

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **Freeborn County**

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About the HCBS Lead Agency Review process

Overview

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

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

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

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

Mixed methods approach

The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency. 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

Method	Numbers for Freeborn County
Case file review	57 cases
Provider survey	20 respondents
Supervisor phone interviews	2 interviews with 2 staff
Case manager and assessor survey	6 respondents
Case manager and assessor focus group	1 focus group with 9 staff
Assurance plan	1 assurance plan completed
Supervisor meeting	1 meeting with 2 staff
Tier 2 non-enrolled vendor claims reviewed	No claims reviewed

About the lead agency

Department management

In May 2016, DHS conducted a review of Freeborn County's HCBS programs. Freeborn County is a rural county located in south central Minnesota. Previous HCBS lead agency reviews were conducted in May 2007 and more recently in November 2012.

Freeborn County Department of Human Services and Freeborn County Public Health are the lead agencies for all HCBS programs and provide case management for these programs. Within Freeborn County Human Services, Social Services is responsible for the management of DD, CAC, BI, and some CADI waiver cases. Public Health is the lead agency responsible for the management of EW, AC, and CADI waiver cases. The county also provides care coordination for two Managed Care Organizations (MCO), South Country Health Alliance, and UCare.

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 Freeborn County.

Table 2. Percent of people receiving HCBS (2014)

Program or Disability Type	Freeborn County	Cohort
Disabilities	87.1%	93.1%
Developmental Disabilities	86.2%	92.1%
Elderly	49.7%	62.2%

As of July 1, 2014, Freeborn County's population was approximately 30,840 and served 392 people through the HCBS 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	69	80
DD	115	121
EW/AC	201	191

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	Freeborn County	Cohort
CCB	56.3%	75.1%
DD	85.1%	81.3%
EW/AC	57.6%	53.3%

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

Staffing roles and responsibilities

Freeborn County Department of Human Services and Freeborn County Public Health each have a director overseeing the waiver programs, among other units within their agency. The Social Services Administrator in the Department of Human Services oversees a Social Services supervisor that is responsible for eight staff who work with the DD, CAC, CADI, and BI waiver programs. The Public Health Director oversees a total of 30 staff members, six of which work with the EW, AC, and CADI waiver programs. At the time of the review, there were three open positions (including one team lead) in Public Health that the lead agency was in the process of filling.

Caseloads in Freeborn County range from 30-70 depending on other duties assigned. For example, there are two case managers in Human Services that are also responsible for adult protection so they have smaller caseloads. When the Public Health lead worker is hired, this person will hold a small caseload of about 25-30 and have other responsibilities including leading weekly team meetings, reading and sharing bulletins and staying current with policy and programs.

The county also uses contracted case management, primarily for cases in the metro area for DD and CADI cases. The decision to use contracted case management is made on a case-by-case basis by Freeborn County. When contracted case management is used, a county case manager is still assigned to oversee the case. The case manager works with the contracted agency to complete the reassessment and to ensure services are being delivered in accordance with the person’s needs.

Intake, assessment, and case assignment

Freeborn County Department of Human Services has one lead worker who manages all intake for DD, CAC, and BI programs. If a referral for the CADI waiver program comes in through Human Services, it is typically directed to Public Health. CADI case management decisions are usually based on the medical and mental health needs of the person; people with high medical needs are generally assigned to Public Health, while people receiving Mental Health Targeted Case Management (or those already

receiving other services from Human Services) are assigned to Social Services. The intake worker completes most of the initial MnCHOICES assessments and then hands them off to a case manager for ongoing case management. Assignments for on-going case management are made by the Social Services supervisor based on program type and caseload size. In Public Health, case managers share the intake responsibilities; each nurse is assigned a day of the week. When a referral comes in, they take the information and pass it off to a support staff who then enters it into PhDOC. The Public Health director then makes an assignment to a case manager who will complete the initial assessment as well as provide ongoing case management.

