

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Hubbard County**

Waiver Review Site Visit: May 2013

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## Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Hubbard 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 Hubbard County
Case File Review	51 cases
Provider survey	9 respondents
Supervisor Interviews	1 interviews with 1 staff
Focus Group	1 focus group(s) with 8 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 Hubbard County

In May 2013, the Minnesota Department of Human Services conducted a review of Hubbard County's Home and Community Based Services (HCBS) programs. Hubbard County is a rural county located in north central Minnesota. Its county seat is located in Park Rapids, Minnesota and the county has another three cities and 28 townships. In State Fiscal Year 2011, Hubbard County's population was approximately 20,303 and served 292 people through the HCBS programs. According to the 2010 Census data, Hubbard County had an elderly population of 20.4%, placing it 14<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Hubbard County's elderly population, 7.5% are poor, placing it 63<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Hubbard County Social Services is the lead agency for the HCBS programs and provide case management for these programs. There is one Social Services Supervisor who oversees 20 total staff, seven of which are waiver case managers. The Supervisor has been in her position for one year and before that was a waiver case manager for Hubbard County. Three case managers have primarily EW cases, one case manager has primarily AC and Special Needs Basic Care (SNBC) cases, and two case managers have a DD and Rule 185 caseload. There is also one CADI and BI waiver case manager who also provides Rule 79 mental health case management for waiver participants. Hubbard County provides care coordination for the PrimeWest Health Managed Care Organization (MCO).

There are no public health nurses on the Social Services staff. Public Health is contracted out by the county to St. Joseph's Area Health Services, the local hospital and community health center. Two nurses from that agency are involved dual initial LTCC assessments and reassessments for

EW, AC, and CADI participants. Dual screenings are done less frequently for DD participants and are usually only completed on request. The nurses from St. Joseph's also provide case management for a total of 11 waiver cases. Public Health staff hold a consultative role for most waiver cases, and do not have access to lead agency systems such as MMIS or SSIS.

Intake responsibilities rotate amongst all Social Services staff. There is an assigned intake worker each day and this person gathers basic information from callers, and case managers are then assigned for the assessment on a rotating basis. The assessor becomes the case manager if the case opens to Medical Assistance (MA).

EW and AC case managers have between 55 and 65 cases. The CCB and adult mental health case manager has a total caseload of about 70. CCB case managers have around 60 cases. DD case managers have approximately 60 cases including both waiver and Rule 185 cases. In addition to their waiver caseloads, all waiver case managers have intake and adult protection duties on a rotating basis.

### Working Across the Lead Agency

Financial workers are located in the same building as case managers. Financial workers do not specialize by program, but there are five financial workers for family cases and five financial workers for single adult cases. Cases are also assigned by the participants' last name so case managers usually know who to go to with questions. Case managers communicate with financial workers via e-mail or informally in person. Lead agency staff noted that they have had some difficulty ensuring waiver participants' applications for MA are processed in a timely manner. Case managers shared that they are not always notified about lapses in MA eligibility and often find out from providers.

Adult protection responsibilities rotate amongst all adult workers in Social Services. Waiver case managers are involved in the resolution for an adult or child protection case in less sensitive situations. However, another case manager, usually the next in the rotation, takes the adult protection case for more serious situations to help force a resolution. Case managers shared that the child protection staff are willing to share information about a case when case managers

request it. They added that child protection workers are busy and have some very difficult cases on their caseloads. One waiver case manager does both Rule 79 case management and waiver case management so the participant only has one worker assigned to their case. There is also another adult mental health worker, but any participants open to a CADI or BI waiver are assigned to the waiver case manager.

The Director of Social Services is well-informed about the waiver programs, and any communication with the Board is done at this level. The Social Services Supervisor shared that case managers are able to share concerns with the Director.

### Health and Safety

In the Quality Assurance survey, Hubbard County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified that case managers are well-trained and knowledgeable and that they have good, open communication with them. Lead agency staff shared that the small size of the county allows them to visit participants frequently and that they are able to more easily respond to changing participant needs.

The Social Services Supervisor conducts case file reviews when concerns are brought to her attention. She also receives bulletins and listservs and this information is shared with staff. There are monthly team meetings, and the Social Services Supervisor also meets one-on-one with case managers each month. Lead agency staff attend videoconference trainings and share information with each other. Waiver case managers attend regional meetings. Case managers also mentor each other, especially since they have other duties including adult protection. PrimeWest Health conducts regular case file audits of its members receiving EW services through MSC+ and MSHO. PrimeWest also offers training to case managers.

### Service Development and Gaps

Hubbard County noted that they have good provider capacity in certain areas, and case managers are creative in finding needed services for participants. However, they shared that they still face some challenges in certain areas. Transportation is a large barrier to accessing services. In general, lead agency staff said that it is hard to find providers to serve participants in the northern part of the county because of travel reimbursement rates and mileage regulations. The county has transportation options, but they are limited to certain routes and hours. Lead agency staff also shared that it is particularly difficult to get in-home services such as homemaker and home delivered meals to these participants.

