

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Sibley County**

Waiver Review Site Visit: October 2014

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About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

[Continuing Care Administration \(CCA\) Performance Reports](#) at

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

[Waiver Review Website](#) at www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Sibley County
Case File Review	43 cases
Provider survey	9 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 7 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Sibley County

In October 2014, the Minnesota Department of Human Services conducted a review of Sibley County's Home and Community Based Services (HCBS) programs. Sibley County is a rural county located in south central Minnesota. Its county seat is located in Gaylord, Minnesota and the County has another seven cities and 17 townships. In State Fiscal Year 2013, Sibley County's population was approximately 15,074 and served 268 people through the HCBS programs. According to the 2010 Census Data, Sibley County had an elderly population of 15.6%, placing it 48th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Sibley County's elderly population, 10.1% are poor, placing it 36th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Sibley County Public Health and Human Services Department is the lead agency for the HCBS waiver programs. The lead agency has two supervisors who oversee the management of the HCBS waiver programs. The Adult Programs Supervisor supervises 12 staff, including three waiver case managers and one MnCHOICES assessor. The case managers work with CAC, CADI, BI, and DD participants and have average caseloads of about 45 cases. The Public Health Supervisor supervises three case managers that serve waiver participants. Two social workers manage EW and AC cases and carry caseloads of approximately 75 cases each. One public health nurse manages CADI cases and carries a caseload of approximately 45 cases. At the time of the review, the lead agency was in the process of transitioning a waiver case aide to the financial worker unit and had recently hired two case aides as replacements. Prior to the transition, the case aide supported AC and EW case managers by entering service agreements into MMIS and assisting in the ordering of supplies and equipment. The lead agency also serves

as a contracted care coordinator for the Managed Care Organization (MCO), South Country Health Alliance.

Sibley County has one worker who coordinates intake for the waiver programs. The intake worker notifies the Adult Programs Supervisor when a new participant requests an assessment. After the assessor conducts the initial assessment and HCBS program eligibility is determined, the Adult Programs Supervisor assigns the case for ongoing case management. EW and AC cases are assigned based on geographic location while CAC, CADI, BI, and DD cases are assigned based on caseload sizes and the needs of the participants. For example, the public health nurse CADI case manager typically manages cases where participants have physical disabilities or mental health needs.

Working Across the Lead Agency

Staff shared that one of the major strengths of the lead agency is their ability to work across units to meet the needs of participants. Case managers said that they have open communication with one another and are able to fill in during staffing shortages. Staff also stated that they are able to utilize each other's unique strengths and experiences to help problem solve. Case managers meet informally for case consultations.

Sibley County financial workers are collocated with waiver case managers and the two groups meet monthly to discuss specific participants who are applying for Medical Assistance (MA). Financial workers communicate with case managers about the status of participant's application process and if they are missing any paperwork that needs to be completed. Case managers shared that Sibley County has experienced a lot of turnover with financial workers recently, which has resulted in a slowdown of the MA eligibility process as new workers gain experience with these programs. As previously mentioned, a waiver case aide is transitioning to the financial workers unit. Case managers shared that this should help communication, as she can be a resource for both work areas during the transition phase.

The lead agency has one mental health worker who has adult protection responsibilities and is supervised by the Adult Programs Supervisor. . Case managers shared that they work very well together with the adult protection worker. They stated that they are always notified if a protection

case is opened on one of their waiver participants and they are often brought in to consult during investigations. Sibley County's child protection workers are located in the Children's Unit. Case managers stated that child protection investigations tend to be more separate from waiver case management, but said that they communicate well with child protection workers when their assistance is requested.

Adult mental health and children's mental health workers are collocated with waiver case managers. CADI participants who also qualify for Rule 79 targeted case management may also have a mental health case manager. Staff shared that case managers frequently communicate with mental health workers when they share a case. They occasionally go on visits together and try to coordinate services to ensure all of the participant's needs are met.

The Public Health and Human Services Director has most of the communication with the County Board and attends their monthly meetings. She presents information about the waiver programs and updates the board on policy changes.

Health and Safety

In the Quality Assurance survey, Sibley County reported staff receives training directly related to abuse, neglect, self-neglect, and exploitation. In addition, the lead agency has practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that the lead agency quickly responds to questions from providers and participants. They also said that Sibley County case managers advocate for participants and are well trained and knowledgeable.

