

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **Pope County**

Lead Agency Review Site Visit: April 2016

Report Issued: June 2016

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



For accessible formats of this publication or assistance with additional equal access to human services, write to dhs.leadagencyreviewteam@state.mn.us, call 800-327-3529, or use your preferred relay service.

Contents

About the HCBS Lead Agency Review process 4

 Overview 4

 Mixed methods approach 4

About the lead agency..... 5

 Department management..... 5

 Intake, assessment, and case assignment 5

 Maintaining programmatic expertise 5

 Persons served 6

Working across the lead agency 7

 Internal relationships 7

 External relationships 8

 Provider monitoring process 9

Person-centered practices and supports..... 9

 Jensen Settlement Agreement 11

 Positive Support Transition Plans..... 11

Service development 12

 Employment 12

 Housing and services 13

 Utilization of non-enrolled Tier 2 vendors 13

Managing resources 14

Lead Agency feedback on DHS resources 15

Results and findings..... 15

 Follow up from previous reviews 15

 Strengths..... 16

 Recommendations 17

 Corrective action requirements..... 18

 Required remediation 19

Appendix A – Case file results dashboard..... 20

Appendix B – Quality indicators dashboard..... 22

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. 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 April 2016, DHS conducted a review of Pope County's HCBS programs. Pope County is a rural county located in western Minnesota. 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 Pope County
Case file review	11 cases
Provider survey	1 multicounty survey
Supervisor phone interviews	1 interview with 1 staff
Case manager and assessor survey	1 multicounty survey
Case manager and assessor focus group	1 multicounty focus group
Assurance plan	1 assurance plan completed
Supervisor meeting	1 meeting with 2 staff
Tier 2 non-enrolled vendor claims reviewed	No claims

Previous HCBS lead agency reviews for Pope County were conducted in October 2007 and more recently in October 2012.

About the lead agency

Department management

Pope County Human Services is the lead agency for the DD waiver program and provides case management for this program. In January 2015, Douglas, Grant, Pope, Stevens, and Traverse Counties entered into a Joint Power Agreement to form Horizon Public Health, a five-county public health agency. Horizon Public Health is currently the lead agency for the AC, BI, CAC, CADI, and EW programs for all five counties. Horizon Public Health also provides care coordination for one Managed Care Organization (MCO), PrimeWest. DHS also conducted a review of Horizon Public Health in April 2016. The report of findings can be found on the [DHS HCBS lead agency review website](#).

Pope County and Grant County hold a contract to share supervision between the two counties. At the time of review, there were three supervisors: one which oversees child protection, another which oversees mental health and chemical dependency, and one Human Services Supervisor who oversees the administration of the waiver programs in both counties. At Pope County, the Human Services Supervisor manages five staff, which includes one half-time BI waiver case manager and one full-time DD case manager. Both case managers are also certified MnCHOICES assessors.

Intake, assessment, and case assignment

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. Pope County had 80% of assessments completed on time in CCB and 50% of assessments completed on time in DD. At the time of the review, Pope County was actively working with Horizon Public Health to streamline their intake and assessment processes. Unlike the other four counties in the region, Pope County does not have a designated MnCHOICES assessor. The supervisor states because the lead agency’s case managers do not regularly conduct initial assessments, the MnCHOICES process can be more time-consuming to complete.

The Pope County supervisor reported their newly refined intake process is as follows: when Pope County’s intake worker receives a request for waived services, they complete a referral form with preliminary information. If someone is interested in the DD program, the assessor located in Pope County will finish intake and complete the assessment. The case manager will update the referral form

with this information and send it to Horizon Public Health for tracking. If the assessor is unable to complete the assessment within 20 days from the initial intake, Horizon Public Health will assign another assessor to do so. In some cases, the initial assessor completes the Coordinated Services and Support plan (CSSP) and starts setting up services for the person. However, in other circumstances, it is the case manager who completes these tasks. Staff from both agencies acknowledged the need for a formal process so that the hand-off from assessor to case manager is seamless.

