



Home and Community-Based Services

Lead Agency Review

Report for: **Houston County**

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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 Access for Disability Inclusion (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, or MCOs), 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:

- Case file review
- Case manager and assessor survey and focus group
- HCBS assurance plan
- Provider survey
- Supervisor pre-visit phone interview and onsite meeting
- Tier 2 non-enrolled vendor claims

These methods are intended to provide a full picture of compliance, context and practices within each lead agency, and further explain how people benefit from the HCBS programs. 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.

In October 2016, DHS conducted a review of Houston County’s HCBS programs. Previous HCBS lead agency reviews were conducted in June 2009 and more recently in September 2013.

About the lead agency

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. Houston County is a rural county located in the southeastern corner of Minnesota. As of July 1, 2015, Houston County’s population was approximately 18,773. At the time of review, this lead agency served 199 people through the HCBS waiver programs.

Tables 1 through 3 show a profile of the people served by Houston County. Table 1 depicts the percent of people receiving HCBS by program in Houston County. Table 2 indicates the number of people enrolled in HCBS waivers by program. Table 3 shows the percent of people on the waivers with high needs.

Table 1. Percent of people receiving HCBS (2015)

Program or Disability Type	Houston County	Cohort
Disabilities	88.9%	93.3%
Developmental Disabilities	85.8%	92.3%
Elderly	51.9%	63.3%

Table 2. Number of people enrolled in HCBS by program

Program	2011	2015
CCB	53	60
DD	91	93
EW/AC	115	102

Table 3. Percent of people on waivers with high needs (2015)

Program	Houston County	Cohort
CCB	63.3%	73.8%
DD	84.9%	81.2%
EW/AC	43.1%	55.3%

Persons with higher needs are those with a case-mix of "B"- "K" for CCB and EW/AC. Persons with higher needs are those with Profiles 1 through 3 for DD.

Department management

The Public Health and Human Services departments of Houston County manage the HCBS waiver programs. Public Health is the lead for the EW and AC programs. While Human Services managing the disability waiver programs (CCB and DD). Both departments are located in separate buildings and their main offices are located in Caledonia, Minnesota. Houston County also serves as a contracted care coordinator for the MCOs UCare, Blue Cross Blue Shield of MN and Medica.

The Houston County Public Health department has four nurses who provide case management/care coordination for the EW and AC programs and complete MnCHOICES assessments, as well as being assigned to a local nursing facility. Case aides in Public Health provide administrative support and complete a variety of clerical tasks as well as assisting in the intake process. Houston County Public Health is also a Medicare certified home care agency and have nine staff who are home health aides.

The Human Services department has four case managers and assessors who work across CCB and DD. The case managers have caseloads that contain a mix of waiver programs although some staff only work in the DD program. The Social Services supervisor also oversees mental health workers, protection workers (child and adult) and chemical dependency staff. Those individuals open to CADI and targeted mental health case management have two workers. The mental health case manager oversees the daily work and serves as the main point of contact for the person. The CADI case manager ensures that authorizations and assessments are completed while providing case consultation.

Intake, assessment, and case assignment

The intake process in Houston County varies depending on whether the call comes to Human Services or Public Health. In Human Services the central receptionist takes the initial call and transfers it to the case aides, who handle all social services intake including mental health, adult or child protection and the HCBS waiver programs. The case aides enter initial information into SSIS. If it is clear that the person wants a MnCHOICES assessment then the case aide would complete documentation in the MnCHOICES system as well. In Public Health most phone calls regarding initial assessments or information on Long Term Services and Supports (LTSS) come through the home care coordinator. If she is out of the office, these referrals are redirected to an assigned back-up nurse. Additional resources that are given out at the time of intake and assessment include the MnCHOICES information sheet, LTSS brochure, and a service option brochure that has information on; delivered meals, housing, transportation and accessing emergency services. Once all of the initial information is gathered initial assessments are assigned during a MnCHOICES meeting, by program, territory and based on the person's needs and staff's availability.

Usually the person who completes the initial assessment keeps the case for ongoing case management. The implementation of MnCHOICES was noted as having a significant impact on these processes and was a driving force behind the changes seen in how the two departments interface in completing assessments and providing services. Staff note that a challenge with MnCHOICES implementation is the training requirement timeline in terms of becoming a certified assessor. Supervisors report that having MnCHOICES meetings has improved inter-agency relations between nurses and social workers in allowing for a growth in understanding each other's work.

Supervisors note that their intake and assessment processes seem to be working well communicating that these have been long-time practices of the agency. They further explained that they are a small agency and interact with each other daily.

Currently, Minnesota Statute requires LTSS assessments to be completed within 20 days from the initial intake in order to ensure equal and expedient access to all people requesting HCBS services. Houston County had 93% of assessments completed on time in EW and AC while CCB and DD had 43% and 0% respectively. This illustrates an area for improvement and some possible inefficiencies in their intake and assessment processes. However, for those people who did not receive a MnCHOICES assessment within 20 days, the delay prevents them from receiving important services that help them live safely in the community.

