

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Beltrami County**

Waiver Review Site Visit: April 2014

Report Issued: May 2014

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Beltrami County.

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services (DHS) helps people meet their basic needs by providing or administering health care coverage, economic assistance and a variety of services for children, people with disabilities and older Minnesotans. DHS's Continuing Care Administration strives to improve the dignity, health and independence of Minnesotans in its annual administration and supervision of \$3.5 billion in state and federal funds, which serve over 350,000 individuals.

ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations deliver effective services. The research design, data collection, analysis and reporting expertise of the Improve Group emphasizes building the capacity of local organizations to make information meaningful and useful.

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota’s Home and Community-Based Service (HCBS) 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 including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

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

Table 1: Summary of Data Collection Methods

Method	Number for Beltrami County
Case File Review	72 cases
Provider survey	14 respondents
Supervisor Interviews	2 interviews with 3 staff
Focus Group	1 focus group(s) with 11 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Beltrami County

In April 2014, the Minnesota Department of Human Services conducted a review of Beltrami County's Home and Community Based Services (HCBS) programs. Beltrami County is a rural county located in northern Minnesota. Its county seat is located in Bemidji, Minnesota and the County has another seven cities and 42 townships. In State Fiscal Year 2012, Beltrami County's population was approximately 45,325 and served 679 people through the HCBS programs. According to the 2010 Census Data, Beltrami County had an elderly population of 12.8%, placing it 67th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Beltrami County's elderly population, 9.8% are poor, placing it 41st (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Beltrami County Health and Human Services Department is the lead agency for the HCBS waiver programs. Under this larger department, the Beltrami County Social Services Division manages all fee for service waiver programs including CAC, CADI, BI, AC, and EW. The Beltrami County Public Health Division serves as a contracted care coordinator for EW cases for the county's one Managed Care Organization (MCO), PrimeWest Health. Beltrami County Public Health is also a Medicare Certified Home Health Care Agency, and this program is managed in the Homecare Unit of the Public Health Division.

The lead agency has experienced management staffing changes in the past year. The former Social Services Division Director transitioned to the role of Director of Health and Human Services while the former Social Services Program Manager moved into the role of Division

Director. At the time of the review, the lead worker for Adult Services was serving as the interim Social Services Program Manager.

The Social Services Division Director role includes general management, planning, and oversight of Adult and Children's social services programs. The Social Services Program Manager provides direct supervision for both Adult and Children's Services, which includes a total of 43 staff, 16 of which work with the waiver programs. However, Beltrami County is attempting to add an additional Social Services Program Manager to allow for specialization for Adult and Children's Services. Because the position was vacant during the Waiver Review site visit, the interim Social Services Program Manager was filling in for this position while also maintaining his lead worker responsibilities which includes carrying a caseload, maintaining community relationships with providers, and monitoring the waiver budget. The Adult Services lead worker's role focused primarily on the mental health and DD programs.

The Social Services waiver case managers include four mental health case managers with a CADI and Rule 79 Targeted Case Management caseload; five case managers with a mix of cases including primarily DD cases with a few BI, CADI, and CAC cases spread across all five; and two case managers with a mix of primarily CADI cases, EW fee-for-service, and AC cases. Social Services also has one case aide who assists with data entry, preparing waiver packets, and other miscellaneous tasks to support case managers. Caseloads for the four CADI mental health case managers are approximately a total of about 13 cases each in addition to their Rule 79 caseload. The five workers with a mix of DD, BI, CADI, and CAC cases have about 30 waiver cases each, and most have additional responsibilities such as licensing and Rule 185 cases. The two case managers with primarily CADI, EW fee-for-service, and AC cases have about 80 cases each.

The Beltrami County Public Health Division has a Community Health Program Manager who oversees the management of the EW PrimeWest MCO cases. There are a total of eight care coordinators for these cases including four social workers and four nurses. The four social workers are directly supervised in Social Services, but receive support from Public Health for day-to-day work. The Community Health Program Manager shared that six of the eight primarily

manage EW cases plus a small Community Well caseload. Public Health also has one case aide who assists with MMIS data entry. Care coordinators for the EW managed care cases have about 40 to 45 waiver cases. Care coordinators also may have additional duties including Community Well cases and nursing facility screenings

All intake calls are taken by one of two Social Services intake workers. The intake worker is responsible for gathering initial information including primary diagnosis for the individual so they can be directed to the appropriate unit within the Department. Depending on the individual's primary needs, the case is directed to either the DD unit, the mental health unit, or the LTC unit. The intake worker also keeps track of case assignments and is able to give initial recommendations for assignment to a worker in Social Services. Cases are assigned as a group within the three units depending on the complexity of the case. The Division Director or Program Manager has the authority to make the final decision about case assignment.

Beltrami County has a practice of completing dual assessments with a social worker and nurse. In this case, the assigned adult social worker contacts the Community Health Program Manager to assign a nurse to complete the assessment with the social worker. When the case opens fee-for-service, the social worker from Social Services stays on as the ongoing case manager. When the case transfers to managed care, the Community Health Program Manager consults with the social worker and then assigns a nurse or social worker to serve as the care coordinator. However, lead agency staff shared that because of schedules, they are not always able to coordinate the dual assessments. In addition, nurses do not travel out-of-county so there are some cases where the participant receives an assessment from a single worker. Social workers and nurses who work with the waivers are located on the same floor and report that most of their communication and consulting is informal.

Working Across the Lead Agency

Lead agency staff shared that they use a case banking system in their Income Maintenance Unit (IMU). The financial workers in the IMU are located one floor below case managers, and there are two workers assigned to LTC cases. Case managers shared that they are in communication

with financial workers while the application is pending to ensure the participant completes all requirements to receive Medical Assistance (MA). Case managers shared that they have tried several methods of communication including e-mail, phone, contacting the financial supervisor, and brief face-to-face interaction. Lead agency staff shared that responsiveness to questions and requests varies. Case managers were concerned because if they do not hear about issues with MA eligibility, there can be consequences for participants receiving services.

