

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Morrison County**

Waiver Review Site Visit: November 2013

Report Issued: January 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 Morrison County.

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

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

### **ABOUT THE IMPROVE GROUP**

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

### **ADDITIONAL RESOURCES**

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

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

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

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

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Morrison County
Case File Review	60 cases
Provider survey	13 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	One focus group(s) with 15 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 Morrison County**

In November 2013, the Minnesota Department of Human Services conducted a review of Morrison County's Home and Community Based Services (HCBS) programs. Morrison County is a rural county located in central Minnesota. Its county seat is located in Little Falls, Minnesota and the County has another 15 cities and 31 townships. In State Fiscal Year 2012, Morrison County's population was approximately 33,049 and served 548 people through the HCBS programs. According to the 2010 Census Data, Morrison County had an elderly population of 15.1%, placing it 54<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Morrison County's elderly population, 16.9% are poor, placing it 2<sup>nd</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Morrison County Social Services is the lead agency for the CCB and DD waiver programs and Morrison County Public Health is the lead agency for the AC and EW programs. Morrison County serves as a contracted care coordinator for four managed care organizations (MCOs), South Country Health Alliance, Medica, Blue Plus, and UCare.

The Public Health Supervisor oversees the EW and AC programs. She supervises seven case managers who have average caseloads of about 70 cases. She also supervises two case aides who provide administrative support, including scheduling assessments for new referrals, entering data into MMIS, and putting together packets of information and forms for case managers to take on visits with participants.

The Social Services Supervisor oversees the CCB and DD programs and supervises nine case managers who work with the waiver programs. All nine of the case managers manage CCB cases; four of these case managers also manage DD cases. CADI case managers serving participants with mental health needs also serve as the participant's Rule 79 mental health case manager. Two children's mental health case managers housed in the Mental Health unit also manage CADI and DD children's cases.

Public Health and Social Services have separate intake and assessment processes. In general, Social Services and Public Health complete one-person LTCC assessments and DD screenings. However, Morrison County conducts a dual assessment if a participant is on the CADI waiver and also receives PCA services. Additionally, they also co-manage cases for children with significant health needs. In this instance, Social Services is the lead agency, and Public Health provides their nursing expertise as needed.

Public Health case managers are assigned intake duties on a rotating basis. The intake worker collects information from participants on a referral form; the form is then given to a case aide who records the due date for the assessment to ensure they are completed in a timely manner. The Public Health Supervisor assigns cases based on the geographical location of the participant and case managers' caseloads and schedules.

Social Services has one assigned intake worker who receives all intake incoming calls and walk-ins. The Social Services Supervisor assigns cases based on the size and complexity of case managers' caseloads. The case manager who conducts the initial LTCC assessment becomes the participant's on-going case manager.

### Working Across the Lead Agency

Lead Agency staff reported a strong relationship between public health nurses and social workers. Public Health and Social Services do not conduct formal meetings together; however, they consult with each other on certain cases. Supervisors said this collaboration between the two departments has allowed them to share information and knowledge so they can more effectively coordinate internally in order to deliver services to participants.

Staff said that they have great communication with financial workers. There are two financial workers in the LTC unit who work closely with case managers from both departments. Public Health case managers coordinate with financial workers to establish MA eligibility and to help participants who apply for the AC program. The two workers also alternate attending monthly Public Health staff meetings. In Social Services, financial workers are a part of the health care eligibility team. They are located in the same building as Public Health and Social Services so case managers can easily access them if needed. Case managers usually communicate with financial workers informally but there is also a formal financial communication form they can use.

Adult protection and child protection are separate units in the Social Services Department. The adult protection unit is comprised of five case managers. Lead agency staff shared that it can be challenging to determine the responsibilities of the waiver case manager if one of their waiver cases opens as an adult protection case. Lead agency staff have good communication with the child protection unit and case managers are always aware when they have an open child protection case. The Social Services Supervisor is on the Executive Committee for the Morrison County Child Protection team.

The Social Services Supervisor keeps the Morrison County Board informed about new contracts and also gives them updates about significant changes in the policies and programs such as MnCHOICES.

### Health and Safety

In the Quality Assurance survey, Morrison 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 Morrison County works cooperatively with providers and has well-trained and knowledgeable case managers.