Maintaining program knowledge and expertise

As HCBS programs' requirements and expectations change, the lead agency must stay up-to-date 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.

In Houston County, internal connections among staff across the agency appear to be a significant method used by case managers and assessors to stay updated on program requirements. The staff reflect that these relationships are strong and involve frequent and timely communication. For example, financial workers stay in close contact with case managers regarding MA eligibility issues by notifying them when applications are late. Financial workers respond to emails in a timely manner and case managers overall saw this as a positive relationship. Case managers also show high regard for adult and child protection staff noting that they meet weekly for consultation. In general case managers view each other as very knowledgeable and as a resource for staying updated on program changes or requirements. Staff share that they are a small agency and they can rely on each other for support, to share resources and provide case consultation. They note that MCOs provide good trainings regarding program changes and colleagues use creative problem solving skills to address service gaps or areas of need.

Staff use additional methods to maintain program knowledge and expertise such as completing online trainings, accessing online DHS manuals, using current forms and attending regional meetings. Supervisors pass along Bulletins or other relevant information and staff receive information via list serves that help them stay alert to any upcoming changes. Rate Management System (RMS) compliance reports are disseminated to case managers and supervisors to address any concerns or discrepancies. MnCHOICES staff meet twice a month and review new referrals, initial assessments and assessments completed. In this meeting, specific programs or required documentation may be reviewed as well.

Staff also attend mental health and Region 10 case management meetings where they discuss various topics impacting the people they serve through the waiver programs. Public Health and Human Services conduct their own department meetings in which relevant program information is discussed and learnings from trainings are shared. Public Health staff complete quarterly chart audits and reports can be run to assess the quality and timeliness of staff's charting. Overall, these methods seem to be working. 100% of providers responding to the survey reported that they received timely assistance from the lead agency and 70% indicated that staff have been able to remain current with changes related to 245D HCBS Licensing and Person-Centered Planning.

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 4 shows the DHS resources that were rated the highest and the lowest by lead agency staff.

Table 4: Highest and lowest rated DHS resources by case manager & assessor survey respondents

Rating	High	Low
Resources	<ul style="list-style-type: none"> E-Docs MMIS Help Desk Webinars 	<ul style="list-style-type: none"> County Link Policy Quest HB101.org

Supervisors use several DHS resources in administering the HCBS programs and overseeing the work of case managers. Frequently used resources included Bulletins, Edocs, manuals and the Disability Linkage Line which is given out to individuals and guardians to reference. A majority of information they receive comes from the Community Based Services Manual. Supervisors also access the Ombudsmen to answer questions and complete trainings. Case managers and assessors had similar sentiments reflecting that they frequently use Edocs, the MMIS Help Desk and webinars. While resources were accessed regularly, staff expressed concerns related to usability of, and unclear information in Bulletins, unclear or vague answers to questions, and slow response times.

Resource management

In Minnesota, waiting lists occur when the overall budgets for the waiver programs are limited by the federal and/or state government. A waiting list is created when people who are eligible for the program do not have immediate access because of funding or enrollment limits.

Lead agencies receive separate annual aggregate allocations for the DD and CCB programs. 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.

Table 5: Combined year-end budget balance and percent of program need met for CCB (2016)

	Year-end budget balance	Percent of program need met
Houston County	31%	100%
Statewide	8%	99.9

Table 6: Combined year-end budget balance and percent of program need met for DD (2015)

	Year-end budget balance	Percent of program need met
Houston County	2%	100%
Statewide	7%	88.7%

For the CAC, CADI and BI programs, Houston County had a 31% balance at the end of fiscal year 2016, which is a larger balance than the statewide average (8%). This aligns with previous balances at the end of fiscal year 2015 (34%) and 2014 (34%) demonstrating a consistent management of county dollars. At the end of calendar year 2015, the DD waiver budget had a balance of 2%. Houston County's DD waiver balance is smaller than its balance in CY 2012 (6%) and the statewide average (7%). Historically the balances have remained smaller for this program with 9% in 2013 and 5% in

2014. Other factors that can impact a county's budget includes various growth patterns across programs, the demographics of those receiving services and provider rates. Current data indicates that Houston County could enroll additional people in the HCBS waiver programs. Specifically, if the county were to enroll 2 people in the DD program they would reach 97% enrollment.

Allocations and waitlists are co-managed by supervisors in Public Health and Human Services and their corresponding directors. This team meets monthly and several case managers have access to the Waiver Management System (WMS). Every month the leadership team gathers data from the WMS which is brought to a waiver management meeting to discuss how best to use existing allocations. Houston County has identified people who could possibly need further supports in the future and people who are waiting for MA eligibility determination. They continue to work with these people to ensure that they have needed services and supports. In regards to additional spending, case managers are able to approve request of less than \$500 although a conversation is still held with supervisors. For requests over this threshold, a formal written request is submitted to the supervisors. This is then shared with the leadership staff for discussion and final approval. However If an agreement can't be made by the team the Human Services supervisor will make the final decision.