To address some of these challenges, the lead agency has recently implemented new systems and process for communicating with IMU. Those systems include electronic scanning of documents completed and submitted by Social Services social workers to IMU's front desk. Social Services social workers have access to multiple e-mail bank addresses to communicate with IMU depending on program type (e.g., LTC adult bank.) Weekly meetings between lead workers and supervisors from Social Services and IMU have begun to provide an opportunity to discuss specific cases, issues, and concerns.

Lead agency staff shared that they attempt to have cases with participants receiving both Rule 79 case management and the CADI waiver services assigned to one of their CADI mental health case managers. The CADI mental health case managers are experienced in working with both programs and are able to complete all of the requirements and provide consistent and efficient care coordination for these participants. DD waiver participants with mental illnesses are typically assigned to one DD case manager with more experience in this area, and this case manager works informally with the mental health case manager as needed. The CADI mental health case managers shared that they work closely with children's mental health when individuals are ready to transition to the adult mental health system.

Both Social Services intake workers also take vulnerable adult reports, and one worker serves as the lead adult protection investigator. When the intake worker receives a report, this person coordinates with the case manager to gather additional information as needed. Beltrami County also has an adult protection team which includes the County Attorney, providers, and representatives from schools and law enforcement. Lead agency staff shared that they have faced challenges in working with the Red Lake Reservation because they did not have a formal adult

protection system until recently. They have invited individuals responsible for adult protection from Red Lake to attend the team meetings. Case managers shared that the process is similar for child protection, but there is less crossover between child protection and the waiver programs. A Beltrami County child protection worker is housed in the Red Lake offices.

The Social Services and Public Health Division Directors communicate with the County Board. The Division Directors give reports to the Board about the waiver programs and major changes. The Community Health Program Manager shared that Commissioners are aware of the waiver programs and know to call the Division Director if they receive questions or concerns from constituents.

Health and Safety

In the Quality Assurance survey, Beltrami County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they there is good, open communication with case managers and participants. They also said that Beltrami County case managers work cooperatively with providers, and the lead agency responds to questions or inquiries from providers and waiver participants.

There are several different internal meetings that case managers attend. There is a Waiver Management Team meeting weekly for Social Services Division representatives from the three different units (LTC, DD, mental health) h. In addition, each unit meets weekly on Wednesdays. These weekly unit meetings are used to staff cases and for case managers to review any program or participant changes. PrimeWest staff from Social Services and Public Health meet with each other approximately once a month. Otherwise, Public Health and Social Services do not have any meetings together.

Case managers shared that staying current with changes to the waiver programs is very challenging. Bulletins and policy changes are forwarded to case managers by supervisors, but they are responsible for keeping up with changes through e-mail and discussions with one another. Case managers said that while they are encouraged to attend videoconference trainings and webinars, the trainings do not always cover topics that are most helpful for their work. Case

managers also said that there is a lack of guidance for interpreting policy from trainings and supervisors.

The Social Services Division Director shared that within the current management structure, they do not have enough time available to review cases on a regular basis. The Community Health Program Manager noted that case managers do a peer-review chart audit on a monthly basis, and also receive a PrimeWest audit once per year. Case managers shared that PrimeWest case managers housed in Public Health do not always receive the same e-mails and notifications as Social Services case managers.

Service Development and Gaps

Overall, lead agency staff reported having strong relationships with many of the service providers they work with. Bemidji is seen as a hub in the area where many people come to receive services. However, they shared that they face many unique circumstances and service gaps that can make it more difficult to meet the needs of participants.

Lead agency staff shared that they lack capacity and choices in services like Home Delivered Meals for participants living in the northern part of Beltrami County and on the Red Lake Reservation. Transportation is a barrier for many Beltrami County residents, including waiver participants. Case managers shared that there is no public transportation available in the evenings and no regular bus schedule which can make it difficult for participants to attend appointments or other groups (e.g., AA meetings, treatment). In addition, the bus is limited to travelling 10 miles outside of Bemidji. While cab services are available in Bemidji, they are too expensive for waiver participants.

Lead agency staff noted that they serve very high needs participants including those with multiple diagnoses and severe behavioral health needs. There are currently limited resources for those with multiple conditions (e.g., chemical dependency, mental illness, development disabilities), and case managers shared that it is difficult to find appropriate and safe placement for these high needs individuals. Many of these individuals are placed out of the community as far away as Duluth and the Twin Cities. Lead agency staff noted that the lack of affordable

housing is a barrier to efforts to move individuals out of residential facilities and into their own homes in the community.

Mental health services are a significant gap identified by lead agency staff. While there are psychiatry resources in the community including a Community Behavioral Health Hospital (CBHH), this facility is typically full serving individuals from outside of the county. In addition, the closest Intensive Residential Treatment Services (IRTS) facility is located in Hibbing, which is two hours away. Lead agency staff shared that, as a result, there is little capacity or resources in the region to provide high level crisis care. Lead agency staff shared that they do not always have the resources to do extensive outreach so many individuals who might benefit from services could remain unknown until a crisis occurs.

Beltrami County has made efforts to address some of their major service gaps. For example, the lead agency worked with a provider to develop more independent housing opportunities in less restrictive community settings with Independent Living Services (ILS) for young adults. The lead agency did a considerable amount of work to inform families about this option as a safe alternative to a foster care setting.

Lead agency staff also shared that they have worked with their Mental Health Initiative, local law enforcement, hospitals, and other agencies to make some improvements to transportation for non-emergency mental health situations. They have also been considering options for telemedicine and telepsychiatry to make mental health services more available and accessible to participants.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Beltrami County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facility	0	0	6
Schools (IEIC or CTIC)	1	1	1
Advocacy Organizations	0	0	1
Hospitals (in and out of county)	0	4	3
Psychiatric Hospitals	0	3	0
Home Care Providers	0	1	5
Foster Care Providers	0	3	6
Customized Living Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	0	6
Transportation Providers	3	1	0

Lead agency staff shared that they have many providers who provide high quality services. Case managers primarily monitor providers through on-site visits. One waiver case manager is also the adult foster care licenser, and other case managers know to reach out to this person if they have any concerns. The licenser surveys case managers before completing on-site visits for renewals for foster cares.

