

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Nobles County**

Waiver Review Site Visit: July 2013

Report Issued: August 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 Nobles 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 Nobles County
Case File Review	34 cases
Provider survey	6 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 9 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 Nobles County

In July 2013, the Minnesota Department of Human Services conducted a review of Nobles County's Home and Community Based Services (HCBS) programs. Nobles County is a rural county located in south western Minnesota. Its county seat is located in Worthington, Minnesota and the County has another ten cities and twenty townships. In State Fiscal Year 2012, Nobles County's population was approximately 21,474 and served 260 people through the HCBS programs. According to the 2010 Census Data, Nobles County had an elderly population of 15.5%, placing it 49th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Nobles County's elderly population, 12.5% are poor, placing it 12th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Nobles County Community Services Agency is the lead agency for the HCBS programs and provides case management for these programs. The Adult Services Supervisor manages the waiver programs and oversees a total of nine waiver case managers including eight social workers and one public health nurse. Case managers specialize by program and area of expertise; two case managers work with the DD program, two case managers work with the EW and AC programs, and four have a mix of CADI, BI, and EW cases. The public health nurse has a caseload of primarily EW cases, but also is assigned to more medically complex CADI and CAC cases. Nobles County serves as a contracted care coordinator for two managed care organizations (MCOs) including Blue Plus and UCare.

All staff from Adult and Children's Services units rotate intake duties on six month intervals. The staff member with intake responsibilities is provided with a resource book that contains all

of the forms and questions to be asked as part of the intake process. The intake staff member sends an e-mail with the completed intake form to the appropriate supervisor to notify them of the new intake. In Adult Services, EW cases are assigned by the last name of the potential participant. For all other programs, the case is assigned by the supervisor based on case manager program area of expertise.

Nobles County performs dual assessments with both a social worker and public health nurse for all new assessments. Most of the time, the initial assessment is performed by the assigned case manager. Annual or semi-annual reassessments are typically performed by just the case manager unless there are significant medical issues that may require the expertise of the public health nurse. Case managers shared that they communicate with each other frequently through informal conversations and consult with the public health nurse as needed.

EW case managers have approximately 80 cases including waivers, Community Well, and nursing home visits. DD case managers have about 70 cases which includes both waiver and Rule 185 cases. The case managers with primarily CADI cases and adult mental health case management responsibilities have approximately 25 waiver cases, while the CADI case manager without mental health cases has 12 waiver cases as well as nursing home care coordination duties. The public health nurse has a caseload of about 80 including EW, CADI, and CAC waiver cases. The public health nurse also serves as a public guardian for participants and fulfills other public health duties.

Working Across the Lead Agency

Nobles County financial workers are located in the same workspace as case managers. Financial workers specialize by area (e.g., adults, children) and are assigned alphabetically so case managers know who to contact with questions. Case managers frequently coordinate and consult with financial workers through e-mail and face-to-face conversations. Case managers shared that they use the 5181 communication form so contacts can be documented in the participants' financial files. Lead agency staff shared that there is great communication between financial workers and case managers about timely completion of forms by participants, and financial workers notify case managers about any Medical Assistance (MA) eligibility concerns for their

participants. Case managers also receive notices when financial workers are in contact with families.

One of the EW case managers is the primary adult protection worker. Two waiver case managers also serve as back-up investigators. Typically, the case manager performs the investigation when it is appropriate (i.e., there is no conflict of interest, or it is not a sensitive situation). Otherwise, a different case manager performs the adult protection investigation and works closely with the participant's waiver case manager. Case managers mentioned that there are very few child protection cases, but they are not always notified if a waiver case is open to child protection. They said that turnover in the Children's Services has made it more difficult to build relationships and communicate with this unit.

Three of the five staff who provide case management for the CADI program are also able to provide Rule 79 target case management for participants open to both programs. For a majority of these cases, the waiver case manager fulfills both roles so that the participant has only one case manager. For children's mental health cases, the participant has two case managers, but the waiver case managers are able to easily contact the children's mental health case manager with any questions or concerns.

The Director is the primary contact for the County Board, but the Adult Services Supervisor attends board meetings when there is relevant information to share.

Health and Safety

In the Quality Assurance survey, Nobles County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address 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 Nobles County has well trained and knowledgeable case workers and that they are responsive to changes in participant needs.

