Minnesota Department of Human Services
Home and Community-Based Services
Lead Agency Review

Report for: Traverse County
Lead Agency Review Site Visit: April 2016
Report Issued: June 2016
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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. 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.

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Numbers for Traverse County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case file review</td>
<td>9 cases</td>
</tr>
<tr>
<td>Provider survey</td>
<td>5 respondents</td>
</tr>
<tr>
<td>Supervisor phone interviews</td>
<td>1 interview with 3 staff</td>
</tr>
<tr>
<td>Case manager and assessor survey</td>
<td>1 multicounty survey</td>
</tr>
<tr>
<td>Case manager and assessor focus group</td>
<td>1 multicounty focus group</td>
</tr>
<tr>
<td>Assurance plan</td>
<td>1 assurance plan completed</td>
</tr>
<tr>
<td>Supervisor meeting</td>
<td>1 meeting with 3 staff</td>
</tr>
<tr>
<td>Tier 2 non-enrolled vendor claims reviewed</td>
<td>No claims reviewed</td>
</tr>
</tbody>
</table>

About the lead agency

Department management

In April 2016, DHS conducted a review of Traverse County’s HCBS programs. Traverse County is a rural county located in western Minnesota. Previous HCBS lead agency reviews were conducted in July 2009 and more recently in July 2013.

Traverse County’s Social Services Department 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 Powers Agreement to form Horizon Public Health, a five-county public health agency. Horizon Public Health is the lead agency for AC, BI, CAC, CADI, and EW programs for all five counties. DHS also conducted a review of Horizon Public Health in April 2016. This report can be found on the [DHS HCBS lead agency review website](#).

Traverse County Social Services has a Social Services Director who oversees multiple program areas including the DD waiver program. There is one staff at Traverse County that provides case management for individuals on DD waiver and one staff (who is assigned to Horizon Public Health) responsible for initial MnCHOICES assessments and reassessments for all waiver programs. The DD case manager has about 40 cases, approximately 11 of which are DD waiver and the remainder are various other adult services programs.

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 Traverse County.

Table 2. Percent of people receiving HCBS (2014)

<table>
<thead>
<tr>
<th>Program or Disability Type</th>
<th>Traverse County</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Disabilities</td>
<td>86.7%</td>
<td>91.3%</td>
</tr>
</tbody>
</table>
As of July 1, 2014, Traverse County’s population was approximately 3,387 and served 11 people through the DD waiver program. Table 3 shows the number of people enrolled in the DD waiver program per year.

### Table 3. Number of people enrolled in HCBS by program

<table>
<thead>
<tr>
<th>Program</th>
<th>2010</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Program</th>
<th>Traverse County</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD</td>
<td>81.8%</td>
<td>83.4%</td>
</tr>
</tbody>
</table>

Persons with higher needs are those with Profiles 1 through 3 for DD.

The statewide average for percent of people on the DD waiver with higher needs is 85.3%. Traverse County also uses institutional care at a higher rate than its cohort for individuals with a development disability (13.3% for Traverse County vs. 8.7% for the cohort). Although Traverse County is currently preforming slightly lower on these measures, they have increased the percent of people on the DD waiver with higher needs by 9.1% since 2010 and the percent of people using community based services instead of institutions by 6.7% since 2010.

### Intake, assessment, and case assignment

At Traverse County, calls for intake typically come in through the department’s front desk and are transferred either to the DD case manager or assessor. From there, the case manager or assessor will collect applicable information and fill out an intake form. The form then gets sent to Horizon Public Health to complete the intake portion of MnCHOICES and to be assigned for initial assessment through the MnCHOICES system. Typically the assessment would be assigned back to the MnCHOICES assessor at Traverse County. Often times the assessor will complete the Rule 185 eligibility in conjunction with the MnCHOICES assessment process. Since there is only one case manager assigned to DD waiver cases, this case manager is automatically assigned to all DD cases.