Case managers often use informal supports to assist waiver participants wishing to remain in the in their own homes. The lead agency has relied on community resources such as parish nurses and churches to assist people in these communities, due in part, to a lack of formal providers. Lead agency staff also said that they have limited capacity to serve participants with high mental health needs, and participants must travel to Bemidji and Detroit Lakes to receive these services. DD providers have struggled to keep staff because of the lack of benefits they are able to offer employees. They added that it is difficult to find DD foster care providers for participants with high behavioral needs.

Lead agency staff shared that they actively seek out providers to fill any service gaps that have been identified. For example, the lead agency is working on developing a creative transportation option with community paramedics. The lead agency has also met with the Hubbard County Developmental Achievement Center (DAC) in the past to talk about expanding employment opportunities in the community or developing another location to conveniently serve additional waiver participants.

### 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.

### Hubbard County Case Manager Rankings of Local Agency Relationships

	Count of Ratings for Each Agency		
	1 -2	3 -4	5+
	Below Average	Average	Above Average
Nursing Facility	0	1	6
Schools (IEIC or CTIC)	0	3	1
Hospitals (in and out of county)	1	4	2
Customized Living Providers	0	0	4
Foster Care Providers	0	4	0
Employment Providers (DT&H, Supported Employment)	0	0	3

While there is no formal system in place for monitoring providers, case managers ask for feedback from participants during visits. Some providers send out participant satisfaction surveys and then send on the results to the lead agency. When a problem with a provider arises, the case manager usually deals with the provider directly. The supervisor gets involved if the problem persists or if there are multiple complaints about the same provider.

Case managers said that schools often do not contact them in a timely manner or they are not invited to Individualized Education Program (IEP) meetings. They also shared that school staff do not fully understand the capabilities of waiver services and the role of the case manager, and perhaps additional information is needed. They also added that they have experienced trust issues with some parents of waiver participants and have had to work through some challenging relationships.

Case managers shared that they know the staff at the local hospital, and they have established good relationships with them. Case managers are in frequent communication with nurses at the local hospital, and nurses help notify case managers of participant admissions or discharges. Case managers also said that because there are a limited number of specialists for mental or

behavioral health in the area, participants often end up in the emergency room and doctors do not always understand what is needed in order for the case manager to help the participant. They also mentioned that they are not always notified about admissions or discharges from the hospital.

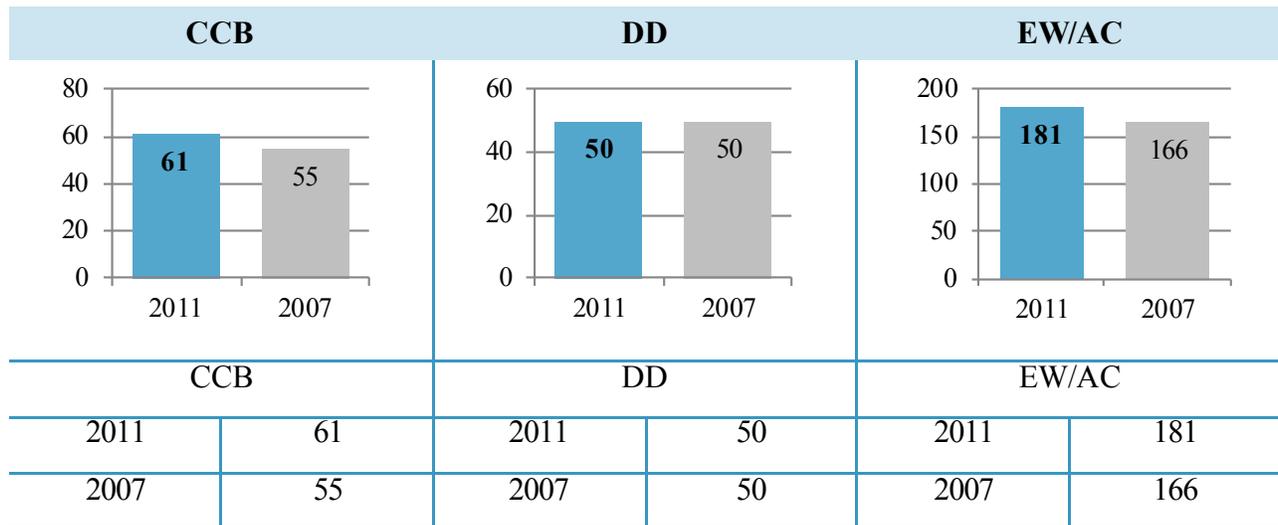
Case managers said that they have great relationships with customized living providers. They said that the providers are very receptive to taking new participants and are open to meeting those participants' needs. Case managers shared that customized living providers go above and beyond to care for participants as long as possible, likely delaying nursing facility placements. Case managers said that they have had mixed experiences working with foster care providers. While some do a good job, they shared that rate setting can at times be adversarial. Some foster care providers have also had high rates of staff turnover, which poses challenges for both case managers and waiver participants in forming strong relationships with providers.

