

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Wright County**

Waiver Review Site Visit: February 2013

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## Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Wright County.

### **ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES**

The Minnesota Department of Human Services (DHS) helps people meet their basic needs by providing or administering health care coverage, economic assistance and a variety of services for children, people with disabilities and older Minnesotans. DHS's Continuing Care Administration strives to improve the dignity, health and independence of Minnesotans in its annual administration and supervision of \$3.5 billion in state and federal funds, which serve over 350,000 individuals.

### **ABOUT THE IMPROVE GROUP**

The Improve Group is an independent evaluation and planning firm with the mission to help organizations deliver effective services. The research design, data collection, analysis and reporting expertise of the Improve Group emphasizes building the capacity of local organizations to make information meaningful and useful.

### **ADDITIONAL RESOURCES**

#### ***Continuing Care Administration (CCA) Performance Reports:***

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_166609](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

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

[www.MinnesotaHCBS.info](http://www.MinnesotaHCBS.info)

## About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota’s Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

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

**Table 1: Summary of Data Collection Methods**

Method	Number for Wright County
Case File Review	122 cases
Provider survey	39 respondents
Supervisor Interviews	4 interviews with 4 staff
Focus Group	2 focus group(s) with 18 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

## About Wright County

In February 2013, the Minnesota Department of Human Services conducted a review of Wright County's Home and Community Based Services (HCBS) programs. Wright County is a county located in south central Minnesota. Its county seat is located in Buffalo, Minnesota and the County has another 16 cities and 18 townships. In State Fiscal Year 2011, Wright County's population was approximately 126,437 and served 1,183 people through the HCBS programs. According to the 2010 Census data, Wright County had an elderly population of 8.6%, placing it 84<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Wright County's elderly population, 6.5% are poor, placing it 76<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Wright County Human Services Department is the lead agency for all HCBS programs and provides case management for these programs. Wright County Human Services includes both Social Services and Public Health Departments. Social Services is the lead for all waiver management except for the CAC waiver, for which Public Health is the lead agency. The county also provides care coordination for Blue Plus Managed Care Organization (MCO) participants. Until recently, they also did this for Medica, but chose to end that relationship.

Wright County has one Social Services Manager and one Public Health Manager. There are three Social Services Supervisors who work with waiver programs; one for the DD Unit, one for the Adult Services Unit, and one for the Mental Health Unit. Together, they oversee 28 case managers and three case aides. There is one Public Health Supervisor who oversees seven public health nurses and one case aide who work on Long Term Care (LTC) programs. The DD Unit

case managers have CADI, BI, and DD cases. The Adult Services Unit case managers have EW, AC, BI and CADI cases; they also co-case manage CAC cases with Public Health. Public health nurses do case management and case consultation for CADI, BI, and DD cases that have extreme medical issues. The Mental Health unit also case manages some CADI and BI cases, based on participants' needs.

Wright County has an intake area in both Social Services and Public Health. If a participant living in the community requests an assessment, they are directed to Public Health intake unless they indicate a need for DD services or mental health services. In those instances, the call or referral is directed to the Social Services intake. If the participant meets the requirements to be on a waiver programs, their information is given to the supervisor who will transfer the case to the appropriate unit. This decision is based on the participant's age and residence, as case managers have designated geographical areas.

If a participant who lives in a residential setting or institution requests an assessment for the LTC programs, the case manager that is assigned to the geographical region completes the initial assessment and performs ongoing case management. If the participant is over 65 years old and living in the community, an initial assessment is completed by a public health nurse or a social worker. When the participant is under 18 years old, dual assessments are conducted with both a public health nurse and social worker. The children's cases are then transferred to the ongoing case manager. For the DD program, participants are assigned to a case manager based on their age. Since Social Services and Public Health are located in the same building, case managers find it easy to consult with each other.

The caseload size for Adult Services case managers ranges from 45 to 85 cases. For DD case managers, the average caseload size is 60 cases. Mental Health case managers average 30 to 40 cases. Finally, Public Health case managers have an average of 20 waiver cases in addition to Community Well and PCA cases and other Public Health services.

## Working Across the Lead Agency

In Wright County, participants are assigned to a financial worker and the case manager works with the assigned financial worker when there are issues. There are four LTC financial workers who have all the county's waiver participants. Recently, the county started using an online financial system called OnBase. Through this system, applications for county programs can be completed online or scanned in and then sent to financial workers. Case managers can also use the online system to look up a participant's financial worker.

County staff shared that financial workers have high caseloads and have challenges with determining initial Medical Assistance (MA) eligibility promptly. This results in case managers sometimes needing to re-assess participants due to LTCC timeframes. Case managers stated that there are not enough financial workers to complete everything that needs to be done; therefore, paperwork is not always completed in a timely manner, and financial workers are slow to respond to inquiries from case managers and participants. Despite this, county staff said that financial workers are good at responding to crisis issues.

Financial workers are located in a different building than case managers which can make communication and consultation more difficult. Communication between case managers and financial workers is primarily done by e-mail or on the phone. Financial workers have begun to attend the monthly joint meeting with Social Services and Public Health. Supervisors are hopeful this will improve communication and build relationships between the financial workers and case managers.

