

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Ramsey County**

Waiver Review Site Visit: January 2015

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Contents

Contents2

Acknowledgements3

 About the Minnesota Department of Human Services.....3

 About the Improve Group3

 Additional Resources3

About the Waiver Review Initiative.....4

About Ramsey County.....5

 Working Across the Lead Agency9

 Health and Safety10

 Service Development and Gaps12

 Community and Provider Relationships/Monitoring13

Capacity15

Value.....16

Sustainability18

Usage of Long-Term Care Services.....21

Managing Resources.....23

Lead Agency Feedback on DHS Resources25

Lead Agency Strengths, Recommendations & Corrective Actions.....27

 Ramsey County Strengths27

 Recommendations29

 Corrective Action Requirements31

Waiver Review Performance Indicator Dashboard34

Attachment A: Glossary of Key Terms.....38

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 Ramsey 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/dhs16_166609) at

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

[Waiver Review Website](http://www.MinnesotaHCBS.info) at www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Ramsey County
Case File Review	386 cases
Provider survey	120 respondents
Supervisor Interviews	3 interviews with 7 staff
Focus Group	3 focus groups with 33 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 Ramsey County

In January 2015, the Minnesota Department of Human Services conducted a review of Ramsey County's Home and Community Based Services (HCBS) programs. Ramsey County is a metro county located in south east Minnesota. Its county seat is located in Saint Paul, Minnesota and the County has another 17 cities and one township. In State Fiscal Year 2013, Ramsey County's population was approximately 525,146 and served 8,595 people through the HCBS programs.

According to the 2010 Census Data, Ramsey County had an elderly population of 11.6%, placing it 75th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Ramsey County's elderly population, 9.0% are poor, placing it 48th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The HCBS waiver programs are managed within two departments in Ramsey County: Community Human Services and Public Health. Community Human Services is the lead for the AC, EW, CADI, BI, and DD waiver programs and Public Health is the lead for the CAC program. Public Health also manages AC, EW, and CADI cases that involve participants with high medical needs. Ramsey County also serves as a contracted care coordinator agency/organization for the Managed Care Organizations (MCOs) Blue Plus and Medica.

Community Human Services (CHS):

Ramsey County was a first implementer of MnCHOICES in Fall 2013. There are two assessment teams within CHS that perform assessments for AC, EW, CADI, BI, and DD cases. Each team is comprised of 14 assessors and two case aides. The two supervisors assign cases based on assessor specialties. Once an assessor knows they have been assigned, he/she is responsible for

contacting the person to schedule the assessment appointment. They estimate that each assessor is able to complete three new MnCHOICES assessments per week.

There are also two Long-Term and Managed Care units that serve AC and EW participants: Unit A and Unit B. Unit A has one supervisor who oversees 12 case managers with AC cases and Medica EW cases and Medica SNBC cases. She also supervises an administrative assistant, an account clerk, and a case aide and two contracted case management/care coordination vendor agencies. Unit B also has one supervisor who oversees 11 case managers with AC and Blue Plus EW cases. He also supervises an account clerk and a case aide. These case managers have average caseloads of approximately 70 cases. In addition to specialization by MCO, The case managers in unit B are also assigned to specific customized living sites. The supervisors of the EW and AC programs act as the liaison for the EW and AC cases that are case managed by Ramsey County Public Health.

There is one CADI Waiver Coordinator who oversees the management of the CAC, CADI, and BI budgets and the CADI and BI programs. He directly supervises seven case managers with CADI and BI cases and 9 contracted case management vendor agencies. He is also the liaison for the CADI cases that are case managed by Ramsey County PH. The case managers have an average caseload of 50 cases each. Although most of them carry mixed caseloads, there is some specialization among them. For example, one case manager specializes in working with child participants and another specializes in Hmong participants. There are also two case aides in this unit.

There is one DD Waiver Coordinator who oversees the management of the DD program. She directly supervises 10 DD case managers who carry caseloads of approximately 60 cases each. The DD Waiver Coordinator also supervises one case aide. Disability Services has two DD Child Services Supervisors who direct units of case managers that manage primarily birth to transition-age DD participants and some CADI and BI cases as well. One supervisor oversees nine case managers and a case aide. Four of these case managers specialize in serving specific populations. Two case managers specialize in Hmong participants, one manages participants from birth to six years old, and one specializes in young adults with behavioral and emotional disorders. The other DD Child Services Supervisor manages a group of nine case managers. At the time of the

review, one supervisor position was vacant and staff were being supervised by supervisors of other units. Several of the case managers in this unit specialize in Somali, Hispanic, and Hmong participants. Caseload sizes vary for case managers on the Child Services units based on the complexity of the cases, but case managers carry an average of 55 cases each.

Two DD Adult Services Supervisors oversee units of 12 and 11 case managers, respectively, who manage adult DD participants. Each unit also has a case aide as well. DD Supervisors meet to decide when cases will be transferred from a Child Services case manager to an Adult Services case manager. When a case is transferred, if possible, the two case managers attend a meeting with the participant together and coordinate with one another to ensure a seamless transition.

Public Health Department:

There are three teams in the Ramsey County Public Health Department that work with the waiver programs: Team A, B, and C. At the time of the review, two teams were being overseen by the same supervisor, but the department was in the process of filling the other supervisory position. Team A is comprised of seven case managers, six of whom are public health nurses and one who is a social worker. Their caseloads are made up of primarily AC cases but they also manage EW cases as well. They carry an average of 60-65 cases per FTE. Team A also includes two MnCHOICES assessors. Team B manages CAC and CADI participants who have high medical needs. This unit includes 2.6 FTE case managers and five assessors plus two intermittent assessors. They have average caseloads of approximately 55 cases per FTE. Team C conducts reassessments and PCA assessments only and includes eight assessors. Public Health also has several case aides who provide general support to case managers, perform data entry tasks, and manage the electronic filing system.