All case managers in Freeborn County are certified MnCHOICES assessors and complete reassessments for their own caseloads. Typically, these reassessments are completed in MnCHOICES. Freeborn County plans to complete MnCHOICES assessments for everyone on their case load by the statewide goal of September 2017.

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. Freeborn County had 100% of assessments completed on time in DD while CCB and EW/AC had 42% and 85% respectively. This variation shows the lead agency is making strides towards refining a process that works for both departments and across all program types.

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, Freeborn County staff employ a number of different strategies. They rely on monthly team meetings to stay up-to-date on policy and program changes. These meetings include both Public Health and Human Services and provide an opportunity for updates and case consultations. Another important meeting that is crucial to staff keeping current is the Region 10 meetings, which occur quarterly. These meetings, which are made up of staff from a group of counties in southeastern Minnesota, allow staff to consult with other neighboring counties to get a different perspective and stay updated on programs and resources. Staff in the focus group acknowledged that these meetings can be very helpful, but are often difficult to attend due to time and travel constraints. The supervisors in Freeborn County also attend regional supervisor meetings, and bring back information to the case managers and assessors. The supervisors appreciate the information they learn at these meetings as they report that keeping current on information pertaining to the various changes in program requirements is difficult.

There is a staff in Freeborn County Human Services that has been identified as the MnCHOICES lead. This person is considered the expert of the MnCHOICES application and provides support to staff as well as troubleshoots policy and technology issues. Staff in the focus group reported this as instrumental in keeping current with MnCHOICES changes. Staff also reported that they use the Community-Based Service Manual as a reference tool for program updates and changes.

Provider survey respondents reported 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 Freeborn County staff highly on implementing the changes associated with MHCP enrollment (70% of providers rated this as a strength), person-centered planning (65%) and the Disability Waiver Rate System (DWRS) which 60% of providers identified as a strength.

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

Freeborn County Department of Human Services and Freeborn County Public Health operate as separate agencies but have frequent interaction in the oversight of the waiver programs. Staff report that this relationship has strengthened over the years but can be difficult to maintain as staff are located in two different buildings. In the case manager and assessor survey, 100% of respondents rated the relationship with Human Services as good. However, when asked about the relationship with Public Health, only 50% of respondents rated it has good. Staff further explained that they have experienced some difficulties including lengthy response times and unclear answers to questions posed when working with staff throughout Public Health. The Public Health Director and the Social Services Supervisor are working to strengthen this relationship by holding joint meetings with MnCHOICES assessors from both departments. They also have joint meetings every other month with the Public Health and Human Services CADI case managers and the adult and child mental health workers.

Freeborn County financial workers are housed in Human Services. Caseloads are divided into specializations in one of two groups: people with families or single adults. In the past, the lead agency tried case banking but decided it was not a good fit for them. In the case manager and assessor focus group, staff reported that this relationship is overall very strong, with 100% of case manager and assessor survey respondents rating the relationship as good to average. Staff reported that the financial workers are responsive and will expedite cases if need be. Staff did recognize that financial workers have high caseloads, which can sometimes make it difficult to process eligibility in a timely manner. Case managers and assessors reported that they typically communicate with financial workers via phone or email.

There are two waiver case managers from Human Services that serve as the lead agency's adult protection workers. Other case managers serve as back-up for adult protection if need be, and there is a cellphone that is rotated for night and weekend coverage. There is a meeting that takes place daily for all available staff on the Adult Services Team to consult about adult protection cases. Case managers know when there are vulnerable adult reports issued for people on their caseload and they refer cases to the Adult Protection workers when needed. Public Health contacts Social Services by phone or email if they become aware that one of their cases is also open as an adult protection case. Overall, staff rate the relationship with adult protection as good.

The mental health unit is located in the same area in Human Services as the waiver case managers, and they communicate face-to-face to consult about cases when needed. A person who is open to both Mental Health Targeted Case Management as well as a HCBS waiver will have two separate case managers: a CADI worker in Social Services manages the waiver portion and a mental health worker addresses the mental health needs of the person. As previously mentioned, for people on CADI waivers with mental health involvement, there are meetings held every other month that include the waiver case manager, Mental Health Targeted Case Manager, and other integral team members. These meetings serve as an opportunity for the team to consult and stay on top of any potential issues or crises. Staff at Freeborn County reported that overall this relationship is good, but acknowledge that communication could improve.

