Minnesota Department of Human Services Waiver Review Initiative

Report for: **Faribault and Martin Counties**

Waiver Review Site Visit: July 2012

Report Issued: October 2012

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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 Faribault and Martin Counties.

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 participants.

ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations make the most of information, navigate complexity and ensure their investments of time and money lead to meaningful, sustained impact. 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 Faribault & Martin Counties
Case File Review	67 cases
Provider Survey	8 provider respondents
Supervisor Interviews	4 interviews with 4 staff
Focus Group	1 focus group(s) with 13 staff
Quality Assurance Survey	1 survey response

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 Faribault and Martin Counties

In July 2012, the Minnesota Department of Human Services conducted a review of Faribault and Martin Counties' Home and Community Based Services (HCBS) programs. Faribault and Martin Counties are rural counties located in south central Minnesota. Faribault's county seat is located in Blue Earth, Minnesota and the county has another ten cities and twenty townships. In State Fiscal Year 2011, Faribault County's population was approximately 14,508. Martin's county seat is located in Fairmont, Minnesota and the county has another nine cities and twenty townships. In State Fiscal Year 2011, Martin County's population was approximately 20,689. The Counties together served 569 people through the HCBS programs. In 2011, Faribault and Martin Counties had an elderly population of 21%, placing them 12th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Ten percent (10%) of Faribault and Martin Counties' elderly population are poor, placing them 40th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Human Services of Faribault and Martin Counties is the lead agency for all HCBS programs and provides case management for these programs. Human Services encompasses Public Health and Social Services functions, and the two agencies have been combined since 1976. Human Services includes the Community Health Services division which oversees the CCB and EW/AC programs, and the Social Services division, which oversees DD services. Faribault and Martin Counties each have an office with staff in their respective counties. The two counties provide care coordination for UCare and Blue Plus Managed Care Organizations (MCOs).

Faribault and Martin Counties have four supervisors for the waiver programs: a Mental Health Supervisor, a Community Health Supervisor, a DD Supervisor, and a Public Health Supervisor who splits her responsibilities between supervising waiver staff and as a lead case manager. Some county case managers work exclusively on managed care cases, while other staff have a mix of managed care and fee-for-service cases. The Mental Health supervisor manages three social workers that work with HCBS programs. The Community Health Supervisor oversees four public health nurses. The Public Health Supervisor oversees two public health nurses and a case aide. The DD supervisor manages seven case managers; most of whom manage DD cases and a few CADI cases.

Faribault and Martin Counties' case managers have a mix of experience with the county, ranging from five years to 25 or more years with the counties. All three of the mental health social workers work in both counties and have been with the counties for longer than seven years. However, all of these social workers are new to working with the waivers. The DD Supervisor shared that most case managers have over ten years of experience and have good experience with the waivers.

County staff shared that they used to assign both a public health nurse and a social worker to all participants, but found that this was not a sustainable model with funding cuts. However, some participants with extensive needs continue to have a social worker and a nurse serving them. In these cases, the counties use dual case management to ensure compliance with waivers while addressing additional needs. For example, a DD case manager will be the lead in a CADI cases with DD needs or a Mental Health case manager will be the lead on a CCB case with mental health needs.

EW, AC, and managed care case managers have an average of 100 cases. CCB case managers have 10 to 60 depending on other job responsibilities. DD caseloads range from 55 to 65 with up to three CADI cases.

Cases are assigned at the initial referral and intake. Faribault County and Martin County each have a designated person to determine case assignment. The participant is assigned a social worker or public health nurse depending on several factors including caseload, where the

participant lives, and previous knowledge of the participant. The Public Health Supervisor assigns cases if an assessment is requested in Faribault County. The DD supervisor will assign the cases on a rotating basis once the intake information has been entered into SSIS. A participant can call either county, but staff shared that residents will generally call the county they live in.

Working Across the Lead Agency

In Faribault County and in Martin County, the financial workers are located in the same office as case managers. As a result, there is a lot of informal communication amongst the workers. Case managers shared that they work very well with financial workers. They also said that financial workers have heavy caseloads and are very knowledgeable. Designated financial workers are assigned to the waiver programs and any of them are able to answer case managers' questions including those about MA eligibility and medical assessments for AC. Staff also reported that financial workers do a good job of informing them when something is not complete for a participant that may jeopardize their eligibility.

All county-based programs including adult and child protection and mental health share an intake process. A social worker, nurse, or mental health worker are available to take phone calls and walk-ins. Public health, social services, and mental health rotate intake responsibilities. Everyone has basic knowledge of services available from the agency. The supervisors are all part of the same team and have responsibilities in mental health, vulnerable adults, and child protection allowing them to provide seamless services for participants.

Case managers with different areas of expertise work together to meet all of a participant's needs. The DD supervisor shared that adult protection is managed by a social worker who also has some waiver cases. DD case managers are also back-up for adult protection and the counties are in the process for creating a position for a single DD case manager to serve as primary back-up.

Directors and managers meet with the Human Services Board which has five commissioners and one citizen-appointed member from each county. The Program Managers and Mental Health

Supervisor attend Human Services Board meetings and attend local citizens' advisory boards as well. They also give a quarterly report to the Board. They share information including caseload sizes, unique cases, issues they are facing, and any changes that have happened in the programs. They will share a case with the Board that has been especially successful. Case managers provide a more intensive board orientation every 18-24 months so that Board members are knowledgeable about LTCC programs when talking with their constituents. The counties are interested in making sure Board members know about HCBS programs and feel they are better able to respond to constituents when they are informed of the programs. Communication with the Board is seen as an outreach method as board members are in such frequent contact with members of the community who may need to access HCBS.

Health and Safety

In the Quality Assurance survey, Faribault and Martin Counties reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Case managers shared that they are very proactive in getting participants supports they need to be successful in the community, even if they are not eligible for the waiver, and help participants and families navigate the system.

