

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **Itasca County**

Lead Agency Review Site Visit: August 2015

Report Issued: November 2015

For more information contact
Minnesota Department of Human Services
Lead Agency Review Team
dhs.leadagencyreviewteam@state.mn.us
<http://www.MinnesotaHCBS.info>

Contents

About the HCBS Lead Agency Review process 4

 Overview 4

 Mixed methods approach 4

About the lead agency 5

 Department management..... 5

 Persons served 5

 Staffing roles and responsibilities 6

 Intake, assessment, and case assignment 7

 Maintaining programmatic expertise 7

 Provider monitoring process 8

Working across the lead agency 8

 Internal relationships 8

 External relationships 9

Person centered practices and supports 10

 Jensen Settlement Agreement members..... 12

 People requiring Positive Support Transition Plans 12

Service development 13

 Employment 13

 Housing and services 14

 Utilization of non-enrolled Tier 2 vendors 14

Managing resources 15

Lead Agency feedback on DHS resources..... 16

Results and findings 16

 Follow up from previous reviews 16

 Itasca County’s strengths 17

 Recommendations 18

 Corrective action requirements..... 20

 Required remediation 20

Appendix A – Case file results dashboard..... 22

Appendix B – Quality indicators 24

About the HCBS Lead Agency Review process

Overview

Minnesota strives to help people live as independently as possible so they can continue to be a part of their communities. Each year about \$3.9 billion in state and federal funds is spent on Medical Assistance Long-Term Service and Support (LTSS) programs that serve over 80,000 people. These programs are large and demand is growing. By 2020, they will serve nearly 110,000 people. LTSS programs have a large impact on Minnesotans, so it is crucial that they enhance the quality of life and independence of people who rely on them.

Home and Community-Based Services (HCBS) refers to the long-term services and supports an individual needs due to a chronic health condition or disability that are delivered in home or other community-based settings. These services and supports include private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The HCBS Lead Agency Review examines six programs: (1) Alternative Care (AC) Program, (2) Brain Injury (BI) Waiver, (3) Community Alternative Care (CAC) Waiver, (4) Community Alternatives for Disabled Individuals (CADI) Waiver, (5) Developmental Disabilities (DD) Waiver and (6) Elderly Waiver (EW). The CAC, CADI and BI programs, referred to as the CCB programs, and the DD waiver program generally serve those 64 and younger; while the EW and AC programs serve persons aged 65 and older.

The overarching goal of the HCBS Lead Agency Review is to determine how HCBS programs are operating and meeting the needs of the people they serve. Local and national pressures are influencing the current system and encouraging the state to re-examine how to best support people receiving services in a person-centered way. Some of these pressures include: [Minnesota's Olmstead Plan](#) and [Jensen Settlement Agreement](#), [Federal HCBS rule changes](#), [Minnesota Statute 245D](#), and the [Positive Supports rule](#). Additionally, the demand for services continues to grow faster than available revenues. All of these changes require that practices be aligned with person-centered thinking, person-centered planning, and positive supports to ensure high quality and sustainable programs.

This evaluation process helps the Minnesota Department of Human Services (DHS) assure the compliance of counties and tribes in the administration of HCBS programs, share performance on key measures and outcomes, identify best practices to promote collaboration between lead agencies (counties, tribes, and Managed Care Organizations), and obtain feedback about DHS resources to prompt state improvements. Successfully serving Minnesotans hinges on state partnerships with counties, tribes, and other agencies involved in administering and delivering the programs.

Mixed methods approach

The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency. These methods are intended to provide a full picture of compliance, context and practices within each lead agency, and further explain how individuals benefit from the HCBS programs. Once the final analysis is complete, a customized report is prepared for each lead agency. The data collection methods are intended to glean supporting

information, so that when strengths, recommendations or corrective actions are issued, they are supported by multiple sources.

Table 1 summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of data collection methods

Method	Numbers for Itasca County
Case file review	85 cases
Provider survey	52 respondents
Supervisor meeting	1 meeting with 2 staff
Case manager and assessor survey	10 respondents
Case manager and assessor focus group	1 focus group with 14 staff
Assurance plan	1 quality assurance plan completed
Supervisor phone interview(s)	2 interviews with 2 staff

About the lead agency

Department management

In August 2015, DHS conducted a review of Itasca County’s HCBS programs. Itasca County is a rural county located in northern Minnesota. Previous HCBS lead agency reviews were conducted in September 2006 and more recently in August 2012.

Itasca County’s Health and Human Services Department is the lead agency for all HCBS programs and encompasses both Public Health and Social Services. Their main offices are located in Grand Rapids, MN.

Itasca County also serves as a contracted care coordinator for one Managed Care Organization (MCO), Itasca Medical Care.