Lead agency staff attend monthly Adult Services unit meetings. These meetings provide an opportunity for case managers to discuss any program changes. The Adult Services Supervisor

provides direction to staff after having discussions about how to implement changes. Case managers shared that bulletins are a primary source of information, and they also rely on each other to keep up to date on requirements. All case managers are on listservs and receive various e-mails about updates to policies. DD case managers attend regional meetings and LTC case managers attend a quarterly discharge regional meeting. The MCO's also provide trainings, webinars, and newsletters that have program updates.

Service Development and Gaps

Nobles County staff shared that they have a solid provider network, but still experience some service gaps due to lack of providers in the region. Lead agency staff shared that they do not have any chore services and struggle to get PCA services in smaller communities further away from Worthington. Lead agency staff shared that it is difficult to find specialty services for participants with high behavioral needs, and many are placed in foster care settings out of the county. Another challenge that lead agency staff shared is finding culturally appropriate services for participants from diverse cultural backgrounds. Case managers use the Language Line as well as participant's family members to help overcome language barriers. However, case managers mentioned there are still some forms that are not available in certain needed languages. Lead agency staff shared that some provider agencies have begun hiring staff that are bilingual and can provide culturally appropriate care. Lead agency staff shared that transportation is a barrier to employment programs for transition-age participants and community supportive employment opportunities. Currently, there is a bus service (Heartland Express available in Nobles County, but it has very specific routes and restricted hours and can be expensive to use on a regular basis.

Recently, Nobles County has added new providers including adult day services and a PCA provider. Lead agency staff shared that if there is a service need identified, they hold a meeting with providers to talk about these emerging needs. They also have one-on-one conversations with specific providers about future service development. Lead agency staff also said that they send out RFPs to fill gaps in services.

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.

Nobles 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	0	5
Schools (IEIC or CTIC)	0	2	2
Hospitals (in and out of county)	1	7	1
Residential Providers (CL, SLS)	0	5	0
Employment Providers (DT&H, Supported Employment)	0	0	7
Foster Care (Corporate/Family), SLS	0	5	1
Home Care Providers	0	6	0

Lead agency staff said one of the county’s strengths is their strong working relationships with providers. While they don’t have any formal provider meetings, providers are involved in participant meetings. The lead agency informally monitors providers. Case managers discuss any participant concerns or observations with the Adult Services Supervisor or Director, and provider issues are discussed at regular monthly meetings. Case managers also contact licensing if they see any issues during a visit. Licensing gives surveys to case managers before going out for a licensing visit. Nobles County gives participants a general survey at their annual review about the services they receive through the Community Services Agency.

Case managers shared that they have built strong relationships with nursing facilities. The nursing facilities provide prompt updates and communicate well. One case manager is the primary contact for the nursing facility staff so they know who to contact. They are usually notified about admissions, care conferences, and discharges. Case managers said that their relationships with hospitals are not as strong. They noted that case managers sometimes receive late notification that a participant is being discharged from a hospital which makes it difficult to arrange transportation and services. Case managers said that there is a general lack of training and knowledge amongst hospital staff about working with participants with developmental disabilities and mental health needs.

Case managers said that they have good relationships with the local school district. They are usually invited to Individualized Education Program (IEP) meetings in a timely manner. Nobles County has a transition team that targets participants at an early age (age 12) to start planning for housing and employment once they graduate, and the local school has a transition coordinator. The two DD case managers participate in the local Interagency Early Intervention Committee (IEIC) and Community Transition Interagency Committee (CTIC). However, case managers shared that some other school districts in the area are unclear about the role of the case manager and have unrealistic expectations for what services can be provided. There is a lack of planning for transition age students; however, case managers also said that there are not many opportunities available in the community to work on developing skills.

There are a large number of vocational providers, and case managers said that in general they have very good relationships and communication with them. Case managers said that vocational providers know who the case managers are and communicate with them about meetings. They shared that vocation providers have been very patient when working with participants and are open to unplanned visits from case managers at the worksites. However, they mentioned that there is sometimes a lack of work available for participants to do.