Person-centered practices and supports

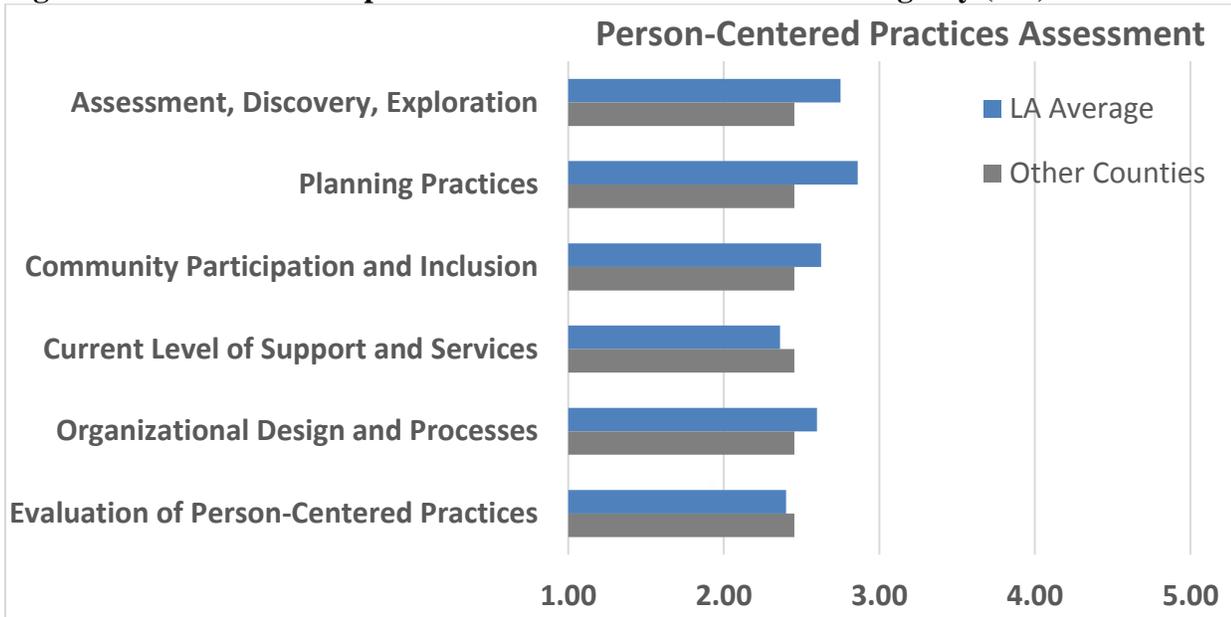
Minnesota is driving towards fulfilling the vision of people with disabilities and older Minnesotans living, learning, working, and enjoying life in the most integrated setting. This means, building or maintaining relationships with their families and friends, living more independently, engaging in productive activities, such as employment, and participating in community life. In other words, people lead lives that are meaningful to them.

Minnesota's [Olmstead Plan](#) is the road map for moving us to realize this vision. Person-centered practices are the cornerstone of the Olmstead Plan and, if adopted and practiced across our system, will result in people being able to make informed choices for themselves and having a higher quality of life. The things that contribute to quality of life are different for each individual. Therefore, a support system that values quality of life must be built on and driven by a desire to understand, respect for and commitment to honor that which is valued by each person.

Person-centered organizational development

The Lead Agency Review process evaluates multiple data sources for evidence of person-centered practices within lead agencies using six criteria, or domains. Figure 1 and Table 7 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 results for Lead Agency (LA) and other counties



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

Table 7. Average score by domain

	Person-Centered Practices Domains	Lead Agency	Other Counties
1	Assessment, Discovery, Exploration	2.75	2.45
2	Planning Practices	2.86	2.75
3	Community Participation and Inclusion	2.63	2.66
4	Current Level of Support and Services	2.36	2.61
5	Organizational Design and Processes	2.80	2.61
6	Evaluation of Person-Centered Practices	2.40	2.52

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

As the Table 7 indicates, Houston County is strongest in areas of Planning Practices and Organizational Design and Process and Assessment, Discovery and Exploration. Case managers and assessors were diligent in taking time to assess needed services and supports and were able to plan for creative alternative supports when service gaps were identified. Providers ranked staff as having the knowledge to provide person-centered planning. Leadership staff are open to making policy changes at the organizational level that would impact staff’s ability to provide quality case management services. Overall, the efforts made by case managers and staff in Houston County show promising person-centered practices while allowing for areas to improve.

The Lead Agency Review team found evidence of Houston County's use of person-centered practices in their Case files. For example, 100% of cases across all programs included preferred social or leisure activities, as well as having information about what is important to the person and had support plans that were written in plain language. However, the review of case files also identified several areas of improvement in drafting person-centered support plans. Only 18% of support plans included a global statement of the person's dreams or aspirations and 28% documented methods for an individual to request updates to their support plan.

