

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Grant County**

Waiver Review Site Visit: July 2013

Report Issued: October 2013

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Grant County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Grant County
Case File Review	37 cases
Provider survey	5 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 5 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 Grant County

In July 2013, the Minnesota Department of Human Services conducted a review of Grant County's Home and Community Based Services (HCBS) programs. Grant County is a rural county located in western Minnesota. Its county seat is located in Elbow Lake, Minnesota and the county has another six cities and sixteen townships. In State Fiscal Year 2012, Grant County's population was approximately 5,950 and served 107 people through the HCBS programs. According to the 2010 Census Data, Grant County had an elderly population of 20.7%, placing it 11th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Grant County's elderly population, 14.6% are poor, placing it 5th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Traverse, Stevens, and Grant Public Health is the lead agency for CCB, AC, and EW programs and provides care coordination for the PrimeWest Health Managed Care Organization (MCO). Grant County Social Services is the lead agency for the DD waiver program and the agency operates independently of the other counties.

There is one Public Health Supervisor who oversees nine total staff from the three counties. This includes eight waiver case managers and one case aide who is responsible for all service agreement and screening entry. The Public Health Supervisor has been in her position for five years and previously worked with all waiver programs as a public health nurse case manager. The Public Health case managers are assigned to cases by geographic region and generally specialize in either elderly AC and EW waiver programs or CCB waiver programs. There are

four public health nurses that do waiver case management of Grant County. Two Public Health case managers work exclusively in Grant County; one has EW, CADI and BI cases, and one has EW and AC cases. Another Public Health case manager works in both Grant and Stevens County and has CADI and BI cases in both counties. She also completes LTCC screenings in Grant County and has a few Special Needs Basic Care (SNBC) cases. There is one Public Health case manager who works in all three counties with the CAC, CADI, BI, AC and EW programs. This case manager also does SNBC cases in the three counties as well as initial LTCC screening in Stevens and Grant Counties.

In Grant County Social Services, there is one Social Services Supervisor who oversees six staff, one of which works on waiver programs as a DD case manager. The Social Services Supervisor has been in her position for six months and previously worked in child protection in Clay County.

The Public Health Supervisor handles intake calls that come in to public health. One case manager in each county does initial assessments, and the Public Health Supervisor assigns the appropriate case manager to the initial screening according to the county. After the initial assessment, case managers self-assign to the case depending on the geographical location and needs of the participant. In Grant County Social Services, there is only one case manager assigned to waiver cases, so she is automatically assigned to these cases after the case aide does the intake. All initial and annual LTCC assessments are done by Public Health nurse case managers. Dual assessments are done occasionally when the participant would benefit from a social worker's involvement. Case managers that manage EW, AC and CCB cases have 44 cases on average including waiver, nursing facility, and Community Well cases. The DD case manager has 38 cases.

Working Across the Lead Agency

Traverse, Stevens, and Grant Public Health works with the corresponding county's financial workers. The financial worker visits the Public Health Department twice a week so the financial worker is able to meet in person with the case managers at these times and at monthly meetings. At Grant County Social Services, the DD case manager interacts with the financial worker by phone and through e-mail. The DD case manager contacts the financial worker if a participant is experiencing challenges with Medical Assistance (MA) eligibility.

Public Health case managers work closely with staff from child and adult protection. The adult protection worker is privy to all of the details of a case and uses the waiver case manager as a resource. When cases are under investigation, the adult protection worker may request for the waiver case manager to make a joint visit. When an adult protection case is reported for a participant who is not on a waiver, the adult protection worker visits the participant to determine whether waiver services could resolve the issue.

Child protection staff informs the Public Health Supervisor when a protection report is issued. The child protection worker then discusses the issue with the waiver case manager assigned to the case and occasionally they do joint visits. If a child protection case involves a waiver participant, the waiver case managers receives a copy of the child protection intake. Waiver case managers often meet with families to see if there are additional resources they are able to offer them. The DD case manager at Grant County Social Services also works closely with adult and child protection. If a child protection case involves a DD program waiver participant, the participant is screened according to child protection standards and a child protection worker is assigned if the appropriate criteria are met. The child protection worker then becomes the lead case manager, but the DD case manager continues to provide consultation on the case.

