

Waiver Review Project Report  
MAHNOMEN COUNTY  
Executive Summary

November 2006



Minnesota Department of **Human Services**

Prepared with the assistance of

the **ImproveGroup**<sup>™</sup>

## 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 Mahnomen County.



### ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services 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. The Minnesota Department of Human Services touches the lives of one in four Minnesotans with a variety of services intended to help people live as independently as possible. DHS is the state's largest agency, with an annual budget of approximately \$8 billion and 6,600 employees located throughout Minnesota.



### 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 particularly emphasizes building the capacity of local organizations to make information meaningful and useful.

## Executive Summary

In September 2006, the Minnesota Department of Human Services conducted a review of Mahnomen County's Home and Community Based Services (HCBS) programs. Mahnomen County is a rural county located in northwestern Minnesota. Its county seat is located in Mahnomen, Minnesota and the County has four cities and another twelve townships. Mahnomen County's 2005 population was 5,113 and in 2005, Mahnomen County served 114 people through the HCBS programs. Mahnomen County Human Services is an umbrella agency responsible for social, public health and health care services for older persons and persons with disabilities and developmental disabilities in Mahnomen County. Cases are managed by county staff members with expertise in social services. For consumers with higher medical needs, public health nurses assist case managers in the screening, assessment and care planning processes for HCBS participants.

### Introduction and Methods

The primary goal of the Waiver Review Project is to support the assurances that the Minnesota Department of Human Services (DHS) makes to the Centers for Medicare & Medicaid Services (CMS) about Home and Community Based Services. The HCBS programs, including five waivers (EW, CAC, CADI, TBI, MRRC) and the Alternative Care program, are overseen by the Minnesota Department of Human Services. When developing the Waiver Review Project, DHS intended to both monitor compliance with state and federal regulations and identify successful practices that improve the quality of service to HCBS participants.

The Waiver Review Process employed seven methods for collecting data to substantiate the State's assurances: (1) participant case files; (2) contracts held by Mahnomen County for services; (3) policies developed by Mahnomen County to guide it in administering the HCBS programs; (4) a survey instrument completed by county staff; (5) an interview with administrative/supervisory staff; (6) a group interview of staff working across the four HCBS programs administered by Mahnomen County (AC, EW, CADI and MRRC); and (7) county operational indicators developed using state data. (28) case files and ten (10) provider contracts were examined during the Mahnomen County visit. The systematic way the data was collected during this review will be used in other lead agency waiver reviews over the next five years. Much of the data was collected on-site through a two-day site visit process during which participant records and contracts were reviewed and staff participated in interviews

and meetings. Mahnomen County did not have any participants in the CAC or TBI programs at the time of this review, therefore results were not presented for these programs.

The HCBS quality framework developed by the Centers for Medicare & Medicaid Services<sup>1</sup> was used as a guiding force for this review and includes the following seven framework areas: (1) Participant Access; (2) Person-Centered Planning and Delivery; (3) Provider Capacity and Capabilities; (4) Participant Safeguards; (5) Participant Rights and Responsibilities; (6) Participant Outcomes and Satisfaction; and (7) System Performance.

## Waiver Review Findings- County Strengths and Promising Practices

The following findings around Mahnomen County's promising practices and strengths are drawn from reports by county staff, reviews of participant case files and provider service contracts and observations made during the site visit.

- Mahnomen County is very successful in keeping people in the community instead of institutional settings. Mahnomen County has high rates of individuals being served in the community across all populations served by HCBS programs. In particular, Mahnomen county is able to serve older persons and persons with disabilities in the community at higher rates than the lower rates of overall nursing home use compared with a cohort of similarly sized counties.
- Mahnomen County makes aggressive use of homecare services to help keep people in community settings. Compared to a cohort of similarly sized counties, Mahnomen County's EW and CADI participants use far more PCA services, skilled nursing visits, home delivered meals, homemaker services and home modifications that the comparison lead agency.
- Case managers do a good job of going out in the community to meet with their participants. The vast majority (93%) of cases reviewed included documentation of a meeting with participants within the past six months. In addition, 44% of cases showed

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<sup>1</sup> [http://www.cms.hhs.gov/HCBS/04\\_CMSTransactions.asp#TopOfPage](http://www.cms.hhs.gov/HCBS/04_CMSTransactions.asp#TopOfPage)

documentation that face-to-face visits with participants were happening on a monthly or quarterly basis.