Social Services manages adult protection, child protection, and mental health services. If a participant has an adult protection case open due to self-neglect, case managers are notified. In this situation, the case manager receives the adult protection case to resolve. When adult protection cases are opened for other reasons, such as abuse, case managers are not always notified and may not know the resolution of the issue. For child protection cases, case managers may be included in the process to help resolve the situation. Supervisors noted that when case managers are involved it is usually later in the process and information is not shared with the case manager. Case managers stated that for both child and adult protection cases there is often

no coordination or consultation with the child or adult protection worker. Case managers feel the main reason for the lack of sharing information centers around issues with confidentiality.

Mental health waiver case managers are responsible for performing both waiver and Rule 79 mental health case management duties. For these cases, case managers will consult with other case management staff about the case. Case managers stated that their communication with adult mental health and children's mental health is informal since they are all located in the same building.

The Public Health Director, Social Services Manager, and Supervisors provide updates to the County Board at meetings when substantial changes in the programs occur. Issues in the waiver programs are discussed with the County's Human Services Board, which also acts as the Community Health Board and is comprised of the same people who also serve on the County Board of Commissioners. The Human Services' Board approves provider contracts and meets twice month. The Social Services Manager and Social Services Supervisors give presentations or discuss important topics relevant to the waiver programs at these meetings. The Public Health Director and Public Health Supervisor also discuss key items at these meetings. .

### Health and Safety

In the Quality Assurance survey, Wright County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers also indicated they have good, open communication with case managers, case managers are advocates for consumers, and that case managers are well-trained and knowledgeable.

Case managers stated that they keep current with program and policy changes by attending webinars and reading bulletins. The Adult Services Supervisor is the lead for CCB, AC, and EW programs and forwards bulletins and listserv e-mails to other supervisors to ensure that everyone has the information. Case managers discuss changes during unit meetings. In Social Services, case managers attend unit meetings every other week. In Public Health, case managers meet once

a month as a team and additionally in sub-groups. In addition to these meetings, Social Services and Public Health case managers meet jointly once a month to discuss the waiver programs.

In Social Services, each unit supervisor completes case file audits, but this process differs by unit. For the DD Unit, each case manager has one of their case files reviewed every other month. The Mental Health Unit selects one case file per month to review from each adult case manager and three case files per month to review for each children's case manager. The Adult Services Supervisor also mentioned their unit has done case file audits, but this does not happen on a regular basis. Public Health does not currently have a formal process for reviewing cases, but does so at random.

### Service Development and Gaps

Wright County staff shared that they have a well-rounded pool of providers and resources to draw from for the participants they serve, but still face some challenges in providing certain needed services. Wright County staff noted the lack of available chore services is a challenge. Case managers also said that while they have three options for vocational programs for DD participants, only one is located in Buffalo. Another gap in services identified by Wright County staff was transportation. The county does have a public transit system called River Rider, but the services are limited in hours and routes available. If participants live in rural areas of the county or are not located along a route, they have limited options for public transportation. When participants are able to use the River Rider system, the length of time it takes to get to their destination is often long. In the Quality Assurance survey, county staff shared that they have a limited number of culturally specific providers, but have recently contracted with providers to address this issue.

### Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

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

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

	Below Average	Average	Above Average
Nursing Facilities	0	5	6
Schools (IEIC or CTIC)	0	7	1
Hospitals (in and out of county)	3	7	5
Area Agency on Aging	1	0	1
Vocational Providers (DT&H, Supported Employment)	4	4	3
Customized Living Providers	0	4	4
Foster Care Providers	2	5	6
Home Care Providers	0	8	1
Advocacy Organizations	0	2	1

Case managers stated that they have good relationships with most agencies and providers and cited their geographic assignments as the primary reason; this allows case managers to get to know agency staff better through their regular and ongoing interaction. County supervisors monitor issues with providers. If more than one participant is having difficulty with a provider, the supervisor contacts the provider to discuss the issue. If an issue continues, a Manager is brought in to resolve the issue.

Case managers stated that their relationships with schools varied depending on the school and age of participant. For younger participants, case managers find that schools are supportive in meeting the different needs of the children. The schools and the county are active participants in a local advocacy group, Autism Allies. Case managers feel that as participants age, the relationship with schools weakens due to lack of communication and inability of the schools to

provide quality education services to meet participant needs. Case managers also stated that transition programs are not structured to serve all students.

Case managers shared that their relationships with hospitals have improved over time. Case managers have found that there is often poor transition in care and poor communication. At some hospitals, this is improving due to hospitals starting the practice of discussing transitions in care meetings at the hospital prior to discharge.