A supervisor shared that it is a challenge to keep up with changes to State and Federal requirements. Staff stays current with changes in policies by attending video conferences and webinars from health plans. At least one staff member will attend webinars and ITVs and then will share the information with the rest of the staff. Staff also read bulletins and attend regional meetings, but find it hard to keep up with changes. Staff have certain areas of expertise and serve as resources for other staff members. One example of this is the increased use Consumer Directed Community Supports (CDCS) amongst CCB and EW/AC participants. Case managers who have utilized CDCS more extensively have shared their knowledge with their colleagues.

Supervisors shared that staff are aware of program requirements and paperwork that is needed and have a formalized process for completing work. Faribault and Martin Counties have a case aide who assists with scheduling visits with participants and also reviews case files. The counties

just started auditing a sample of files to review for fee for service programs. If the case aide identifies issues, she will bring the file to the case manager to correct. The case aide also uses an Excel spreadsheet to track each participant's case manager, program, reassessment due date, financial worker, and visits, and this document is available to staff.

The Counties hold staff meetings two to three times per month to go through bulletins, new resources, and new providers. All case managers and care coordinators that work on the LTC waivers attend the meetings. Staff will brainstorm at group or staff meetings if they need assistance with a particular case. Each meeting includes minutes, so staff are able to stay abreast of changes if they are unable to attend a meeting by reading minutes and talking with their coworkers. Finally, they will periodically bring in outside presenters to talk about dementia or other topics of interest to staff.

Service Development and Gaps

Faribault and Martin Counties' staff noted that they have a shortage of providers in several areas. Supervisors shared that the east half of Faribault County has few providers. Home care agencies have some challenges getting and retaining staff. Case managers noted that they are limited in homemaker providers. They also have a shortage of assisted (customized) living facilities that can adequately serve individuals with higher needs. Case managers shared that it can also be difficult to find specialized providers with the skills to serve DD participants with mental health needs.

The county staff identified their rural location as a major barrier to service development. The counties work regionally to get providers, but feel they are still too small to attract some services they need. Staff shared that the rural location of participants can also make it difficult for providers due to travel and rates not adequately covering these administrative costs. There is a demand for corporate foster care beds, yet beds at a rural corporate foster care are vacant as no one wants to relocate there. The counties currently do not have access to behavioral health aides, and despite the counties' efforts, providers are unwilling to develop this service.

The counties said that they have made efforts to expand and improve services. The counties subsidize public transportation to help improve access. The counties have also implemented more independent living options including an apartment program where a Supported Living Services provider serves participants in their own apartments and a shared housing model where a participant's family bought a home to rent to four participants receiving services from multiple providers. Providers responding to the survey also said that the counties have initiated general discussion regarding expanding service options for employment and transportation services out of the county.

Community and Provider Relationships & Monitoring

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

Faribault and Martin Counties' Case Manager Rankings of Local Agency Relationships

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

	Below Average	Average	Above Average
Nursing Homes	0	1	7
Schools (IEIC)	0	2	2
Schools (CTIC)	1	2	1
Advocacy Organizations	1	1	4
Hospitals (in and out of county)	0	0	11
Area Agency on Aging	0	1	1
Providers	0	3	8

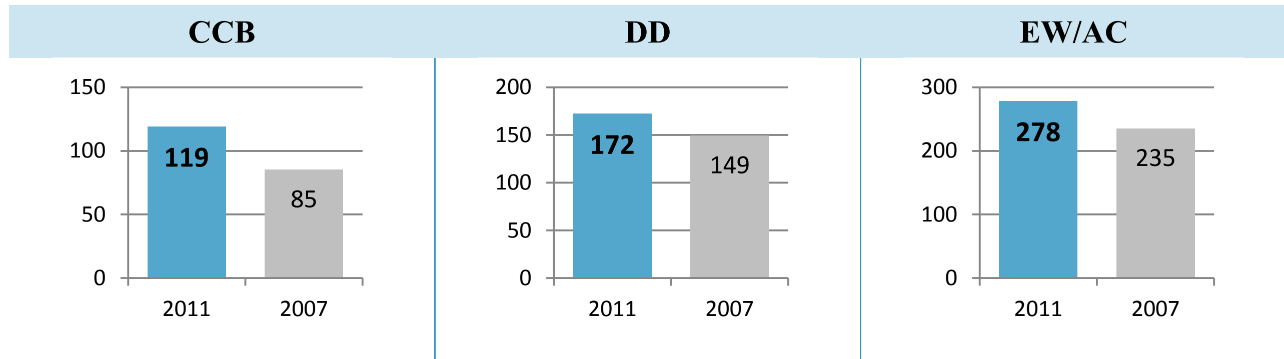
In general, case managers said that they work well with providers. Providers will attend unit meetings occasionally. County staff said that they receive positive feedback from providers. Providers will call case managers with questions, especially providers with new staff.

One DD case manager and Community Health Supervisor participate in the regional Interagency Early Intervention Committee (IEIC) meetings. The Social Services Supervisor attends DD provider meetings on a monthly basis and meets with individual providers as needed. Case managers rated their relationship with IEIC in the area as high. However, case managers said that while schools do well with younger children, the transition for graduation age students is not always a smooth one. In addition, there have been communication problems with some school staff. One DD case manager attends the Community Transition Interagency Committee (CTIC). This is an interagency group which includes school and other professionals. Some of the county staff said that they have had difficulty communicating with ARC. Case managers shared that they have limited, but good interactions with the Minnesota River Area Agency on Aging. Case managers shared that they have a good relationship with the courts in guardianship cases. The counties have both formal and informal provider monitoring practices. For example, they conduct site visits for foster care and case managers have more informal discussions about providers. They also review DHS and Minnesota Department of Health licensing reports. Case managers address minor provider performance issues directly. The counties get a monthly report from all providers that is reviewed by case managers and put in the participant's file.

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 Faribault and Martin Counties (2007 & 2011)



CCB		DD		EW/AC	
2011	119	2011	172	2011	278
2007	85	2007	149	2007	235

Since 2007, the number of persons served in the EW/AC program in Faribault and Martin has increased by 43 people (18.3%), from 235 people in 2007 to 278 people in 2011. Enrollment is comprised of high needs participants (those with case mixes B-K) and low needs participants (those with case mixes A and L). The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The category with the greatest increase was case mix B, which grew by 19 people. In addition, case mixes D and E grew by five and 11 people respectively. Despite growth in the high needs categories, Faribault and Martin Counties still serve a high proportion of lower needs participants in the EW/AC programs.

