

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Kittson County**

Waiver Review Site Visit: May 2014

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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 Kittson 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](#) at

http://www.dhs.state.mn.us/main/dhs16_166609

[Waiver Review Website](#) at 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 Kittson County
Case File Review	37 cases
Provider survey	2 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 3 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 Kittson County

In May 2014, the Minnesota Department of Human Services conducted a review of Kittson County's Home and Community Based Services (HCBS) programs. Kittson County is a rural county located in North West Minnesota. Its county seat is located in Hallock, Minnesota and the County has another eight cities and 27 townships. In State Fiscal Year 2012, Kittson County's population was approximately 4,496 and served 82 people through the HCBS programs.

According to the 2010 Census Data, Kittson County had an elderly population of 20.8%, placing it 10th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Kittson County's elderly population, 10.6% are poor, placing it 30th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Kittson County Social Services is the lead agency for the HCBS waiver programs. The lead agency serves as a contracted care coordinator for the Managed Care Organizations (MCOs), Blue Plus and Medica.

The Kittson County Social Services Director supervises all of the waiver programs. There are three case managers who do waiver case management and they manage CADI cases. One case manager handles all of the AC and EW cases and has a caseload of approximately 70 cases while another manages all of the DD cases and has a caseload of approximately 56 cases. The third case manager is relatively new to waiver case management and currently manages only a few CADI cases while she is being trained.

Kittson County does not currently have any CAC or BI cases, but have contracted those cases out to the public health section of the Kittson Memorial Hospital in the past due to the high medical needs of the participants. The lead agency would follow this protocol if they were to acquire CAC or BI cases in the future. The lead agency occasionally contracts with the hospital to have public health nurses perform some dual assessments for AC and EW cases when funding is available.

For CADI participants who qualify for Rule 79 mental health case management in addition to waiver case management, the same waiver case manager would typically fill both roles. The lead agency also contracts out some mental health case management to Northwestern Mental Health Center. In those cases, participants have two separate case managers. The lead agency has monthly team meetings with Northwestern Mental Health Center to determine which cases would be best to contract out. They take into consideration the geographical location of participants as well as any possible conflicts of interest that could arise due to case managers having prior relationships with them or their families. Children's mental health cases are managed by staff in the child protection unit.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is that most units they work with directly are located in the same building, allowing them to quickly access the resources they need and to efficiently navigate the agency. Staff also said that they have a strong team and rely on each other in many situations to get the work done.

Case managers identified financial workers as being a major strength of the lead agency. They shared that they frequently speak with financial workers informally and have face-to-face conversations when Medical Assistance (MA) eligibility issues arise with participants. One financial worker has all of the Long-Term Care (LTC) and Group Residential Housing (GRH) cases. Otherwise, they and two other financial workers are responsible for a section of the alphabet.

Case managers said that they have daily interactions with adult protection workers and speak with them face-to-face when an investigation is needed. A waiver case manager might do an adult protection assessment if the call comes through the lead agency's intake. Case managers shared that there is no formal process for working with child protection but that they believe child protection workers would contact case managers if needed.

The Social Services Director meets regularly with the county board to report on changes in the waiver programs. Kittson County has a new County Administrator and they also meet to discuss programming issues and to fill them in on policies that affect waiver case management.

Health and Safety

In the Quality Assurance survey, Kittson County reported that staff receive 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 indicated that case managers are responsive to changes in participants' needs. They also said that Kittson County works with providers to address service gaps to better serve participants and that the lead agency responds to questions or inquiries from providers and waiver participants.

The lead agency has occasional staff meetings to discuss program and policy changes. All case managers receive bulletins and listserv announcements as well. The Social Services Director e-mails case managers when she sees information that she wants staff to pay close attention to. Case managers also rely on webinars and videoconference trainings to stay current on waiver requirements. The case manager who has managed care cases on her caseload attends quarterly trainings the MCOs provide. The lead agency has also sent staff to regional meetings in the past and often e-mails the Regional Resource Specialist with questions.

Service Development and Gaps

Lead agency staff shared that Kittson County is one of 10 Minnesota counties who qualify as "frontier communities", a designation for the most remote and geographically isolated areas in

the United States.¹ Frontier counties face even greater challenges in providing health and human services than rural counties. Some of these challenges include maintaining a health care workforce and seasonal barriers, such as those caused by winter weather.² Case managers shared that their geographic location presents issues when trying to coordinate services for participants. They said that local customized living providers, nursing facilities, and homecare providers lack resources and trained staff to adequately serve participants in the area.