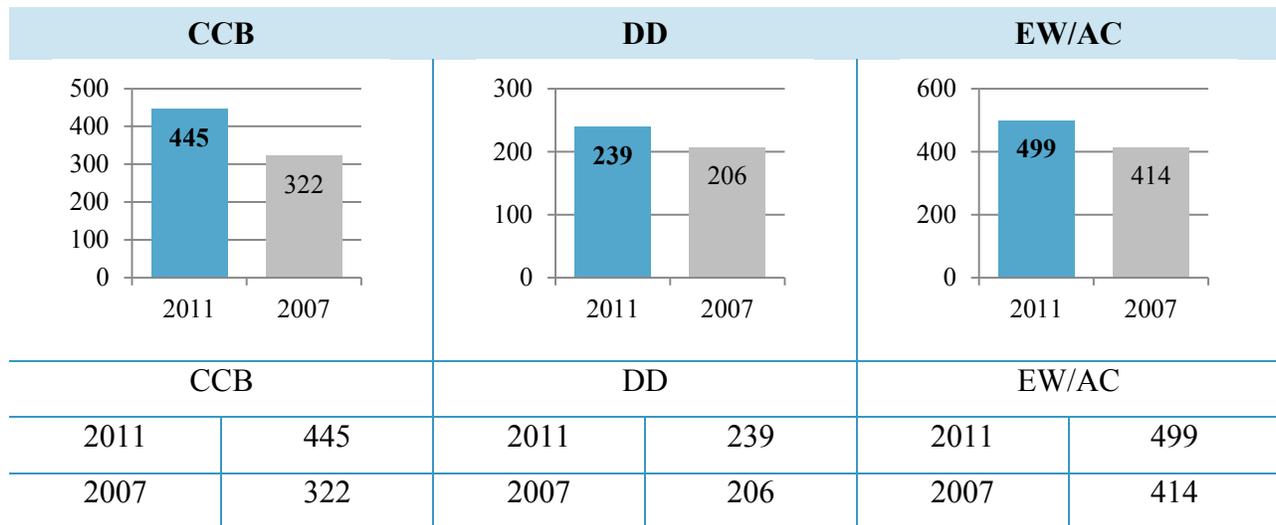
Case managers stated that they have had good relationships with customized living providers and that they do a good job, but there have been some issues in the past. For example, some customized living providers do not allow participants hospitalized for behavioral or mental health issues to return. These providers are also continually requesting that case managers increase the case mix for participants. Case managers noted that they have built relationships with customized living providers over time and this improves communication. Case managers have had mixed experiences with foster care providers. Case managers stated that some foster care providers have been able to serve participants with unique needs, and their staff has had behavioral training which helps staff to better address behavioral issues when they arise. With other foster care providers, case managers noted that they do not always return calls when requested and that they continually attempt to negotiate higher rates. Case managers have had average relationships with home care providers. Case managers feel home care providers are providing excellent care to participants, but they do not always inform the case manager changes in the participant's health condition.

Case managers feel that advocacy organizations that serve their area are understaffed and not as available as they would like them to be. Despite this, when case managers have used advocacy organizations, they said that the organizations have done a good job and have been helpful. Case managers stated that their relationship with the Area Agency on Aging varies; there are times it is better than others.

## Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

### Program Enrollment in Wright County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Wright County has increased by 123 participants (38.2 percent); from 322 in 2007 to 445 in 2011. Most of this growth occurred in the case mix categories B and E, which grew by 41 and 35 people, respectively. As a result, Wright County may be serving a greater proportion of people with mental health needs on the CCB waivers.

Since 2007, the number of persons served with the DD waiver in Wright County increased by 33 participants, from 206 in 2007 to 239 in 2011. In Wright County, the DD waiver program is growing more quickly than in the cohort as a whole. While Wright County experienced a 16.0 percent increase in the number of persons served from 2007-2011, its cohort had an 11.8 percent increase in number of persons served. In Wright County, the profile group two grew the most, increasing by 21 people. The greatest change in the cohort profile groups occurred in profile group three. The number of people in profile groups one and two, those with the highest needs,

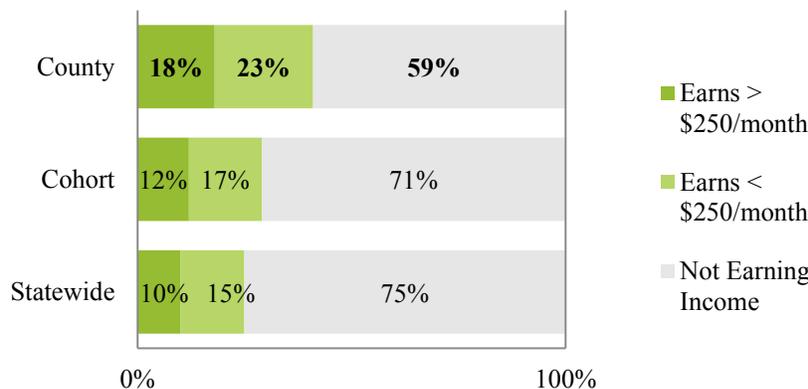
grew in Wright County. As a result, Wright County serves a larger proportion of persons in these groups (42.7 percent), than its cohort (37.3 percent).

**Since 2007, the number of persons served in the EW/AC program in Wright County has increased** by 85 people (20.5 percent), from 414 people in 2007 to 499 people in 2011. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. In addition, case mix E increased by 43 people. As a result, Wright County may be serving a higher proportion of people with mental health needs in the EW/AC programs.