Persons served

Statewide 94% of people receiving long-term services and supports do so with community-based services. HCBS provides people with more control over services, which promotes independence and reduces costs over institutional care. Table 2 shows the percent of people receiving HCBS by program in Itasca County.

Table 2. Percent of people receiving HCBS (2014)

People receiving long-term services and supports	Itasca County	Cohort
Disabilities	93.8%	94.4%
Developmental Disabilities	94.9%	92.8%
Elderly	72.1%	66.3%

In State Fiscal Year 2014, Itasca County’s population was approximately 45,589 and served 783 people through the HCBS waiver programs. Table 3 shows the number of people enrolled in HCBS by program.

Table 3. Number of people enrolled in HCBS by program

Program	2010	2014
CCB	147	155
DD	161	164
EW/AC	473	464

One indicator which determines how well these programs support independence and person centered outcomes is the percent of people on the waivers with high needs. A higher percentage of people with high needs shows that services are available to support people in the community even when they need more intense supports. Table 4 shows the percent of people on the waivers with high needs.

Table 4. Percent of people on waivers with high needs (2014)

Program	Itasca County	Cohort
CCB	80%	74.2%
DD	90.9%	82.3%
EW/AC	59.7%	57.8%

Staffing roles and responsibilities

Itasca County has two supervisors that oversee the waiver programs: the Public Health Supervisor oversees the CAC, CADI, BI, EW, and AC programs and the Social Services Supervisor oversees the DD waiver program.

The Public Health Supervisor oversees seven full-time and three part-time case management staff. They are a combination of social workers and public health nurses. In addition to managing the waiver programs, a number of these staff also provide care coordination through Itasca Medical Care (MCO). The Public Health Supervisor also oversees two MnCHOICES assessors. They complete initial assessments for all waiver programs. Public Health also has a case aide to assist staff with tasks related to the management of the waiver programs.

The Social Services Supervisor manages six DD case managers. This supervisor also oversees the contracted DD case management. Itasca County contracts about 15 cases through Meridian Services.

Intake, assessment, and case assignment

Itasca County has a central intake system. Calls come in to the intake line and a staff member collects initial information. They then provide a summary of programs using a standardized script to ensure everyone receives the same information. From there, the call goes to a Public Health staff assigned as the intake and referral contact. She assists with navigating the Medical Assistance system, coordinating paperwork and identification of alternative service resources. After this step, if the person is ready for a MnCHOICES assessment, central intake will put an assessment into MnCHOICES and the supervisor will make the assignment to an assessor. Their timeline to complete the initial assessment is within two weeks. From there, ongoing cases are typically assigned to case managers on a rotating basis with consideration for caseload size and demographics. For someone interested in the DD waiver, after the initial MnCHOICES assessment is completed the information is passed to the Social Services Supervisor to determine Rule 185 eligibility. This occurs within two days of the Supervisor receiving the information. If Rule 185 eligibility is determined, the Supervisor sends a letter to the person with eligibility confirmation and contact information for the assigned case manager. For all waiver programs, after the initial assessment is completed by one of the two assessors, the ongoing case manager performs the continuing reassessments.

Currently, Minnesota Statute requires assessments to be completed within 20 days from initial intake in order to ensure equal and expedient access to all people requesting HCBS services. Data from MMIS was reviewed to determine Itasca County's timelines for initial face-to-face assessments for persons who opened to an HCBS waiver program. Itasca County has 60% of assessments completed on time in EW and AC while 42% of CCB and 33% of DD assessments were completed on time. This illustrates the need for more efficiency in their intake and assessment process, which could correlate with MnCHOICES implementation.

Maintaining programmatic expertise

As HCBS programs' requirements and expectations change, the lead agency must stay up-to-date on those changes in order to provide seamless services. There are several strategies lead agency staff employ to stay current with program and policy changes, successfully implement those changes, and maintain expertise in the HCBS programs.

The Social Services Supervisor attends monthly DD supervisor meetings in the metro area. This has been a beneficial meeting to attend as valuable information is received about DD program and policy changes. This meeting is also an opportunity to share ideas and problem solve with other DD supervisors. The Social Services Supervisor also receives all DHS bulletins and forwards them on to staff as applicable so they are able to stay current on changes in HCBS programs. They also discuss relevant bulletins at their ongoing staff meetings.

Case managers reported that DHS bulletins, webinars and PolicyQuest are tools they often use to maintain expertise in their program areas. They also rely on each other to be experts in certain areas and keep each other updated. Recently, all case managers attended the Minnesota Age and

Disabilities Odyssey Conference which focused on person centered perspectives. Case managers expressed challenges with keeping current on the numerous aspects of the programs they work with. Specifically, they voiced concerns over the amount of time it takes to read all bulletins, manual updates, etc. while balancing their caseloads. Case managers agreed it would be helpful to have all of this information filtered for them so they are receiving all the important information and updates but don't need to take the time to review each in entirety.