Intake and Case Assignment:

The intake system for HCBS services was redesigned fairly recently to allow for one system to operate across both CHS and Public Health. There is one intake line that is routed first to CHS, then to Public Health, and then to a dually managed voicemail inbox if the call was unable to be answered by either department. Both departments have dedicated intake staff that gather initial

information from participants regarding their needs and transfer the case to the appropriate department. If it is determined the a public health nurse would be the best fit to complete the assessment, the Public Health supervisor determines which assessor will perform the assessment and, once eligibility is determined, then assigns the case to an ongoing case manager. Public Health assessors perform all of the CAC assessments as well as the high medical AC, EW, and CADI cases. If it is determined that a social worker from CHS should complete the assessment, the two assessment team supervisors assign an assessor based on the intake information. Once AC and EW participants are assessed, they are then assigned for ongoing case management by the two Long-term Managed Care Unit supervisors based on caseloads or the participant's language, culture, or personal preference. After CADI and BI participants are assessed and opened to a waiver, the case is reviewed by the CADI Waiver Coordinator for case assignment. . Likewise, all DD cases are reviewed by the DD Waiver Coordinator and are assigned to the appropriate unit and case manager.

For DD, CADI and BI waiver programs, supervisors and waiver coordinators select ongoing case managers from amongst Ramsey County staff and from the nine different private agencies under contract with the county to provide case management services. While all programs except CAC contract out some cases, the vast majority are CADI and BI, cases, making the CADI Waiver Coordinator the primary contact for approximately 50 contracted case managers. The lead agency contracts cases for a variety of reasons including issues regarding capacity, culture and language and location of the participant.

Ramsey County also utilizes its contracted agencies to access more specialized resources and address specific cultural needs of participants. For example, some agencies provide language services that the participant would not ordinarily be able to access. When a case is transferred to a contracted case management agency, account clerks and case aides prepare the necessary paperwork for the contracted case manager. Most communication between the lead agency and the contracted agencies is done through supervisors in the DD, CADI and BI waivers. This is not the case for AC and EW whereas communication in these areas is shared between supervisors and support staff as appropriate.

Working Across the Lead Agency

Staff shared that they coordinate across different units and departments within the lead agency. Ramsey County holds different types of meetings to encourage collaboration across the agency and include staff from a variety of specialty areas. They hold a Disability Services Team meeting twice a month and invite planners, evaluators, contract managers, and supervisors from Disability Services and Public Health to attend. Staff from adult protection, licensing, and waiver units that work with participants over the age of 65 also attend a monthly Adult Services Team meeting.

Staff shared that there is good communication between assessors and ongoing case managers when they hand off a case. Assessors stated that they connect with case managers through face-to-face contact, e-mail, and telephone conversations. AC and EW assessors shared that they generate a written narrative summary about the participant for the ongoing case managers. If cases are contracted to an outside agency for case management, assessors connect with that case manager using similar methods.

Supervisors and case managers also said that there is a lot of communication between staff from CHS and Public Health. Cases are occasionally transferred between departments when participants develop more behavioral or medical needs than when they initially were assessed. Supervisors and case managers from both departments frequently consult with each other to problem solve or to draw upon each other's knowledge of services and expertise.

Ramsey County has designated financial units for HCBS and LTC programs, and staff from those units meet quarterly with staff from all teams that work with waiver participants. The financial worker units have a case banking system and all communication goes through a central e-mail for each unit. The majority of case managers and assessors reported having good working relationships with financial workers, although some expressed that the case banking system can slow down the process of connecting directly with a financial worker on issues. A few case managers shared that they utilize their unit's case aides to communicate with financial workers about obtaining and maintaining participants' Medical Assistance (MA) eligibility.

Adult protection is also housed in the Adult Services Division of CHS and is collocated with AC/EW waiver staff. Case managers reported that they are regularly asked to consult when an adult protection case is opened for one of their waiver participants. Staff shared that adult protection workers are available for informal discussions as well. Contracted case managers shared that they are also notified of open protection cases and receive copies of those reports. They added that adult protection workers will contact them to find out what services are currently in place for those participants. Case managers said that child protection investigations are kept separate from waiver case management, although they are occasionally asked to consult on those as well and may go on visits with child protection workers.

Mental health is also housed within the same building as DD and CCB and is collocated in the same area with AC/EW waiver staff and case managers shared that they have good working relationships with staff from that area. When participants are opened for both waiver case management and Rule 79 Targeted Mental Health Case Management, they have a mental health case manager in addition to their waiver case manager. In those cases, the mental health case manager will be the lead. Staff shared that the lead agency normally does not open participants to both funding streams and only uses the dual case management model for very complex cases. Waiver case managers typically connect informally with mental health workers to consult and to access mental health services for participants who have those needs.

The Ramsey County Community Human Services Director and division managers have most of the communication with the County Board. They give the Board periodic updates on policy changes and initiatives that affect the waiver programs. Supervisors are occasionally asked to provide data and contribute to presentations. Lead agency staff shared that the Board is very supportive of their work.

Health and Safety

In the Quality Assurance survey, Ramsey 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 they have good, open communication with case managers. They also said that Ramsey County case

managers are well-trained and knowledgeable and that they quickly respond to questions or inquiries from providers and participants.

Staff shared that keeping up with the changing waiver program policies and requirements is one of the top challenges they face. The lead agency has at minimum monthly meetings where supervisors discuss recent bulletins and listserv announcements with case managers and support staff. Although, some case managers receive these updates directly, most shared that it is beneficial when supervisors identify the most important information, and they work through them as a group. Different units may meet more often if necessary. The lead agency also holds a monthly meeting for DD and CCB waiver staff during which case managers have an opportunity to ask questions and determine how the changes will affect their work. Ramsey County also holds quarterly meetings for CCB staff where they discuss broader initiatives and provide trainings on key topics. Supervisors may bring in providers or subject matter experts to present on topics related to their initiatives. Contracted case managers are invited to attend these quarterly meetings as well. Lead agency assessors also attend quarterly MnCHOICES meetings.