**Value**

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

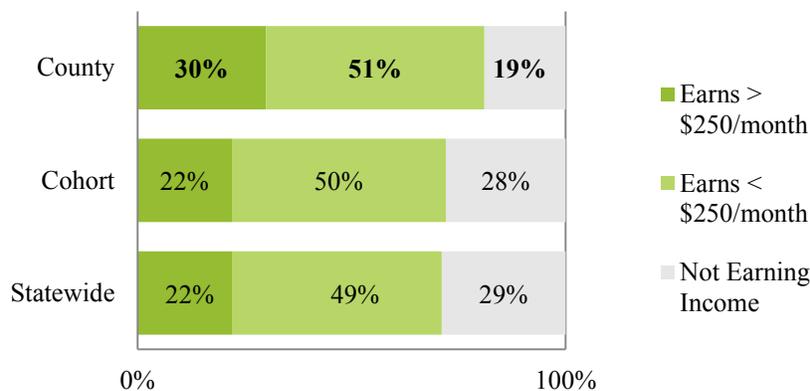
**CCB Participants Age 22-64 Earned Income from Employment (2011)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Wright County	18%	23%	59%
Cohort	12%	17%	71%
Statewide	10%	15%	75%

In 2011, Wright County served 285 working age (22-64 years old) CCB participants. Of working age participants, 40.7 percent had earned income, compared to 29.4 percent of the cohort's working age participants. **Wright County is ranked 15<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Wright County, 17.5 percent of the participants earned \$250 or more per month, compared to 12.3 percent of its cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Wright County	30%	51%	19%
Cohort	22%	50%	28%
Statewide	22%	49%	29%

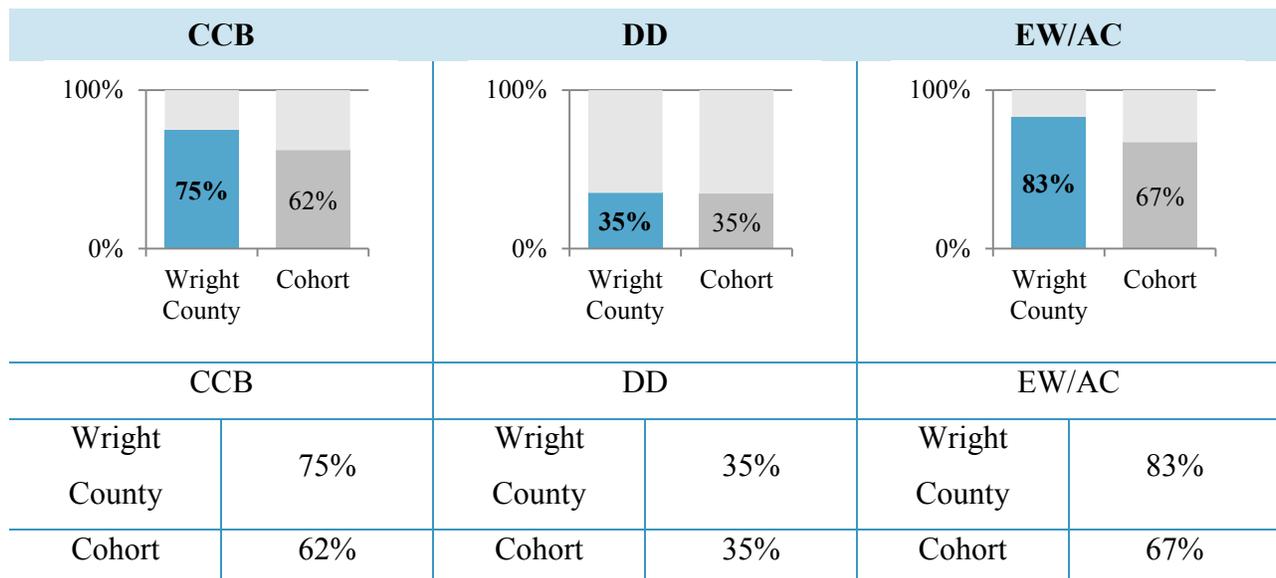
In 2011, Wright County served 183 DD waiver participants of working age (22-64 years old). **The county ranked 21<sup>st</sup> in the state for working-age participants earning more than \$250 per month.** In Wright County, 29.5 percent of working age participants earned over \$250 per month, while 22.3 percent of working age participants in the cohort as a whole did. Also, 80.3 percent of working age DD waiver participants in Wright County had some earned income, while 72.6 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Case managers have varied experiences with vocational providers. Case managers that have good relationships with providers find vocational providers to be helpful and willing to work hard to find participants jobs. Case managers that have poor relationships with providers find that vocational providers take a cookie cutter approach with participants where the participant has to fit within their employment model. Case managers find that this reduces the participants' ability to develop work skills, especially for lower functioning participants. Case managers also thought that the rate of pay for participants could be higher. Case managers also raised concerns regarding vocational providers' inability to prevent and address participant's behavioral problems

