

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **Wadena 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

Method	Numbers for Wadena County
Case file review	46 cases
Provider survey	8 respondents
Supervisor phone interviews	2 interviews with 2 staff
Case manager and assessor survey	4 respondents
Case manager and assessor focus group	1 focus group with 7 staff
Assurance plan	1 assurance plan completed
Supervisor meeting	1 meeting with 2 staff

About the lead agency

Department management

In September 2015, DHS conducted a review of Wadena County’s HCBS programs. Wadena County is a rural county located in northwestern Minnesota. Previous HCBS lead agency reviews were conducted in July 2007 (round 1) and more recently in October 2012 (round 2).

The HCBS programs are managed by the Wadena County Human Services Department. Within that department, the Adult Social Services unit is the lead for the following HCBS programs: DD, CADI, CAC, BI, AC, and most EW programs. The Human Services Department serves as a contracted care coordinators for people on the EW program enrolled in Blue Plus, Medica, and South County Health Alliance.

The Wadena County Public Health Department provides support for a limited number of people on the EW program and children enrolled in the disability waiver programs. Due to a longstanding relationship, the Public Health Department provides contracted care coordination for UCare members on EW. They also administer the PCA program.

Both departments have offices located in Wadena, Minnesota, but they are housed in two different buildings.

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 Wadena County.

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

Program or Disability Type	Wadena County	Cohort
Disabilities	92.1%	93.1%
Developmental Disabilities	87.7%	92.1%
Elderly	62.4%	62.2%

In State Fiscal Year 2014, Wadena County’s population was approximately 13,757 and served 299 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	99	97
DD	52	51
EW/AC	173	151

One indicator of how well these programs support independence and person-centered outcomes is the percentage of people on the waivers with high needs. A greater 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 (SFY 2014)

Program	Wadena County	Cohort
CCB	80.4%	75.1%
DD	64.7%	81.3%
EW/AC	53.6%	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

The supervisor of the Adult Social Services unit and the Public Health supervisor have oversight of the HCBS waiver programs in Wadena County. The Adult Social Services Supervisor oversees six staff who are all certified MnCHOICES assessors and ongoing case managers for the waiver programs. Five of the six positions are held by experienced staff, and one position was vacant at the time of the review. A small number of disability waiver cases are contracted with Thomas Allen, and this supervisor oversees that contracted work also.

At the time of the review, the Adult Social Services unit was in the process of staffing changes that impact the waiver programs. A recent vacancy for one of six case managers had recently been filled, with the new CADI case manager scheduled to start soon. Also, a lead worker position had been created to support this supervisor and his staff. The lead agency was in the process of training the new staff member. Finally, the unit had recently begun receiving some support of a case aide with tasks such as data entry, but that position's role with waiver programs was still being established.

The Public Health supervisor manages one case manager for the EW waiver program for individuals enrolled through UCare. Both the Public Health supervisor and this case manager are MnCHOICES certified assessors. Historically, Public Health and the Adult Social Services unit have completed joint assessments for children on the disability waiver programs, and they plan to continue this collaboration in the future.

Intake, assessment, and case assignment

Wadena County's Human Services Department has a central intake system with one dedicated staff member. This staff person takes calls that come into the intake line and then directs the caller to either the Children's Social Services supervisor or the Adult Social Services supervisor. Calls for possible MnCHOICES assessments go to the Adult Social Services supervisor who assigns it to one of six certified assessors. Currently, the assessor who completes the initial assessment is assigned to ongoing case management as well as future reassessments. However, the supervisor is considering adjusting the current case assignment process, in that the assessors may not be assigned ongoing case management.

The Public Health Department has a separate intake line. People calling this line for most MnCHOICES assessments are transferred to the Human Services intake. People expressing an interest in the PCA program are assessed by Public Health staff.

