Waiver Review Initiative Report
CASS COUNTY

December 2009
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 Cass 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 September 2009 the Minnesota Department of Human Services conducted a review of Cass County’s Home and Community Based Services (HCBS) programs. Cass County is a rural county located in north central Minnesota. Its county seat is located in Walker, Minnesota and the County has another 13 cities and 50 townships. In Fiscal Year 2008, Cass County’s population was approximately 28,732 and it served 388 people through the HCBS programs. In 2006, Cass County had an elderly population of 18.3%, placing it 32nd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. More than twelve percent (12.6%) of Cass County’s elderly population are poor, placing it 11th (out of the 87 counties in Minnesota) in the percentage of elderly residents who are poor. In Cass County, 41.26 out of every 1,000 persons had a 2006 federal disability determination, placing it 4th (out of 87 counties) in the proportion of residents with a federal disability determination.

Social Services is the lead agency for the CAC, CADI, TBI and DD programs and for EW participants who are in Foster Care or Assisted (Customized) Living. Public Health is the lead for AC and EW participants who are served in the community. Public Health also serves as a home health care agency but case managers do not provide homecare and case management services to the same participants. The managed care health plans available in Cass County are South Country, Medica, Blue Cross and UCare. The County does dual LTCC assessments with a social worker and a public health nurse. When scheduling prevents a two-person assessment, a one-person assessment is completed with consultation with the other discipline after the assessment. Case managers complete one-person reassessments. The primary public health nurse assigned is responsible for setting up date and time of LTCC assessment with the participant and their family. Initial DD screenings are completed individually by a social worker that generally becomes the participant’s long-term case manager. If DD participants have intense medical needs a public health nurse will accompany the social worker to the DD screening. Waiver participants with mental health needs have a waiver case manager and a separate mental health case manager; this is true for both adults and children. The mental health case manager is the primary case manager. The waiver case manager does the LTCC

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1 This includes persons using social security insurance (SSI), old age, survivors, and disability insurance (OASDI) and persons with dual federal determinations.
assessment and completes a waiver care plan and the mental health case manager completes a mental health care plan.

Between 2002 and 2007, enrollment in the EW and AC waiver programs has decreased 15% from 178 to 151 participants (a decline of 27 participants). While enrollment was down in the AC program by 56 participants during this timeframe, the number of EW participants rose by 29 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 10 participants. This indicates that Cass County’s population of EW and AC participants with high needs is growing, even as the overall population in elderly programs is declining.

Between 2002 and 2007, enrollment in the CCT waiver programs has increased 47% from 45 to 66 participants (a gain of 21 participants). During this time frame, the number of participants with higher acuity in the CCT programs (case mix “B” and above) grew by 15 participants. This indicates that much of the growth in Cass County’s CCT population has come from an increase in enrollment of participants with high needs.

Between 2002 and 2007, enrollment in the DD waiver program has increased 6% from 100 to 106 participants (a gain of 6 participants). During this time frame, the number of participants with higher acuity in the DD program (profile 1, 2 or 3) increased by 16 participants. This indicates there are more participants with high acuity in the program in 2007 than there were in 2002.

**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 Cass County for services;
(3) policies developed by Cass County to guide it in administering the HCBS programs; (4) a survey instrument completed by County staff; (5) interviews with administrative and supervisory staff; (6) a focus group of staff working across the six HCBS programs; and (7) County operational indicators developed using state data. Fifty-three (53) case files and fourteen (14) provider contracts were examined during the Cass 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.

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 Cass 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.

- Quality case management services are a key strength in Cass County. Case managers are participant-driven, experienced, and knowledgeable. They have good working relationships with participants, and have good continuity over time. Case managers are creative and resourceful. They stretch providers to meet participant needs by working with providers to serve participants in remote areas of the county. Case managers are knowledgeable about and access regional resources to serve their participants. Case managers are able to effectively navigate across programs and resources to provide participants with more streamlined services.

- Case managers in Social Services and Public Health have strong informal relationships and know each other well. Social Services and Public Health are co-located in the

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same building. Staff talks to one another on a regular basis and frequently consult on cases. Public health nurses identify people that may benefit from the waivers through public health outreach, which has been very effective in Cass County.

- Cass County makes good use of Consumer Directed Community Supports (CDCS). This program helps meet a broader range of participant needs and is especially helpful for participants living in geographically isolated areas. Currently, two CCT participants and seven DD participants use CDCS.

- Cass County has practices for systematically documenting participant satisfaction in Public Health and in the DD waiver program. Sixty-eight percent (36 of 53 cases) of all cases reviewed had participant satisfaction documented in the case file. All DD cases (10 cases), all CAC cases (2 cases), four out of five TBI cases, seven out of eight AC cases, eleven out of twenty EW cases and two out of eight CADI cases had evidence of participant satisfaction in the case file. The DD individual service plan format includes questions about participant satisfaction. Public Health uses PH DOC, a documentation system that allows case managers to systematically collect information on participant satisfaction.

- Cass County has a strong provider capacity to serve participants with high needs in community settings. Cass County serves a CCT waiver population with the 27th highest acuity out of the 87 counties and a DD waiver population with the 5th highest acuity out of the 87 counties. Although Cass County has a higher than average population of participants with high needs, Cass County serves more participants in community settings (as opposed to institutional settings) compared with some other counties in the state. Cass County ranked 15th out of 87 counties for CCT programs and 6th out of 87 counties for the DD waiver program on serving participants in community settings rather than institutional settings.