Finally, case managers shared that there is only one major provider for employment in Hubbard County – the DAC. They said that it has been difficult to transition participants to community jobs. Lead agency staff said that it would be nice if participants could move from center based employment to community jobs once they gain experience working at the DAC.

## 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 Hubbard County (2007 & 2011)**



Since 2007, the total number of persons served in the CCB Waiver program in Hubbard County has increased by 6 participants (10.9 percent); from 55 in 2007 to 61 in 2011. Most of this growth occurred in the case mix B, which grew by 17 people. Additionally, case mix E grew by 3 people. As a result Hubbard County may be serving a higher proportion of people with mental health needs. The largest decreases occurred in two case-mixes; A and D.

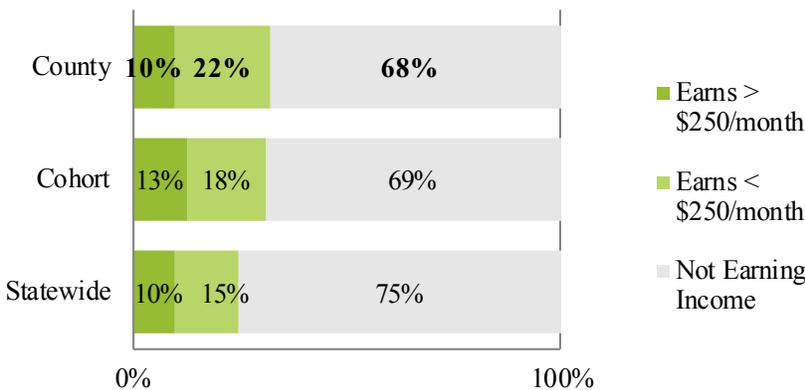
Since 2007, the number of persons served with the DD waiver in Hubbard County stayed the same, serving 50 participants in both 2007 and 2011. While Hubbard County experienced no change in the number of persons served from 2007 to 2011, its cohort had a 6.9 percent increase in the total number of persons served. In Hubbard County the largest change happened in profile group 3, which increased by 4 people. The greatest change in the cohort profile groups also occurred in persons having a Profile 3. The number of people in Profiles 1 and 2 decreased by 2 people, as a result Hubbard County is serving a slightly lower need population (30.0 percent) than their cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Hubbard County has increased by 15 people (9.0 percent), from 166 people in 2007 to 181 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 mixes B, E and H grew slightly.

**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.

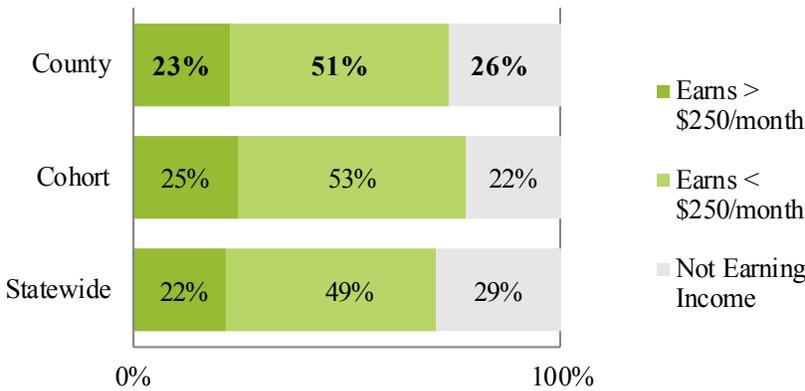
**CCB Participants Age 22-64 Earned Income from Employment (2011)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Hubbard County	10%	22%	68%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Hubbard County served 51 working age (22-64 years old) CCB participants. Of working age participants, 31.4 percent had earned income, compared to 31.6 percent of the cohort's working age participants. **Hubbard County ranked 59<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Hubbard County 9.8 percent of the participants earned \$250 or more per month, compared to 13.4 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)**