Case managers identified keeping up with policy changes as one of the major challenges they face. They are expected to keep themselves informed about changes and bring any questions they have to their unit meetings. Public Health and Social Services have separate weekly waiver meetings where they share information, help each other with questions, and review bulletins and videoconference trainings. Public Health staff review updates from health plans during their meetings and also review assessments, have case consultations, look at enrollment cut-offs, and discuss any challenges case managers have experienced with providers. Providers are also welcome to attend these meetings and are invited to make presentations periodically.

Staff also attend regional trainings in order to stay current on policies. They are asked to present at unit meetings and share what they learned with the rest of the team. The lead agency also has a training budget for case managers and they are encouraged to register for different trainings. Staff members rotate attending conferences like the Aging and Disability Odyssey Conference.

Social Services and Public Health have checklists that they update with the required documents that need to be in each participant's case file. They also have a shared folder that contains all required waiver documents and a combined resources list that is updated by supervisors and case aides. In Social Services, case aides review files as part of quality assurance practices. Public Health has quarterly peer reviews and the Public Health Supervisor will review recent assessments to see if case managers need to implement any new changes to their work. During the review, staff will look at a full year of documents just as if it were a health plan audit.

### Service Development and Gaps

Overall, lead agency staff reported being satisfied with their working relationships with service providers. They also shared that the lack of providers in the region poses as a challenge to coordinating HCBS services in Morrison County. Some participants have had to move elsewhere in order to get the services they need.

Case managers said that one of the most significant gaps in their county is transportation. Providers also identified transportation as one of the most urgent areas of unmet consumer service needs in the provider survey. This is especially difficult for participants located in rural

areas. Case managers also indicated that homemaking services are lacking in their area and it can be an issue when trying to help participants stay in their homes. In addition, case managers stated that they struggle to find respite and dental services for DD waiver participants. County staff shared that they would like to have more housing options for participants that do not need 24-hour supervision, but needs some supports to remain in the community. This would be especially helpful for transition-age participants as they move towards independence.

**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.

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

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

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	3	3
Schools (IEIC or CTIC)	0	5	1
Hospitals (in and out of county)	0	10	1
Customized Living Providers	0	1	6
Foster Care Providers	1	0	7
Employment Providers (DT&H, Supported Employment)	0	0	6

Case managers shared that communication with providers is a strength in Morrison County. This was echoed in the provider survey where providers identified several strengths of the lead agency including case managers having good, open communication with providers. The lead agency does not formally assess participant satisfaction but case managers have a common practice to

ask participants how their services are going. Case managers bring any concerns to their unit meetings and discuss them with their supervisors.

Case managers said their relationships with nursing facilities vary depending on the provider. They highlighted one nursing facility in the area that is very good and has experienced staff who are welcoming to case managers. Case managers have open communication with this provider which allows them to better serve waiver participants.

Case managers shared that their relationships with schools are average overall and that this also varies depending on the school district. They stated that while some school staff seems to only involve case managers when they need to, other schools are very willing to invite them to IEP and assessment meetings. They added that it is disappointing to them when their adolescent CADI waiver participants do not have an IEP in addition to their waiver care plan.

Case managers also said that some hospitals in their area do not communicate with them when waiver participants are admitted or released. Other hospitals have better discharge planning procedures, but case managers expressed it is cumbersome to fill out transition logs in order to be contacted by the hospital discharge planner. Case managers also stated that the Mental Health crisis line has reduced their role in hospitalization cases as participants have begun to use this resource more regularly.