Providers in Itasca County that responded to the provider survey indicated that the agency is well versed in adult protection, rights and person centered planning. They also identified strengths in expertise regarding 245D licensing and Disability Waiver Rate System. Overall, providers thought highly of the agency in their capacity to remain current with changes.

Provider monitoring process

It is the lead agency's responsibility to monitor the on-going provision of services for efficacy, consumer satisfaction, and continued eligibility, making adjustments as necessary. Results of the provider survey indicated that case managers are good at defining how best to monitor and participate in the service delivery for an individual. They reported that most often, the monitoring is in the form of phone or email communication. The provider survey also indicated that when feedback is given to them, they often use it to make improvements to their services. Also, the Social Services Supervisor facilitates monthly meetings with local providers. They use these meetings to discuss issues, problem solve, and learn from each other. These meetings have been a useful tool in monitoring provider service provision.

Working across the lead agency

The Lead Agency Review process looks at internal and external working relationships to gain greater insight into how the lead agency works together as a whole, how services are being delivered, and how the agency interacts with those delivering these services. Effective working relationships, both internally and externally, increases the level of coordination and quality of the services being delivered.

Internal relationships

Since the late 1980's, Itasca Health and Human Services has operated as a joint agency. In order to ensure quality services to all people receiving HCBS services, it is necessary that they work collaboratively. Currently, the Health and Human Services case management staff meet monthly to discuss issues with individual cases, policy and program updates and miscellaneous information relating to implementation of HCBS programs. This meeting has proven to be beneficial in many regards. Case managers report they are doing more daily consultation with members of other teams as a result of these monthly meetings. Also, case managers acknowledged that because they sit in close proximity to other units, it is easy to collaborate when needed.

Itasca County has a financial eligibility team that works specifically with long term care programs. There are four staff currently on the team. The financial workers meet on a quarterly basis with case management teams to discuss questions and provide updates. Supervisors stated that the relationship between Health and Human Services and the financial workers is strong; they are collocated in the same area. Case managers can walk over if they have questions regarding eligibility status of people

on their caseload. Case managers shared that there has been recent turnover in a few of the positions. In spite of this, they reported overall strong relationships with this department.

Adult and child protection is currently managed by the Social Services Supervisor. There are daily meetings held to screen reports that have come in. Case managers are invited to these meetings if it involves a person on their caseload. Supervisors reported that if it is a child protection issue involving a person on a HCBS waiver, they will typically hand the case off to a different worker in order to maintain the relationship between the case manager and person/family. They feel it is important to keep boundaries in this area. Some case managers expressed difficulties with communication with adult/child protection. They stated that there have been some challenges with the new reporting system and that they are not always notified when a report comes in for a person they are working with.

Itasca County contracts their adult mental health case management out to a community provider. This contract is overseen within the agency by a mental health coordinator. Lead agency staff said the relationship with the mental health case management provider is often times ineffective. Communication between the two workers can be difficult as there has been confusion over roles of each case manager. Both supervisors and case managers agreed that having internal expertise in this area would be helpful and lead to better supports and services for people they work with.

External relationships

During the Lead Agency Review, case managers and assessors were asked to rate their working relationships with other local service providers. Case managers and assessors only rated agencies they have had experience working with. Table 5 lists the results of the focus group ranking of local agency relationships.

Table 5: Itasca County Case Manager/Assessor Rankings of Local Agency Relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	23%	23%	15%	38%
Nursing facilities	64%	7%	21%	7%
Hospitals	38%	43%	14%	0%
Primary care clinics	7%	71%	14%	7%
Mental health service providers	43%	28%	28%	0%
Area Agency on Aging	7%	7%	85%	0%
Crisis services	28%	50%	7%	14%
Foster care providers	0%	50%	50%	0%
Customized living facilities	0%	36%	54%	9%
Center-based day programs	0%	57%	43%	0%
Community-based employment providers	31%	31%	15%	23%

Local Agencies	Poor	Average	Good	Not applicable
Home health agencies	9%	36%	36%	18%
County collaborative	36%	18%	0%	45%
Other community-wide collaborative or partnerships	0%	9%	0%	91%

Lead agency staff shared they have good relationships with providers in Itasca County. The case managers said that they have had some difficulty working with school districts. However, they have been able to overcome some barriers by developing relationships with specific teachers. Case managers also reported poor relationships with nursing facilities. They further explained that discharge planning can be difficult due to lack of communication. The Public Health Supervisor is working with one of the local nursing facilities in hopes of improving this relationship.

The Lead Agency Review process also includes surveying the providers about their relationship with lead agency staff. The provider survey results for Itasca County indicated that providers think they are very responsive. Providers agreed that the lead agency has adapted well to and had the capacity to remain current with changes including the Disability Waiver Rates System and person centered planning. Results of the survey also showed that providers would like more proactive communication. They stated that case managers are in touch at critical moments but they might be lacking in proactive visits and communication.