Maintaining programmatic 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.

To stay current on programmatic changes, Pope County staff employ a number of different strategies. The supervisor reports that they have two unit meetings a month to discuss programmatic updates and recent bulletins. The supervisor also does individual supervision with her staff once a month. In addition, because there is a data sharing agreement in place between Pope County and Grant County, staff from both counties are able to do case consultation together. The supervisor reports this provides an opportunity for case managers to share information and to learn from each other.

Regionally, the MnCHOICES assessors rely on monthly team meetings to stay up-to-date. In addition, there is an assessor that has been identified as the MnCHOICES lead and a few staff that are mentors. These staff are considered experts of the MnCHOICES application and provide support to staff as well as troubleshoot policy and technology issues. The case manager and assessor focus group participants reported that the MnCHOICES team has developed a comprehensive checklist that assessors can use to ensure they are completing all steps involved in the assessment process. While some assessors have found this useful, it is not used uniformly across all staff.

Providers responding to the provider survey report that lead agency staff have adapted well to recent program changes and had the capacity to remain current with program changes overall. In particular, providers responding to the survey rated lead agency staff highly on implementing the changes associated with person-centered planning (63% of providers rated this as a strength), Disability Waiver Rate System (57%), and the positive supports rule changes (53%).

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 Pope County.

Table 2. Percent of people receiving HCBS (2014)

Program or Disability Type	Pope County	Cohort
Disabilities	94.1%	92.7%
Developmental Disabilities	89.1%	91.3%

As of July 1, 2014, Pope County’s population was approximately 10,984 and served 93 people through the CCB and DD waiver programs. Table 3 shows the number of people enrolled in HCBS waivers by program.

Table 3. Number of people enrolled in HCBS by program

Program	2010	2014
CCB	48	46
DD	47	47

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	Pope County	Cohort
CCB	84.8%	69.9%
DD	74.5%	83.4%

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

Although the number of people enrolled in a CCB program has decreased from 48 people in 2010 to 46 people in 2014, the percent of people on these waivers with high needs has increased from 79.2% to 84.8% over the same time period. This lead agency is ranked 18 out of 87 counties. In the DD program, while the number of people served has remained the same from 2010 to 2014, the number of people with higher needs has decreased from 85.1% to 74.5%. Pope County is ranked 72 out of 87 counties.

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 others delivering these services. Effective working relationships, both internally and externally, increases the level of coordination and quality of the services being delivered.

Internal relationships

Pope County has good working relationships with its regional counterparts, and can rely on the staff at these other agencies for collaboration and problem-solving. Lead agency staff report the shared supervision between Grant County and Pope County has increased the efficacy of both agencies in a variety of ways. First, Grant County, historically, did not have supervisory expertise in the DD program, which the Human Services Supervisor now brings. The Human Services Supervisor is able to support the DD case manager by developing the policies and procedures as program expectations change for both counties. Second, Pope County does not currently have a dedicated MnCHOICES assessor. The Grant County assessor, however, has been able to take on initial assessments for Pope County. This allows Pope County's DD case managers more time to do their own reassessments and other case management duties.

When Horizon Public Health launched in January 2015, roles and duties across the five-county region were realigned and reassigned. Case managers and assessors in the focus group stated that having public health nurses to consult with allows them to draw on the perspectives and expertise of both nursing and social work. This is particularly useful for the waiver cases that are co-managed by a Horizon Public Health case manager and a county Social/Human Services case manager. This typically

occurs when a person, who is both open to a waiver and eligible for Rule 185 case management, has a high medical need. Because Pope County also serves as the contracted case managers for those on a BI waiver, communicating expectations becomes a critical component to furthering defining roles and in building relationships with staff at Horizon Public Health. In addition, staff report they try to attend the MnCHOICES assessors meetings whenever possible so that they can further develop their knowledge, skills, and relationships across the five-county region.