Lead agency assessors and case managers attend a variety of trainings to expand their skills and knowledge areas. They are encouraged to attend monthly trainings provided by Mental Health and Adult Protection sections, as well as person-centered trainings and CDCS trainings. There are also separate monthly Adult Services and Child Services trainings specific to those workers and the issues they face. The lead agency also has trainings designated for new case managers twice a month. Additionally, case managers are encouraged to attend relevant MCO or DHS sponsored videoconference trainings and webinars.

Several units across the lead agency have systems in place designed to monitor staff compliance with program requirements. The Disability Services and the Long-Term and Managed Care section supervisors use a quality assurance software that pulls data from multiple electronic systems to monitor when assessments and other events are due for participants. The supervisors check this monthly and intervene if necessary. The Long-Term and Managed Care A unit has regular peer reviews and the Long-Term and Managed Care B unit has self-audits in addition to annual audits from MCOs. DD unit supervisors utilize the quality assurance software as well to determine if screenings and care plans are current. Supervisors also perform a formal audit

monthly where they pull a random sample of case files to ensure the plan for services is person-centered. In Public Health, the supervisor reviews a sample of each case manager's files along with their SSIS case notes as a part of each staff's annual performance review.

Service Development and Gaps

Staff shared that one of the strengths of Ramsey County is their strong provider base. This allows HCBS participants to choose from many qualified providers when selecting the services that will best fit their needs. Ramsey County has a shared drive where they maintain a directory of provider resources. Prior to 2014, these directories only included lists of providers with which Ramsey County had contracts, but now since HCBS contracts have ended, the lists contain new providers that staff have learned about or worked with more recently in addition to those historical providers. They also send out an updated list of providers periodically to contracted agencies, as not all of them have access to the lead agency shared drive.

The lead agency is currently focusing on several initiatives aimed at addressing service gaps in Ramsey County. One of their biggest initiatives in the DD and CCB area is to develop more community-based employment options for participants. In addition, the county has a best practice of annually reporting employment outcomes about Ramsey County consumers participating in employment services. Case managers shared that, while they have received ample training on person-centered care planning as it relates to customized employment, it is difficult to find opportunities outside of the center-based models. Staff identified the lack of transportation services in northern parts of Ramsey County as another factor that limits employment options for participants.

In line with person centered planning, lead agency staff in the DD and CCB area have also been working with area providers to increase individual housing options so participants can live as independently as possible in the communities they choose. Staff indicated that it is often very difficult to find appropriate affordable housing for participants, especially for those who have high behavioral needs. They shared that finding customized housing and employment is extremely time intensive for case managers and that their current caseload sizes limit the amount of work they can do in those areas.

The lead agency discusses service gaps during each areas service team meetings and conducts an annual analysis of their service delivery system to identify areas that need improvement. They use individual-level data to make recommendations for changes. The disability services section holds separate quarterly meetings with residential and employment providers to discuss initiatives and needs for service development. Ramsey County has issued Request for Proposals (RFPs) and letters of interest in the past to notify providers of service gaps.

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.

Table 2: Ramsey County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	20	4
Schools (IEIC or CTIC)	3	4	1
Hospitals (in and out of county)	4	16	5
Area Agency on Aging	1	0	0
Customized Living Providers	3	16	3
Foster Care Providers	5	9	11
Home Care Providers	3	21	4
Advocacy Organizations	5	6	0
Employment Providers (DT&H, Supported Employment)	4	5	8

Ramsey County has an internal evaluation department and has systems in place designed to gauge participant satisfaction with their services. In 2014, they distributed satisfaction surveys to participants in the Adult Services Division, compiled the information and reviewed the results during their service team meetings. The evaluation department also gathers data annually about the utilization of HCBS services and sends the report to providers. Case managers fill out surveys for foster care licensors and bring any issues they have with

providers to their unit supervisors. If issues persist, the supervisor or case manager typically contacts the provider directly.

Staff shared that one of the strengths of the lead agency was their relationships with area providers. Case managers rated their relationship with nursing facilities as average to above average. Case managers shared that the quality of their relationships with nursing facility social workers varies from one site to the next, but when their relationship with a social worker is strong, they are invited to care conferences and are included in discharge planning. A few case managers shared that they have had challenges coordinating and setting up services for participants after they are discharged.

Case managers said that they work primarily with the St. Paul and the four other school districts within Ramsey County Districts. Case managers who frequently work with school staff reported having strong relationships and stated that they are invited to school and transition planning meetings. A few case managers also highlighted that transition planning is fairly strong among the schools.

Case managers stated that communication with hospital staff has been a challenge. They said that hospitals do not have a good system in place to notify case managers when managed care participants are admitted. A few case managers did note that hospital staff contact them if a participant is frequently readmitted to the hospital. Case managers also indicated that some hospital staff are unclear about the differentiation between an on-going case manager's role and an assessor's role, leading them to contact the wrong person.

Case managers said that their relationships with customized living and foster care providers varied. They said that some customized living providers only accept a limited amount of waiver participants at a time, making it harder to find placements for some participants. They also shared that they do not receive incident reports or required paperwork from some customized living providers in a timely manner. Case managers shared their communication with corporate foster care providers has been good in the past but more recent staff turnover has made it difficult to keep new staff updated about the case manager's role. Case managers also added that some family foster care providers do not communicate about incidents in a timely manner and that participants would benefit from increased offerings of structured

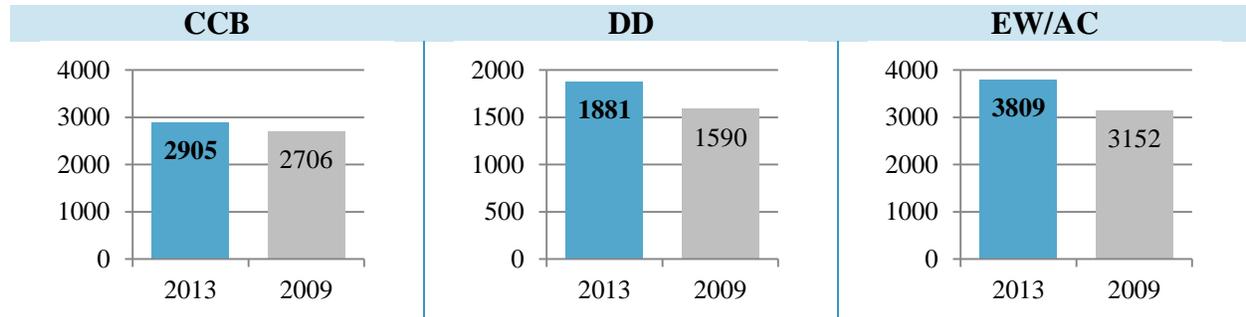
activities.