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

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	0%	50%	33%	17%
Nursing facilities	0%	83%	17%	0%
Hospitals	0%	67%	33%	0%
Primary care clinics	0%	50%	50%	0%
Mental health service providers	0%	50%	50%	0%
Crisis services	0%	67%	17%	17%
Foster care providers	0%	67%	33%	0%
Customized living facilities	0%	50%	33%	17%
Center-based day programs	0%	0%	83%	17%
Community-based employment providers	0%	33%	67%	0%
Home health agencies	17%	50%	33%	0%

Lead agency staff shared they have overall positive relationships with providers in Freeborn County. Case managers and assessors are knowledgeable about resources and supports in the communities they serve. They rely on these resources and develop relationships with providers to better access these supports for the people they work with. Staff rated their relationships with center-based day programs the highest, reporting that they are easy to work with and they respond to questions and concerns in a timely manner. Staff also agreed that they have a good relationship with community-based employment providers. However, because of the limited providers in the area, they often lack the programming or other work options that people would like.

Staff also reported some challenges, particularly regarding school districts. When working with schools, for example, staff must work diligently to ensure that transition-age youth are being informed about employment opportunities. Staff report that often times the schools do not do transition planning at all and the lead agency is not aware of the transition aged youth until after graduation. Staff also reported challenges with mental health service providers and crisis services, more specifically the lack of options for people needing these services. Often the only option for people experiencing a mental health crisis is hospitalization. Staff did report that there is a new mobile crisis unit from a neighboring city that is now serving their area, and are hopeful that it will increase access to crisis services for the people they work with.

The Lead Agency Review process includes surveying the providers about their relationship with lead agency staff. The results for Freeborn County showed that 88% of those surveyed agreed that case managers and assessors are responsive to a person’s changing needs. A majority of survey respondents believed that Freeborn County staff respond timely (80%) and that they were able to receive the assistance they needed (85%).

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 conduct regular visits with people and their providers to ensure people are receiving quality services. During these visits, case managers ask for feedback from the people on the services they are receiving. That feedback is then shared with providers, allowing providers to improve their services. Case managers will also discuss provider performance during staff meetings and contact providers directly if issues arise. In addition, the provider survey indicates that telephone and email communication were highly used in monitoring providers to ensure proper services were provided.

In Public Health, a survey is disseminated annually to people receiving waiver services. The case manager distributes the survey during face-to-face meetings and a self-addressed stamped envelope is provided for the person to submit the survey. Surveys are received by the Public Health Director and results are tabulated in a spreadsheet. Currently, the lead agency does not have a systematic way of sharing the results with providers or case managers but are hoping to do this in the future.