Person centered practices and supports

The State of Minnesota has a goal of broadening the effective use of person centered planning principles and techniques for people with disabilities. People with disabilities will now decide for themselves where they will live, learn, work, and conduct their lives. In addition, the person will choose the services to support these decisions through a planning process directed by the person or the person’s representative, that discovers and implements what is important to the person and for the person and is meant to improve the person’s quality of life.

The Minnesota Olmstead Plan sees person centered planning as foundational to overcoming system biases and supporting peoples’ ability to engage fully in their communities. These priorities, coupled with changes in federal mandates, require that lead agencies’ practices be updated for alignment.

The Lead Agency Review process evaluates multiple data sources for evidence of person centered practices within lead agencies. Figure 1 and Table 6 show the results of person centered practices assessment. These domains focus on various areas of person centered practices such as: identifying dreams; having the person direct the planning process; providing opportunities for people to connect with others in their communities of choice; providing supports and services that are shaped by the person, and evaluating the quality of those services; and developing organizational alignment with these principals. For more information on the assessment tool and criteria, visit the [Lead Agency Review website](#).

Figure 1. Person centered practices assessment



Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

Table 6. Average score by domain

Domain	Average Score
Assessment, Discovery, Exploration	2.50
Planning Practices	2.58
Community Participation and Inclusion	2.60
Current Level of Support and Services	2.92
Organizational Design and Processes	2.37
Evaluation of Person Centered Practices	2.14

Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

In the case manager and assessor survey, all respondents stated that they had received either internal or external training on person centered planning or practices. They also reported that the lead agency has directed them to use person centered practices in their everyday work. However, when asked if the lead agency provides the resources and supports needed to provide person centered supports and services only seventy percent of respondents answered yes. In the focus group, case managers and assessors echoed these views. They also agreed that they often rely on providers to deliver more in-depth person centered planning because they don't always have the time necessary for each person on their caseload. There was evidence in the focus group and case files that the lead agency uses creativity in service planning to advocate for what is important to the person as well as what is important for the person. The review of case files found that 75% of care plans had sufficient details about what is important to the person.

The Health and Human Services Supervisors indicated that all staff attended person centered sessions at the Minnesota Age and Disabilities Odyssey Conference. They also refer people to a local provider that facilitates person centered planning sessions. In addition, they are encouraging other providers in the area to get trained in person centered planning so they are able to offer choice in person centered planning services. Supervisors stated that staff are committed to people having choices, even when there is a guardian in place. At this time, they do not have a formal process in place for evaluating person centered practices.

Results of the provider survey indicated that the lead agencies top strength was their ability to keep current on person centered planning. Providers reported that case managers have made referrals to person centered planning facilitators and seem to have adapted well to the person centered approach.

Jensen Settlement Agreement members

The [Jensen Settlement Agreement](#) is the result of a lawsuit filed against the DHS, which is prompting significant improvements to the care and treatment of people with developmental and other disabilities in the state of Minnesota. The people who were a part of this class action settlement are entitled to additional services and supports from DHS and lead agencies to assist them in successfully transitioning into the community setting of their choice.

This lead agency serves Jensen Settlement Agreement members. The summary of the case file review results were overall positive. All Settlement Agreement members had person centered plans that were detailed and well done. However, half of the plans lacked some details including with whom the person wants to live and the process for monitoring the plan. Overall, the plans showed continuity with the person's support plan and covered most of the important aspects of person centered planning. In order to best support the Jensen Settlement Agreement members, case managers are often visiting these people on a monthly basis.

People requiring Positive Support Transition Plans

In accordance with the Jensen Settlement Agreement, DHS was required to modernize "Rule 40" to reflect current best practices, including the use of positive and social behavioral supports. New rules and laws governing positive support strategies have been put into place. In extreme situations where a person's behavior poses an immediate risk of physical harm to themselves or others, a Positive Support Transition Plan (PSTP) is required. The person and their team, including providers and the lead agency case manager, design a PSTP that incorporates positive support strategies into a person's life to eliminate the use of aversive procedures, to avoid the emergency use of manual restraint, and to prevent the person from doing physical harm. It is important for these plans to be monitored to ensure that these new rules are being implemented appropriately and plans are reflecting current best practices.

This lead agency was not working with anyone with PSTP at the time of this review. However, they have worked with people requiring PTSPs in the past. In order to best support the people with PSTPs, the case managers keep in more regular contact with the person as well as providers.