Staff shared that one of their biggest challenges is keeping up with the constantly changing waiver program requirements and initiatives. The lead agency has a meeting twice a month with all waiver staff where they discuss information from listservs and bulletins. Staff also attend regional meetings, videoconference trainings, and webinars to receive updates on the waiver programs.

Sibley County has a shared drive across departments where case managers can access updated forms and also view the waiting lists for certain providers such as their day training and

habilitation center. Case aides and other clerical staff put together visit packets for the assessor to use when they go out on initial MnCHOICES assessments.

Service Development and Gaps

Lead agency staff shared that they have great connections to the community and are very aware of the resources available. They said that many of their providers are not based in Sibley County but bring in staff from surrounding areas to provide services. Staff mentioned that they have sent out Request for Proposals (RFPs) in the past to bring providers into Sibley County but said that they do not have enough participants to influence providers to develop new locations.

Staff mentioned that Sibley County has a growing Hispanic population and that some providers need to expand their cultural competency as a result. The lead agency has several bilingual staff members and staff shared that they have served this population well. Staff indicated that transportation is a major service gap, stating that participants who do not drive their own vehicle often have difficulty getting to and from appointments. Staff also said that there are not very many options for participants seeking community-based employment.

Lead agency staff participate in activities geared toward educating the community about the waiver programs and other services the county provides. They attend events like the local Senior Expo and coordinate with local providers to make presentations about available local resources.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Sibley County participated in a review of the lead agency's practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

Case managers manage the pass through billing process for non-enrolled providers. Documentation is maintained in the participant's case file and in the lead agency's accounting department. Sibley County staff shared that they have used Tier 2 services to provide participants with home modifications. Staff shared that because they are a rural community, they do not have many affordable options for these services. Therefore, in order to meet local needs and make these services available, the lead agency must use the lead agency-affiliate vendor arrangement and act as a pass through billing agent.

One Tier 2 service claim for a home modification was reviewed. The case reviewed was not in complete compliance with all documentation requirements. While documentation included the required participant, vendor, lead agency, service, and rate information, it did not include all MA assurances. For example, Sibley County did not have a log verifying that the vendor was not on the CMS or MHCP exclusion lists.

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: Sibley County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	1	3	2
Schools (IEIC or CTIC)	0	1	2
Hospitals (in and out of county)	0	3	3
Customized Living Providers	0	0	2
Foster Care Providers	0	0	3
Home Care Providers	0	1	4
Employment Providers (DT&H, Supported Employment)	0	0	3
Transportation Providers	4	0	0

Staff shared that they have fairly strong relationships overall with providers in Sibley County. They stated that being part of a small community has allowed them to know these providers well. Case managers communicate directly with providers regarding issues or concerns and may involve the county licenser or ombudsmen if the issues persist.

Case managers varied in their ratings of their relationships with nursing facilities, stating that communication around admissions and discharge planning does not always go smoothly. Case managers also added that in the past, the turnover rate for staff was high.

The majority of case managers shared that they have good relationships with local schools and that they are invited to school and transition planning meetings.

Case managers said they have average to above average relationships with the hospitals in and out of the county and shared that the staff treat participants wonderfully and that doctor and nurses are responsive. However, case managers said that hospital staff do not always notify them when a participant has been discharged or admitted.

All of the case managers rated their relationships with customized living providers as above average. They said they have strong communication with customized living provider staff and explained that they have very low turnover rates. Case managers added however, that there are limited choices for people with high behavioral needs or for individuals who are under 65 that need memory care.

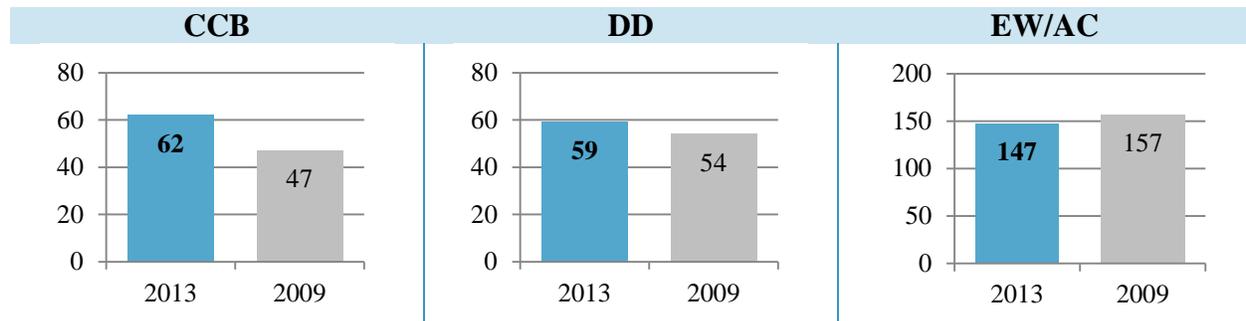
Case managers shared that they have good working relationships with foster care providers, characterized by excellent communication. They noted however, that some out-of-county foster care providers have had high rates of staff turnover, which poses challenges for both case managers and waiver participants in forming strong relationships with providers.

