



Waiver Review Initiative Report
PENNINGTON COUNTY

November 2011



Minnesota Department of **Human Services**

Prepared with the assistance of

the **ImproveGroup**[™]

Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Pennington County.



ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services helps people meet their basic needs by providing or administering health care coverage, economic assistance and a variety of services for children, people with disabilities and older Minnesotans. The Minnesota Department of Human Services touches the lives of one in four Minnesotans with a variety of services intended to help people live as independently as possible. DHS is the state's largest agency, with an annual budget of approximately \$8 billion and 6,600 employees located throughout Minnesota.



ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations deliver effective services. The research design, data collection, analysis and reporting expertise of the Improve Group particularly emphasizes building the capacity of local organizations to make information meaningful and useful.

Executive Summary

In August 2011, the Minnesota Department of Human Services conducted a review of Pennington County's Home and Community Based Services (HCBS) programs. Pennington County is a rural county located in northwest Minnesota. Its county seat is located in Thief River Falls, Minnesota and the County has another 2 cities and 21 townships. In Fiscal Year 2010, Pennington County's population was approximately 13,842 and it served 473 people through the HCBS programs. In 2006, Pennington County had an elderly population of 15.3%, placing it 55th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. About fourteen percent (14.3%) of Pennington County's elderly population are poor, placing it 15th (out of the 87 counties in Minnesota) in the percentage of elderly residents who are poor. In Pennington County, 25.38 out of every 1,000 persons had a 2006 federal disability determination,¹ placing it 42nd (out of 87 counties) in the proportion of residents with a federal disability determination.

Social Services is the lead agency for all of the HCBS programs. Social workers are the lead worker for the AC, EW, CADI, DD and BI cases; Public Health assists on the screenings. The County does dual LTC assessments with a public health nurse on about three-quarters of initial screenings. DD screenings are completed by the DD case manager. In CADI and BI cases, LTC assessments are completed by the case manager. The County provides care coordination for Blue Plus and U Care managed health organizations.

Between 2006 and 2010, enrollment in the EW and AC waiver programs has declined 7% from 190 to 176 participants (a decline of 14 participants); while enrollment was down in the AC program by 27 participants during this timeframe, the number of EW participants rose by 13 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 9 participants. This indicates that much of the growth in Pennington County's elderly population has come from an increase in enrollment of participants with high needs.

Between 2006 and 2010, enrollment in the CCB waiver programs has increased 27% from 85 to 108 participants (a gain of 23 participants). During this time frame, the number of

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

participants with higher acuity in the CCB programs (case mix “B” and above) grew by 21 participants. This indicates that much of the growth in Pennington County’s CCB population has come from an increase enrollment of participants with high needs.

Between 2006 and 2010, enrollment in the DD waiver program has declined 22% from 55 to 43 participants (a decline of 12 participants). During this time frame, the number of participants with higher acuity in the DD program (profile 1, 2 or 3) declined by 9 participants. This indicates there are fewer participants with high acuity in the program in 2010 than there were in 2006.

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, BI 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 Pennington County for services; (3) policies developed by Pennington 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 CADI, BI, EW, AC and DD HCBS programs; and (7) County operational indicators developed using state data. Forty-eight (48) case files and thirteen (13) provider contracts were examined during the Pennington 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 two-day site visit process during which participant records and contracts were reviewed and staff participated in interviews and the focus group. Pennington County did have any participants in the CAC program at the time of this review, therefore results were not presented for this program.

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 Pennington 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.