When participants are receiving both Rule 79 and CADI case management, the mental health worker and CADI waiver case manager work as a team and attend the annual assessment together. CADI program participants with dual-case management are aware that they have two case managers and understand the different roles that each case manager has. Providers and participants determine which of the two case managers they are going to contact depending on

the issue at hand. The Grant County Social Service Supervisor meets monthly with Mental Health and Children's Services. The DD waiver case manager attends the meeting if a waiver case is involved.

The Directors of Grant County Social Services and Traverse, Stevens and Grant Public Health are in communication with the Grant County Board. The Public Health Director gives the County Board updates as needed and the County Board approves provider contract renewal. She also shares audit and review results with the County Board and informs them of larger changes, such as MnCHOICES. The Social Services Director gives the County Board detailed information about the programs; therefore they are knowledgeable enough about programs to make referrals if needed.

Health and Safety

In the Quality Assurance survey, Traverse, Stevens, and Grant Public Health and Grant County Social Services reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agencies have policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that waiver case managers are advocates for participants.

In order to stay current with waiver program requirements, Public Health and Social Services staff attend a variety of meetings. Regular meetings include monthly Public Health meetings with case managers from all three counties, monthly Mental Health Consortium meetings with Traverse, Stevens and Grant Counties, quarterly regional public health meetings, quarterly Special Needs Basic Care (SNBC) meetings, and quarterly regional DD meetings, as well as bimonthly CADI meetings. In addition to attending meetings, LTC waiver case managers shared that they maintain program expertise through the Public Health Supervisor who closely follows changes in procedures and regularly communicates these changes to staff. Additionally, the Social Services Supervisor meets with the DD case manager on a monthly basis to ensure they are both informed of procedural changes. Lead agency staff also mentioned they attend

teleconferences and webinars, read bulletins and receive trainings through their managed care provider, PrimeWest.

Service Development and Gaps

Lead agency case managers shared that they have a solid provider network, but still experience some service gaps due to lack of providers in the region. Case managers explained that they do not have sufficient providers who offer services for participants with high behavioral needs, especially child psychiatrists and providers that work with participants with autism. The Social Services Supervisor also expressed that there is a deficit in mental health providers, explaining that there is a gap in services for people suffering from mental health crises. The Public Health Supervisor said that there is a lack of chore services providers and attributed this to low reimbursement rates for staff. She also mentioned the need for more customized living options.

Lead agency staff shared that they try to address identified service gaps. They contact existing providers and informally discuss expanding services. The Social Services Supervisor explained that they recently have worked with an existing provider to develop a home for children with severe autism. In order to create a specialized program for these participants, Grant County is working collaboratively with the Regional Resource Specialist and partner schools. Finally, they are working to expand employment options and are currently in conversation with the local Day Activity Center to expand this service area.

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.

Grant County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

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

Lead agency staff shared that they work well with providers and frequently communicate with them. Case managers explained that they discuss any provider concerns with their supervisor. The foster care licensor sends a questionnaire to waiver case managers who have participants

placed in each foster care home prior to the licensing renewal visit to gather information on the provider's performance. Case managers also monitor foster care providers through participant surveys administered by their managed care provider, PrimeWest. Additionally, Public Health conducts reviews of providers when they enter contract agreements.

Case managers shared that they have had some challenges communicating with local nursing facilities. Case managers shared that schools communicate with them around transition planning; however, they explained this process can be difficult because schools often begin planning just before the time of the transition rather than planning ahead. There is open communication between case managers and customized living providers, and case managers explained that they receive updates about participants when they call for other purposes.