To assist with getting everyone entered into MnCHOICES by September of 2017, the assessor at Traverse County has been completing annual reassessments through MnCHOICES for most people. Because they currently have less than a dozen people on the DD waiver, they plan to have everyone entered into MnCHOICES well before the statewide goal.

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. In recent years, Traverse County has opened as many as three new people to the DD waiver in a given year, while other years it has not added anyone. Historical data indicates that the lead agency has struggled to complete screenings within the required timelines, even when the requirement for the DD program was 90 days. The lead agency reports that these challenges in meeting the 20 day requirement, including in calendar year 2015, often stem from delays in establishing MA eligibility or obtaining the results of diagnostic assessments.
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.

The DD case manager and assessor at Traverse County employ a number of strategies to stay current on programmatic changes. The case manager is relatively new to the agency and the assessor, who previously held that position, has served as her mentor. Both rely on monthly all-staff meetings and weekly social worker meetings to consult about cases and touch base about any programmatic changes with others in their department. The DD staff also get updates via listserv from the Disability Services Division (DSD) at DHS, as well as receiving DHS bulletins. In the on-site focus group, case managers/assessors agreed that the quarterly Regional Resource Specialist (RRS) meetings can be helpful, but they cannot consistently attend these meetings due to travel and time constraints. Staff expressed the difficulty they face with maintaining expertise and keeping up with programmatic changes.

The MnCHOICES assessor attends team meetings hosted by Horizon Public Health with the assessors from the five county area. The assessor relies on these monthly team meetings to stay up-to-date. In addition, there is an assessor that has been identified as the MnCHOICES lead and a number of staff that are mentors within Horizon Public Health’s team. 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.

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 (60% of providers rated this as a strength) and 245D HCBS Licensing (60%). Keeping current on changes surrounding the Disability Waiver Rate System (DWRS) was also identified as a strength by 60% of providers.

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

As previously described, Traverse County Social Services works with Horizon Public Health for the oversight of the CCB and EW/AC programs. Because of this collaboration, staff in the DD waiver unit at Traverse County often interface with Horizon Public Health staff. Case managers and assessors in the focus group stated that having 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.
Traverse County also has formed strong partnerships with its regional counterparts, and can rely on the staff at these other agencies for collaboration and problem-solving. Adult protection in Traverse County is contracted out to Grant County, and staff stated that the relationship is also strong despite staff not being located in the same office. Staff reported that the adult protection worker will come to their office to consult on cases when appropriate, and they meet as a team on a quarterly basis.

Staff in Traverse County reported that overall, they have good working relationships with other staff in their agency. Case manager and assessor focus group participants stated that there is an advantage of being a small county; they have easy 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.

Traverse County has two financial workers that work with the long term care programs. The financial eligibility unit does not do case banking, but rather people are assigned to a specific worker. Staff at the lead agency report that this system works well. Because of their close proximity, communication between the financial workers and the case manager/assessor is typically done face-to-face. In the focus group, staff rated this relationship as strong.

**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: Traverse County Case Manager/Assessor Rankings of Local Agency Relationships**

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

Staff at Traverse 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 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 for Traverse County showed that 100% of those surveyed agreed that case managers and assessors are responsive to a person’s changing needs. All survey respondents also believed that Traverse County staff respond in a timely manner and that they were able to receive the assistance they needed. Overall providers responded positively about their relationship with staff at Traverse County.

**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 the case manager does regular visits with people and their providers to ensure people are receiving quality services. The results from case file review showed that the case manager in Traverse County met with people an average of 6.7 times in 18 months, notably higher than requirements for the DD waiver program which is only 3.0 times in 18 months. This allows the case manager to routinely monitor the health and safety of people and make adjustments to their service plan to accommodate any changes or preferences. It also helps build trust and rapport, so that people feel comfortable talking about problems with their case manager.