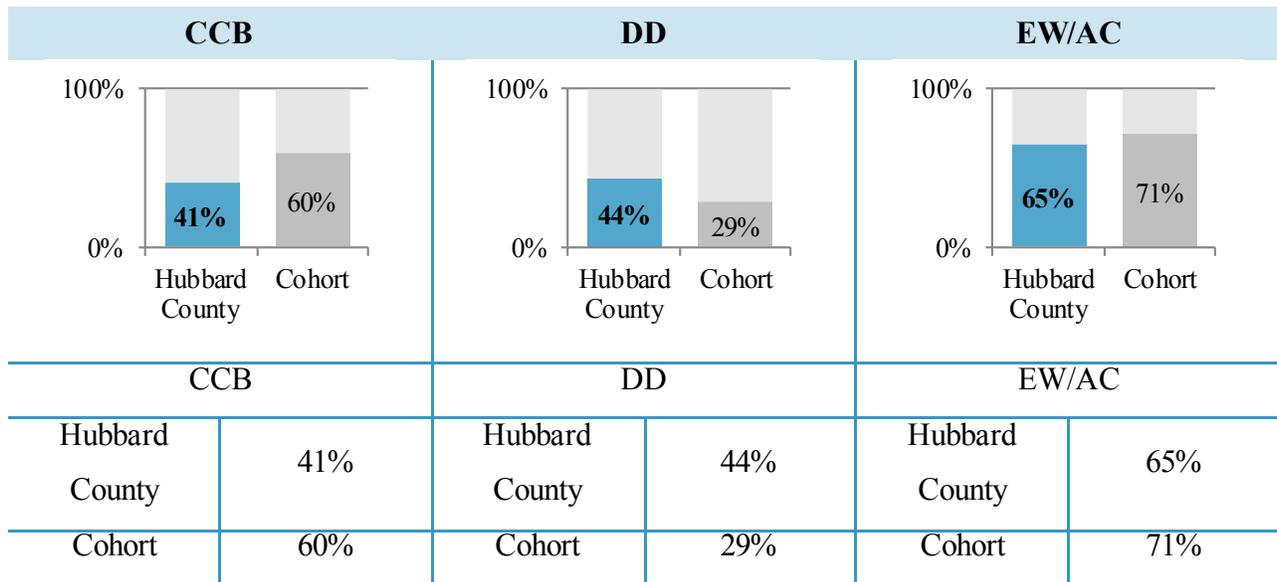
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Hubbard County	23%	51%	26%
Cohort	25%	53%	22%
Statewide	22%	49%	29%

In 2011, Hubbard County served 35 DD waiver participants of working age (22-64 years old). **The county ranked 42<sup>nd</sup> in the state for working-age participants earning more than \$250 per month.** In Hubbard County, 22.9 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 74.3 percent of working age DD waiver participants in Hubbard County had some earned income, while 77.2 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**Sustainability**

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

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



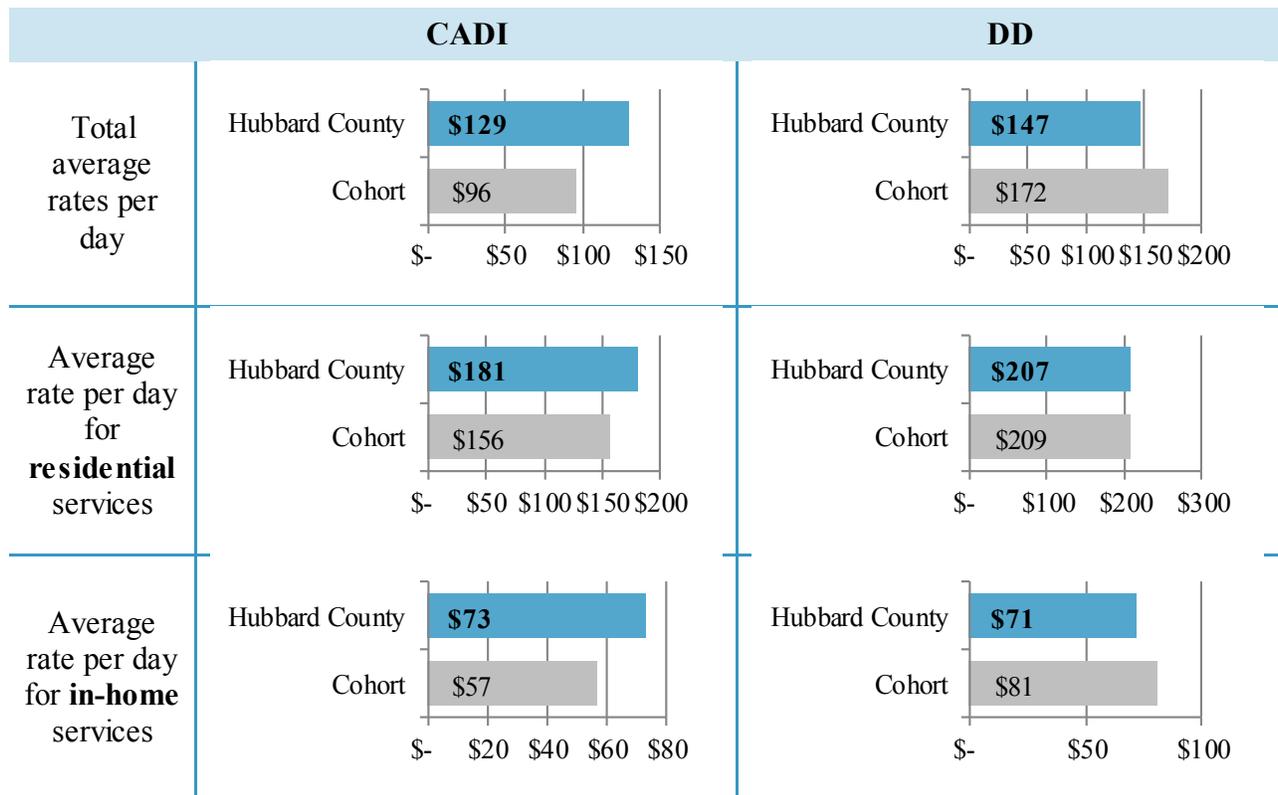
**Hubbard County ranks 84<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 25 participants at home. Between 2007 and 2011, the percentage decreased by 35.4 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 41.0 percent of CCB participants in Hubbard County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