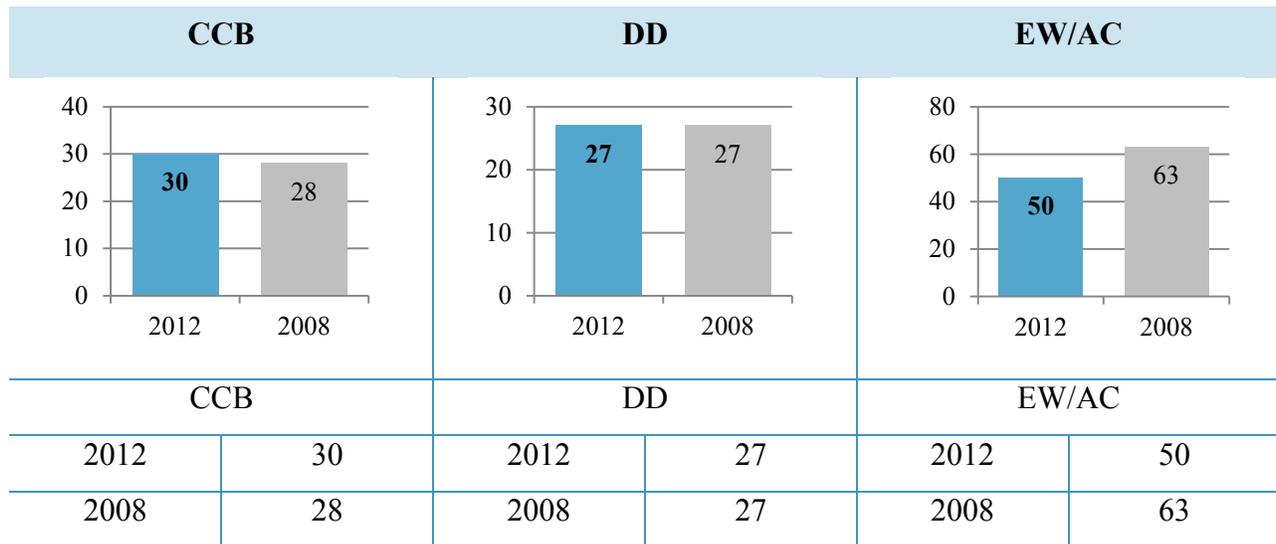
Case managers are generally satisfied with the care participants receive from family and corporate foster care providers. They appreciate that foster care providers are willing to provide end of life care, even for participants who have high needs. They also said that the foster care providers are willing to accommodate participants' varying needs. Case managers said that vocational providers are generally easy to work with. They appreciate that the local Day Activities Center (DAC) often actively seeks community employment opportunities for participants. However they noted that the DAC has some difficulty finding job opportunities for participants with mental health issues and said that it would benefit the community if vocational providers were to develop opportunities for participants with autism.

Case managers shared that their relationship with home health care agencies is above average. They explained that the providers are both proactive about and responsive to the needs of participants. They also commended them for serving participants with high needs participants very well.

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 Grant County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Grant County has increased by 2 participants (7.1 percent) from 28 in 2008 to 30 in 2012. Most of this growth occurred in the case mix A, which grew by 6 people. This growth in people with a lower need profile may explain why the percentage of higher needs participants decreased. Decreases occurred in case mixes B, C, and D.

Since 2008, the number of people served with the DD waiver in Grant County remained the same at 27 people. While Grant County experienced a 0.0 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Grant County, the profile groups 2 and 3 both decreased, and profile group 4 increased by 3 people. The greatest change in the cohort profile groups occurred in people having a Profile 3. Grant County serves a smaller proportion of people in profile groups 1 and 2 (29.6 percent), than its cohort (34.4 percent).

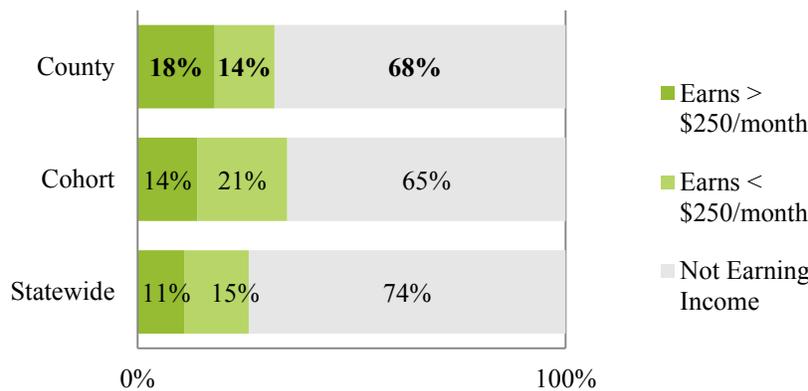
Since 2008, the number of people served in the EW/AC program in Grant County has decreased by 13 people (20.6 percent), from 63 people in 2008 to 50 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Grant County still served 14 fewer lower needs

participants in 2012 than in 2008. In addition, case mix B grew by 4 people. As a result, Grant County may be serving a higher proportion of people with mental health needs.