In Pope County, staff also reported good working relationships with other internal staff such as mental health, adult protection, child protection, and financial workers. Case manager and assessor focus group participants stated this is the advantage of being a small county; they have access to the people they need to resolve any issues that arise. In addition, many staff share roles, which results in staff who meet frequently to collaborate and problem-solve.

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: Pope County Case Manager/Assessor Rankings of Local Agency Relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	16%	32%	10%	42%
Nursing facilities	0%	50%	22%	28%
Hospitals	29%	30%	29%	12%
Primary care clinics	11%	33%	50%	6%
Mental health service providers	17%	22%	33%	28%
Crisis services	47%	20%	0%	33%
Foster care providers	12%	23%	53%	12%
Customized living facilities	7%	14%	36%	43%
Center-based day programs	0%	25%	13%	62%
Community-based employment providers	0%	25%	38%	37%

Staff at Pope County are knowledgeable about the resources in their communities and rely on positive relationships with providers to access the best supports for the people they serve. Lead agency staff shared they have overall good relationships with providers in the five county area. Case managers and assessors in the focus group reported the strongest relationships with foster care providers. They stated that communication is typically good and they get regular progress reports and updates. Case managers and assessors also noted a lack of mental health services, especially psychiatry. They stated that it is not unusual for a person to wait up to three months to see a psychiatrist. Some clinics in the area are now offering telemedicine with a psychiatrist based in another city which is helping to improve access.

The Lead Agency Review process includes surveying the providers about their relationship with lead agency staff. The results showed that 93% of those surveyed agreed that case managers and assessors are responsive to a person’s changing needs. A majority of survey respondents believed that lead agency staff respond in a timely manner (93%) and that they were able to receive the assistance

they needed (90%). Overall, providers responded positively about their relationship with staff at the lead agency.

Provider monitoring process

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. Lead agency staff stated that case managers do regular visits with people and their providers to ensure people are receiving quality services. The results from case file review showed that case managers at Pope County met with people on their caseload an average of 6 times in 18 months in DD, and 5.8 times in 18 months in BI. Eighty-seven percent of providers responding to the provider survey named phone calls as a primary source of monitoring followed by email communication. Over half of the respondents (57%) reported in-person visits as a primary means of monitoring by case managers.