Case managers rated their working relationships with nursing facilities very highly. They shared that there is strong communication, and staff there are very responsive to requests. However, case managers noted that they have had some challenges in working with hospitals. This includes not receiving notification about admissions and having a difficult time coordinating with hospitals for discharge planning. Case managers also reported having issues with psychiatric hospitals discharging patients before they are stable enough to return to the community.

Case managers said that they have strong relationships with teachers at local schools. Lead agency staff shared that schools help to identify most children with disabilities and involve case managers in the Individualized Education Program (IEP) process. Social Services attends a fair held by the local school for transition-age youth.

There are two primary vocational providers that case managers have experience working with, and they noted that these providers do an excellent job of communicating with them about participants. In addition, the providers they work with are willing to accommodate high needs individuals and are flexible in adjusting schedules based on how the participant is feeling. However, case managers noted that access to these providers is more limited in the northern part of the county.

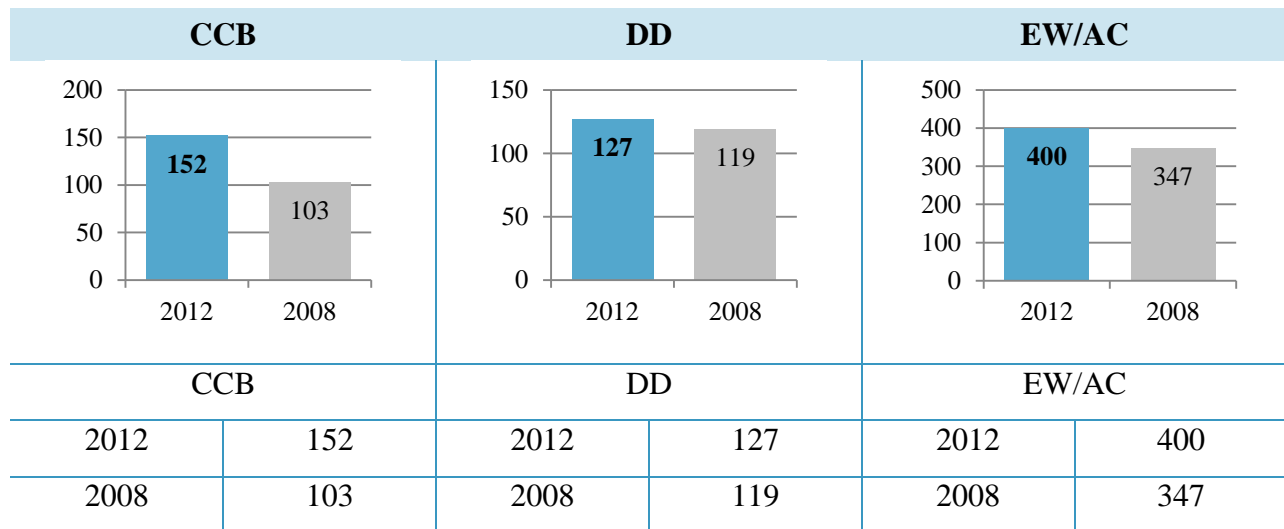
Relationships with residential providers including customized livings and foster cares were rated highly by case managers. Case managers said that they have great communication with customized living providers. They also shared that they have excellent communication with some foster cares, but others are less responsive and do not share updates about participants as often. Case managers cite challenges regarding residential facilities include having to place many participants out of county because of the limited number of foster care beds available in the area and local foster cares struggling with high staff turnover.

The case managers noted that in addition to Beltrami County's Public Health Home Care Agency, they also have a very good provider for homemaking. However, they shared that there have been some barriers to serving participants with PCA services in the northern part of Beltrami County and on Red Lake Reservation.

Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

Program Enrollment in Beltrami County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Beltrami County has increased by 49 participants (47.6 percent); from 103 in 2008 to 152 in 2012. Most of this growth occurred in the case mix B, which grew by 35 people. Additionally, case mix J grew by eight people and case mix G increased by five people. With the increase in case mix B, Beltrami County may be serving a higher proportion of people with mental health needs.

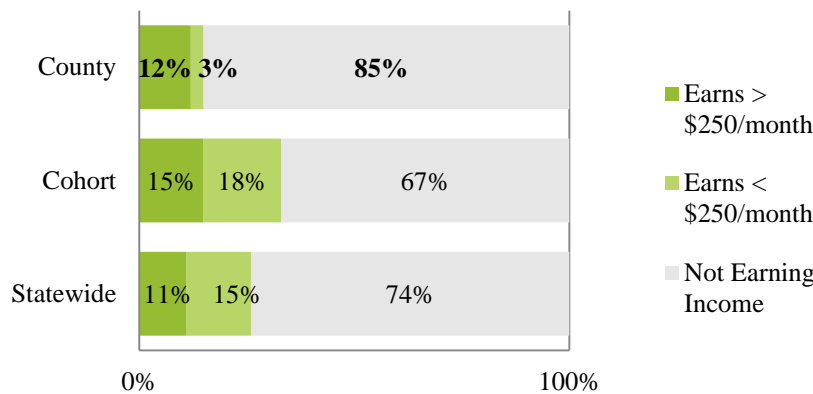
Since 2008, the number of people served with the DD waiver in Beltrami County increased by eight participants, from 119 in 2008 to 127 in 2012. In Beltrami County, the DD waiver program is growing at a slower rate than in the cohort as a whole. While Beltrami County experienced a 6.7 percent increase in the number of people served from 2008 to 2012, its cohort had a 9.3 percent increase in number of people served. In Beltrami County, the profile groups 3 and 4 increased by four and five people respectively. The greatest change in the cohort profile groups occurred in people having a Profile 2. Beltrami County serves a smaller proportion of people in profile groups 1 and 2 (33.9 percent), than its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Beltrami County has increased by 53 people (15.3 percent), from 347 people in 2008 to 400 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in case mixes D and H, each growing by 14 people. Increases also occurred in case mixes B and E. As a result Beltrami County may be serving a larger proportion of people with mental health needs.