Currently, Minnesota Statute requires LTSS assessments to be completed within 20 days from the initial request in order to ensure equal and expedient access to all people requesting HCBS services. In state fiscal year 2015, Wadena County completed 83.3 percent of initial assessments on time for people new to the EW/AC programs, and 83.3 percent of initial assessments on time for people new to the CCB program (Wadena County did not open anyone to the DD waiver in SFY15). This data illustrates the overall efficiency of their intake and assessment process in Wadena County. However, for those few people who did not receive a MnCHOICES assessment within 20 days, the delay prevents them from receiving important services that help them live safely in the community.

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.

Both supervisors rely on their staff to keep up to date independently with program policy changes. The Adult Social Services supervisor conducts monthly unit meetings with all of his staff where they discuss

updates on program policy changes for all programs, including HCBS waivers. In addition, the supervisor meets individually with each case manager once a month to touch base. The supervisor and waiver case managers also attend two additional monthly meetings: one that reviews DD and CCB allocations and Waiver Management System (WMS) issues, and another that is a joint meeting with all waiver staff from both the Human Services and Public Health Departments.

Case managers reported having good working relationships internally with their peers and relying on each other to keep up with changes in HCBS waiver programs. In the past two years, the Adult Social Services unit had undergone many changes internally, including having a new supervisor and a new department director. They reported that keeping up with their day-to-day responsibilities was challenging at the time of the review due to overseeing additional cases caused by vacancies and recent medical leaves. Case managers had attended regional meetings in the past, but were no longer doing so. All waiver case managers received Person Centered Thinking training.

Providers serving Wadena County that completed the provider survey indicated that the lead agency is very responsive. They also indicated that the lead agency's staff has done well at keeping current with various HCBS program changes and maintained their expertise in areas such as 245D licensing, MCHP enrollment, DWRS, and person centered planning. Overall, providers thought highly of the lead agency's capacity to provide needed assistance in a timely manner.

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

The Human Services and Public Health areas are independent departments in Wadena County and housed in separate buildings. Although they are not a joint agency, the staff working with HCBS programs maintain a collaborative effort in ensuring quality services to all people. They currently meet monthly to discuss any issues relating to the implementation of HCBS programs. The Public Health case manager also assists the Adult Social Services unit with adult protection matters and sits on their adult protection team, which meets monthly. The Public Health supervisor sits on the child protection team as well.

Wadena County has two primary financial workers who work with people on long term care programs. The case managers work closely with the financial workers to establish initial eligibility in a timely manner and to prevent breaks in Medical Assistance eligibility, which may endanger needed services. They are able to collaborate informally without the need for supervisory consultation.

People on a waiver program who are also receiving mental health targeted case management in Wadena County are assigned two case managers, each of whom oversees one program. Both case managers meet with the person and others when full team meetings are needed, but the mental health

case manager has more frequent contact with the person and providers. Staff reported that the roles were clear. Mental health case managers also refer individuals to the CADI waiver when additional supports are needed, such as a residential placement.

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

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	14%	14%	29%	43%
Nursing facilities	14%	43%	29%	14%
Hospitals	14%	29%	57%	0%
Primary care clinics	0%	100%	0%	0%
Mental health service providers	0%	100%	0%	0%
Area Agency on Aging	0%	14%	29%	57%
Crisis services	14%	43%	0%	43%
Foster care providers	0%	0%	60%	40%
Customized living facilities	0%	71%	0%	29%
Center-based day programs	0%	33%	33%	33%
Community-based employment providers	0%	0%	0%	100%
Home health agencies	0%	57%	43%	0%
County collaborative	0%	0%	0%	100%
Other community-wide collaborative or partnerships	0%	0%	0%	100%

Lead agency staff shared that while they have a good network of providers in Wadena County, the overall number of providers available is very limited. Providers struggle finding staff in the rural areas. They also highlighted a few significant service gaps in the area, including community-based employment providers. The provider survey indicated that this was an area with unmet service needs.

Lead agency staff shared that overall they have good relationships with local service providers in their community. Case managers reported several strong partnerships amongst agencies that serve elders. This includes having an adult daycare operated by a local nursing facility and the Area Agency on Aging organizing a regular meeting of senior service providers to promote collaboration. Staff also shared that they had several providers who work patiently with people who have high needs.

