	75%	100%
The person signed the current Support Plan .	83%	50%	100%	N/A	60%	75%	100%
Person acknowledges choice in services, providers, etc.	86%	50%	100%	N/A	70%	75%	100%
A person's outcomes and goals are documented in the support plan.	83%	50%	100%	N/A	60%	75%	100%
A person's needs are documented in the support plan.	83%	50%	100%	N/A	60%	75%	100%
A person's health and safety concerns are documented in their support plan.	83%	50%	100%	N/A	60%	75%	100%
The services a person is receiving are documented in the support plan.	83%	50%	100%	N/A	60%	75%	100%
Service details are included in the support plan (frequency, type, cost, & name).	83%	50%	100%	N/A	60%	75%	100%
Information on competitive employment opportunities has been provided annually.	77%	N/A	N/A	N/A	55%	75%	100%
An emergency back-up plan has been completed within the last year.	83%	50%	100%	N/A	60%	100%	90%
LTSS assessment is current .	100%	100%	100%	N/A	100%	100%	100%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) is completed at the time of assessment.	100%	NA	N/A	N/A	100%	100%	N/A
Timelines between assessment and support plan have been met.	65%	100%	100%	N/A	50%	75%	N/A
OBRA Level One Screening form is completed.	96%	100%	100%	N/A	90%	100%	0%

Required Items	Total	AC	EW	CAC	CADI	BI	DD
A current AC Program Eligibility Worksheet is completed annually.	50%	50%	N/A	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	91%	100%	90%	N/A	80%	100%	100%
Documentation that a person received Right to Appeal information in the last year.	86%	100%	60%	N/A	60%	100%	100%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	91%	100%	70%	N/A	70%	100%	100%
BI Waiver Assessment and Eligibility Determination form) is completed annually.	100%	N/A	N/A	N/A	N/A	100%	N/A
CAC Application or Request for Physician Certification of Level of Care is completed annually.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DD screening document is signed/dated by all required parties.	100%	N/A	N/A	N/A	N/A	N/A	100%
ICF/DD Level of Care is completed within the last year.	100%	N/A	N/A	N/A	N/A	N/A	100%
ICF/DD Related Conditions Checklist 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 public guardian .	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Appendix B – Quality indicators

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 person’s dreams are discussed in support plan.	36%	50%	50%	N/A	40%	25%	20%
A person’s behavioral/mental health issues are described in the support plan.	72%	50%	60%	N/A	60%	50%	100%
A person’s medical health issues are described in the support plan.	78%	50%	100%	N/A	50%	50%	60%
Support plan includes natural supports .	64%	100%	100%	N/A	50%	25%	80%
Support plan has sufficient details about what is important to the person.	75%	50%	80%	N/A	60%	75%	90%
The person’s satisfaction with services and supports is documented.	50%	50%	30%	N/A	30%	50%	90%
Case manager documents a person’s issues or life events to better understand the situation.	86%	100%	90%	N/A	80%	75%	90%
Support plan clearly reflects values and beliefs of person centered planning.	69%	100%	80%	N/A	40%	25%	100%
Support plan identifies and has a plan to reduce personal risks .	83%	50%	100%	N/A	60%	75%	100%
Support plan is written in plain language .	79%	50%	90%	N/A	50%	75%	100%
The type of preferred work activities are identified in the support plan.	25%	0%	0%	N/A	30%	25%	50%
The type of preferred living setting is identified in the support plan.	56%	50%	60%	N/A	50%	75%	50%
Support plan identifies who is responsible for monitoring implementation of the plan.	58%	50%	100%	N/A	10%	0%	90%
Support plan includes a person’s strengths in the support plan.	81%	50%	90%	N/A	60%	75%	100%