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Beltrami County	12%	3%	85%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Beltrami County served 138 working age (22-64 years old) CCB participants. Of working age participants, 14.5 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Beltrami County ranked 50th of 87 counties in the percent**

of CCB waiver participants earning more than \$250 per month. In Beltrami County 11.6 percent of the participants earned \$250 or more per month, compared to 14.7 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

DD Participants Age 22-64 Earned Income from Employment (2012)



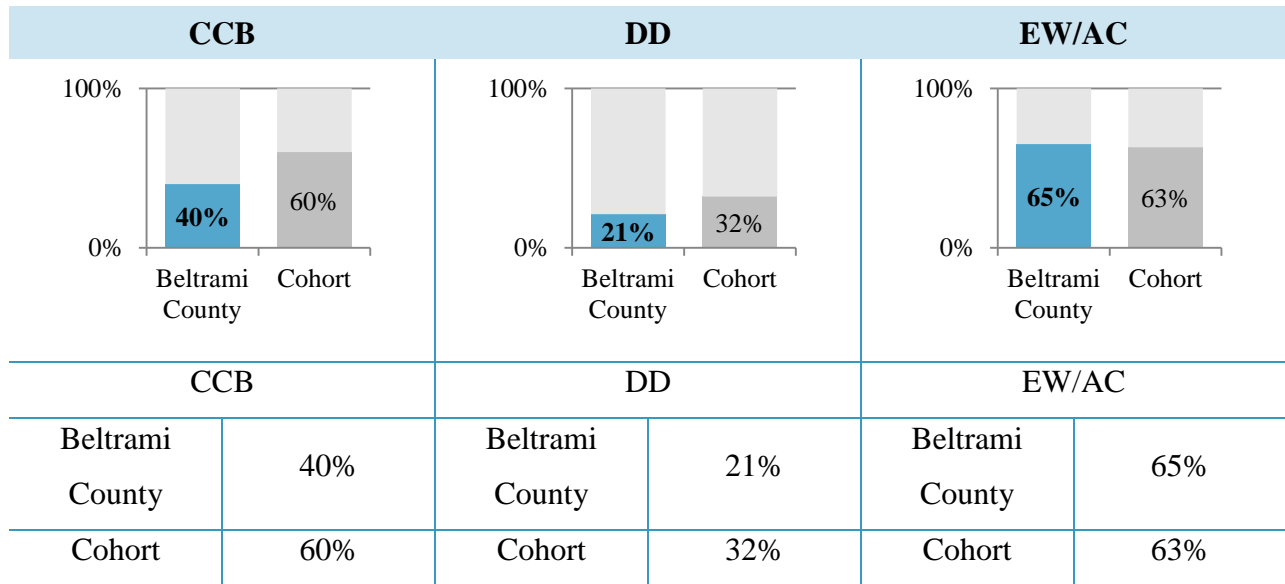
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Beltrami County	20%	51%	29%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2012, Beltrami County served 103 DD waiver participants of working age (22-64 years old). **The county ranked 50th in the state for working-age participants earning more than \$250 per month.** In Beltrami County, 20.4 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 70.9 percent of working age DD waiver participants in Beltrami County had some earned income, while 79.3 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2012)



Beltrami County ranks 86th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 60 participants at home. Between 2008 and 2012, the percentage decreased by 10.0 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 39.5 percent of CCB participants in Beltrami County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Beltrami County ranks 77th out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 27 participants at home. Between 2008 and 2012, the percentage increased by 2.8 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points.

Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

Beltrami County ranks 60th out of 87 counties in the percentage of EW/AC program

participants served at home. In 2012, the county served 259 participants at home. Between 2008 and 2012, the percentage decreased by 1.5 percentage points. In comparison, the percentage of participants served at home fell by 5.6 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Beltrami County serves a slightly higher proportion of EW/AC participants at home than their cohort.

Average Rates per day for CADI and DD services (2012)

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Beltrami County</td><td>\$111</td></tr> <tr><td>Cohort</td><td>\$104</td></tr> </table>	Category	Rate	Beltrami County	\$111	Cohort	\$104	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Beltrami County</td><td>\$191</td></tr> <tr><td>Cohort</td><td>\$178</td></tr> </table>	Category	Rate	Beltrami County	\$191	Cohort	\$178
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Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Beltrami County</td><td>\$173</td></tr> <tr><td>Cohort</td><td>\$168</td></tr> </table>	Category	Rate	Beltrami County	\$173	Cohort	\$168	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Beltrami County</td><td>\$221</td></tr> <tr><td>Cohort</td><td>\$217</td></tr> </table>	Category	Rate	Beltrami County	\$221	Cohort	\$217
Category	Rate													
Beltrami County	\$173													
Cohort	\$168													
Category	Rate													
Beltrami County	\$221													
Cohort	\$217													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Beltrami County</td><td>\$39</td></tr> <tr><td>Cohort</td><td>\$64</td></tr> </table>	Category	Rate	Beltrami County	\$39	Cohort	\$64	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Beltrami County</td><td>\$84</td></tr> <tr><td>Cohort</td><td>\$94</td></tr> </table>	Category	Rate	Beltrami County	\$84	Cohort	\$94
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Beltrami County	\$39													
Cohort	\$64													
Category	Rate													
Beltrami County	\$84													
Cohort	\$94													

Average Rates per day for CADI services (2012)

	Beltrami County	Cohort
Total average rates per day	\$110.62	\$103.96
Average rate per day for residential services	\$172.60	\$167.73
Average rate per day for in-home services	\$38.84	\$63.58

Average Rates per day for DD services (2012)

	Beltrami County	Cohort
Total average rates per day	\$191.41	\$178.28
Average rate per day for residential services	\$220.77	\$216.75
Average rate per day for in-home services	\$83.57	\$94.34

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Beltrami County is \$6.66 (6.4 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Beltrami County spends \$4.87 (2.9 percent) more on residential services and \$24.74 (38.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Beltrami County ranks 60th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

The average cost per day for DD waiver participants in Beltrami County is \$13.13 (7.4 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Beltrami County spends \$4.02 (1.9 percent) more on residential services, and \$10.77 (11.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Beltrami County ranks 69th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