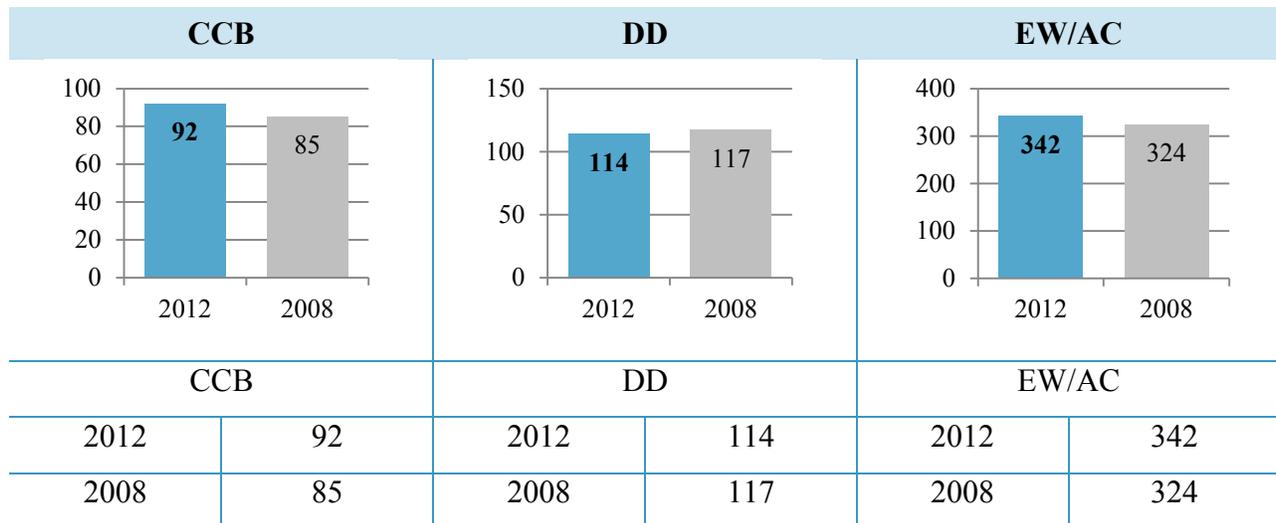
The majority of case managers rated their relationships with vocational providers as being good. They shared that these providers retain their staff well and that staff are great at communicating with participants and the lead agency about changes. Providers are also great at coordinating with the lead agency county and planning for the future in order to better serve participants.

Case managers shared that they have good relationships with customized living and foster care providers. They said they are often in agreement with customized living providers about rates and that these providers usually keep participants through hospice. Case managers said that although foster care provider have high staff turnover, they continue to have strong communication with these providers.

## 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 Morrison County (2008 & 2012)



**Since 2008, the total number of people served in the CCB Waiver program in Morrison County has increased** by seven participants (8.2 percent); from 85 in 2008 to 92 in 2012. Most of this growth occurred in the case mix E, which grew by five people. Additionally, case mixes B and J each grew by three people. With the increases in case mixes B and E, Morrison County may be serving a higher proportion of people with mental health needs.

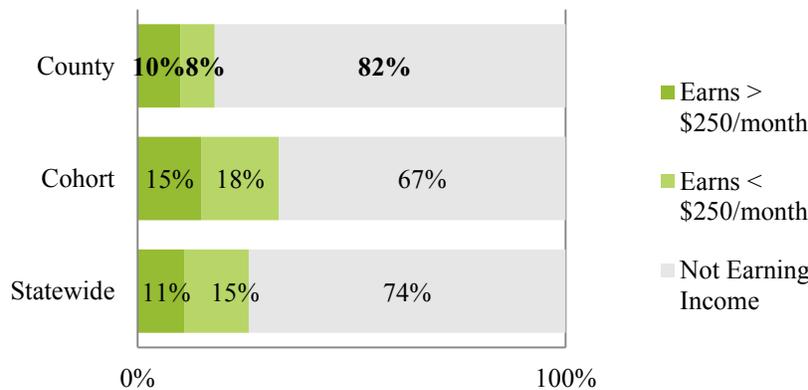
**Since 2008, the number of people served with the DD waiver in Morrison County decreased** by three participants, from 117 in 2008 to 114 in 2012. Morrison County experienced a 2.6 percent decrease in the number of people served from 2008 to 2012; while its cohort had a 9.3 percent increase in number of people served. In Morrison County, profile group two increased by three people. The greatest change in the cohort profile groups also occurred in people having a Profile two. Morrison County serves a smaller proportion of people in profile groups one and two (28.1 percent), than its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Morrison County has increased by 18 people (5.6 percent), from 324 people in 2008 to 342 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Morrison County served 9 fewer lower needs participants in 2012 than in 2008. In addition, case mixes E and J grew significantly, growing by 11 people and 15 people respectively. As a result, Morrison County may be serving a higher proportion of people with mental health needs.

