



Home and Community-Based Services

Lead Agency Review

Follow-Up Site Visit Report: **Norman County**

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Follow-Up Site Visit: October 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.

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.

Follow-up review process

DHS conducts a follow up review approximately one year after the regularly scheduled review when a lead agency is found to have a significant number of corrective actions or areas in which it was unable to meet state and federal requirements. The specific criteria are: the lead agency has ten or more corrective actions stemming from its Round III review; or, the lead agency has five or more corrective actions in Round III that were also corrective actions during its Round II review.

The lead agency is given one year to implement changes and adjustments in areas such as staffing, training, operating procedures, and documentation. Some of these changes can be done quickly, but others often need to be phased in as individuals accessing HCBS waiver programs have annual reassessments and updated support plans are drafted.

A follow-up visit was conducted in October 2016 to review Norman County’s HCBS programs because of the non-compliant results identified during the review in September 2015. Norman County also participated in HCBS lead agency reviews in September 2006 and September 2012.

During the follow-up review, only the compliance items and waiver programs that are identified as meeting the criteria above are examined by DHS. This review is limited in scope and focuses on technical compliance improvements made by lead agency over the past year.

Table 1. Programs and cases reviewed for Norman County’s follow-up visit (2016)

Program	Number of cases reviewed
CADI	10
EW	20

About the lead agency

Persons served

At the time of the follow-up review, Norman County served 93 people through the HCBS waiver programs. Table 2 shows the number of people enrolled in HCBS waivers by program.

Table 2. Number of people enrolled in HCBS by program

Program	August 2016
CCB	27
DD	30
EW/AC	36

Department management

The Norman County Department of Social Services is the lead agency for all HCBS programs and provides case management for these programs. They also provide contracted care coordination for Managed Care Organizations (MCOs) Ucare, and Medica. Their main social services offices are located in Ada, MN. Staff from Norman-Mahnomen Public Health also work on the AC, EW, CAC, CADI, and BI waiver programs.

Follow-up review 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.

Case file results for previous corrective action items

During Norman County’s initial Round III review in September 2015, DHS issued several corrective actions, requiring lead agency improvements. During the follow-up visit, case files were reviewed to evaluate the lead agency’s progress toward achieving compliance in areas where they were found to be inconsistent in meeting state and federal requirements. The lead agency review team found that Norman County has implemented practices to become complaint in 100% of the areas identified as corrective actions. This demonstrates that the lead agency promptly remediates issues to improve its compliance HCBS program requirements. Table 3 gives an update on the lead agency’s case file results from the 2016 follow up review.

Table 3. Lead agency case file results

Past corrective action	Past result	Current result
Complete LTSS MnCHOICES assessments within 20 days of referral	Non-Compliant	Compliant
Complete support plans for people receiving HCBS waived services within required timelines	Non-Compliant	Compliant
Ensure that each person receiving HCBS waiver services has a current support plan that is signed, and dated by the person and their case manager	Non-Compliant	Compliant
Ensure that each person’s support plan includes the required documentation of 1) services to be provided, 2) needs, 3) service details, 4) health and safety issues, and 5) outcomes and goals.	Non-Compliant	Compliant
Include a back-up plan in the support plan of all people receiving HCBS waiver services	Non-Compliant	Compliant
Document that each person has been informed of their appeal rights on an annual basis	Non-Compliant	Compliant
Document that each person has been informed of the county’s privacy practices in accordance with HIPAA on an annual basis	Non-Compliant	Compliant
Ensure that each working-age person’s case file includes documentation that vocational skills and abilities have been assessed	Non-Compliant	Compliant

Lead agency improvements

Over the past year, Norman County has worked to improve its practices, resulting in improved technical compliance. Norman County's efforts have improved the quality of services it is able to provide to people accessing HCBS programs. Norman County used several strategies to correct and improve areas of concern noted during the previous lead agency review.

One of these efforts involves regular case file audits in which case managers submit two files per month to the director to review. Discrepancies or errors are then pointed out to the case manager who is in charge of fixing any mistakes and getting the required paperwork completed. Case files are now reviewed consistently with case managers and chart audits will eventually include fiscal staff monitoring files for matching assessment and support plan content and timelines. The lead agency has created case aide positions to assist case managers and provide needed support. They will also play a role in the case file audit process in the future.

Another significant change included a reorganizing of their intake system. Intake is now a centralized process with one person responsible for this task with others providing back up staffing as needed. Checklists have been created for the intake person to use across all programs and case aides have been trained to enter initial information in MnCHOICES prior to the initial assessor meeting with the person. They are also trained on how to use the Customized Living workbook which allows the case managers to spend more time with the person served versus completing data entry into various systems.

Norman County has faced various struggles while working to incorporate these changes including re-arranging caseloads, re-structuring of the unit staff, losing their MCO contract with Blue Plus and re-training staff regarding program requirements and procedures. The director notes that although the re-arranging of caseloads was initially difficult for staff, caseloads are now becoming more even. Future plans will also mean more changes, especially with the hiring of a new supervisor. Additionally, moving forward, those open to both targeted mental health case management and waiver case management will only have one worker versus two, and contracted cases will be brought back into the county for ongoing case management services.

Specific efforts are being focused on increasing employment for those served as well. Staff are participating in employment training and learning on how to use tools to better assess people regarding their desires and ability to be employed in the community. The director is looking to use similar processes and systems used in neighboring counties regarding this topic and continue to be involved in regional meetings that are focusing on employment. Norman County is seeking more collaboration with the local DAC and looking at other county's resources and strategies. For example, the director is looking to use methods such as using non-enrolled vendors for other needed services and supports for the mental health population. Norman County is hoping to continue to build on the strong relationships they have with current providers, develop new services and supports and increase transportation resources.

Ultimately, the director reports that with these current and planned changes, she is more confident that the people on the programs are being better served in Norman County. Staff have done well in adjusting with the changes and overall there is better communication between staff about things learned while attending training. The director notes that staff are now in a better place to keep on top of program changes. All waiver case managers are MnCHOICES assessors and participate in mentor meetings. The director noted, all staff have completed person-centered trainings and want to do a good job in their daily work thus demonstrating their commitment to providing quality services and supports for those in their community.

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. Following case file review, there are no areas in which Norman County will be required to take corrective action.

Required remediation

Findings indicate that some case files do not contain all required documentation. Norman County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), given to the lead agency, provide detailed information. Of case files reviewed, 16.7% required some remediation. 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. This is due to DHS on December 12th, 2016.

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

Appendix A – Case file results dashboard

Scales for case file results dashboard:

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

Table A1. Results of the case file review

Required Items	Total	EW	CADI
The support plan is current.	90%	85%	100%
The person signed the current Support Plan.	90%	85%	100%
Person acknowledges choice in services, providers, etc.	100%	N/A	100%
A person’s outcomes and goals are documented in the support plan.	100%	N/A	100%
A person’s needs are documented in the support plan.	100%	N/A	100%
A person’s health and safety concerns are documented in their support plan.	100%	N/A	100%
The services a person is receiving are documented in the support plan.	100%	N/A	100%
Service details are included in the support plan (frequency, type, cost, & name).	100%	N/A	100%
Information on competitive employment opportunities has been provided annually.	100%	N/A	100%
An emergency back-up plan has been completed within the last year.	100%	N/A	100%
Assessment is current	100%	100%	100%
Timelines between assessment and support plan have been met.	90%	85%	100%
Documentation that a person received Right to Appeal information in the last year.	100%	100%	100%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	100%	100%	100%