Case managers stated that there is a lack of beds in residential homes, especially for participants with high behavioral needs, and that they are often forced to find placements located great distances from participants' families. Case managers also said that there is a lack of adult day care, foster care, and respite care, as well as chore and companion services.

Lead agency staff also shared that there is no public transportation available in Kittson County. However, they have recently transferred their responsibility of overseeing a volunteer driving program to a local nonprofit community action agency, Tri-Valley Opportunity Council, Inc. The lead agency is not sure how this change will affect the availability of transportation services, but is hoping it will lead to improvements. Staff stated that transportation cost has been a barrier to finding sustainable employment in the community for participants, which is a major area the lead agency wants to address. There are currently no employment providers in Kittson County; therefore case managers must connect participants with regional providers.

The lead agency has been a part of a regional effort to bring more services to participants who have mental health needs. They received a grant as part of the Adult Mental Health Initiative (AMHI) to bring services and advocacy to these participants. The services supported by the AMHI grant include crisis services, substance abuse services, and Adult Rehabilitative Mental Health Services (ARHMS). Lead agency staff shared that this effort has effectively provided more advocates for participants and their families.

¹ Department of Human Services. (2014). *Rural or Frontier Areas*. Retrieved from: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectonMethod=LatestReleased&dDocName=dhs16_167206

² Rural Assistance Center. (2014). *Frontier*. Retrieved from: <http://www.raconline.org/topics/frontier>

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.

Kittson County Case Manager Rankings of Local Agency Relationships

NOTE: Cells with an X indicate that at least one case manager ranked the relationships in the corresponding category.

Local agencies	Below Average	Average	Above Average
Nursing Facility	0	X	X
Advocacy Organizations	0	X	0
Hospitals (in county)	0	0	X
Hospitals (out of county)	0	X	0
Area Agency on Aging	0	0	X
Public Health Programs for Seniors	0	0	X
Home Health Agencies	0	0	X
Community Mental Health Centers	0	0	X
Customized Living Providers	0	X	X
Foster Care Providers	0	0	X
Employment Providers (DT&H, Supported Employment)	0	0	X

Lead agency staff shared that one of the strengths of the lead agency was that case managers work well with area providers. Case managers said that nursing facilities ensure the lead agency is informed about the health status of participants with high medical needs. Case managers stated that nursing facility staff have high turnover but are friendly and call them with concerns regarding vulnerable adults.

Case managers rated their relationships with in-county hospitals higher than out-of-county hospitals, saying that they have good communication with in-county hospital staff and that they are good about connecting with case managers about discharge planning. They shared that out-of-county hospitals are not as reliable at doing discharge planning and that communication with them is not as strong.

Case managers gave high ratings for their relationships with the Area Agency on Aging, sharing that they work with them for planning purposes and that they conduct screenings for nursing facility admissions. Case managers also said that waiver participants utilize public health programs for seniors and that public health staff conduct flu shot clinics at senior centers to make them accessible for participants. Staff shared that the home health agency they work with has experienced staff who provide quality care and seem to enjoy their work.