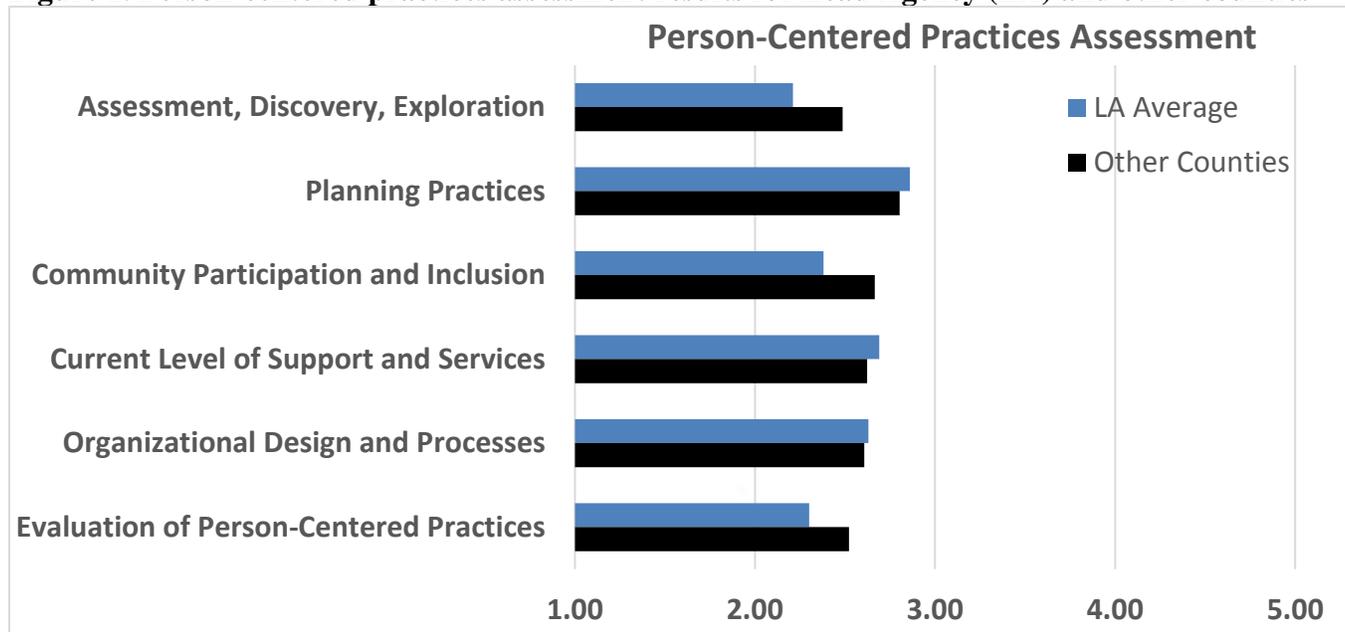
Person-centered practices and supports

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 through a planning process directed by the person that discovers and implements what is important *to* the person and what is important *for* the person. This process 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 better alignment.

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 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 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 6. Average score by domain

Domain	Pope County	Other Counties
Assessment, Discovery, Exploration	2.21	2.49
Planning Practices	2.86	2.80
Community Participation and Inclusion	2.38	2.66
Current Level of Support and Services	2.69	2.62
Organizational Design and Processes	2.63	2.61
Evaluation of Person Centered Practices	2.30	2.52

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

The results of the case manager and assessor survey indicate that most staff have received some instruction on person-centered practices. The Human Services Supervisor states staff have completed the MnCHOICES certified assessor training through DHS, which includes information on a common set of skills and knowledge in best practices and use person-centered principles. Staff also reported that a portion of the people have gone on to take additional trainings such as Essential Lifestyle Planning.

When asked to identify the top three areas of improvement for the lead agency on person-centered practices, 50% of provider survey respondents selected “none.” Provider survey respondents identified the lead agency’s top strength in this area as incorporating what is important to the person into the support plan (53%). Respondents also indicated that the lead agency encourages service providers to provide the level of service the person needs (33%).

The lead agency staff in the focus group identified not having substantial choice as a barrier to implementing person-centered practices. Staff cited this as particularly challenging when trying to find

services that more closely align with the person's preferences in a rural community with limited options. These observations aligned with the Person-Centered Practices Assessment results from Figure 1 and Table 6, with Current Level of Support and Services receiving a 2.69 on a 5-point scale. This domain focuses on providing supports and services that are shaped by the person, customized to fit their needs and desires.

The responses from the case manager and assessor survey indicated more training would be required in order to better support people in a person-centered way. Recently, the five-county region was awarded a grant to participate in Organizational Implementation of Person-Centered Practices. This development program is sponsored by the University of Minnesota's Institute on Community Integration. This initiative partners counties and providers on furthering their organizational development around person-centeredness. This grant offers an opportunity for providers and counties to explore opportunities for additional service development and capacity building in areas most critical to their region.

A review of case files showed that 10 out of 15 quality indicators were at 70% or higher, with six indicators at 100%. All cases reviewed were found to have items, such as identifying and creating a plan to reduce person risks and referring to the person by their name. However, only 18% of case files had the person's dreams written in their support plan. The distinction between a goal and a dream is important to make as dreams often reflect what motivates and inspires people, which helps create improved outcomes for the individual. If a person's dreams, preferred work, and preferred living setting are outlined in their support plan, when providers review those plans, as is required by statute, they will modify their services to meet an individual's aspirations. Overall, these results demonstrate opportunities for this lead agency to build on their successful application of many person-centered thinking techniques.

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. At the time of review, this lead agency was not serving any Jensen Settlement Agreement members.