For the past ten years, Traverse County has distributed surveys to all people using its case management services asking for feedback on the quality of services they provide. The survey is mailed out once per year and results are sent to the Social Services Director, who then shares them with staff. The Director reports receiving positive feedback on the agency’s case management services. The lead agency also sends out another annual survey that ask people about their satisfaction with their private service providers. Again, the director reviews these results and shares them with staff and providers as needed.

**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

Table 6. Average score by domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Traverse County</th>
<th>Other Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment, Discovery, Exploration</td>
<td>3.08</td>
<td>2.49</td>
</tr>
<tr>
<td>Planning Practices</td>
<td>3.72</td>
<td>2.80</td>
</tr>
<tr>
<td>Community Participation and Inclusion</td>
<td>3.38</td>
<td>2.66</td>
</tr>
<tr>
<td>Current Level of Support and Services</td>
<td>3.29</td>
<td>2.62</td>
</tr>
<tr>
<td>Organizational Design and Processes</td>
<td>2.99</td>
<td>2.61</td>
</tr>
<tr>
<td>Evaluation of Person-Centered Practices</td>
<td>3.67</td>
<td>2.52</td>
</tr>
</tbody>
</table>

The results of the case manager and assessor survey indicate that most staff have received some instruction on person-centered practices. The Social Services Director reported that staff at Traverse County have completed the two day Person-Centered Thinking training through the University of Minnesota’s Institute on Community Integration (ICI). Recently, the five-county region was awarded a grant to participate in Organizational Implementation of Person-Centered Practices. This development program is also sponsored by the University of Minnesota’s ICI. 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. Participating in this series of trainings will allow Traverse County staff to gain valuable insights into person-centered practices to enhance the services provided by their agency.

When asked to identify the top three areas of improvement for the lead agency on person-centered practices, 60% 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 (60%), as well as what is important for the person (60%). Respondents also indicated that the lead agency helps people make progress towards their goals (40%).

The lead agency staff in the focus group identified not having substantial provider and service choices 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 3.29 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.

A review of case files showed that only 33% included the person’s dreams written in their support plan and 67% had information about the person’s preferred work. 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.

This lead agency does not serve any Jensen Settlement Agreement members who are on a DD waiver. However, they do provide support to Horizon Public Health for Jensen Settlement Agreement members that are on other waiver programs. One example would be if someone from Traverse County is open to a CADI waiver as well, as well as other social services programs administered directly by the county, such Adult Mental Health-Targeted Case Management or chemical dependency services. In these instances, Traverse County Social Services and Horizon Public Health staff work closely to coordinate their services.

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. At the time of the review, this lead agency was not serving anyone who required a PSTP.
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 Traverse County, the overall number of providers available is very limited, which results in service gaps. The DD staff reported that they do not have sufficient providers for transportation services, which limits people’s opportunity to fully engage in community activities. They also mentioned that community employment providers are limited; there is only one provider in the area that offers work at a local thrift store. Staff further explained that providers have a hard time finding and keeping staff, and as a result, some services are difficult to obtain. Providers responding to the provider survey agreed that transportation, community-based employment, and respite were the most urgent areas of unmet service needs.

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 shows the percent of earning for those who are working by program.

Table 7. Percent of working age people on the DD waiver with earned income (2015)

<table>
<thead>
<tr>
<th></th>
<th>Not earning income</th>
<th>Earns $250 or less per month</th>
<th>Earns $251 to $599 per month</th>
<th>Earns $600 or more/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traverse County</td>
<td>28.6%</td>
<td>57.1%</td>
<td>0.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Cohort</td>
<td>29%</td>
<td>45.3%</td>
<td>17.2%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Statewide</td>
<td>34.3%</td>
<td>41.7%</td>
<td>15.8%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Staff stated that the lack of employment providers in their area severely limits a person’s ability to choose a work program that fits their needs best. They indicated people do not have much choice for alternative work experiences, as there is just one main employment provider in their community. Staff also stated that the limitations of their current transportation services inhibits people’s ability to access competitive employment in the community. As indicated in Table 7, Traverse County is far above the statewide average for percent of working age people on the DD waiver earning more than $600 per month, ranking nine out of eighty-seven counties. However, because of its small size, this is not a significant number of people, and the vast majority of working age people on the DD waiver in Traverse County earn less than $250 per month.