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Grant County	18%	14%	68%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Grant County served 22 working age (22-64 years old) CCB participants. Of working age participants, 31.8 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Grant County ranked 22nd of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Grant County 18.2 percent of the participants earned \$250 or more per month, compared to 14.3 percent its cohort's participants.

Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Grant County	29%	50%	21%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

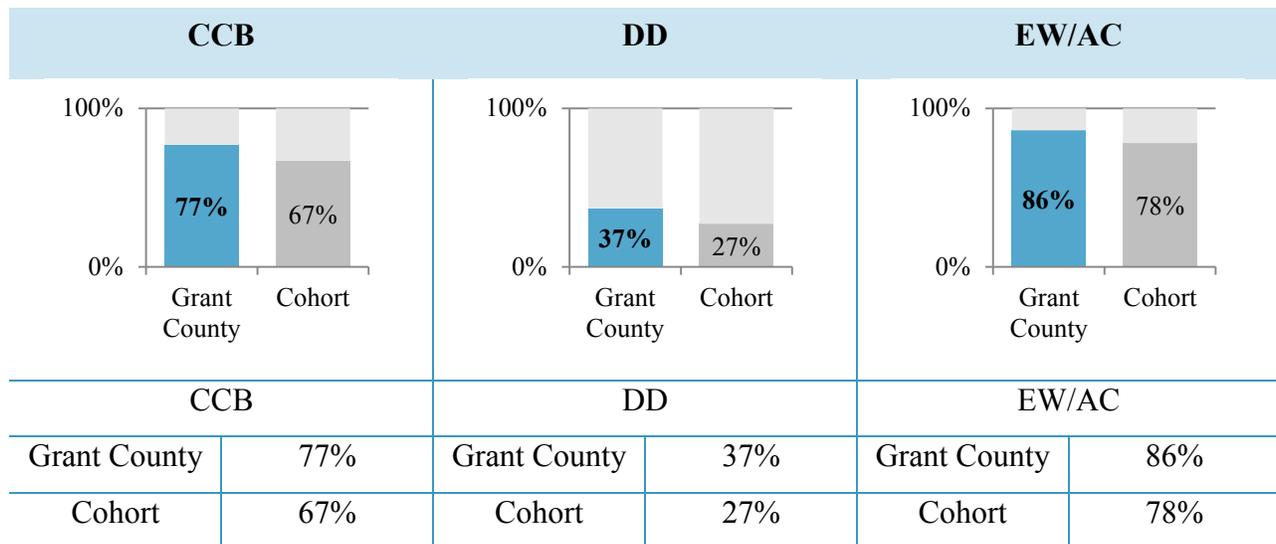
In 2012, Grant County served 14 DD waiver participants of working age (22-64 years old). **The county ranked 27th in the state for working-age participants earning more than \$250 per month.** In Grant County, 28.6 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 78.6 percent of working age DD waiver participants in Grant County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus

on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2012)



Grant County ranks 11th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 23 participants at home. Between 2008 and 2012, the percentage decreased by 5.5 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 76.6 percent of CCB participants in Grant were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Grant County ranks 17th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 10 participants at home. Between 2008 and 2012, the percentage remained the same, 37.0 percent. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

Grant County ranks 15th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 43 participants at home. Between 2008 and 2012, the percentage increased by 6.6 percentage points. In comparison, the percentage of

participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Grant County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Grant County</td><td>\$87</td></tr> <tr><td>Cohort</td><td>\$98</td></tr> </table>	Entity	Rate	Grant County	\$87	Cohort	\$98	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Grant County</td><td>\$132</td></tr> <tr><td>Cohort</td><td>\$170</td></tr> </table>	Entity	Rate	Grant County	\$132	Cohort	\$170
Entity	Rate													
Grant County	\$87													
Cohort	\$98													
Entity	Rate													
Grant County	\$132													
Cohort	\$170													
Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Grant County</td><td>\$163</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Grant County	\$163	Cohort	\$171	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Grant County</td><td>\$166</td></tr> <tr><td>Cohort</td><td>\$196</td></tr> </table>	Entity	Rate	Grant County	\$166	Cohort	\$196
Entity	Rate													
Grant County	\$163													
Cohort	\$171													
Entity	Rate													
Grant County	\$166													
Cohort	\$196													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Grant County</td><td>\$67</td></tr> <tr><td>Cohort</td><td>\$60</td></tr> </table>	Entity	Rate	Grant County	\$67	Cohort	\$60	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Grant County</td><td>\$69</td></tr> <tr><td>Cohort</td><td>\$75</td></tr> </table>	Entity	Rate	Grant County	\$69	Cohort	\$75
Entity	Rate													
Grant County	\$67													
Cohort	\$60													
Entity	Rate													
Grant County	\$69													
Cohort	\$75													

