Waiver Review Initiative Report
WASHINGTON COUNTY

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Minnesota Department of Human Services

Prepared with the assistance of

the ImproveGroup™

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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 January 2008, the Minnesota Department of Human Services conducted a review of Washington County's Home and Community Based Services (HCBS) programs. Washington County is a suburban county located in east central Minnesota. Its county seat is located in Stillwater, Minnesota and the County has another 26 cities and six townships. In 2006, Washington County's population was approximately 225,000 and it served 1,350 people through the HCBS programs. In 2006 Washington County had an elderly population of 8.4%, placing it 81st (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. In Washington County, 16.77 out of every 1,000 persons had a 2006 federal disability determination, [1] placing it 83rd (out of 87 counties) in the proportion of residents with a federal disability determination.

In Washington County, HCBS programs are administered by the Community Services Department and the Public Health agency. There are three office locations in Washington County: Stillwater, Cottage Grove and Forest Lake. Social workers in the Developmental Disabilities (DD) unit of the Washington County Community Services Department provide case management services for Developmental Disabilities (DD) cases. For the County's one Community Alternative Care (CAC) case, a social worker from the Washington County Community Services Department and a public health nurse from the Washington County Public Health Department manage the case together. However, for the Elderly Waiver (EW), Alternative Care (AC), Community Alternatives for Disabled Individuals (CADI) and Traumatic Brain Injury (TBI) programs, case management services are provided by either a social worker from Community Services or a public health nurse from the Public Health Department. Public health nurses serve participants with more medical needs and social workers serve participants with more social needs.

For DD waiver participants, a social worker typically conducts the initial screening and re-screening. For CAC participants, social workers and public health nurses conduct two-person initial assessments and reassessments. For CADI, TBI, EW and AC participants, a social worker or public health nurse typically conducts a one-person initial assessment and reassessment.

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1 This includes persons using social security insurance (SSI), old age, survivors, and disability insurance (OASDI) and persons with dual federal determinations.

Introduction and Methods

The primary goal of the Waiver Review Initiative 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, DD) and the Alternative Care program, are overseen by the Minnesota Department of Human Services. When developing the Waiver Review Initiative, DHS intends 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 Washington County for services; (3) policies developed by Washington County to guide it in administering the HCBS programs; (4) a survey instrument completed by County staff; (5) interviews with administrative and supervisory staff; (6) a focus group of staff working across the six HCBS programs; and (7) county operational indicators developed using state data. Ninety-six (96) case files and seventeen (17) provider contracts were examined during the Washington 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 four-day site visit process during which participant records and contracts were reviewed and staff participated in interviews and the focus group.

The HCBS quality framework developed by the Centers for Medicare & Medicaid Services[2] 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.

[2] http://www.cms.hhs.gov/HCBS/04_CMSCommunications.asp#TopOfPage

Waiver Review Findings- County Strengths and Promising Practices

The following findings around Washington 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.

- Washington County provides quality case management services. Data from multiple sources indicates that case managers are participant-focused and in frequent contact with participants. Over time, case managers have built strong relationships with their HCBS participants. Staff in Community Services and Public Health work to maintain case-management continuity for participants; this is evident even during times of turnover and when using contracted case management services. Case managers are strong advocates for their participants and effectively navigate across service areas to provide participants with individualized services.
- Case managers in long-term care programs spend a lot of time out in the community in contact with participants. All long-term care participants are visited as required in the federally approved waiver and many are visited more frequently than required. In the EW, AC, CAC, CADI and TBI programs, 47 out of 48 participants in the program for longer than a year were seen on at least a biannual basis. Frequent face-to-face visits help establish and maintain trusting relationships between the participant and case manager.
- Participant case files are well-organized and complete. Required documentation was present in the case files. County standards for maintaining case files are communicated at unit meetings and consistently followed by case managers. Additionally, supervisors in Public Health and Community Services have procedures in place for auditing case manager's files. Most cases reviewed (99%) included evidence of informed consent and 96% of cases included evidence that participants were informed of their rights and responsibilities. Additionally, all DD cases included the ICF/MR level of care documentation, the one CAC case included a CAC Application and Reassessment Support Plan, the five TBI cases reviewed included the TBI Waiver Assessment and Eligibility Determination Form and 98% of LTC cases included OBRA Level One forms.
- The care plan formats used in Washington County are thorough and consistently used by case managers. All care plans (100%) met or exceeded documentation expectations

regarding participant needs; most care plans met or exceeded documentation expectations regarding documented goals (99%) and health and safety issues (98%). Additionally, most care plans indicated that all needed services would be provided (98%) and had choice questions answered (98%).