Traverse County’s portion of the Minnesota Olmstead Plan’s benchmark to increase employment and earnings for people with disabilities is approximately two 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 others in the region know of Douglas County’s success with this program, Traverse County staff have asked the provider to expand this grant to include Traverse, 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 across programs, populations, and people.

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

Table 8: Percent of people who receive services at home (2014)

<table>
<thead>
<tr>
<th>Program</th>
<th>Traverse County</th>
<th>Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD</td>
<td>63.6%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

Traverse County ranks number one out of eighty-seven counties in the percentage of people on the DD waiver who are served at home. They have increased this percentage by 9.1% since 2010. The lead agency is a higher user of many services that are instrumental in keeping people in their own homes such as in-home family support (58.3% vs cohort use of 14.2%), home modifications (8.3% vs 1.0%) and skilled nursing services (16.7% vs 1.7%). Conversely, Traverse County is using supportive living services at a much lower rate compared to their cohort (41.7% vs cohort use of 71.8%). A high utilization of at-home services also has an effect on overall spending. Traverse County is spending 29.2% less than their cohort in overall spending for people on the DD waiver program.

For people on the DD waiver who want to live independently, staff report that affordable housing is available in Traverse County, so much so that individuals from neighboring counties sometimes relocate to Traverse County for this reason. However, the lead agency reports that individuals who move to more independent housing may find that in-home the service options are limited, particularly if culturally specific services are preferred or transportation is needed, resulting in a feeling of isolation for the person.

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.
A review of claims data for the past 18 months did not show any Tier 2 services utilized by Traverse County. However, the lead agency reported that they do use non-enrolled vendors for a limited number of Tier 2 and Tier 3 services, including supplies and equipment and home modifications. At the time of the review they did not have a specific process in place for vetting non-enrolled providers but were working with DHS to obtain resources for future use.

### 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.

<table>
<thead>
<tr>
<th>Table 9: Combined year-end budget balance and percent of program need met for DD (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traverse County</strong></td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
</tr>
</tbody>
</table>

As of January 2016, Traverse County became a member of the Region 4 South Waiver Alliance, a four-county DD waiver alliance with Stevens, Pope, and Grant Counties. The counties in the alliance independently manage their own budgets, until they have spent 97% or more of their funds. At that time, they submit a request to the alliance for additional funds. One representative from the four counties meet at least quarterly to discuss and approve any requests.

At the end of calendar year 2014, the DD waiver budget had a balance of 37%. Traverse County has typically carried a large year-end balance, ranging from 19% to 37%, and has rarely had a waitlist for services. Traverse County has been able to meet the needs of the people they currently serve through the DD waiver and add new individuals to the program when requested. This demonstrates that the lead agency’s allocation is able to effectively meet the needs of their community.

The case manager is responsible for all RMS data entry and service agreement completion. The case manager obtains the RMS worksheet from the provider and reviews for accuracy. The case manager then adds the rate information to the CSSP and enters the information into MMIS.