**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)**

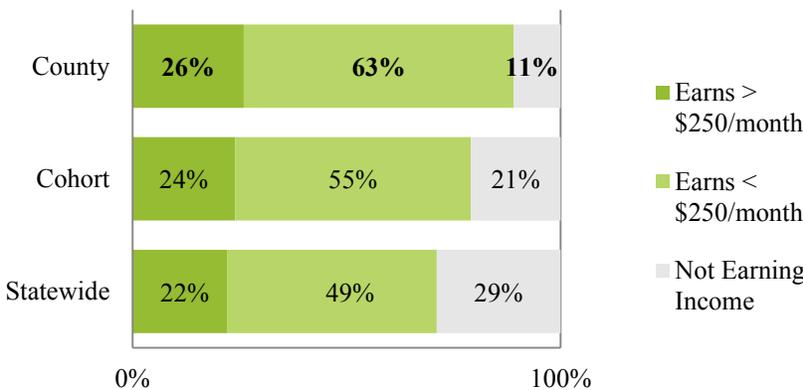


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Morrison County	10%	8%	82%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Morrison County served 62 working age (22-64 years old) CCB participants. Of working age participants, 17.7 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Morrison County ranked 65<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Morrison County 9.7 percent

of the participants earned \$250 or more per month, compared to 14.7 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
Morrison County	26%	63%	11%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

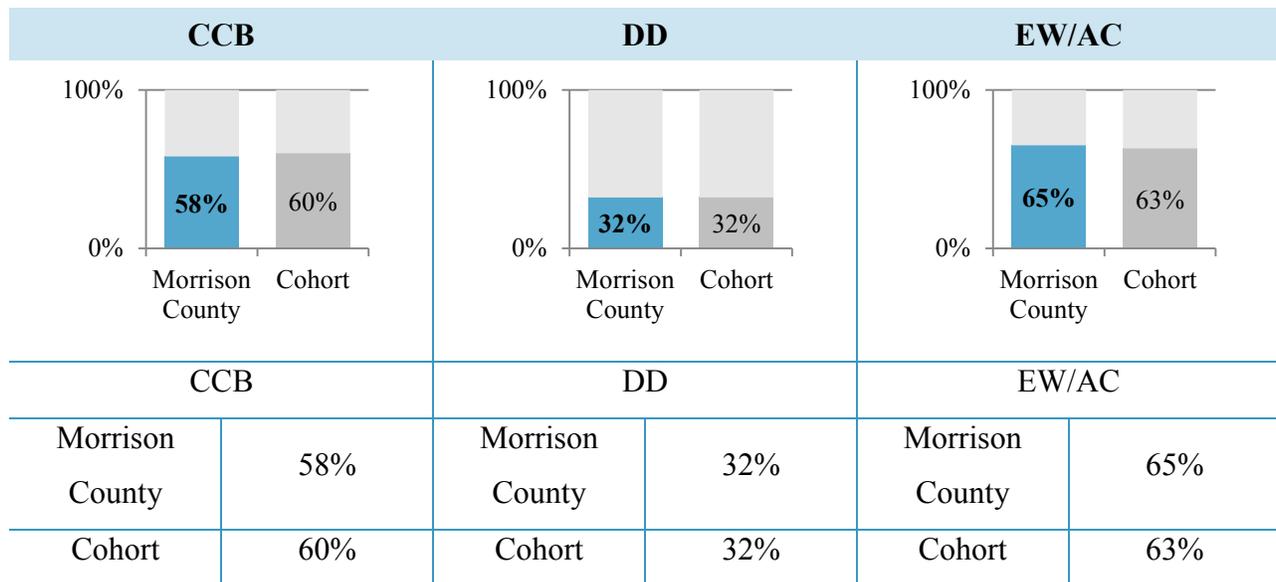
In 2012, Morrison County served 94 DD waiver participants of working age (22-64 years old). **The county ranked 37<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Morrison County, 25.5 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 88.3 percent of working age DD waiver participants in Morrison County had some earned income, while 79.3 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)**



**Morrison County ranks 61<sup>st</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 53 participants at home. Between 2008 and 2012, the percentage decreased by 4.7 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 57.6 percent of CCB participants in Morrison County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Morrison County ranks 27<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 36 participants at home. Between 2008 and 2012, the percentage decreased by 7.7 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing 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.

**Morrison County ranks 61<sup>st</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 221 participants at home. Between

2008 and 2012, the percentage decreased by 8.8 percentage points. In comparison, the percentage of participants served at home fell by 5.6 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. Morrison County serves a higher proportion of EW/AC participants at home than their cohort.