Staff have attended various external trainings and completed online webinars on person centered practices. Some staff completed a two day training provided by the University of Minnesota's Institute on Community Integration. The Lead agency has been working with neighboring counties to provide training to staff and the topic is discussed at regional meetings. They concur that staff struggle with questions related to work or school and that the elderly population may have difficulty answering questions about dreams or long term plans. They point to barriers implementing person centered practices such as limited transportation options and particular difficulty in providing services for those with high behaviors. They acknowledge that there is a tendency to focus on more immediate needs such as shelter, food or utility assistance versus employment or long-term aspirations. Despite the challenges staff have been able to use technology to aid people in receiving services in their own home and thus honoring their preferences around how they want to live their life.

Provider survey respondents also stated that case manager and assessors were responsive to the person's changing needs. They noted the lead agency's top strengths as incorporating what is important **to** the person into the support plan (70% of providers), incorporating what is important **for** the person (40% of providers) and staff having the knowledge to use person-centered practices (50%).

Transition summary

When people accessing HCBS programs consider making a transition in their living arrangement, DHS requires lead agencies take affirmative steps to provide an informed choice about the most integrated settings available. This might mean that a person planning to move from a restrictive institutional setting, such as an ICF-DD, tours several community-based settings, such as a foster care, and tours independent apartments where staffing would come into the person's own home; or it might mean that a person living in their own but needing more supports, explores customized living with 24-hour support and family foster care settings. Whatever the choice, the goal is to discover how to deliver services in a way that improves a person's quality of life in the setting of their choice. The [State of Minnesota's Person-Centered, Informed Choice and Transition Protocol](#) details additional requirements specific to people who are making a move from one residential setting to another.

This lead agency did serve people who required a transition summary during the time period under review. The summary of the case file review results demonstrated that several required items were found to be missing including but not limited to address, move date, details regarding the transfer of belongings and a follow up contact plan. These findings show a need for improved processes around those receiving services who experience a transition.

Jensen Settlement Agreement

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. 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. One element of the review process involving Jensen members is a confirmation of having a separate person-centered support plan. All Settlement Agreement members in Houston County had person-centered plans as required. Staff report that they work with providers and Life Bridge to ensure that people are able to make decisions and have choices despite any barriers they may face. They work to find the balance between working to assure people’s health and safety needs are met while providing choices that lead to a meaningful life. Supervisors share that the conversation around serving Jensen members has been a catalyst to starting conversations that may not have occurred in the past, including discussions on choice and preferences.

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 did not serve people with PSTPs at the time of the review.

Community access and inclusion

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 a person’s 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.

The Lead Agency Review process looks at 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 others delivering these services. Case managers and assessors were asked to rate their working relationships with other local service providers. Staff only rated agencies they have had experience working with. Table 8 lists the ranking of local agency relationships by case manager and assessor survey respondents.

Table 8: Houston County case manager/assessor rankings of local agency relationships

Local Agencies	Good	Average	Poor	Not applicable
School districts	50%	33%	17%	0%
Nursing facilities	50%	33%	0%	17%
Hospitals	17%	67%	0%	17%
Primary care clinics	33%	33%	0%	33%
Foster care providers	33%	0%	33%	33%
Customized living facilities	67%	33%	0%	0%
In-home support providers	33%	50%	17%	0%

Local Agencies	Good	Average	Poor	Not applicable
Center-based day programs	67%	17%	17%	0%
Community-based employment providers	83%	0%	17%	0%
Mental health service providers	67%	17%	17%	0%
Crisis services	33%	33%	0%	33%
Home health agencies	67%	17%	17%	0%

Lead agency staff shared they have overall strong relationships with providers in Houston County. They are in regular communication with providers and call clinics regularly for information related to diagnoses, medication and updates to physicians. Staff noted some agencies stay involved in the person’s care by keeping the team up to date with changes. Schools are also able to stay connected to the county staff and work closely with case managers who work with school age children. While staff are frequently contacting doctors, clinics or hospitals, they note that these organizations are not as consistent in communicating with them when people have received medical care or have been in the hospital. They go on to say those in the medical field may recommend something for the person but not inform the case manager or sign the paperwork that is needed.

The Lead Agency Review process also includes surveying the providers about their relationship with lead agency staff. Providers report they have a positive relationship with Houston County with 100% of those surveyed confirming that the lead agency responds and processes service agreements in a timely manner. Providers also highlight areas of unmet service needs for those receiving HCBS from Houston County such as respite and caregiver supports, transportation and in-home supports. Lead agency staff report that there is a new mental health crisis team but that response has been slow to meet the needs of the community. Specifically, there are very limited availability for those in crisis who have developmental disabilities and that staff look to the other crisis response teams to meet this need.