- Public Health and Community Services case managers serving long-term care participants systematically and consistently collect information about participant satisfaction. They use of a quality assurance form at face-to-face biannual visits to collect this information. This approach blends formal procedures with strong case management and appears to work well in developing services for participants. Additionally, Public Health sends out a yearly survey to participants about their satisfaction with case management services. Reviewers examined case notes and other documents to determine if participant satisfaction was documented in the case file; the one CAC participant, sixteen (of nineteen) EW participants, fifteen (of eighteen) CADI participants, three (of five) TBI participants and four (of nine) AC participants included this documentation in the case file.

- Multiple sources of data indicate that outreach to publicize the HCBS programs in the community is a strength of Washington County. The County has strong working relationships with providers and families, which lead to program referrals. Programs are advertised at health fairs, flu clinics, presentations for community groups and provider organizations, schools, the county fair, neighborhood councils, respite providers and healthy aging meetings. Public Health has a half-time position that focuses on outreach for elders. The majority of elderly participants (74%), participants under age 22 in the DD program (93%), participants over age 22 in the CCT programs (75%) and participants under age 22 in the CCT programs (70%) are in their own homes at the time of face-to-face assessment. This indicates that participants are learning about services before times of crisis.

- Washington County has strong relationships and communication with providers. Washington County makes use of providers in neighboring counties; they worked with other metro counties and providers to plan for specialized services particularly in the area of developmental disabilities. The County makes creative use of providers to develop needed services for participants. Washington County providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs

are met. There are a good variety of services available to participants; they can exercise choices of services and providers.

- Washington County has a strong practice for managing waiver budgets. Budgets are managed by the DD and CCT funding teams, consisting of supervisors, case managers and a waiver coordinator. By group consensus, these teams make all decisions for additional funding and slot requests, ensuring that funding criteria are consistently applied across participants. In 2006, Washington County did not spend 1.82% of their allowed DD waiver budget. For the CCT programs, Washington County had a 1.52% balance at the end of fiscal year 2007.
- Washington County has a strong provider capacity to serve participants with high needs in community settings. Washington County serves an EW and AC waiver population with the 9th highest acuity out of the 87 counties and a CCT waiver population with the 11th highest acuity out of the 87 counties. Although Washington County has a higher than average population of participants with high needs, Washington County spends a higher percentage of long-term care funds on community settings (as opposed to institutional settings) compared with some other counties in the state. Washington County ranked 16th out of 87 counties for EW and AC programs, 36th out of 87 counties for CCT programs and 18th out of 87 counties for the DD waiver program on spending long-term care funding on community settings rather than institutional settings.
- Washington County uses fewer nursing home services (1.55 per 1,000 residents) than the statewide average (4.40 per 1,000) and when compared to a cohort of similarly sized counties (2.85 per 1,000). Washington County ranks as the 10th lowest user of nursing homes in the state. When HCBS participants enter nursing homes, it is usually for short-term stays. Additionally, in January 2006, there were 13 fewer Washington County participants under age 65 in nursing homes than there were in January 2004.
- Washington County makes good use of the Consumer-Directed Community Supports program. Across HCBS programs, Washington County serves more participants using this option when compared with a similarly-size county. County staff members have worked to develop policies for using CDCS to ensure that CDCS is administered consistently across programs and departments.

- Case managers in Washington County conduct timely screenings for new applicants to the DD waiver program. Their efficient intake process allows for participants to be connected with case management services quickly after initial referral. In Fiscal Year 2007, 96% of DD screenings program were completed on time for new participants.
- All Washington County-originated contracts were current for services being provided and were executed in a timely manner. The County has strong credentialing practices, which ensure provider qualifications are met. Vendor reports completed by case managers have proven to be effective in monitoring providers. The county recently developed a log of participant feedback about providers to monitor provider performance. Providers are also required to submit annual outcome reports; while this is required through the county's contractual language, we encourage Washington County to make it a standard practice to gather these reports and use the information for contract monitoring. Contract attachments and exhibits are especially strong in the AC and EW programs. All contracts (100%) included evidence of provider qualification requirements, basic participant outcomes, a process for monitoring whether care plan goals are achieved and a process for determining that contracted services are actually provided.