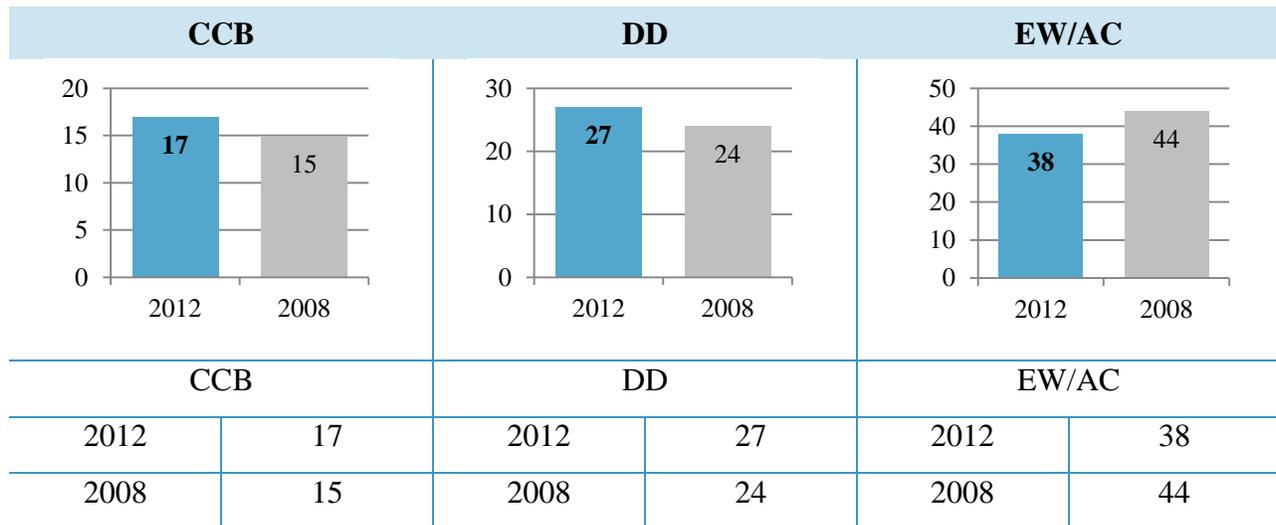
Case managers said that the Day Training and Habilitation (DTH) center is a quality provider and contracts with local companies to pursue employment opportunities for participants. Case managers stated that the DTH is becoming more creative about finding positions outside of those that involve janitorial work.

Lead agency staff said that customized living providers have experienced a lot of staff turnover which has negatively affected their communication with them. Case managers shared that they have good working relationships with foster care providers, but that they also struggle to keep staff.

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 Kittson County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Kittson County has increased by two participants (13.3 percent); from 15 in 2008 to 17 in 2012. Case mix categories A and B grew by two people and one person respectively. Additionally, case mix K decreased by one person.

Since 2008, the number of people served with the DD waiver in Kittson County increased by three participants, from 24 in 2008 to 27 in 2012. In Kittson County, the DD waiver program is growing more quickly than in the cohort as a whole. While Kittson County experienced a 12.5 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Kittson County, the profile groups 2 and 3 increased by three and two people respectively. The greatest change in the cohort profile groups occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 only grew by a total of one person, Kittson County still serves a larger proportion of people in these groups (44.4 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Kittson County has decreased by six people (13.6 percent), from 44 people in 2008 to 38 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. In addition, case mixes C and G each decreased by one person.

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.

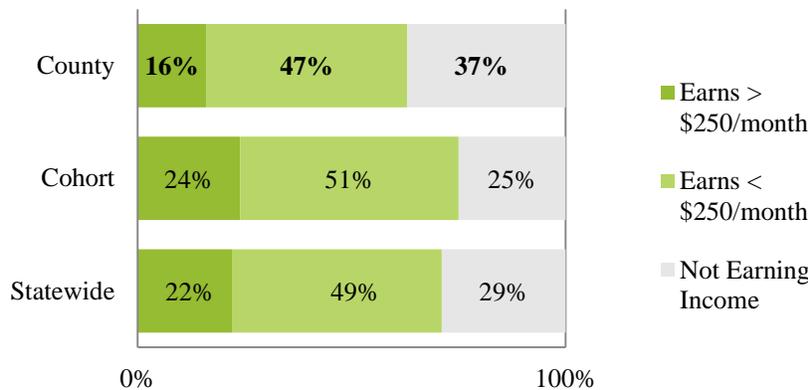
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Kittson County	9%	18%	73%
Cohort	15%	21%	64%
Statewide	11%	15%	74%

In 2012, Kittson County served 11 working age (22-64 years old) CCB participants. Of working age participants, 27.3 percent had earned income, compared to 35.4 percent of the cohort's working age participants. Kittson County ranked 68th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Kittson County 9.7 percent of the participants earned \$250 or more per month, compared to 14.3 percent of its cohort's participants. Statewide, 10.8 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 (2012)