It is the lead agency’s responsibility to monitor the on-going provision of services for efficacy, people’s satisfaction, continued eligibility, while making adjustments when necessary. Case managers discuss provider performance during staff meetings and contact providers directly if issues arise. Case managers do random unannounced visits with providers if there are complaints and using surveys with those that have received assistance at the Lead agency main offices. Leadership staff indicate that they are looking to start using a satisfaction survey more universally across all programs in the future. The leadership staff would also like to start having quarterly provider meetings again in the near future. Staff complete provider education or training when necessarily and they note that the implementation of MnCHOICES allows them to spend more time with the person without providers involved which can lead to a more open conversation regarding their satisfaction of services. In general provider monitoring in Houston Count is done in an informal manner in which staff visit with people and assess their satisfaction with their services and providers. If there is a complaint, staff are diligent by following up with the provider and finding ways to improve services to ensure that people’s needs are being met.

Employment

When people 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 9 and Table 10 show the percent of earning for those who are working by program.

Table 9. Percent of working age people on a CCB waiver with earned income (2015)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Houston County	16%	34.4%	12.5%	3.1%
Cohort	61.6%	17.4%	12.7%	8.3%
Statewide	72.5%	14.2%	7.6%	5.7%

Table 10. Percent of working age people on the DD waiver with earned income (2015)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Houston County	9.8%	57.3%	19.5%	13.4%
Cohort	23.6%	46%	20%	10.4%
Statewide	34.3%	41.7%	15.8%	8.2%

Staff discussed several factors that affect people’s ability to work such as a lack of employment providers and resistance from local businesses who have hired people with disabilities before that was unsuccessful. The staff indicated that people who have had poor experiences with different providers do not have much choice for alternative work experience. Employment for those on the waiver programs in Houston County includes center-based options, supported employment providers and local businesses. Leadership staff explain that although the local businesses they work with are good, the person usually needs continued supportive services which can be limited in Houston County.

Staff said that the limitations of current transportation resources impacts people’s ability to access employment. At times parents or other providers are able to transport the person but this is seen as a significant barrier for those seeking employment in the community. Volunteer drivers are able to take people to medical appointments however the options are more limited for those that need help transferring. Other options available tend to focus on in-town routes or the elderly and while health plans offer services they too struggle to find providers that can deliver the service. In the face of these barriers, Houston County is able to assist some people in securing earned income through community employment. For example, 15% of those on CCB waivers were earning \$250 or more per month in 2015. Similarly, 13.4% of those on the DD waiver were earning \$600 or more per month in 2015 compared to only 10.4% in their cohort.

Houston County’s portion of the Minnesota Olmstead Plan’s benchmark to increase employment and earnings for people with disabilities is approximately four people per state fiscal year. They will do this by continuing to build off of their positive relationship with providers and knowledge of community resources while being creative in their problem solving efforts. They will maintain their communication with DHS, vocational rehab and regional contacts to stay up to date on best practices and employment resources. They will continue their work to create buy-in from schools and providers as well as collaborate with other neighboring counties in their region.

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 11 shows the percent of people who receive services in their own home.

Table 11: Percent of people who receive services at home (2015)

Program	Houston County	Cohort
CCB	70.0%	58.1%
DD	44.1%	40.3%
EW/AC	67.6%	53.7%

Housing is a concern in Houston County although across all waiver programs this lead agency served more people at home verses costly institutional settings compared to their cohort in 2015. They are ranked 22nd out of 87 counties for CCB, 24th out of 87 in DD, and 19th out of 87 counties for EW/AC for people served at home. Staff explain that a lack of providers for services such as respite, PCA, chore and companion services in addition to homemaking and Independent Living Skills (ILS) make it difficult to serve people at home. It can be challenging to support people in their home when their health declines and there is a need for further support that cannot be met due to issues with providers.

They point to further barriers such as a generally limited workforce, decreasing populations and lack of affordable housing. Provider staff shortages and providers hesitation to work with people with mental health issues are also barriers. There are also limited options for children with mental health and autism. To address this area Houston County will continue to use creative problem solving skills to address people’s needs such as using Personal Support services with family foster care providers for example. They also plan on continuing to use technology to support people in their home, and to be innovative in addressing transportation needs. They will stay involved with schools and providers while pushing them to offer more supports. They will continue to build close relations with local providers and collaborate with them to provide needed supports.

Non-enrolled 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.

In Houston County supervisors and directors co-manage this pass-through billing process for non-enrolled vendors which is used for services such as chore and homemaking. For those on the EW/AC waivers Public Health staff oversee this process whereas for CCB and DD Human Services staff are the main contact. In both units case managers are primarily responsible for securing the proper documentation with supervisors being involved as needed. There are also support staff and fiscal staff from both units that are involved in maintaining some of the documentation. Supervisors note that most of the time the case managers knows what vendors are available in the community and talks to the person about their options.

The lead agency review team found that most required items and documents were missing when non-enrolled vendor claims were reviewed; such as signed service purchase agreements and a DHS approved log. This demonstrates an area for improvement. However, the effective use of non-enrolled

vendors can increase community access and meet important services needs that can allow people to be served at home.

