

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Mille Lacs County**

Waiver Review Site Visit: August 2012

Report Issued: October 2012

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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 Mille Lacs 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 participants.

ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations make the most of information, navigate complexity and ensure their investments of time and money lead to meaningful, sustained impact. 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

Waiver Review Website:

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 Mille Lacs County
Case File Review	50 cases
Provider survey	16 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 7 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 Mille Lacs County

In August 2012, the Minnesota Department of Human Services conducted a review of Mille Lacs County's Home and Community Based Services (HCBS) programs. Mille Lacs County is a rural county located in east central Minnesota. Its county seat is located in Milaca, Minnesota, and the county has another seven cities and seventeen townships. In Fiscal Year 2011, Mille Lacs County's population was approximately 25,979 and served 448 people through the HCBS programs. In 2011, Mille Lacs County had an elderly population of 15%, placing it 57th out of the 87 counties in Minnesota in the percentage of residents who are elderly. About twelve percent (12%) of Mille Lacs County's elderly population are poor, placing it 13th out of the 87 counties in Minnesota in the percentage of elderly residents in poverty.

Mille Lacs County Community and Veteran's Services is the lead agency for all HCBS programs and provides case management for these programs. Community and Veteran's Services encompasses both Public Health and Social Services functions, and the two agencies recently merged into the one agency. The county provides care coordination for Blue Plus and UCare Managed Care Organizations (MCOs).

Mille Lacs County has two supervisors for the waiver programs: a Social Services Supervisor who oversees the DD waiver and a Public Health Supervisor who oversees the EW/AC and CCB programs. The Social Services Supervisor manages three DD social workers and one case aide. The Public Health Supervisor oversees: two social workers who manage EW/AC, one social worker who works with CADI/BI, one public health nurse who does all PCA assessment and

conducts most joint LTCCs, and one RN that provides care coordination for MCOs Blue Plus and UCare. The Public Health Supervisor shared that she does not directly supervise the one CAC case manager, but manages that program.

The county staff shared that a county strength is the longevity and expertise of case managers. Most case managers in the LTC and DD programs are very experienced with ten years to 15 or more years with the county. Case managers have varying areas of content expertise and are able to use this knowledge to find ways to support participants in their home and community.

The Public Health Supervisor shared that there is considerable crossover between Social Services and Public Health as some DD participants are on the CADI waiver. The county completes dual initial assessments with a social worker and public health nurse whenever possible. If the case involves a complicated medical condition, they will also conduct dual reassessments as well. Only social workers are assigned as the lead worker on DD cases, but public health nurses work closely with them in a consultative role on cases with high medical needs.

Supervisors shared that caseloads have remained stable over the past year. The two EW/AC social workers have 70 to 80 cases, and the case manager with the managed care caseload has 50 cases. The CADI/BI case manager has approximately 65 cases, and the DD case managers have approximately 55 cases each, which include one to two adult protection cases.

The county has a social worker serving as an intake specialist. This intake worker opens the case and then forwards the case to the appropriate supervisor to review and assign. Cases are assigned to workers on a rotating basis with consideration for caseload, unless the family has a preference from past experiences with the county. After assignment, the case aide enters data into SSIS and gives intake information to the case manager.

Working Across the Lead Agency

In Mille Lacs County, waiver cases are assigned to three financial workers who are familiar with the waiver programs. Case managers shared that they work very well with financial workers and will usually contact the financial worker assigned to the case with questions. The Public Health

Supervisor noted that the financial workers have heavy caseloads and sometimes are unable to complete tasks within the appropriate timeframe.

County staff who work with the waiver programs have multiple responsibilities across county-based programs. The Social Services Supervisor helps screen child protection reports, and DD waiver workers also have adult protection duties. Mille Lacs County uses dual case management for participants who are both on a waiver and qualify for Targeted Mental Health case management. For example, a CADI participant would have two case managers, a mental health case manager and waiver case manager, who use a team approach to manage their separate duties related to a case. In these situations, the mental health worker is the primary case manager.

The Director updates the County Board twice a year and discusses the waivers including the budget balance. Besides approval of contracts, the Board's involvement in the waiver programs is limited.

Health and Safety

In the Quality Assurance survey, Mille Lacs County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified case managers who are responsive to changes in participant needs as a county strength. Case managers shared that they are very resourceful and creative when working with participants to get the supports they need to be safe and successful in the community.

Case managers shared that it is a challenge to keep up with the requirements of care coordination for MCOs. In addition, changes in State and Federal requirements have created challenges for timeliness with paperwork. In order to keep current with policies, bulletins are e-mailed to staff. Staff also attend video conferences and webinars. The Social Services Supervisor has a monthly meeting with each worker for case consultations. She has a case file audit procedure with a checklist of requirements, and a case aide pulls random cases for her review. Supervisors will identify any pattern issues and will discuss them at waiver team meetings. Case managers also

have an annual evaluation where supervisors review their performance with managing the waiver cases.

Supervisors shared that questions about legislative changes, bulletins, and other related items are discussed at monthly staff meetings. Supervisors also meet weekly to discuss challenging cases that cross between departments and brainstorm ideas for providing better services.

Service Development and Gaps

Mille Lacs County staff noted that they have a shortage of providers in several areas. County staff noted that it has been difficult to get services in the western part of the county. Additionally, the northern half of Mille Lacs County has very few providers, as providers are not willing to provide services there. As a result, participants in parts of the county have reduced access to a choice of high quality provider options. They added that it has also been hard to maintain direct care services on the Mille Lacs Band of Ojibwe Reservation, a part of which is within the county's borders, and there is very little cultural expertise for working with Native American populations.