**Hubbard County ranks 11<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 22 participants at home. Between 2007 and 2011, the percentage increased by 4.0 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.5 percentage points. Statewide, the percentage of

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

**Hubbard County ranks 62<sup>nd</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 118 participants at home. Between 2007 and 2011, the percentage decreased by 9.5 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide.

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



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

	Hubbard County	Cohort
Total average rates per day	\$129.02	\$95.98
Average rate per day for <b>residential</b> services	\$180.76	\$155.87
Average rate per day for <b>in-home</b> services	\$73.06	\$56.68

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

	Hubbard County	Cohort
Total average rates per day	\$146.90	\$171.92
Average rate per day for <b>residential</b> services	\$207.09	\$208.53
Average rate per day for <b>in-home</b> services	\$71.40	\$80.99

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 Hubbard County is \$33.04 (34.4 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Hubbard County spends \$24.89 (16.0 percent) more on residential services and \$16.38 (28.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Hubbard County ranks 77<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

**The average cost per day for DD waiver participants in Hubbard County is \$25.02 (14.6 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, Hubbard County spends \$1.44 (0.7 percent) less on residential services and \$9.59 (11.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Hubbard County ranks 7<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.

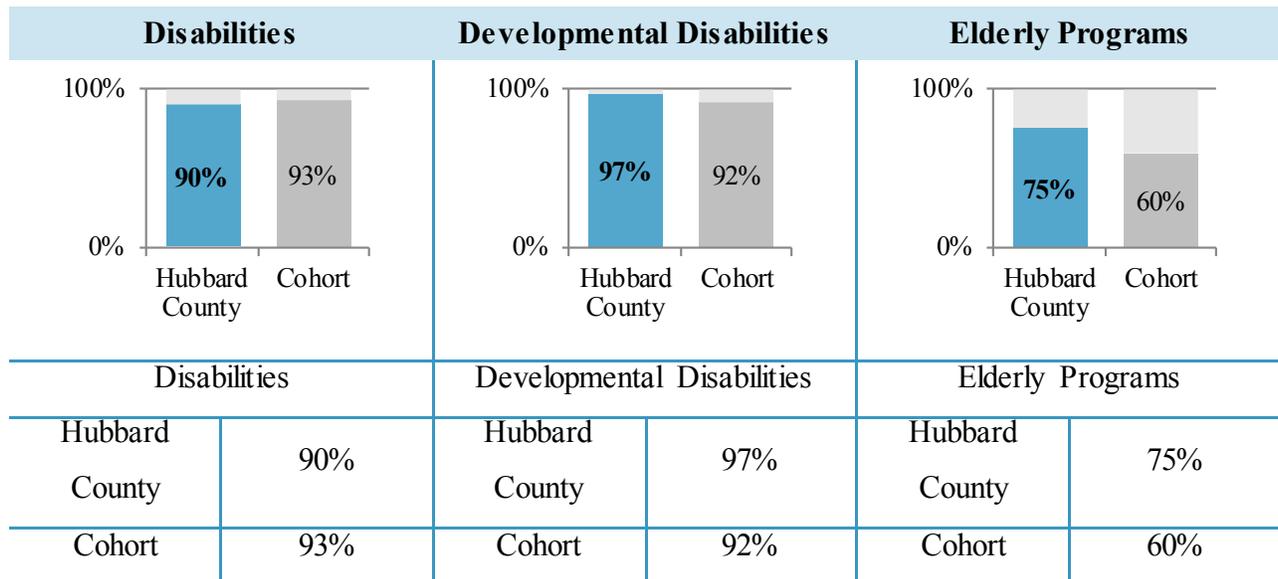
**Hubbard County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (35% vs. 28%) and Customized Living (8% vs. 8%)). For vocational services, the county has a higher use of Supported Employment Services (17% vs. 11%), but a lower use of Prevocational Services (0% vs. 11%). They also have a similar use of in-home services including Homemaker (30% vs. 28%), Home Delivered Meals (22% vs. 21%), and Independent Living Skills (14% vs. 13%). Fifty-four percent (54%) of Hubbard County's total payments for CADI services are for residential services (50% foster care and 4% customized living) which is slightly lower than its cohort group (56%). Hubbard County's family foster care rates are lower than its cohort when billed daily (\$101.06 vs. \$145.85 per day). Corporate foster care rates are also lower than its cohort when billed daily (\$161.11 vs. \$192.17 per day).