Since 2007, the total number of persons served in the CCB Waiver in Faribault and Martin has increased by 34 participants (40.0%); from 85 in 2007 to 119 in 2011. Most of this growth occurred in the case mix B, which grew by 19 people. In addition, case mixes A and J each grew by five people. Only case mix C decreased. Growth in most of the higher needs case mix categories accounts for most of the total increase in persons served.

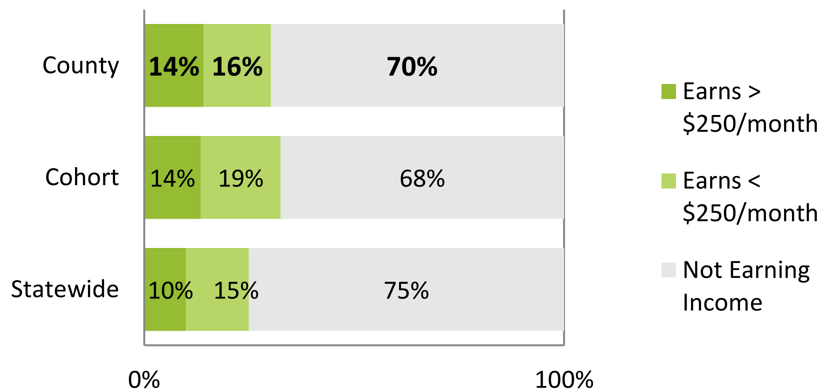
Since 2007, the number of persons served with the DD waiver in Faribault and Martin increased by 23 participants, from 149 in 2007 to 172 in 2011. In Faribault and Martin Counties, the DD waiver program is growing more quickly than in the cohort as a whole. While Faribault

Martin experienced a 15.4% increase in the number of persons served from 2007-2011, its cohort had a 9.3% increase in number of persons served. In Faribault and Martin Counties, the greatest change occurred with persons having a Profile 3, which accounts for most of the total increase. The greatest change in the cohort profile groups also occurred in persons having a Profile 3. Although the proportion of higher needs participants is growing, Faribault and Martin Counties still serve a smaller proportion of persons with a Profile of 1 and 2 (33.1%), than its cohort (37.8%).

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 (2011)

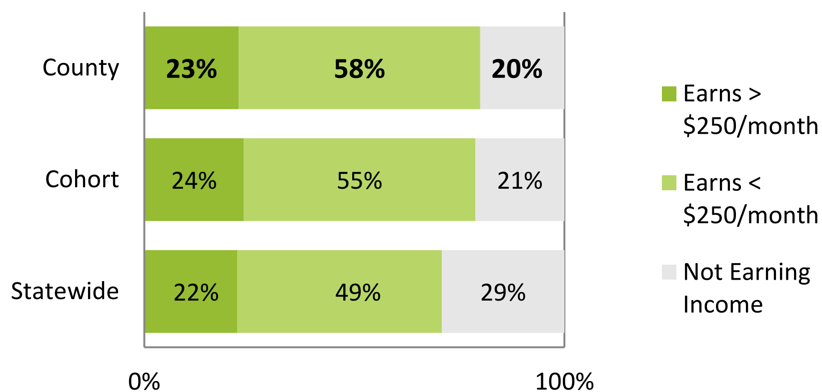


	Earns > $250 per month	Earns < $250 per month	Not Earning Income
Faribault and Martin Counties	14%	16%	70%
Cohort	14%	19%	68%
Statewide	10%	15%	75%

In 2011, Faribault and Martin Counties served 119 people in CCB, of whom 106 were working age adults (22-64 years old) on the CCB waivers. Faribault and Martin Counties ranked 71st of 87 counties in the percent of CCB waiver participants with any amount of earned income. Of working age participants, 30.2% had earned income, compared to 32.5% of the cohort's working age participants. However, Faribault and Martin had a slightly higher percentage of participants earning $250 or more per month (14.2%) than its cohort (13.5%) and ranked 29th statewide. Statewide, 10.0% of the CCB waiver participants of working age have earned income of $250 or more per month.

From 2007-2011, the number of working age CCB participants in Faribault and Martin Counties increased from 75 to 106 people. Of those, the percent with earned income increased from 22.7% to 30.2%. In comparison, its cohort increased just slightly from 28.5% to about 32.5%, and the statewide rate increased from 10.2% to 25.0%. Although a lower percentage of working age participants in Faribault and Martin Counties have earned income, the rate is catching up with that of the cohort.

DD Participants Age 22-64 Earned Income from Employment (2011)



	Earns > $250/month	Earns < $250/month	Not Earning Income
Faribault and Martin Counties	23%	58%	20%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2011, Faribault and Martin Counties served 172 people on the DD waiver; 120 of those people were of working age (22-64 years old). For participants in the 22-64 year age group, 80.0% had earned income, which is a slightly higher rate than its cohort (78.8%). In addition, they ranked 45th in the state for working-age participants earning more than $250 per month. Of working age participants in Faribault and Martin Counties, 22.5% earned more than $250 per month. Similarly, 23.7% of working age participants in the cohort as a whole did. Statewide, 70.8% of working-age participants on the DD waiver have some amount of earned income.