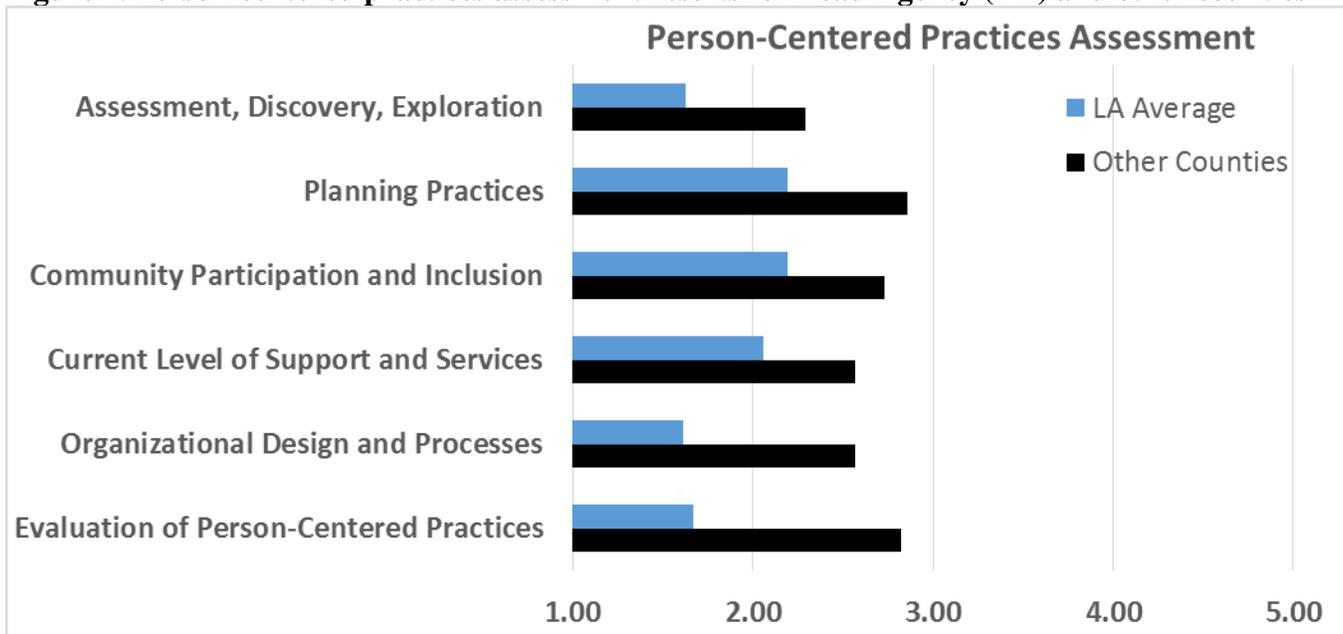
Person-centered practices and supports

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	Freeborn County	Other Counties
Assessment, Discovery, Exploration	1.63	2.29
Planning Practices	2.19	2.86
Community Participation and Inclusion	2.19	2.73
Current Level of Support and Services	2.06	2.57
Organizational Design and Processes	1.61	2.57
Evaluation of Person Centered Practices	1.67	2.82

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 33% of staff have received some instruction on person-centered practices. Freeborn County supervisors report that 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. Despite limited training on this topic, case managers reported that they have long been practicing these principles in their work. Case managers explained that they do this by asking people what their specific needs and wants are rather than directing the questions to providers or guardians. They further explained that they focus on supports or opportunities to promote personal independence and give people as many choices as possible. Supervisors reported that they encourage staff to employ these principles during case consultation and at team meetings. At the time of the review, they had not developed any strategies to monitor how staff apply these concepts in the field.

When asked to identify the top three areas of improvement for the lead agency on person-centered practices, 35% of provider survey respondents selected “staff have knowledge/resources for person-centered planning”. This indicates that providers feel case managers and assessors could benefit from more training around this topic. Provider survey respondents identified the lead agency’s top strength in this area as incorporating what is important for the person into the support plan (55%), however, only 30% identified that lead agency staff incorporate what is important to the person. Respondents also indicated that the lead agency helps people overcome barriers in the system (35%).

Evidence of person-centered practices in case files is reviewed during the Lead Agency Review site visit. Case file results indicated that the person’s preferred work was documented in just 30% of cases and information about the person’s preferred living setting was documented 37% of the time. Also, just 4% of support plans included information on dreams and aspirations of the person. 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 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 serves Jensen Settlement Agreement members. Case file review for these individuals includes the evaluation of a separate person-centered plan, in addition to the HCBS support plan, using 16 person-centered planning criteria. The Settlement Agreement members reviewed had separate person-centered plans that contained some of the required elements such as social or leisure activities, rituals and routines, preferred living setting, and information about with whom person wants to socialize. However, there were some items missing from the person-centered plans, including a global statement of dreams and the process for monitoring the plan. Overall, the information in the separate person-centered plan was also incorporated into the person’s HCBS waiver support plan, resulting in strong continuity.