For waiver case managers working with younger people who are still in school or looking for vocational opportunities, the case managers identified some challenges. Because the Public Health Department runs the local school nursing programs, they reported strong relationships with the schools, but the waiver case managers serving children reported communication issues and limited transitions programming for youth.

The lead agency contracts with local providers for their mental health services and rated those relationships as average. Public Health provides medical services to anyone incarcerated at the county jail, which can strain their resources due to the high number of people in jail needing mental health services. For crisis services, staff utilizes Minnesota State Operated Community Services (MSOCS) as a provider, but has recently struggled to find placement with MSOCS.

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. The provider survey indicates that telephone and email communications were highly used in monitoring providers to ensure proper services were received. Other monitoring methods include regular meetings with providers, and informal discussions with individuals about their satisfaction. In addition, providers reported in the survey that the lead agency shares information it gathers with them to improve their services. Based on case file review, Wadena County case managers are conducting face-to-face visits regularly, some of which are impromptu, for the CCB, AC, and EW programs, all of which had met or exceeded compliance with visit requirements.

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	2.50
Planning Practices	2.62
Community Participation and Inclusion	2.33
Current Level of Support and Services	2.62
Organizational Design and Processes	2.73
Evaluation of Person Centered Practices	1.88

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

The lead agency has demonstrated a commitment to training its staff on what it means to be “person-centered” today. This commitment and these practices are reflected in the area of Organizational Design and Processes in the table above. In the case manager and assessor survey, 100 percent of respondents stated that they had recently received training on person centered planning or practices. Wadena County’s Human Services Department has a staff member who is a certified Person Centered Thinking trainer, allowing her to provide the two-day workshop to all county HCBS case managers. At the time of the site visit, the department was completing the Person Centered Thinking training for all of its staff and was offering the training to community partners such as waiver providers and local hospital

staff members. Case managers and assessors also reported getting additional person centered training via the MnCHOICES certified assessor training.

Although 100 percent of case manager and assessor survey respondents stated that they have been directed to use person centered practices in their everyday work, discussion with lead agency staff at all levels indicated that a plan to implement and operationalize what they have learned in recent trainings was the next step for the agency. Only 50 percent of those who responded to the case manager and assessor survey said that the lead agency provides them the resources and supports needed to provide person centered support services. In the focus group, case managers from Social Services and Public Health reiterated this view as well. The Human Services Department is in the process of identifying internal coaches to mentor staff and help them better understand how to apply these learnings in their day to day work.

The need for improved application of person centered planning techniques when drafting HCBS support plans was observed during the on-site review of individual case files. Of the providers responding to the provider survey, 88 percent indicated that Wadena County drafts support plans that incorporate what is important to the person, and case file review saw that practice in place for the majority of cases (75%). However, a person's dreams or aspirations were only documented 21.2 percent of the time, and other items such as one's preferred housing or work activities were often missing.

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 was not serving any Jensen Settlement Agreement members at the time of the review.

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 was not serving people with PSTPs at the time of the 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)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Wadena County	22.9%	58.3%	16.7%	2.1%
Cohort	21.8%	50.6%	20.0%	7.6%
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
Wadena County	65.7%	22.9%	8.6%	2.9%
Cohort	62.0%	18.4%	12.0%	7.6%
Statewide	72.5%	14.4%	7.5%	5.5%

Staff outlined several barriers to people finding and maintaining community based employment that results in meaningful wages. They stated that the lack of employment providers severely limits the person’s ability to choose a work program that fits their individual needs. The limited service provider options also creates a problem for people who have had poor experiences with the local provider, as they do not have much choice for alternative providers. Staff also stated that the limitations of their current transportation services inhibits people’s ability to access employment in the community. The local bus system recently added a new route, but it is not enough to meet demand for weekend or

evening hours, and other transportation resources, such as volunteer driver programs, have higher demand than resources available.

Minnesota's Olmstead Plan creates benchmark to increase the number of people with disabilities earning at least \$250 per month. Wadena County's portion of this is two people per state fiscal year. The lead agency has attempted to work with a local supported employment to expand its community based work opportunities for people with disabilities, but has been disappointed in the provider's responsiveness. While it is a strength of the lead agency staff try to bring long-time local providers into the forefront on emerging service needs, they will need to explore other provider options if they are to achieve the ultimate goal of delivering services that meet the need and wants of its community members.