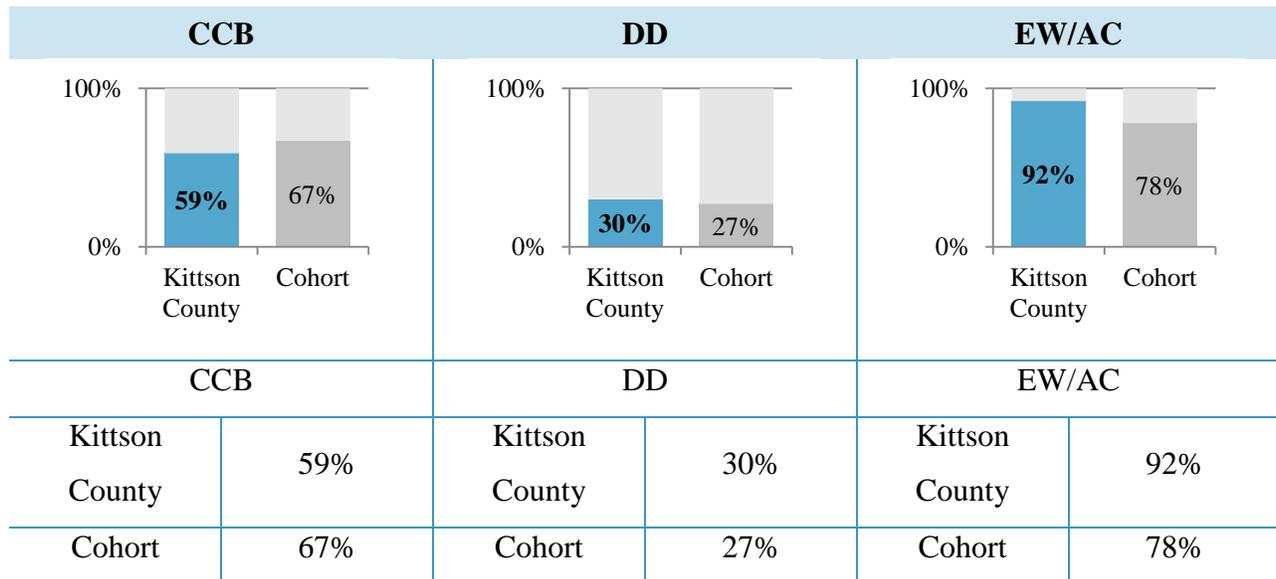
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Kittson County	16%	47%	37%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Kittson County served 19 DD waiver participants of working age (22-64 years old). The county ranked 66th in the state for working-age participants earning more than \$250 per month. In Kittson County, 15.8 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 63.2 percent of working age DD waiver participants in Kittson County had some earned income, while 74.7 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 (2012)



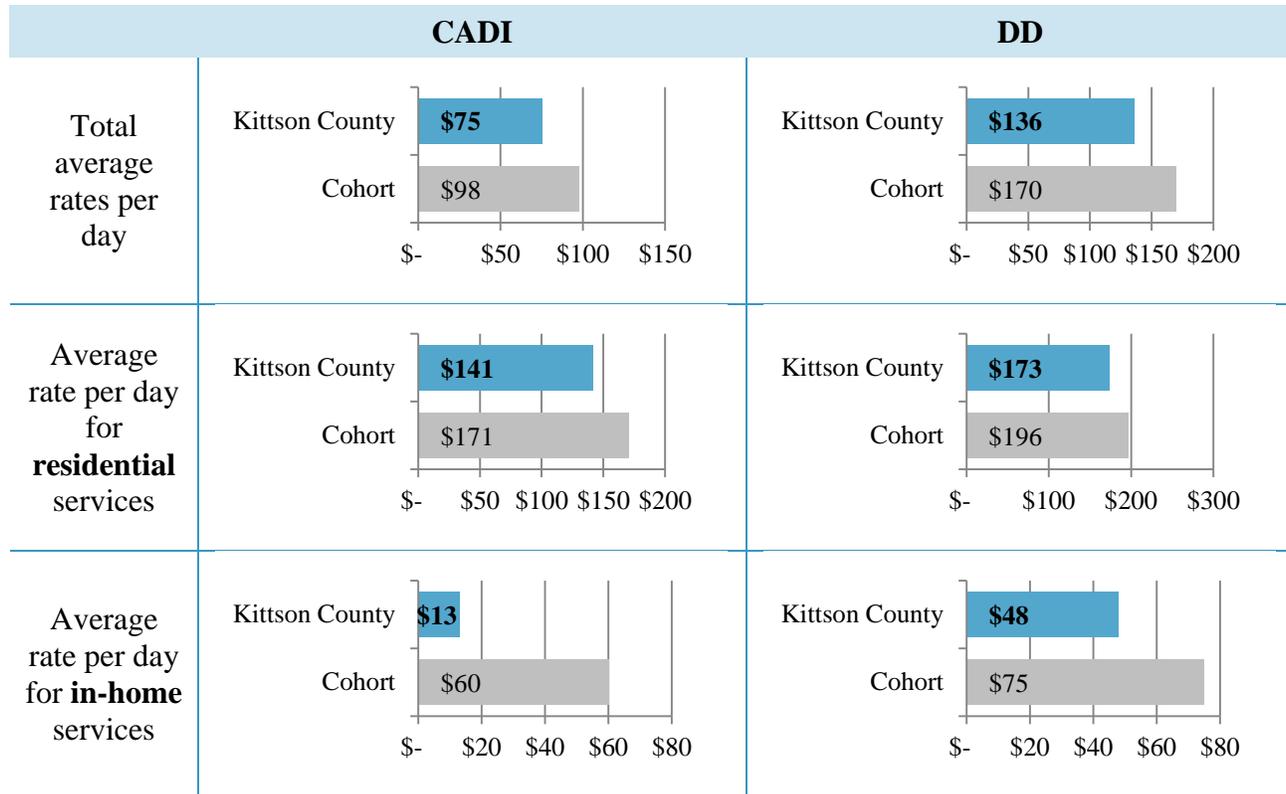
Kittson County ranks 57th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 10 participants at home. Between 2008 and 2012, the percentage decreased by 1.2 percentage points. In comparison, the cohort percentage also fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 58.8 percent of CCB participants in Kittson County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Kittson County ranks 40th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served eight participants at home. Between 2008 and 2012, the percentage increased by 0.4 percentage points. In comparison, the percentage of participants served at home in their cohort also increased by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