Case managers also shared that it has been hard to develop specialized services for DD participants with mental health needs. Transportation is a challenge for the county; sometimes participants are unable to attend appointments because of limited transportation. Providers responding to the provider survey identified in-home service options as the most urgent area of unmet participant services needs in Mille Lacs County.

Mille Lacs County staff said that they have made efforts to expand and improve services. They recently started organizing a provider fair every other month. Case managers will attend, meet with providers, and identify possible service options for participants. When providers call seeking a contract with the county, they are invited to the provider fair. In addition, case managers attend conferences and notify supervisors about possible providers to invite to the fair. Public health provides outreach at the county fair each year. However, supervisors note that capacity for this activity has diminished; they used to have a public health booth, but now just

have an overall county booth. The Director also attends a Regional Directors Meeting which may include local providers or discussions of regional service needs.

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.

Mille Lacs 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 Homes	1	2	3
Schools (IEIC or CTIC)	0	2	3
Advocacy Organizations	2	0	2
Hospitals (in and out of county)	0	5	2
Area Agency on Aging	0	0	2
Home Health Care Agencies	1	3	2
Assisted (Customized) Living	1	2	3

In Mille Lacs County, most provider communication is directly with case managers. The county forwards bulletins to local providers. Mental health staff have regular provider meetings that include vocational services. As issues with providers arise, the county addresses them informally on a case-by-case basis. Case managers will first attempt to address provider performance issues and the supervisor will step in if needed. Case managers assess provider performance and satisfaction during participant visits and use visit sheets for DD cases, but not for LTC programs. The county has satisfaction survey posted on their website that covers all county services. There is also a survey of case managers conducted during the licensing process.

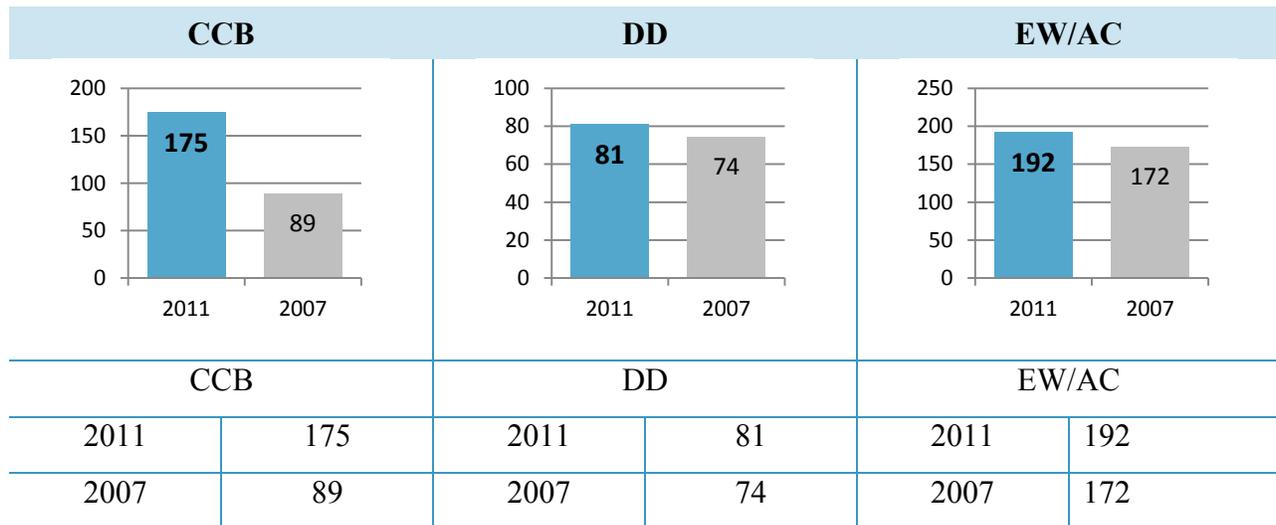
Case managers shared that they have had a mix of good and bad experiences with local providers and agencies. DD staff participate in all interagency and provider groups including the Community Transition Interagency Committee (CTIC) and Interagency Early Intervention Committee (IEIC), which is also known as Help Me Grow. County staff attends these quarterly meetings, and CTIC has several programs including a transition fair and workforce day. They shared that early intervention has worked well across school districts, and there is good care coordination for early identification of children with developmental disabilities. However, they mentioned that families will sometimes decline or are hesitant to contact the county about their children. Case managers also said that it can be challenging to schedule an Individualized Education Program (IEP) meeting, or they are not notified about meetings in advance.

Case managers shared that they have participated in meetings via teleconference for PACER, an advocacy organization for individuals with disabilities based in Minnesota; case managers felt that PACER's interactions with participants were unprofessional. They have used their local Area Agency on Aging, the Central Minnesota Council on Aging, as a resource and stated that nurses are very responsive. Case managers rated their relationship with area hospitals as average and noted that they have had positive experiences with hospitals outside of Mille Lacs County. They praised discharge planners for sharing information with case managers. Case managers noted that they have had a difficult time developing relationships with newer customized living facilities. Case managers shared that home health care agencies provide quality services to participants. However, case managers also said that some home health care agencies will only serve participants who require a certain level of hours to make it more cost effective for the business.

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 Mille Lacs County (2007 & 2011)



Since 2007, the number of persons served in the EW/AC program in Mille Lacs County has increased by 20 people (11.6%), from 172 people in 2007 to 192 people in 2011. Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants (those with case mixes A and L). The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mixes D and E grew by seven and 17 people respectively. However, case mixes G, I, J and K declined. As a result, Mille Lacs County is serving 19 additional higher needs participants than they did in 2007.