Case managers reported that although there is an abundance of home care providers, increased staff turnover has made it difficult to find qualified staff able to adequately provide services for participants. Case managers rated their relationship with vocational providers as average to above average and explained that providers work hard to find jobs for participants that are a good match for their abilities. Case managers rated the advocacy organizations they work with regularly as average to above average and shared that they have been good resources for participants. A few case managers noted however that they have had difficulties with one organization in finding an advocate for participants due to their limited staffing capacity.

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 Ramsey County (2009 & 2013)



	2009	2013
CCB	2,706	2,905
DD	1,590	1,881
EW/AC	3,152	3,809

Since 2009, the total number of people served in the CCB Waiver program in Ramsey County has increased by 199 participants (7.4 percent); from 2706 in 2009 to 2905 in 2013. Most of this growth occurred in the case mix D, which grew by 106 people. The largest decrease occurred in case mix B, which fell by 47 people.

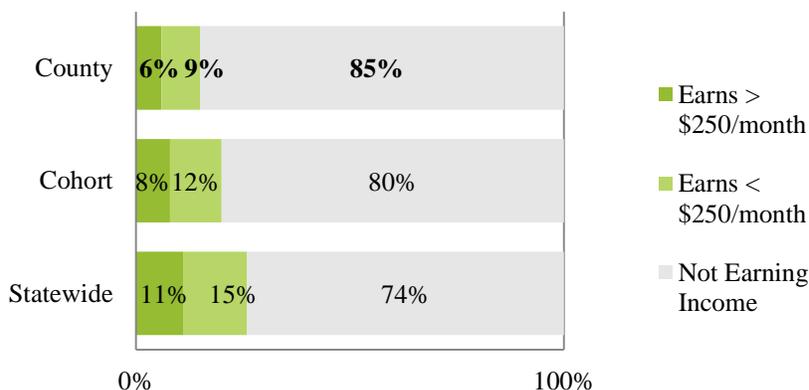
Since 2009, the number of people served with the DD waiver in Ramsey County increased by 291 participants, from 1590 in 2009 to 1881 in 2013. In Ramsey County, the DD waiver program is growing more quickly than in the cohort as a whole. While Ramsey County experienced an 18.3 percent increase in the number of people served from 2009 to 2013, its cohort had an 11.3 percent increase in number of people served. In Ramsey County, the profile group 2 increased by 128 person. The greatest change in the cohort profile groups also occurred in people having a Profile 2. Although the number of people in Profiles 1 and 2 increased, Ramsey County still serves a slightly smaller proportion of people in these groups (52.4 percent), than its cohort (54.0 percent).

Since 2009, the number of people served in the EW/AC program in Ramsey County has increased by 657 people (20.8 percent), from 3152 people in 2009 to 3809 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix D, which increased by 227 people.

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.

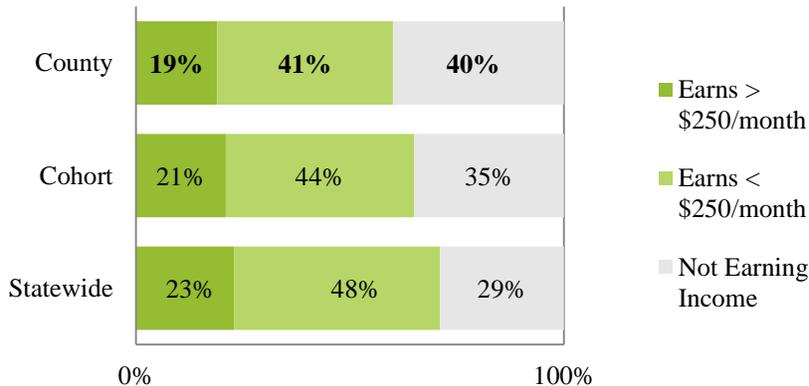
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Ramsey County	6%	9%	85%
Cohort	8%	12%	80%
Statewide	11%	15%	74%

In 2013, Ramsey County served 2251 working age (22-64 years old) CCB participants. Of working age participants, 15.4 percent had earned income, compared to 19.8 percent of the cohort's working age participants. **Ramsey County ranked 79th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Ramsey County 6.0 percent of the participants earned \$250 or more per month, compared to 8.0 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 (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Ramsey County	19%	41%	40%
Cohort	21%	44%	35%
Statewide	23%	48%	29%

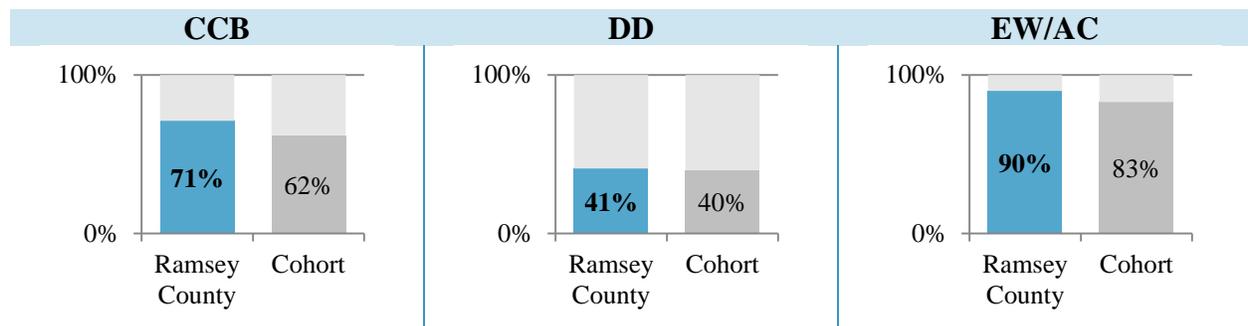
In 2013, Ramsey County served 1432 DD waiver participants of working age (22-64 years old). **The county ranked 62nd in the state** for working-age participants earning more than \$250 per month. In Ramsey County, 19.1 percent of working age participants earned \$250 or more per

month, while 20.7 percent of working age participants in the cohort as a whole did. Also, 59.8 percent of working age DD waiver participants in Ramsey County had some earned income, while 64.2 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2013)