Case managers said that customized living providers are willing to take high need participants and try to meet needs as long as possible. They shared that turnover in staff has been an issue recently which makes it difficult to keep customized living staff up-to-date about the role of the

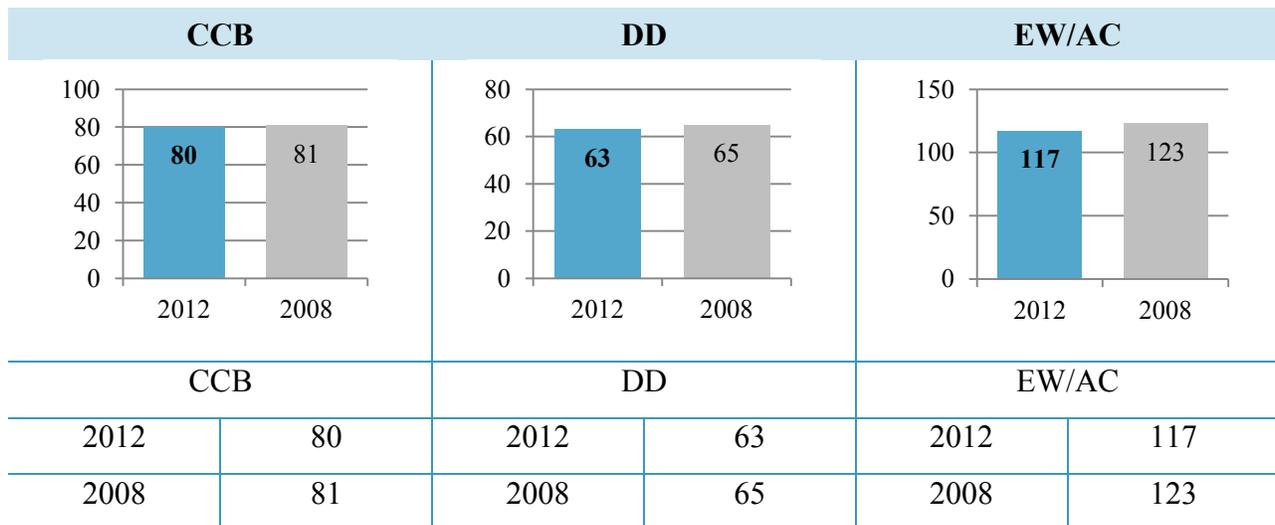
case manager in serving participants. Case managers said that their interactions with foster care providers are mixed; some sites are excellent at communicating about participants, while others wait too long to notify case managers about any concerns or issues going on with the participant.

Case managers said that home care providers are sometimes unresponsive to case managers, and that providers have had a difficult time maintaining high quality staff because of lack of training and wages. In addition, there are only a few culturally appropriate providers that are able to provide high quality services.

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 Nobles County (2008 & 2012)



Since 2008, the total number of persons served in the CCB Waiver program in Nobles County has decreased by one participant (1.2 percent) from 81 in 2008 to 80 in 2012. Most of this decrease occurred in case mix A, the group of people with the lowest needs. In addition, case mixes B and E each increased. As a result, Nobles County may be serving a larger proportion of individuals with mental health needs.

Since 2008, the number of persons served with the DD waiver in Nobles County decreased by 2 participants, from 65 in 2008 to 63 in 2012. In Nobles County, the DD waiver program is growing more slowly than in the cohort as a whole. While Nobles County experienced a 3.1 percent decrease in the number of persons served from 2008 to 2012, its cohort had a 7.0 percent increase in number of persons served. In Nobles County, the profile group three decreased by four people. As a result, Nobles County serves a smaller proportion of people with high needs. Profiles one and two represent those people with the highest needs. In Nobles County, 27.0 percent of people are in these groups, compared to 34.4 percent in their cohort.

Since 2008, the number of persons served in the EW/AC program in Nobles County has decreased by six people (4.9 percent), from 123 people in 2008 to 117 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, Nobles County still served six fewer lower needs participants in 2012 than in 2008.

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.

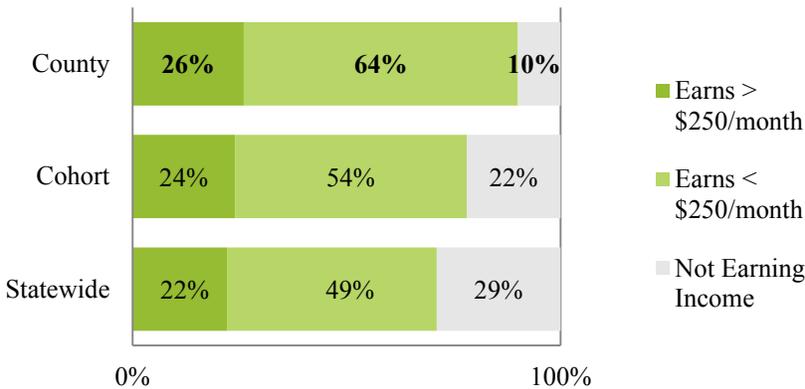
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Nobles County	21%	31%	48%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, Nobles County served 62 working age (22-64 years old) CCB participants. Of working age participants, 51.6 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **Nobles County ranked 6th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Nobles County 21.0 percent of the participants earned \$250 or more per month, compared to 14.4 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)