- Case managers are very responsive to participant needs and requests. They informally ask about participant satisfaction and preferences at each visit. Often, they are able to see participants within a day of receiving the request for help.
- Each case manager works across all HCBS programs administered within the agency. If something is working well in one program, this allows them to implement it across all programs. Additionally, case managers are familiar enough with each other's caseloads that they can support each other in their administration of the HCBS programs and act on each other's behalf in emergency situations.
- County workers have good working relationships with providers in the area. These relationships help assure quality of services and participant safety. Case managers frequently meet with providers and trust and value their opinions on participant well-being.
- Based on allocations reports, Mahnomen County waiver budgets are well managed. There may be room to add some more cases in the CADI and MRRC programs. In 2005, Mahnomen County did not spend 8.65% of their allowed MRRC waiver budget. For CCT, the County authorized 23.88% less than their allowed budget for these programs.
- The MRRC care plan format is very comprehensive, particularly in the area of documenting outcomes and goals. The majority (89%) of MRRC cases reviewed met or exceeded the expected standard for documentation of participant outcomes and goals, with 56% of MRRC cases exceeding this requirement. Additionally, although it is not required, 89% of MRRC cases included emergency contact information within the care plan.
- Over half (60%) of contracts included a process for monitoring whether the care plan goals are achieved and the remaining 40% of contracts showed some evidence for meeting this requirement. These are higher rates than seen in similar counties reviewed. Referencing individual care plans in contracts creates greater provider accountability to the individual care plan.

- Mahnomen County case managers consistently implement practices to help ensure participant choice and that participants are aware of the choices available to them and their rights and responsibilities. All LTC program case files (100%) reviewed included complete documentation of informed consent, participant choice and participant rights.
- Although it is not a requirement for the EW and AC programs, all (100%) of EW and 80% of AC case files reviewed included evidence that a care plan was developed within ten (10) days of the assessment date. Participants receive services after the care plan is in place; this finding indicates that Mahnomen County participants in the EW and AC programs are eligible to receive services in a timely manner after their assessment meeting.

## Waiver Review Findings- County Barriers and Areas for Improvement

The following findings around Mahnomen County's barriers and areas for improvement are drawn from reports by the county's staff, reviews of participant case files and provider service contracts and observations made during the site visit.

- As a small county, Mahnomen County faces challenges with limited provider availability. There are a particular shortage of providers of home care, nursing, respite care and personal support services. Additionally, several services are not available within the county including adult day care, crisis respite, behavioral program services and assisted living services. While many services are available within a 60-mile radius of Mahnomen County, transportation for participants and their families can be a barrier to receiving services.
- Staff members expressed difficulties in negotiating rates with providers. Out-of-county providers set rates in their home county and require that Mahnomen County pay the same for their services.
- Staff reported that outreach for the HCBS programs is a challenge for Mahnomen County. Often, people do not learn about the programs until a crisis occurs, after it is often too late to keep people in the community. Staff members do not get timely referrals from hospitals and nursing homes. HCBS program staff do not currently have a

strong working relationship with special education school staff as it relates to supporting families of children with disabilities and developmental disabilities.

- Staff members are not actively managing the waiting list for HCBS programs. It is not the practice in Mahnomen County to routinely monitor the waiting list and close out cases for participants that have left the county or are no longer receiving services for other reasons.
- Mahnomen County faces challenges in managing several programs with limited resources. Because staff members work across multiple programs, they have many responsibilities within the small agency. It can be challenging for case managers to stay current on all the HCBS program changes. When changes occur at the state level, current staff must absorb the changes while still taking responsibility for their existing job duties.
- The county is not currently making use of local county alliances around budgeting to help with risk management. In the past, Mahnomen County has had high-cost participants in the HCBS programs whose expenses have exhausted the County's entire allocation including the emergency cushion.
- Level of Care documents are frequently not present in the case files. It is required that LTC case files have a OBRA Level One form and that MRRC case files have an ICF/MR form that is updated at each assessment. Seventeen percent of LTC case files did not have the OBRA Level One form in the case file and no (0%) MRRC case files included the ICF/MR Level of Care form.
- For all waiver programs serving persons with disabilities (CAC, CADI, TBI), a care plan is required within ten (10) days of the assessment date. CADI is the only waiver program serving persons with disabilities administered by Mahnomen County. Overall, only 57% of CADI case files met this standard.
- For participants receiving services through the CADI, CAC, or TBI (CCT) waivers, both a back-up plan and emergency contact information is required in care plans. There was no documentation of a back-up plan in any of the CADI cases reviewed and only 14% of CADI cases showed partial documentation of emergency contact information in the care plan.