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	Wadena County	Cohort
CCB	57.7%	59.0%
DD	45.1%	38.5%
EW/AC	70.2%	64.5%

As the table demonstrates, Wadena County performs similarly or above its cohort in serving people on HCBS waivers in their own homes. Most notably, the percentage of DD waiver participants who live in their own home (i.e. not in a licensed setting), increased from 34.6 percent in SFY2010 to 45.1 percent in SFY2014. Lead agency staff shared that the lead agency has supported more independent housing options for individuals on the DD waiver by maintaining an apartment that was used as a step down from corporate foster care settings. However, due low utilization, the lead agency could not maintain that option.

Wadena County has been able to make many services available to help individuals live in the least restrictive environment possible. For example, it is a high user of Community Directed Consumer Supports (CDCS), which allows more flexibility and control over supports. However, the lead does not have a strong local provider of Independent Living Skills services (ILS), which is often a good fit for individuals on the CADI waiver with mental health needs. Despite having a higher portion of individuals with mental health needs open with CADI than its cohort, Wadena County is a lower user of ILS than its cohort (6.1% vs. 14.2%). Finally, in the EW program, despite having several customized living options, many seniors are preferring to stay in their own homes longer.

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 lead agency reported that it typically utilizes Tier 2 providers for environmental accessibility home modifications. There were three Tier 2 vendor service claims identified for the sample (two home modifications and one transportation claim). The lead agency did not maintain a log of approved vendors, nor did it utilize a service purchase agreement. Therefore, no documentation was provided to demonstrate that the Wadena County verified the qualifications of the vendors prior to service utilization or payment. During the site visit, the Adult Social Services supervisor stated that a process for future tracking was being developed.

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
Wadena County	11.0%	98.1%
Statewide	8.0%	96.8%

For the CAC, CADI and BI programs, Wadena County had an 11 percent balance at the end of fiscal year 2014, which is a larger balance than the statewide average of 8 percent. Over the past few years, Wadena County has substantially reduced its CCB balances at the end of each year, which was at a high of 23 percent in FY2011. In FY2015, the projected balance for CCB has been reduced to 6 percent, indicating that the lead agency is maximizing its use of waiver dollars to meet local community needs.

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
Wadena County	14.0%	98.3%
Statewide	8.0%	86.2%

At the end of calendar year 2014, the DD waiver budget had a balance of 14 percent. Wadena County’s DD waiver balance has remained fairly consistent in recent years, ranging from a high of 18 percent in CY2013 and a low of 13 percent in CY2011. Wadena County’s balances remain higher than the statewide average of 8 percent.

At the time of the lead agency site review, Wadena County data from MMIS indicated that the county had small wait lists for the CCB and DD waiver programs. The lead agency also had several unused newly funded waiver allocations (five for CCB and one for DD). Given the availability of funding and eligibility individuals wanting waiver services, the lead agency was encouraged to move people from the wait list onto programs.

Wadena County currently has three case managers who have access to the WMS and can authorize minor changes for participant’s needs and services. Case managers can present informal requests for larger allocations to the Adult Social Services supervisor for authorization. The lead agency shared that with recent turnover in the supervisor position and the addition of the new lead worker position, it was interested in obtaining more in-depth training on WMS so that it can best maximize its spending. The Human Services director also plans to train the financial accounting supervisor on WMS to provide better analysis of spending trends and resources.

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 • eDocs • Video Conference Training • Community-based Services Manual
Low	<ul style="list-style-type: none"> • Policy Quest • MHCP Provider Manual • Regional Resource Specialist

Case managers and assessors in the focus group reported that DHS Bulletins, eDocs, video conference trainings, and the Community Based Services Manual were the most helpful resources. They indicated that utilizing video conferences and other resources to keep up to date on program changes saves costs and time. However, staff would like videoconference trainings to be more in-depth and not simply reading off PowerPoint slides.. Supervisors and case managers both agreed that they have a strong working relationship with the Ombudsmen.