Average Rates per day for CADI services (2012)

	Grant County	Cohort
Total average rates per day	\$87.23	\$97.99
Average rate per day for residential services	\$163.14	\$170.52
Average rate per day for in-home services	\$66.59	\$60.30

Average Rates per day for DD services (2012)

	Grant County	Cohort
Total average rates per day	\$132.11	\$169.97
Average rate per day for residential services	\$165.83	\$196.37
Average rate per day for in-home services	\$69.23	\$74.78

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Grant County is \$10.76 (11.0 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Grant County spends \$7.38 (4.3 percent) less on residential services but \$6.29 (10.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Grant County ranks 24th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Grant County is \$37.86 (22.3 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Grant County spends \$30.54 (15.6 percent) less on residential services and \$5.55 (7.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Grant County ranks 3rd 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.

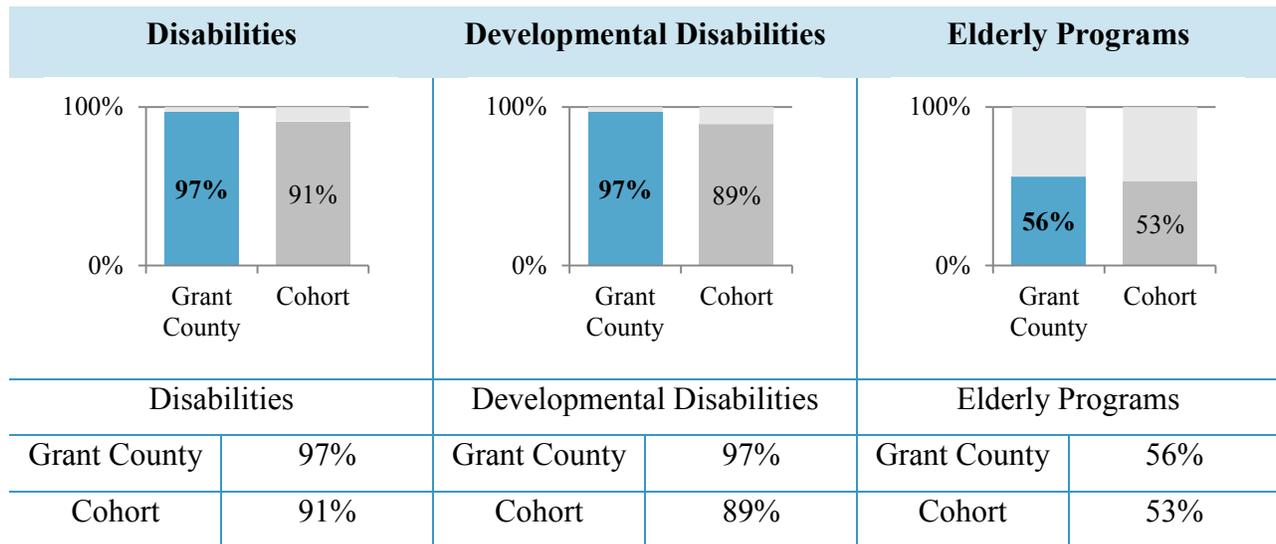
Grant County has a lower use in the CADI program than its cohort of some residential based services (Foster Care (20% vs. 24%) and Customized Living (0% vs. 6%)). For vocational services, the county has a lower use of Prevocational Services (3% vs. 9%) and their use of supportive employment services is slightly lower (13% vs. 14%). They also have a higher use of some in-home services including Homemaker (37% vs. 33%), Home Health Aide (13% vs. 11%), and Independent Living Skills (24% vs. 17%), but a lower use of Home Delivered Meals (20% vs. 26%). Thirty-six percent (36%) of Grant County's total payments for CADI services are for residential services (36% foster care) which is lower than its cohort group (50%).