Service development

Minnesota strives to help people live as independently as possible so they can continue to be a part of their communities. Increasing the availability of choice and quality of services, helps support people’s independence and control over the services and supports that fit individual needs. The Lead Agency Review evaluates the lead agencies’ abilities to connect people to opportunities (i.e. employment) and services (i.e. transportation), as well as how lead agencies ensure quality services are being delivered.

Employment

When individuals have higher monthly earnings, it indicates that community-based employment, and the supportive services sometimes needed to maintain employment, are available. Employment not only provides income for people, but is also one way that people participate in and contribute to their communities. The Minnesota Olmstead Plan establishes statewide goals to increase employment and earnings for people with disabilities. Table 7 and Table 8 show the percent of earning for those who are working by program.

Table 7. Percent of working age people on the DD waiver with earned income (2014)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Itasca County	28.5%	35.4%	17.4%	18.8%
Cohort	27.4%	47.1%	18.1%	7.5%
Statewide	33.5%	42.9%	15.7%	7.8%

Table 8. Percent of working age people on a CCB waiver with earned income (2014)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Itasca County	83.5%	11.3%	2.6%	2.6%
Cohort	66.1%	16.9%	10.1%	6.8%
Statewide	72.5%	14.4%	7.5%	5.5%

Staff stated that the lack of employment providers limits the person’s ability to choose a work program that fits their individual needs best. However, they did speak highly of a work program in the area that pays everyone minimum wage. This program primarily supports people on the DD waiver. Also, the Social Services Supervisor is helping to facilitate a monthly vocational workgroup with area providers to work on employment for all people with disabilities. Case managers indicated that they have experienced some barriers in working with Vocational Rehabilitation services as well.

Itasca County's portion of the Minnesota Olmstead Plan's benchmark to increase employment and earnings for people with disabilities is approximately six people per state fiscal year. The lead agency will do this by continuing to work with and encourage area employment providers to increase community employment options.

Housing and services

Higher percentages of people able to receive services in their own homes versus provider controlled housing and residential settings reflect the availability of more flexible and customizable services. When people are served in their own homes, they have more choices and are able to make more decisions in how they live their life. Services coming into a person's home must be flexible and must be well coordinated. The Minnesota Olmstead Plan also establishes statewide goals to improve housing integration and choice for people with disabilities. Table 9 shows the percent of people who receive services at home.

Table 9: Percent of people who receive services at home (2014)

Program	Itasca County	Cohort
CCB	39.4%	58.3%
DD	39%	38.4%
EW/AC	51.5%	62.8%

In-home supportive services is another service gap in Itasca County. Staff said that there is an overall lack of supportive living providers, especially those that can serve people with high behavioral needs. The Public Health Supervisor did state that there have been some new customized living facilities in the area, however they mostly serve people over 65.

Utilization of non-enrolled Tier 2 vendors

With the end of lead agency contracts for HCBS services effective January 1, 2014 lead agencies may elect to use vendors not enrolled as a Minnesota Health Care Programs (MHCP) provider for some waiver services to increase local access to those services. Lead agencies choosing to do this must comply with DHS policies and document verification that all providers receiving Medical Assistance funds meet all applicable service standards.

Itasca County does occasionally use non-enrolled vendors for some Tier 2 services. Typically they utilize these providers for environmental accessibility adaptations and specialized supplies and equipment purchases. The vendor list is housed in the DD unit. The case manager is responsible for looking into the licensing when applicable and completing the log. The accounting department assists with the obtaining the service purchase agreement from the providers. All reviewed claims did have a completed DHS approved vendor agreement. However, the lead agency did have some challenges with the log requirements and were missing a number of required verifications.

Managing resources

In Minnesota, waiting lists occur because the budgets for the waiver services are limited by: 1) the amount the federal government approves in the state waiver plans; and, 2) the amount the legislature appropriates for the state share of the service costs. A waiting list is created when people who are eligible for the service do not have immediate access to the service because of the funding limits.

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists). Beginning in 2015, changes in spending and wait list requirements will create added accountability for lead agencies and DHS to ensure timely access to HCBS waiver programs.

The CCB allocations are managed by the Itasca County Health and Human Services division manager. They have a multidisciplinary team that meets every two weeks to review cases. The team discusses the circumstances around each case to see who is moving to the community and needs services. All requests to increase spending or add additional services need to be approved by the team. Both the division manager and an accounting staff have access to the WMS and are able to do simulations.

The DD allocation is managed by the DD supervisor. The allocation balances and waiting list are reviewed at weekly staff meetings. Case managers bring requests for increases in spending or services to the staff meeting for approval.

Table 10: Combined year-end budget balance and percent of program need met for CCB (2014)

	Year-end budget balance	Percent of program need met
Itasca County	3%	93.5%
Statewide	8%	96.8%

For the CAC, CADI and BI programs, Itasca County had a 3% balance at the end of fiscal year 2014, which is a smaller than its balance in FY 2012 (7%) and the statewide average (8%).