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.

Previous results

During Houston County’s 2013 review, DHS issued several recommendations and corrective actions to prompt lead agency improvements. These were identified by the review team as opportunities where additional actions by the lead agency would further benefit its staff and people receiving services. Table 12 gives an update on the lead agency’s actions on previous recommendations.

Table 12. Lead agency actions on previous recommendations

Previous Recommendations	Update on Lead Agency Actions
Assess vocational skills and abilities for all working age individuals and document that people are informed of their right to appeal annually.	At the time of the review, 100% of files contained documentation that vocational skills were assessed for working age individuals and that people were informed of their right to appeal annually.
The lead agencies should work to develop services that support participants in their own homes or in community settings, reducing reliance on more expensive institutional care.	The lead agency continues to develop in-home services. In 2015 they were serving more people at home than their cohort across all waiver programs.
The lead agencies should consider developing additional systems or practices to support case managers	With the role out of MnCHOICES, leadership staff continue to look at different ways to support and train their staff as workloads increase.
Build off of current provider monitoring practices and create visit sheets to use consistently across waiver programs	The lead agency is working to develop a satisfaction survey to use across all program.
Houston County should continue to expand community-based employment opportunities for participants in the CCB and DD programs.	Staff continue to work with local providers to support people in their desires to work and find community employment. Barriers include community hesitation regarding those with mental health issues and a lack of providers.

During the previous review in 2013, the lead agency received corrective actions for 2 areas of non-compliance. Since that time, the lead agency has implemented practices to correct all areas. This demonstrates that Houston County promptly remediates issues to improve its compliance HCBS program requirements.

Strengths

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

Houston County's HCBS staff support one another, collaborate across disciplines and units, and advocate for the people they work with. Most staff have been working in the field for several years and thus have a wealth of knowledge regarding the waiver programs and community resources. Collaboration happens informally and often through case consultation, during the assessment process and the onboarding of new staff. Staff see each other as significant resources and feel comfortable approaching other staff if they have questions in a specific program area. The mix of staff with various backgrounds and experiences helps to provide customized support for people and reflects an interdisciplinary approach to care. These strong working relationships and practices enhance the services people are receiving and helps them navigate bureaucratic systems. They also allow staff to be creative in their problem solving efforts while leaning on each other for support.

The case files reviewed in Houston County continue to substantially meet HCBS program requirements. As indicated in Appendix A, required documentation and forms were included in the files. For example 100% of the case files included documentation of health and safety concerns, service details (cost, frequency, type and name), current and signed release of information, and documentation that person received information on their right to appeal and Notice of Privacy Practices. Program specific information was also found to be 100% in compliance such as the AC Program Eligibility worksheet, the BI Wavier and Assessment Eligibility Determination, the CAC Physician Certification of Level of Care and the ICF/DD Level of Care.

Houston County is able to serve people across waiver program in their own homes, avoiding costly and restrictive residential and institutional placements. The lead agency serves more people at home than its cohort across all programs (70% versus 58.1% in CCB, 44.1% versus 40.3% in DD and 67.6% versus 53.7% in EW/AC). Service utilization data for CCB shows that Houston County uses more services designed to keep people living safely at home than its cohort, including extended transportation (28.6% versus 22.8%), home health aide (5.4% versus 3.4%), ILS (16.1% versus 14.1%) and respite (8.9% versus 2.6%). This demonstrates that Houston County is able to work with a range of HCBS service providers to ensure that people's high medical and behavioral needs can be met safely in the least restrictive environment. As their waiver populations transition (currently have nine children that are under 18 served through the waiver programs) from childhood into adult services this capacity will become increasingly important to assure people are able to be served in their own home.

Houston County continues to have strong relationships with service providers and other external stakeholders. Staff at Houston County work diligently with service providers and external stakeholders to ensure quality services are delivered to people in ways that align with their preferences and needs. Staff do not hesitate to reach out to providers to develop additional supports or services when required or needed by the person served. Reports from surveyed providers show that providers think highly of county staff, their overall responsiveness, their ability to stay current with changes and their use of person-centered planning and practices.

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 Houston County and people receiving services.

Continue to increase community-based employment opportunities to ensure people with disabilities have choices for competitive, meaningful and sustained employment. This recommendation is being issued due to the increasing importance on providing employment opportunities for persons with disabilities to fully engage in their communities. The State's Olmstead Plan establishes benchmarks for all counties to increase the number of people with disabilities earning

income through community-based employment. Houston County's benchmark will be moving four people per year to community-based employment. For the CCB program, Houston County ranks 57th with 15.6% of the individuals earning more than \$250 a month as of December 2015. Conversely, 19.5% of people on the DD program earn \$250-\$599 and 13.4% earn more than \$600 a month. As a result they rank 21 out of 87 counties for those earning more than \$250 per month for the DD programs. It is recommended Houston County continue to strengthen its partnerships with providers and local business as a way to develop community-based employment opportunities and reduce their reliance on center-based employment.