- Case management in Pennington County is strong. 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 are accessible to one another and frequently consult each other on cases. Case managers are knowledgeable about resources and informal supports in the communities they serve, and access these and regional resources to serve their participants. Case managers are participant-driven and supportive of each other. They have good working relationships with participants and have good continuity over time. Case managers are creative and resourceful.
- Pennington County has strong provider capacity to serve those with mental health needs. The hospital provides excellent mental health services. Bi-monthly meetings with mental health providers and County staff regularly occur to assess participant needs and service provision, creating good working relationships between the County, the mental health providers and participants.
- Pennington County has strong capacity and supports to serve participants in their own homes. Pennington County serves more AC/EW and CCB participants in community settings (as opposed to institutional settings) compared with most other counties in the state. Pennington County ranked 5th out of 87 counties for the AC/EW programs in the percentage of participants served in the community versus institutional settings. In

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

2010, 71% of elderly participants were served in the community in Pennington County, which is a higher rate than in 2006 (64%), its cohort (58%) and the statewide rate (63%). Pennington County ranked 21st out of 87 counties for the CCB programs in the percentage of participants served in the community versus institutional settings. In 2010, 94% participants with disabilities were served in the community in Pennington County, which is a higher rate than its cohort (90%) and the statewide rate (92%).

- The HCBS budgets are very well managed in Pennington County. Pennington County is a part of the Northwest Eight Regional Alliance around the CCB and DD waivers, which allows the participating counties to maximize their budget while sharing risks. Together, supervisors from the alliance counties manage the CCB and DD budgets.
- Pennington County uses the model contract template and all thirteen contracts sampled were current for services being provided; of these, all Pennington County contracts were executed within 30 days of their effective date. Pennington County contracts included a process for monitoring whether care plan goals are achieved, a process for determining that contracted services are actually provided and documentation of the consequences for provider non-performance.
- Participant case files were generally complete. DD screening documents were current and had the required signatures. All LTC cases had complete OBRA forms. All ICF/DD Level of Care documentation was complete and current. All cases included emergency contact information.
- The individual service plan format used in the DD waiver program is especially strong. All eight DD care plans reviewed exceed documentation expectations of participant needs and health and safety. Three of eight DD care plans exceed documentation expectations of goals and outcomes. All eight DD care plans also included back-up plan and emergency contact information. The DD individual service plan format includes a section about information of their rights and informed consent. All eight DD cases included documentation of participant's information of their rights and seven out of eight DD cases included documentation of informed consent. Case managers also frequently document participant satisfaction in the DD care plans; seven out of eight DD care plans included participant satisfaction.

Waiver Review Findings - County Barriers and Areas for Improvement

The following findings around Pennington 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 71% of LTC screenings for new CCB participants were conducted within 10 business days of referral to the program.
- Some EW, AC and CADI care plans did not have adequate documentation of participant needs, health and safety, and goals in the care plan. Participant needs were missing in five of 18 EW, three of eight CADI and one of eight AC care plans; an additional five EW cases, four CADI, one BI and two AC care plans had documentation of needs below expected levels. Participant health and safety needs were missing in three of eight AC and three of eight CADI care plans. Participant goals were missing in one of 18 EW and one of eight AC care plans; additionally one EW and one AC care plan had very limited documentation of participant goals.
- Some care plans were missing required signatures and documentation of participant choice. One of 18 EW cases, two of eight AC cases, one of six BI cases and one of eight DD cases contained no participant (or their legal representative) or case manager signatures on the care plan and therefore did not include documentation of participant choice. Currently, one EW, one BI, and two AC care plans reviewed are missing both the case manager and participant or legal representative signatures and thus the missing documentation of participant choice. One DD care plan was also missing both required signatures. In addition, one BI care plan had a case manager signing as a guardian. Furthermore one BI, two EW and two CADI care plans did not have the choice questions checked.
- In Pennington County, two out of eight CADI cases and one of six BI cases were missing documentation of a back-up plan in the care plan. It is required that all participants in CCB programs have a back-up plan with emergency contact information as part of a participant's care plan.
- Twenty-eight percent (28%) of EW cases (5 of 18 cases), 38% of AC cases (3 of 8 cases), 38% of CADI cases (3 of 8 cases), 33% of BI cases (2 of 6 cases) and 13% of DD cases (1 of 8 cases) did not have completed documentation of informed consent to share private

health care information included in the case file. It is required that all HCBS participants have a completed documentation of informed consent included in their case file.