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

	<b>CADI</b>	<b>DD</b>												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Morrison County</td><td>\$127</td></tr> <tr><td>Cohort</td><td>\$104</td></tr> </table>	Category	Rate	Morrison County	\$127	Cohort	\$104	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Morrison County</td><td>\$184</td></tr> <tr><td>Cohort</td><td>\$178</td></tr> </table>	Category	Rate	Morrison County	\$184	Cohort	\$178
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Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Morrison County</td><td>\$198</td></tr> <tr><td>Cohort</td><td>\$168</td></tr> </table>	Category	Rate	Morrison County	\$198	Cohort	\$168	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Morrison County</td><td>\$217</td></tr> <tr><td>Cohort</td><td>\$217</td></tr> </table>	Category	Rate	Morrison County	\$217	Cohort	\$217
Category	Rate													
Morrison County	\$198													
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Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Morrison County</td><td>\$73</td></tr> <tr><td>Cohort</td><td>\$64</td></tr> </table>	Category	Rate	Morrison County	\$73	Cohort	\$64	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Morrison County</td><td>\$111</td></tr> <tr><td>Cohort</td><td>\$94</td></tr> </table>	Category	Rate	Morrison County	\$111	Cohort	\$94
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Cohort	\$94													

**Average Rates per day for CADI services (2012)**

	Morrison County	Cohort
Total average rates per day	\$127.45	\$103.96
Average rate per day for <b>residential</b> services	\$198.22	\$167.73
Average rate per day for <b>in-home</b> services	\$73.45	\$63.58

**Average Rates per day for DD services (2012)**

	Morrison County	Cohort
Total average rates per day	\$184.48	\$178.28
Average rate per day for <b>residential</b> services	\$217.22	\$216.75
Average rate per day for <b>in-home</b> services	\$111.41	\$94.34

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 Morrison County is \$23.49 (22.6 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Morrison County spends \$30.49 (18.2 percent) more on residential services and \$9.87 (15.5 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Morrison County ranks 79<sup>th</sup> 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 Morrison County is \$6.20 (3.5 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Morrison County spends \$.47 (0.2 percent) more on residential services and \$17.07 (18.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Morrison County ranks 59<sup>th</sup> 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.

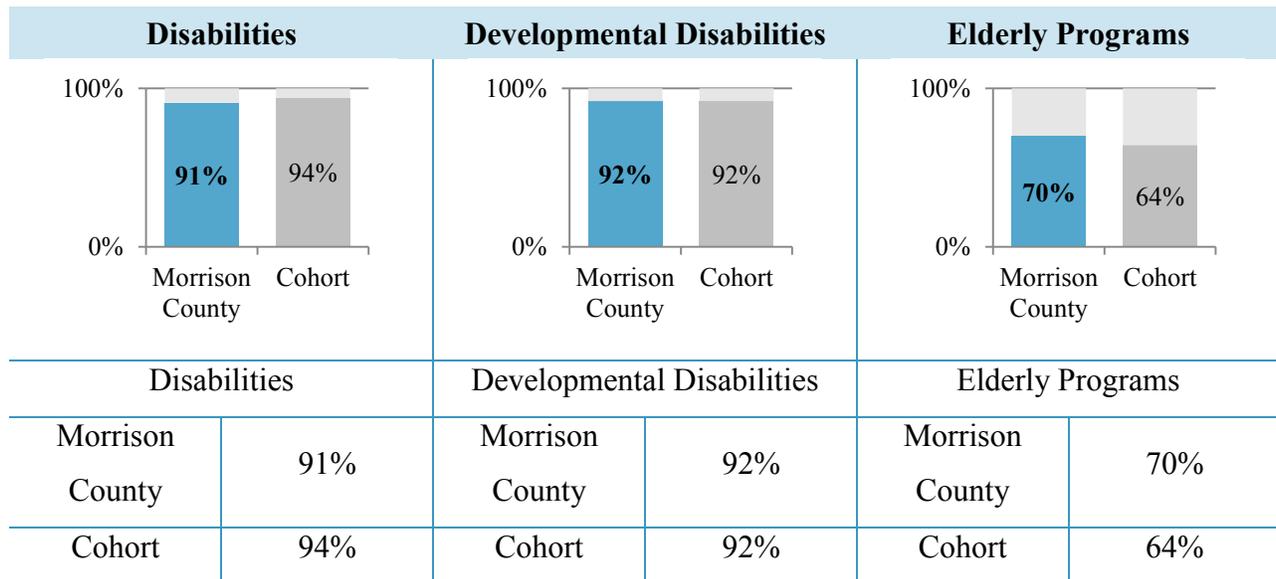
**Morrison County has a higher use in the CADI program than its cohort of some residential based services** like Foster Care (32% vs. 26%), but a lower use of others like Customized Living (10% vs. 12%). For vocational services, the lead agency has a lower use of Prevocational Services (2% vs. 9%) and Supported Employment Services (7% vs. 12%). They have a lower use of some in-home services including Home Delivered Meals (11% vs. 19%) and Independent Living Skills (18% vs. 20%), but a higher use of Home Health Aide (10% vs. 6%). Sixty-two percent (62%) of Morrison County's total payments for CADI services are for foster care (53%) and customized living (9%) which is higher than its cohort group (46% and 8%) respectively.