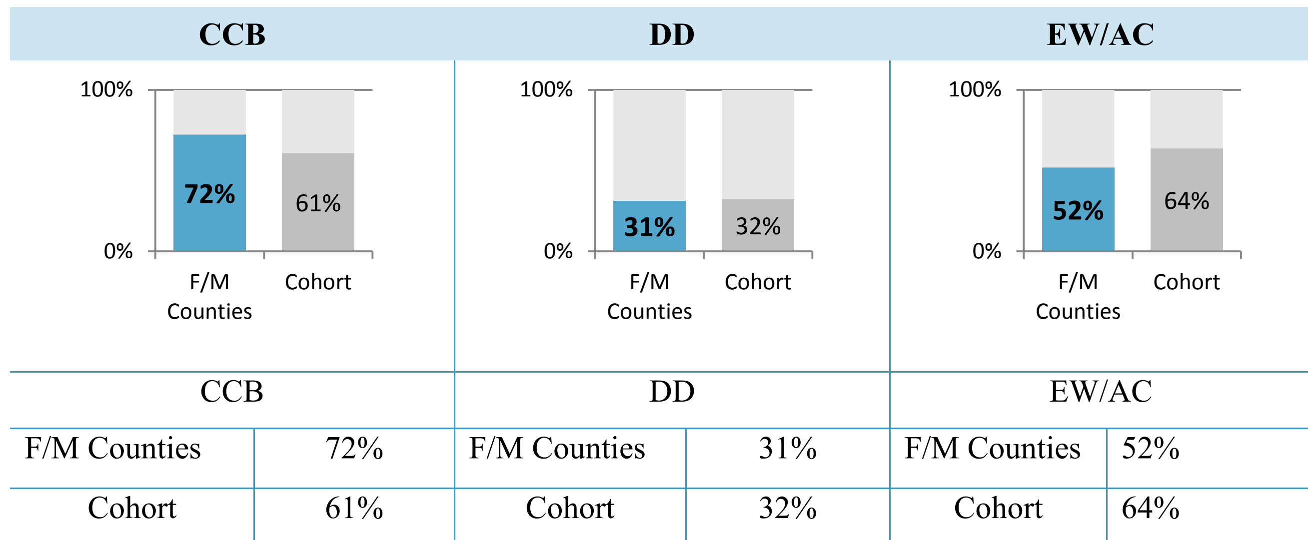
From 2007-2011, Faribault and Martin Counties' percentage of working-age DD waiver participants with earned income decreased from 87.8% to 80.0%. In comparison, the percentage of working age participants with earned income in the cohort decreased slightly from 80.6% to 78.8%. Statewide, there was a modest increase in the participants with earnings from 71.1% to 71.3% over the same time period.

Finding employment opportunities can be a challenge for the counties. Because of some challenges with transitioning participants out of schooling into adulthood, some participants move from school directly to the center based activities at Day Training and Habilitation (DT&H) centers rather than moving to community-based employment opportunities. Staff reported that there are limited DD employment opportunities in Faribault County with only one DT&H center.

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 (2011)



CCB		DD		EW/AC	
F/M Counties	72%	F/M Counties	31%	F/M Counties	52%
Cohort	61%	Cohort	32%	Cohort	64%

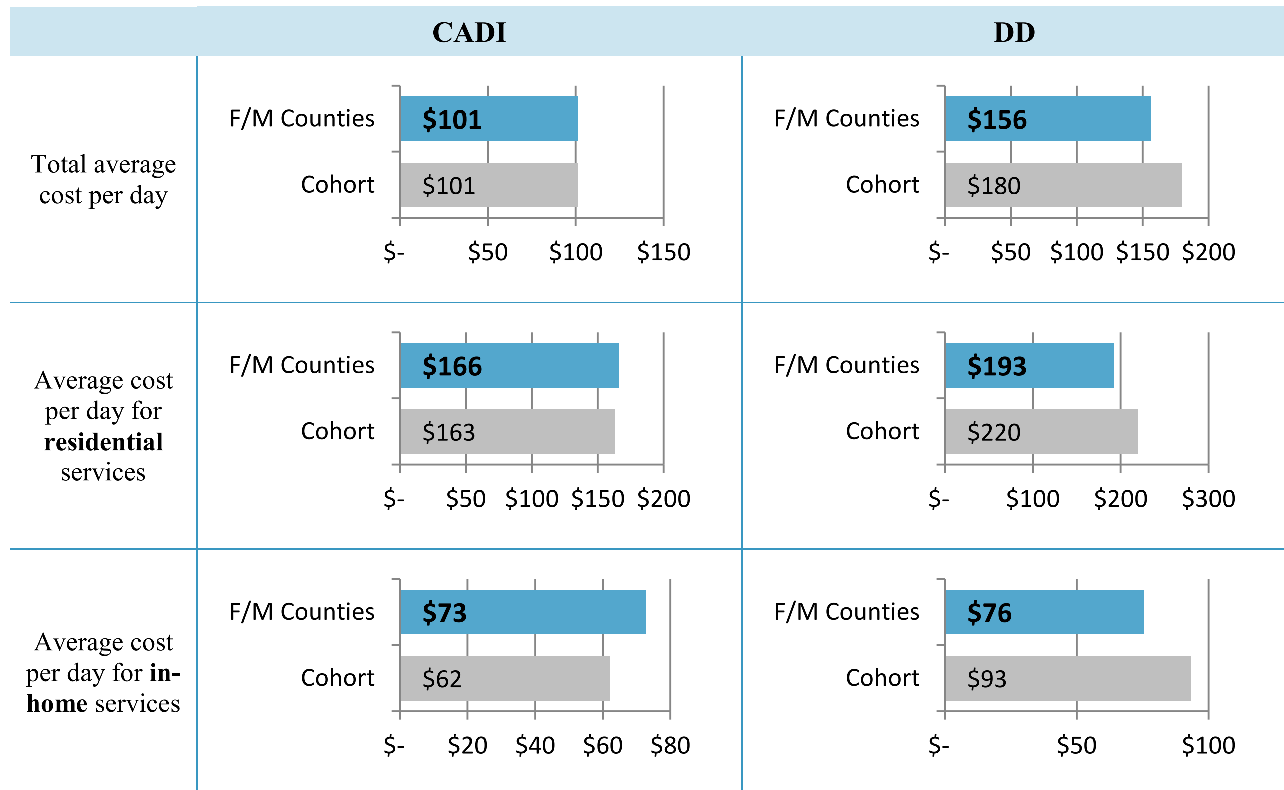
Faribault and Martin Counties rank 58th out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the counties served 86 people at home. Between 2007 and 2011, the percentage decreased by 7.7 percentage points. In comparison, their cohort's percentage fell by 4.3 percentage points and the statewide average fell by 2.0 points. Statewide, 63.0% of CCB participants were served at home in 2011. Faribault and Martin Counties serve a higher proportion of CCB waiver participants at home than the rest of the state and their cohort, but the proportion has fallen more steeply.