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 serves people with PSTPs. Lead agency staff appeared to be involved and actively working with the person and 245D providers to identify ways to reduce the use of restraints. All files reviewed had a completed PSTP, however, some were not reviewed at the agreed upon time period. Going forward, the lead agency staff stated they would ensure that the PSTP will be reviewed with the

person and their team on the agreed upon schedule. Staff state they would also work to update the review intervals to reflect the person’s needs and situation, if appropriate. Overall, providers and case managers were knowledgeable about the changing requirements around the Positive Supports Rule.

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 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.

Lead agency staff shared that while they have a good network of providers in Pope County, the overall number of providers available is very limited. In addition, those providers often have a hard time finding qualified staff in this rural area, particularly those equipped to support people in crisis. The Human Services Supervisor reported she has delivered trainings to provider staff in the past to help bridge this gap. Provider survey respondents also recognized crisis services as an unmet service need. In addition, respondents identified transportation, respite, and caregiver supports as areas needing development.

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 7 and Table 8 show the percent of earning for those who are working by program.

Table 7. 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
Pope County	64.9%	18.9%	10.8%	5.4%
Cohort	66.3%	18.4%	9.9%	5.4%
Statewide	72.5%	14.2%	7.6%	5.7%

Table 8. 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
Pope County	23.5%	55.9%	11.8%	8.8%
Cohort	29%	45.3%	17.2%	8.5%
Statewide	34.3%	41.7%	15.8%	8.2%

Case manager and assessor survey respondents indicated that half of people who are working-age do not have the type of work they want. Most young people would prefer to work out in the community where they can earn at least a minimum wage. However, this would require the lead agencies and advocates to find providers who are interested in developing more robust supported employment services. In both CADL and DD, Pope County is a lower user of supported employment services in

comparison to their cohort (4.6% versus 7.9% in CADI and 0.0% versus 4.5% in DD). Lead agency staff state people are more likely to find competitive employment out-of-county; however, the limitations of their regional transportation services inhibits people’s ability to access employment elsewhere.

Pope County’s portion of the Minnesota Olmstead Plan’s benchmark to increase employment and earnings for people with disabilities is approximately three people per state fiscal year. Representatives from all five counties plan to meet quarterly in order to work on building additional capacity around employment as a region. They would also like to do some joint training for their staff on how to have more successful conversations about employment.

Douglas County is an Individual Placement and Support site, a program that integrates supported employment with mental health services. This program typically provides help in finding work, training or retraining on job tasks and managing changes in non-work environments or life activities that affect work performance. Because of the success of the program, lead agency staff have asked the provider to expand this grant to include Pope, Grant, and Stevens Counties. Lead agency staff report an expansion would provide an opportunity to work jointly together across mental health workers and waiver staff to share learnings and success that can benefit people across programs. The Pope County Human Services Supervisor also plans to work across programs to identify people served who want to work or would like a different job, in order to develop a more focused plan for increasing employment.

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 in their own home.

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

Program	Pope County	Cohort
CCB	58.7%	61.2%
DD	34%	34.4%

Housing is another significant service gap in Pope County. As Table 9 indicates, this lead agency serves fewer people in their homes than their cohort (58.7% versus 61.2% in CCB, and 34% versus 34.4% for DD). Lead agency staff report that there is an increase in the number of people who want their own living spaces. As a result, the Human Services Supervisor created a checklist for case managers to complete with those wanting increased independence. The checklist collects information such as the person’s areas of needs, the types of accommodations that can be made, and the type of supports needed in order for that person to maintain their health and safety. The lead agency reports this checklist helps motivate the person to work on their goals so that their outcomes are better aligned with their desires. In addition, Pope County is working to increase their use of assistive technologies that support increased independence or a reduced reliance on human assistance when appropriate.

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.

Currently, Pope County does not act as the pass-through billing agent for any Tier 2 or Tier 3 services. The Human Services Supervisor, however, would like to develop a process which would allow the county to contract with non-enrolled providers, particularly those offering chore services. The supervisor states that using non-enrolled vendors would allow people more choice in providers and would give the lead agency flexibility in supporting high quality providers who choose not to complete the state’s enrollment process.