**Morrison County's use of Supportive Living Services (SLS) is slightly higher than its cohort (68% vs. 67%) 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. Morrison County's Supportive Living Services rates are lower than its cohort when billed daily (\$189.21 vs. \$210.90 per day). The lead agency's use of Day Training & Habilitation is higher than its cohort (70% vs. 61%), and Supported Employment (8% vs. 4%). Its use of In-Home family support is also higher than its cohort (23% vs. 15%) Its use of Respite Services (11% vs. 18%) is lower than its cohort.

## Usage of Long-Term Care Services

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

**Percent of LTC Participants Receiving HCBS (2012)**



**In 2012, Morrison County served 203 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 45 in institutional care.** Morrison County ranked 63<sup>rd</sup> of 87 counties with 90.6 percent of their LTC participants received HCBS. This is lower than their cohort, where 93.6 percent were HCBS participants. Since 2008, Morrison County has increased its use of HCBS by 2.1 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, Morrison County served 135 LTC participants (persons with development disabilities) in HCBS settings and 15 in institutional settings.** Morrison County ranked 52<sup>nd</sup> of 87 counties with 91.9 percent of its DD participants receiving HCBS; the same rate as that of its cohort. Since 2008, the county has increased its use by 1.5 percentage points, while its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Morrison County served 357 LTC participants (over the age of 65) in HCBS settings and 174 in institutional care.** Morrison County ranked 15<sup>th</sup> of 87 counties with 70.2 percent of LTC participants receiving HCBS. This is higher than their cohort, where 63.8 percent were HCBS participants. Since 2008, Morrison County has increased its use of HCBS by 5.4

percentage points, while their cohort has increased by 4.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

### Nursing Facility Usage Rates per 1000 Residents (2012)

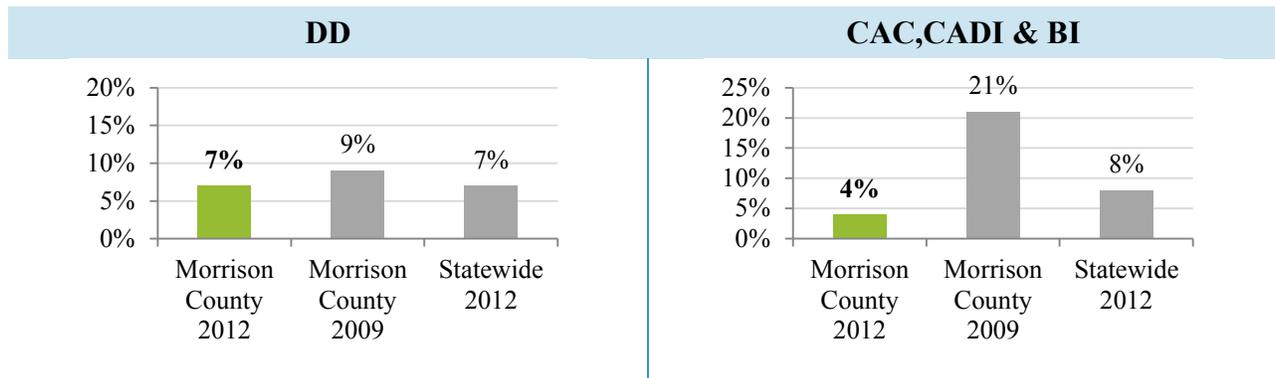
	Morrison County	Cohort	Statewide
Age 0-64	<b>0.65</b>	0.45	0.54
Age 65+	<b>23.88</b>	23.65	21.99
TOTAL	<b>4.16</b>	3.51	3.19

**In 2012, Morrison County was ranked 31<sup>st</sup> 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. Morrison 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 decreased by 10.6 percent in Morrison County. Overall, the number of residents in nursing facilities has decreased by 6.8 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
Morrison County (2012)	7%	4%
Morrison County (2009)	9%	21%
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, Morrison County had a 7% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Morrison County’s DD waiver balance is smaller than its balance in CY 2009 (9%), and identical to the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Morrison 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, Morrison County had a 4% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (21%).