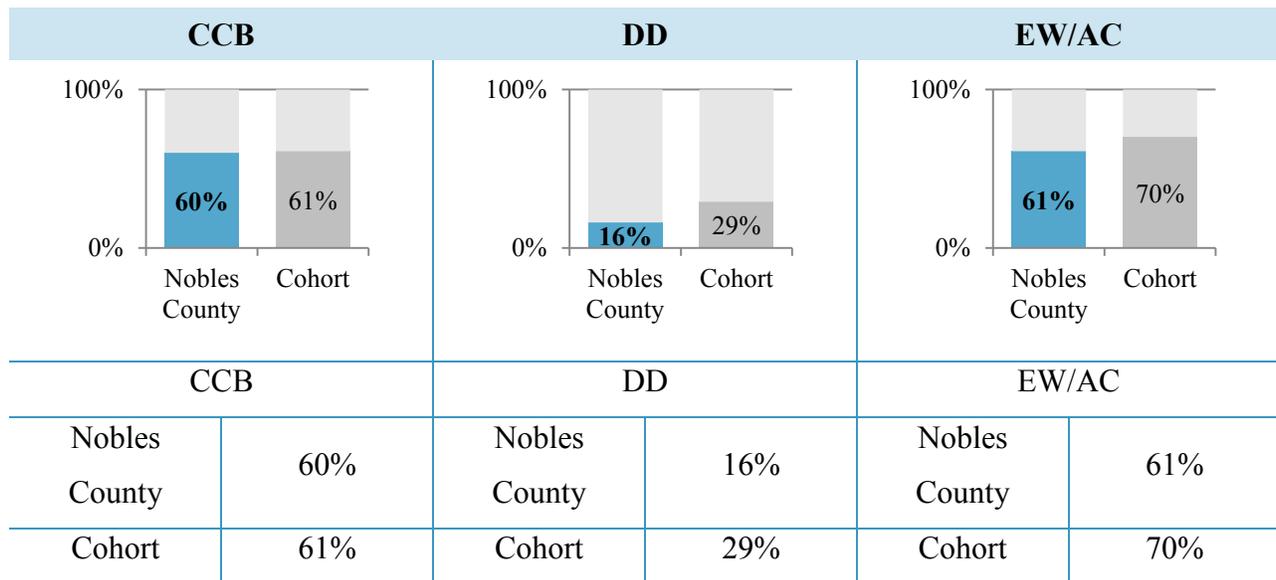
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Nobles County	26%	64%	10%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

In 2012, Nobles County served 47 DD waiver participants of working age (22-64 years old). **The county ranked 38th in the state for working-age participants earning more than \$250 per month.** In Nobles County, 25.5 percent of working age participants earned over \$250 per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 89.4 percent of working age DD waiver participants in Nobles County had some earned income, while 77.8 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)



Nobles County ranks 52nd out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 48 participants at home. Between 2008 and 2012, the percentage decreased by 9.1 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points and the statewide average fell by 4.2 points. In 2012, 60.0 percent of CCB participants in Nobles were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Nobles County ranks 83rd 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 decreased by 2.6 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.0 percentage point. Statewide, the percentage of

DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

Nobles County ranks 67th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 71 participants at home. Between 2008 and 2012, the percentage decreased by 10.0 percentage points. In comparison, the percentage of participants served at home fell by 6.1 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. Nobles County serves a lower proportion of EW/AC participants in their homes than their cohort or the state.