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 requiring 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 Freeborn County, the overall number of providers available is very limited. Both lead agency staff and providers responding to the provider survey identified transportation as the most significant gap. They noted that the lack of transportation prevents people from maintaining competitive community-based employment and participating in community or leisure activities. Staff also identified in-home supports as a gap, reporting that many providers struggle to find qualified staff. Supervisors in Freeborn County recognized the need for service development and acknowledged that regional collaboration will be important in developing services to continue to meet the needs of the people in their community.

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
Freeborn County	74%	11.7%	5.2%	9.1%
Cohort	61.6%	19.1%	13.2%	6.1%
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
Freeborn County	20.2%	41.4%	21.2%	17.2%
Cohort	23%	47.2%	21.9%	7.9%
Statewide	34.3%	41.7%	15.8%	8.2%

Staff stated that the lack of employment providers in the county severely limits the person’s ability to choose a work program that fits their individual needs best. There is one main provider in the county that offers primarily centered-based Day Training and Habilitation or Pre-vocational Services. In the DD

program, Supported Employment Services were authorized for just 2.4% of people and in the CADI program just 1.2%. Freeborn County leadership and case managers, along with providers responding to the provider survey, agreed that limited public transportation inhibits people’s ability to access employment that is not center-based.

Freeborn County’s portion of the Minnesota Olmstead Plan’s benchmark to increase employment and earnings for people with disabilities is approximately four people per state fiscal year. Freeborn County has identified several next steps in their process of increasing employment and earnings for people on their programs. They have committed to reviewing their county earned income database, and using the dashboards to identify areas of strengths and possibilities. Supervisors at the lead agency also want to work within their county and with other counties to develop a Request for Proposal (RFP) to increase capacity for supported employment, more individualized employment options, and services that support greater community inclusiveness. Lastly, they would like to identify some steps to take in county to better support individuals with Severe and Persistent Mental Illness (SPMI) so they are not dependent on out of county services.

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	Freeborn County	Cohort
CCB	67.5%	59.0%
DD	30.6%	38.5%
EW/AC	67.0%	64.5%

As noted in Table 9, Freeborn County serves a similar percentage of people at home compared to its cohort across all waiver programs. The lead agency ranks 25 out of 87 counties in the number of persons served at home in the CCB programs. However, the percentage of people served at home has decreased by 5% since 2010. Supervisors at Freeborn County relate this decline to the increase in the number of people they serve with high mental health needs. They reported a lack of specialized mental health housing providers in their county, which often forces people to move out of the county in order to access these services. Although case managers reported a majority of the people they serve have the type of living setting they prefer, they are finding it increasingly more difficult to find placements for people with high needs and those with mental health needs.

In the elderly programs, the lead agency ranks 52 out of 87 in the number of people served at home. Although the number of people over age 65 living in a nursing facility has decreased 8.4% from 2010 to 2014, the lead agency is still a higher user of nursing facilities compared to its cohort. For people under age 65, Freeborn County utilizes nursing facility 30.3% more often compared to its cohort. Lead agency supervisors anticipate that this number will reduce in time due to the reduction of nursing facility beds and the increase in assisted living providers in their community.

Freeborn County ranks 65 out of 87 counties in number of persons served at home for DD. The lead agency supervisors reported there is an ICF/DD in their community that will be closing in the near future. They are actively working with the provider to develop more community-based settings for the people that currently live there. Although this will not have a direct effect on their number of people served at home percentages, it will allow people to live in less restrictive settings which provides more choice and decisions in how they live their life.

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 Freeborn County. However, the lead agency reported that in the past they have utilized 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 materials 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 10: Combined year-end budget balance and percent of program need met for CCB (2015)

	Year-end budget balance	Percent of program need met
Freeborn County	6%	100%
Statewide	8%	98.8%

For the CAC, CADI and BI programs, Freeborn County had a 6% balance at the end of fiscal year 2015, which is a smaller balance than the statewide average (8%). In 2014, the lead agency had a balance of 1%. At the time of the review, there was no waitlist for the CCB programs. The Social Services supervisor reported that the CCB budget has been tight in recent years and they have had to monitor allocation decisions closely. The lead agency is working with DHS staff to obtain additional funding to allow them to provide adequate services for people with higher needs.