Wadena County staff found the following resources to be less useful: Policy Quest, the MHCP Provider Manual and the Regional Resource Specialist. They reported that it was hard to find the information at times when searching in Policy Quest. They also stated that DHS’s request to reduce direct communications with the Regional Resource Specialist has been disappointing for case managers and assessors.

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 Wadena 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 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	Individuals are asked if they are interested in exploring employment options. 100% of case files reviewed in 2015 contained this information. The lead agency is not consistently documenting that individuals receive information on and understand their appeal rights.
Consider using contracted case management services to serve participants that live out of the region.	Lead agency did not pursue this recommendation. A few cases that had been contracted with a private agency were brought back in-house due to problems with contracted agency.
Consider strategies to help case managers keep up with changes in health plan requirements.	Wadena County continues to provide care coordination for three MCOs. Case managers continue to be assigned to multiple MCOs.
Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.	Wadena County pursued this recommendation independently. It hopes to develop independent housing options with the help of local providers.

2012 Recommendation	Update on Lead Agency Actions
Continue to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCB and DD programs.	Wadena County has had extensive discussions with a long-time vocational provider, encouraging it to enhance its services to provide more employment options and earnings.
Have reserves in the DD and CCB budgets and is able to provide additional services to participants these programs.	Balances have been reduced slightly since the 2012 review. Wadena County has a new supervisor and adult service lead worker who are eager to learn WMS to better maximize the utilization of waiver funding.
Explore technology options to better support case managers in their work.	All assessors and case managers now have laptops. The county also implemented an electronic content management system, which contains well organized HCBS files.

During the previous review in 2012, the lead agency received corrective actions for five areas of non-compliance. Since that time, the lead agency has implemented practices to correct one of the five areas: documenting that individuals received information on the choice in community services and service planning. This demonstrates that Wadena County continues to work on remediating issues to improve its compliance with HCBS program requirements.

Wadena County’s strengths

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

Wadena County HCBS staff continue to have strong relationships with service providers and other community service organizations. Case managers are knowledgeable about local resources and have developed good working relationships with providers. Staff work closely with providers to ensure people’s needs are meet. All providers (100 percent) responding to the provider survey indicated that the lead agency responds in a timely manner and that they receive the needed assistance from the lead agency, which is another indicator of that close working relationship.

Staff from Wadena County’s Human Services Department and Public Health Department work well together. Case managers and assessors housed within the Human Services Department are responsible for the majority of HCBS waiver programs. While the Public Health Department’s role may be less of a “lead”, the Public Health nurses certainly have active and engaged role in the waiver programs. Each department has defined roles. Staff from both departments seek out the others’ perspective (e.g. nursing or social work) when needed and they collaborate on waiver cases, adult protection issues, etc.

Wadena County is utilizing technology to improve efficiencies. All waiver case managers have laptops that allow them to work mobility. The Human Services Department also recently launched an electronic content management system, ApplicationXtender. The HCBS Lead Agency Review team found this system to be well organized and allow for improved streamlining. This will also allow the supervisor and lead worker to easily access all case file documentation for internal auditing and monitoring.

The addition of a lead worker for the Adult Services Unit will provide needed supports for HCBS case managers. LTSS programs in Minnesota have undergone a significant number of major changes in recent years, and case managers in many counties are struggling to keep up. Case managers and assessors in Wadena County must keep up with all HCBS programs, fee-for-service waivers, and several MCOs. Wadena County recently created a new lead worker position, and hired someone who has a background in waiver programs. This will provide much needed guidance and oversight for waiver case managers, including acting as a subject matter expert, conducting internal file reviews, and disseminating information from regional training opportunities.

Wadena County values person centered planning practices, which is reflected in its current employee training and engagement efforts. Wadena County is a leader in the state in its efforts to train its staff and community partners on the importance and use of person centered planning practices. The Human Services Department has undertaken an ambitious effort to have 100 percent of its staff trained using the Person Centered Thinking module and is currently working on developing additional internal supports such as coaching teams to help staff put what it learned in the training into action on a daily basis. By hosting trainings for community partners on this topic, Wadena County is working to further improve skills to offer person centered supports and services.

