

Waiver Review Initiative Report
DAKOTA 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 2011, the Minnesota Department of Human Services conducted a review of Dakota County's Home and Community Based Services (HCBS) programs. Dakota County is a suburban county located in east central Minnesota. Its county seat is located in Hastings, Minnesota and the County has another 21 cities and 13 townships. In Fiscal Year 2010, Dakota County's population was approximately 400,675 and it served 4,209 people through the HCBS programs. In 2006, Dakota County had an elderly population of 8.1%, placing it 83rd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. About five percent (5.3%) of Dakota County's elderly population are poor, placing it 85th (out of the 87 counties in Minnesota) in the percentage of elderly residents who are poor. In Dakota County, 18.84 out of every 1,000 persons had a 2006 federal disability determination,¹ placing it 73rd (out of 87 counties) in the proportion of residents with a federal disability determination.

Dakota County HCBS case managers are assigned to teams on which social workers and public health nurses work together. Their supervisors collaborate closely and make all decisions together. Participants with high medical needs are assigned to public health nurse case managers and those with mental health needs are assigned to a social worker. Team A includes public health nurses and social workers who serve elderly participants through the AC and EW programs, including those in the Medica and Blue Plus managed care programs. Team B includes public health nurses and social workers who serve CCT participants. CAC cases are managed by public health nurses, TBI cases are most often served by social workers and CADI cases are served by both public health nurses and social workers. LTCC assessments and DD screenings are completed alone by the case manager. The County will complete dual assessments for highly complex cases and in situations where more than one household member is receiving services. Team C serves participants who are using Consumer Support Grants or Consumer Directed Community Supports to meet their needs. Team D serves participants on the DD waiver, including both children and adults.

Between 2003 and 2008, enrollment in the EW and AC waiver programs has increase 35% from 893 to 1,202 participants (an increase of 309 participants); while enrollment was down in the AC program by 277 participants during this timeframe, the number of EW participants rose by

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

587 participants. During the same time frame, the number of participants with higher acuity in the EW and AC programs (case mix “B” and above) grew by 301 participants. This indicates that much of the growth in Dakota County’s elderly population has come from an increase enrollment of participants with high needs.

Between 2003 and 2008, enrollment in the CCT waiver programs has increased 99% from 565 to 1,123 participants (a gain of 558 participants). During this time frame, the number of participants with higher acuity in the CCT programs (case mix “B” and above) grew by 577 participants. This indicates that much of the growth in Dakota County’s CCT population has come from an increase enrollment of participants with high needs.

Between 2003 and 2008, enrollment in the DD waiver program has declined 2% from 893 to 874 participants (a decline of 19 participants). During this time frame, the number of participants with higher acuity in the DD program (profile 1, 2 or 3) increased by 50 participants. This indicates there are more participants with high acuity in the program in 2008 than there were in 2003, while the overall DD waiver enrollment is declining.

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 and 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 Dakota County for services; (3) policies developed by Dakota 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) two focus groups of staff working across the six HCBS programs; and (7) county operational indicators developed using state data. Three-hundred-sixteen (316) case files and seventeen (17) provider contracts were examined during the Dakota County visit. The systematic way the data was collected during this review will be used in other lead agency waiver reviews over the next several years. Much of the data was collected on-site

through a thirteen-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 Dakota 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.

- Dakota County has an effective process for identifying gaps in available services and developing services to fill these gaps. The County resource development committee meets monthly and includes the CCT, EW/AC and DD Supervisors, the Deputy Director, the Adult Services Supervisors, the Resource Development Supervisor and the Contract Supervisor. The committee reviews all of the requests for the new development of resources, contracts, housing programs, and service changes. If necessary they will form breakout groups to focus on a specialty topic and will include case managers in those discussions. Data from multiple sources show that Dakota County has good relationships with providers characterized by clear and transparent communication.
- Dakota County staff has worked closely with providers to develop capacity to support people with high needs in community settings. Dakota County has a strong provider capacity to serve participants with high needs in community settings. Dakota County serves an elderly population and a CCT waiver population with the 2nd highest acuity and a DD waiver population with the 17th highest acuity out of the 87 counties. Although Dakota County has a higher-than-average population of participants with high needs, the County serves more participants in community settings (as opposed to institutional settings) compared with some other counties in the state. Dakota County ranked 8th out of 87 counties for elderly programs, 11th out of 87 counties for CCT programs and 33rd

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

out of 87 counties for the DD program on the percentage of participants served in the community versus institutional settings.