- Staff reported that although there are many American Indian participants in the county, it is a challenge to find culturally-appropriate providers for this population. Although county staff members are unaware of participants that may need translating services, it is unclear who would provide these services if a participant needing translation services were added to their caseload.
- For all programs, Mahnomen County is considerably slower to enter service agreement data into MMIS than a comparable lead agency and the statewide average. On average it took 29 days to enter service agreements into MMIS for the AC and EW programs, 27 days the CCT programs and 38 days for the MRRC program. The speed at which service agreement data is entered into MMIS can determine how quickly a lead agency is able to authorize and establish services for participants.

## Recommendations and Corrective Action Requirements

The following are recommendations and required corrective actions developed by the Waiver Review Team. The recommendations are intended to be ideas and suggestions that could help Mahnomen County work toward reaching their goals around HCBS program administration. Corrective action requirements are areas where Mahnomen County was found to be inconsistent in meeting state and federal requirements and will require a response by Mahnomen County.

### Recommendations

The following recommendations would benefit Mahnomen County and its HCBS participants.

- Join a local alliance with other counties around MRRC budgeting that would allow you to spend more of the HCBS budget while being protected in the event of high cost participants. Once state guidance is available, this alliance could also be used to manage risk in the CCT programs.
- Formalize relationships with nurses, social workers and discharge planners at hospitals and nursing homes. Additionally, work on expanding existing county relationships with the schools to include HCBS case managers. These steps will help identify participants

eligible for the HCBS programs earlier and be more proactive in providing services to participants.

- Maintain current copies of all host county contracts including signature pages. This will enable Mahnomen County to determine that the contract is current, signed, and that it covers services for Mahnomen County's HCBS population.
- Add provisions in the contracts that would allow the Director to (1) extend the contract "as-is" for 90 to 180 days and (2) update rates by attachments in the event that the legislature provides for rate changes. This would assure that contracts and contract rates are kept current when additional time is necessary for their execution. Additionally, updating rates by attachments allows the agency to update the contract without having to replace it entirely.
- Include quality assurance measures in contracts by incorporating care plans into all contracts and add methods on how performance will be monitored. Although many of Mahnomen County's contracts reference the plan of care, these references could be strengthened by incorporating how performance will be monitored.
- Document participant satisfaction as part of the annual review process within the care plan or case notes; this is an effective and efficient way of collecting participant satisfaction data. Nearly three-quarters (74%) of case files reviewed had no documentation of participant satisfaction, although this information is frequently gathered at case manager and participant meetings.
- Use the updated forms that are available on the DHS website<sup>2</sup>. In several case files, the screening and assessment forms used were not the most current forms available.
- For the LTC programs, choose one care plan form that meets Mahnomen County's needs and adopt it for all LTC program case files. This will provide for thoroughness and consistency across cases. The BlueCross format is a very good format and contains all necessary items.

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<sup>2</sup> The screening and assessment forms can be accessed at:  
[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000688](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000688)

- Develop policies to guide case managers in the daily administration of HCBS programs, including a self-checklist with the needed documentation for HCBS case files. This will help ensure that proper documentation is included in the case files by allowing case managers to self-audit their files and assure consistency during times of turnover.
- Expand on currently strong practice of conducting quarterly case management visits to ensure that participants with higher-risk disabilities and older participants are being visited on this basis at their homes or place of service. Currently, case managers conduct quarterly or monthly meetings with 44% of all HCBS participants. However, only 20% of AC participants and 33% of MRRC participants are being seen on a quarterly basis or more frequently.
- Develop a plan to enter service agreement data into MMIS more quickly to reduce inconsistencies between screenings, service agreements and plans of care. Currently, there are considerable delays in entering service agreement data into the system.

### Corrective Action Requirements

The following are areas in which Mahnomen County will be required to take corrective action.