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

	CADI	DD
Total average rates per day	<p>Nobles County: \$94 Cohort: \$97</p>	<p>Nobles County: \$167 Cohort: \$171</p>
Average rate per day for residential services	<p>Nobles County: \$167 Cohort: \$161</p>	<p>Nobles County: \$188 Cohort: \$207</p>
Average rate per day for in-home services	<p>Nobles County: \$40 Cohort: \$55</p>	<p>Nobles County: \$51 Cohort: \$81</p>

Average Rates per day for CADI services (2012)

	Nobles County	Cohort
Total average rates per day	\$94.48	\$96.60
Average rate per day for residential services	\$167.19	\$160.81
Average rate per day for in-home services	\$39.63	\$55.43

Average Rates per day for DD services (2012)

	Nobles County	Cohort
Total average rates per day	\$167.35	\$170.56
Average rate per day for residential services	\$187.88	\$206.94
Average rate per day for in-home services	\$51.29	\$80.98

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 Nobles County is \$2.12 (2.2 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Nobles County spends \$6.38 (4.0 percent) more on residential services and \$15.80 (28.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Nobles County ranks 36th 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 Nobles County is \$3.21 (1.9 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Nobles County spends \$19.06 (9.2 percent) less on residential services and \$29.69 (36.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Nobles County ranks 35th 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.

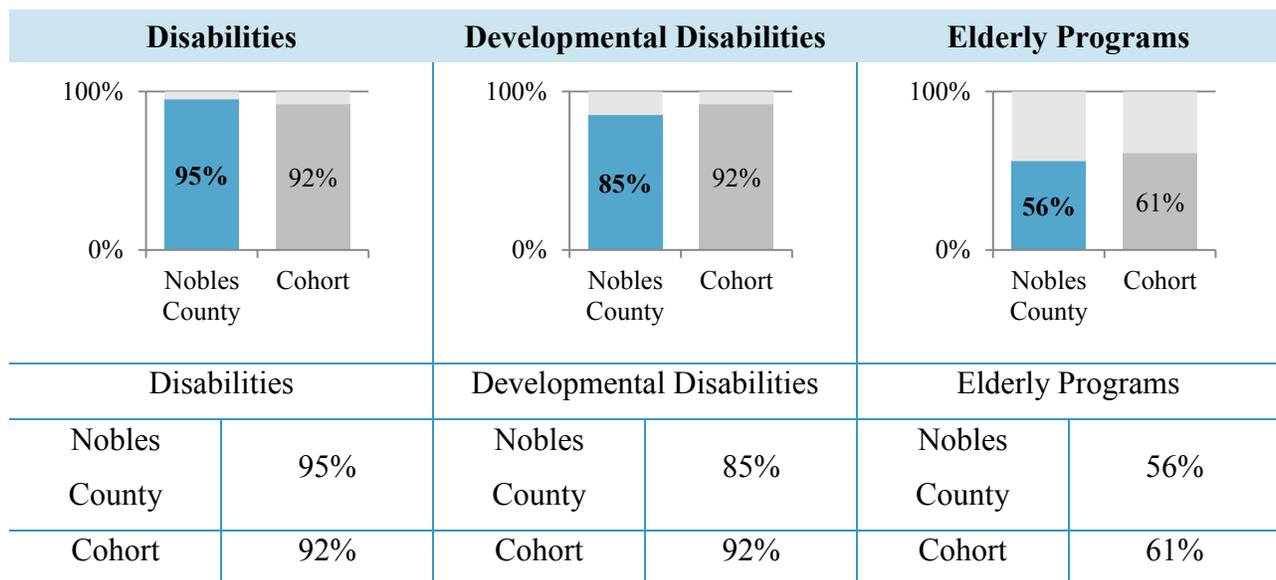
Nobles County has a higher use in the CADI program than its cohort of some residential based services (Foster Care (32% vs. 28%)), and lower use for others (Customized Living (5% vs. 8%)). The county has lower use of Prevocational Services (10% vs. 11%), but a higher use of Supported Employment Services (28% vs. 11%). They also have a higher use of some in-home services including Homemaker (37% vs. 28%) and Home Delivered Meals (26% vs. 21%), but have a lower use of Independent Living Skills (10% vs. 13%). Sixty-seven percent (67%) of Nobles County's total payments for CADI services are for residential services (62% foster care and 5% customized living) which is higher than its cohort group (56%). Nobles County's family foster care rates are higher than its cohort when billed daily (\$150.33 vs. \$145.85 per day). Corporate foster care rates are lower than its cohort when billed monthly and when billed daily (\$5,083.55 vs. \$5,118.81 per month and \$150.21 vs. \$192.17 per day).