- The Public Health and Social Services staff have good working relationships with one another. Teamwork and collaboration among social workers and the public health nurses are strengths of the County. The relationships are especially strong because social workers and public health nurses work together in teams to serve participants and are co-located in the same building. Public health nurses and social workers consult with each other to provide comprehensive perspectives to meet participant needs. Case managers support one another and use each other as resources.
- Data from multiple sources indicate that quality case management services are a key strength in Dakota County. The case managers build relationships with families and advocate for participants. Case managers are experienced and have backgrounds in a variety of disciplines, which allows them to navigate easily across programs within the agency to provide seamless services for participants. Case managers are responsive to changing participant needs. Case managers, intake workers and case aides are knowledgeable about resources and informal supports in the communities they serve, and in neighboring communities. Dakota County has actively supported its case managers by developing technology tools such as the SMART System. SMART has allowed staff to minimize their time tracking documentation and in other administrative tasks, freeing up more time to work directly with participants. SMART has improved communication about participants and providers across the agency since it provides shared access by care managers, supervisors, and resources/contract staff.
- Dakota County makes good use of Consumer Directed Community Supports (CDCS) and other consumer-directed programs such as the Consumer Support Grant and the Family Support Grant. These programs help meet a broader range of participant needs and are especially helpful in helping families and for serving participants that do not speak English. In Dakota County, 99 CCT participants and 288 DD waiver participants currently use consumer-directed community supports (CDCS).
- Case file organization is standardized across programs and is a strength in the County. Participant case files included much of the required documentation. All HCBS cases documented that participants were informed of their rights and responsibilities. Additionally, 98% of cases across programs included complete documentation of informed consent. All long-term cases include the OBRA Level One form. Additionally all

eight CAC cases included the CAC Application and Reassessment Support Plan and the thirteen TBI cases included the TBI Waiver Assessment and Eligibility Determination Form.

- The individual service plan (ISP) format template used in the DD waiver program is especially strong. Forty-eight out of 91 DD care plans (53%) exceed documentation expectation of participant needs and 46 care plans (51%) exceed documentation of participant health and safety. Twenty-seven out of 91 DD cases (30%) exceed documentation expectations of goals and outcomes. Though not required, 79 out of 91 DD care plans (87%) also included an emergency back-up plan and 85 cases (93%) included emergency contact information. Twenty-four out of the thirty-four DD cases with a caregiver (71%) included documentation of caregiver needs.

Waiver Review Findings- County Barriers and Areas for Improvement

The following findings around Dakota 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.

- In FY 2010, only 44% of LTC screenings for new EW and AC participants were conducted within 15 calendar days of referral to the program, and only 60% of those in the CCT programs were conducted on time.
- Some DD cases did not include current ICF/DD level of care documentation.³ It is required that ICF/DD level of care criteria are reviewed annually for DD participants and that the findings are documented in the case file. Forty-six out of the 91 DD cases (51%) did not have current ICF/DD level of care documentation in the case file and one case did not include a form at all.
- Fourteen of the fifteen DD cases reviewed with a related condition as a primary diagnosis did not include a current Related Conditions Checklist in the case file. It is required that the participants diagnosis of related condition be reviewed annually and

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

documented in the case file for all participants that have a related condition as a primary diagnosis.