### Sustainability

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

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

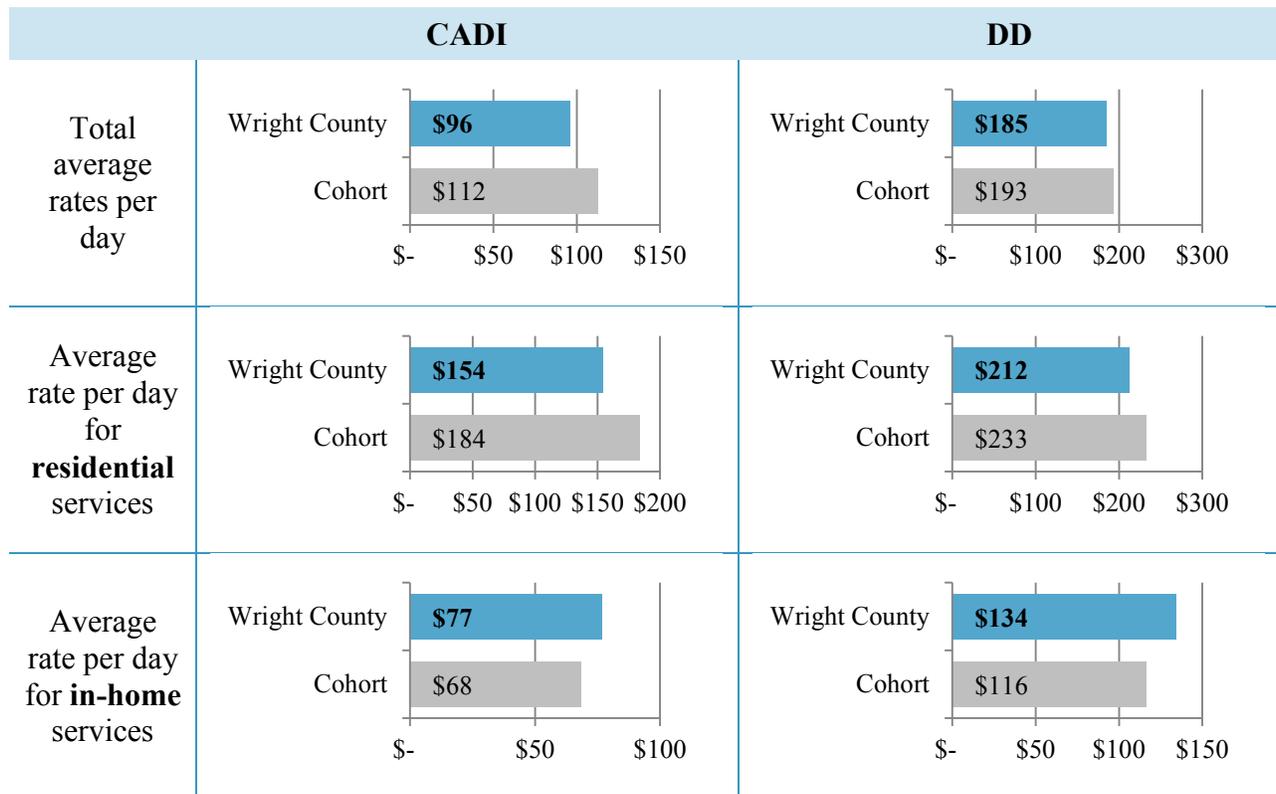


**Wright County ranks 14<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 332 participants at home. Between 2007 and 2011, the percentage increased by 3.5 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 74.6 percent of CCB participants in Wright County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

**Wright County ranks 20<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 84 participants at home. Between 2007 and 2011, the percentage increased by 6.5 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.8 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6% to 35.7%.

**Wright County ranks 23<sup>rd</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 412 participants at home. Between 2007 and 2011, the percentage increased by 18.1 percentage points. In comparison, the percentage of participants served at home increased by 3.1 percentage points in their cohort and 1.2 points statewide. Statewide, 75.4 percent of EW/AC participants were served in their homes in 2011. Wright County serves a higher proportion of EW/AC participants in their homes than their cohort or the state.

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



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

	Wright County	Cohort
Total average rates per day	\$95.76	\$112.48
Average rate per day for <b>residential</b> services	\$154.35	\$183.67
Average rate per day for <b>in-home</b> services	\$76.57	\$68.29

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

	Wright County	Cohort
Total average rates per day	\$185.43	\$193.33
Average rate per day for <b>residential</b> services	\$212.46	\$232.68
Average rate per day for <b>in-home</b> services	\$134.11	\$116.25

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Wright County is \$16.72 (14.9 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Wright spends \$29.32 (16.0 percent) less on residential services and \$8.28 (12.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Wright County ranks 41<sup>st</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

**The average cost per day for DD waiver participants in Wright County is \$7.90 (4.1 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Wright County spends \$20.22 (8.7 percent) less on residential services but \$17.86 (15.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Wright County ranks 58<sup>th</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

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

**Wright County has a lower use in the CADI program than its cohort of residential based services** (Foster Care (20% vs. 29% and Customized Living (2% vs. 7%)). The county has higher use of Prevocational Services (14% vs. 8%), but lower use of Supported Employment Services (10% vs. 14%). They also have a lower use of some in-home services including Homemaker Services (23% vs. 27%) and Independent Living Skills (21% vs. 29%), but a higher use of others including Home Health Aide (9% vs. 5%). Thirty-three percent (33%) of Wright County's total payments for CADI services are for residential services (31% foster care and 2% customized living) which is lower than its cohort group (53%). Wright County's family foster care rates are higher than its cohort when billed monthly (\$2,544.41 vs. \$2,370.86 per month), but lower when billed daily (\$112.36 vs. 125.48). Corporate foster care rates are lower than its