### 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

<table>
<thead>
<tr>
<th>Rating</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>• eDocs</td>
<td>• Disability Linkage Line</td>
</tr>
<tr>
<td></td>
<td>• Community Based Services</td>
<td>• MinnesotaHelp.info</td>
</tr>
<tr>
<td></td>
<td>Manual</td>
<td>• Senior Linkage Line</td>
</tr>
<tr>
<td></td>
<td>• Videoconference Trainings</td>
<td></td>
</tr>
</tbody>
</table>

Both the staff in the focus groups and the supervisor stated that they find bulletins, eDocs, and the Community Based Services Manual to be the most useful DHS tools. Staff reported that although the bulletins have useful information, they can often be difficult to read because they are so lengthy and wordy. Because the DD case manager is new to this program, she reported referencing the Community Based Service Manual (CBSM) regularly to assist with training and learning about the program. The use of webinars and videoconferences was also discussed with lead agency staff. Many staff appreciated being able to learn about new program requirements without having to travel out of county. Although some staff were not aware of HB101.org or DB101.org, they expressed an interest in learning about the tools and utilizing them in the future.

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 Traverse County’s 2013 review, DHS issued several recommendations pertaining to the Developmental Disabilities waiver program 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

<table>
<thead>
<tr>
<th>2013 Recommendation</th>
<th>Update on Lead Agency Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop higher wage, community based employment opportunities for participants.</td>
<td>Traverse County reports some success in this area. An increased number of individuals have obtained competitive employment and its main provider of vocational services continues to operate a thrift store.</td>
</tr>
<tr>
<td>Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.</td>
<td>Traverse County has not implemented this recommendation. They report continued struggles with providers unable to hire the necessary number of staff.</td>
</tr>
<tr>
<td>Use existing visit sheets to document participant satisfaction and provider performance.</td>
<td>Traverse County case managers report that they discuss satisfaction and provider performance informally during face to face visits. They also send out an annual survey to ask people about their case management services and provider satisfaction.</td>
</tr>
</tbody>
</table>
Develop an alliance with neighboring counties to manage waiver allocations.

A regional alliance was formed in 2016 to manage the DD waiver allocations for Traverse, Grant, Pope and Stevens counties.

During the previous review in 2013, the lead agency did not receive any corrective actions. This demonstrates that Traverse County continues to demonstrate strong compliance with HCBS program requirements.

**Strengths**

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

**Traverse County has established strong home based programs for people on HCBS waiver programs.** The lead agency has higher rates of people served at home than its cohort and the state wide average for the DD waiver program. In state fiscal year 2014, 63.6% of individuals on the DD waiver were served at home, while only 34.4% of people in the cohort and 41.6% of people statewide were served at home. One way Traverse County case managers support people at home is with frequent visits, averaging a face to face visit once every 82 days, which far exceeds the requirement of every 183 days. This allows case managers to routinely monitor the health and safety of the people they are working with. They are then able to make adjustments to their service plan to accommodate any changes in health before a more restrictive setting is required.

**Traverse County staff working in the HCBS programs collaborate across internal units, allowing them to provide quality care to community members.** Both the assessor and on-going case manager work well together, and the assessor has mentored the case manager very well. Both work well with other units within Traverse County’s Social Services Department, including financial workers. They rely on the financial workers to complete paper work quickly so they can open people to programs. At the same time, the financial workers expect the waiver staff to help them when someone on their case load is struggling to complete eligibility paperwork. Case managers said that they have good communication with adult and child protection staff. Because the waiver case manager works with all adult social services programs, except adult protection, she also partners well with Horizon Public Health when it provides case management for someone from Traverse County open to a different waiver program. These strong working relationships enhance the services people are receiving and helps them navigate services.

**Traverse County monitors the services people receive from both private providers, as well as its own services.** Staff have developed close working relationships with providers and are in frequent communication. They have deliberately built strong relationships with providers in and outside of the county borders. The case manager also uses a form during face to face visits with the person to document their satisfaction with their providers, as well as the provider’s implementation of services. In addition, the county sends a satisfaction survey to everyone open for case management services twice a year. These practices show the lead agency is focused on continuous improvement.

**Traverse County’s participation in the DD waiver alliance with Pope, Grant, and Stevens 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 Traverse 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 the county to manage risk and conduct regional planning in order to enhance services for people on their programs.