Table 11: Combined year-end budget balance and percent of program need met (2014)

	Year-end budget balance	percent of program need met
Itasca County	9%	93%
Statewide	8%	86.2%

At the end of calendar year 2014, the DD waiver budget had a balance of 3%. Itasca County’s DD waiver balance is smaller than its balance in CY 2012 (7%), but slightly higher than the statewide average (8%).

At the time of the waiver review visit, Itasca County had a wait list in the CCB and DD programs. They have been working with staff from DHS to move people from the wait list on to programs.

Lead Agency feedback on DHS resources

During the Lead Agency Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Supervisors, case managers, and assessors only rated resources they have had experience working with. Table 12 shows the DHS resources that were rated the highest and the lowest by lead agency staff.

Table 12: Highest and lowest rated DHS resources by lead agency staff

Rating	Resource
High	<ul style="list-style-type: none"> • Bulletins • Community-Based Services Manual • CountyLink (TrainLink, MnCHOICES, etc.) • E-Docs • Videoconferences/Webinars
Low	<ul style="list-style-type: none"> • DB101.org • DSD Response Center • Minnesotahelp.info • Senior Linkage Line

Itasca County staff reported that DHS Bulletins and CountyLink (TrainLink, MnCHOICES, etc.) were the most helpful resources. They also stated that the videoconference and webinars offered by DHS are convenient, largely because they now have the capability of attending these on-site instead of going to a different county building. The video conferences and webinars helped staff keep up to date on program changes. Staff were less familiar with Senior Linkage Line, Minnesotahelp.info and DB101.org. They found DSD Response Center to be less useful because it did not answer their questions.

Results and findings

The findings in the following sections are drawn from reports by the lead agency staff, reviews of participant case files, and observations made during the site visit.

Follow up from previous reviews

During Itasca County's 2012 review, DHS issued several recommendations and corrective actions to prompt lead agency improvements. These were identified by review team as opportunities where additional actions by the lead agency would further benefit its staff and people receiving services. Table 13 gives an update on the lead agency's actions on previous recommendations.

Table 13. Lead agency actions on previous recommendations

2012 Recommendation	Update on Lead Agency Actions
Assess interest in employment and document a person’s knowledge of his/her appeal rights	Case files indicated that 83% of cases included information about employment. Case files indicated that 78% of cases included information about appeal rights.
Use “visit sheets” to document the persons satisfaction with service providers and monitoring provider performance	The lead agency has been intermittently utilizing visit sheets, but it is not a mandatory practice.
Develop services that support individuals in their own homes and reduce reliance on expensive residential care	The lead agency has not developed additional in-home services.
Continue to expand employment opportunities.	The lead agency has been working with the Itasca Strategic Alliance to expand employment opportunities.
Utilize a single case manager and support plan for persons receiving AMH TCM and waiver case management.	The lead agency has not made changes to its service delivery for individuals receiving AMH TCM and waiver case management.
Develop systems to support case managers	The lead agency has not developed new systems to support case managers.
Joint Public health and social services meetings with staff	Monthly team meetings have been established between the two groups to discuss program changes and do case consultation.
Better utilize waiver allocations and reduce wait lists.	The CCB and DD allocations have been better maximized in recent years, with year-end reserves decreasing since the 2012 site visit (3% in FY15 for CCB and 9% in CY14 for DD).

During the previous review in 2012, the lead agency received corrective actions for four areas of non-compliance. Since that time, the lead agency has implemented practices to correct two of the four areas: BI assessment and eligibility determination form and support plans containing outcomes and goals and health and safety concerns. This demonstrates that Itasca County promptly remediates issues to improve its compliance HCBS program requirements.

Itasca County’s strengths

The following findings focus on the strengths observed during the recent review of Itasca County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in their community, Itasca County continues to create positive results for the people receiving services.

Itasca County staff collaborate effectively across departments and units to serve people receiving waived services. Case managers in the Public Health Division and Human Services Division are accessible to one another and frequently consult to problem solve on challenging situations. They also

began holding joint monthly meetings. HCBS case managers in Itasca County are strong advocates and are able to rely on their colleagues.

Itasca County staff continue to have strong relationships with providers. The lead agency has monthly provider meetings where information about programs are shared and problem solving occurs. Staff work closely with providers to ensure people's needs are met. The lead agency participates in community-wide planning collaboratives to address issues such as employment. Ninety percent of providers indicated in the Provider Survey that the lead agency responds to inquiries in a timely manner and that they receive the needed assistance from the lead agency.

The case files reviewed in Itasca County continued to meet **several HCBS program requirements.** Required documentation and forms were included in the file. This includes: 18 of 19 DD cases contained the ICF/DD Level of Care, 84 of 85 cases contained current releases of information; 84 of 85 cases contained documentation that the notice of privacy practices was given; 84 of 85 (99%) of assessments and support plans were current.