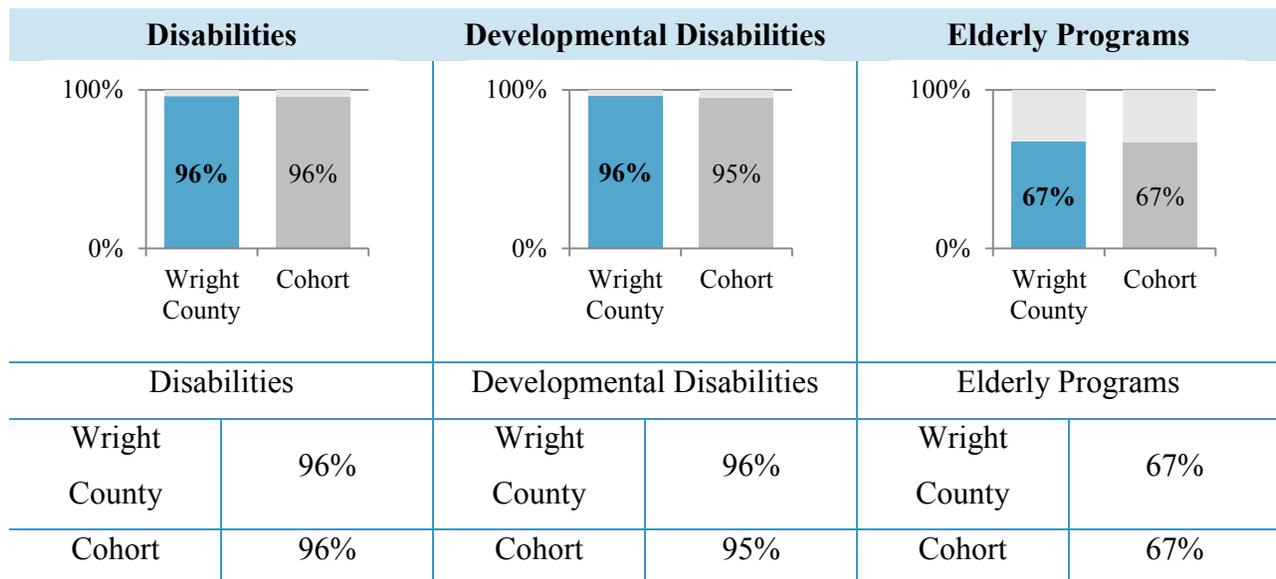
cohort when billed monthly and when billed daily (\$5,234.82 vs. \$6,645.89 per month and \$180.89 vs. \$225.12 per day).

**Wright County’s use of Supportive Living Services (SLS) is identical to its cohort (65% vs. 65%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Wright County’s daily corporate Supportive Living Services rates are lower than its cohort (\$189.06 vs. \$209.42). The county has a lower use of Day Training & Habilitation (50% vs. 61%) than its cohort, but a higher use of In-Home Family Support (22% vs. 15%) and Consumer Directed Community Supports (13% vs. 10%).

**Usage of Long-Term Care Services**

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

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



**In 2011, Wright County served 763 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 57 in institutional care.** Wright County ranked 24<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS; 95.9 percent of their LTC participants received HCBS. This is about the same as their cohort, where 95.8 percent were HCBS participants. Since 2007, Wright County has increased its use of HCBS by 1.4 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Wright County served 343 LTC participants (persons with development disabilities) in HCBS settings and 14 in institutional settings.** Wright County is ranked 20<sup>th</sup> of 87 counties in the percentage of LTC participants receiving HCBS with 96.4 percent of its LTC participants receiving HCBS; a higher rate than its cohort (95.1 percent). Wright County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 2.3 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

**In 2011, Wright County served 522 LTC participants (over the age of 65) in HCBS settings and 272 in institutional care.** Wright County ranked 24<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 67.4 percent received HCBS. This is somewhat higher than their cohort, where 66.9 percent were HCBS participants. Since 2007, Wright County has increased its use of HCBS by 7.9 percentage points, while their cohort has increased by 7.0 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

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

	<b>Wright County</b>	Cohort	Statewide
Age 0-64	<b>0.21</b>	0.22	0.47
Age 65-84	<b>18.76</b>	17.20	23.11
TOTAL	<b>1.80</b>	2.01	3.24

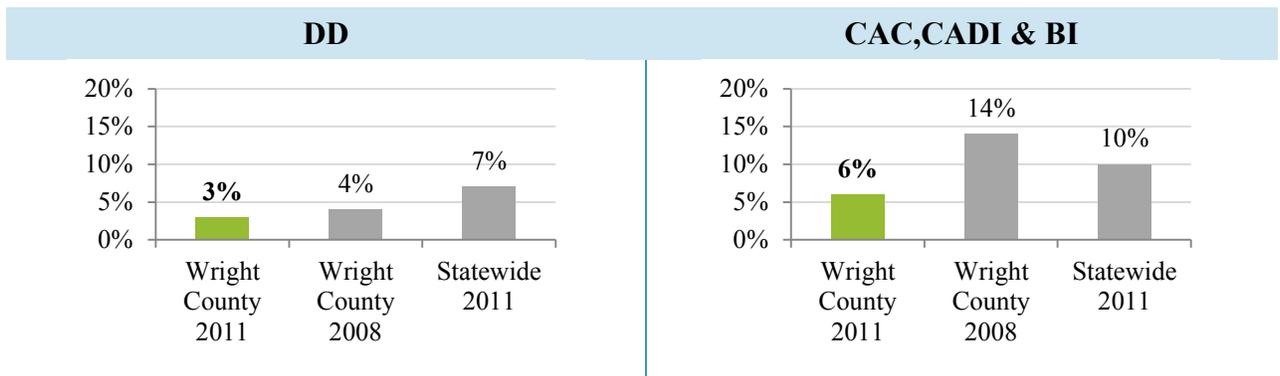
**In 2011, Wright County was ranked 6<sup>th</sup> in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is lower than the statewide rate, but higher than their cohort. However, Wright has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has decreased by 5.9 percent in Wright County. Overall, the number of residents in nursing facilities has decreased by 4.9 percent since 2009.