Continue efforts to make support plans person-centered by adding critical content to each person's support plan, using consistent care plan formats. The support plan is the one document that all people receive, and it should include personalized and detailed information about their plan of care. In accordance with the Person-Centered Thinking training that lead agency case managers have received, people should be asked about their aspirations, where they want to live, what type of work they want to do, and how they want to spend their free time. Only 18% of all case files reviewed contained information about a person's dreams or aspirations. Conversely, 100% of all files included information on people's preferred social or leisure activities and 95% identified their preferred living setting. With additional efforts towards redefining what it means to provide person-centered services, this lead agency can see significant growth in this area. One such effort should include adopting consistent care plan formats across all programs and training staff on how to complete those using person-centered practices. More specifically, it is recommended that the lead agency continues to use the MnCHOICES care plan format as well as the format used by the managed care organizations. The lead agency should continue to seek out person-centered training for all their staff and work towards becoming a person-centered agency.

Provide additional supports for waiver case managers and assessors. LTSS programs in Minnesota have undergone a significant number of major changes in recent years, and case managers in many counties are struggling to keep up. Houston County's waiver staff are spread across two units, several disciplines and waiver programs making it more challenging to establish consistent practices and maintain current knowledge of program requirements. Upcoming changes in leadership provide Houston County with an opportunity to reevaluate its operations and implement changes that better support case managers and assessors. Some ideas for changes include, but are not limited to: increasing program specialization so that case managers have to learn fewer MCOs or waiver programs; providing support staff specifically for Human Services case managers that could complete data entry and creating dedicated assessor positions for MnCHOICES. This recommendation is being reissued, as additional supports continue to be needed to gain efficiencies and to provide staff with the time it takes to keep up with program changes and enhance their use of person-centered practices.

Develop processes and formats to be used by staff when utilizing non-enrolled vendors to provide Tier 2 and Tier 3 services. Houston County needs to update the policies and procedures for using non-enrolled vendors. It is recommended that staff use the current service purchase agreement and log that is found in the CBSM. It is important to establish clear roles for the people managing the process, such as identifying the steps a case manager must follow. Required documents should be saved in a central place that is easily assessable by all staff. A lead agency's willingness to use this process allows people access to services that might not be readily available in a small rural area.

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 Houston County will be required to take corrective action. Because some items below were previously issued, the review team recommends Houston County review past submissions to ensure the corrective action plan will result in a compliant result this time.

Table 13. Lead agency corrective actions

Corrective Action	Non-compliance	Requirement
Complete LTSS MnCHOICES assessments within required time lines.	26% of LTSS assessments were not completed within required timelines in FY 2016 including 100% of DD and 58% CCB assessments.	MN Statute 256B.0911 requires that assessments be conducted within 20 days of a person’s request. Completing assessments within required timelines ensures a person’s prompt access to HCBS services.
Document all of a person’s needs that were identified in the assessment in the support plan.	13% of all cases did not contain the identified needs in the support plan (33% of AC, 10% of EW & CADI, and 9% of DD cases)	MN Statute requires that a support plan documents all of a person’s needs that were identified in the assessment. Services are to be developed and delivered to meet all of a person’s needs.

Required remediation

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

- **Case File Compliance Worksheet:** 7 of 39 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** None of cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet.** 100% of claims reviewed require remediation.

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

Appendix A – Case file results dashboard

Scales for case file results dashboard:

- If the lead agency scored 100% on an item, there is evidence all technical requirements are in compliance.
- If the lead agency received a corrective action on the item, denoted below with an asterisk, this may be evidence that a business practice is not in place or is significantly inconsistent.

Table A1. Results of the case file review

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Documentation that face to face visits with the person has occurred within the required timelines for each program.	94%	97%	100%	100%	90%	100%	100%
The support plan (ISP, CSSP, etc.) was completed in the last year.	97%	100%	100%	100%	100%	100%	100%
The current support plan was signed by all required parties.	96%	100%	100%	100%	100%	100%	100%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	96%	100%	100%	100%	100%	100%	100%
The person’s outcomes and goals are documented in the person’s support plan.	95%	100%	100%	100%	100%	100%	100%
The needs that were identified in the assessment/screening process are documented in the support plan.	92%	87%	*67%	90%	90%	100%	91%
A person’s health and safety concerns are documented in their support plan.	96%	100%	100%	100%	100%	100%	100%
The services a person is receiving are documented in the support plan.	97%	100%	100%	100%	100%	100%	100%
Service details are included in the support plan (frequency, type, cost, and name).	77%	100%	100%	100%	100%	100%	100%
Information on competitive employment opportunities is provided to people (aged 16 to 64) annually.	96%	100%	N/A	N/A	100%	100%	100%
An emergency back-up plan has been completed within the last year.	89%	100%	100%	100%	100%	100%	100%
Assessment is current.	99%	100%	100%	100%	100%	100%	100%
Supplemental Form for Assessment of Children Under 18 is completed at the time of assessment.	91%	100%	N/A	N/A	100%	N/A	N/A

