



Waiver Review Initiative Report
LAKE 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 August 2008, the Minnesota Department of Human Services conducted a review of Lake County's Home and Community Based Services (HCBS) programs. Lake County is a rural county located in northeastern Minnesota. Its county seat is located in Two Harbors, Minnesota and the County has another two cities and five townships. In Fiscal Year 2007, Lake County's population was approximately 10,750 and it served 179 people through the HCBS programs. In 2006, 20% of Lake County's population was elderly, placing it 16th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Five and a half percent (5.5%) of Lake County's elderly population are poor, placing it 66th (out of the 87 counties in Minnesota) in the percentage of elderly residents who are poor. In Lake County, 31.1 out of every 1,000 persons had a 2006 federal disability determination,¹ placing it 29th (out of 87 counties) in the proportion of residents with a federal disability determination.

In Lake County, the Health and Human Services Department is the lead agency for all waiver programs. Social workers are always participants' case managers. For participants in the CADI, CAC, TBI, EW and AC programs, social workers and public health nurses conduct two-person LTCC initial assessments and reassessments. For DD waiver participants, a social worker conducts initial DD screenings and re-screenings. However, a public health nurse also attends screenings for DD participants that need a PCA screening. There are three managed care health plans in Lake County for EW participants using Minnesota Senior Health Options (MSHO), UCare, Medica and First Plan Blue. Lake County provides case management for EW participants using the UCare and Medica MSHO health plans.

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, MRRC) 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 Lake County for services; (3) policies developed by Lake 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. Twenty-four (24) case files and eleven (11) provider contracts were examined during the Lake 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 focus group.

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 Lake 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.

- Lake County provides quality case management services. Case managers have strong and on-going relationships with their HCBS participants. They are very participant-focused, responsive to participant needs and are excellent participant advocates. Case managers provide consistent follow-through on issues that arise with participants. Case managers are connected to the community and they work where they live, which helps them understand participants and their families. Case managers are resourceful and

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

seek out information from their regional resource specialist and neighboring counties when needed. There are strong relationships across social services and public health.

- Lake County has excellent relationships with the hospital, schools, police department and families. Strong communication among the agencies allows timely referrals and transitions between settings and ensures potential participants are referred for services.
- Lake County has a strong capacity to serve participants with disabilities and those with developmental disabilities in community settings. As participants' needs change, Lake County case managers adjust services to keep participants in their homes. When compared to other counties statewide, Lake County ranked 6th out of 87 counties for CCT programs and 11th out of 87 counties for the DD waiver program in serving participants with high needs, and the majority of these participants are served in community settings.
- Lake County has a number of informal supports to allow participants to be served in the community. The county has strong block nurse programs and mental health services. When a service gap is identified, Lake County encourages existing providers to expand services or advertises for new providers.
- Lake County has strong care planning practices, with customized goals and thorough descriptions of participant health and safety issues and services. Most care plans met or exceeded documentation expectations regarding health and safety issues (88%) and goals and outcomes (96%), and that all needed services would be provided (96%). The majority of care plans reviewed (88%) included evidence that participants were given choice of services and were signed and dated by the case manager and either the individual or their legal representative/guardian.
- The individual care plan format used in the DD waiver program is especially strong. All seven DD care plans meet all documentation requirements for goals and outcomes, health and safety and participant needs. Of these, six DD care plans exceed documentation expectation of participant health and safety and of participant needs and five DD cases exceed documentation expectations of goals and outcomes. Though not required, five DD care plans also included emergency contact information.
- Participant case files are 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 all long-term care cases (AC, EW, CAC, CADI and TBI) included OBRA Level One forms, the one CAC case included the CAC Application and Reassessment Support Plan.

- Lake County has a strong practice for managing waiver budgets. Budgets are managed in part through monthly meetings by the Waiver Management Committee. In Fiscal Year 2007, the County authorized 3.78% less than their allowed budget for the CCT programs. In 2007, the County did not spend 6.92% of their allowed DD waiver budget.

Waiver Review Findings- County Barriers and Areas for Improvement

The following findings around Lake 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.

- Relatively high case loads have negatively impacted the quality of case management. Staff reported that they have difficulty meeting documentation requirements due to the heavy caseload and increasingly complex requirements of the HCBS programs. CADI and DD visits do not always occur within the required timeframe.
- Some care plans are not completed within ten days of assessment for the CCT programs. In Lake County, two out of five CADI care plans reviewed and three of four TBI care plans reviewed were not completed within the required timeframe.
- Some care plans were missing required information. Documentation that choice questions were answered was missing in three of five CADI care plans. Health and safety information was missing in one of three EW care plans and one of five CADI care plans. Documentation of participant needs was missing in two of three EW care plans, two of four AC care plans, and one of five CADI care plans. Three of five CADI care plans did not include documentation that participants had choices, and one CADI care plan was not signed by the participant or their legal representative.
- The completeness of case file documentation varied from participant to participant. ICF/MR forms were missing or not current in six of the seven DD cases that were reviewed, and back-up plan documentation were missing from nine of the ten CCT case files that were reviewed. Emergency contact information was missing in four of the ten care plans for CCT participants. Additionally, one (of seven) DD screening

documents did not have the two required signatures of the case manager and the participant or their legal representative.