Managing resources

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.

For the CAC, CADI and BI programs, Pope County is part of an alliance with Horizon Public Health and the human services/social services departments in Douglas, Stevens, Traverse, and Grant Counties. The counties in the alliance manage their own budget, and if there is an identified need they petition the alliance for more funds. They have developed an Alliance Operations Panel (AOP) that is responsible for managing and distributing funds and available slot allocations to Alliance members. The AOP consists of one representative from each of five counties. This team meets on a quarterly basis to monitor the Alliance budget and project year-end spending levels to monitor both overspending and underspending.

Table 10: Combined year-end budget balance and percent of program need met for CCB (2015)

	Year-end budget balance	Percent of program need met
Pope County	9%	100%
Statewide	8%	98.8%

At the time of the review, the Horizon Waiver Alliance was working with DHS to get the information in the Waiver Management System (WMS) adjusted to include all of the members of the Alliance. Currently, each county is reflected separately in the system. Pope County had a 9% balance at the end of fiscal year 2015, which is a larger balance than the statewide average (8%).

Pope County is also a member of the Region 4 South Waiver Alliance, a four-county DD waiver alliance with Stevens, Grant, and Traverse. The counties in the alliance manage their own budget; but once they have spent 97% or more of their funds, they can submit a request to the alliance for additional money. Each supervisor from the four counties meet at least quarterly to discuss and approve any requests.

Table 11: Combined year-end budget balance and percent of program need met for DD (2015)

	Year-end budget balance	Percent of program need met
Pope County	2%	100%
Statewide	8%	87%

At the end of calendar year 2015, the DD waiver budget had a balance of 2%. Pope County's DD waiver balance is smaller than the statewide average (8%). In both DD and CCB, the lead agency has been able to manage year-end budget balances without creating waitlists, demonstrating that its allocation is able to meet the needs of their community.

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	High	Low
Resources	<ul style="list-style-type: none"> eDocs Community Based Services Manual Videoconference Trainings 	<ul style="list-style-type: none"> Disability Linkage Line MinnesotaHelp.info Senior Linkage Line

Staff and the Human Services Supervisor stated they use bulletins, eDocs, and the Community Based Services Manual as the most useful DHS tools. However, the supervisor indicated that bulletins and other listserv announcements should be timelier, and that the CBSM needs to be easier to navigate. Another resource that was discussed in the focus group was the use of videoconferences and webinars. Many staff appreciated being able to learn about new program requirements without having to travel out of county. In addition, staff stated PolicyQuest's search function yielded too many unrelated responses.

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 Pope County's 2012 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 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 vocational skills and abilities for all working age participants and document that	All of the DD files had documentation showing that information on competitive employment

2012 Recommendation	Update on Lead Agency Actions
participants are informed of their right to appeal annually.	opportunities was provided. All the DD files showed that people were informed of their right to appeal annually.
Work with providers and neighboring counties to develop services that support people in their own homes and reduce reliance on more expensive residential or institutional care.	The lead agency has engaged Technology services to assess homes to provide technology to help support people to stay at home.
Continue to expand opportunities for use of Consumer-Directed Community Supports (CDCS) and Community Support Grants (CSG) to reduce use of residential services.	The lead agency has been working on this recommendation by offering CDCS services to individuals as a part of support planning activities.
Continue to expand community based employment opportunities for people in the DD programs.	Pope County is working on this recommendation but is difficult because of limited employment options.
Begin cross-training staff and share knowledge in preparation for staff turnover.	Pope County is a part of Horizon Public Health which has allowed case managers to specialize by program. The supervisor is also managing the DD program in Grant County which gives all DD case managers in both counties support and guidance.
Consider managing CADI and DD waiver allocations together.	Pope County has entered into both a CCB alliance with Horizon Public health and a DD alliance with three other counties in the region.