There is currently a waitlist for both the CCB and DD programs in Morrison County. The budgets are managed by the Social Services Supervisor and he approves all allocation increases. Case managers present their case during meetings and consult with the group to find creative and cost effective ways to get participants the services they need.

### 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.

**Morrison County Case Manager Rankings of DHS Resources**

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	0	2	3
MMIS Help Desk	1	2	0	0	5
Community Based Services Manual	0	0	1	1	3
DHS website	0	0	3	3	4
E-Docs	0	0	0	2	9
Disability Linkage Line	0	0	0	0	4
Senior Linkage Line	0	0	2	1	4
Bulletins	0	0	0	4	5
Videoconference trainings	0	1	3	3	4
Webinars	0	0	6	6	0
Regional Resource Specialist	0	0	3	0	2
Listserv announcements	0	1	2	0	4
MinnesotaHelp.Info	2	1	2	2	0
Ombudsmen	0	0	3	4	0
DB101.org	0	1	0	1	0

Case managers reported that E-Docs and bulletins were the most useful DHS resources for their work. Morrison County has a case aide who saves a link to E-Docs in a shared drive which allows case managers to easily access the most up to date forms. Staff review bulletins and videoconference trainings at their unit meetings. They attend webinars as a group and find them helpful but also added that they have experienced technical problems with the presentations and do not like that they are unable to see the presenters. Supervisors use Policy Quest often to view answers to previous questions. They have found some aspects of MMIS help desk to be problematic and that they cannot always get the information they need. Case managers shared

that the Senior Linkage Line is extremely efficient and responds to questions in a very timely manner; they refer families to this resource. Most case managers who have experience working with Ombudsmen said that they are helpful. Staff shared that the Regional Resource Specialist is helpful, is very approachable, and communicates with them about changes.

### 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.

#### Morrison County Strengths

The following findings focus on Morrison 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.

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

During the previous review in 2009, Morrison County received a corrective action for DD screening signatures, current care plans, ICF/DD Level of Care, timeliness of assessment to care plan, and screenings on time. In 2013, Morrison County was fully compliant in these areas thus demonstrating technical improvements over time.

- **Based on budget reports, Morrison County's waiver allocations are well-managed.**

Morrison County's DD waiver budget balance was 7% at the end of CY 2012, and there was a 4% balance in the CADI, CAC and BI programs at the end of FY 2012. This provides Morrison County with some reserve funds to balance risks from costly participant crises or adding participants, while maximizing its ability to meet local needs.

- **Morrison County assigns one case manager to serve CADI participants who also receive**

**Rule 79 case management.** The single case manager allows the lead agency to streamline services for the participant. They are flexible about working across these programs to deliver high quality services to participants. This case manager also uses a blend of mental health and waived services to support children with high behavioral needs and this allows them to achieve good outcomes for these participants.

- **Case managers are experienced and provide quality case management services to meet participants' needs.** They are knowledgeable about multiple waiver programs and are able to navigate across the agency to provide services for participants. Most cases are geographically assigned which has allowed case managers to help participants access local community resources. In addition, case managers are in frequent contact with their participants; they see participants an average of four times every 18 months across all programs, which is above the required amounts.
- **Morrison County staff are well-connected with providers and other organizations in communities that serve participants.** Case managers have ties to surrounding communities, giving them good knowledge of the area and who can provide needed services for participants. Case managers have developed close working relationships with providers and these relationships assure that providers are responsive to participants' changing needs. Providers are willing to stretch to ensure that participant needs are met.
- **Morrison County has developed a strong electronic case file system for the waiver programs.** All components of participant's case files are contained in the electronic file system. Morrison County case managers can easily access a shared network drive which includes links to the up-to-date versions of all required forms. This helps provide seamless services to participants as important information is easily accessible in the event that a case manager is out of the office.
- **The case files reviewed in Morrison County met several HCBS program requirements.** Required documentation was included in the files across programs, including 100% of cases contained ICF/DD Level of Care documentation, CAC Form, OBRA Level One, and current care plans that are signed and dated by participants. Care plans also included 100% of much of the required content, such as participant outcomes and goals stated and emergency contact information.