Nobles County's use of Supportive Living Services (SLS) is higher than its cohort (84% vs. 70%) 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. Nobles County's corporate Supportive Living Services rates are higher than its cohort when billed daily (\$164.74 vs. \$186.50 per month). The county has a lower use of Day Training & Habilitation (52% vs. 64%), but a higher use of Supported Employment (9% vs. 5%). Nobles County also has lower use of In-Home Family Support (11% vs. 17%) and Respite Services (15% 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, Nobles County served 293 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 13 in institutional care. Nobles County ranked 27th of 87 counties in the percent of LTC participants receiving HCBS; 94.6 percent of their LTC participants received HCBS. This is higher than their cohort, where 92.0 percent were HCBS participants. Since 2008, Nobles County has decreased its use of HCBS by 1.2 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Nobles County served 81 LTC participants (persons with development disabilities) in HCBS settings and 14 in institutional settings. Nobles County ranked 72nd of 87 counties in the percentage of DD participants receiving HCBS with 85.4 percent of its DD participants receiving HCBS; a slightly lower rate than its cohort (92.2 percent). In Nobles County, the rate of participants receiving HCBS services has declined slightly. Since 2008, the county has

decreased its use by 1.0 percentage points, while its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Nobles County served 151 LTC participants (over the age of 65) in HCBS settings and 113 in institutional care. Nobles County ranked 54th of 87 counties in the percent of elderly LTC participants receiving HCBS. Of LTC participants, 56.4 percent received HCBS. This is lower than their cohort, where 60.7 percent were HCBS participants. Since 2008, Nobles County has increased its use of HCBS by 3.4 percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

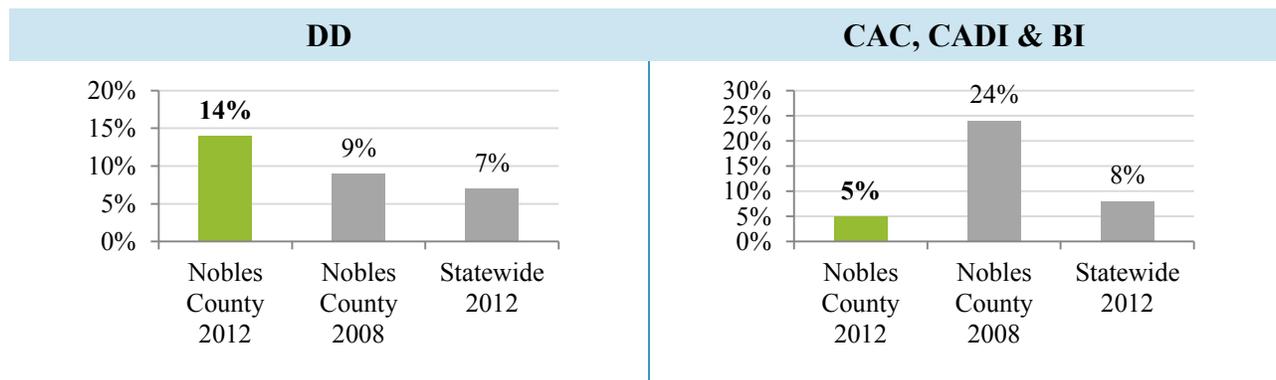
	Nobles County	Cohort	Statewide
Age 0-64	0.40	0.57	0.54
Age 65+	27.68	24.57	21.99
TOTAL	4.63	4.48	3.19

In 2012, Nobles County was ranked 30th in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Nobles County has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has increased by 4.7 percent in Nobles County. Overall, the number of residents in nursing facilities has increased by 2.1 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
Nobles County (2012)	14%	5%
Nobles County (2008)	9%	24%
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, a 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, Nobles County had a 14% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Nobles County’s DD waiver balance is larger than its balance in CY 2008 (9%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Nobles 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, Nobles County had a 5% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2008 (24%).

Nobles County has a waitlist for the CADI program. Lead agency staff shared that there is a monthly unit meeting to talk about the planning list for CCB and DD and any ongoing needs or services. Decisions are made as a group about services and slots using criteria like health and safety needs. The Adult Services Supervisor manages the allocations for all the waiver programs and monitors allocations in the Waiver Management System (WMS).