**Hubbard County's use of Supportive Living Services (SLS) is notably lower than its cohort (52% vs. 70%) 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. Hubbard County's daily corporate Supportive Living Services rates are similar to its cohort (\$185.51 vs. \$186.50). The county has a notably higher use of Day Training & Habilitation (78% vs. 64%), In-Home Family Support (36% vs. 17%), and Respite Services (36% vs. 19%) than its cohort.

## Usage of Long-Term Care Services

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

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



**In 2011, Hubbard County served 150 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 26 in institutional care.** Hubbard County ranked 73<sup>rd</sup> of 87 counties in the percent of LTC participants receiving HCBS; 89.9 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 92.6 percent were HCBS participants. Since 2007, Hubbard County has decreased its use of HCBS by 3.3 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Hubbard County served 58 LTC participants (persons with development disabilities) in HCBS settings and two in institutional settings.** Hubbard County ranked 18<sup>th</sup> of 87 counties in the percentage of DD participants receiving HCBS with 96.6 percent; a higher rate than its cohort (92.3 percent). Hubbard County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 2.4 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, Hubbard County served 194 LTC participants (over the age of 65) in HCBS settings and 76 in institutional care.** Hubbard County ranked 2<sup>nd</sup> of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 75.0 percent received HCBS. This is higher than their cohort, where 59.9 percent were HCBS participants. Since 2007,

Hubbard County has increased its use of HCBS by 12.5 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

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

	Hubbard County	Cohort	Statewide
Age 0-64	0.88	0.46	0.47
Age 65-84	12.48	26.01	23.11
TOTAL	3.25	4.59	3.24

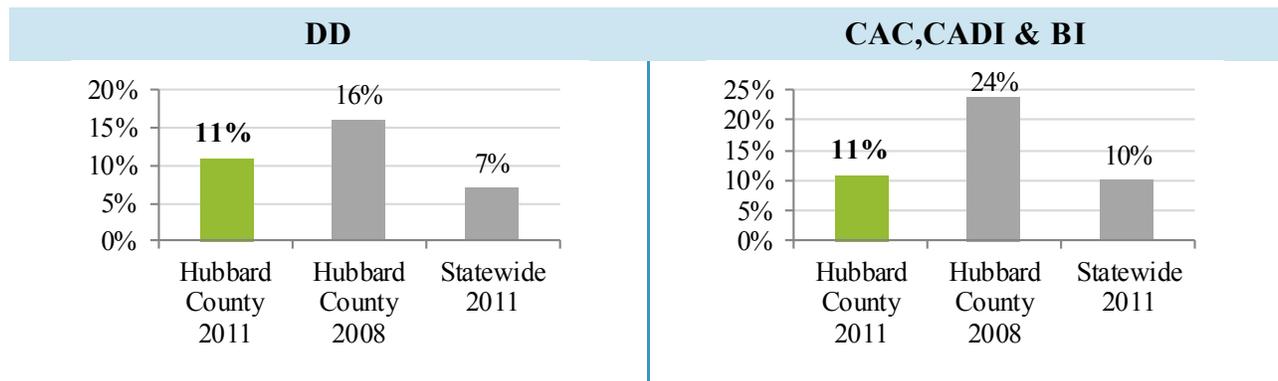
**In 2011, Hubbard County was ranked 22<sup>nd</sup> in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. However, Hubbard County also has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing facility residents 65 and older has decreased by 20.3 percent in Hubbard County. Overall, the number of residents in nursing facilities has decreased by 8.5 percent since 2009.

Case managers shared that they have very good relationships and communication with nursing facilities. They noted that the local nursing facility social worker invites case managers to care conferences. However, they said that working with out-of-county nursing facilities is more difficult and communication is not as good with these providers.

## 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
Hubbard County (2011)	11%	11%
Hubbard County (2008)	16%	24%
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, Hubbard County had an 11% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Hubbard County’s DD waiver balance is smaller than its balance in CY 2008 (16%), but larger than the statewide average (7%).

**At the end of fiscal year 2011, the CCB waiver budget had a reserve.** Hubbard 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, Hubbard County had a 11% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2008 (24%).

There currently is a small DD waitlist. The Social Services Supervisor shared that many of these potential participants are transition-age youth wanting to move from their parents' home or are in need of costly residential placement. There is currently no waitlist for CCB, and historically these programs have not had a wait list in Hubbard County.