Case managers said that the Sibley County Public Health department is one of their home care providers and rated their relationships with staff as above average. They cited that their biggest challenges with other home care providers are the limited amount of available choices and the high amount of staff turnover. All of the case managers rated transportation providers as below average and said that there is one transit provider in the county.

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 Sibley County (2009 & 2013)



	2009	2013
CCB	47	62
DD	54	59
EW/AC	157	147

Since 2009, the total number of people served in the CCB Waiver program in Sibley County has increased by 15 participants (31.9 percent); from 47 in 2009 to 62 in 2013. Most of this growth occurred in the case mix E, which grew by four people. With this increase Sibley County may be serving a higher proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Sibley County increased by five participants, from 54 in 2009 to 59 in 2013. In Sibley County, the DD waiver program is growing more quickly than in the cohort as a whole. While Sibley County experienced a 9.3 percent increase in the number of people served from 2009 to 2013, its cohort had a 7.0 percent increase in number of people served. In Sibley County, the profile group 3 increased by four people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 increased slightly, Sibley County still serves a smaller proportion of people in these groups (27.1 percent), than its cohort (35.2 percent).

Since 2009, the number of people served in the EW/AC program in Sibley County has decreased by 10 people (6.4 percent), from 157 people in 2009 to 147 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 five 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)

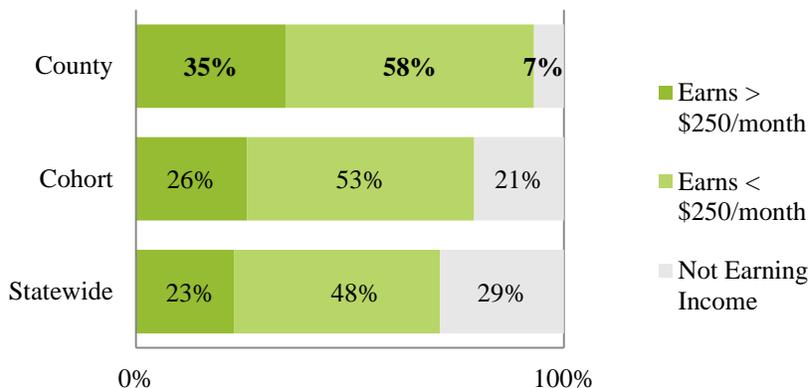


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Sibley County	17%	17%	66%
Cohort	16%	21%	63%
Statewide	11%	15%	74%

In 2013, Sibley County served 41 working age (22-64 years old) CCB participants. Of working age participants, 34.1 percent had earned income, compared to 36.3 percent of the cohort's working age participants. **Sibley County ranked 22nd of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Sibley County 17.1 percent of the

participants earned \$250 or more per month, compared to 15.7 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 (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Sibley County	35%	58%	7%
Cohort	26%	53%	21%
Statewide	23%	48%	29%

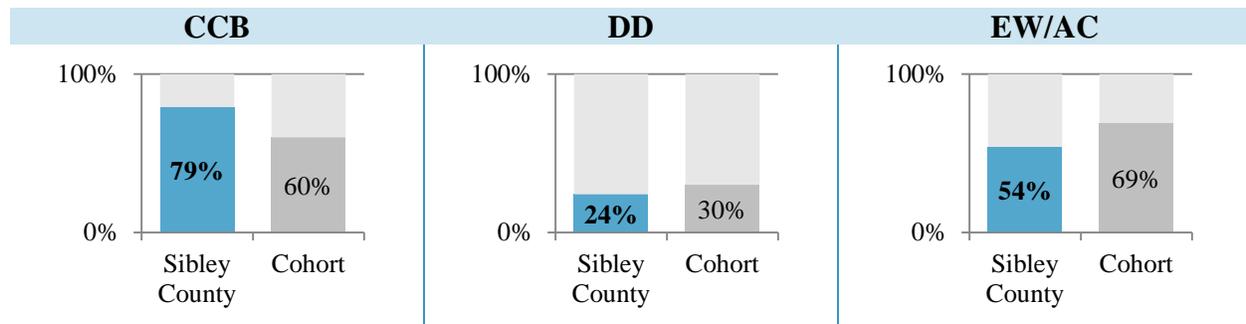
In 2013, Sibley County served 40 DD waiver participants of working age (22-64 years old). **The county ranked 8th in the state** for working-age participants earning more than \$250 per month. In Sibley County, 35.0 percent of working age participants earned \$250 or more per month, while 26.4 percent of working age participants in the cohort as a whole did. Also, 92.5 percent of working age DD waiver participants in Sibley 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 (2013)