During the previous review in 2012, the lead agency received corrective actions for three areas of non-compliance. Since that time, the lead agency has implemented practices to correct all of the areas. This demonstrates that Pope 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 Pope County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in its community, Pope County continues to create positive results for the people receiving services.

Pope County’s participation in the DD waiver alliance with Stevens, Grant, and Traverse Counties allows it to better maximize allocations to meet the needs of its community members.

The alliance was effective beginning January 2016. This alliance will help the lead agency manage their resources, both existing funds and new allocations. The alliance allows Pope County to spend more of the HCBS budget while being protected in the event of needing to serve high cost individuals or a crisis. Participating in the alliance will help Pope County to manage risk and conduct regional planning in order to enhance services for people on their programs.

Pope County has strong relationships with the counties in its region. This lead agency has entered into agreements with other counties in its region to share MnCHOICES assessors, waiver allocations and a supervisor. Staff in Pope County regularly attend MnCHOICES meetings with staff from Grant, Stevens, Traverse and Douglas County which allows the staff to take advantage of the regional expertise to do case consultation. Pope County also is participating in a regional collaboration and training to develop expertise in using person-centered practices and becoming a person-centered

organization. Pope County's collaboration with the other lead agencies in their region strengthens their ability to provide high quality services for the people on their programs.

Pope County staff have strong relationships with providers. Case managers have good knowledge of the community and who can provide needed services for people on the waiver programs. They are in frequent communication with providers about the needs of the people they are serving. They have built strong relationships with providers in and outside of the county borders. These relationships assure that providers are responsive to peoples' changing needs and are willing to stretch to ensure that a person's needs are met. Ninety percent of the providers in the region who responded to the provider survey said that they received needed assistance from the lead agency and that they respond in a timely manner.

Pope County staff working in the HCBS programs collaborate within the agency and across the region. Case managers shared that the relationship between social workers and nurses is strong. They rely on each other's expertise and knowledge when serving the people on their caseloads. They have joint meetings and participate in MnCHOICES trainings together. They have good communication with financial workers. They rely on the financial workers to complete paper work quickly so they can open people to programs. Case managers also said they had good communication with mental health case managers and will attend meetings with individuals on their case load together. These strong working relationships enhance the services people are receiving and helps them navigate services.

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 Pope 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 reissued 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. Pope County's benchmark will be moving two people per year to community-based employment. Twenty percent of people on the DD program earn more than \$250 however only 8.8% of those individuals earn more than \$600 a month as a result they rank 71 out of 87 counties. It is recommended Pope County continue working in the region to strengthen its partnerships with providers interested in developing community-based employment opportunities in order to reduce their reliance on center-based employment.

Take advantage of upcoming training opportunities to learn how to enhance your services and create support plans that are more person-centered. Pope County, along with four individual county Human Services departments and Horizon Public health, was recently selected to participate in a series of trainings designed to create expertise amongst staff and organizations in utilizing person-centered practices. Pope case managers, assessors, and leadership will be participating in the extensive trainings, which will provide them with tools to further enhance the quality of services and supports they provide to community members. It is very good that Pope County has sought out this training for their staff, and following the trainings, they should work towards redefining what it means to provide person-centered services. This may involve changes in its agency practices, changes in how it works with other community partners, and changes in the content of HCBS support plans.

Consider utilizing non-enrolled vendors to provide Tier 2 and Tier 3 services to increase access to needed HCBS services. Pope County would benefit from using tier 2 services such as transportation or home modifications. 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. Staff should use the most current service purchase agreement and log, which can be found in the CBSM. Establish clear roles for the people managing the process, such as identifying the clear steps a case manager must follow. Pope County is encouraged to save the required documents on the shared drive in a place that is easily assessable by all staff and to assign a staff person to work on the process.