Most case managers rated their relationships with nursing facilities as average to good. Case managers have developed relationships with nursing facility staff over time. At times, the case managers' role is viewed negatively by nursing facility staff because they advocate for what is best for the participant. Sometimes, this conflicts with what the nursing facility would like to do. Case managers also noted that nursing facility staff does not always notify case managers about care conferences.

## Managing Resources

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

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



	DD	CAC, CADI, BI
Wright County (2011)	3%	6%
Wright County (2008)	4%	14%
Statewide (2011)	7%	10%

**At the end of calendar year 2011, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Wright County had a 3% balance at the end of calendar year 2011, which indicates the DD waiver budget, had a reserve. Wright County's DD waiver balance is smaller than its balance in CY 2008 (4%) and the statewide average (7%).

**At the end of fiscal year 2011, the CCB waiver budget had a reserve.** Wright County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Wright County had a 6% balance at the end of fiscal year 2011, which is a smaller balance than the balance in FY 2008 (14%) and the statewide average (10%).

Data from the Waiver Management System (WMS) indicated that at the time of the review, the county did not have a waitlist for CCB, but had a waitlist of three in the DD program. For CCB programs, an aggregate committee meets weekly to review slot requests and allocation increases. A staff member from the fiscal department runs simulations in WMS at the meetings. For the DD program, a DD screening committee meets twice a month to review requests. For increases to existing waiver allocations, case managers must fill out a change request form and describe why the change is needed. For small change requests, the Adult Services Supervisor will independently approve. All other requests are sent to a committee for review.

## County Feedback on DHS Resources

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

### Wright County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Policy Quest	0	0	1	2	0
Help Desk	0	3	1	2	0
Disabilities Service Program Manual	0	0	2	6	1
DHS website	0	7	1	5	1
E-Docs	0	1	0	1	15
Disability Linkage Line	0	0	2	4	1
Senior Linkage Line	0	0	3	5	2
Bulletins	0	0	4	6	2
Videoconference trainings	0	0	5	4	2
Webinars	0	2	3	6	1
Regional Resource Specialist	0	0	0	5	1
Listserv announcements	0	0	0	4	2
MinnesotaHelp.Info	0	0	1	2	2
Ombudsmen	0	0	3	2	2
DB101.org	0	0	1	1	1

County staff stated that they find the Disabilities Service Program Manual to be very useful. Supervisors mentioned that they refer to the manual often and it is a main source of information. County staff agreed that the DHS website is difficult to navigate and find what they are looking for. Supervisors find the bulletins to be useful and forward them on to relevant staff. Case managers stated that the usefulness of Videoconference trainings depends on the presenters; they also noted there are a lot of technical difficulties with the videoconferences. Case managers stated that they like the option of being able to watch webinars from their desk, but find that some of the webinars are too long and could be condensed. Supervisors are usually the main contact for the Regional Resource Specialist (RRS), but both supervisors and case managers noted that the RRS is responsive and quick to provide them with answers.

## County Strengths, Recommendations & Corrective Actions

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

### Wright County Strengths

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

- **Wright County addresses issues to comply with Federal and State requirements.** During the previous review in 2006, Wright County received a corrective action for the following items being out of compliance: a back-up plan for CCB participants, care plans signed and dated, and documentation of needs and health and safety issues in the care plan. In 2013, none of these issues remain for Wright County, indicating technical improvements over time.
- **Case managers are experienced and build relationships with waiver participants and families over time.** Case managers are responsive to changing participant needs and help them receive the services that they need. Case managers actively share their expertise with one another, and there is frequent collaboration between Public Health and Social Services. This gives them the ability to navigate across disciplines to provide comprehensive care for

participants. Wright County case managers also specialize in certain areas in order to better serve participants. For example, DD case managers specialize by participant age and are able to develop relationships with specific providers and organizations. Mental health waiver case managers provide both CADI and Rule 79 case management which is a model for integrated care.

- **Care planning in Wright County is thorough and person-centered.** Care plans are completed consistently; the formats used are strong and comprehensive. In addition, most care plans included relevant medical, mental and/or chemical health information (93%) and were written using participant-friendly language (98%). Most (90%) also include individualized and meaningful participant goals. Wright County also consistently includes a back-up plan for LTC programs to ensure participant health and safety. Although it is not a requirement, 81% of EW cases and 90% of AC cases included a back-up plan.
- **Multiple sources of data indicate that Wright County staff is well-connected with providers and other organizations that serve participants.** Wright County case managers have made connections with staff at hospitals, nursing facilities, schools, vocational rehabilitation providers, and other agencies that serve participants. Case managers in the Adult Services Unit have geographic assignment of cases and are aware of local providers and resources. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The county also has several community outreach activities and groups including an Autism resource fair through Autism Allies, a disability job fair, and the Wellness on Wheels Van (WOW).
- **The case files reviewed in Wright County consistently met HCBS program requirements.** There was good documentation of required forms including documentation of OBRA Level One, ICF/DD Level of Care, CAC forms, informed consent to release information, and privacy practices (HIPAA). Ninety-nine percent of care plans are current and are signed and dated by the participant. In addition, 97% of participants received the number of face-to-face visit required by their program in the past 18 months.