Grant County's use of Supportive Living Services (SLS) is lower than its cohort (62% vs. 73%) 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. Grant County's monthly Supportive Living Services rates are lower than its cohort (\$3,243.53 vs. \$3,545.13). The county has a lower use of Day Training & Habilitation (59% vs. 62%) and In-Home Family Support (7% vs. 15%) than their cohort. The county has a lower use of Respite Services (18% vs. 19%) than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Grant County served 40 LTC participants (persons with disabilities under the age of 65) in HCBS settings and three in institutional care. Grant County ranked 6th of 87 counties with 96.9 percent of their LTC participants received HCBS. This is higher than their cohort, where 91.3 percent were HCBS participants. Since 2008, Grant County has increased its use of HCBS by 6.0 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Grant County served 29 LTC participants (persons with development disabilities) in HCBS settings and one in institutional settings. Grant County ranked 17th of 87 counties with 96.6 percent of its DD participants receiving HCBS, a higher rate than its cohort (89.2 percent). Since 2008, the county has decreased its use by 3.4 percentage points while its cohort

rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Grant County served 52 LTC participants (over the age of 65) in HCBS settings and 46 in institutional care. Grant County ranked 58th of 87 counties with 55.6 percent of LTC participants receiving HCBS. This is higher than their cohort, where 52.9 percent were HCBS participants. Since 2008, Grant County has increased its use of HCBS by 4.1 percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

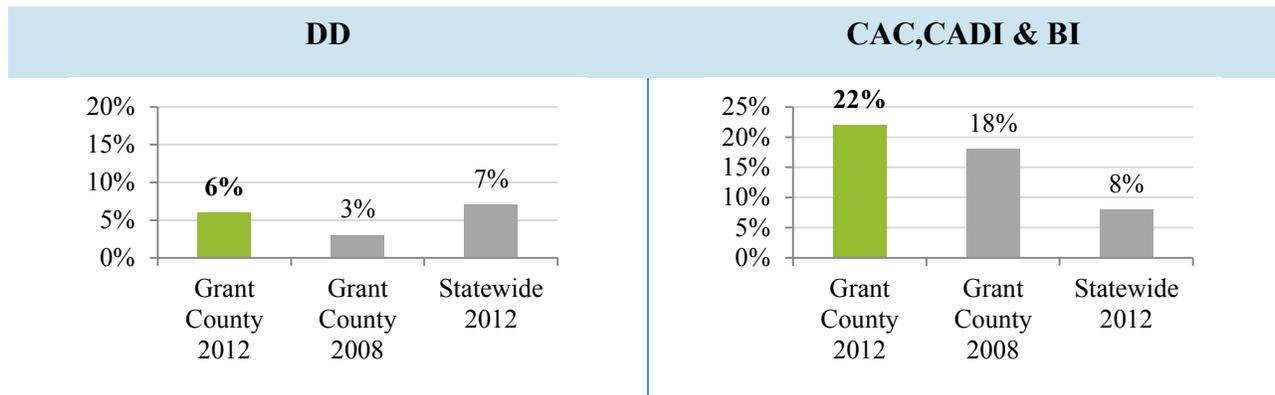
	Grant County	Cohort	Statewide
Age 0-64	0.21	0.65	0.54
Age 65+	26.02	32.06	21.99
TOTAL	5.56	6.42	3.19

In 2012, **Grant County was ranked 66th** in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort but higher than the statewide rate. Similarly, Grant County has a lower nursing facility utilization rate for people under 65 years old than both their cohort and the statewide rate. Since 2010, the number of nursing home residents 65 and older has decreased by 31.9 percent in Grant County. Overall, the number of residents in nursing facilities has decreased by 32.7 percent since 2010.

Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Grant County (2012)	6%	22%
Grant County (2008)	3%	18%
Statewide (2012)	7%	8%

At the end of calendar year 2012, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Grant County had a 6% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Grant County’s DD waiver balance is larger than its balance in CY 2008 (3%), but smaller than the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Grant County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Grant County had a 22% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2008 (18%).