	Ramsey County	Cohort
CCB	71%	62%
DD	41%	40%
EW/AC	90%	83%

Ramsey County ranks 21st out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 2049 participants at home. Between 2009 and 2013, the percentage decreased by 6.2 percentage points. In comparison, the cohort percentage fell by 5.1 percentage points and the statewide average fell by 3.7 points. In 2013, 70.5 percent of CCB participants in Ramsey County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Ramsey County ranks 12th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 779 participants at home. Between 2009 and 2013, the percentage increased by 3.2 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 0.9 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Ramsey County ranks 9th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 3445 participants at home. Between 2009 and 2013, the percentage increased by 0.2 percentage points. In comparison, the percentage of participants served at home rose by 1.2 percentage points in their cohort, and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Ramsey County serves a higher proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2013)

	CADI	DD								
Total average rates per day	<table border="1"> <tr><td>Ramsey County</td><td>\$106</td></tr> <tr><td>Cohort</td><td>\$104</td></tr> </table>	Ramsey County	\$106	Cohort	\$104	<table border="1"> <tr><td>Ramsey County</td><td>\$188</td></tr> <tr><td>Cohort</td><td>\$200</td></tr> </table>	Ramsey County	\$188	Cohort	\$200
Ramsey County	\$106									
Cohort	\$104									
Ramsey County	\$188									
Cohort	\$200									
Average rate per day for residential services	<table border="1"> <tr><td>Ramsey County</td><td>\$190</td></tr> <tr><td>Cohort</td><td>\$174</td></tr> </table>	Ramsey County	\$190	Cohort	\$174	<table border="1"> <tr><td>Ramsey County</td><td>\$232</td></tr> <tr><td>Cohort</td><td>\$248</td></tr> </table>	Ramsey County	\$232	Cohort	\$248
Ramsey County	\$190									
Cohort	\$174									
Ramsey County	\$232									
Cohort	\$248									
Average rate per day for in-home services	<table border="1"> <tr><td>Ramsey County</td><td>\$74</td></tr> <tr><td>Cohort</td><td>\$66</td></tr> </table>	Ramsey County	\$74	Cohort	\$66	<table border="1"> <tr><td>Ramsey County</td><td>\$124</td></tr> <tr><td>Cohort</td><td>\$125</td></tr> </table>	Ramsey County	\$124	Cohort	\$125
Ramsey County	\$74									
Cohort	\$66									
Ramsey County	\$124									
Cohort	\$125									

Average Rates per day for CADI services (2013)

	Ramsey County	Cohort
Total average rates per day	\$105.90	\$104.47
Average rate per day for residential services	\$189.76	\$174.23
Average rate per day for in-home services	\$74.35	\$66.07

Average Rates per day for DD services (2013)

	Ramsey County	Cohort
Total average rates per day	\$188.48	\$200.01
Average rate per day for residential services	\$232.14	\$248.16
Average rate per day for in-home services	\$124.33	\$124.99

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 Ramsey County is \$1.43 (1.4 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Ramsey County spends \$15.53 (8.9 percent) more on residential services and \$8.28 (12.5 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Ramsey County ranks 45th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Ramsey County is \$11.53 (5.8 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Ramsey County spends \$16.02 (6.5 percent) less on residential services, and \$0.66 (0.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Ramsey County ranks 64th 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.

Ramsey County has less use in the CADI program to its cohort of residential based services (Foster Care (14% vs. 17%) and Customized Living (12% vs. 15%)). The lead agency has a

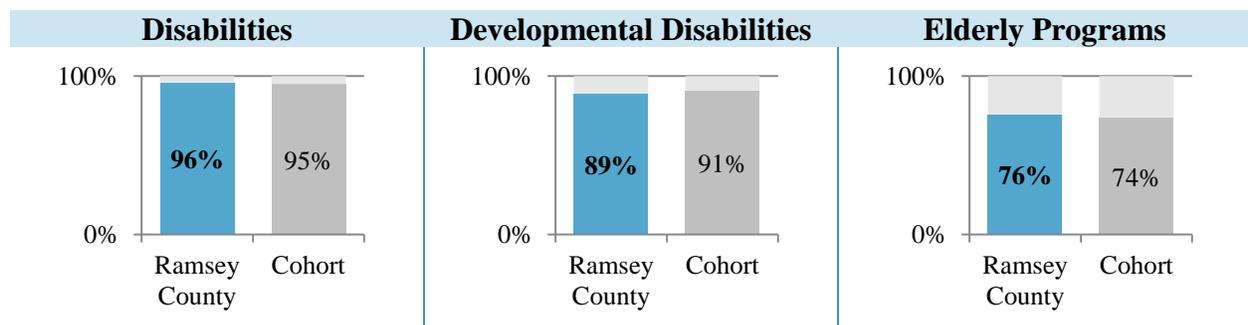
slightly lower use of Prevocational Services (6% vs. 7%) and Supported Employment Services (3% vs. 5%). They also have a similar use of some in-home services, such as Home Delivered Meals (27% vs. 25%), Homemaker (34% vs. 32%), and Independent Living Skills (37% vs. 36%). Ramsey County has a higher use of Modifications (14% vs. 8%). Forty-two percent (42%) of Ramsey County’s total payments for CADI services are for residential services (32% foster care and 10% customized living) which is less than its cohort group (49%).