	Sibley County	Cohort
CCB	79%	60%
DD	24%	30%
EW/AC	54%	69%

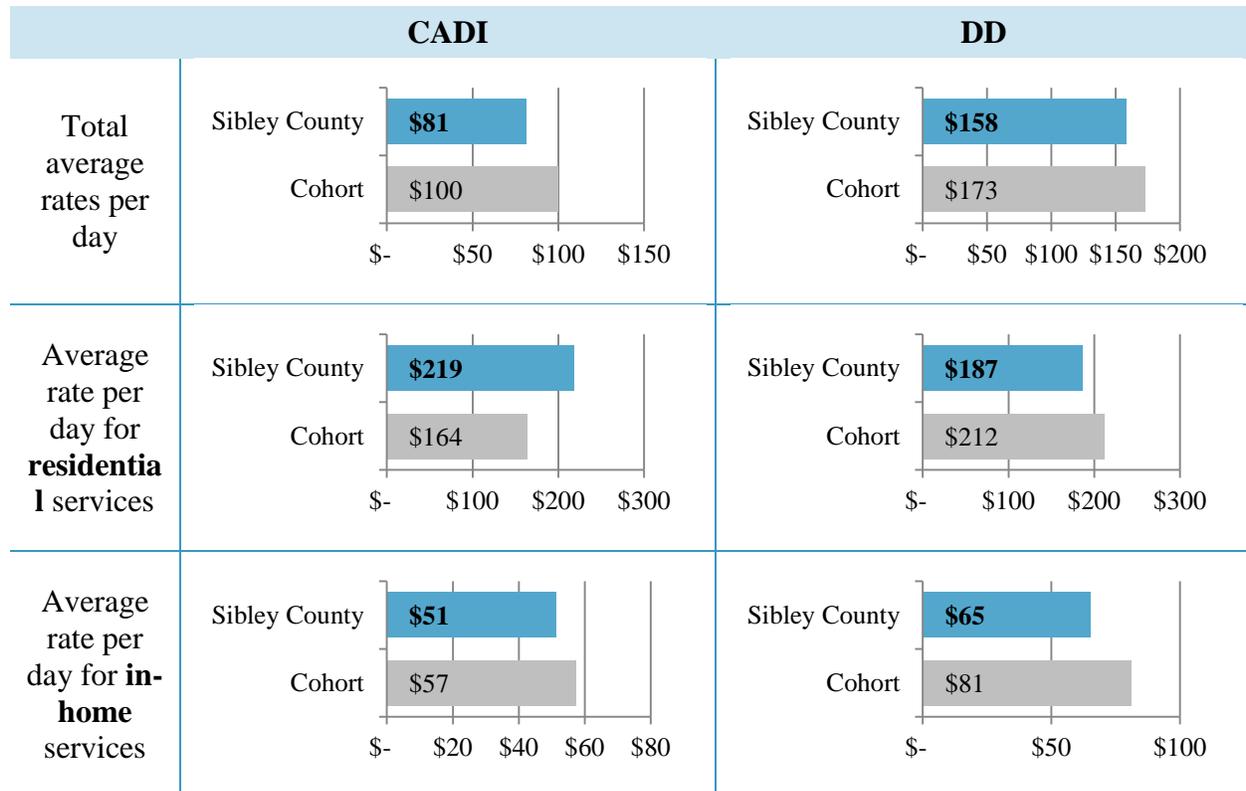
Sibley County ranks 4th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 49 participants at home. Between 2009 and 2013, the percentage increased by 4.5 percentage points. In comparison, the cohort percentage fell by 2.6 percentage points and the statewide average fell by 3.7 points. In 2013, 79.0 percent of CCB participants in Sibley County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Sibley County ranks 73rd out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 14 participants at home. Between 2009 and 2013, the percentage increased by 1.5 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.2 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.4 percent to 35.2 percent.