Kittson County ranks 5th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 35 participants at home. Between 2008 and 2012, the percentage decreased by 3.4 percentage points. In comparison, the percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their

homes statewide. Kittson County serves a higher proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2012)



Average Rates per day for CADI services (2012)

	Kittson County	Cohort
Total average rates per day	\$75.10	\$97.99
Average rate per day for residential services	\$141.33	\$170.52
Average rate per day for in-home services	\$13.01	\$60.30

Average Rates per day for DD services (2012)

	Kittson County	Cohort
Total average rates per day	\$136.18	\$169.97
Average rate per day for residential services	\$173.27	\$196.37
Average rate per day for in-home services	\$48.09	\$74.78

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 Kittson County is \$22.89 (23.4 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Kittson County spends \$29.19 (17.1 percent) less on residential services and \$47.29 (78.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Kittson County ranks 15th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Kittson County is \$33.79 (19.9 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Kittson County spends \$23.10 (11.8 percent) less on residential services and \$26.69 (35.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Kittson County ranks 4th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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.

Kittson County has a lower use in the CADI program than its cohort of some residential based services such as Foster Care (22% vs. 25%), but a higher use of others such as Customized Living (11% vs. 6%). The lead agency has a lower use of Supported Employment Services (11% vs. 14%). They also have a lower use of some in-home services, such as Skilled Nursing (16% vs. 27%) and Home Delivered Meals (16% vs. 27%), but a higher use of others such as Home Health Aide (22% vs. 11%) and Homemaker (44% vs. 33%). Seventy percent (70%) of Kittson County's total payments for CADI services are for residential services (56% foster care and 14% customized living) which is higher than its cohort group (51%).