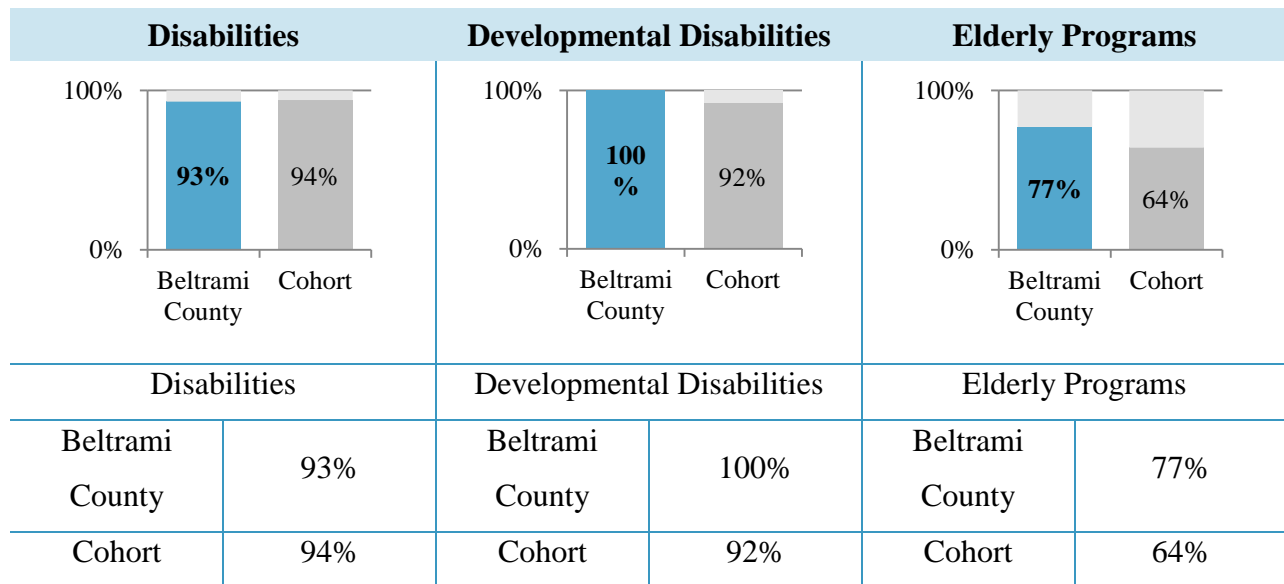
Beltrami County has a higher use in the CADI program than its cohort of residential based services (Foster Care (42% vs. 26%) and Customized Living (17% vs. 12%)). The lead agency has a lower use of Prevocational Services (8% vs. 9%) and Supported Employment Services (3% vs. 12%). They also have a lower use of some in-home services, such as Consumer Directed Community Supports (CDCS) (1% vs. 8%), Skilled Nursing (5% vs. 19%), Home Delivered Meals (6% vs. 19%), and Independent Living Skills (2% vs. 20%). They have a higher use of Homemaker (30% vs. 28%). Seventy-eight percent (78%) of Beltrami County's total payments for CADI services are for residential services (67% foster care and 11% customized living) which is higher than its cohort group (54%). Corporate foster care rates are higher than its cohort when billed daily (\$250.17 vs. \$227.80 per day), but lower when billed monthly (\$5,317.09 vs. \$5,472.49). Beltrami County's family foster care rates are higher when billed daily (\$179.17 vs. \$170.50 per day), and when billed monthly (\$4,342.33 vs. \$3,411.26 per month).

Beltrami County's use of Supportive Living Services (SLS) is higher than its cohort (78% vs. 67%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a lower use of Day Training & Habilitation (44% vs. 61%) and Supported Employment Services (3% vs. 4%) than its cohort. It also has a lower use of CDCS (5% vs. 10%), In-Home Family Support (10% vs. 15%), Respite Care (12% vs. 18%), and personal support (1% vs. 10%) than its cohort.

Usage of Long-Term Care Services

Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Beltrami County served 675 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 102 in institutional care. Beltrami County ranked 41st of 87 counties with 93.1 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 93.6 percent were HCBS participants. Since 2008, Beltrami County has decreased its use of HCBS by 0.5 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Beltrami County served 193 LTC participants (persons with development disabilities) in HCBS settings and one in institutional settings. Beltrami County ranked 1st of 87 counties with 100.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Since 2008, the county has increased its use by 1.4 percentage points while

its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Beltrami County served 464 LTC participants (over the age of 65) in HCBS settings and 160 in institutional care. Beltrami County ranked 1st of 87 counties with 77.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 63.8 percent were HCBS participants. Since 2008, Beltrami County has increased its use of HCBS by 7.1 percentage points, while their cohort has increased by 4.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

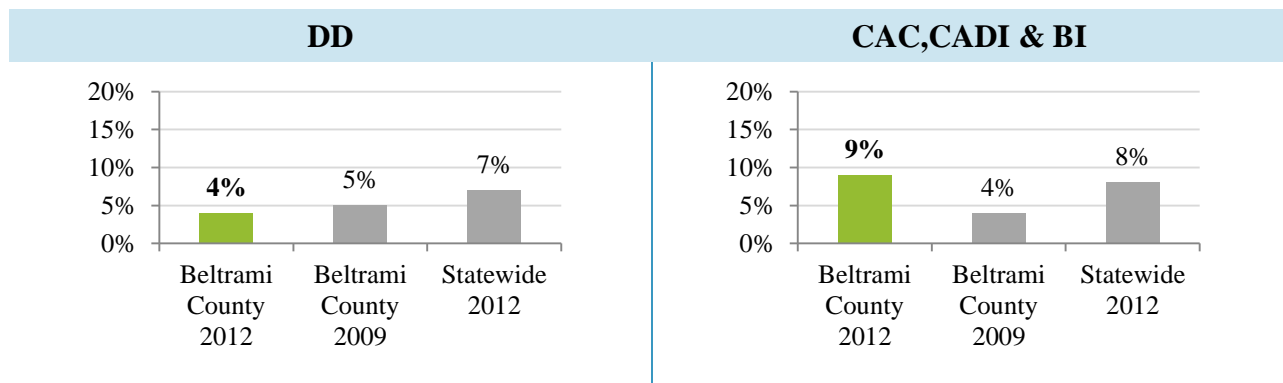
	Beltrami County	Cohort	Statewide
Age 0-64	1.04	0.45	0.54
Age 65+	21.38	23.65	21.99
TOTAL	3.64	3.51	3.19

In 2012, Beltrami County was ranked 25th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Beltrami County has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 12.9 percent in Beltrami County. Overall, the number of residents in nursing facilities has decreased by 7.3 percent since 2010.

Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. 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).

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Beltrami County (2012)	4%	9%
Beltrami County (2009)	5%	4%
Statewide (2012)	7%	8%

At the end of calendar year 2012, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Beltrami County had a 4% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Beltrami County’s DD waiver balance is smaller than its balance in CY 2009 (5%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Beltrami County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Beltrami County had a 9% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2009 (4%).

The lead agency currently has a small waitlist; two for the CADI waiver program and five for the DD waiver program. The Social Services Program Manager works closely a financial staff member to monitor the budget using the Waiver Management System (WMS). The CCB budget is reviewed on a weekly basis during Waiver Management Team meetings. Case managers fill out a form for any new requests exceeding \$500, the request is simulated in WMS, and discussed during this meeting. Priorities such as health and safety needs are considered, and the Social Services Program Manager makes the final decision about all requests. The DD unit reviews requests at their separate unit meeting and make decisions less formally as a group.

Lead Agency Feedback on DHS Resources

During the Waiver 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. Case managers only rated resources they have had experience working with.

Beltrami County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	4	0	0	1	0
MMIS Help Desk	3	0	2	0	1
Community Based Services Manual	0	0	3	2	1
DHS website	1	2	3	3	0
E-Docs	0	1	3	0	5
Disability Linkage Line	1	0	0	2	1
Senior Linkage Line	0	0	0	2	2
Bulletins	2	1	5	1	0
Videoconference trainings	0	0	6	0	0
Webinars	2	5	3	0	0
Regional Resource Specialist	3	1	1	1	0
Listserv announcements	2	2	0	0	0
MinnesotaHelp.Info	3	0	0	1	0
Ombudsmen	0	3	0	1	1
DB101.org	1	0	0	0	0

Lead agency staff shared that they frequently use the Community-Based Services Manual (CBSM). However, they also shared that it can be cumbersome to work with and difficult to navigate. Case managers noted that it could be made more helpful if it was updated with the same information as bulletins so they could reference the manual as a single source of information about policy changes. Case managers said that eDOCS has been helpful and they save many of the forms they use from this website. Lead agency staff said that the website includes a lot of very useful information, but it can be difficult to navigate and is not user-friendly. The case managers also shared that they have referred participants to and have themselves used the Disability Linkage Line and Senior Linkage Line, and the information they provide has been very helpful.

The Social Services Division Director and Program Manager have access to submit questions to Policy Quest. As a result, case managers said that this is not always a convenient resource for them to access. Case managers said that the MMIS Help Desk is helpful, but they have experienced a long wait time to connect with someone. Overall, lead agency staff said they have had very positive interactions with various Ombudsmen when they have worked with them in the past.

Most case managers rely on bulletins for information about changes and updates to policies that impact their work with the waiver programs. However, case managers said that bulletins contain a lot of information that needs to be interpreted, and it would be nice if there were links or ways to highlight the most important items that impact their everyday work. Lead agency staff attend both videoconference trainings and webinars, but have had some technical challenges with sound and video quality. In addition, case managers shared that the presentations in which DHS staff simply read through PowerPoint slides are not very effective. Lead agency staff also shared that many of the presentations are held in the Metro area, and that they would appreciate more face-to-face trainings offered throughout the state.

Lead agency staff shared that the Regional Resource Specialist (RRS) is a good resource that is responsive when they have questions or need on-site trainings. However, case managers also noted that responses and trainings provided do not always resolve the question or issue they

have. The Program Managers do not have frequent individual communication with DHS staff as they usually contact other sources like the RRS or PrimeWest before contacting someone at DHS.

Lead Agency Strengths, Recommendations & Corrective Actions

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.

Beltrami County Strengths

The following findings focus on Beltrami County's recent improvements, strengths, and promising practices. They are items or processes used by the lead agency that create positive results for the county and its HCBS participants.

- **Beltrami County has made progress to address certain Federal and State requirements.**
During the previous review in 2011, Beltrami County received corrective actions for timeliness of screening from referral for the CCB programs; timeliness of assessment to development of care plan; inclusion of needs, health and safety, and goals and outcomes in care plan; and the OBRA Level One document. In 2014, these issues do not remain for Beltrami County indicating technical improvements over time.
- **Case manager collaborate well with each other and other units within Beltrami County.**
Case managers are supportive of one another and are knowledgeable about resources available in the community to meet the needs of waiver participants. The case managers from Social Services and Public Health have opportunities to access each other's expertise through dual assessments and informal consultations. Case managers have good communication with staff from other units within the lead agency including intake, adult protection, and licensing staff. These strong working relationships allow case managers to help participants navigate across units enhance the services participants are receiving.
- **Beltrami County serves many people through HCBS.** The lead agency has high use of HCBS for EW/AC programs (77.3%) which is ranked 1st of 87 counties. In addition, Beltrami County ranks 8th out of 87 counties for their lower nursing facility usage than its

cohort and statewide for people ages 65 and over. All (100%) of DD participants are being served through HCBS which ranks them 1st out of 87 counties, and there is also low institutional use in the DD program. Beltrami County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.

- **Beltrami County serves and increasing number of people with high needs in community.** As a result, Beltrami County has seen increasingly more complex issues which involve coordination across many different county services, providers, and community agencies including multiple tribal entities. Between 2008 and 2012, the lead agency saw an increase of 13% in the number of participants with high needs in the CCB programs and an 11% increase in the EW program. In particular they have noticed the growing need for providers that are able to serve participants with high behavioral needs and co-occurring conditions (e.g., chemical dependency and mental illness). Beltrami County has worked to partner with tribes and providers and include them in ongoing discussions about ways they can work together to address emerging services gaps.
- **Beltrami County has initiated efforts to develop independent housing options.** Beltrami County is aware of the need for services such as less-restrictive housing for participants who are able to live more independently in the community. The lead agency has successfully worked with providers to develop an alternative living situation with services available on-site for young adults. Beltrami County continues to work with providers and families to expand this model and develop options for safe and appropriate housing for participants. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the county should work with providers to repurpose the vacant foster care beds to meet emerging needs.
- **Based on budget reports, Beltrami County's waiver allocations are well-managed.** Beltrami County's DD waiver budget balance was 4% at the end of CY 2012, and there was a 9% balance in the CADI, CAC and BI programs at the end of FY 2012. This provides Beltrami County with some reserve funds to balance risks from costly participant crises or adding participants, while maximizing its ability to meet local needs. In addition, Beltrami

County's practice of using financial staff expertise to help manage allocations works well for the lead agency.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Beltrami County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Beltrami County and its HCBS participants.

