



Waiver Review Initiative Report
PIPESTONE COUNTY

July 2008



Minnesota Department of **Human Services**

Prepared with the assistance of

the **ImproveGroup**[™]

Acknowledgements

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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 June 2008, the Minnesota Department of Human Services conducted a review of Pipestone County's Home and Community Based Services (HCBS) programs. Pipestone County is a rural county located in southwestern Minnesota. Its county seat is located in Pipestone, Minnesota and the County has another 8 cities and 12 townships. In Fiscal Year 2007, Pipestone County's population was approximately 9,305 and it served 129 people through the HCBS programs. In 2006, Pipestone County had an elderly population of 21.4%, placing it 8th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. More than ten percent (10.2%) of Pipestone County's elderly population are poor, placing it 14th (out of the 87 counties in Minnesota) in the percentage of elderly residents who are poor. In Pipestone County, 23.9 out of every 1,000 persons had a 2006 federal disability determination,¹ placing it 48th (out of 87 counties) in the proportion of residents with a federal disability determination.

Pipestone County Family Services is the lead agency for all the HCBS programs including EW participants using Minnesota Senior Health Options (MSHO) through PrimeWest, a County-based purchasing managed care organization. For long-term care programs, the LTCC initial assessments and reassessments are conducted by a social worker and public health nurse. Public health does case management for EW participants that use PrimeWest or have chronic medical conditions. For DD waiver participants, a social worker usually conducts a one-person assessment and reassessment. However, if a DD participant has high medical needs, a public health nurse will attend the assessment with the social worker.

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

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

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 Pipestone County for services; (3) policies developed by Pipestone 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 group interview of staff working across the six HCBS programs; and (7) County operational indicators developed using state data. Twenty-two (22) case files and ten (10) provider contracts were examined during the Pipestone 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 the group interview.

The HCBS quality framework developed by the Centers for Medicare & Medicaid Services² 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 Pipestone 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.

- Data from multiple sources indicate that quality case management services are a key strength in Pipestone County. Case managers are strong advocates for participants and can work across programs, such as mental health and HCBS programs. This helps provide participants with more integrated services. Case managers have regular contact with their participants, especially for participants enrolled in the PrimeWest managed care

² http://www.cms.hhs.gov/HCBS/04_CMSCcommunications.asp#TopOfPage

health plan. All participants in the EW program and one of four AC participants visit with their case manager on a quarterly basis.

- Case managers across Family Services and Public Health support one another and use each other as resources. The County has a mix seasoned staff members and staff who have joined the agency in the past five years. Case managers are accessible to one another and new staff members are mentored by their more experienced peers.
- Participant case files are generally well-organized and complete. Required documentation was present in the case files. All cases reviewed (100%) included evidence that participants were informed of their rights and responsibilities and all cases included evidence of informed consent. Additionally the CAC case included the CAC Application and Reassessment Support Plan, the TBI case included the TBI Waiver Assessment and Eligibility Determination Form and all EW, AC and TBI cases included OBRA Level One forms.
- Although there were two care plans missing from participant case files, the twenty care plans reviewed were complete and included all requirements. The care plans reviewed indicated that all needed services would be provided, met or exceeded documentation expectations regarding health and safety issues and met or exceeded documentation of goals and outcomes. Although not required, all six EW care plans, one of four AC care plans and three of five DD care plans included emergency contact information and two of the EW care plans also included a back-up plan.
- Pipestone County staff are efficient authorizers of services and quickly enter service agreements into MMIS. In 2007, 99% of authorized dollars were paid for services in the DD program. In Fiscal Year 2007, Pipestone County staff entered service agreement into MMIS on the same day as services began for the AC/EW programs, within an average of four days for the CCT programs and within an average of 5.5 days for the DD program. Efficient authorization of services helps free up available dollars for participants and quickly entering service agreements ensures that providers are paid in a timely manner.
- Case managers in Pipestone County conduct timely screenings and assessments after referral. In Fiscal Year 2007, 100% of LTCC assessments in the AC and EW programs and three out of four LTCC assessments in the CCT programs were completed on time for new participants.

- Pipestone County has achieved high rates of participants in the DD program with earned income. The County ranks 10th of 87 counties statewide in the percentage of DD waiver recipients with earned income. Seventy-five percent of DD participants earn income.

Waiver Review Findings- County Barriers and Areas for Improvement

The following findings around Pipestone 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.

- One of five DD cases and one of five CADI cases reviewed did not include care plans developed by the case manager. The care plan is the only document that the participant signs that indicates the participant's needs, their service plan, health and safety information and their goals for the HCBS programs. It is required that all participants in HCBS programs have a current care plan that has been completed within the past year.
- The OBRA Level One forms were missing in the CAC case and two of five CADI cases reviewed. The one TBI care plan and three of five CADI care plans were also missing documentation of emergency contact information and a back-up plan.
- Some care plans are not being completed within ten days of assessment for the CCT programs. In Pipestone County, the one CAC care plan and three out of five CADI care plans were not completed within this timeframe.
- While Pipestone County has generally managed allocations well to maintain a reserve in the DD program and authorize 12.87% less than the allowed budget in the CCT programs, it is possible that additional people could be served, or those who are already on the waiver programs could receive needed additional services.
- Pipestone County participants are high users of institutional services. When compared to other counties statewide, Pipestone County ranked 86th out of 87 counties for CCT programs, 86th out of 87 counties for the AC and EW programs and 71st out of 87 counties for DD waiver program in serving participants in community as opposed institutional settings.