Sibley County ranks 72nd out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 79 participants at home. Between 2009 and 2013, the percentage decreased by 21.5 percentage points. In comparison, the percentage of

participants served at home fell by 6.9 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. Sibley County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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



Average Rates per day for CADI services (2013)

	Sibley County	Cohort
Total average rates per day	\$81.30	\$100.18
Average rate per day for residential services	\$218.51	\$164.14
Average rate per day for in-home services	\$51.36	\$57.27

Average Rates per day for DD services (2013)

	Sibley County	Cohort
Total average rates per day	\$157.78	\$172.82
Average rate per day for residential services	\$186.55	\$211.72
Average rate per day for in-home services	\$65.29	\$80.94

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 Sibley County is \$18.88 (18.8 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Sibley County spends \$54.37 (33.1 percent) more on residential services and \$5.91 (10.3 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Sibley County ranks 17th 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 Sibley County is \$15.04 (8.7 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Sibley County spends \$25.17 (11.9 percent) less on residential services, and \$15.65 (19.3 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Sibley County ranks 16th 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.

Sibley County has a lower use in the CADI program than its cohort of residential based services (Foster Care (16% vs. 28%) and Customized Living (1% vs. 8%)). The lead agency has a lower use of Prevocational Services (8% vs. 11%) and Supported Employment Services (3% vs. 11%). They also have a lower use of some in-home services, such as Homemaker (23% vs. 27%), Independent Living Skills (5% vs. 14%), and Skilled Nursing (14% vs. 16%). They have a higher use of Consumer Directed Community Supports (CDCS) (10% vs. 6%) and Home Delivered Meals (37% vs. 21%). Forty-six percent (46%) of Sibley County's total payments for

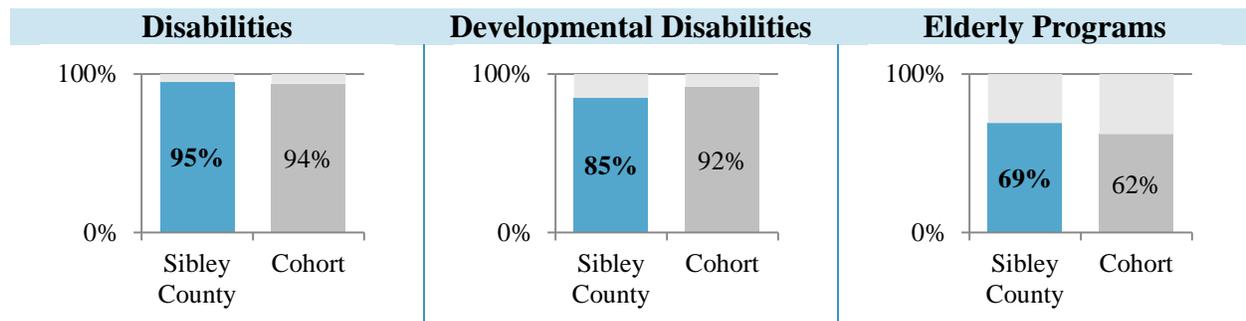
CADI services are for residential services (45% foster care and 1% customized living) which is lower than its cohort group (57%).

Sibley County’s use of Supportive Living Services (SLS) is higher than its cohort (76% vs. 69%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a slightly higher use of Day Training & Habilitation (66% vs. 64%), but lower use of Supported Employment Services (1% vs. 5%) than its cohort. It also has a lower use of CDCS (3% vs. 5%) and Respite Care (13% vs. 18%), but a higher use of In-Home Family Support (23% vs. 17%) and personal support (13% vs. 5%) 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 (2013)



	Sibley County	Cohort
Disabilities	95%	94%
Developmental Disabilities	85%	92%
Elderly Programs	69%	62%

In 2013, Sibley County served 153 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 8 in institutional care. Sibley County ranked 26th of 87 counties with 94.9 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 94.0 percent were HCBS participants. Since 2009, Sibley County has increased its use of HCBS by 4.6 percentage points, while the cohort decreased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Sibley County served 79 LTC participants (persons with development disabilities) in HCBS settings and 12 in institutional settings. Sibley County ranked 72nd of 87 counties with 85.4 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.2 percent). Since 2009, the county has increased its use by 4.1 percentage points while its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Sibley County served 147 LTC participants (over the age of 65) in HCBS settings and 77 in institutional care. Sibley County ranked 29th of 87 counties with 68.8 percent of LTC participants receiving HCBS. This is higher than their cohort, where 62.1 percent were HCBS participants. Since 2009, Sibley County has increased its use of HCBS by 8.9 percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