The case files reviewed in Traverse County continue to meet HCBS program requirements. Case files are well organized making it easier to assess whether or not the person’s needs are being met. Practices such as this help improve technical compliance. Of 19 required items, 18 were found in all (100%) of the files reviewed.

**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 Traverse County and people receiving services.

**Increase community-based employment opportunities for people on the DD waiver.** The state’s Olmstead Plan establishes benchmarks for all counties to increase the number of people with disabilities earning income through community-based employment. Traverse County’s benchmark is two people per year. Traverse County has been successful in recent years at increasing the number of people with earned income of more than $250 per month in its DD program, and currently ranks 9 out of 87 counties in the percentage of people on the DD waiver earning more than $600 per month. It has also partnered with a local provider that has expanded vocational options in recent years. Although the program is not open to individuals on the DD waiver, Traverse County should explore partnering with neighboring agencies to enroll in the Individual Placement and Support program, as it has produced good outcomes for people with other barriers to employment. This recommendation was issued at the previous review in 2013 and continues to be an area where Traverse County can improve outcomes for the people it serves.

**Take advantage of upcoming training opportunities to learn how to enhance your services and create support plans that are more person-centered.** Traverse County, along with Horizon Public Health and four other counties, was recently selected to participate in a series of trainings designed to create expertise amongst staff and organizations in utilizing person-centered practices. Traverse County’s DD case manager and Social Services Department director 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. Although Traverse County has historically worked with people to create personalized and detailed support plans, the trainings may provide ways to improve upon already strong practices. For example, of the support plans reviewed in Traverse County, 78% included the person’s strengths and 89% included information on how the plan will be monitored. However, only 33% included information about the person’s dreams and 67% of plans stated the person’s preferred type of work. Individuals should be asked about their dreams, where they want to live and work, and how they want to spend their free time, all of which should be embedded in the support plan and used, in part, to establish meaningful and customized goals.

**Corrective action requirements**

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements\(^1\). A corrective action plan must be developed and submitted

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\(^1\) In instances where five or fewer cases are reviewed, compliance is reported as a percentage.
to DHS, outlining how the lead agency will bring all items into full compliance. Traverse County will be required to take corrective action in the following area:

**Include details about the person's services in the support plan.** For each service in an individual's support plan, the following information must be included per MN Statute 256B.0915 and MN Statute 256B.092: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost). Overall, 56% of cases reviewed (five of nine) in the DD waiver program did not contain all of the required service information. This information is the minimum required to ensure people are informed about the services they will be receiving.

**Required remediation**

Findings indicate that some case files do not contain all required documentation. Traverse 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. Traverse County submitted this information to DHS on May 2, 2016.

- **Case File Compliance Worksheet:** Five of nine 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 for the DD Waiver Program

<table>
<thead>
<tr>
<th>Required Items</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases in each program are compliant with case management <strong>visit requirements</strong>.</td>
<td>100%</td>
</tr>
<tr>
<td>The <strong>support plan</strong> is current.</td>
<td>100%</td>
</tr>
<tr>
<td>The person <strong>signed the current Support Plan</strong>.</td>
<td>100%</td>
</tr>
<tr>
<td>Person acknowledges <strong>choice</strong> in services, providers, etc.</td>
<td>100%</td>
</tr>
<tr>
<td>A person’s <strong>outcomes and goals</strong> are documented in the support plan.</td>
<td>100%</td>
</tr>
<tr>
<td>A person’s <strong>needs</strong> are documented in the support plan.</td>
<td>100%</td>
</tr>
<tr>
<td>A person’s <strong>health and safety</strong> concerns are documented in their support plan.</td>
<td>100%</td>
</tr>
<tr>
<td>The <strong>services</strong> a person is receiving are documented in the support plan.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Service details</strong> are included in the support plan (frequency, type, cost, &amp; name).</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Information on competitive employment opportunities</strong> has been provided annually.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>An emergency back-up plan</strong> has been completed within the last year.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Assessment is current.</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