Case managers and the Social Services Supervisor meet to review participant needs and discuss if there is room in the budget to change or increase services. A DD case manager and a CADI case manager run simulations and monitor the budget in WMS for their respective programs. The CCB case managers meet and work together through informal discussions. The DD case managers also manage any requests as a group. The lead agency uses MA, grant programs, or county dollars to help meet these potential participants' needs if they are unable to secure a waiver slot. For both CCB and DD, an increase in a participant's waiver budget is at the case manager's discretion if a request is under \$1,000.

**Lead Agency 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.

**Hubbard 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	1	1	1	0
Help Desk	0	0	0	1	4
Disabilities Service Program Manual	0	0	5	0	0
DHS website	2	1	2	0	0
E-Docs	1	1	1	1	2
Disability Linkage Line	0	1	0	0	0
Senior Linkage Line	0	0	1	1	3
Bulletins	0	3	4	1	0
Videoconference trainings	0	0	0	3	4
Webinars	0	0	3	2	1
Regional Resource Specialist	0	2	1	0	0
Listserv announcements	0	0	0	1	0
Ombudsmen	0	2	0	0	1

The Supervisor shared that Policy Quest is slow to respond to questions. Case managers also said that response time for submitted questions is slow, but that the Policy Quest search feature works well. Case managers said that the Help Desk has been helpful, and they receive prompt responses

via e-mail. However, they said they have had some less than great experiences when contacted them by phone depending on who they talk to. The Social Services Supervisor shared that the Disabilities Service Program Manual (DSPM) is a good reference for in-depth information. Case managers said that it is often time consuming and difficult to find specific information in the DSPM. Case managers mentioned that there is good information on the DHS website, but it is too hard to find it. Case managers go directly to E-Docs to download forms; however, they said it can be difficult to find forms without the specific form number. Case managers shared that Senior Linkage Line has been a good resource to refer participants to and have also provided them with answers to questions.

The Social Services Supervisor shared that videoconference trainings are convenient since they are a site, and that they are usually helpful. Case managers said that webinars are also nice when the technology works. Case managers use bulletins and said they are a nice reference, but often do not contain enough detail. Case managers said that they do not usually contact the Regional Resource Specialist (RRS) with questions, as they usually are referred to the DSPM which is not very helpful.

## Lead Agency Strengths, Recommendations & Corrective Actions

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.

### Hubbard County Strengths

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

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

During the previous review in 2009, Hubbard County received a corrective action for the following items being out of compliance: timeliness of assessment to care plan, care plan signatures, informed consent to release information, and the CAC form. In 2013, none of these issues remain for Hubbard County indicating technical improvements over time.

- **Quality case management is strength in Hubbard County.** Case managers are responsive to changing participant needs and are strong advocates for participants. They are dedicated to helping participants meet their needs. Case managers are experienced and knowledgeable about resources and the informal supports that are available. They help participants and families navigate systems and they are resourceful and creative in ensuring participants receive needed services.
- **Case managers work well as a team and have good working relationships with one another.** Case managers work well together across the agency. They support one another and work with each other to problem solve when difficult issues arise. Case managers also have adult protection duties, and a CADI case manager has both waiver and Rule 79 responsibilities which allows them to more easily navigate these systems to benefit waiver participants. Case managers also work well with public health nurses from an external agency and perform dual initial assessments and reassessments for EW, AC, and CADI participants. Case managers are also colocated with financial workers and workers in other units which allows them to easily communicate with one another.
- **The case files reviewed in Hubbard County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the file, including the ICF/DD Level of Care, BI Form, OBRA Level One, Related Conditions Checklist, informed consent, notice of privacy practices (HIPAA), and signed and dated care plans. The lead agency also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information.
- **Multiple sources of data indicate that Hubbard County staff are well-connected with providers and other organizations that serve participants.** Hubbard County case managers have made connections with staff at hospitals, nursing facilities, customized living providers, vocational providers, and other agencies that serve participants. Case managers have good knowledge of the community and who can provide needed services for participants. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. In addition,

100% providers responding to the provider survey shared that Hubbard County responds in a timely manner and provides needed assistance to them most of the time or always.

- **Hubbard County has the capacity to serve people with high needs in community settings.** The lead agency serves a greater proportion of participants with high needs in the CCB, DD, and elderly programs when compared to its cohort and the statewide average. In 2011, the county ranked 27<sup>th</sup> out of 87 counties in the percent of CCB waiver participants having higher needs (80.3%), 17<sup>th</sup> out of 87 counties in the percent of DD waiver participants having higher needs (86.0%), and 25<sup>th</sup> out of 87 counties in the percent of elderly waiver participants having higher needs (57.5%). Case managers often use informal supports in the community to help waiver participants continue to live safely at home. Despite having limited resources in some areas of the county, the lead agency works closely with providers to develop creative solutions to provide needed services to participants living in the community.