Continue to work with waiver providers and neighboring counties to develop service options for people wanting alternatives to foster care and those experiencing crises. Pope County serves a higher percentage of people on the DD waiver in restrictive residential settings when compared to its cohort (66% vs. 65%). The lead agency is ranked 51st in the number of people served at home in the DD program and only 25% of the people served at home were high need. It is recommended that Pope County work with its regional partners to develop service models aimed at meeting people's needs in the most integrated settings. By supporting more people to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs.

Provide additional supports for case managers and assessors. A similar recommendation was given to Pope County in 2012, and 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 increasingly more complicated. It is difficult for case managers who are also managing other responsibilities to stay current with program and policy changes when they are unable to attend meetings or trainings. Other lead agencies have deployed different strategies to provide additional supports. These include: designating a MnCHOICES assessor to complete all initial assessments, adding a case aide to the team to support case managers, and setting up a system to allow staff to participate in meetings by phone.

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 Pope County will be required to take corrective action.

Include a back-up plan in the support plan of all people receiving HCBS waiver services.

Minnesota's federally approved waiver plans require case managers develop emergency back-up plans to address unexpected events. Overall, 64%, or 7 of 11, DD cases reviewed did not contain this information. This is required for all programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include: 1) a medical contact such as physician or preferred admitting hospital, 2) an emergency contact person, and 3) back-up staffing plans in the event that primary staff are unable to provide care.

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, Subd.6 and MN Statute 256B.092, Subd. 1b: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost. Sixty-four percent, or 7 of 11, DD cases reviewed were missing the required information in support plans. This information is the minimum required to ensure people are informed about the services they will be receiving.

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

Required remediation

Findings indicate that some case files do not contain all required documentation. Pope 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. The compliance worksheets were received by DHS and are complete.

- **Case File Compliance Worksheet:** 7 of 11 cases reviewed require remediation.
- **Positive Support Transition Plan Compliance Worksheet.** Some of the cases reviewed require remediation.

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	DD
Cases in each program are compliant with case management visit requirements .	100%
The support plan is current.	100%
The person signed the current Support Plan .	100%
Person acknowledges choice in services, providers, etc.	100%
A person’s outcomes and goals are documented in the support plan.	100%
A person’s needs are documented in the support plan.	100%
A person’s health and safety concerns are documented in their support plan.	100%
The services a person is receiving are documented in the support plan.	100%
Service details are included in the support plan (frequency, type, cost, & name).	*36%
Information on competitive employment opportunities has been provided annually.	100%
An emergency back-up plan has been completed within the last year.	*36%
Assessment is current .	100%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) is completed at the time of assessment.	N/A
Timelines between assessment and support plan have been met.	N/A

Required Items	DD
OBRA Level One Screening form is completed.	N/A
A current AC Program Client Disclosure Form is completed annually.	100%
A current AC Program Eligibility Worksheet is completed annually.	100%
A Release of Information to share private information is signed by the person annually.	100%
Documentation that a person received Right to Appeal information in the last year.	100%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	N/A
Application for Title XIX HCBS Waiver Services is completed annually	100%
DD screening document is signed/dated by all required parties.	100%
ICF/DD Level of Care is completed within the last year.	100%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	100%
Documents are signed correctly when a person has a public guardian.	100%

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	DD
A person’s dreams are discussed in support plan.	18%
A person’s behavioral/mental health issues are described in the support plan.	100%
A person’s medical health issues are described in the support plan.	100%
Support plan includes natural supports .	64%
Support plan has sufficient details about what is important to the person.	73%
The person’s satisfaction with services and supports is documented.	73%
Case manager documents a person’s issues or life events to better understand the situation.	100%
Support plan clearly reflects values and beliefs of person centered planning.	46%
Support plan identifies and has a plan to reduce personal risks .	100%
The person is referred to by their name in the support plan.	100%
Support plan is written in plain language .	91%
The type of preferred work activities are identified in the support plan.	0%
The type of preferred living setting is identified in the support plan.	18%
Support plan identifies who is responsible for monitoring implementation of the plan.	100%
Support plan includes a person’s strengths in the support plan.	91%