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 Pipestone County work toward reaching their goals around HCBS program administration. Corrective action requirements are areas where Pipestone County was found to be inconsistent in meeting state and federal requirements and will require a response by Pipestone 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 Pipestone County and its HCBS participants.

- While Pipestone County is using the model contract, it is not being used for all programs. Consider streamlining the contracting process by adding AC and EW to the model contract template. Include any PrimeWest requirements as contract attachments. Require residential and day providers, including Adult Day Care homecare providers, to submit quarterly reports on participant's progress to case managers, and include these provider reporting requirements in contract attachments.
- Train case managers on basic provider contractual expectations, such as staffing levels, etc. During site visits, case managers can then help verify these expectations and whether participant outcomes are being met. Consider developing a simple tool to document this information and integrate into visit documentation. Case management visits are one of the most effective methods of monitoring provider performance. Case managers frequently observe staff while visiting participants. If case managers identify persistent problems with providers, they should alert the contract manager.
- Consider working on rate setting with neighboring counties for additional purchasing leverage and consistency across counties and programs, especially in the area of Assisted/Customized Living providers. Also consider developing a rate-setting tool for supported living services and foster care providers that places the responsibility for

negotiating rates for services at the administrative level. These will help standardize rates across service providers in the region.

- While waiver budgets are generally well managed, there is room in the DD waiver budget to add a few DD waiver participants to reduce the waiting list for this program. Typically, for a county of Pipestone County's size, reserves of \$100,000 to \$150,000 for the DD waiver budget would be adequate to manage the financial risks in this program.
- Provide more guidance, oversight and support for case managers by developing a formal process for communicating policies to case managers. Develop a process for periodic supervisory audits of case files, such as a supervisory checklist or peer review system. This will ensure that all case managers understand expectations for documentation and are held accountable for maintaining their case files. Variation in the quality of case file documentation was noted.
- Encourage case managers to make connections with case managers in neighboring counties to support them as they handle difficult cases. This will help case managers gain knowledge about programs and add depth to the agency. Pipestone County has been isolated from other counties; case managers would benefit from support from regional meetings.
- Consider expanding the provider capacity to serve participants in community settings as opposed to institutions. Providers will need to increase their capacity to serve medically needy participants in their homes and keep them in their homes as needs change. Currently, Pipestone County is a high user of institutional services. When compared to other counties statewide, Pipestone County ranked 86th out of 87 counties for CCT programs, 86th out of 87 counties for the AC and EW programs and 71st out of 87 counties for DD waiver program in serving participants in community as opposed institutional settings.
- Pipestone County could start using consumer directed community supports (CDCS) and consumer support grants (CSG) to serve participants in Pipestone County's geographically isolated areas where participants have unmet needs. These programs help participants obtain services as they can hire family or friends to provide services.

- Build on Pipestone County's strong practice of providing DD participants with employment opportunities by expanding work opportunities for participants in the CCT waiver programs. Seek out new providers through a Request for Proposals (RFP) or Request for Assistance (RFA) process or work with existing providers by making contract adjustments. Make regional connections with providers; several strong employment programs are located within Pipestone County's region.
- Expand your efforts to build relationships with schools, nursing homes and hospitals to strengthen communication about HCBS participants and identify people who may be eligible for the programs. Sometimes these relationships can be disrupted during staff turnover or if a particular case manager leaves. Consider formalizing relationships with provider staff to ensure that connections stay strong during times of turnover.

Corrective Action Requirements

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

- Within the next 30 days, ensure that case managers develop a care plan for all participants that do not have one. One DD case and one CADI case did not include care plans developed by the case manager.
- Include a back up plan and emergency contact information in the care plan of all CADI and TBI participants.³ 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 Pipestone County, the one TBI care plan and three of five CADI care plans reviewed were missing documentation of a back-up plan and emergency contact information.
- 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, the one CAC care plan and three out of five CADI care plans reviewed were not completed within this timeframe.

³ A sample back-up plan with emergency contact information can be accessed at:
http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

- Complete an OBRA Level One form for all LTC participants that do not have one in the next 30 days.⁴ Maintain a copy of this completed form in the participant's case file. The one CAC case and two out of five CADI cases were missing this documentation in the case file. While it is a requirement that this form be completed at time of first assessment and kept in the case file, it is considered a promising practice to update this form yearly.

⁴ The OBRA Level One form (DHS-3426) can be accessed at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_000688

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