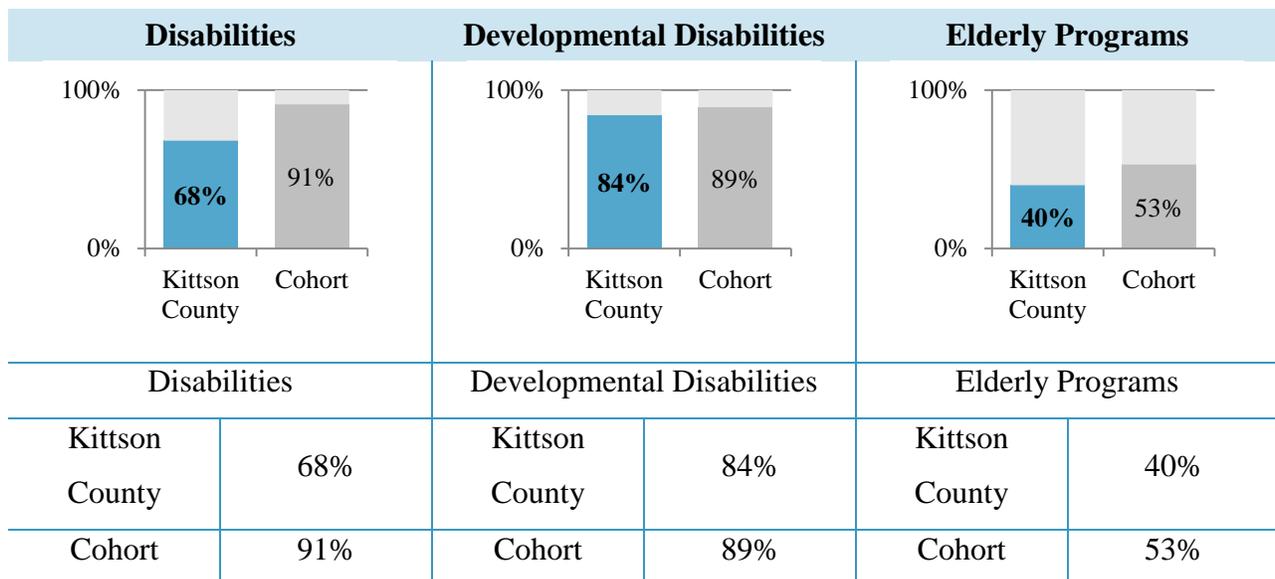
Kittson County's use of Supportive Living Services (SLS) is lower than its cohort (70% vs. 71%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (62% vs. 61%) and

extended transportation (18% vs 8%) than its cohort. It has a lower use of In-Home Family Support (3% vs. 16%) than its cohort, but a higher use of Respite Care (33% vs. 20%).

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 (2012)



In 2012, Kittson County served 27 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 11 in institutional care. Kittson County ranked 87th of 87 counties with 68.2 percent of their LTC participants received HCBS. This is lower than their cohort, where 91.3 percent were HCBS participants. Since 2008, Kittson County has decreased its use of HCBS by 20.7 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Kittson County served 27 LTC participants (persons with development disabilities) in HCBS settings and five in institutional settings. Kittson County ranked 75th of

87 counties with 84.4 percent of its DD participants receiving HCBS; a lower rate than its cohort (89.2 percent). Since 2008, the county has decreased its use slightly, falling by 0.8 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Kittson County served 42 LTC participants (over the age of 65) in HCBS settings and 68 in institutional care. Kittson County ranked 84th of 87 counties with 40.3 percent of LTC participants receiving HCBS. This is lower than their cohort, where 52.9 percent were HCBS participants. Since 2008, Kittson County has increased its use of HCBS slightly, rising by 0.1 percentage point, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

	Kittson County	Cohort	Statewide
Age 0-64	1.98	0.65	0.54
Age 65+	49.78	32.06	21.99
TOTAL	12.13	6.42	3.19

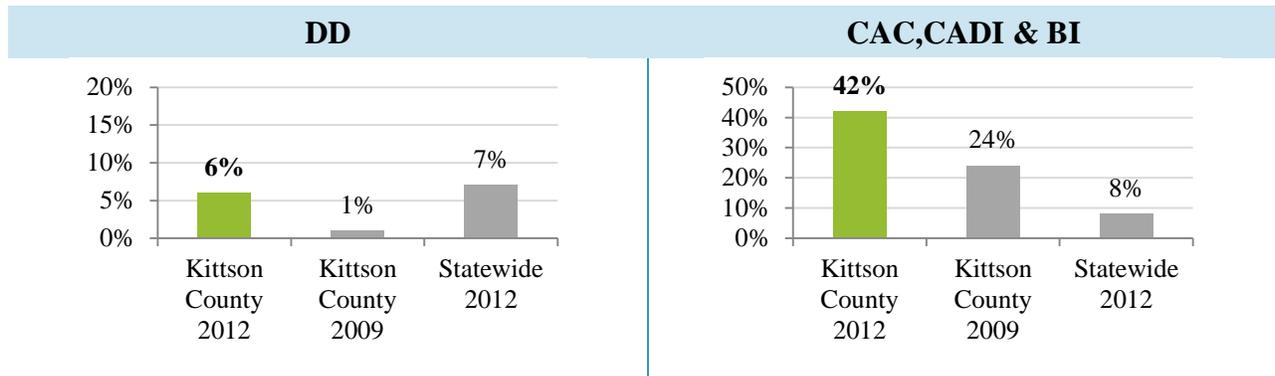
In 2012, Kittson County was ranked 85th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Kittson County also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has increased by 12.2 percent in Kittson County. Overall, the number of residents in nursing facilities has increased by 17.8 percent since 2010.