Traverse, Stevens, and Grant Public Health has a policy in place to assess the needs of the participants to help prioritize new slots. Case managers meet with the Public Health Supervisor to prioritize the waitlist based on risk of health and safety. They also consult with the Regional Resource Specialist who helps the counties trade waiver slots. Grant County maintains a CCB waitlist which included two people at the time of the review. There is no waitlist for DD program services. The DD case manager at Grant County Social Service has access to WMS and run simulations when necessary in order to determine waiver eligibility or funding availability. Traverse, Stevens and Grant Public Health has one case manager designated to run simulations in WMS for each county. This designated case manager oversees the budget and prints WMS reports on a monthly basis to share with staff. Potential waiver changes are discussed between the case manager with access to WMS, the case manager assigned to the case and the Public Health Supervisor.

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.

Grant County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

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

Case managers reported that the Regional Resource Specialist is the most useful DHS resource, followed by E-Docs, videoconference trainings, and listserv announcements. They reported that the MMIS Help Desk is the least helpful resource for their work. Case managers said that they greatly appreciate having the Community Based Services Manual as a tool, and described that it helps them explain the details around program coverage to families. Case managers rated Policy

Quest as a useful resource, but said that it could be improved by making responses more timely. The Social Services Supervisor expressed that the DHS website is very helpful for all programs and said she is satisfied with Webinars, but would like in person training as well. She also shared that the Regional Resource Specialist is very helpful and has given her one-on-one training about DD programs. The Public Health Supervisor was also very pleased with the Regional Resource Specialist, and she mentioned that the case managers often consult with her. She also mentioned that the case managers are beginning to use the MinnesotaHelp.info website more frequently.

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.

Grant County Strengths

The following findings focus on Grant 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.

- **Grant County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Grant County received a corrective action for the related conditions checklist and current care plans. In 2013, none of these issues remain for Grant County indicating technical improvements over time.
- **Case managers build relationships with waiver participants and families over time by visiting frequently and by helping them navigate systems to receive the services that they need.** Grant County case managers are in frequent contact with participants. All (100%) of participants reviewed were seen at the frequency required by their waiver plan; many were seen more often than required. Public health case managers who serve participants who live in Grant county visit participants on average four times every 18 months across AC, EW and CCB programs. Social Services case managers visit DD participants on average nine times every 18 months.

- **Case managers collaborate well with each other and other units within and across counties.** There are strong interagency relationships as well as great working relationships between Public Health and Social Services across Traverse, Stevens, and Grant Counties. These small lead agencies, partner often and think regionally when developing services and supports. For example, Grant County waiver staff work closely with Traverse County staff on child and adult protection cases and Traverse County assists Grant and Stevens Counties in training new financial workers. Traverse, Stevens, and Grant Public Health have monthly staff meetings and discuss practices across counties. This collaboration enhances the services participants are receiving and helps them navigate services.
- **County staff are well-connected with providers and other organizations that serve participants.** Public Health and Social Services case managers have worked to build strong relationships with area providers who can deliver quality services for participants. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Case managers acknowledged that the large majority of their providers go above and beyond their responsibilities. Finding providers can be a challenge; however Grant County Social Services has effectively used Consumer-Directed Community Supports (CDCS) to overcome this barrier. In 2012, Grant County had four out of 27 DD participants using CDCS and four out of 30 CCB participants using CDCS. This program is effective at supporting participants in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing. This is particularly important for Traverse Stevens and Grant Public Health and Grant County Social Services as there are limited resources to provide appropriate supports to help keep participants in their own homes.
- **Grant County has excellent supports in place to assist case managers.** Traverse, Stevens, and Grant Public Health has worked to make case managers' daily work more efficient by using visit sheets and electronic files. Case aides reduce the administrative burdens on case managers by maintaining current forms, which are located on a shared drive along with updated provider information. Together these supports free up time for case managers to provide quality care to participants, as evidenced by frequent visits and the detailed case

notes. Case managers also benefit from strong leadership. Having a supervisor who is very knowledgeable about the waiver programs makes them feel supported and makes their jobs easier.