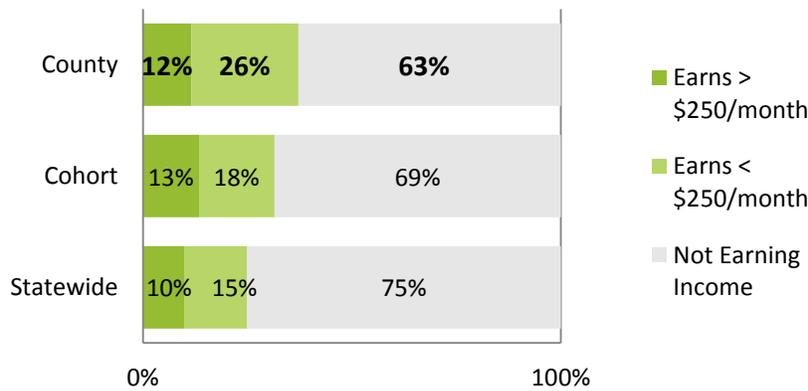
Since 2007, the total number of persons served in the CCB Waiver in Mille Lacs County has increased by 86 participants (96.6%); from 89 in 2007 to 175 in 2011. Most of this growth occurred in the case mix category B, which grew by 57 people. Nearly all of the case mixes grew, while only case mix K decreased. Due to the large increases, the overall proportion of higher need participants in Mille Lacs County has increased.

Since 2007, the number of persons served with the DD waiver in Mille Lacs County increased by 7 participants from 74 in 2007 to 81 in 2011. In Mille Lacs County, the DD waiver program is growing more quickly than its cohort as a whole. While the county experienced a 9.5% increase in the number of persons served from 2007-2011, its cohort had a 6.9% increase in number of persons served. In Mille Lacs County, the greatest change occurred with persons

having a Profile 2, which increased by four people. Mille Lacs County also serves a larger proportion of persons with a Profile of 1 and 2 (45.7%), than its cohort (33.3%).

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)



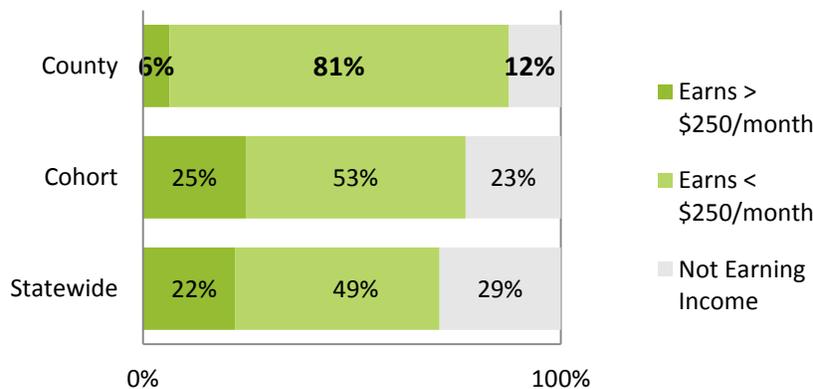
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Statewide	10%	15%	75%
Cohort	13%	18%	69%
Mille Lacs	12%	26%	63%

In 2011, Mille Lacs County served 129 working age (22-64 years old) CCB participants. Mille Lacs County ranked 20th of 87 counties in the percent of CCB waiver participants with earned income. Of working age participants, 37.2% had earned income, compared to only 31.6% of the cohort's working age participants. However, Mille Lacs County had a lower percentage of

participants earning \$250 or more per month (11.6%) than its cohort (13.4%). Statewide, 10.0% of the CCB waiver participants of working age have earned income of \$250 or more per month.

From 2007-2011, number of working age CCB participants in Mille Lacs County increased from 84 to 129 people. Of working age participants, the proportion with earned income declined from 38.1% to 37.2%. In comparison, its cohort increased just slightly from 30.1% to about 31.6% and the statewide rate increased from 10.2% to 25.0%. Despite declines, the percent of working age participants with earned income is higher in Mille Lacs County than in the cohort and the state.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Statewide	22%	49%	29%
Cohort	25%	53%	23%
Mille Lacs	6%	81%	12%

In 2011, Mille Lacs County served 48 people of working age (22-64 years old) on the DD waiver. For participants in the 22-64 year age group, 87.5% had earned income, which is a higher rate than its cohort (77.2%). In addition, Mille Lacs County ranked 16th in the state for working-age participants earnings. However, of working age participants in Mille Lacs County, only 6.3% earned more than \$250 per month, while 24.6% of working age participants in the

cohort as a whole did. Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

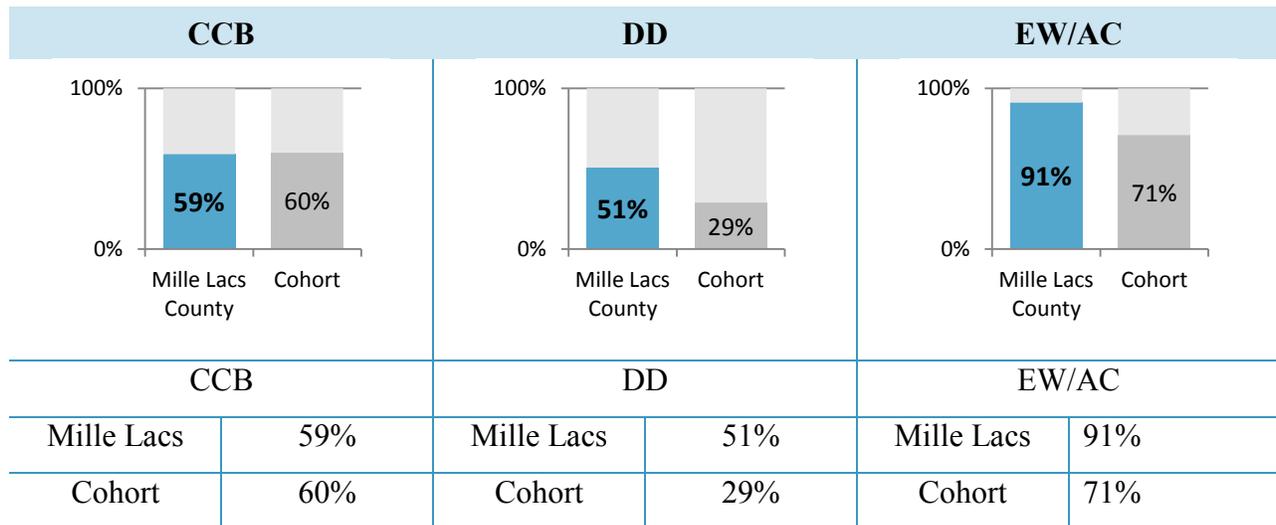
From 2007-2011, Mille Lacs County's percentage of working-age DD waiver participants with earned income increased through 2010, but declined to 87.5% in 2011. In comparison, the percentage of working age participants with earned income in the cohort decreased slightly from 80.0% to 77.2%. Statewide, there was a modest decrease in the participants with earnings from 71.1% to 70.8% over the same time period. Mille Lacs County remains higher than both the state and cohort averages.