Ramsey County’s use of Supportive Living Services (SLS) is slightly lower than its cohort (58% vs. 60%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has an overall similar use of vocational services (70% vs. 69%), which includes a higher use of Supported Employment Services (10% vs. 6%) but a lower use of Day Training and Habilitation (60% vs. 63%). It also has a higher use of In-Home Family Support (17% vs. 13%).

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 (2013)



	Ramsey County	Cohort
Disabilities	96%	95%
Developmental Disabilities	89%	91%
Elderly Programs	76%	74%

In 2013, Ramsey County served 8,972 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 612 in institutional care. Ramsey County ranked 16th of 87 counties with 95.8 percent of their LTC participants received HCBS. This is higher than their cohort, where 94.5 percent were HCBS participants. Since 2009, Ramsey County has increased its use of HCBS by 2.4 percentage points, while the cohort increased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Ramsey County served 2,584 LTC participants (persons with development disabilities) in HCBS settings and 364 in institutional settings. Ramsey County ranked 63rd of 87 counties with 88.9 percent of its DD participants receiving HCBS; a lower rate than its cohort (91.2 percent). Since 2009, the county has increased its use by 2.3 percentage points while its cohort rate has increased by 1.1 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Ramsey County served 4,564 LTC participants (over the age of 65) in HCBS settings and 1,680 in institutional care. Ramsey County ranked 3rd of 87 counties with 76.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 74.1 percent were HCBS participants. Since 2009, Ramsey County has increased its use of HCBS by 7.0 percentage points, while their cohort has increased by 7.7 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

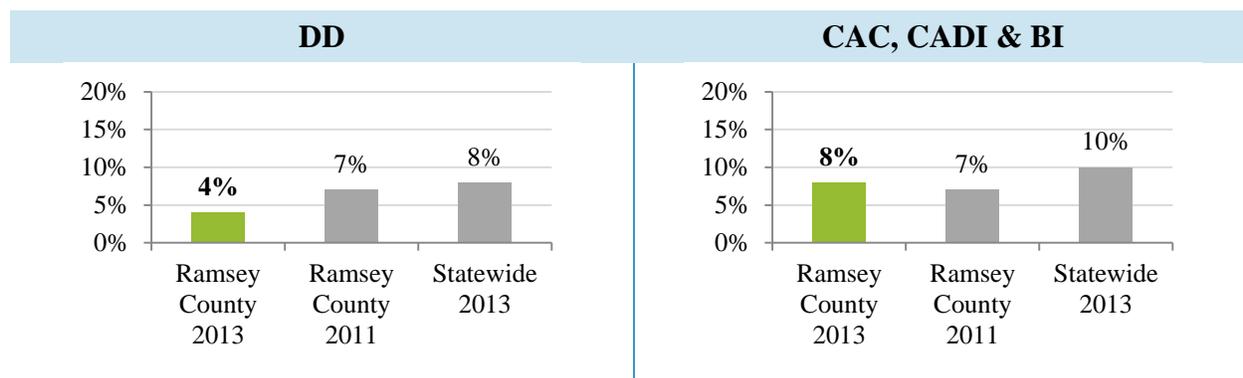
Age	Ramsey County	Cohort	Statewide
Age 0-64	0.67	0.59	0.52
Age 65+	20.83	19.13	21.03
TOTAL	2.99	2.60	3.00

In 2013, Ramsey County was ranked 21st 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 under 65 years old is higher than its cohort and the statewide rate. Ramsey County has a higher nursing facility utilization rate for people 65 years and older than their cohort, but lower than the statewide rate. Since 2011, the number of nursing home residents 65 and older has decreased by 7.1 percent in Ramsey County. Overall, the number of residents in nursing facilities has decreased by 6.5 percent since 2011.

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
Ramsey County (2013)	4%	8%
Ramsey County (2011)	7%	7%
Statewide (2013)	8%	10%

At the end of calendar year 2013, 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 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Ramsey County had a 4% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Ramsey County's DD waiver balance is smaller than its balance in CY 2011 (7%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Ramsey County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Ramsey County had a 8% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), but larger than the balance in FY 2011 (7%).

Ramsey County currently has a waitlist in both the CADI and DD waiver programs. The lead agency has a formal process for prioritizing participants, with planned, or low needs participants typically being placed on the waitlist. The waitlists are discussed at weekly waiver team meetings for CCB and DD that consist of the CADI and DD Waiver Coordinators, unit supervisors, and management analysts. Waiver coordinators send out the updated waitlists to case managers. Individuals assessed and determined to have immediate needs, such as those being discharged from a treatment facility such as Anoka Metro Regional Treatment Center, are opened the programs as quickly as possible to help ensure a smooth transition back to the community.

An account manager monitors the allocation budgets for CCB and DD, while the waiver coordinators ensure staff are adhering to the allocation guidelines and policies set forth by the lead agency. Allocation increases are reviewed along with the waitlists at the weekly waiver team meetings. Contracted cases have specific budgets assigned to them before they are sent to the outside agencies. Contracted case managers request allocation increases through their supervisors. Case managers and providers reported that the approval of allocation increases in the CADI program has been a slow, particularly with the addition of the Disability Waiver Rate System, putting delivery of services at risk for participants.

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.

Table 3: Ramsey County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	2	1	1	1
MMIS Help Desk	0	1	2	2	0
Community Based Services Manual	0	2	2	4	4
DHS website	1	4	10	5	7
E-Docs	0	0	0	4	16
Disability Linkage Line	1	0	3	5	10
Senior Linkage Line	3	0	3	6	10
Bulletins	4	2	6	10	2
Videoconference trainings	0	0	4	16	2
Webinars	1	2	8	4	0
Regional Resource Specialist	0	2	0	0	0
Listserv announcements	2	1	0	1	0
MinnesotaHelp.Info	0	3	4	3	1
Ombudsmen	0	2	3	6	11

Resource	1= Not Useful	2	3	4	5= Very Useful
DB101.org	0	1	1	2	1

Case managers reported that E-Docs was the most useful DHS resource. The most current forms are updated on Ramsey County's internal shared drive, and case managers said they use this resource almost daily. Lead agency supervisors shared that E-Docs has improved and is becoming more user-friendly. Supervisors shared that they use Policy Quest more than case managers. They stated that although it has been particularly helpful to look up previous questions, the search function is not user-friendly and the response time for submitted questions is slow. Case managers shared that case aides and account clerks use the MMIS Help Desk most frequently and have not reported any problems with that resource.