Administering the waiver programs and providing case management has become and will remain more complex. Case managers in Beltrami County are struggling to stay current on program requirements and implementing required policies and practices. Therefore, **the recommendations in this report are focused on developing additional systems to improve practices and quality of case management** and care planning.

- **Provide additional supervision and oversight of case management functions.** One strategy may include expanding the number of and clarifying the role of lead workers for the existing Social Services units. The designated lead workers would maintain a smaller caseload, but would have the added responsibility of maintaining expertise and supporting case managers by staying current with program and policy changes. In addition, further specialization within the specific waiver programs may allow Social Services staff to direct more time and resources to update practices and systems. For example, transitioning all elderly programs including fee-for-service EW and AC to the Public Health Division not only draws upon case managers nursing expertise, but also increases continuity for participants who open fee-for-service but may move to PrimeWest in the future.
- **Consider broadening the use of technology and practices to support case managers.** The lead agency should consider strategies to create more consistency and organization for required case file documentation. This may include designating a single person (e.g., a lead worker, case aide, support staff), to access eDOCS and assist in creating packets or electronic folders for assessments and reassessments with the most up-to-date required forms organized by waiver program. Developing a consistent process for updating and storing forms on

organized shared drives ensures that case managers are able to access current forms and this creates more efficiency.

- **Increase efforts to use contracted case management and immediately begin building capacity to support contracted case management practices.** Case managers travel frequently to visit participants and coordinate services, which leaves them with less time to dedicate to other case management responsibilities. Many counties have found that contracted case management in these types of situations improves care oversight and is an effective use of case management time. For participants placed outside of the region, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. In such cases, Beltrami County should provide contracted case managers with the necessary supports to fulfill requirements. Beltrami County should also maintain a case file with current documentation of all required paperwork. Although Beltrami County has faced barriers in the past to partnering with other agencies for contracted case management, there are opportunities for the lead agency to develop strong practices and processes for providing ongoing support and quality assurance monitoring. In particular, the lead agency should consider contracting with the Red Lake Reservation to help serve participants in the northern part of Beltrami County as qualified individuals are identified.
- **Develop systems and practices to track compliance with program requirements and monitor quality provision of services outlined in participant care plans.** To ensure corrective actions are implemented and practices remain compliant, develop internal processes for regular audits. These may include peer review, review by a case aide or lead worker, and/or during annual employee reviews. The lead agency should create monitoring tools such as case file checklists that are kept up-to-date as requirements change. For ongoing monitoring of providers and quality of services, the lead agency may also want to develop and use quality assurance visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs. Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Specifically, visit sheets make it possible to consistently document participant progress on goals and changes to needs,

monitor providers in their delivery of services, and evaluate provider performance by obtaining feedback from participants.

- **Services Include details about the participant’s services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 86% of case files reviewed included the type of service in the care plan, only 8% of cases reviewed included the annual amount allowed.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Beltrami County was found to be inconsistent in meeting state and federal requirements and will require a response by Beltrami County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. Beltrami County identified some areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Beltrami County will be required to take corrective action.

- **Develop and implement a caseload management plan that will assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.** DHS initiatives (e.g. MnCHOICES, the rates management system, etc.), the changes in the waiver programs, increased caseloads, and staffing issues have resulted in case managers’ inability to meet waiver program compliance requirements. In addition, many of the cases involve complex medical or behavioral needs. Case managers have had to absorb these additional cases and complexities. Beltrami County may want to consider strategies

that have worked in other lead agencies such as accelerating contract efforts with private agencies for case management, or adding county case managers. Another strategy is streamlining the use of electronic forms. This would allow case managers to be more efficient in their work and have more time to spend providing direct care planning. Beltrami County must carefully consider its options for managing caseloads and develop a plan that meets the lead agency's needs while assuring all waiver program requirements are met.

- **Beginning immediately, ensure that all participants have a signed and dated individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are seven waiver participants who do not have a current care plan in their case file including three out of nine BI cases, two out of 27 EW cases, and two out of 11 DD cases. In addition, four out of nine BI cases, one out of 27 EW cases, and two out of 11 DD cases did not include the required signatures on the care plan.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services.** It is required that all HCBS participants have completed documentation of choice in the care plan. One out of four CAC cases, four out of nine BI cases, one out of 27 EW cases, and five out of 11 DD cases did not have information in the case file showing that choice was documented in the participant's care plan.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Two out of four CAC cases, one out of 11 CADI cases, three out of nine BI cases, one out of 10 AC cases, and five out of 11 DD cases did not have completed documentation in the case file. In addition, one out of 11 CADI cases, three out of nine BI cases, and two out of 11 DD cases did not have documentation that the participant had given informed consent to release private information within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an**

- annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Two out of 11 CADI cases, six out of nine BI cases, four out of 10 AC cases, and two out of 11 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, six out of 11 CADI cases, three out of nine BI cases, two out of 27 EW cases, five out of 10 AC cases, and two out of 11 DD cases did not have current documentation.
- **Beginning immediately, include a back-up plan in the care plan of all CCB program participants.** 1) All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Currently, eight out of 11 CADI cases, five out of nine BI cases, two out of 25 EW cases, and one out of 11 DD cases did not have a back-up plan. In addition, 1 DD case included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.
 - **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CAC and CADI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, two of four CAC cases (50%), one of 11 CADI cases (9%), and one of nine BI cases (11%) reviewed had case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, five of 11 DD cases (46%) did not meet this requirement.
 - **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames that includes the three required signatures and dates.** Four out of 11 DD cases did not have a current full-team screening document, and therefore did not have the case manager's signature, participant's or legal

representative's signature and the QDDP's signature on the DD screening document. A total of 7 out of 11 DD cases did not include all three required signatures and dates.