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 Wadena County and people receiving services.

Expand community based employment opportunities for people on the CCB and DD waiver programs. 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 Wadena County's requirement to reach their Olmstead goals of moving two people a year to community based employment. Only 11 percent of people on CCB programs and 19 percent of people on DD programs earn more than \$250 a month, both well below the cohort and statewide averages. Wadena County should continue to push its local providers to create opportunities that align with what people want. However, at some point the county will have to seek out other provides capable of meeting their needs by delivering work opportunities for people on waiver programs that result in higher wages.

Add critical content to each person's support plan to make it more 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. In accordance with the Person Centered Thinking training, all Wadena County case managers have received, individuals should be asked about their dreams, where they want to live and work, and how they want to spend their free time. 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 individual realize those goals and dreams.

Use private agencies for contracted case management for individuals living outside of your community and to provide staffing coverage as needed. Lead agencies utilize private contracted case management agencies for a variety of reasons. Offering this option to individuals residing outside of Wadena County or its neighboring counties would reduce caseloads for county case managers and eliminate excessive travel time. Also, a local contracted case manager often has more knowledge of local resources to ensure quality service delivery. Wadena County will need to establish a system with strong oversight practices and set standards for the contracted agency. This may include things such as requiring quarterly face to face visits with individuals, using Wadena County forms, attending specific trainings, or sharing a copy of all case file documentation.

Better utilize waiver allocations to meet local needs. At the time of the lead agency review site visit, MMIS data showed three people on the CCB wait list and one on the DD wait list for Wadena County. Simultaneously, Wadena County had received several new funded allocations that it had not yet accessed and it had ended recent years with substantial balances. Recent legislation will require the lead agency to submit a corrective action plan if it continues to maintain balances over 3 percent along with a waiting list. It is important that individuals who are eligible and wanting waiver services be able to access them. Wadena County is aggressively pursuing WMS training for its staff, and plans to add its Financial Services Supervisor to the team of staff monitoring its allocations.

Work with traditional waiver providers and mental health providers in your community to enhance in-home service options, such as Independent Living Skills (ILS). Wadena County serves a higher portion of individuals on the CADI waiver with the case-mix B and E when compared to its cohort, indicating a mental health diagnosis. Many CADI services are aimed at meeting the needs of this population and doing so in the least restrictive setting possible. Services such as ILS, 24-Hour Emergency Assistance, Behavior Programming, and Housing Access Coordination are designed to help people access and maintain housing while building skills. By growing local qualified providers, Wadena County residents will be able to utilize these supports and find a place within a continuum of choices.

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 Wadena County will be required to take corrective action. Because some items below were previously issued Wadena 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 individuals who newly opened to a waiver program in SFY 2015, three of eighteen were not assessed within this time frame (83 percent compliance). Completing assessments and eligibility determination within 20 days helps ensure prompt access to those needing services.

Conduct face to face visits in accordance with program requirements. The federally approved DD waiver plan requires case managers have at least two face-to-face contacts with each person within the year, and Minnesota Rule 9525.0024 further requires the case manager conduct a monitoring visit on at least a semiannual basis. Overall, 89 percent of the individuals reviewed across all programs were not visited within the required timeframes. Five of 11 DD cases were not visited every six months. Face-to-face visits allow provide case managers with an opportunity to build relationships and monitor each person's health and safety.

Complete the Case Manager's Guide to Determining ICF/DD Level of Care for individuals on the DD waiver who have not been assessed via MnCHOICES. Minnesota Statute requires that lead agencies determine eligibility for waiver programs on an annual basis. Overall, 27 percent of cases reviewed across all programs did not contain the required information. Three of 11 DD cases did not contain a current ICF/DD Level of Care form. By completing this form annually, the lead agency is confirming that individuals accessing the DD waiver are in fact in need of an institutional level of care and supportive services.