Waiver Review Findings- County Barriers and Areas for Improvement

The following findings around Washington 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.

- Only 43% of LTC screenings for new EW and AC participants are conducted within 10 days of referral to the program. Only 27% of LTC screenings for new CCT participants are conducted within 10 days of referral to the program.
- While biannual visits are required for all DD waiver participants, 34% (15 of 34) of DD waiver participants had only annual visits. In seven of these cases, the case manager had documented face-to-face visits with the guardian on at least a biannual basis, but did not document the same level of contact with the participant.
- Some care plans were missing required information, including emergency contact information and back-up plan documentation in the CADI programs and the required signatures in the DD waiver program.

- Some DD full-team screening documents were not current for the services being provided; two DD screenings were over six years old and another DD screening was outdated it did not have the current guardian's signature. Another three DD full-team screening documents were not current for the services that the participant was currently receiving. Additionally, nine (of 34) DD screening documents did not have the two required signatures of the case manager and the participant or their legal representative. For some participants with state guardianship, signatures were missing because one case manager was signing as both the participant's case manager and their legal representative. Participants are unable to exercise choice and provide informed consent when one person acts as both the case manager and their legal representative.
- Some care plans were not completed within ten days of assessment for the CCT programs. In Washington County, three out of eighteen CADI care plans and three out of five TBI care plans reviewed were not completed within the required timeframe.
- While the Washington County contracts include all required elements, Community Services and Public Health do not have umbrella contracts to cover all programs across agencies. Additionally, three of the five host county contracts reviewed were not current for services being provided.
- Washington County does not have a standardized process for setting rates across providers in Community Services and Public Health for the same types of services. Washington County's monthly corporate foster care rate ($6,747.70) for the CADI program is higher than the average rate paid in its cohort group, a group of similarly sized counties. Additionally, Washington County's Assisted (Customized) Living rate ($1,838.18) is higher than the cohort group average ($1,648.13). Washington County serves CADI and EW participants with higher acuity than CADI and EW participants in similarly sized counties.

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 Washington County work toward reaching their goals around HCBS program administration. Corrective action requirements are areas where Washington County was found to be

inconsistent in meeting state and federal requirements and will require a response by Washington County. Correction actions are cited when it is determined that a pattern of noncompliance is discovered. There may be needed follow-up with individual participants when the noncompliance is more incidental in nature.

Recommendations

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

- Work across Public Health and Community Services to discuss service planning for gaps that Washington County will face in the future, such as services for children and adults with autism and services for the aging and more medically fragile population of persons with developmental disabilities. Consider integrating common functions across agencies, such as rate setting, contracting and operational practices to streamline HCBS program administration across departments.
- Continue to work with neighboring counties to fill service and provider gaps and increase provider capacities in more sparsely populated areas. Together, use a Request for Assistance (RFA) process or work with existing provider networks to respond to Washington County's unmet long-term care service needs for HCBS participants, such as homecare and vocational services.
- Build on Washington County's strong practice of systematically collecting participant satisfaction information at biannual visits through the use of the quality assurance visit form by expanding this practice to the DD waiver program.
- Enhance the case file auditing process in place by supervisors by reviewing more complex cases and looking at qualitative aspects of the individual service planning, including whether participant needs are met, creative use of services and case manager responsiveness to participant challenges. Auditing is an effective way to identify and extend promising individual care planning practices across HCBS programs and units.
- Consolidate contract and rate setting functions across Community Services and Public Health and streamline the contracting process by creating one umbrella contract for all HCBS programs across Community Services and Public Health. This will reduce contract duplication across departments and expand providers' ability to serve all HCBS

participants. Ensure consistency in service rates by developing a standard rate-setting methodology across providers in Community Services and Public Health. Consistently incorporate references to participant care plans in the contract template and inform case managers that providers are bound to provide services as outlined in the participant care plans. Require all residential providers (Assisted/Customized Living, foster care and supported living services) to submit quarterly reports on participants' progress to case managers. This is an additional way to monitor provider performance.