Faribault and Martin Counties rank 31st out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 54 people at home. Between 2007 and 2011, the percentage increased by 1.9 percentage points. The percentage of participants served at home fell by 0.5 percentage points in their cohort, but the statewide percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6% to 35.7%. Faribault and Martin Counties serve about the same proportion of DD waiver participants at home as the rest of the state and their cohort.

Faribault and Martin Counties rank 78th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 278 people at home. Between 2007 and 2011, the percentage decreased by 6.5 percentage points. In comparison, the

percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. Statewide, 75.4% of EW/AC participants were served in their homes in 2011. Faribault and Martin Counties serve a lower proportion of EW/AC participants than their cohort and the state, and the percentage has fallen more over time.

Average Costs per day for CADI and DD services (2011)



Average Rates per day for CADI services (2011)

	F/M Counties	Cohort
Total average rates per day	$101.38	$101.14
Average rate per day for **residential** services	$166.28	$163.08
Average rate per day for **in-home** services	$72.66	$62.15

Average Rates per day for DD services (2011)

	F/M Counties	Cohort
Total average rates per day	$156.40	$179.75
Average rate per day for **residential** services	$192.72	$219.77
Average rate per day for **in-home** services	$75.55	$93.24

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 Faribault and Martin Counties are $0.24 more per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Faribault and Martin Counties spend $3.20 more on residential services and $10.51 more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Faribault and Martin Counties rank 51st of 87 counties. Statewide, the average waiver cost per day for CADI $100.52.

The average cost per day for DD waiver participants in Faribault and Martin Counties are $23.35 less than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Faribault and Martin Counties spend $27.05 less on residential services and $17.69 less on in-home services than their cohorts. In a statewide comparison of the average daily cost of a DD waiver participant, Faribault and Martin Counties ranks 19th of 87 counties. Statewide, the average waiver cost per day for DD waiver participants is $188.52.

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.

Faribault and Martin Counties have notably higher use in the CADI program than their cohort for several in-home services such as Homemaker Services (42% vs. 28%) and Personal Emergency Response Systems (19% vs. 12%). Conversely, they use Foster Care at a slightly lower rate than their cohort (20% vs. 25%). Forty-four percent (44%) of Faribault and

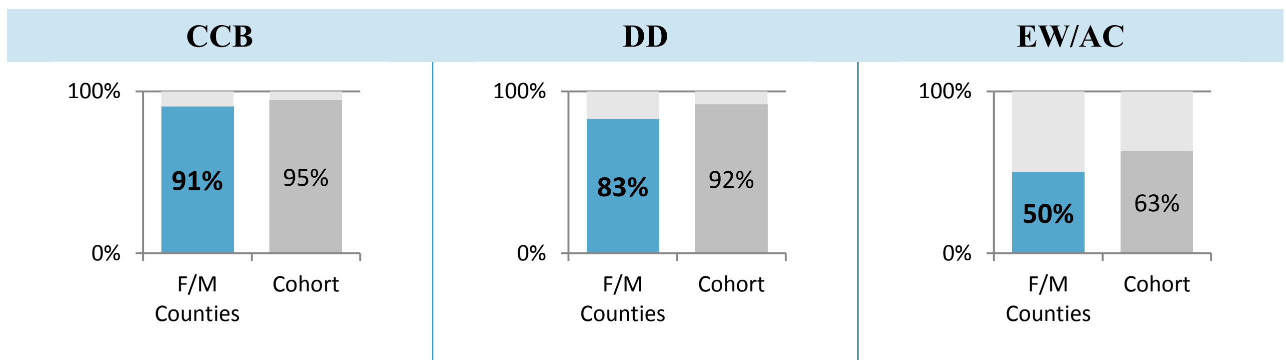
Martin Counties' payments for CADI services are for residential services (39% foster care, 4% customized living, and 1% residential care services) which is lower than to its cohort group (54%). Faribault and Martin Counties' monthly rate for Corporate Adult Foster Care ($5,094.94) is less than their cohort group average ($5,551.54).

Faribault and Martin Counties have slightly lower use in the DD program than its cohort for vocational services, including Day Training and Habilitation (52% vs. 60%) and Supported Employment (0% vs. 4%). They have similar use of Supportive Living Services (68% vs. 67%) which can be 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. A little over seventy percent (70%) of Faribault and Martin Counties' payments for DD services are for Supportive Living Services which is slightly higher than its cohort group (67%). Faribault and Marin Counties' monthly rate for Supportive Living Services in a Corporate Adult Foster Care ($4,934.70) is higher than its cohort ($3,833.46). Use of other in-home services vary, such as greater utilization of Personal Supports (15% vs. 10%) and less utilization of In-Home Family Support (11% vs. 16%) than their 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 Participants Receiving HCBS (2011)



CCB		DD		EW/AC	
F/M Counties	91%	F/M Counties	83%	F/M Counties	50%
Cohort	95%	Cohort	92%	Cohort	63%

In 2011, Faribault and Martin Counties served 205 LTC participants, (persons with disabilities under the age of 65); 181 in HCBS settings and 33 in institutional care. Faribault and Martin Counties ranked 70th of 87 counties in the percent of LTC participants receiving HCBS; 90.7% of the LTC participants received HCBS. This is slightly lower than their cohort, where 94.6% were HCBS recipients. Since 2007, Faribault and Martin Counties and their cohort have slightly increased their use of HCBS; 1.2 percentage points and 2.9 percentage points respectively. Statewide, 94.1% of LTC participants received HCBS in 2011.