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
Kittson County (2012)	6%	42%
Kittson County (2009)	1%	24%
Statewide (2012)	7%	8%

At the end of calendar year 2012, 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 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Kittson County had a 6% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Kittson County’s DD waiver balance is larger than its balance in CY 2009 (1%), but smaller than the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Kittson County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Kittson County had

a 42% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2009 (24%).

The lead agency is part of the Northwest Eight Waiver Alliance and pools its waiver budgets with other counties in the alliance. The counties each manage their own budget, but petition the Alliance for more funds if there is a need. They have a waitlist for the DD program but do not currently have any participants on waitlists for the CCB programs. The Social Services Director monitors the waiver budgets and encourages service optimization before requesting additional funds from the alliance. Case managers bring allocation increase requests informally to her for approval.

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.

Kittson County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

NOTE: Cells with an X indicate that at least one case manager ranked the resource in the corresponding category.

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	X	X	0	0
MMIS Help Desk	0	X	X	0	0
Community Based Services Manual	0	0	0	X	0
DHS website	0	X	X	0	0
E-Docs	0	0	0	X	0
Disability Linkage Line	0	0	X	0	0
Senior Linkage Line	0	0	0	0	X
Bulletins	0	0	X	X	0
Videoconference trainings	0	0	X	X	0
Webinars	0	0	0	X	0
Regional Resource Specialist	0	0	0	X	0
Listserv announcements	0	0	X	X	0
MinnesotaHelp.Info	X	0	0	0	0
DB101.org	0	0	X	0	0

Case managers reported that webinars were the most useful DHS resource for their work. They stated that webinars, along with videoconference trainings, are very useful given their geographical location. Case managers shared that they like being able to review webinars after watching them initially and also see the value in traveling to other counties for videoconference trainings because it allows them to connect with staff from other agencies on policy practices.

Lead agency staff shared that they do not use Policy Quest very often and when they do, it is difficult to find answers to their specific questions. They said that they prefer to contact the Regional Resource Specialist whom they stated is very knowledgeable and helpful. Staff said that she is easy to work with and always directs them to someone who can answer their questions if she cannot do so.

Case managers shared that they use MMIS Help Desk, but that their experiences have varied depending on the DHS staff member they are interacting with. They said that they utilize the Community Based Services Manual often but do not always find the answer they are looking for. Other staff said that they use the manual to answer policy questions and have found it helpful at times.

Staff reported that the DHS website is not user friendly and that they find it difficult to navigate. They said that E-Docs is good if they know what they are looking for, but added that the key word search function is not very helpful. One case manager had experience using the Disability Linkage Line and Senior Linkage Line, and stated that they were both helpful resources.

Staff shared that they have found the bulletins easy to interpret but that sometimes the information they contain is vague. Lead agency staff also said that listserv announcements are very helpful in keeping them updated on the different waiver programs with which they work.

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.

Kittson County Strengths

The following findings focus on Kittson 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.

- **Kittson County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Kittson County received a corrective action for DD screening signatures, Related Conditions Checklists, back-up plans, documentation of choice, signatures in care plan, current care plan, informed consent documentation, OBRA Level One, CAC Form, frequency of visits, timeliness of assessment to care plan, and designating separate case management and public guardianship roles. In 2014, Kittson County was fully compliant in these areas thus demonstrating technical improvements over time.

- **Case managers provide high quality case management services to meet participant needs.** The case managers in Kittson County build relationships with families, advocate for participants and have good continuity over time. Case managers are responsive to changing participant needs, and are in frequent contact with their HCBS participants through face-to-face visits. Across all programs, case managers visited participants an average of 4.6 times in the last 18 months. In addition, case managers visited EW participants an average of 7.4 times in the last 18 months which is above and beyond program requirements. Case managers are accessible to one another and frequently consult each other on cases. Case managers are knowledgeable about resources and informal supports in the communities they serve, and access these and regional resources to serve their participants.
- **The case files reviewed in Kittson County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, Related Conditions Checklist, Informed Consent to Release Information, 24 hour supervision documented for EW cases, emergency contact information, current care plans with required signatures, and current DD screenings that are signed and dated by all relevant parties.
- **Kittson County has high quality care plans that include all required information and are person-centered.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. All (100%) of care plans identified participant health and safety needs and had outcomes and goals that met or exceeded the required information that is expected to be included in the care plan. In addition, all of the care plans reviewed addressed behavioral and medical issues as well as school and IEP information for applicable participants.
- **Case managers collaborate well with each other and other units within Kittson County.** Case managers work closely and have good communication with staff from other units within the lead agency including adult protection, child protection, and financial workers. Case managers shared that their practice of consulting with other case managers and their relationships with financial workers are strengths of the lead agency. These strong working

relationships enhance the services participants are receiving and ensure that they maintain financial eligibility to receive waiver services.

Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 89% of case files reviewed included the provider name in the care plan, only 11% of cases reviewed included the annual amount allowed.
- **Kittson County has reserves in the CCB and DD budgets.** Kittson County had a CCB waiver budget balance of 42% at the end of FY 2012 and a 6% budget reserve in their DD budget for CY 2012. There is room in the budget to provide additional services or enhance services such as supportive employment or in-home services for current participants. The lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.
- **Kittson County should consider expanding contracted case management services to help serve participants that live out of the region and cover during staffing shortages.** Other lead agencies have found that contracted case management in these types of situations improves care oversight and is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case

managers as some cases require significant windshield time. In such cases, Kittson County should treat contracted case managers as their own employees by having them adhere to county practices and by maintaining a case file with current documentation of all required paperwork.

- **Consider developing additional systems or practices to support case managers.** With continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency may want to consider implementing additional strategies to support case managers such as: developing an electronic case file system; creating and using fillable electronic formats and signature pads, or designating a lead worker or subject matter expert for various waivers or MCOs based on experience and expertise. This will promote organizational efficiencies and consistency and will allow staff easy access to information in a case manager's absence.
- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, 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. In Kittson County, only 35% of the case files reviewed contained documentation of participant satisfaction.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Employment offers participants an opportunity to contribute their skills and talents to the workforce, and income offers participants the opportunity to make choices about how they want to spend their free time. In Kittson County, only 9% of working age CCB participants and 16% of working age DD participants earn more than \$250 in income each month. The lead agency should focus on strengthening employment by working to increase the use of community-based employment and develop more opportunities that result

in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency’s privacy practices in accordance with HIPAA and Minnesota Statutes on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency’s privacy practices on an annual basis. Currently, two out of 10 EW cases did not have this completed documentation in the case file. In addition, two out of 10 CADI cases, three out of 10 EW cases, four out of seven AC cases did not have current documentation that the participant had been informed of the lead agency’s privacy practices in accordance with HIPAA and Minnesota Statutes.
- **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 completed documentation of their informed right to appeal included in the case file. In Kittson County, three out of 10 CADI 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, four out of 10 EW cases, and four out of seven AC cases did not have current 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 Kittson 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 participant case file reviewed. This report required follow up on 20 cases. Kittson County submitted a completed compliance report on July 3, 2014.

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	1	N / A	0	1	N / A	N / A
Screenings done on time for new participants (PR)	100%	100%	100%	N / A	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	100%	40%	CCB	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=17	CCB n=10	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	89%	94%	80%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=17	CCB n=10	DD n=10	Strength	Challenge
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)	97%	100%	90%	100%	ALL	N / A
Choice questions answered in care plan (PR)	97%	100%	90%	100%	ALL	N / A
Participant needs identified in care plan (PR)	97%	100%	90%	100%	ALL	N / A
Inclusion of caregiver needs in care plans	40%	0%	50%	100%	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)	90%	N / A	N / A	90%	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	N / A	N / A	N / A	N / A	N / A	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	81%	N / A	63%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
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)	Some of the time	N / A	N / A	N / A	N / A	ALL

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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=2</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=2</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=17	CCB n=10	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	98%	100%	100%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	97%	94%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=17	CCB n=10	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	65%	53%	50%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	70%	47%	80%	100%	DD	AC / EW

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=17	CCB n=10	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	35%	29%	20%	60%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	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)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	40%	68%	84%	N / A	ALL
Percent of LTC funds spent on HCBS	N / A	15%	54%	76%	N / A	ALL
Percent of waiver participants with higher needs	N / A	11%	41%	70%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	96%	CCB	N / A
Percent of waiver participants served at home	N / A	92%	59%	30%	AC / EW, DD	CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	9%	16%	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.

MnCHOICES 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.