

**Goodhue  
County**  
MINNESOTA

# Home and Community Based Services Update

August 20, 2024

# Home & Community Based Services (Waiver services)

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A waiver is a **pay source** for additional items or services that are not typically covered by Medical Assistance

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The goal is to support people to live in the least restrictive, most home-like option available to them.

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HCBS keeps health care costs lower by reducing or avoiding costly nursing home and hospital stays.

# Who receives HCBS/waiver services?

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- People with physical, emotional, or cognitive disabilities who need additional support to live safely in the community.
- We serve almost 1500 clients in Goodhue County



# DHS Audit of HCBS 2019-2024

## Many strengths noted

- Impressed with our checklists, organization and efficiency
- Feel staff retention is good in this unit; noted positive work culture, staff feel supported
- Noted we have lots of collective knowledge
- Appreciated organizational structure with separation of roles
- Liked policy for cultural training allowing 2 hours of work time per year

## One corrective action item

- Timeliness of sending out support plans
  - Most related to individuals new to programs and waiting on medical assistance or SMRT approval to access services

# Interdependence with MA programs impacts service delivery

## SMRT-State Medical Review Team

Determination of **disability** for individuals not certified disabled through social security—then they qualify for under age 65 waivers  
SMRT by DHS and referrals come from our income maintenance unit  
Currently taking 4-6 months for determinations due to backlogs

## Medical Assistance Long-term Care

A specific type of MA for those wanting to access long-term care programs (waiver, nursing home, etc.)  
Eligibility must be determined by our income maintenance unit  
Highly complex and detailed determinations, backlogs result in repeated assessments by HCBS staff

# Data regarding program utilization

# Case Management billing

Our HCBS case management billing is below state average

Currently staff are highly efficient, billing 30-35 hours per week

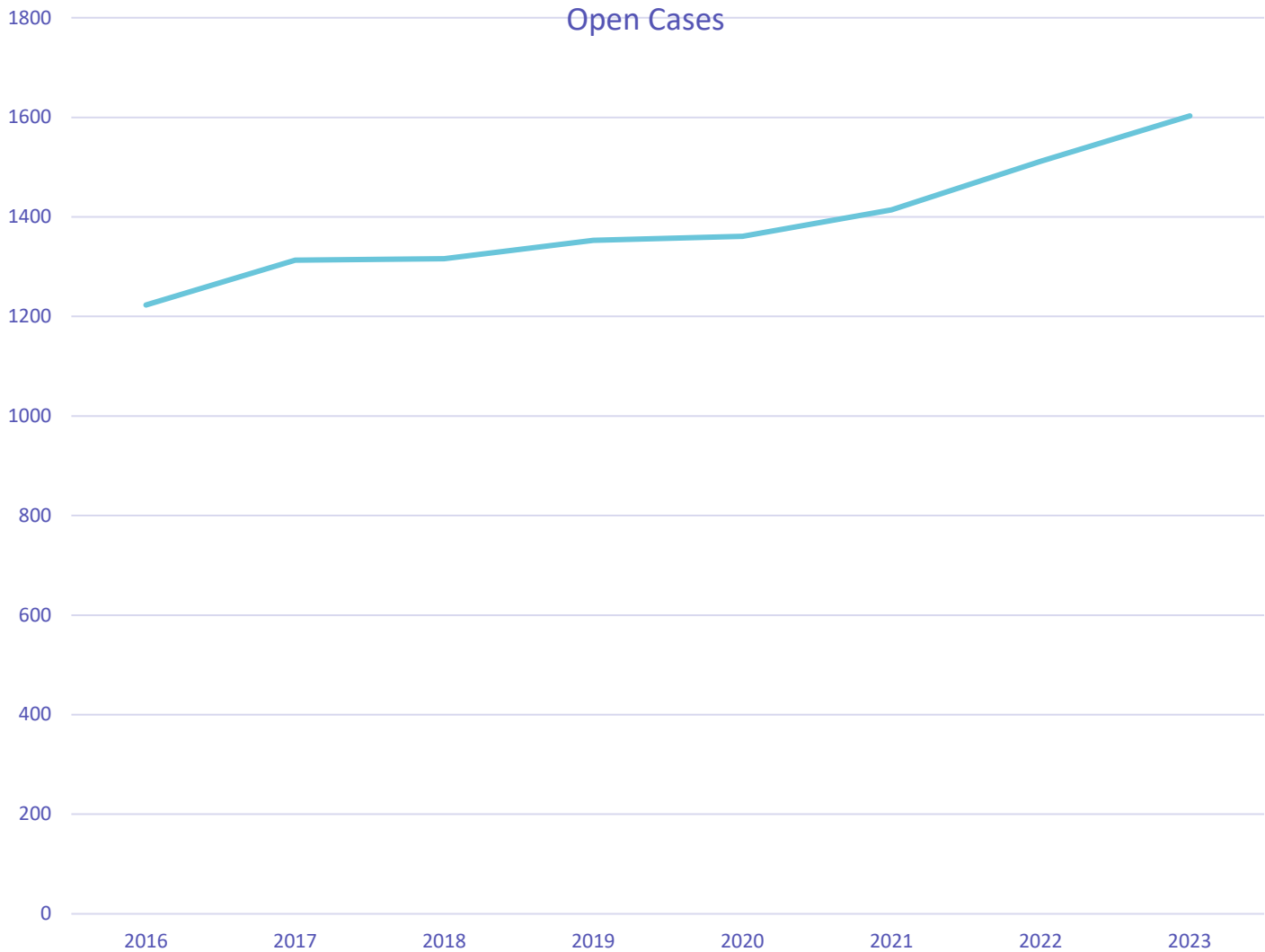
Most staff see their clients twice per year; best practice is 3-4 times per year