The usefulness of the Community Based Service Manual (CBSM) varied among case managers, but most case managers and supervisors agreed that they cannot always find specific information quickly and do not always have time to search the manual for answers. Case managers shared similar feedback about the DHS website. Supervisors shared that some of the online webpage links do not work because the site navigation is changed so frequently. Case managers shared that they refer participants both to the Senior Linkage Line and the Disability Linkage Line and rated their usefulness as average to above average. A few case managers who rated the Senior Linkage Line as not useful said that it can be difficult for participants to connect with someone using the automatic electronic menu. Case managers shared that they like videoconferences and webinars, but said that they often must compete for meeting room space and it would be helpful to offer more of a variety of dates and times. They also shared that it would be helpful to receive notices for trainings further in advance. Supervisors shared that some presenters are very good while others just read off the slides instead of providing more in depth information.

Case managers said that they do not have time to read through bulletins and that they rely on supervisors to interpret information and share it with them in staff meetings. Supervisors shared that it would be helpful if they could receive more advanced notice about program changes, as well as accompanying each bulletin with a training. Supervisors said that Listserv announcements compliment bulletins quite well but they receive so many of them that it is difficult to know which ones are important. In addition, supervisors expressed that they have a

good working relationship with the Regional Resource Specialist (RRS) but because they have developed such a strong connection with DHS employees, there is not as much of a need to contact the RRS when they have questions. A few case managers reported using MinnesotaHelp.info to look for out-state resources, but that they found it difficult to navigate. Other staff agreed and said that the site is not very user-friendly.

Case managers and supervisors said they have a good relationship with the Ombudsmen and find them very helpful, especially for elderly, high needs, and school-aged participants. While most case managers said that they do not use DB101.org, a few case managers have referred their participants to the resource. They said it has been especially helpful for families with transition aged children.

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.

Ramsey County Strengths

The following findings focus on Ramsey 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.

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

During the previous review in 2010, Ramsey County received a corrective action for documentation of informed consent, OBRA Level One, ICF/DD Level of Care, timeliness of assessment to care plan, designating separate case management and public guardianship roles, and frequency of face-to-face visits. In 2015, none of these issues remain for Ramsey County indicating technical improvements over time.

- **The case files reviewed in Ramsey County consistently met HCBS program**

requirements. Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of DD screening documents that are current, signed and dated by all required parties, 98% of OBRA Level One forms and 96% of BI forms. In addition, 24-hour supervision was documented in 100%

of EW cases and 99% of cases contained emergency contact information. Current care plans were found in 99% of cases and 97% of care plans contained required choice questions. Also 97% of cases contained the required face-to-face visits and 95% of case files reviewed included information that employment was assessed.

- **Ramsey County’s structures its case management in a manner that meets the needs of its participants.** Ramsey County has the option of utilizing its own employees for case management as they are experienced and have backgrounds in a variety of areas, which helps them navigate across the lead agency. It also has developed a strong infrastructure for managing contracted cases that offer specialties and quality services. Contracted case managers are provided with all current documentation and required paperwork. They attend trainings and meetings at the lead agency several times a year to make sure that they understand Ramsey County policies and practices. In addition, contracted cases reviewed in Ramsey County consistently met HCBS requirements indicating that contracted agencies and case managers are providing quality case management to waiver participants.
- **Ramsey County has effectively used Consumer-Directed Community Supports (CDCS) and other services to be able to serve participants at home.** In 2014, Ramsey County had 253 DD participants using CDCS and 246 CCB participants using CDCS. This program is particularly effective at supporting participants and their families in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing. The lead agency outperforms their cohort in the percentage of participants served at home in the CCB (71% vs. 62%), DD (41% vs. 40%) and EW/AC programs (90% vs. 83%), ranking 21st, 12th, and 9th respectively out of 87 counties. Ramsey County has workers who specialize in CDCS and provide training and support to families and staff which ensures services and supports are tailored to each participant’s unique needs.
- **Ramsey County is responsive to the changing needs of the community, and the lead agency does an excellent job serving a culturally diverse population which is evident through multiple practices.** The lead agency fulfills its mission by providing culturally appropriate supports for all groups including Hmong, Hispanic, Somali, and African American participants. Cases are assigned to assessors and case managers partially based on participant’s preferred language and culture. When Ramsey County cannot meet the needs of

specific cultural groups through its in-house staff, the lead agency uses contracted case management services to serve these participants. Ramsey County also conducts regular surveys with assessors and case managers designed to identify service gaps affecting participants from diverse cultural groups.

Recommendations

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

- **Include details about the participant’s services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 88% of case files reviewed included the provider name in the care plan, only 7% of cases reviewed included the annual amount allowed.
- **Continue to invest resources into developing community-based employment opportunities for participants in the CCB and DD programs.** Ramsey County has done an excellent job of prioritizing employment as a county-wide goal and establishing a comprehensive strategy to increase meaningful employment options through several county wide initiatives and improvement efforts. It is also clear that it is an agency wide practice to assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Of the 163 cases reviewed where participants were of working age, 95% had employment assessed. However, Ramsey County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (6% vs. 8%) which ranks 79th of 87 counties and the DD program (19% vs. 21%) which ranks 62nd of 87 counties. Ramsey County should continue to actively focus on developing community-based employment opportunities across waiver programs that

result in higher wages for participants.