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
Freeborn County	16%	100%

	Year-end budget balance	Percent of program need met
Statewide	7%	87%

At the end of calendar year 2015, the DD waiver budget had a balance of 16%. Freeborn County’s DD waiver balance has historically been closer to the statewide average (8%) but increased substantially in 2015. At the time of the review, there was no waitlist for the DD program. The lead agency has been able to manage large year-end budget balances without creating waitlists, demonstrating that its allocation is able to meet the needs of this community.

For the DD program, the lead worker is responsible for management of the allocations. She has access to the Waiver Management System (WMS) and communicates to the Social Services supervisor what the balance is on a regular basis. For the CCB programs, the supervisors are responsible for oversight of the WMS. At the time of the review, there was not a formal process in place for Human Services case managers to request additional funding for either program. Case managers are able to approve additional services as long as it is for a typical waiver service. In Public Health, staff requesting to increase a CADI waiver budget must complete a form and submit to the Social Services supervisor in order to get a budget increase approved. Staff in both departments are responsible for their own Rate Management System (RMS) and Social Service Information System (SSIS) data entry. This protocol has proved to be successful in MMIS authorization lines matching the RMS record with an RMS compliance rate of 100% for the DD program.

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"> E-Docs Community-Based Services Manual Webinars Bulletins 	<ul style="list-style-type: none"> DB101.org HB101.org Policy Quest MinnesotaHCBS.info

Both the staff in the focus group and the supervisors stated they find eDocs and the Community-Based Services Manual to be the most useful DHS tools. Focus group participants reported that the challenge with eDocs is it can be difficult to find the correct form if the exact form number is not known. The use of webinars and videoconferences was also discussed with lead agency staff. Many staff appreciated being able to learn about new program requirements on their own time by referencing past DHS webinars. Supervisors reported that bulletins are helpful in keeping up-to-date on program changes and requirements. Human Services staff in the focus group reported that they often do not have time to read all of the bulletins, and rely on the supervisor to relay this information at team meetings. 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 Freeborn 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 people of working age and document that people are informed of their right to appeal annually.	At the time of the review, 100% of the cases had documentation showing that information on competitive employment opportunities was provided. All of the case files reviewed also showed that people were informed of their right to appeal annually.
Expand community employment opportunities for individuals with disabilities, particularly for people in the CADI program.	The lead agency has not implemented this recommendation.
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 is working with a local ICF/DD that is closing to repurpose the beds and place the individuals in the community in less restrictive settings.
Consider expanding the scope of existing visit sheets to document provider performance and participant satisfaction.	Freeborn County hands out surveys to individuals at the reassessment to review satisfaction.
Consider formalizing the relationship between Social Services and Public Health	Freeborn County has joint meetings between public health and social services staff to do case consultation and share expertise.
Develop learning systems that cross units in the agency to allow case managers to stay informed on HCBS programs and to address staff turnover and transitions.	The lead agency has consistent team meetings with staff to share information about program changes and discuss bulletins.

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 two of the three areas. This demonstrates that Freeborn promptly remediates issues to improve its compliance HCBS program requirements.

Strengths

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

The case files reviewed in Freeborn County continued to meet several HCBS program requirements. As indicated in Appendix A, required documentation was found in the case files. For example, 100% of cases contained the OBRA Level One form, CAC form, BI form and the ICF/DD level of care. All LTC assessments and DD screening documents were current. Most support plans were current and included required content, such as a person's outcomes and goals were stated along with documenting a person's needs and health and safety concerns.

Freeborn County's staff collaborate across departments and units to serve people receiving waived services. Case managers shared that the relationship between social workers and public health nurses is strong. Even though public health and social services staff work in different buildings, they rely on each other's expertise and knowledge when serving the people on their caseloads. They have joint CADI and MnCHOICES meetings to share information and do case consultation. Case managers also have good communication with financial workers as well as the mental health case managers. Staff also participate in monthly meeting with adult and child protection staff. These strong working relationships and practices heighten the level of quality of the services delivered.