2 For case file review results for the AC, EW, CAC, CADI and BI programs, please refer to the Horizon Public Health Lead Agency Review Report.
<table>
<thead>
<tr>
<th>Required Items</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supplemental Form for Assessment of Children Under 18</strong> (DHS-3428C) is completed at the time of assessment.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Timelines</strong> between assessment and support plan have been met.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>OBRA Level One Screening</strong> form is completed.</td>
<td>N/A</td>
</tr>
<tr>
<td>A current <strong>AC Program Client Disclosure Form</strong> is completed annually.</td>
<td>N/A</td>
</tr>
<tr>
<td>A current <strong>AC Program Eligibility Worksheet</strong> is completed annually.</td>
<td>N/A</td>
</tr>
<tr>
<td>A <strong>Release of Information</strong> to share private information is signed by the person annually.</td>
<td>100%</td>
</tr>
<tr>
<td>Documentation that a person received <strong>Right to Appeal</strong> information in the last year.</td>
<td>100%</td>
</tr>
<tr>
<td>Documentation that a person received a <strong>Notice of Privacy Practices/HIPAA</strong> in the last year.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Application for Title XIX HCBS Waiver Services</strong> is completed annually</td>
<td>100%</td>
</tr>
<tr>
<td><strong>DD screening document</strong> is signed/dated by all required parties.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>ICF/DD Level of Care</strong> is completed within the last year.</td>
<td>100%</td>
</tr>
<tr>
<td><strong>ICF/DD Related Conditions Checklist</strong> is completed annually for a person with a related condition.</td>
<td>100%</td>
</tr>
<tr>
<td>Documents are signed correctly when a person has a <strong>public guardian</strong>.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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 for the DD Waiver Program[^3]

<table>
<thead>
<tr>
<th>ItemsReviewed</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person's dreams are discussed in support plan.</td>
<td>33%</td>
</tr>
<tr>
<td>A person's behavioral/mental health issues are described in the support plan.</td>
<td>100%</td>
</tr>
<tr>
<td>A person's medical health issues are described in the support plan.</td>
<td>100%</td>
</tr>
<tr>
<td>Support plan includes natural supports.</td>
<td>89%</td>
</tr>
<tr>
<td>Support plan has sufficient details about what is important to the person.</td>
<td>78%</td>
</tr>
<tr>
<td>The person's satisfaction with services and supports is documented.</td>
<td>100%</td>
</tr>
<tr>
<td>Case manager documents a person's issues or life events to better understand the situation.</td>
<td>100%</td>
</tr>
<tr>
<td>Support plan clearly reflects values and beliefs of person centered planning.</td>
<td>100%</td>
</tr>
<tr>
<td>Support plan identifies and has a plan to reduce personal risks.</td>
<td>89%</td>
</tr>
<tr>
<td>The person is referred to by their name in the support plan.</td>
<td>100%</td>
</tr>
</tbody>
</table>

[^3]: For quality assessment of support plans, case files and case notes for the AC, EW, CAC, CADI and BI programs, please refer to the Horizon Public Health Lead Agency Review Report.
<table>
<thead>
<tr>
<th>Items Reviewed</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support plan is written in <strong>plain language</strong>.</td>
<td>100%</td>
</tr>
<tr>
<td>The type of <strong>preferred work</strong> activities are identified in the support plan.</td>
<td>67%</td>
</tr>
<tr>
<td>The type of <strong>preferred living setting</strong> is identified in the support plan.</td>
<td>56%</td>
</tr>
<tr>
<td>Support plan identifies who is responsible for <strong>monitoring implementation</strong> of the plan.</td>
<td>89%</td>
</tr>
<tr>
<td>Support plan includes a person’s <strong>strengths</strong> in the support plan.</td>
<td>78%</td>
</tr>
</tbody>
</table>