## Recommendations

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

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Hubbard County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (22.9% vs. 24.6%) and ranks 42<sup>nd</sup> of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 9.8% vs. 13.4% for the cohort which ranks 59<sup>th</sup> of 87 counties. The lead agency should continue to work with local providers to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The lead agency should consider creating a Request for Information (RFI) for the community-based employment opportunities and set expectations for providers about these services. Finally, the lead agency should ensure these opportunities can be accessed by all participants regardless of the waiver program.
  
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Hubbard County has lower rates of participants served at home than its cohort in the CCB and elderly programs. Only 41.0% of CCB participants are served at home (84<sup>th</sup> of 87 counties) and 65.2% of elderly participants are served at home (62<sup>nd</sup> of 87 counties) indicating high use of residential services. In addition, Hubbard County serves fewer high need CCB participants at home than its cohort (32.7% vs. 51.5%), and fewer high need elderly participants at home than its cohort (42.5% vs. 52.3%). Hubbard County should work to influence what services are available to its waiver participants, which may include partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. 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 lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **Consider developing additional systems or practices to support case managers.** With growing caseloads and continually changing programs, administering the waiver programs and providing case management has become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. The lead agency may want to work with support staff to develop fillable electronic forms or create packets for use across the agency to ensure required forms are current and promote consistency. Contracted case management services may help ease caseloads during staffing shortages and serve participants that live out of the region and reduce the county service waitlist. The lead agency could also consider contracting with retired workers to help train and mentor new staff.
- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff.** The visit sheet can be used to monitor a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face-to-face visits. Only 28% of case files reviewed in Hubbard County included documentation of participant satisfaction. The visit sheet should also include questions to assess participant satisfaction with providers. The lead agency should also request progress reports as a way to monitor provider performance.
- **Hubbard County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. The goals in the care plan should be meaningful to the participant and incorporate their preferences. The care plan should outline information about the participant's health and safety needs and explain how planned services will address these needs. The Community Support Plan (CSP) documents currently used for

the CAC, CADI, BI, and AC programs include sections for the required information, but could be completed to include more detailed information about the participant. The PrimeWest EW Care plan includes a lot of detailed medical information, but should be personalized to reflect the participant's unique goals and needs.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Hubbard County was found to be inconsistent in meeting state and federal requirements and will require a response by Hubbard 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 Hubbard County will be required to take corrective action.

- **Beginning immediately, include a back-up plan in the care plan of all CADI and BI participants.**<sup>1</sup> All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Currently, one out of 10 CADI cases and one out of six BI did not have a back-up plan. In addition, eight out of 10 CADI cases and five out of six BI cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.
- **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. One out of 10 CADI cases and three

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<sup>1</sup> A sample back-up plan with emergency contact information can be accessed at: [http://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/dhs\\_id\\_048151.pdf](http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf)

out of six BI cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, two out of 10 CADI cases did not have documentation that the participant had been informed of their right to appeal within the past year. One out of 10 CADI cases and one out of six BI cases only had partial documentation that the participant had been informed of their right to appeal.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Hubbard 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 17 cases. All items are to be corrected by July 8, 2013 and verification submitted to the Waiver Review Team to document full compliance. Hubbard County submitted a completed compliance report on June 20, 2013 and the county is assisting DHS with additional follow-up data.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	1	N / A	0	1	N / A	N / A
Screenings done on time for new participants (PR)	93%	93%	91%	100%	ALL	N / A
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	50%	100%	DD	CCB

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=18</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	93%	91%	94%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	94%	91%	94%	100%	ALL	N / A
Choice questions answered in care plan (PR)	98%	100%	94%	100%	ALL	N / A
Participant needs identified in care plan (PR)	55%	52%	33%	100%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	60%	20%	100%	100%	CCB, DD	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)	100%	N / A	N / A	100%	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	50%	N / A	50%	N / A	N / A	CCB
<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)	Most of the time	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=9</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=9</i> )	100%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=18</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	94%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	82%	83%	72%	100%	DD	N / A
Back-up plan (PR for CCB)	43%	48%	17%	80%	N / A	CCB
Emergency contact information (PR for CCB)	98%	100%	94%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=18</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	98%	100%	94%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	84%	100%	56%	100%	AC / EW, DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	94%	100%	83%	100%	AC / EW, DD	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=18</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	86%	78%	89%	100%	DD	N / A
Documentation of participant satisfaction in the case file	28%	22%	22%	50%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	96%	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	75%	90%	97%	AC / EW, DD	CCB
Percent of LTC funds spent on HCBS	N / A	48%	87%	95%	AC / EW, DD	N / A
Percent of waiver participants with higher needs	N / A	58%	80%	86%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	98%	CCB	N / A
Percent of waiver participants served at home	N / A	65%	41%	44%	DD	AC / EW, CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	23%	N / A	CCB, DD

## 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.