- **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, and it should include detailed information about their plan of care. Social Services case managers thoughtfully document the person-centered care they give to participants. 100% of DD case managers used participant friendly language, addressed behavioral and medical issues, and created individualized and meaningful goals for participants. Public Health should consult with DD case managers and work to adopt a more person-centered approach to documentation by updating the long-term care program care plan formats and by using participant-friendly language.
- **The case files reviewed in Grant County consistently met HCBS program requirements.** Participant case files in Traverse, Stevens, and Grant Public Health and Grant County Social Services are well-organized and complete. 100% of required documentation and forms were included in the file, including the ICF/DD Level of Care, BI Form, OBRA Level One, Related Conditions Checklist, informed consent, notice of privacy practices (HIPAA), and signed and dated care plans. Care plans included 100% of required content, such as choice questions answered, participant needs identified, care giver needs included, participant outcomes and goals health and safety issues outlined. The lead agency also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information and back-up plans.
- **Grant County works to address service gaps.** Grant County Social Services is aware of the need for services for participants with high behavioral needs. In particular they have noticed the growing need for providers that specialize in autism. They have responded to this need by developing foster care for children with autism. This service development has resulted in stronger connections between Grant County and local area schools as they are working together to provide more specialized services for this population.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants annually.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Update long-term care program care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** The public health care plans in Traverse, Stevens and Grant Counties were 100% compliant on all required components; however, the language used was not individualized to each participant. Although it was clear in other areas that the case managers were providing person-centered care, 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. Grant County Social Services is using a person-centered ISP care plan format, and Traverse, Stevens, and Grant Public Health could use it as an example when making improvements.
- **Use existing visit sheets to document participant satisfaction and provider performance.** Traverse, Stevens and Grant Public Health is using visit sheets that already include detailed information about the participant, such as updates and monitoring of setting. However, they could be improved by adding prompts for documentation of participant satisfaction and provider performance. Grant County Social Services could benefit from adopting a similar

strategy, as visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the county to ensure the participants are being visited at the frequency required by their program. In addition, Grant County should consider developing and implementing a regular survey about county services to gather feedback about the county's performance from participants and providers.

- **Consider expanding contracted case management services to serve participants that live out of the county and to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Grant County should treat contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.
- **Maintain focus and expand planning efforts for critical service needs that promote sustainability and quality of life for waiver participants.** Grant County has achieved high rates of participants with earned income and high rates of participants living in their own homes. However, 27% of CCB and 48% of DD waiver participants are currently under age 22 and will be transitioning soon from school to work and from their family home into their own home. To ensure it is able to keep up this strong performance, the county should formally solicit providers capable of serving DD and CADI participant to develop additional capacities in community-based employment opportunities and supports for participants living in their own homes. 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 county should work with providers to repurpose the vacant foster care beds to meet emerging needs.
- **Develop an alliance with Stevens and Traverse Counties to manage waiver allocations for the CCB and DD budgets.** Participation in a waiver alliance will help Grant County meet needs and manage risks. Being part of an alliance will allow Grant County to spend

more of the HCBS budget while being protected in the event of high cost participants. Ensure that all eligible people waiting for services are included on the DD or CCB waiting lists. The counties may also want to consider using their accounting expertise to help manage allocations in the Waiver Management System. Participating in the alliance will help Grant Counties continue to build on their strong regional relationships and conduct regional planning in order to enhance services for their participants.

Corrective Action Requirements

Required corrective actions are developed by the Waiver review Team, and areas that are found to be inconsistent in meeting state and federal requirements. Grant County was found to have no corrective actions as they were 100% compliant in meeting program requirements measured through the case file review.

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	2	N / A	2	0	N / A	N / A
Screenings done on time for new participants (PR)	92%	100%	80%	100%	AC / EW, DD	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	100%	100%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=16	CCB n=11	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=16	CCB n=11	DD n=10	Strength	Challenge
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Inclusion of caregiver needs in care plans	83%	100%	75%	100%	AC / EW, DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	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

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=5</i>)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=5</i>)	100%	N / A	N / A	N / A	ALL	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=16	CCB n=11	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (PR for CCB)	73%	100%	100%	0%	AC / EW, CCB	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=16	CCB n=11	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)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=16	CCB n=11	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	30%	25%	27%	40%	N / A	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	56%	97%	97%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	26%	93%	98%	CCB, DD	N / A
Percent of waiver participants with higher needs	N / A	30%	47%	67%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	94%	100%	DD	CCB
Percent of waiver participants served at home	N / A	86%	77%	37%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	18%	29%	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.