- There are currently limited opportunities for CCT waiver participants in Lake County to earn income. Just 14% of CCT waiver participants earn income, as compared with 27% of similarly sized counties.
- Lake County's contracting practices do not ensure that participant care plan goals are achieved, that participant outcomes are addressed, or that providers have strong qualifications. By updating to the model contract, using multi-year periods that can be updated by attachment, and educating case managers about contracts, Lake County can have better assurances about participant outcomes and provider qualifications. The review also found one contract that is not current for services being provided due to having an expired service term.

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 Lake County work toward reaching their goals around HCBS program administration.

Corrective action requirements are areas where Lake County was found to be inconsistent in meeting state and federal requirements and will require a response by Lake 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 Lake County and its HCBS participants.

- Streamline the contracting process by creating one umbrella contract for all HCBS programs across agencies. Execute multi-year contracts with contract renewal dates staggered over several years to reduce the amount of contract maintenance required. Updating rates, service definitions and reporting requirements by attachments allows the agency to update the contract without having to replace it entirely.
- Continue regional planning efforts with other counties who have similar unmet needs for services, particularly in areas of the County that are currently underserved. Seek

out new providers through a Request for Proposals (RFP) process or a Request for Information (RFI) process to allow the County to expand relationships with both existing and new providers. This could help to increase service capacity in Lake County for home care, home delivered meals and day training and habilitation or other areas where the county is experiencing service gaps.

- Waivers enrollment may continue grow in Lake County. As participants are added to case managers' caseloads, monitor their workload. Because Lake County serves participants with relatively high needs, they may require more intensive case management services.
- Build on the strong opportunities for earned income in the DD waiver for participants in the CCT waiver. Often, these participants need similar services in order to find or maintain employment.
- Consider developing a formal process for auditing documentation in case files, such as a supervisory checklist or peer review system, because it can ensure that all case managers understand expectations for documentation and are held accountable for maintaining their case files. Periodic supervisory or peer review of case files can be used as a teaching tool for case managers. Case managers expressed that they would like more guidance on waiver program requirements. Weekly staff meetings are also a good opportunity to provide case managers with consistent guidance on HCBS programs.
- For the LTC programs, develop one care plan form with all required elements, including participant needs, health and safety concerns, goals and outcomes, back-up plans, emergency contact information and signature pages with choice questions. Adopt this format for all LTC program case files and train staff on how to use this format. This will provide for thoroughness and consistency across cases.
- Lake County could make use of consumer support grants to serve participants waiting for the DD waiver. Providing people with some needed modifications and services, such as PCA services and respite care, will help keep people in their homes and support caregivers while they wait for available waiver slots. This program also helps prepare families for consumer directed community services when they do receive a waiver slot.

Corrective Action Requirements

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

- Complete ICF/MR level of care documentation for all participants in the DD program that do not have this documentation in the next 30 days.³ Maintain a copy of the findings in the participant's case file. It is required that ICF/MR level of care criteria are reviewed annually for DD participants and that the findings are documented in the case file. Five of seven of the DD cases reviewed were missing this documentation in the case file.
- Include a back up plan 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 to ensure health and safety needs are being met in the community. In Lake County, nine of ten CCT cases showed no back-up plan.
- 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, three out of four TBI cases and 40% of CADI care plans were not completed within this time frame.
- 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 and CCT waiver participants, two of seven DD cases and one of five CADI waiver participants had only annual visits.
- Complete a TBI Waiver Assessment and Determination Form⁴ for all participants in the TBI program that do not have this form within the next 30 days. Maintain this form in the case file and update it annually. None of the four reviewed TBI cases included this form in the case file.

³ The ICF/MR Level of Care form can satisfy this documentation requirement. The form can be accessed at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_000688

⁴ The TBI Waiver Assessment and Determination Form can be accessed at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_000688

- Effectively immediately, secure signed contracts for all providers that serve home and community based participants in Lake County. At the time of the review, one Assisted (Customized) Living provider had a lapsed contract that was waiting for signatures to be finalized. Lake County does not have evidence that a current contract exists for that provider.
- Ensure that care plans used for EW and AC participants include all required documentation to identify participant needs. Participant needs were missing in two of three EW, two of four AC, and one of five CADI care plans that were reviewed.
- Beginning immediately, ensure that choice questions in the care plans are answered and signed by the participant (or their legal representative). All choice questions must be updated at the next face-to-face visit so that within six months, choice questions are answered on all care plans. In Lake County, three of five CADI care plans did not have choice questions answered and signed by the participant.