Age	Sibley County	Cohort	Statewide
Age 0-64	0.32	0.44	0.52
Age 65+	23.80	23.40	21.03
TOTAL	3.99	4.17	3.00

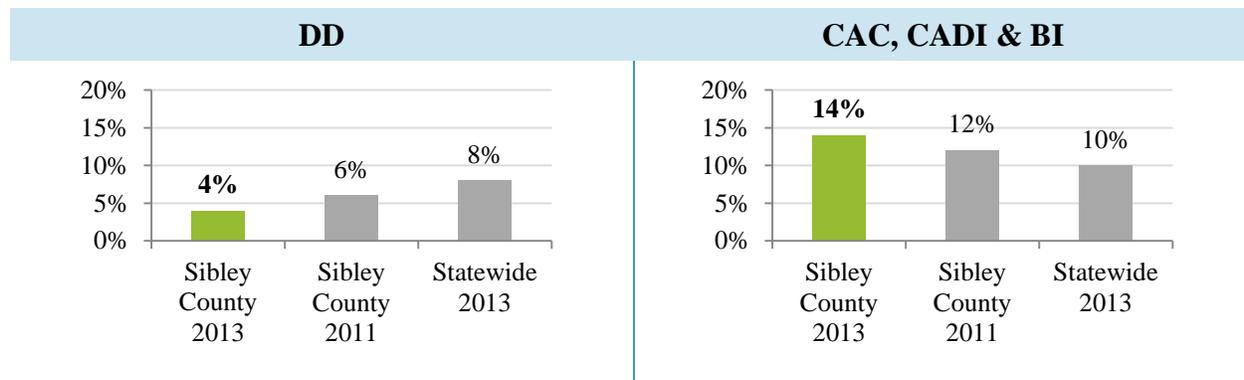
In 2013, Sibley County was ranked 35th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults under 65 years

is lower than its cohort and the statewide rate. However, Sibley County has a higher nursing facility utilization rate for people 65 years and older. Since 2011, the number of nursing home residents 65 and older has decreased by 21.1 percent in Sibley County. Overall, the number of residents in nursing facilities has decreased by 20.0 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
Sibley County (2013)	4%	14%
Sibley County (2011)	6%	12%
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, Sibley County had a 4% balance at the end of calendar year 2013, which indicates the DD waiver

budget had a reserve. Sibley County's DD waiver balance is smaller than its balance in CY 2011 (6%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Sibley 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, Sibley County had a 14% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2011 (12%).

Sibley County has a waitlist for the CADI and DD waiver programs. The Adult Programs Supervisor monitors both budgets and communicates with case managers about allocation requests during staff meetings. The lead agency prioritizes participants on the waitlist based on who has highest need for services.

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: Sibley County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	1	0	0
MMIS Help Desk	0	0	2	0	0
Community Based Services Manual	0	1	3	0	0
DHS website	0	3	2	1	0
E-Docs	1	1	1	1	1
Disability Linkage Line	0	0	2	0	1
Senior Linkage Line	1	0	2	1	1
Bulletins	3	0	2	0	0

Resource	1= Not Useful	2	3	4	5= Very Useful
Videoconference trainings	0	2	4	0	0
Webinars	0	0	3	1	0
Regional Resource Specialist	0	0	2	2	0
Listserv announcements	0	0	1	2	0
MinnesotaHelp.Info	0	0	2	0	0
Ombudsmen	1	0	2	1	1
DB101.org	0	0	2	0	0

One case manager said that they have access to Policy Quest and rated it as moderately useful citing that it is helpful to look up previous questions but the responses to questions are not always timely. Case managers and lead agency staff both shared that they need training from DHS staff on how to use the MMIS manual. They also added that because email is the preferred way to submit questions to the MMIS Help Desk, it can take some time to clearly articulate their problem through an email. They added that it would be helpful if they could communicate more through telephone calls.

Case managers rated the Community Based Service Manual (CBSM) poorly and agreed that they cannot always find specific information quickly and they do not always have time to search the manual for answers. Case managers also said that the DHS website is not user-friendly and it is difficult to navigate and that they prefer to use Google search function. Case managers shared that they use E-Docs to get the most current forms but it would be helpful if the search option was more user-friendly.