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 Freeborn County and people receiving services.

Add critical content to each individuals support plan to make it more person-centered. The support plan is the one document that all people receive, and it should include personalized and detailed information about their plan of care. In accordance with Person-Centered Thinking principles, people should be asked about their aspirations, where they want to live, what kind of work they want to do, and how they want to spend their free time. Only 4% of case files reviewed contained information about a person's dreams and aspirations. Thirty percent of case files contained information about a person's preferred type of work and 37% contained information about a person's preferred living situation. All of this should be clearly articulated in the support plan and used to establish meaningful and customized goals. The support plan should also state how those goals will be monitored and by whom to ensure providers are helping each person realize those goals and dreams. It is important for Freeborn County to set expectations for the quality and content of support plans to create consistency across the lead agency. The lead agency should continue to seek out person-centered training for all their staff and work towards becoming a person-centered agency.

Provide additional supports for case managers. This recommendation was given to Freeborn 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 more complicated. Freeborn County has seen growth in the number and complexity of cases, and case managers are in need of additional supports. Other lead agencies have deployed several different strategies to provide additional supports. These include: developing case file checklists to assist new case managers, assign one case manager to manage all the cases that are being managed by a contracted case management agency, designating a lead worker with a small case load who coordinates training and acts as a subject matter expert to staff; or designate a support staff to do data entry in addition to organizing and updating documents in the shared drive to ensure forms are current and fillable to promote consistency.

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. Freeborn County's benchmark will be moving four people per year to community-based employment. Only 14% of people on the CCB program earn more than \$250, which is lower than their cohort (19%). While 38% of people on the DD program earn more than \$250 a month. It is recommended that Freeborn 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. If the current providers are unable to meet the need for employment services, Freeborn County could formalize the request for these opportunities by creating a request for proposals (RFP) for community-based employment services that they are looking to develop in the area.

Work with waiver providers and neighboring counties to develop service options for people wanting alternatives to foster care and those experiencing crises. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. Freeborn County serves a higher percentage of people on the DD waiver in restrictive residential settings when compared to its cohort (69% vs. 61%). The lead agency is ranked 65th in the number of people served at home in the DD program and only 24% of the people served at home were high need. Freeborn County is ranked 52 of 87 counties in the elderly programs with only 67% of people living at home. It is recommended that Freeborn County be deliberate in the development of service models aimed at meeting people's needs across programs, 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.

Freeborn County has reserves in the DD budget and is able to provide additional services to people on the waiver program. Based on recent reports Freeborn County's DD waiver budget balance should be at 5%, however in CY 2015 the budget balance was at 16% (\$1,468,792). Therefore, there is room to add more people especially children to the program and to enhance the quality of people's lives through increases in services such as supportive employment. Typically a 5% allocation reserve is more than adequate to manage risk for counties of this size. Managing the budgets in these waiver programs can be complicated, so Freeborn County could also add accounting staff to the allocation team to help manage the budget.

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

Complete LTSS MnCHOICES assessments within 20 days of referral. MN Statute 256B.0911 requires that assessments be conducted within 20 days of the request. Overall, for individuals who newly opened to the CCB waiver program in calendar year 2015, 58% were not assessed within this

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

time frame. This includes 7 of 12 CCB cases. Completing assessments and eligibility determination within 20 days helps ensure prompt access to those needing services.

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, 25% of cases reviewed in the DD program did not contain this information. Three of 12 DD cases, one of 10 CADI cases and 50% of BI cases did not have a current and complete back-up plan. 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 provided 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. Over all 50% of the DD cases reviewed were missing the required information. Six of 12 DD cases, 1 of 10 CADI cases and 50% of BI cases, had support plans that did not contain all of this 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. Freeborn 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. At the time of the report, the lead agency was working with the Lead Agency Review Team to finalize remediation materials.