- Twenty-one out of 102 CADI cases (21%) did not include a back-plan and nineteen CADI cases (19%) included a partially completed back-up plan. Four out of 13 TBI cases did not include a back-plan and three TBI cases included a partially completed back-up plan. Additionally, thirteen out of 102 CADI cases (13%) did not include emergency contact information and four CADI cases included partially completed emergency contact information. Four out of 13 TBI cases did not include emergency contact information and one TBI case included partially completed emergency contact information. It is required that all participants in CCT programs have a fully completed back-up plan and include emergency contact information as part of a participant's care plan.
- Some CADI and TBI care plans were missing documentation of participant health and safety issues. Four of 102 CADI cases (4%) and two of 13 TBI cases reviewed included no documentation of participant health and safety issues, one CADI plan included documentation that was below expectations. In addition, some care plans lacked documentation of participant needs, including 21% of CADI care plans (21 out of 102 cases) and 31% of TBI care plans (4 of out 13 cases).
- While biannual visits are required for all CAC, CADI DD and TBI waiver participants, two out of eight CAC cases, 17 out of 102 CADI cases (17%), 11 out of 91 DD cases (12%), and three out of 13 TBI cases had annual case manager visits. More frequent visits help ensure participant health and safety, and monitor that services are responsive in the event of changing needs.
- Dakota County did not have evidence that three of the host county contracts sampled were current for services being provided.

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

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

- Consider training adult mental health case managers about HCBS program requirements to provide more streamlined services for participants. Participants with mental health needs may have two case managers; one for the waiver case management and one for the mental health case management. Cross-training could also help integrate mental health services across the waiver programs. Consider efforts to develop a single integrated plan of care for persons receiving both waiver and mental health services. The plan of care would include both the mental health treatment and the waived services needed by the participant.
- Waiver enrollment will continue grow in Dakota County. As participants are added to case managers' caseloads, monitor their workload. Because Dakota County serves participants with high needs, they may require more intensive case management services. The CADI and EW programs have the potential to grow rapidly in Dakota County. Between 2003 and 2008, the CCT programs increased by 558 participants. During this same timeframe, Dakota County's number of AC and EW participants grew by 309 participants.
- Dakota County case managers, case aides and supervisors are strong assets to the community; over time, they have built a broad base of knowledge about HCBS programs and have developed long-standing relationships with providers and community agencies. Their knowledge and relationships are often tied to a particular individual, and would be disrupted during times of staff transition. Develop a plan for how Dakota County will handle case transfers between case managers during times of reorganization, retirements and staff turnover. This would ensure that participants and case managers are better prepared for transitions and that required paperwork timelines are continuously met. Additionally, consider allowing staff to specialize in particular policy or service areas to enable them to act as a resource for fellow co-workers.
- For the CADI and TBI programs, improve the documentation of participant needs in the care plan, including activities of daily living and instrumental activities of daily living.

Several participant care plans included documentation of participant needs below expected levels or with no needs identified, including 21% of CADI care plans (21 out of 102 cases) and 31% of TBI care plans (4 of out 13 cases). Participants do not receive a copy of the LTCC assessment and rely on the care plan to understand what services are recommended and why.

- Consider using contracted case management services to serve participants that live out of the County and to serve culturally specific populations in the waiver programs. Counties have found that contracted case management in these types of situations improves care oversight and the effective use of case management time. In such cases, the County still needs to maintain administrative case management functions within Dakota County, including a case file with current documentation of all required paperwork.
- Extend the DD unit practice of specifying the frequency of provider reports in the plan of care and ensure that case managers across programs regularly receive and review reports. Train case managers in providers' basic contractual responsibilities and establish a mechanism for case managers to evaluate contractual compliance when conducting participants' visits, such as staffing levels during site visits and whether participant outcomes are being met. Case management visits are one of the most effective methods of monitoring provider performance. Case managers frequently observe providers while visiting participants. If case managers identify problems with providers, they should alert the contract manager. Additionally, consider adding provider service offerings and features to the SMARTS system to make it easier for case managers to identify appropriate providers for participants and to more thoroughly monitor services.
- Use a Request for Assistance (RFA) process to seek out new providers or work with existing provider networks to continue efforts to develop person-centered homecare packages to support participants in their homes, even those with more challenging needs. Person-centered service packages that include assistive technology, home modifications, ILS services, transportation, and homecare services will help support participants in their homes. When developing these services, work across programs to ensure they can be accessed by all participants regardless of their waiver.
- Build on Dakota County's strong practice of providing DD participants with crisis care by using the regional collaboration model to create similar system for CCT waiver

participants. 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.