Our average agency billing/client is **56-65** units per year

State average is **100** units per year



This is the disadvantage of larger caseloads. Even with the redesign, we still have room to add staff and increase client contacts, which also increases billing.



## Continued increase in referrals for HCBS

The caseload sizes on our Home and Community Based Services Team including waivers and health plans, have been steadily increasing over the past 8 years. Adding case managers has helped, but referrals are still outpacing our staffing.

- 2016 1223 cases
- 2017 1313 cases
- 2018 1316 cases
- 2019 1353 cases
- 2020 1361 cases
- 2021 1414 cases
- 2022 1512 cases
- 2023 1603 cases



**Community**

HCBS(1) help people continue to be a part of their communities and enhance their quality of life.

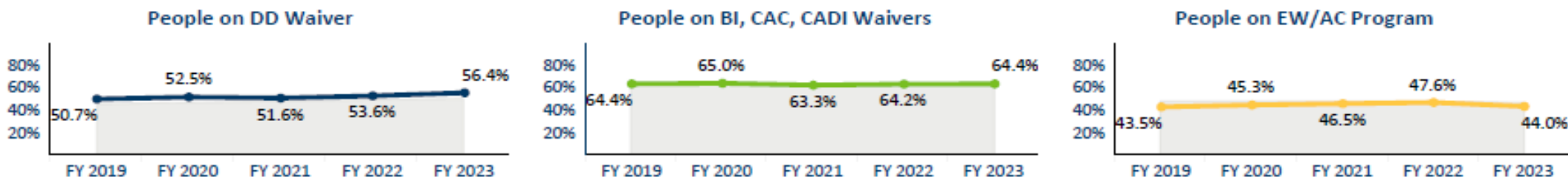
Select Lead Agency: **Goodhue**

Select Cohort: **Cohort 3**

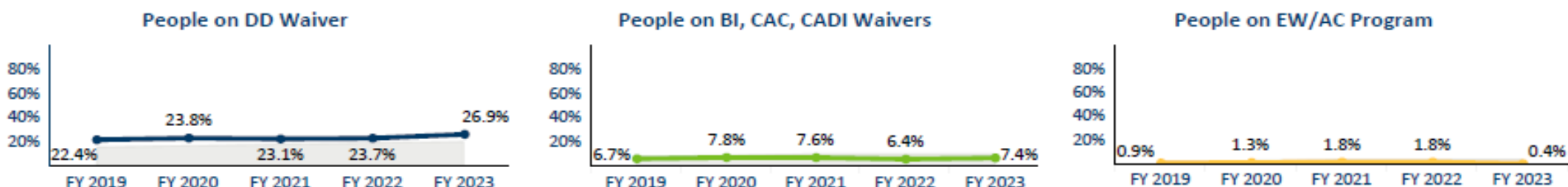
**Goodhue in Comparison to Cohort 3 and Statewide (FY 2023)**

Community Measures	People on DD Waiver			People on BI, CAC, CADI Waivers			People on EW/AC Program		
	Lead Agency	Cohort	Statewide	Lead Agency	Cohort	Statewide	Lead Agency	Cohort	Statewide
Percent served at home	56.4%	50.4%	61.3%	64.4%	64.5%	69.1%	44.0%	46.6%	62.9%
Percent served on CDCS	26.9%	20.1%	29.9%	7.4%	10.7%	10.9%	0.4%	3.6%	3.5%
Percent served in residential setting	43.6%	49.6%	38.7%	35.6%	35.5%	30.9%	56.0%	53.4%	37.1%