Case managers must obtain the supervisor's permission to increase funding through a written request. For CCB, the Adult Services Supervisor runs a simulation in WMS to determine if they are able to make the change. For DD, case managers receive an estimate from the provider and the supervisor runs a simulation in WMS using the estimate. Case managers usually know if there are slots available when they go out to complete a new initial assessment. Case manager shared that the Adult Services Supervisor has an open door policy and is available to consult with case managers about any changes as needed.

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.

Nobles 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	3	0	0	0	0
MMIS Help Desk	0	1	1	0	0
Disabilities Service Program Manual	0	2	2	0	0
DHS website	0	1	4	2	0
E-Docs	0	0	3	0	5
Disability Linkage Line	0	0	0	1	2
Senior Linkage Line	0	0	0	0	5
Bulletins	0	0	0	8	0
Videoconference trainings	0	3	5	0	0
Webinars	0	8	0	0	0
Regional Resource Specialist	0	0	0	0	3
Listserv announcements	0	3	0	1	0
MinnesotaHelp.Info	1	1	2	0	0
Ombudsmen	0	2	4	1	0

Case managers shared that it can be hard to find time to search for information on Policy Quest. The Adult Services Supervisor has access to submit questions to Policy Quest. Lead agency staff said that the Community Based Services Manual(CBSM)/Disabilities Service Program Manual (DSPM) is helpful for learning about case manager responsibilities and that it contains a lot of good information, but it can be difficult to find specific items. Lead agency staff said that the DHS website is difficult to navigate and is not user-friendly. Case managers use E-Docs to find the most up-to-date forms. Clerical staff put together packets of forms for case managers to take on visits, and the Adult Services Supervisor makes sure these are updated when new forms are released. Case managers use the Disability and Senior Linkage Lines to answer their questions and also refer participants to these resources. They shared that they have received positive feedback from participants and families who have used these resources.

While bulletins are a primary source of information for updates, case managers said that they can be difficult to interpret and it can be difficult to filter which information applies to their work. Lead agency staff attend videoconference trainings and like that they do not have to travel. Case managers shared that they have found guest presenters or new topics most helpful. They shared that the videoconferences are not as helpful when presenters read the slides or are unable to answer questions during the presentation. Case managers watch webinars, but said that the quality of the technology can be inconsistent, and it is easy to get distracted when watching them at their desk. Lead agency staff said that the Regional Resource Specialist (RRS) is an excellent resource and is very responsive to their questions. Case managers said that MinnesotaHelp.Info contains good information, but it is a lot to sort through. The Adult Services Supervisor has individual contacts at DHS who have been helpful for questions about adult protection and for assistance with a difficult case.

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.

Nobles County Strengths

The following findings focus on Nobles 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.

- **Nobles County addresses issues to comply with Federal and State requirements.** During the previous review in 2008, Nobles County received a corrective action for back-up plans and emergency contact information for CCB, DD screening signatures, face-to-face visits, timeliness of assessment completion, and timeliness of care plan completion. In 2013, none of these issues remain for Nobles County indicating 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 are well-trained, experienced, and knowledgeable about the available programs and services. Their experience also helps them quickly navigate across agencies to provide seamless services for participants. They are responsive and resourceful when coordinating services to meet participants' needs. Case managers are also visiting participants frequently; DD participants received an average of six¹ visits in the past 18 months, CADI participants received an average of five visits in the past 18 months, and EW participants received an average of three visits in the past 18 months.
- **Case managers collaborate well with each other and other units that serve participants.** Teamwork and collaboration among social workers and the public health nurses are strengths of the county; this integration helps case managers access both sets of expertise when serving participants. Case managers also have adult protection duties, and a CADI case manager has both waiver and Rule 79 responsibilities which allows them to more easily navigate these

¹ This excludes two outlier cases in the DD program. One DD participant received 30 visits in an 18 month time period, and one DD participant received 100 visits in an 18 month time period.

systems to benefit waiver participants. Case managers also have strong working relationships with financial workers which allows them to closely monitor participant eligibility.