- **Beginning immediately, complete the ICF/DD Level of Care form for all participants in the DD program.** Maintain this form in the case file and update it annually. Three out of 11 DD cases included documentation that was not current within the past year.
- **Beginning immediately, ensure that case files include the annual BI Assessment and Eligibility Determination form for all BI participants.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a documented diagnosis of brain injury or related neurological condition on an annual basis. Three out of nine BI cases did not have this documentation on file, two out of nine BI cases included only partial documentation in the file, and four out of nine BI cases reviewed did not have complete and current documentation in the file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Beltrami County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 43 cases. All items are to be corrected by June 9, 2014 and verification submitted to the Waiver Review Team to document full compliance.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

PR: Program Requirement

CCB: A combination of the CAC, CADI, and BI waiver programs

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	7	N / A	2	5	N / A	N / A
Screenings done on time for new participants (PR)	89%	95%	82%	100%	ALL	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	71%	N / A	CCB	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	89%	95%	79%	N / A	AC / EW	N / A
Care plan is current (PR)	90%	95%	88%	82%	AC / EW	N / A
Care plan signed and dated by all relevant parties (PR)	90%	97%	83%	82%	AC / EW	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
All needed services to be provided in care plan (PR)	86%	97%	71%	82%	AC / EW	N / A
Choice questions answered in care plan (PR)	85%	97%	79%	55%	AC / EW	DD
Participant needs identified in care plan (PR)	81%	97%	54%	82%	AC / EW	CCB
Inclusion of caregiver needs in care plans	70%	78%	0%	N / A	N / A	N / A
OBRA Level I in case file (PR)	90%	97%	79%	N / A	AC / EW	N / A
ICF/DD level of care documentation in case file (PR for DD only)	73%	N / A	N / A	73%	N / A	N / A
DD screening document is current (PR for DD only)	64%	N / A	N / A	64%	N / A	DD
DD screening document signed by all relevant parties (PR for DD only)	36%	N / A	N / A	36%	N / A	DD
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	0%	N / A	0%	N / A	N / A	CCB
CAC Form	75%	N / A	75%	N / A	N / A	N / A
Employment assessed for working-age participants	77%	N / A	67%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=14</i>)	65%	N / A	N / A	N / A	N / A	ALL
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=14</i>)	86%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	88%	100%	83%	55%	AC / EW	DD
Health and safety issues outlined in care plan (PR)	89%	97%	71%	100%	AC / EW, DD	N / A
Back-up plan (Required for EW, CCB, and DD)	63%	68%	46%	82%	N / A	CCB
Emergency contact information	93%	100%	83%	91%	AC / EW, DD	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Informed consent documentation in the case file (PR)	75%	97%	58%	36%	AC / EW	CCB, DD
Person informed of right to appeal documentation in the case file (PR)	56%	70%	29%	64%	N / A	CCB, DD
Person informed privacy practice (HIPAA) documentation in the case file (PR)	90%	100%	83%	73%	AC / EW	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=37	CCB n=24	DD n=11	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	90%	95%	79%	100%	AC / EW, DD	N / A
Documentation of participant satisfaction in the case file	28%	27%	38%	9%	N / A	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	97%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	77%	93%	100%	AC / EW, DD	N / A
Percent of LTC funds spent on HCBS	N / A	53%	84%	99%	AC / EW, DD	CCB
Percent of waiver participants with higher needs	N / A	44%	66%	84%	N / A	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	97%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	65%	40%	21%	AC / EW	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	12%	20%	N / A	CCB, DD

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

BI is the Brain Injury Waiver (formerly referred to as the Traumatic Brain Injury waiver).

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

Care Plan is the service plan developed by the HCBS participant's case manager (also referred to as Community Support Plan, Individual Support Plan and Individual Service Plan).

Case Files: Participant case files are the compilation of written participant records and information of case management activity from electronic tracking systems. They were examined for much of the evidence cited in this report.

Case File Compliance Worksheet: If findings from the review indicate that case files do not contain all required documentation, lead agencies will be provided with a Case File Compliance Worksheet that they will use to certify compliance items have been addressed.

CCB refers to the CAC, CADI and BI programs, which serve people with disabilities.

CDCS refers to Consumer-Directed Community Supports. This is a service option available for participants of all waiver programs that allows for increased flexibility and choice.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

CMS is the federal Centers for Medicare & Medicaid Services.

Cohort: All counties are categorized into one of five cohorts to allow for comparisons to be made amongst similar counties. Cohort one includes the counties serving a smaller number of HCBS participants, while cohort five includes the counties serving the largest number of HCBS participants.

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

Disability waiver programs refers to the CAC, CADI and BI Waiver programs.

EW is the Elderly Waiver.

HCBS are Home and Community-Based Services for persons with disabilities and the elderly: For the purpose of this report, HCBS include the Alternative Care program, CAC, CADI, Elderly, DD and BI Waivers.

Home care services refer to medical and health-related services and assistance with day-to-day activities provided to people in their homes. Examples of home care services include personal care assistant, home health aide and private duty nursing.

Lead agency is the local organization that administers the HCBS programs. A lead agency may be a County, Managed Care Organization, or Tribal Community.

Lead Agency Quality Assurance (QA) Plan Survey: Gathers information about lead agency compliance with state and federal requirements, quality assurance activities, and policies/practices related to health and safety.

Lead Agency Program Summary Data is data from MMIS/MAXIS and is used to compare lead agency performance to State averages and similar lead agencies for several operational indicators. This packet of data is formerly known as the operational indicators report. This data is presented to each lead agency during the waiver review site visit.

LTCC, or Long-Term Care Consultation, is used by case managers to assess participant health needs and participants' ability to live safely in their homes.

MnCHOICES is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

Participants are individuals enrolled and receiving services in a HCBS program.

Promising practice: An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

Policies are written procedures used by lead agencies to guide their operations.

Provider contracts are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

Provider Survey: Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Residential Services support people in outside of their homes, and include supported living services, foster care and customized living services.

Waiver Review Performance Indicators Dashboard is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

Waiver Review Site visit refers to the time DHS and IG are on site with the lead agency to collect data used in this report.