Include details about the person's services in the support plan. For each service in a person's support plan, the following information must be included as per MN Statute 256B.0915 256B.092: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost). Overall, 17 percent of cases reviewed across all programs did not contain the required information. Eight out of 11 DD cases had support plans that did not contained all information. All other programs were in compliant. This information is the minimum required to ensure people are informed about the services they will be receiving.

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

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

to address unexpected events. Overall, 24 percent of cases reviewed across all programs did not contain this information. Three out of ten DD cases, eight of ten AC cases did not have a current and complete back-up plan while all other programs were in compliance. 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 provide care.

Obtain signed releases of information from each person granting informed consent to release private information. Minnesota Statute 13.05 requires the lead agency be given permission to share private information for each person and that this documentation is signed by the person annually. Overall, 11 percent of cases reviewed across all programs did not contain this information. One of ten EW cases, one of ten CADI and three of ten DD cases did not have completed documentation in the case file. All other programs were in compliance. It is important that each person inform the lead agency who they are willing to share their private information with.

Obtain signed documentation the person received information on how private data will be used, in accordance with NPP and HIPAA. Minnesota Statute 13.05 requires the lead agency be given permission to share private information for each person and that this documentation is signed by the person annually. Overall, 6 percent of cases reviewed across all programs did not contain this information. Three out of the ten DD cases did not have completed documentation in the case file. All other programs were in compliance. It is important that each person understands how their private information will be used by the lead agency.

Obtain signed documentation with each person understands their appeal rights. Minnesota Statute 13.05 requires the lead agency be given permission to share private information for each person and that this documentation is signed by the person annually. Overall, 6 percent of cases reviewed across all programs did not contain this information. All other programs were in compliance except for three out of ten DD cases that did not have completed documentation in the case file. It is important that each person understands their appeal rights and how to exercise those rights if they disagree with a service, eligibility determination, etc.

Required remediation

Findings indicate that some case files do not contain all required documentation. Wadena 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. This is due to DHS on November 9, 2015.

- **Case File Compliance Worksheet:** In Wadena, 23 of 46 cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet.** All cases reviewed that require remediation.

Required Items	Total	AC	EW	CAC	CADI	BI	DD
A current AC Program Eligibility Worksheet is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	89%	100%	90%	100%	90%	100%	73%
Documentation that a person received Right to Appeal information in the last year.	94%	100%	100%	100%	100%	100%	73%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	94%	100%	100%	100%	100%	100%	73%
Application for Title XIX HCBS Waiver Services is completed annually	2%	N/A	N/A	0%	10%	0%	0%
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.	100%	N/A	N/A	100%	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.	73%	N/A	N/A	N/A	N/A	N/A	73%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	0%	N/A	N/A	N/A	N/A	N/A	0%
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 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 person’s dreams are discussed in support plan.	21%	20%	20%	0%	40%	50%	0%
A person’s behavioral/mental health issues are described in the support plan.	85%	80%	70%	33%	90%	100%	100%
A person’s medical health issues are described in the support plan.	94%	90%	90%	100%	90%	100%	100%
Support plan includes natural supports .	70%	50%	80%	33%	90%	100%	67%
Support plan has sufficient details about what is important to the person.	74%	70%	70%	0%	90%	100%	83%
The person’s satisfaction with services and supports is documented.	64%	70%	40%	67%	80%	100%	58%
Case manager documents a person’s issues or life events to better understand the situation.	93%	90%	100%	100%	100%	50%	83%
Support plan clearly reflects values and beliefs of person centered planning.	57%	60%	60%	0%	60%	100%	58%
Support plan identifies and has a plan to reduce personal risks .	69%	60%	80%	33%	80%	100%	54%
Support plan is written in plain language	100%	100%	100%	100%	100%	100%	100%
The type of preferred work activities are identified in the support plan.	22%	0%	0%	0%	60%	50%	27%
The type of preferred living setting is identified in the support plan.	72%	70%	90%	67%	80%	100%	27%
Support plan identifies who is responsible for monitoring implementation of the plan.	50%	50%	90%	33%	10%	0%	64%
Support plan includes a person’s strengths in the support plan.	87%	70%	80%	0%	70%	0%	100%