- Continue the County initiative to expand community employment opportunities for individuals with developmental disabilities, particularly in the area of community-based employment in the DD program. Seek out new providers through a Request for Assistance (RFA) process or work with existing providers to develop more community-based employment opportunities for individuals in the DD program. The County ranks 70th out of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income.

Corrective Action Requirements

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

- Beginning immediately, ensure that LTC screenings for the EW, AC and CCT programs occur within 15 days of referral. As of July 1, 2009, MN Statute 256b.0911 requires that LTC screenings should be conducted within 15 days of a request for screening. In FY 2010, 44% of screenings for new EW/AC participants and only 60% of those in the CCT programs occurred within the required timeline.⁴
- Complete ICF/DD level of care documentation for all participants in the DD program that do not have this documentation in the next 30 days. Maintain a copy of the findings in the participant's case file. It is required that ICF/DD level of care criteria are reviewed annually for DD participants and that the findings are documented in the case file. As an alternative to the ICF/DD level of care form you may incorporate the criteria and content of the form into ISP as a part of the individual service planning process. Forty-six out of the 91 DD cases reviewed (51%) did not have current ICF/DD level of care documentation in the case file and one case did not include a form at all.
- Within the next 30 days, for DD waiver participants that have a related condition as a primary diagnosis, complete the Related Conditions Checklist and maintain documentation that the checklist has been completed on an annual basis. As an

⁴ As of July 1, 2009, state legislation requires that LTC screenings are conducted within 15 days of a request for screening; MN Statute 256b.0911. Prior to July 1, 2009, state legislation required that LTC screenings be conducted within 10 business-days of a request for screening.

alternative to the checklist, you may incorporate the criteria and content of the checklist into ISP as a part of the individual service planning process.⁵ Eight of the fifteen DD cases reviewed with a related condition as a primary diagnosis did not include a current Related Conditions Checklist in the case file or have documentation of a related conditions diagnosis in the ISP.

- Include a back-up plan and emergency contact information in the care plan of all CAC, CADI and TBI participants.⁶ 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 Dakota County, 21 out of 102 CADI cases (21%) did not include a back-plan and nineteen CADI cases (19%) included a partially completed back-up plan. Four out of 13 TBI cases did not include a back-plan and three TBI cases included a partially completed back-up plan. Additionally, thirteen out of 102 CADI cases (13%) did not include emergency contact information and four CADI cases included partially completed emergency contact information. Four out of 13 TBI cases did not include emergency contact information and one TBI case included partially completed emergency contact information.
- Within the next 30 days, ensure that all CADI and TBI participants have care plans that include all of the required elements. Some CADI and TBI care plans were missing documentation of participant health and safety issues. Four of 102 CADI cases (4%) and two of 13 TBI cases reviewed included no documentation of participant health and safety issues, one CADI plan included documentation that was below expectations.
- 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 CAC, CADI DD and TBI waiver participants, two out of eight CAC cases, 17 out of 102 CADI cases (17%), 11 out of 91 DD cases (12%), and three out of 13 TBI cases had annual case manager visits.

⁵ Checklist The Related Conditions Checklist form (DHS-3848) can satisfy this documentation requirement. The form can be accessed at:
http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_000688

⁶ 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

- Beginning immediately, obtain 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 Dakota County. Dakota County did not have evidence that three host county contracts were current for services being provided. Securing evidence of a current service contract is the responsibility of the County.