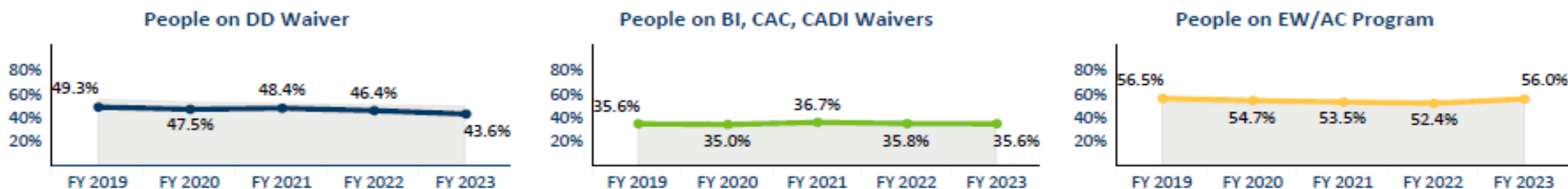
**Percent of people served at home:** A higher percentage of people served in their home versus a residential setting reflects the availability of flexible services that offer a person more choice and independence in everyday decisions. Shaded areas represent cohort comparisons.




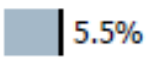

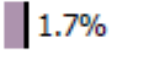








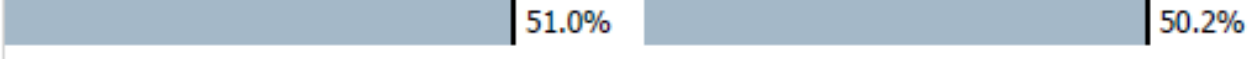

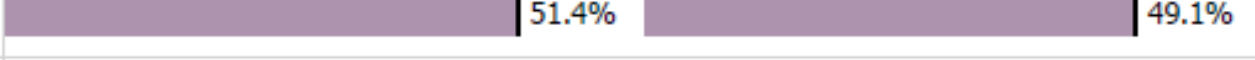






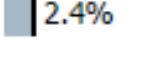

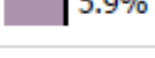
**Percent of people served on CDCS(2):** A higher percentage of people served through CDCS may indicate increased access to self-directed services. Shaded areas represent cohort comparisons.



**Percent of people served in residential settings(3):** A lower percentage of people served in residential settings may indicate the availability of more flexible service options.



## Age Breakdown Over Time

		% Ppl Jan. 2019*	% Ppl Jan. 2023**	# Ppl Jan. 2019*	# Ppl Jan. 2023**	% Change in # Ppl
Under 5 yrs	Overall	 5.6%	 5.5%	2,601	2,636	1.3%
	HCBS	 1.6%	 1.7%	11	14	27.3%
5-14 yrs	Overall	 12.7%	 12.3%	5,880	5,891	0.2%
	HCBS	 6.3%	 9.3%	44	76	72.7%
15-24 yrs	Overall	 11.1%	 11.2%	5,128	5,397	5.2%
	HCBS	 8.9%	 8.5%	62	69	11.3%
25-64 yrs	Overall	 51.0%	 50.2%	23,621	24,116	2.1%
	HCBS	 51.4%	 49.1%	358	399	11.5%
65-84 yrs	Overall	 16.7%	 18.4%	7,748	8,812	13.7%
	HCBS	 21.6%	 25.5%	150	207	38.0%
85+ yrs	Overall	 3.0%	 2.4%	1,370	1,161	-15.3%
	HCBS	 10.2%	 5.9%	71	48	-32.4%

By 2035, **24.0%** of the overall Goodhue population will be **65 years or older**, compared to **20.2%** in 2020.



# Who is Using LTSS Programs Over Time?

Jan. 2019 & Jan. 2023 data show how many people of a specific demographic profile were enrolled monthly in each LTSS program in 2019 vs. 2023. Use the filters on the left panel to select a demographic profile.



## 1. Select a county or Tribal Nation:

Goodhue

## 2. Select at least one fiscal year:

- Jan. 2019
- Jan. 2020
- Jan. 2021
- Jan. 2022
- Jan. 2023

## 3. Select at least one race/ethnicity:

- African American/Black
- American Indian & Alaska Native
- Asian or Pacific Islander
- Hispanic^
- White
- Multiracial
- Unknown

## 4. Select at least one age group:

- Under 5 yrs
- 5-14 yrs
- 15-24 yrs
- 25-64 yrs
- 65-84 yrs
- 85+ yrs
- 111

^ **Hispanic:** People of any race who identify as Hispanic (are excluded from other race categories);

**Note:** Empty cells mean no data available

## LTSS Programs

See breakdown of numbers by race and age

LTSS	Jan. 2019	857
	Jan. 2023	914
HCBS	Jan. 2019	696
	Jan. 2023	813
Institution	Jan. 2019	161
	Jan. 2023	101

## HCBS Programs

See breakdown of numbers by race and age

CAC, CADI, & BI	Jan. 2019	214
	Jan. 2023	298
DD	Jan. 2019	205
	Jan. 2023	214
EW & AC	Jan. 2019	176
	Jan. 2023	187
State Plan Home Care	Jan. 2019	213
	Jan. 2023	196