## Recommendations

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

- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. Morrison County could designate a lead worker or subject matter experts for the various waivers or MCOs based on experience and expertise. The lead agency should consider conducting regular team meetings with supervisors setting the agenda to cover important waiver program and policy updates and changes at both the State and local level; subject matter experts could give program updates for the whole team at this time.
- **The lead agency should consider bringing nurse expertise to Social Services.** Morrison County would benefit formalizing the communication process between Public Health and Social Services, especially for CADI and DD participants with high medical needs. Holding regular joint meetings with both departments would allow case managers to work more closely and build relationships with one another.
- **Morrison County may want to consider using 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, Morrison 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.

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Morrison County currently underperforms its cohort for participants earning more than \$250 per month in the CCB programs (10% vs. 15%), and is currently performing at about the same rate as its cohort for the DD program (26% vs. 24%). The lead agency should focus on strengthening employment by working with providers to reduce use of center-based employment and develop more opportunities that result in higher wages for participants. This could be achieved by directing some of its waiver allocation to expanding community-based employment opportunities. If the current providers are unable to meet the need for employment services the lead agency should consider formalizing the request for these opportunities across programs by creating a Request for proposals (RFP) for the community-based employment services that they are looking to develop in their local communities.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Morrison County has lower rates of participants served at home than its cohort in the CCB and DD programs. Only 57.6% of CCB participants are served at home (61<sup>st</sup> of 87 counties), 31.6% of DD participants are served at home (27<sup>th</sup> of 87 counties), and 64.6% of elderly participants are served at home (61<sup>st</sup> of 87 counties) indicating high use of residential services. Morrison County should continue to work to influence what services are available to its waiver participants. This may include partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. As the lead agency experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure access to

participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **Morrison County should enhance the current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. They can also be used to document provider performance and participant satisfaction. The agency is currently using a six-month reassessment form very effectively and they could use this form to document participant feedback and monitor provider performance. 58% of the case files reviewed did not have documentation that participant satisfaction was assessed. Case managers should work together to determine the key questions they should ask participants during face-to-face visits in order to enhance provider monitoring.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that all care plans include required choice questions.** Documentation of choice of community based services was not complete for three out of 10 CADI cases. One case was missing the choice boxes, one case didn't have the choice boxes checked, and one had a CDCS care plan which does not include choice questions.
- **Beginning immediately, ensure that case files include the Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for a person with a condition

related to developmental disability on an annual basis. Two out of two DD cases reviewed with a related condition did not have complete and current documentation in the file.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Morrison 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 lead agency, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 13 cases. Morrison County submitted a completed compliance report on January 13<sup>th</sup>, 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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	17	N / A	1	16	N / A	N / A
Screenings done on time for new participants (PR)	84%	82%	85%	100%	CCB, DD	AC / EW
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	54%	80%	DD	CCB
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=38</b>	<b>CCB n=11</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	94%	97%	82%	N / A	AC / EW	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=38</b>	<b>CCB n=11</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	97%	97%	100%	91%	ALL	N / A
Choice questions answered in care plan (PR)	95%	100%	73%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	93%	95%	91%	91%	ALL	N / A
Inclusion of caregiver needs in care plans	71%	50%	100%	100%	CCB, DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	91%	N / A	N / A	91%	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)	0%	N / A	N / A	0%	N / A	DD
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	89%	89%	N / A	N / A	N / A	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=13</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=13</i> )	92%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=38</b>	<b>CCB n=11</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	98%	97%	100%	100%	ALL	N / A
Back-up plan (PR for CCB)	95%	97%	82%	100%	AC / EW, DD	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=38</b>	<b>CCB n=11</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	97%	97%	91%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	98%	97%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	95%	97%	91%	91%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=38</b>	<b>CCB n=11</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION (continued)</b>	<b>ALL</b>	<b>AC / EW n=38</b>	<b>CCB n=11</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Documentation of participant satisfaction in the case file	42%	40%	82%	9%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	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	70%	91%	92%	AC / EW	CCB
Percent of LTC funds spent on HCBS	N / A	38%	80%	90%	AC / EW, DD	CCB
Percent of waiver participants with higher needs	N / A	47%	76%	82%	N / A	AC / EW, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	90%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	65%	58%	32%	AC / EW	CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	26%	DD	CCB

## 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.