- **Update care plan formats to ensure that they are person-centered and participant-friendly documents, in addition to including required information.** Care plans in Ramsey County were compliant in several areas; however, the language used was not individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name. For example, while 86% of Ramsey County CCB care plans reviewed had individualized and meaningful goals, only 75% of DD and 52% of EW/AC care plans reviewed had individualized and meaningful goals. In addition, while 98% of DD and 91% of CCB care plans reviewed included participant friendly language, only 46% of AC/EW care plans reviewed included participant friendly language (such as using the person's name and avoiding acronyms). It is important for Ramsey County to set expectations for the format and quality of care plans to create consistency across the lead agency.
- **Examine business practices more regularly and adjust them as necessary to better support case managers, providers, and participants.** With continually changing programs, administering the waiver programs will become more complicated. Ramsey County should consider strategies to create more consistency and organization to ensure all programmatic requirements are met and administrative functions are completed timely. This may include developing a consistent process for updating and storing forms on organized shared drives, as this ensures that case managers are able to access current forms and creates more efficiency. Ramsey County should also develop a more dynamic and flexible approach when designing its systems and policies to operationalize and implement DHS policy changes.
- **Consider designing additional systems and practices to provide oversight for contracted case managers.** Ramsey County has initiated several opportunities to make sure that their policies and practices are communicated to their contracted case management agencies. However, throughout the Waiver Review, data from multiple sources indicate that Ramsey County is struggling to process contracted case managers' requests for additional

allocations. One strategy may include clarifying the roles and responsibilities of the lead agency's CADI Waiver Coordinator and account clerk workers from the existing CCB unit as they relate to working with the contracted agencies. Also, contracted case managers from different agencies expressed having different understandings of requirements and forms that needed to be completed. The lead agency should develop systems to regularly communicate program requirements as they receive updates from DHS, just as they would for their internal case managers.

- **Ramsey County has reserves in the CCB and DD budgets and is able to provide additional services.** Ramsey County's CCB budget balance was 8% (\$9,641,542) at the end of FY 2013. Ramsey County also has had a DD budget balance ranging from 4% to 7% for the past few years. MMIS data from December 2014 also showed a waitlist for both the CCB and DD programs. Therefore, there is room to add more participants via service optimization to reduce the waiting lists or, if the individuals on the waitlist do not want waiver services at this time, to enhance the quality of current waiver participant's lives through services such as supportive employment. Typically a 2% allocation reserve is more than adequate to manage risk for counties of this size.

Corrective Action Requirements

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

- **Beginning immediately, ensure that all LTCC/ MnCHOICES assessments occur within required time frames.** As of August 1, 2012, MN Statute 256B.0911 requires that these be conducted within 20 days of the request. MMIS data indicates that in CY2014 only 735 of 1,479 (50%) of initial face to face assessments were completed within 20 days of the referral date. Regardless of if an individual opens to an HCBS program, all assessments using legacy

documents and MnCHOICES must be completed timely. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that all participants have an individual care plan that is signed and dated by the appropriate parties within the past year included in their case file.** All care plans must be completed and signed by the appropriate parties on at least an annual basis. Currently, there are ten participants who do not have signed care plans in their case file including one out of 11 CAC cases, one out of 26 BI cases, seven out of 73 AC cases, and one out of 91 DD cases.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices. Currently, six out of 11 CAC cases, eight out of 92 CADI cases, four out of 26 BI cases, nine out of 93 EW cases, four out of 73 AC cases, and three out of 91 DD cases did not have this completed documentation in the case file. In addition, eight CADI cases, one BI case, ten EW cases, seven AC cases, and 10 DD cases did not have current documentation and one BI case and one DD case had only partial documentation that the participant had been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Six out of 11 CAC cases, 52 out of 92 CADI cases, 20 out of 26 BI cases, 12 out of 93 EW cases, seven out of 73 AC cases, and one out of 91 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, four CADI cases, two BI cases, five EW cases, five AC cases, and two DD cases did not have current documentation, and one BI case and one AC case included only partial documentation that the participant had been informed of their right to appeal within the past year.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Ramsey 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 167 cases. Ramsey County submitted a completed case file compliance worksheet on March 26, 2015.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	1070	N / A	765	305	N / A	N / A
Screenings done on time for new participants (PR)	N / A	50%		98%	N / A	AC / EW, CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	69%	82%	N / A	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=166	CCB n=129	DD n=91	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	95%	95%	95%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	99%	99%	100%	98%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	97%	96%	98%	99%	ALL	N / A
All needed services to be provided in care plan (PR)	99%	99%	100%	98%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=166	CCB n=129	DD n=91	Strength	Challenge
Choice questions answered in care plan (PR)	97%	96%	97%	100%	ALL	N / A
Participant needs identified in care plan (PR)	83%	68%	95%	95%	CCB, DD	AC / EW
Inclusion of caregiver needs in care plans	46%	41%	44%	100%	DD	N / A
OBRA Level I in case file (PR)	98%	100%	95%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	93%	N / A	N / A	93%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	89%	N / A	N / A	89%	N / A	N / A
TBI Form	96%	N / A	96%	N / A	CCB	N / A
CAC Form	82%	N / A	82%	N / A	N / A	N / A
Employment assessed for working-age participants	95%	N / A	92%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
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=120</i>)	77%	N / A	N / A	N / A	N / A	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=120</i>)	78%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=166	CCB n=129	DD n=91	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	97%	92%	ALL	N / A
Health and safety issues outlined in care plan (PR)	94%	88%	98%	100%	CCB, DD	N / A
Back-up plan (Required for EW, CCB, and DD)	82%	61%	98%	99%	CCB, DD	AC / EW
Emergency contact information	99%	99%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=166	CCB n=129	DD n=91	Strength	Challenge
Informed consent documentation in the case file (PR)	96%	98%	95%	95%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	69%	82%	34%	97%	DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	81%	82%	78%	85%	N / A	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=166	CCB n=129	DD n=91	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	98%	94%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	47%	37%	72%	29%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of LTC recipients receiving HCBS	N / A	76%	96%	89%	AC / EW, CCB	DD
Percent of LTC funds spent on HCBS	N / A	58%	91%	80%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	64%	80%	88%	N / A	CCB, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	88%	89%	DD	CCB
Percent of waiver participants served at home	N / A	90%	71%	41%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	6%	19%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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