- For all HCBS participants with public guardianship designate separate case management and guardianship roles for participants *by the time of the next screening or care plan update*. For HCBS participants with public guardianship, it is required that one staff maintains the role of case manager and a separate staff member maintains the role of guardian. In the case files reviewed of participants with public guardianship, both roles were being held by one case manager. When one person is holding both roles, they are unable to provide informed consent or true choice on behalf of the participant and ensure that both signatures appear on required documents. In Mahnomen County, some MRRC cases were found to have the same person serving as both the case manager and public guardian.
- *Beginning immediately*, actively manage HCBS program waiting lists and close out cases that no longer need HCBS services from Mahnomen County. Mahnomen County staff members do not routinely monitor the waiting list and close out cases for participants that have left the county or are no longer receiving services for other reasons. DHS data indicates that eight people are waiting in the community for

waivered services, but Mahnomen County staff members are unaware of any eligible participants that are not receiving services.

- *Immediately* cease the practice of having providers signing screening documents. The process of deciding services should be done with only the case manager, participant, and family or legal representative. Case managers should sign the MRRC screening form as the Case Manager and QMRP. In several MRRC case files, providers signed the screening form as the QMRP.
- *Within 30 days*, update or execute all HCBS contracts, as appropriate, as some contracts were not current or did not exist. Refer to the recommendations sections of this report for some suggestions on contracting.
- *Beginning immediately*, speed up LTC screenings so that at least 80% occur within 10 days of referral. State legislation requires that LTC screenings should be conducted within 10 working days of a request for screening. Currently, 75% of LTC screenings for AC and EW participants and 67% of LTC screenings for CADI participants occur within this time frame.
- Complete an OBRA Level One form for all participants of LTC programs (EW, AC, CADI, CAC, and TBI) that do not have one, *in the next 30 days*.<sup>3</sup> Maintain a copy of this completed form in the participant's case file. Currently, 17% of LTC cases did not have this form in the case file. While it is a requirement that this form be in the case file, it is considered a promising practice to update this form yearly.
- Complete an ICF/MR level of care form for participants in the MRRC program that do not have one in the next 30 days.<sup>4</sup> Maintain a copy of this completed form in the participant's case file. It is a requirement to update this form with signatures at each assessment. No MRRC cases (0%) had documentation of this form.

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<sup>3</sup> The OBRA Level One form can be accessed at:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000688](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000688)

<sup>4</sup> The ICF/MR Level of Care form can be accessed at:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000688](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000688)

- *Beginning immediately*, all future care plan development must be done within ten (10) days of the assessment or reassessment date for all waiver programs serving persons with disabilities (CAC, CADI, TBI). This is required for all CCT programs. Overall, only 57% of waiver programs serving persons with disabilities administered by Mahnomen County met this standard.
- Include a back up plan and emergency contact information in the care plan of all CAC, CADI and TBI (CCT) participants. All care plans must be updated with this information *within six months*. This is required for all CCT programs. In Mahnomen County, no CADI cases included a back up plan and only 14% of these cases showed partial evidence of emergency contact information.

## Glossary of Terms

*AC* is the Alternative Care program

*CDCS* refers to Consumer-Directed Community Services

*CAC* is the Community Alternative Care Waiver

*CADI* is Community Alternatives for Disabled Individuals Waiver

*CCT* refers to the CAC, CADI and TBI programs, which serve people with disabilities

*CMS* is the federal Centers for Medicare & Medicaid Services

*Disability waiver programs* refers to the CAC, CADI and TBI Waiver programs

*EW* is the Elderly Waiver

*DHS* is the Minnesota Department of Human Services

*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, MR/RC and TBI Waivers

*Home care services* refers to extended home care services, including personal care attendant services

*Individual Plan of Care* 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)

*MR/RC* is Mental Retardation and Related Conditions and refers to the program serving persons with developmental disabilities

*Local Lead Agency (LLA)* is the local organization that administers the HCBS programs: LLA may be a county department, health plan or tribal community

Participant *case files* were examined for much of the evidence cited in this report. They included the written participant records and information of case management activity from electronic tracking systems

*Operational process*- refers the actual methods and activities used by a LLA to accomplish business objectives

*Promising practice*: An operational process used by the LLA that consistently produces a desired result beyond minimum expectations

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

*Policies* are written procedures used by LLA's to guide their operations

*Provider contracts* are agreements for goods and services for HCBS participants, executed by the LLA with local vendors

*Site visits* were conducted to collect most of the data used in this report

*TBI* is the Traumatic Brain Injury Waiver