Lead agency staff said they receive bulletins and find them informative and share them at weekly meetings. On the other hand, the majority of case managers said that they can get overwhelmed by the amount of information contained in bulletins and said that they are sometimes difficult to understand.

Case managers said that the Disability Linkage Line and the Senior Linkage Line are very useful resources. Case managers shared that they refer participants to the Disability Linkage Line and staff have always been responsive in resolving issues. Case managers also said that Senior Linkage Line is particularly helpful for informing participants about Medicare Part D.

Case managers rated videoconference trainings as somewhat to not very useful and noted that they often have to travel out-of-county for the videoconferences. However, lead agency staff said that they like traveling to other counties to view videoconference trainings because of the networking aspect. Case managers said that they would prefer webinars over videoconference trainings because they can watch them at their desks.

Case managers rated the Regional Resource Specialist (RRS) as moderately useful. They explained that the RRS is knowledgeable but can be slow to respond and seems to be spread thin across many responsibilities. They added that it would be helpful if the RRS could conduct more on-site trainings. Case managers said that listserv announcements are very helpful in keeping them updated on the different waiver programs with which they work. Case managers said they have had differing experiences with the responsiveness and helpfulness of the Ombudsmen. While lead agency staff said that DB101.org was not being utilized by their staff, a few case managers have referred their participants to the resource. They said it has been especially helpful for people who want to look at how employment affects their benefit coverage.

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.

Sibley County Strengths

The following findings focus on Sibley 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.

- **Sibley County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Sibley County received a corrective action for current care plans, signed and dated care plans, back-up plans and emergency contacts, and informed consent documentation. In 2014, Sibley County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Case managers work hard for participants and are

dedicated to helping them and their families navigate systems. For example, case managers explained that they are always accessible to their participants and sometimes even accompany participants to appointments. Case managers are also visiting participants frequently; case managers visit participants on average 3.7 times in the past 18 months across all programs. In addition, case managers have backgrounds in a variety of areas and they are able to draw on each other's expertise to provide seamless services for participants.

- **Sibley County staff work well together and collaborate across departments and units to serve waiver participants.** Staff across the Public Health and Human Services Department have good working relationships with one another. Case managers in the focus group identified teamwork and supportive coworkers as strengths of the lead agency. Case managers also said that they have good communication with licensing staff, adult and children's mental health, and adult protection staff. This collaboration enhances the services participants are receiving and helps them navigate services.
- **Lead agency staff are well-connected with providers and other organizations that serve participants.** Sibley County has worked to build strong relationships with area providers. Case managers work closely with local nursing facilities, customized living providers, foster care providers, and vocational providers. Many case managers acknowledged that the large majority of their providers go above and beyond their responsibilities. For example, in the light of the many staff changes that Sibley County has undergone, many local providers and other organizations sought out the opportunity to introduce themselves and their organizations to new case managers. Furthermore, providers responding to a survey identified open communication with case managers as a lead agency strength. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met.
- **The case files reviewed in Sibley County consistently met HCBS program requirements.** Participant case files are well organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, BI forms, CAC forms, and signed and dated informed consent to share information. Care plans are current, signed and dated by participants and case managers. DD screening

documents are current, signed and dated by all required parties. In addition, emergency contacts were included in files and 24-hour supervision was documented for EW cases.

- **Sibley County case managers develop person-centered and participant friendly care plans in addition to including required information.** The care plan is the one document that all participants receive that contains all the information about their plan of care. The care plans reviewed included 100% of required content, such as participant health and safety issues, all services to be provided, and participant outcomes and goals were documented. The lead agency also included information about needs, services, and health and safety in the care plan which exceeds program requirements. Moreover, care plans in Sibley County were thoughtfully written and meaningful to each individual participant and his/her unique situation. 98% of care plans reviewed included participants' preferences and names and addressed participants' behavioral medical issues and 88% of care plans reviewed had individualized and meaningful goals.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Sibley County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Sibley 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 79% of case files reviewed included the type of the service in the care plan, only 21% of cases reviewed included the annual amount allowed.