In 2011, Faribault and Martin Counties served 242 LTC participants (persons with development disabilities under the age of 65); 201 in HCBS settings and 44 in institutional settings. Faribault and Martin Counties ranked 78th of 87 counties in the percentage of LTC participants receiving HCBS with 83.0% of its LTC participants receiving HCBS; a lower rate than its cohort (91.9%). They have slightly increased their use of HCBS over the last four years (+2.4 percentage points), and the cohort rate has increased similarly (+1.4 percentage points). Statewide, 91.6% of LTC participants received HCBS in 2011.

In 2011, Faribault and Martin Counties served 553 LTC participants (over the age of 65); 287 in HCBS settings and 282 in institutional care. Faribault and Martin Counties ranked 70th of 87 counties in the percent of LTC participants receiving HCBS. Of those LTC participants, 50.2% received HCBS. This is less than their cohort, where 63.3% were HCBS recipients. Since 2007, they have increased their use of HCBS by 9.4 percentage points, while their cohort has only increased by 6.8 percentage points. Statewide, 65.9% of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1,000 Residents (2011)

	Faribault & Martin Counties	Cohort	Statewide
Age 0-64	**0.39**	0.35	0.47
Age 65+	**30.08**	24.75	23.11
TOTAL	**6.49**	3.54	3.24

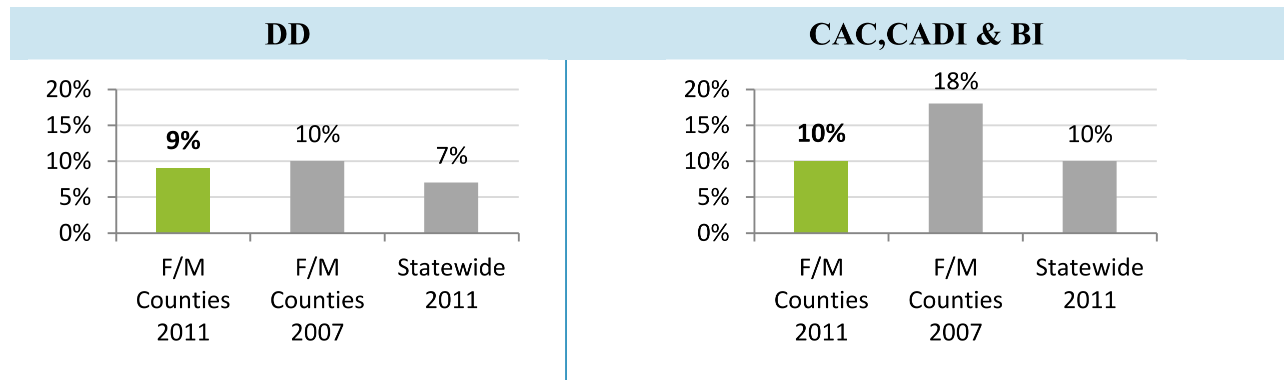
In 2011, Faribault and Martin was ranked 65th in their overall use of nursing facility services. Since 2009, the number of nursing home residents 65 and older has increased by 1.9% in Faribault and Martin Counties. In addition, their rate of nursing facility use for adults 65 years and older is higher than both the cohort and the statewide rates. Over the same time period, the number of nursing home residents under 65 has increased by five people (83.3%).This increase first occurred in 2010 and remained the same in 2011. In Faribault and Martin Counties, there are more nursing home residents under 65 per 1,000 people than in the Counties' cohort. Although the total number of people in nursing homes decreased between 2010 and 2011, it has still increased by 2.0% since 2009.

Case managers noted that while there has been staff turnover, their relationship with nursing homes is generally good. The counties have several nursing homes attached to assisted livings. This leads to easier and more frequent use of nursing homes. Instead of having the assisted living provide increased cares, they often will take participants to the nursing facilities. The counties will not pay if not told in advance about the move to a nursing facility. Supervisors shared that they have attempted to get providers to handle higher needs in assisted living facilities to stop this practice, but have not had much success. Participants want to stay in their community when they age, so they will often choose an assisted living or nursing home that is close by, even if it is suited for a population with higher needs.

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
County (2011)	9%	10%
County (2007)	10%	18%
Statewide (2011)	7%	10%

At the end of calendar year 2011, 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 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Faribault and Martin Counties had a 9% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Faribault and Martin Counties' DD waiver balance is smaller than its balance in CY 2007 (10%), but larger than the statewide average (7%).

At the end of state fiscal year 2011, the CCB waiver budget had a reserve. Faribault and Martin Counties' waiver budget balance was also calculated for CAC, CADI and BI programs

for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Faribault and Martin Counties had a 10% balance at the end of fiscal year 2011, which is a smaller than the balance in FY 2007 (18%) and the same as the statewide average (10%).

Faribault and Martin Counties have a merged allocation in the Waiver Management system. They stated that they do not currently have a formal waitlist. However, the DD Supervisor shared that there is an informal waitlist for DD, and has been for many years. DD case managers have access to check the list and update it if there are changes. The DD waitlist is printed off for unit meetings so that case managers can review priority cases. The counties have a policy in place for prioritizing slots for the DD waiver when slots become available. For the CCB programs, the counties use a worksheet for requesting slots that the case manager completes. This budget worksheet includes service needs and estimates how much it will cost. Staff have a general idea about how much money and slots are available. There is a separate budget worksheet to request additional services for existing participants. They also reported that they have a few reuse slots in the counties available and have requested new slots from DHS when needed.

DD and CCB allocations are managed separately. The DD allocations are managed by the DD Supervisor. The DD Supervisor checks the waiver management system five to six times a month because of budget requests. She shared that they rarely deny requests for health and safety. The CCB allocations are managed by the Community Health Supervisor and the Public Health Supervisor. They meet with case managers twice a month to talk about the budget and review bulletins. The counties modeled the CCB process after the DD process. The counties use up to 5% of the allocation. Towards the end of the fiscal year, they will start to use 5% for the less urgent needs that have been put on hold for existing participants, such as home modifications or equipment. The Community Health Supervisor makes final decisions for CCB requests, and she feels that the counties have had funding to do everything that is critical for health and safety. Case managers and the supervisors have open communication about priorities and will decide how to best use allocations based on need.