In the Quality Assurance Plan survey, Mille Lacs County staff shared that they have engaged in quality improvement efforts for employment related services. On behalf of region 7E, the Adult Mental Health Initiative has closely examined services provided by area employment providers to establish employment improvement standards. Case managers shared that there are limited work training and work experiences for children or young adults still in school. Providers responding to the provider survey identified meaningful employment opportunities as one of the top areas of unmet participant service needs in Mille Lacs County.

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)



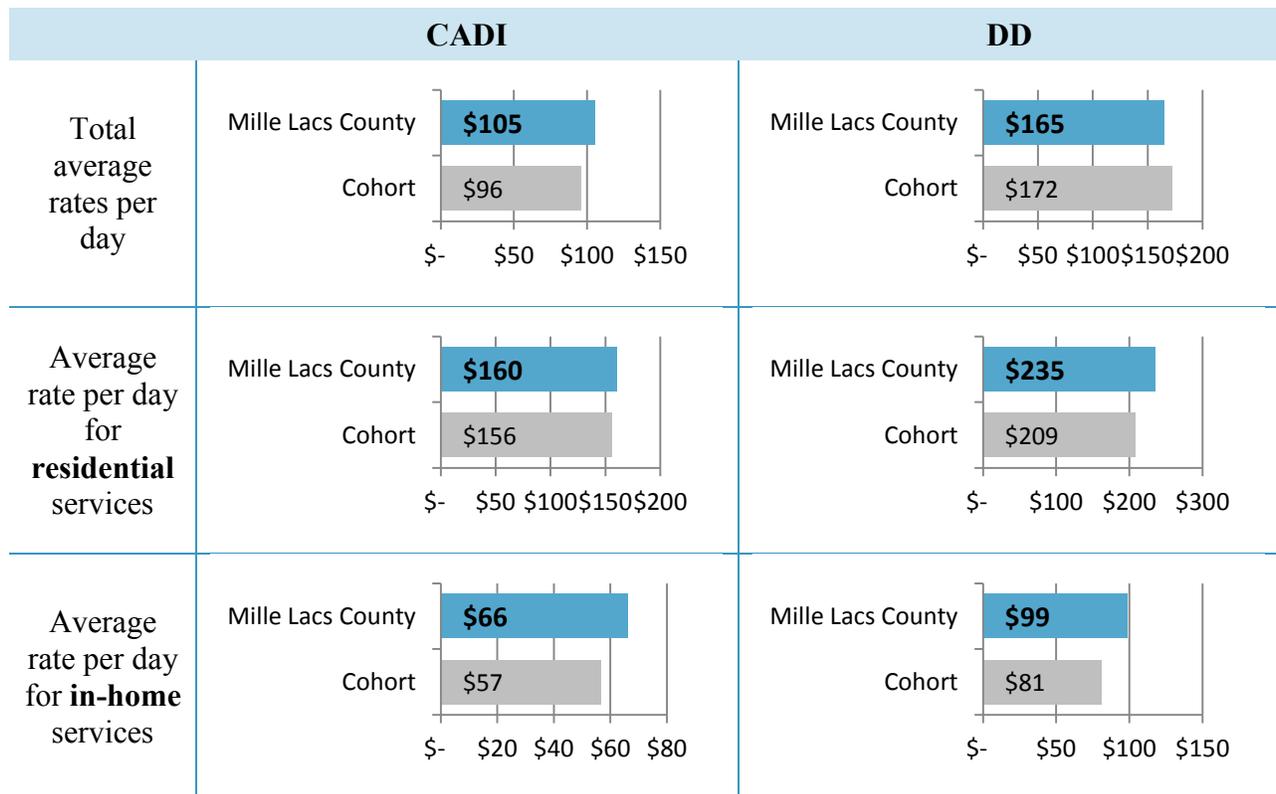
Mille Lacs County ranks 55th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the County served 103 people at home. Between 2007 and 2011, the percentage increased by 7.2 percentage points. In comparison, their cohort’s percentage fell by 4.5 percentage points, and the statewide average fell by 2.0 points. Statewide, 63.0% of CCB participants were served at home in 2011. Mille Lacs County serves a lower proportion of CCB waiver participants at home than the rest of the state and their cohort, but the proportion is growing.

Mille Lacs County ranks 5th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 41 people at home. Between 2007 and 2011, the percentage increased by 10.1 percentage points. In comparison, their cohort’s percentage increased by 1.6 percentage points. Statewide, the percentage of participant served at home increased by 1.1 percentage points from 34.6% to 35.7%. Mille Lacs County serves a higher proportion of DD waiver participants at home than the rest of the state and their cohort.