- **Develop training resources and formalize training processes to better support new waiver case managers and keep existing case managers informed on HCBS programs.** Sibley County has recently experienced a high level of staff turnover in the Public Health and Human Services Department resulting in an influx of new case managers. Frequent staff turnover makes it difficult to build relationships maintain continuity with participants. In order to facilitate smooth transitions, Sibley County supervisors may want to develop and/or formalize its training materials and resources for the purpose of training new staff. It is essential that any manuals and other training materials are updated regularly for existing case managers to help them stay current with policies, procedures, and forms. Sibley County should also consider conducting regular waiver meetings with supervisors setting the agenda to cover important information such as the waiver allocations, waitlists and bulletin updates and other program changes. Meetings with other case managers will also allow all staff to share their expertise and build a cohesive team. The lead agency could designate a lead worker. The lead worker would maintain a smaller caseload but would have the added responsibility of maintain expertise and supporting case managers by staying current with program and policy changes. Thinking about ways to create more efficient practices is important as the lead agency brings on new staff who require training and mentorship from existing staff.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow new and experienced staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Sibley County, only 44% of the case files reviewed contained documentation of participant satisfaction. Sibley County should also consider summarizing the provider performance and participant satisfaction results for the waiver programs and share the results with providers. This will help the lead agency monitor provider performance and fulfillment of services outlined in the care plan.

- **Sibley County should consider using contracted case management services to help serve participants that live out of the region and to cover during staffing shortages.** Other lead agencies have found that contracted case management in these types of situations 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 on staff as some cases require significant travel time and frees up time for new case managers to provide quality care to participants and to keep up with HCBS requirements. In such cases, the lead agency needs to require contracted case managers to adhere to Sibley County practices and maintain case files with documentation of all required paperwork.
- **Continue to expand community employment opportunities for participants with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** The lead agency is outperforming the statewide average and its cohort with 35% of DD waiver participants (compared to 26.4% for the cohort) earning more than \$250 per month which ranks them 8th out of 87 counties. However, Sibley County has only slightly higher rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (17.1% vs. 15.7%) and ranks 22nd of 87 counties. Sibley County should focus on strengthening employment by working with providers to increase the use of community-based employment and develop more opportunities that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across the CCB programs, Sibley County has achieved higher rates of participants served at home than its cohort and the state. In Sibley County, 79% of CCB waiver participants are served at home (ranking 4th out of 87 counties). However, only 24% of Sibley County's DD participants are served at home (ranking 73rd out of 87 counties) and only 54% of Sibley County's EW/AC participants are served at home (ranking 72nd out of 87 counties). Sibley County should work to develop needed services by communicating expectations to new and current providers or by sending out a Request for Proposals (RFP) or Request for Information

(RFI). 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.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Sibley County was found to be inconsistent in meeting state and federal requirements and will require a response by Sibley 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. Sibley County identified two areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Sibley County will be required to take corrective action.

- **Beginning immediately, ensure that LTC screenings for the EW/AC programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Sixty-four percent (or seven out of 11 assessments) for new EW/AC participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CAC and CADI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, one out of 2 CAC cases and one out of 10 CADI cases had case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, two out of 10 DD cases did not meet this requirement.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Sibley 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. Sibley County submitted their completed compliance report on January 14, 2015.

- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team’s site visit.** Although it does not require Sibley County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 1 case. Sibley County submitted information regarding their non-enrolled vendor compliance and is continuing work to address the issues for this claim.

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	4	N / A	1	3	N / A	N / A
Screenings done on time for new participants (PR)	78%	64%	91%	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	14%	94%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=17	CCB n=16	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	91%	100%	81%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=17	CCB n=16	DD n=10	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	98%	100%	94%	100%	ALL	N / A
Participant needs identified in care plan (PR)	93%	100%	88%	90%	AC / EW, DD	N / A
Inclusion of caregiver needs in care plans	67%	100%	60%	N / A	AC / EW	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	86%	N / A	77%	100%	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)	Some of the time	N / A	N / A	N / A	N / A	ALL

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=9</i>)	77%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=9</i>)	67%	N / A	N / A	N / A	N / A	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	ALL	AC / EW	CCB	DD	Strength	Challenge
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR)	0%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=17	CCB n=16	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	91%	100%	88%	80%	AC / EW	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	95%	100%	100%	80%	AC / EW, CCB	N / A

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=17	CCB n=16	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	95%	100%	94%	90%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	95%	100%	100%	80%	AC / EW, CCB	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=17	CCB n=16	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	44%	47%	69%	0%	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)	97%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	69%	95%	85%	AC / EW	DD
Percent of LTC funds spent on HCBS	N / A	40%	91%	82%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	43%	65%	80%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	97%	CCB, DD	N / A

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of waiver participants served at home	N / A	54%	79%	24%	CCB	AC / EW, DD
SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	17%	35%	CCB, DD	N / A

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.