- Seventy-two percent (72%) of EW cases (13 of 18 cases), 63% of AC cases (5 out of eight cases), 38% of CADI cases (3 of 8 cases) and 33% of BI cases (2 of 6 cases) did not have a completed documentation in the case file showing that participants had been informed of their rights. It is required that all HCBS participants have a completed documentation of informed rights included in their case file.
- While biannual visits are required for all CADI, DD and BI waiver participants, one out of eight DD cases, three out of six BI cases and one of eight CADI cases had only annual visits. More frequent visits help ensure participant health and safety, and monitor that services are responsive in the event of changing needs.

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

- Provide more guidance, oversight and support for case managers through more systematic policy communication. Adopt internal policies that are consistent across waiver programs. Pennington County case managers have challenging caseloads and keeping current on various waiver policies is difficult; more streamlined policy communication will help ensure that all case managers understand and are current on policy updates and changes along with the expectations for documentation. Consider creating a lead worker position where the worker would have more policy responsibility

and can provide support and limited oversight. Additionally, consider using streamlined case file checklists so that case managers within each program use only one list.

- Use a Request for Assistance (RFA) process or work with existing provider networks and the Northwest Eight Alliance 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. Additionally, work with the Northwest Eight Alliance to develop procedures to encourage regionalized rate setting for different services so that rates are consistent across counties.
- Consider using contracted case management services to serve participants that live out of the County or to cover for when staff are out on leave. 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 Pennington County, including a case file with current documentation of all required paperwork.
- Provide training for case managers on basic provider contractual expectations and establish a mechanism for case managers to evaluate contractual compliance when conducting participants' visits, such as using a visit sheet to document provider staffing levels and whether participants are satisfied with services. During site visits and through their interaction with providers, case managers can help verify that expectations and participant outcomes are being met. Case management visits are one of the most effective methods of monitoring provider performance, as case managers frequently observe staff while visiting participants. If case managers identify persistent problems with providers, they should alert the contract manager.

Corrective Action Requirements

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

- Beginning immediately, ensure that 80% of LTC Screenings for CCB 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, 71% of screenings for CAC, CADI and BI 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.

- Update all care plans in the next six months. Ensure that care plans include all required documentation for HCBS participants in all programs including identifying participant needs, health and safety issues and participant goals and outcomes. Participant needs were missing in five of 18 EW, three of eight CADI and one of eight AC care plans; an additional five EW cases, four CADI, one BI and two AC care plans had documentation of needs below expected levels. Participant health and safety needs were missing in three of eight AC and three of eight CADI care plans. Participant goals were missing in one of 18 EW and one of eight AC care plans; additionally one EW and one AC care plan had very limited documentation of participant goals.
- Beginning immediately, ensure that all care plans have the two required signatures and include documentation of participant choice. It is required that the care plan is signed and dated by the case manager and either a participant with their own guardianship or a participant's legal representative. Currently, one EW, one BI, and two AC care plans reviewed are missing both the case manager and participant or legal representative signatures and thus the missing documentation of participant choice. One DD care plan was also missing both required signatures. In addition, one BI care plan had a case manager signing as a guardian. Furthermore one BI, two EW and two CADI care plans did not have the choice questions checked.
- Include back-up plans in all care plans for all CAC, CADI and BI participants. All care plans must be updated with this information within six months. This is required for all CCB programs to ensure health and safety needs are being met in the community. Two of eight CADI cases and one of six BI cases were missing documentation of a back-up plan.
- 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 CCB waiver participants, one out of eight DD cases, three out of six BI cases and one of eight CADI cases had only annual visits. Visits are a key quality assurance method, and help to ensure participant health and safety and person-centered care.

- Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their rights. Currently, 12 out of 18 EW cases, four out of eight AC cases, three out of eight CADI cases, and two out of six BI cases did not have a completed documentation in the case file showing that participants had been informed of their rights.
- Beginning immediately, ensure that each participant case file includes signed documentation of data privacy practices (informed consent). One out of eight DD cases, two out of six BI cases, two out of eight CADI cases, three out of 18 EW cases and two out of eight AC cases did not have completed documentation of informed consent to share private health care information included in the case file.