Recommendations

Recommendations are developed by the Lead Agency Review Team, and are intended to prompt improvements in the lead agency's administration of HCBS programs. The following recommendations could benefit Itasca County and people receiving services.

Provide additional supports for case managers and assessors. This recommendation was given to Itasca County in 2012. Since that time, HCBS waiver programs have undergone a significant number of major changes, with even more changes coming soon. Administering the waiver programs and providing case management has become more complicated. Itasca County has seen growth in the number and acuity of individuals requesting waiver services, leaving case managers and assessors overwhelmed at times. Other lead agencies have deployed several different strategies to provide additional supports. These include: designating a lead worker with a small case load who coordinates training and acts as a subject matter expert to staff; or designate a support staff to organize and update documents in the shared drive to ensure forms are current and fillable to promote consistency.

Consider expanding the use of contracted case management. Lead agencies utilize private contracted case management agencies for a variety of reasons. Currently Itasca County utilizes this service delivery model for people on the DD waiver living in the Twin Cities metro area. Expanding this to include other waiver programs or all people residing outside of Itasca County would reduce caseloads for county case managers and eliminate excessive travel time. Also, a local contracted case manager often has more knowledge of local resources to ensure quality service delivery. Because Itasca County already has strong oversight practices in place for contracted case management agencies, including requiring them to adhere to Itasca county practices and share a copy of all case file documentation, they are in a good position to expand.

Expand community based employment opportunities. This recommendation is being reissued due to the increasing importance on providing opportunities for individuals with disabilities to fully engage in

their communities. The State's Olmstead Plan will require all counties to increase the number of people with disabilities earning income through community based employment. Itasca County's benchmark will be six additional people per year. The lead agency should focus on strengthening employment by increasing its engagement with local community groups such as the Itasca Strategic Alliance. This group should expand their outreach to include people with mental health issues and those of transition age. Itasca County should continue to work with providers to reduce their use of center-based employment and develop more opportunities that result in higher wages.

Integrate mental health expertise within CADI case management team to strengthen service delivery. This recommendation was issued in 2012 and the need for action by the lead agency has increased. The lead agency is experiencing demographic changes and serving more participants with serious mental illnesses in its CADI program. Data indicates that approximately one third of people in the CADI program have a serious mental illness. Because Itasca County uses a contracted agency for Adult Mental Health Targeted Case Management (AMH TCM), there are several different ways they could accomplish this objective. For cases open for both types of case management, Itasca County could train the contracted agency on the CADI program and assign those cases to a select group of staff from the contracted agency; or they could bring the AMH TCM portion of the case management back in-house. This integration of care will result in better outcomes and support.

Develop a formal process and tools to document and monitor provider performance across all HCBS programs. This was also a recommendation issued in 2012. Itasca County currently utilizes a tool for some waiver programs. They should extend that practice to all programs and update the tool to ensure they are consistently asking each person about the services outlined in the support plan. The tool should allow lead agency staff to monitor the person's progress on dreams, goals, changes in needs, and satisfaction with all service providers, including case management. The data collected should be summarized and shared with providers to improve the quality of service provision at an incidental level and an agency-wide level. Sample tools used in other lead agencies can be found [here](#).

Request additional allocations to serve the people on your wait lists in the CCB and DD programs. There were 20 people on the CCB wait list and 12 on the DD wait list at the time of the lead agency site visit. The Itasca County had a 3% balance in their CCB allocation which may not be enough to add additional people to the programs. Therefore the lead agency should request additional allocations in the CCB program to reduce the wait list. It is important that those people be offered a place on the waiver program to ensure they receive the services and supports they need. The DD allocation had a balance of 9% which should also be used to reduce the DD wait list. Managing the budgets in these waiver programs can be complicated, so Itasca County should also add accounting staff to the allocation team to help manage the budget.

Ensure that the support planning process and the support plan itself are person centered. The support plan is the one document that all people receive, and it should include personalized and detailed information about their plan of care. People should be asked about their dreams, where they want to live and work, and how they want to spend their free time. All of this should be included in the support plan and used, in part, to establish meaningful and customized goals. Forty-five percent of support plans in Itasca County included a person's dreams. It is important for Itasca County to set

expectations for the quality and content of support plans to create consistency across the lead agency. The lead agency should seek out person centered training for their staff and work towards becoming a person centered agency.

Corrective action requirements

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements¹. A corrective action plan must be developed and submitted to DHS, outlining how the lead agency will bring all items into full compliance. The following are areas in which Itasca County will be required to take corrective action. Because some corrective action items were previously issued at past reviews, Itasca County should review past submissions to ensure the corrective action plan will result in a compliant result.