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Timelines between assessment and support plan have been met.	94%	100%	100%	100%	100%	100%	N/A
OBRA Level One Screening form is completed.	98%	100%	100%	100%	100%	100%	N/A
A current AC Program Client Disclosure Form is completed annually.	82%	83%	83%	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet is completed annually.	98%	100%	100%	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	97%	100%	100%	100%	100%	100%	100%
Documentation that a person received Right to Appeal information in the last year.	96%	100%	100%	100%	100%	100%	100%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	96%	100%	100%	100%	100%	100%	100%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person. ²	91%	50%	N/A	N/A	0%	N/A	100%
BI Waiver Assessment and Eligibility Determination form is completed annually.	93%	100%	N/A	N/A	N/A	100%	N/A
CAC Application or Request for Physician Certification of Level of Care is completed annually.	92%	100%	N/A	N/A	N/A	N/A	100%
DD screening document is signed/dated by all required parties.	92%	100%	N/A	N/A	N/A	N/A	100%
ICF/DD Level of Care is completed within the last year.	92%	100%	N/A	N/A	N/A	N/A	100%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	68%	N/A	N/A	N/A	N/A	N/A	N/A
Documents are signed correctly when a person has a public guardian.	99%	100%	N/A	100%	N/A	N/A	N/A

² Starting July 1, 2016, the LTSS Assessment and Program Information and Signature Page form must be completed annually except in the following circumstances: the person is on EW/MCO; the person was not assessed through MnCHOICES; or the person was assessed through MnCHOICES, but prior to July 1, 2016.

Appendix B – Quality indicators dashboard

Scales for case file results dashboard:

- If the lead agency scored between 86% and 100% on an item, there is evidence of a strong business practice in this area.
- If the lead agency scored between 85% and 50% on an item, there may be evidence of an inconsistent practice in this area. The lead agency would be encouraged to develop stronger practices for consistency.
- If the lead agency scored below 50% on an item, there no evidence of a consistent business practice. The lead agency would be encouraged to improve in this area.

Table B1. Quality assessment of support plans, case files, and case notes

Items Reviewed	State Total	LA Total	AC	EW	CADI	BI	DD
The person's level of involvement in the planning process is described.	94%	82%	100%	50%	80%	100%	100%
Opportunities for choice in the current environment are described.	86%	82%	100%	60%	80%	100%	91%
The person's current rituals and routines (quality, predictability, and preferences) are described.	87%	92%	100%	80%	90%	100%	100%
Social, leisure, or religious activities the person wants to participate in are described.	90%	100%	100%	100%	100%	100%	100%
Action steps describing what needs to be done to achieve goals or skills are documented.	73%	77%	100%	50%	80%	50%	91%
The person was provided information to make an informed decision about employment.	77%	100%	N/A	N/A	100%	100%	100%
The person was offered experiences to help them make an informed decision about employment.	64%	90%	N/A	N/A	100%	100%	82%
A decision about employment has been documented.	87%	100%	N/A	N/A	100%	100%	100%
The person's preferred work activities are identified.	65%	75%	N/A	N/A	71%	100%	73%
The person's preferred living setting is identified.	83%	95%	100%	100%	100%	100%	82%
For those who chose a different living arrangement than their current living arrangement, a plan is in place on how to help the person move to their preferred setting.	93%	100%	100%	100%	100%	100%	100%
Documentation that the plan was distributed to the individual.	91%	85%	100%	100%	90%	100%	55%

Items Reviewed	State Total	LA Total	AC	EW	CADI	BI	DD
Documentation that the plan was distributed to other people involved.	79%	82%	100%	90%	80%	100%	64%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	88%	97%	100%	90%	100%	100%	100%
The support plan identifies who is responsible for monitoring implementation of the plan.	50%	69%	33%	100%	60%	100%	64%
The person's strengths are included in the support plan.	73%	92%	100%	100%	80%	100%	91%
The support plan is written in plain language.	88%	100%	100%	100%	100%	100%	100%
The support plan includes details about what is important to the person.	83%	100%	100%	100%	100%	100%	100%
The support plan includes a global statement about the person's dreams and aspirations.	17%	18%	0%	0%	30%	50%	27%
Natural supports and/or services are included in the support plan.	84%	82%	100%	60%	100%	100%	73%
The support plan includes strategies for solving conflict or disagreement within the process.	13%	44%	50%	30%	30%	0%	73%
The support plan includes a method for the individual to request updates to the plan.	17%	28%	0%	20%	20%	0%	64%
The support plan records the alternative home and community-based services that were considered by the person.	57%	69%	100%	40%	80%	100%	64%
The support plan incorporates other health concerns (e.g. mental, chemical, chronic medical).	90%	100%	100%	100%	100%	100%	100%
The support plan describes goals or skills that are related to the person's preferences.	79%	92%	83%	90%	90%	100%	100%