- **Wright County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income.** One of the county's main providers, in particular, has focused effort on employment opportunities for participants with mental health needs. The county ranks 15<sup>th</sup> of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month. It also ranks 21<sup>st</sup> of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income over \$250 a month. Case managers actively promote the benefits of employment and MA-EPD to participants.
- **Based on budget allocation reports, Wright County waiver budgets are well-managed.** Wright County's DD waiver budget balance was 3% at the end of CY 2011, and there was a 6% balance in the CADI, CAC and BI programs at the end of FY 2011. This is an adequate amount of reserve funds for a county of this size to balance risks from costly participant crises with meeting local needs.
- **Wright County has the capacity to serve a high need population in the community and serves many participants at home.** The county serves a greater proportion of participants at home in the EW/AC, DD, and CCB programs when compared to its cohort. For the EW/AC and CCB programs, Wright County is also outperforming the statewide average. In 2011, the county ranked 15<sup>th</sup> out of 87 in the percent of CCB waiver participants with higher needs (83.8%) and served 74.6% of participants at home. Wright County ranked 2<sup>nd</sup> out of 87 counties in the percent of elderly waiver participants with higher needs (77.4%) and served 82.6% of participants at home.

## Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. Wright County has seen growth in the number and complexity of cases, and case managers are in need of additional supports. The county may want to consider strategies such as using contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages. . In addition, Wright County should consider creating a more formal system for training and mentoring new staff and organizing and updating documents in their shared drive to ensure forms are current and fillable to promote consistency. For example, the county may want to assign folders for certain forms (e.g., a folder for EW initial assessments or CADI semi-annual visits) and designate a staff member to keep these forms up-to-date.
- **Maintain focus and expand planning efforts for critical service needs that promote sustainability and quality of life for waiver participants.** Wright County has achieved high rates of participants with earned income and high rates of participants living in their

own homes. However, 31% of CADI and 22% of DD waiver participants are currently under age 23 and will be transitioning soon from school to work and from their family home into their own home. To ensure it is able to keep up this strong performance, the county should formally solicit providers capable of serving DD and CADI participant to develop additional capacities in community-based employment opportunities and supports for participants living in their own homes. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the county should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **Continue the use of visit sheets across the waiver programs to document provider performance and consumer satisfaction.** Wright County currently has a visit sheet, but it is not used consistently by case managers. In addition to documenting required face-to-face visits in the participant's case file, visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. The county should also request progress reports from all providers across all waiver programs as a way to regularly monitor provider performance.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Wright County was found to be inconsistent in meeting state and federal requirements and will require a response by Wright County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Wright County will be required to take corrective action.

- **Beginning immediately, ensure that LTC screenings for CCB and Elderly programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Forty-eight percent

(48%) or 16 out of 33 assessments for new CAC, CADI and BI participants and 74% or 35 out of 47 screenings for new EW and AC participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of their informed right to appeal included in the case file. Overall, only 40% of the cases reviewed included this documentation. Twenty-three out of 37 CADI cases, eight out of nine BI cases, 16 out of 32 EW cases, and four out of 10 AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, 10 CADI cases and 10 EW cases did not have documentation that the participant had been informed of their right to appeal within the past year
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Wright County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 76 cases. All items are to be corrected by April 30, 2013 and verification submitted to the Waiver Review Team to document full compliance.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

**CCB:** A combination of the CAC, CADI, and BI waiver programs

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	3	N / A	0	3	N / A	N / A
Screenings done on time for new participants (PR)	65%	74%	48%	100%	DD	AC / EW, CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	73%	81%	CCB, DD	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=56</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	92%	95%	89%	N / A	AC / EW	N / A
Care plan is current (PR)	98%	98%	98%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	99%	100%	98%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	91%	88%	91%	96%	CCB, DD	N / A
Choice questions answered in care plan (PR)	94%	98%	89%	100%	ALL	N / A
Participant needs identified in care plan (PR)	75%	62%	77%	92%	DD	AC / EW
Inclusion of caregiver needs in care plans	59%	70%	50%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	96%	N / A	N / A	96%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	90%	N / A	90%	N / A	CCB	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=39</i> )	85%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=39</i> )	87%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=56</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)						
Health and safety issues outlined in care plan (PR)	97%	98%	95%	100%	ALL	N / A
Back-up plan (PR for CCB)	76%	83%	96%	17%	CCB	N / A
Emergency contact information (PR for CCB)	99%	98%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=56</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	99%	98%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	40%	26%	25%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	97%	95%	96%	100%	ALL	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=56</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	98%	92%	ALL	N / A
Documentation of participant satisfaction in the case file	34%	38%	32%	29%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	67%	96%	96%	DD	N / A
Percent of LTC funds spent on HCBS	N / A	41%	92%	93%	N / A	N / A
Percent of waiver participants with higher needs	N / A	78%	84%	78%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	99%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	83%	75%	35%	AC / EW, CCB	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	18%	30%	CCB, DD	N / A

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

**CAC** is the Community Alternative Care Waiver.

**CADI** is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

**CMS** is the federal Centers for Medicare & Medicaid Services.

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

**DD** is the Developmental Disabilities Waiver.

**DHS** is the Minnesota Department of Human Services.

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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