- Inform case managers of contractual expectations relating to the provider's services and staffing and adding several questions to the case manager's site visit tool to monitor provider performance. Continue the requirement for annual performance outcome reporting and share these reports with case managers.
- Continue to execute multi-year contracts with contract renewal dates staggered over several years to reduce the amount of contract maintenance required. Add provisions in all contracts that would allow the Director or Managers to (1) extend the contract "as-is" for 90 to 180 days and (2) update rates, service definitions and reporting requirements by attachments. This would assure that contracts and contract rates are kept current when additional time is necessary for their execution. Updating rates, service definitions and reporting requirements by attachments allows the agency to update the contract without having to replace it entirely.
- As a part of the contracting process, develop a standard rate-setting methodology across providers in Community Services and Public Health for the same types of services. This is especially important for residential rates that take up a substantial portion of your budget, such as corporate foster care and assisted living providers. Include the rates or rate setting tools in contracts or contract attachments.
- The CADI program has been growing rapidly in Washington County as there are no longer enrollment limits for this program. As CADI participants are added to case managers' caseloads, monitor their workload closely, and make necessary adjustments. Often, CADI participants have complex needs and require more intensive case management services.
- Update DD screenings when substantial changes occur to assure continuity between the screening, individual service plan and service agreement. Three full-team DD screenings

were not current because the participants had graduated from high school and started receiving new services, but there was no new screening to reflect these changes.

Corrective Action Requirements

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

- Beginning immediately, ensure that 80% of LTC Screenings for CCT and elderly programs occur within 10 days of referral. State legislation requires that LTC screenings should be conducted within 14 days (10 business days) of a request for screening, which is defined as the date the assessment is requested. Currently, 27% of screenings for CAC, CADI and TBI participants and 43% of screenings for EW and AC participants occur within the 10 business day timeframe. If a screening cannot take place in the required time period, document the reason for the delay in the participant's case file.
- Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved waiver plan. While biannual visits are required for all DD waiver participants, 34% (15 of 34) of DD waiver participants had only annual visits. In seven of these cases, the case manager had documented face-to-face visits with the guardian on at least a biannual basis, but did not document the same level of contact with the participant. Visits are a key quality assurance method.
- Beginning immediately, ensure that all full-team DD screening documents and DD individual service plans have the two required signatures. It is required that the DD screening document and the DD individual service plan are signed and dated by the case manager and either a participant with their own guardianship or a participant's legal representative. Twenty percent (20%) of DD screening documents (9 out of 44 cases) do not include the two required signatures. Eleven percent (11%) of DD individual service plans (5 out of 44 cases) do not include the two required signatures.
- Within 30 days, assess your DD waiver caseload and complete new full-team screenings for all participants that do not have a current full-team screening document in their file. Two full-team DD screenings were not current as they had been completed over six years ago. One full-team DD screening did not have the current guardian's signature.

- Within 30 days, designate separate case management and guardianship roles for all participants with public guardianship. Ensure that a designated guardian signature and case manager's signature appear on all care plans, DD screening documents, informed consent and rights documents. 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 DD waiver participants with public guardianship, both roles were frequently 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.

- Include a back up plan and emergency contact information in the care plan of all CADI participants. All care plans must be updated with this information within six months. This is required for all CCT programs to ensure health and safety needs are being met in the community. In Washington County, 22% (4 of 18 cases) of CADI care plans were missing complete documentation of a back-up plan and emergency contact information.

- When participants use services in another county, maintain copies of all host county contracts and current signature pages to ensure a current host county contract exists and is valid for the services purchased by Washington County. Securing evidence of a current service contract is the responsibility of the county of responsibility. Three of five host county contracts were not current for services to be provided.

- Beginning immediately, ensure that the completion of care plans for CCT cases occurs within 10 days of the assessment. State legislation requires that care plans be completed within 14 days (10 business days) of the completion of the assessment. Currently, two out of five TBI care plans and 17% of CADI care plans (3 out of 18 cases) were not completed within this timeframe.

Appendix: 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

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)

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

CMS is the federal Centers for Medicare & Medicaid Services

DD is the Developmental Disabilities Waiver

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, DD and TBI Waivers

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

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