# Redesign update

# Redesign Update



**Before Redesign: 19.5 total staff**

1 supervisor

1 lead

2.5 case aides

15 case managers/care coordinators



**Current: 22.5 total staff**

2 supervisors

1 lead

2.5 case aides

3 initial assessors

3 health plan care coordinators

11 waiver case managers

(Due to add .5 case aide; 1 case manager)

# Efficiencies



Reduced caseloads for case managers, more time for client contact



Specialized staff-can focus on their job duties

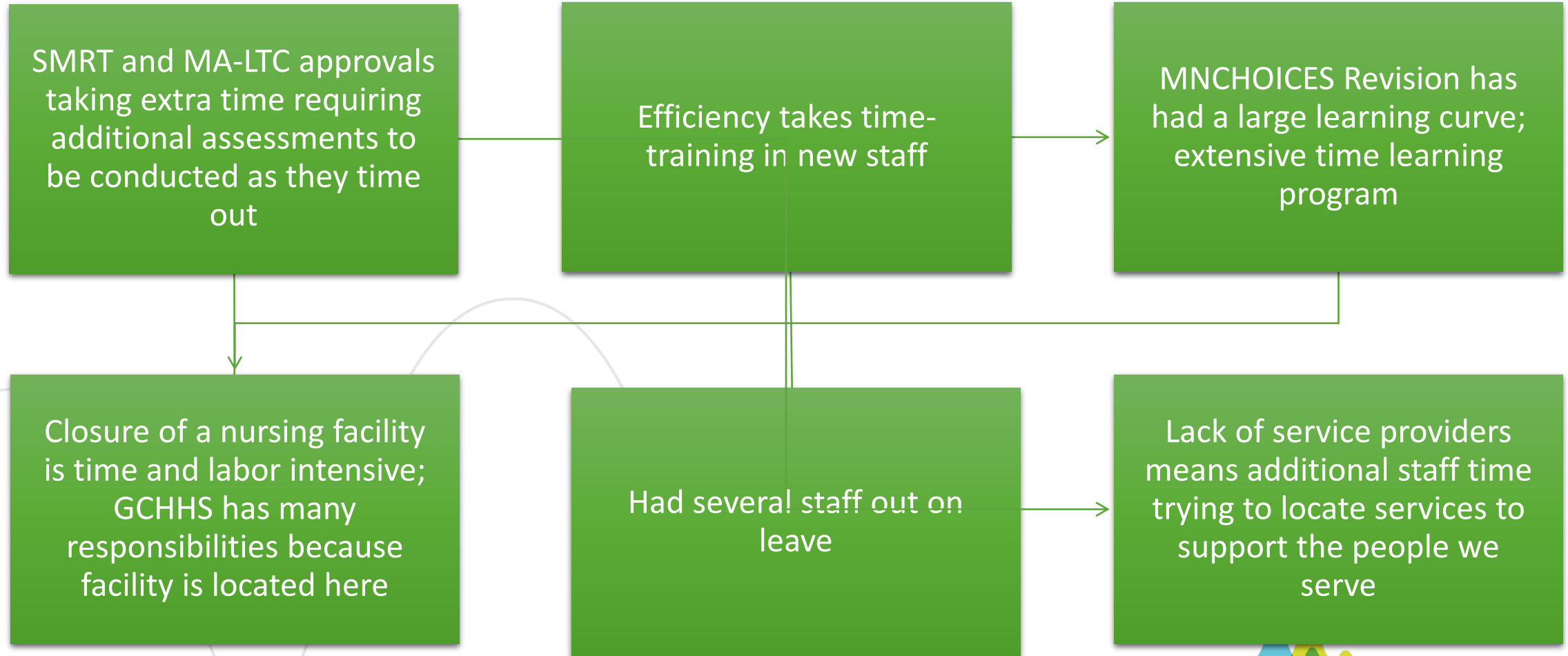


Simplified complicated billing by separating roles; increases efficiency, more time for client contact



Initial assessments completed timelier-- getting people quicker access to services

# Challenging areas



# Opportunities with continuation of Redesign



**Increased contact with the people we serve-providing better service**



**Quicker response time for assessments, which also can decrease more restrictive placements**



**Increased contact means increased billing**

Increase of one hour of case management for every client equals about \$70,000 in revenue in a year

approx. \$100/hour \* 700 clients= \$70,000/year



**Succession planning as we have several retirements coming in the next 1-5 years**



# Summary



HCBS audit went very well



Redesign has decreased wait times for clients, improved customer service, and resulted in better case management with more statutory compliance



HCBS services are interconnected with Income Maintenance; when they are behind, HCBS is also behind



Referrals to HCBS continue to increase; need to prioritize adding planned HCBS redesign staff