- Cass County uses fewer nursing home services (3.48 per 1,000 residents) than the statewide average (3.69 per 1,000) and when compared to a cohort of similarly sized counties (5.20 per 1,000). Cass County ranks as the 15th lowest user of nursing homes out of all counties in the State.

- Community outreach is considered a strength in Cass County. Cass County case managers have strong relationships with other agencies that serve participants. They serve on community-wide early intervention committees; case manager also regularly
meet with a group of providers that serve seniors. Both groups have helped to identify community members that may benefit from HCBS programs in Cass County.

Waiver Review Findings- County Barriers and Areas for Improvement

The following findings around Cass 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.

- Only 66% of LTC screenings for new CCT participants are conducted within 10 days of referral to the program. Only 68% of LTC screenings for new EW and AC participants are conducted within 10 days of referral to the program.

- Six of the eight CADI cases, all five TBI cases and one of two CAC cases reviewed did not include a back-up plan included in the care plan. It is required that all participants in CCT programs have a back-up plan as part of a participant’s care plan.

- Of the five TBI cases reviewed, one did not include participant or case manager’s signatures on the care plan. Of the 20 EW care plans reviewed, one had a participant or legal representative signature but not a case manager signature. The care plan is the only document that the participant signs that indicates the participant’s needs, their service plan, health and safety information and their goals for the HCBS programs. It is required that all participants in HCBS programs have a signed and current care plan that has been completed within the past year.

- One out of two CAC cases did not have a completed CAC Application/Reassessment Support Plan included in the case file. It is required that all CAC participants have a completed CAC Application/Reassessment form included in their case file that has been completed within the past year.

- None of the five TBI cases had a completed TBI Waiver Assessment and Eligibility Determination Form included in the case file. It is required that all TBI participants have a completed TBI Waiver Assessment and Eligibility Determination Form included in their case file that has been completed within the past year.

- Five out of the ten DD cases and one out of five TBI cases did not have completed documentation of informed consent included in the case file. It is required that all
HCBS participants have a completed documentation of informed consent included in their case file.

- Seven out of the twenty EW cases, two out of eight AC cases and three out of five TBI 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 CCT waiver participants, one out of eight CADI cases and two out of five TBI cases had case manager visits less frequently than a biannual basis. 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 Cass County work toward reaching their goals around HCBS program administration. Corrective action requirements are areas where Cass County was found to be inconsistent in meeting state and federal requirements and will require a response by Cass 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 Cass County and its HCBS participants.

- Provide training for case managers on basic provider contractual expectations, such as staffing levels and provider reporting requirements. 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 their supervisor or the contract manager.
• For long-term care programs, consider adopting one care plan format that includes all required elements, including participant needs, services to be provided, health and safety concerns, goals and outcomes, signature pages with choice questions, and for the CCT programs, a back-up plan with emergency contact information. Work with your health plans to adopt a single care planning format for these populations. Train staff on how to use these formats; this will provide for thoroughness and consistency across cases. Some care plans did not meet requirements such as back-up plans for CCT cases (3 out of 15 cases).

• Consider using a Request for Assistance (RFA) process or work with existing provider networks to develop needed services particularly in the area of community-based employment in the CCT and DD programs. Cass County ranks 84th out of 87 counties in the number of participants that earn income in both the DD waiver program and the CCT waiver program.

• Consider training mental health case managers about HCBS program requirements to provide more streamlined services for participants. Currently, participants with mental health needs may have two case managers; one for the waiver case management and one for the mental health case management. This could also help integrate mental health services across the waivers and reduce the number of case managers assigned to a single participant.

Corrective Action Requirements

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

• Beginning immediately, ensure that LTC Screenings for CCT programs occur within 15 days of referral. State legislation requires that LTC screenings should be conducted within 15 days of a request for screening, which is defined as the date the assessment is requested. In FY 2008, 66% of screenings for new CAC, CADI and TBI participants
occurred within the required 10 business day timeframe and 68% of screenings for new AC and EW participants occurred within the required 10 business day timeframe.

- Include back-up plans in all care plans for all CAC, CADI and TBI participants. All care plans must be updated with this information within six months. This is required for all CCT programs to ensure health and safety needs are being met in the community. Six of the eight CADI cases, all five TBI cases and one of two CAC cases reviewed did not include a back-up plan included in the care plan.

- Beginning immediately, ensure that all care plans have the two required signatures. 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. Of the five TBI cases reviewed, one did not include participant or case manager’s signatures on the care plan. Of the 20 EW care plans reviewed, one had a participant or legal representative signature but not a case manager signature.

- Complete a CAC Application/Reassessment Support Plan for all participants in the CAC program that do not have this form within the next 30 days. Maintain this form in the case file and update it annually. One of the two CAC cases included this form in the case file.

- Complete a TBI Waiver Assessment and Eligibility Determination Form for all participants in the TBI program that do not have this form within the next 30 days. Maintain this form in the case file and update it annually. None of the five TBI cases included this form in the case file.

- Beginning immediately, ensure that each participant case file includes signed documentation of data privacy practices (informed consent) and that participants have

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1 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.

2 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.

3 The TBI Waiver Assessment and Eligibility Determination Form (DHS-3471) can be accessed at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000688

4 The TBI Waiver Assessment and Eligibility Determination Form (DHS-3471) can be accessed at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000688
been informed of their rights. Five out of the ten DD cases and one out of five TBI cases did not have a completed documentation of informed consent included in the case file. Seven out of the twenty EW cases, two out of eight AC cases and three out of five TBI cases did not have documentation that participants had been informed of their rights included in the case file.

- 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 CCT waiver participants, one out of eight CADI cases and two out of five TBI cases had case manager visits less frequently than a biannual basis.