- **Case managers consistently document information about their interactions with participants, families, and providers.** A majority of case notes reviewed (88%) were detailed and documented issues or life events to help understand the participant's situation. In addition, 62% of case files included information about participant satisfaction with services or providers. Nobles County currently sends out a satisfaction surveys to participants and could supplement this promising practice by developing and using a visit sheet to document face-to-face visits with participants, as well as monitor satisfaction with provider performance.
- **Nobles County has high quality care plans that include all required information and are person-centered.** The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. Care plans in Nobles County included particularly strong goals and outcomes; all (100%) of cases reviewed had outcomes and goals that met or exceeded the required information that is expected to be included in the care plan. In addition, 100% of the goals and outcomes reviewed were rated as being individualized and meaningful.
- **The case files reviewed in Nobles County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Required documentation and forms were included in the files, including the ICF/DD form, CAC form, OBRA Level One, informed consent to release private information, notification of HIPAA privacy practices, and current care plans. The lead agency also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the AC and EW cases included emergency contact information and back-up plans.
- **Nobles County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income.** Nobles County has a strong focus on employment for participants with disabilities and has the expectation that participants will work. The county ranks 6th of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month. Nobles

County also has a higher percentage of working age DD waiver participants (aged 22 to 64 years) with earned income than their cohort (89.4% vs. 77.8%). The county is also out performing its cohort with 21.0% of CCB waiver participants (compared to 14.4% for the cohort) and 25.5% of DD waiver participants (compared to 24.2% for the cohort) earning more than \$250 per month. Case managers work with several vocational providers both in and out of Nobles County, and have developed good relationships with these providers. This helps assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The County should continue their effort to partner with providers in this area and grow employment opportunities for waiver participants.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants.** 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. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Consider expanding contracted case management services to help serve participants that live out of the region to cut down on travel time, to cover during staffing shortages, and to provide culturally appropriate services.** With continually changing programs and shifts in the demographics of people served by the waiver programs, administering the programs and providing case management has become more complicated. The lead agency may want to consider contracted case management as a strategy to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. For participants placed in other counties, a contracted case manager often

has more knowledge of local resources to ensure quality service delivery. In such cases, Nobles 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.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Nobles County has lower rates of participants served at home than its cohort in the CCB, DD, and elderly programs. Only 60.0% of CCB participants (52nd of 87 counties), 15.9% of DD participants (83rd out of 87 counties) and 60.7% of elderly participants (67th of 87 counties) are served at home, indicating a higher use of residential services. Nobles 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). As the county experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. This should involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely 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 lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.
- **Expand opportunities for use of Consumer Directed Community Supports (CDCS), Family Support Grants (FSG), and Consumer Support Grants (CSG) to help reduce reliance on residential services and reach people in more rural areas of the county.** These programs are particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services. As a result of the flexibility of these programs, they may help families and participants design a plan of care for services and supports that meets specific cultural needs.

- **When possible, use a single, integrated care plan for CADI participants with mental health needs.** The county already assigns a single case manager which helps streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format from Blue Earth County and Wabasha County can be found at www.MinnesotaHCBS.info/.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Nobles County was found to be inconsistent in meeting state and federal requirements and will require a response by Nobles 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. In addition to the corrective actions below, Nobles County also identified one area 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 Nobles County will be required to take corrective action.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Nobles County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on seven cases. All items are to be corrected by September 9, 2013 and verification submitted to the Waiver Review Team to document full compliance. Nobles County submitted a completed compliance report on July 29, 2013.

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	13	N / A	8	5	N / A	N / A
Screenings done on time for new participants (PR)	81%	83%	67%	86%	N / A	ALL
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	81%	83%	CCB, DD	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=11	CCB n=13	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	88%	91%	85%	N / A	AC / EW	N / A
Care plan is current (PR)	97%	100%	92%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	97%	100%	92%	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)	59%	27%	54%	100%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	33%	N / A	0%	100%	DD	N / A
OBRA Level I in case file (PR)	96%	100%	92%	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)	90%	N / A	N / A	90%	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
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)	Most of the time	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=6</i>)	83%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=6</i>)	83%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=11	CCB n=13	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	85%	100%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	94%	91%	92%	100%	ALL	N / A
Back-up plan (PR for CCB)	100%	100%	100%	100%	ALL	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=11	CCB n=13	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)	94%	91%	92%	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=11	CCB n=13	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	62%	64%	54%	70%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	56%	95%	85%	CCB	AC / EW, DD
Percent of LTC funds spent on HCBS	N / A	36%	92%	79%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	36%	73%	78%	N / A	AC / EW, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	94%	94%	N / A	CCB, DD
Percent of waiver participants served at home	N / A	61%	60%	16%	N / A	AC / EW, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	21%	26%	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.

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

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

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

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

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

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

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.