Mille Lacs County ranks 8th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the County served 175 people at home. Between 2007 and 2011, the percentage increased by 14.4 percentage points. In comparison, their cohort’s percentage decreased by 6.1 percentage points and the statewide average increased by 1.2 points.

Statewide, 75.4% of EW participants were served at home in 2011. Mille Lacs County serves a higher proportion of EW/AC participants at home than the rest of the state and their cohort.

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



Average Rates per day for CADI services (2011)

	Mille Lacs County	Cohort
Total average rates per day	\$104.98	\$95.98
Average rate per day for residential services	\$159.99	\$155.87
Average rate per day for in-home services	\$66.29	\$56.68

Average Rates per day for DD services (2011)

	Mille Lacs County	Cohort
Total average rates per day	\$165.14	\$171.92
Average rate per day for residential services	\$234.97	\$208.53
Average rate per day for in-home services	\$98.76	\$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 Mille Lacs County is \$9.00 more than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Mille Lacs County spends \$4.12 more on residential services and \$9.61 more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Mille Lacs County ranks 56th out of 87 counties. Statewide, the average waiver cost per day for CADI is \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Mille Lacs County decreased by \$10.84 from \$115.82 to \$104.98. In comparison, the average cost per day in the cohort increased by \$23.57; from \$72.41 to \$95.98. Similarly, the statewide average cost increased by \$23.16 over the same time period from \$77.36 to \$100.52. Because the average CADI waiver cost per day for Mille Lacs county has decreased while the average CADI waiver cost per day statewide has increased, the county's rate is now only 4.4% higher than statewide averages.

The average cost per day for DD waiver participants in Mille Lacs County is \$6.78 lower than their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Mille Lacs County spends \$26.44 more on residential services and \$17.77 more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Mille Lacs County ranks 31st of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Mille Lacs County increased by \$4.00; from \$161.14 to \$165.14. In comparison, the average cost per day in the

cohort increased by \$7.89, from \$164.03 to \$171.92. Similarly, the statewide average cost increased by \$8.00 over the same time period, from \$180.52 to \$188.52. While costs have increased statewide, the cost per day has increased at a lower rate in Mille Lacs County.

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.

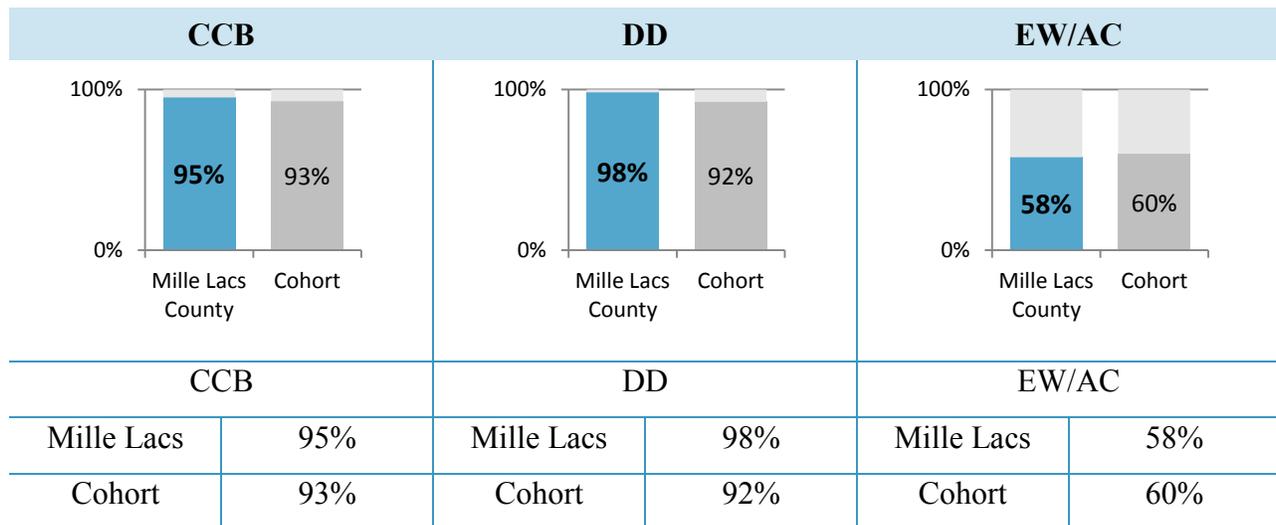
Mille Lacs County has notably higher use in the CADI program than its cohort of residential based services (Foster Care (35% vs. 27%)) and some employment related services (Prevocational Services (25% vs. 10%)). Conversely, they have lower use of in-home services (Home Delivered Meals (15% vs. 22%) and Homemaker (23% vs. 28%)). Fifty-one percent of Mille Lacs County's total payments for CADI services are for residential services (47% foster care, 3% customized living, and 1% residential care services), which is lower than its cohort group (56%). Mille Lacs County's corporate foster care rates are lower than its cohort when billed monthly (\$4,750.28 vs. \$5,199.94 per month) and very similar when billed daily (\$187.10 vs. \$186.87 per day). Family foster care rates are notably higher than its cohort when billed monthly, but are lower when billed daily (\$3,618.85 vs. \$3,085.12 per month and \$116.31 vs. \$152.77 per day).

Mille Lacs County's use of Supportive Living Services (SLS) (48% vs. 70%) is notably lower than its cohort in the DD program. Its residential SLS rates are higher than its cohort (\$5,067.31 vs. \$3,916.47). Supportive Living Services (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 county's use of other non-residential services such as In Home Family Support (27% vs. 17%) and Personal Care Assistance (22% vs. 7%) are higher than its cohort. Also, Mille Lacs County has a lower use of Day Training and Habilitation (62% vs. 64%) and Supported Employment (0% vs. 5%).