- **Case File Compliance Worksheet:** 9 of 57 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** 100% 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	Total	AC	EW	CAC	CADI	BI	DD
Cases in each program are compliant with case management visit requirements .	100%	100%	100%	100%	100%	100%	100%
The support plan is current.	98%	100%	100%	100%	90%	100%	100%
The person signed the current Support Plan .	98%	100%	100%	100%	90%	100%	100%
Person acknowledges choice in services, providers, etc.	100%	100%	100%	100%	100%	100%	100%
A person's outcomes and goals are documented in the support plan.	98%	100%	100%	100%	90%	100%	100%
A person's needs are documented in the support plan.	98%	100%	100%	100%	90%	100%	100%
A person's health and safety concerns are documented in their support plan.	96%	90%	100%	100%	90%	100%	100%
The services a person is receiving are documented in the support plan.	98%	100%	100%	100%	90%	100%	100%
Service details are included in the support plan (frequency, type, cost, & name).	86%	100%	100%	100%	90%	50%	*50%
Information on competitive employment opportunities has been provided annually.	100%	N/A	N/A	100%	100%	100%	100%
An emergency back-up plan has been completed within the last year.	91%	100%	100%	100%	90%	50%	*75%
Assessment is current .	100%	100%	100%	100%	100%	100%	100%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) is completed at the time of assessment.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timelines between assessment and support plan have been met.	98%	100%	100%	100%	90%	100%	N/A

Required Items	Total	AC	EW	CAC	CADI	BI	DD
OBRA Level One Screening form is completed.	100%	100%	100%	100%	100%	100%	N/A
A current AC Program Client Disclosure Form is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	100%	100%	100%	100%	100%	100%	100%
Documentation that a person received Right to Appeal information in the last year.	100%	100%	100%	100%	100%	100%	100%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	100%	100%	100%	100%	100%	100%	100%
Application for Title XIX HCBS Waiver Services is completed annually	85%	N/A	N/A	50%	90%	50%	92%
BI Waiver Assessment and Eligibility Determination form) is completed annually.	100%	N/A	N/A	N/A	N/A	100%	N/A
CAC Application or Request for Physician Certification of Level of Care is completed annually.	100%	N/A	N/A	100%	N/A	N/A	N/A
DD screening document is signed/dated by all required parties.	100%	N/A	N/A	N/A	N/A	N/A	100%
ICF/DD Level of Care is completed within the last year.	100%	N/A	N/A	N/A	N/A	N/A	100%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	0%	N/A	N/A	N/A	N/A	N/A	0%
Documents are signed correctly when a person has a public guardian .	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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	Total	AC	EW	CAC	CADI	BI	DD
A person’s dreams are discussed in support plan.	4%	0%	0%	0%	0%	50%	8%
A person’s behavioral/mental health issues are described in the support plan.	74%	30%	91%	100%	60%	100%	83%
A person’s medical health issues are described in the support plan.	90%	70%	100%	100%	70%	100%	100%
Support plan includes natural supports .	67%	60%	62%	100%	60%	50%	83%
Support plan has sufficient details about what is important to the person.	60%	30%	48%	100%	70%	50%	92%
The person’s satisfaction with services and supports is documented.	42%	50%	52%	50%	30%	0%	33%
Case manager documents a person’s issues or life events to better understand the situation.	90%	100%	95%	100%	70%	50%	92%
Support plan clearly reflects values and beliefs of person centered planning.	40%	10%	24%	100%	60%	50%	67%
Support plan identifies and has a plan to reduce personal risks .	77%	40%	91%	100%	60%	100%	92%
The person is referred to by their name in the support plan.	67%	10%	57%	100%	90%	100%	100%
Support plan is written in plain language .	65%	60%	57%	100%	70%	50%	75%
The type of preferred work activities are identified in the support plan.	30%	N/A	N/A	100%	29%	50%	17%
The type of preferred living setting is identified in the support plan.	37%	50%	38%	0%	60%	0%	17%

Items Reviewed	Total	AC	EW	CAC	CADI	BI	DD
Support plan identifies who is responsible for monitoring implementation of the plan.	40%	0%	67%	50%	0%	50%	58%
Support plan includes a person's strengths in the support plan.	70%	40%	76%	100%	70%	50%	83%