Complete LTSS MnCHOICES assessments within 20 days of referral. MN Statute 256B.0911 requires that assessments be conducted within 20 days of the request. For people who newly opened to a waiver program in SFY 2015, 53% were not assessed within this time frame. This includes five of 12 (42%) for CCB, 25 of 42 (60%) for EW/AC and 33% for DD. Completing assessments and eligibility determinations within 20 days helps ensure prompt access to those needing services.

Include details about the person's services in the support plan. For each service in an individual's support plan, the following information must be included per MN Statute 256B.0915 and MN Statute 256B.092: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost). Fifty four percent of cases reviewed (46 of 85) across all programs contained the required information. Sixty-seven percent of CAC cases, four of 10 CADI cases, two of 10 BI cases, one of 14 DD cases, 28 of 33 EW cases, nine of 10 AC cases had support plans that contained all of this information. This information is the minimum required to ensure people are informed about the services they will be receiving.

Document that each person has been informed of their appeal rights on an annual basis. This is a requirement of MN Statute 256B.0911 and MN Rule 9525.0024. Overall 46% of cases reviewed across CCB and DD programs did not contain the information. Eight of 10 CADI cases, nine of 10 BI cases, and one of 19 DD cases did not have documentation in the case file indicating that person was informed of their right to appeal within the past year. By having individuals sign documentation confirming they understand their appeal rights, the lead agency is giving people the ability to advocate for themselves. It also provides information on tools to address concerns with the lead agency, DHS, or service providers.

Required remediation

Findings indicate that some case files do not contain all required documentation. Itasca County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit.

¹ In instances where five or fewer cases are reviewed, compliance is reported as a percentage.

The Compliance Worksheet(s), which was given to the lead agency, provides detailed information. All items are to be corrected by within 60 days of the site visit and verification submitted to the Lead Agency Review Team to document full compliance. At the time of this report, the lead agency was still working to complete their required remediation.

- **Case File Compliance Worksheet:** 50 of 85 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** Half of cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet:** All cases reviewed require remediation.

Required Items	Total	AC	EW	CAC	CADI	BI	DD
A current AC Program Eligibility Worksheet is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	99%	100%	100%	100%	90%	100%	100%
Documentation that a person received Right to Appeal information in the last year.	78%	100%	100%	100%	20%	10%	92%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	99%	100%	100%	100%	90%	100%	100%
Application for Title XIX HCBS Waiver Services is completed annually	7%	N/A	N/A	33%	10%	10%	0%
BI Waiver Assessment and Eligibility Determination form) is completed annually.	90%	N/A	N/A	N/A	N/A	90%	N/A
CAC Application or Request for Physician Certification of Level of Care is completed annually.	100%	N/A	N/A	100%	N/A	N/A	N/A
DD Screening is current.	100%	N/A	N/A	N/A	N/A	N/A	100%
DD screening document is signed/dated by all required parties.	93%	N/A	N/A	N/A	N/A	N/A	93%
ICF/DD Level of Care is completed within the last year.	93%	N/A	N/A	N/A	N/A	N/A	93%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	100%	N/A	N/A	N/A	N/A	N/A	100%
Documents are signed correctly when a person has a public guardian .	50%	N/A	N/A	N/A	N/A	N/A	50%

Appendix B – Quality indicators

The evidence for these findings are found in a person’s support plans, case files, and case notes.

Items Reviewed	Total	AC	EW	CAC	CADI	BI	DD
A person’s dreams are discussed in support plan.	45%	50%	30%	100%	60%	40%	53%
A person’s behavioral/mental health issues are described in the support plan.	76%	75%	52%	100%	90%	100%	95%
A person’s medical health issues are described in the support plan.	91%	86%	91%	100%	60%	100%	100%
Support plan includes natural supports .	64%	75%	58%	100%	90%	60%	53%
Support plan has sufficient details about what is important to the person.	75%	88%	61%	100%	100%	80%	74%
The person’s satisfaction with services and supports is documented.	64%	50%	42%	100%	80%	70%	90%
Case manager documents a person’s issues or life events to better understand the situation.	77%	63%	58%	100%	90%	90%	100%
Support plan clearly reflects values and beliefs of person centered planning.	69%	75%	49%	100%	80%	80%	84%
Support plan identifies and has a plan to reduce personal risks .	84%	60%	94%	100%	50%	80%	95%
Support plan is written in plain language .	94%	90%	97%	100%	100%	100%	84%
The type of preferred work activities are identified in the support plan.	68%	N/A	N/A	33%	78%	50%	78%
The type of preferred living setting is identified in the support plan.	62%	90%	49%	100%	60%	70%	63%
Support plan identifies who is responsible for monitoring implementation of the plan.	60%	20%	91%	33%	20%	0%	84%
Support plan includes a person’s strengths in the support plan.	95%	100%	90%	100%	100%	100%	95%