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 Recipients Receiving HCBS (2011)



In 2011, Mille Lacs County served 279 LTC participants (persons with disabilities under the age of 65), 262 in HCBS settings and 28 in institutional care. Mille Lacs County ranked 31st of 87 counties in the percent of LTC participants receiving HCBS; 95.0% of their LTC participants received HCBS. This is slightly higher than their cohort where 92.6% were HCBS participants. Since 2007, Mille Lacs County has increased its use of HCBS by 0.3 percentage points, while the cohort has increased 1.7 percentage points. Statewide, 94.0% of LTC participants received HCBS in 2011.

In 2011, Mille Lacs County served 113 LTC participants (persons with development disabilities), 111 in HCBS settings and three in institutional settings. The county ranked 11th of 87 counties in the percentage of LTC participants receiving HCBS with 98.1% of its LTC participants receiving HCBS, a higher rate than its cohort (92.3%). Mille Lacs County has slightly increased its use of HCBS since 2007 (+1.1 percentage points), and its cohort rate has

increased at a similar rate (1.5 percentage points). Statewide, 91.6% of LTC participants received HCBS in 2011.

In 2011, Mille Lacs County served 363 LTC participants (over the age of 65), 202 in HCBS settings and 181 in institutional care. Mille Lacs County ranked 53rd out of 87 counties in the percent of LTC participants receiving HCBS. Of those LTC participants, 57.7% received HCBS. This is about the same as their cohort where 59.9% were HCBS participants. Since 2007, Mille Lacs County has increased its use of HCBS by 9.2 percentage points while their cohort has only increased by 6.8 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1,000 Residents (2011)

	Mille Lacs County	Cohort	Statewide
Age 0-64	0.52	0.46	0.47
Age 65+	32.47	26.01	23.11
TOTAL	5.25	4.59	3.24

In 2011, Mille Lacs County was ranked 48th in their overall use of nursing facility services. Since 2009, the number of nursing home residents has decreased by 1.1% in Mille Lacs County. Although the number of nursing home residents under 65 years old has increased by five people, the number of residents over 65 has decreased. However, the county's rate of nursing facility use for people of all ages is higher than both its cohort and the statewide rates.

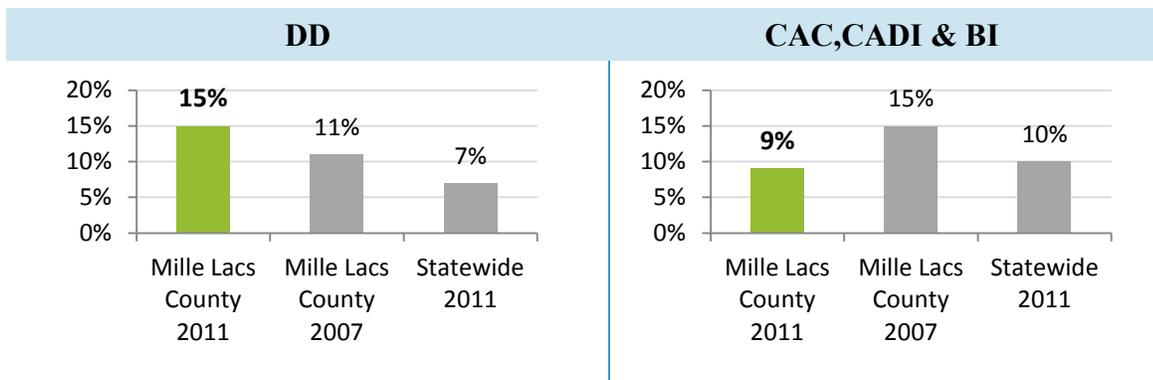
In the focus group, case managers' ratings of their working relationships with area nursing homes were mixed. They mentioned that some facilities provide a higher quality of care for participants than others. They shared that the best nursing home facilities are very cooperative and share important information with case managers. Case managers are notified about

participants leaving a nursing home facility in a timely manner, and are involved in discharge planning. However, they also noted that in some cases participants who enter nursing homes do not receive the quality of care and attention that they require, especially participants who have behavioral needs.

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
County (2011)	15%	9%
County (2007)	11%	15%
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, Mille

Lacs County had a 15% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Mille Lacs County's DD waiver balance is larger than its balance in CY 2007 (11%), and the statewide average (7%). As of October 2012, Mille Lacs County had a 5% balance in the DD waiver budget.

At the end of calendar year 2011, the CCB waiver budget had a reserve. Mille Lacs 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, Mille Lacs County had a 9% balance at the end of fiscal year 2011, which is a smaller balance than the statewide average (10%), and smaller than the balance in FY 2007 (15%). As of October 2012, Mille Lacs County had a 4% balance in the CCB waiver budget.

Supervisors shared that Mille Lacs County has a waiting list for the CADI waiver, but not for the DD waiver. The county has a waiting list prioritization document that is used to prioritize slots when they become available. The county has monthly waiver team meetings to review the waiting list and discuss the budget. They will also consider ways to meet additional participant needs, especially if changes have occurred.

The two supervisors are responsible for managing waiver allocations. The Public Health Supervisor monitors the CCB allocations. When assessments are completed, she will have case managers enter simulations in the Waiver Management System. She then consults with case managers to determine how to meet participant needs, or if it is possible, to add an individual from the waitlist. DD case managers bring DD allocation requests to the Social Services Supervisor. The Social Supervisor shared that the Regional Resource Specialist is currently teaching her how to use the Waiver Management System to run simulations and better maximize their resources. Recently both the DD and CCB allocations have tightened.

County Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide

ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

Mille Lacs County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

Count of Ratings for Each Resource	1 -2				
	3 -4				
	5+				
Policy Quest	1	0	0	0	0
Help Desk	0	2	0	2	0
Disabilities Service Program Manual	0	1	3	2	1
DHS website	0	1	3	1	0
E-Docs	1	0	1	3	2
Disability Linkage Line	0	1	0	2	3
Senior Linkage Line	0	0	0	2	2
Bulletins	0	0	3	0	4
Videoconference trainings	0	1	5	0	0
Webinars	2	2	3	0	0
Regional Resource Specialist	0	1	1	1	3
Listserv announcements	0	0	1	1	0
MinnesotaHelp.Info	0	0	0	1	0
Ombudsmen	1	1	2	0	0

Case managers shared that Policy Quest is difficult to access and use. One supervisor shared that the case aide uses the Help Desk frequently to address issues and errors in MMIS. Case managers noted that they have had mixed experiences with the Help Desk, and said that some Help Desk staff members are more helpful than others. Case managers also said that the Disabilities Service Program Manual is helpful when looking for general information about the programs, but said it can be difficult to find specific information easily. Several staff shared that the DHS website is challenging to navigate and not user-friendly. Staff noted that E-Docs works

fine when they know form numbers, but the search function does not work well for them. Case managers shared that they refer families to the Disability Linkage Line, but have received feedback that some families do not find it helpful. However, case managers also mentioned that the Senior Linkage Line is a good resource. Families will call the Senior Linkage Line for caregiver support and information about Medicare and report very positive experiences.

Supervisors shared that county staff regularly attend video conferences. In the focus group, case managers shared that they would prefer videoconference trainings with more concise presentations. The county staff shared that the Regional Resource Specialist (RRS) is very accessible, helpful, and responsive. Case managers said that they find bulletins useful, but think they are too long and do not always include timely information. The Public Health Supervisor shared that while bulletins are used, they are not as helpful as individual communication with DHS staff. Staff shared that when an issue or specific situation arises, DHS staff communication has been positive and helpful.

County Strengths, Recommendations, & Corrective Actions

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

Mille Lacs County Strengths

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

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

During the previous review in 2007, Mille Lacs County received a corrective action for the following items being out of compliance: timeliness of assessment to care plan, OBRA, BI waiver form, as well as emergency contact information and back-up plans for CCB participants. In 2012, none of these issues remain for Mille Lacs County indicating technical improvements over time.

- **Case managers are responsive to participant needs.** Case managers are experienced and have backgrounds in a variety of disciplines which allows them to navigate easily across programs within the agency and provide seamless services for participants. The case managers build relationships with families, advocate for participants, and have good continuity over time. Case managers are accessible to one another and frequently consult each other on cases.
- **Multiple sources of data indicate that Mille Lacs County staff are well-connected with providers and other organizations that serve participants.** Case managers are knowledgeable about resources and informal supports in the communities they serve, and access these and regional resources to serve their participants. Mille Lacs County holds local provider fairs every other month to develop relationships with providers and identify opportunities to develop or expand service options for participants. They also work with other counties in Region 7E to discuss service needs for participants in the area.
- **Mille Lacs County has the capacity to serve a high need population in the community.** The county serves a greater proportion of participants with high needs in the CCB and DD programs when compared to its cohort and the statewide average. In 2011, the county ranked 9th out of 87 counties in the percent of CCB waiver participants having higher needs (88%) and 4th out of 87 in the percent of DD waiver participants having higher needs (93%).
- **The case files reviewed in Mille Lacs County consistently met HCBS program requirements.** Participant case files are well-organized and complete. There was good documentation of required forms including documentation of informed consent to share private information, ICF/DD Level of Care, CAC waiver form, and Related Conditions checklist. In addition, all care plans reviewed were current and included the required signatures.
- **Since 2007, Mille Lacs County has increased the number of LTC participants receiving HCBS and spends a larger proportion of its LTC funds on HCBS services.** In 2011, ninety-five percent (95%) of LTC recipients (persons with disabilities under the age of 65) in the county received HCBS services. Ninety-three percent (93%) of LTC funds used by CCB participants were spent on community services as opposed to institutional services in 2011

compared to 90% in 2007. Mille Lacs County is ranked 18th of 87 counties statewide in the percentage of LTC funds for CCB participants spent on community-based services.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Mille Lacs County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Mille Lacs 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.
- **Consider assigning one case manager to serve CADI participants with mental health needs, and using a single, integrated care plan for all these participants.** Having a single case manager would streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Blue Earth County, can be found at www.MinnesotaHCBS.info/.
- **Consider expanding contracted case management services to serve participants that live out of the county or in isolated areas of the county, and to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and the 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. In such cases, Mille Lacs County should treat

contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.

- **Consider designating a lead worker to establish consistency in the case management process and provide guidance to case managers.** With growing caseloads and continually changing programs, managing the waiver programs will become more complicated. Mille Lacs County currently has variability in how case notes are completed, and a lead worker may help promote more consistency in this area. The lead worker would still maintain a small caseload, but would also have the added responsibility of staying current with program and policy changes and sharing this information with case managers. The county may also want to consider using shared drives that are accessible to case managers and contain all required forms in fillable formats.
- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs.** Mille Lacs County currently includes visit sheets in case files for the DD program, but should expand this practice to the LTC program caseload. In addition to documenting required face-to-face visits in the participant's case file, visit sheets can be used to monitor provider performance and fulfillment of the services outlined in the care plan.
- **Continue to expand community based employment opportunities for participants in the DD and CCB programs.** Mille Lacs County has higher rates than its cohorts in the percentage of working age participants earning income in the CCB and DD communities; however, a higher proportion of participants earn less than \$250 per month than the county's cohorts. The county should actively focus on developing community-based employment opportunities that tend to result in higher wages for participants. A recent change in leadership at an area employment provider gives Mille Lacs County an opportunity to restate their expectations of that provider as part of this strategy.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Mille Lacs County was found to be inconsistent in meeting state and federal requirements and

will require a response by Mille Lacs 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 Mille Lacs County will be required to take corrective action.

- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant health and safety issues.** All care plans must be updated with this information. Three out of 15 CADI care plans reviewed did not include documentation of the participant's health and safety issues. The care plan is the one document that all participants receive. Therefore, it must include information about the participant's health and safety issues, along with which services, formal or informal, will be provided to address those needs.
- **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 right to appeal included in their case file. One out of 15 CADI cases did not have completed documentation in the case file showing that participants had been informed of their right to appeal within the past year. In addition, 11 out of 15 CADI cases, seven out of 12 EW cases, four out of eight AC cases, and one out of one BI cases have signed documentation, but were not current in the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA 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 county's privacy practices on an annual basis. Currently, two out of 12 CADI cases did not have this completed documentation in the case file. 13 out of 15 CADI cases, six out of 12 EW cases, four out of eight AC cases, three out of six CAC cases, one out of one BI cases, and one out of eight DD cases have signed documentation, but were not current in the past year.

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plan.** CCB waiver participants must have a face to face visit by the case manager twice per year. DD waiver participants must have a face to face visit by the case manager every six months. However, two out of 15 CADI cases and the one BI case reviewed had case manager visits less frequently than on a biannual basis. Additionally, one DD case had not been seen in the previous six months.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Mille Lacs 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 41 cases. All items are to be corrected by October 2, 2012 and verification submitted to the Waiver Review Team to document full compliance. Mille Lacs County submitted a completed compliance report on September 28, 2012.

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
1	Participants waiting for HCBS program services	8	N / A	3	5	N / A	N / A
2	Screenings done on time for new participants (PR)	88%	100%	76%	80%	AC / EW	N / A
3	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	7%	100%	DD	CCB
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC/EW n=20	CCB n=22	DD n=8	Strength	Challenge
4	Timeliness of assessment to development of care plan (PR)	98%	95%	100%	N / A	AC / EW, CCB	N / A
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
6	Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A

	PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC/EW n=20	CCB n=22	DD n=8	Strength	Challenge
7	All needed services to be provided in care plan (PR)	92%	100%	82%	100%	AC / EW, DD	N / A
8	Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
9	Participant needs identified in care plan (PR)	84%	95%	68%	100%	AC / EW, DD	N / A
10	Inclusion of caregiver needs in care plans	19%	0%	25%	100%	DD	N / A
11	OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
13	DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
15	Related Conditions Checklist (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
16	BI Form complete and current (PR for BI only)	100%	N / A	N / A	100%	DD	N / A
17	CAC Form complete and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	N / A
	PROVIDER CAPACITY & CAPABILITIES	ALL	AC/EW	CCB	DD	Strength	Challenge
18	Case managers provide oversight to providers on a systematic basis most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
19	LA recruits service providers to address gaps most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A
20	Case managers document provider performance most of the time or always (<i>QA survey</i>)	100%	N / A	N / A	N / A	ALL	N / A

	PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC/EW	CCB	DD	Strength	Challenge
21	Providers report receiving assistance when requested from the LA (<i>Provider survey, n=16</i>)	94%	N / A	N / A	N / A	ALL	N / A
22	Providers submit monitoring reports to the LA (<i>Provider survey, n=16</i>)	63%	N / A	N / A	N / A	N / A	N / A
	PARTICIPANT SAFEGUARDS	ALL	AC/EW n=20	CCB n=22	DD n=8	Strength	Challenge
23	Participants have a face-to-face visit in the last six months (PR)	80%	70%	86%	88%	N / A	N / A
24	Participants receive face-to-face visits on a biannual or more frequent basis (PR)	82%	70%	86%	100%	DD	N / A
25	Health and safety issues outlined in care plan (PR)	78%	80%	68%	100%	DD	N / A
26	Back-up plan (PR for CCB only)	88%	75%	95%	100%	CCB, DD	N / A
27	Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
	PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC/EW n=20	CCB n=22	DD n=8	Strength	Challenge
28	Informed consent documentation in the case file	98%	95%	100%	100%	ALL	N / A
29	Person Informed of right to appeal documentation in the case file	40%	20%	36%	100%	DD	AC / EW, CCB
30	Person Informed privacy practice (HIPAA) documentation in the case file	30%	20%	18%	88%	N / A	ALL
	PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC/EW n=20	CCB n=22	DD n=8	Strength	Challenge
31	Participant outcomes & goals stated in individual care plan exceed or meets expectations	78%	80%	68%	100%	DD	CCB
32	Documentation of participant satisfaction in the case file	42%	35%	36%	75%	N / A	AC / EW, CCB

	SYSTEM PERFORMANCE	ALL	AC/EW	CCB	DD	Strength	Challenge
33	Percent of required HCBS activities in which the LA is in compliance (QA survey)	97%	N / A	N / A	N / A	ALL	N / A
34	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
35	Percent of LTC recipients receiving HCBS	N / A	58%	95%	98%	CCB, DD	AC / EW
36	Percent of LTC funds spent on HCBS	N / A	31%	93%	97%	CCB, DD	AC / EW
37	Percent of waiver participants with higher needs	N / A	54%	88%	93%	ALL	N / A
38	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	95%	CCB	DD
39	Percent of waiver participants served at home	N / A	91%	59%	51%	AC / EW, DD	CCB
40	Percent of working age adults employed and earning \$250+ per month	N / A	N / A	12%	6%	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.

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

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.

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.