County 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.

Faribault and Martin Counties' Case Manager Rankings of DHS Resources
Scale: 1= Not Useful; 5= Very Useful

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

	1	2	3	4	5
Policy Quest	1	1	1	4	0
Help Desk	0	0	5	0	0
Disabilities Service Program Manual	0	0	1	8	1
DHS website	2	2	2	6	0
E-Docs	0	0	1	8	3
Disability Linkage Line	0	0	1	3	0
Senior Linkage Line	0	0	2	4	0
Bulletins	0	0	1	11	0
Videoconference trainings	1	8	3	0	0
Webinars	4	5	2	1	0
Regional Resource Specialist	0	2	6	2	0
Listserv announcements	0	1	4	2	0
MinnesotaHelp.Info	5	1	0	0	0
Ombudsmen	0	2	4	1	0

Case managers shared that they do not always receive prompt, useful, or consistent answers from Policy Quest. One supervisor shared that the DSPM has been a good source of information. Another said that it is nice to have things in writing and she can usually find what she is looking

for. Several county staff also shared that they use the DHS website frequently, but it can be hard to navigate and it becomes very frustrating to find information. They also said that the website search engine does not work well for them. Both Faribault and Martin County offices have ITV equipment, but Martin County is used more often for videoconference trainings because it has a bigger room. One supervisor shared that there have been a mix of good and bad trainings. Case managers' opinions of videoconference trainings and webinars were mixed, but were generally below average. Case managers and supervisors shared that presenters do not follow-up about questions asked during webinars. A supervisor shared that staff no longer attend the Odyssey conference and feels the information is no longer relevant to what case managers do on a day to day basis. In addition, Managed Care Organizations UCare and Blue Plus offer staff trainings that staff must attend.

One supervisor emails bulletins to case managers, but is concerned that staff does not have time to read them with all the e-mails they receive. Case managers said that bulletins are easy to access and they are able to find information, but they can be very long and complex. They also shared that the Regional Resource Specialist (RRS) has not been able to answer questions as quickly as before due to additional job responsibilities. Both the Disability and Senior Linkage Lines have been useful for working with residents on Medicare Part D issues. The MinnesotaHelp.Info website received very low ratings from case managers. Case managers noted that MinnesotaHelp.Info has inaccurate information and it does not contain information on all providers.

County Strengths, Recommendations, & Corrective Actions

The findings in the following sections are drawn from reports by the county staff, reviews of participant case files, and observations made during the site visit.

Faribault and Martin Counties Strengths

The following findings focus on Faribault and Martin Counties' recent improvements, strengths, and promising practices. They are items or processes used by the county that create positive results for the county and its HCBS participants.

- **Faribault and Martin Counties address issues to comply with Federal and State requirements.** During the previous review in 2006, Faribault and Martin Counties received a corrective action for the following items being out of compliance: DD participant Related Conditions Checklist and emergency contact information for CCB participants. In 2012, neither of the two issues remain for Faribault and Martin Counties, indicating technical improvements over time.
- **Case managers work well as a team and have good working relationships with one another.** Case managers are resourceful and work with each other to problem solve when issues arise. Staff communication is strength in Faribault and Martin Counties, and case managers are kept informed about what is going on with the waiver programs including allocation spending and state and federal policy changes. Case managers are experienced and have backgrounds in a variety of disciplines, which allows them to navigate easily across programs within the agency. For example, Consumer Directed Community Supports (CDCS) is a strong program in Faribault and Martin Counties and continues to grow as a result of DD waiver staff working with LTC staff to use CDCS more.
- **Faribault and Martin Counties staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Being in a rural area, they have a limited number of providers, but their providers generally offer high quality services. Additionally, because Faribault and Martin Counties work together, staff noted that they have a better pool of resources to draw from than they would on their own. Case managers work especially well with their community's Interagency Early Intervention Committee (IEIC) to serve young HCBS participants.
- **Faribault and Martin Counties include visit sheets in case files and have a practice of documenting participant satisfaction in case notes.** Face-to-face contact with participants was well-documented in the case notes and included detailed information about the participant. One hundred percent (100%) of cases reviewed documented issues or life events to better understand the participant's situation. In addition, seventy percent (70%) of all cases reviewed specifically document participant satisfaction in the case files.

- **Faribault and Martin Counties require monthly reports from LTC providers and include this documentation in each participant case file.** This practice is a good way for case management staff to monitor provider performance and fulfillment of the services outlined in the care plan. When case managers identify performance issues, they should alert their supervisor who can track trends across providers.

Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The counties must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Work with providers and neighboring counties to develop services that support participants in the community and in their own homes to reduce reliance on more expensive residential or institutional care.** Across all waiver programs, Faribault and Martin Counties have fewer LTC recipients receiving HCBS services than their cohorts. Moreover, Faribault and Martin County participants in the DD and elderly programs are less likely to live at home when compared to their cohorts. It is recommended that the Counties work across program populations to develop Home and Community Based Services to serve high needs participants in the community instead of in an institution. Include in this the expansion of in-home options, such as a package of services offered by several providers

working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services.

- **Ensure service providers are benefiting participants by adding standard questions to monitor service delivery to visit sheets.** The visit sheet could be used to evaluate contractual compliance, provider staffing levels, and whether participants are satisfied with services during visits to participants. Case management visits are one of the most effective methods of monitoring provider performance.
- **Consider using contracted case management services to serve participants that live out of the county or isolated areas of the county or to cover during staffing shortages.** Counties have found that contracted case management in these types of situations improves care oversight and the effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. In such cases, Faribault and Martin Counties would still need to maintain administrative case management functions such as maintaining a case file with current documentation of all required paperwork.
- **Faribault and Martin Counties have reserves in the DD and CCB budgets and are able to serve additional participants in these programs.** Faribault and Martin Counties' DD waiver budget balance was 9% at the end of calendar year 2011 and they have a waiting list. There was a 10% balance in the CADI, CAC and BI programs at the end of FY 2011. Therefore, there is room to add consumers actively pursuing the waiver via new or reuse slots to reduce or eliminate the waiting list and add more services such as supportive employment for current participants. Typically a 5% to 8% allocation reserve is more than adequate to manage risk for counties of this size. The Counties may also want to consider using their business office expertise to help manage allocations.
- **Develop higher wage, community-based employment opportunities for participants with disabilities and developmental disabilities.** While Faribault and Martin Counties have higher rates than its cohorts in the percentage of working age participants earning income in the DD community, a renewed focus on employment may help the Counties bring its CCB employment up the levels of DD employment. When developing services, work across

programs to ensure they can be accessed by all participants regardless of the program and focus on developing community-based employment opportunities that tend to result in higher wages for participants.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Faribault and Martin Counties were found to be inconsistent in meeting state and federal requirements and will require a response by Faribault and Martin Counties. 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. The following are areas in which Faribault and Martin Counties will be required to take corrective action.

- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant health and safety issues.** All care plans must be updated with this information. Six out of 11 AC care plans reviewed did not include documentation of health and safety issues. The care plan is the one document that all participants receive. Therefore, it must include information the participant's health and safety needs, along with which services, formal or informal, will be provided to address those needs.
- **Beginning immediately, include a back-up plan in the care plan of all CADI and 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 provided needed services. Currently, three out of 16 CADI cases included partial back-up plan documentation meaning the plan included one or two, but not all three required elements.

[1] A sample back-up plan with emergency contact information can be accessed at: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal.** It is required that all HCBS participants have a completed documentation of informed rights included in their case file. Three out of 16 CADI cases and two out of 20 EW cases did not have a completed documentation in the case file showing that participants had been informed of their right to appeal within the past year.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, one out of two BI cases and 9 out of 20 EW cases have complete documentation, but it was not current within in the past year. One out of 20 EW cases had partial documentation because the form was not dated.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Faribault and Martin Counties 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 44 cases. All items are to be corrected by September 28, 2012 and verification submitted to the Waiver Review Team to document full compliance. Faribault and Martin Counties submitted a completed compliance report on September 13, 2012.

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**
1	Participants waiting for HCBS program services	21	N / A	0	21	N / A	N / A
2	Screenings done on time for new participants (PR)	97%	97%	100%	89%	AC / EW, CCB	N / A
3	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	47%	65%	DD	CCB
	PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC/EW n=31**	**CCB n=20**	**DD n=16**	**Strength**	**Challenge**
4	Timeliness of assessment to development of care plan (PR)	96%	94%	100%	N / A	AC / EW, CCB	N / A

	PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC/EW n=31	CCB n=20	DD n=16	Strength	Challenge
5	Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
6	Care plan signed and dated by all relevant parties (PR)	99%	97%	100%	100%	ALL	N / A
7	All needed services to be provided in care plan (PR)	97%	97%	100%	94%	ALL	N / A
8	Choice questions answered in care plan (PR)	96%	94%	95%	100%	ALL	N / A
9	Participant needs identified in care plan (PR)	78%	71%	70%	100%	DD	N / A
10	Inclusion of caregiver needs in care plans	17%	0%	0%	100%	DD	N / A
11	OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
12	ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
13	DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
14	DD screening document signed by all relevant parties (PR for DD only)	94%	N / A	N / A	94%	DD	N / A
15	Related Conditions Checklist (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
16	BI Form complete and current (PR for BI only)	100%	N / A	100%	N / A	CCB	N / A
17	CAC Form complete and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	N / A
	PROVIDER CAPACITY & CAPABILITIES	**ALL**	**AC/EW**	**CCB**	**DD**	**Strength**	**Challenge**
18	Case managers provide oversight to providers on a systematic basis most of the time or always (*QA survey*)	100%	N / A	N / A	N / A	ALL	N / A
19	LA recruits service providers to address gaps most of the time or always (*QA survey*)	100%	N / A	N / A	N / A	ALL	N / A

	PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC/EW	CCB	DD	Strength	Challenge
20	Case managers document provider performance most of the time or always (*QA survey*)	100%	N / A	N / A	N / A	ALL	N / A
21	Providers report receiving assistance when requested from the LA *(Provider survey, n=8)*	100%	N / A	N / A	N / A	ALL	N / A
22	Providers submit monitoring reports to the LA *(Provider survey, n=8)*	100%	N / A	N / A	N / A	ALL	N / A
	PARTICIPANT SAFEGUARDS	**ALL**	**AC/EW n=31**	**CCB n=20**	**DD n=16**	**Strength**	**Challenge**
23	Participants have a face-to-face visit in the last six months (PR)	87%	84%	90%	88%	CCB	N / A
24	Participants receive face-to-face visits on a biannual or more frequent basis (PR)	88%	84%	85%	100%	DD	N / A
25	Health and safety issues outlined in care plan (PR)	81%	71%	80%	100%	DD	N / A
26	Back-up plan (PR for CCB only)	67%	65%	85%	50%	N / A	N / A
27	Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
	PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC/EW n=31**	**CCB n=20**	**DD n=16**	**Strength**	**Challenge**
28	Informed consent documentation in the case file (PR)	97%	94%	100%	100%	ALL	N / A
29	Person informed of right to appeal documentation in the case file (PR)	55%	42%	40%	100%	DD	AC / EW, CCB
30	Person informed privacy practice (HIPAA) documentation in the case file (PR)	84%	68%	95%	100%	CCB, DD	AC / EW

	PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC/EW n=31**	**CCB n=20**	**DD n=16**	**Strength**	**Challenge**
31	Participant outcomes & goals stated in individual care plan (PR)	93%	97%	85%	94%	AC / EW, DD	N / A
32	Documentation of participant satisfaction in the case file	70%	68%	75%	69%	N / A	N / A
	SYSTEM PERFORMANCE	**ALL**	**AC/EW**	**CCB**	**DD**	**Strength**	**Challenge**
33	Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
34	Percent of LTC recipients receiving HCBS	N / A	50%	91%	83%	N / A	ALL
35	Percent of LTC funds spent on HCBS	N / A	28%	83%	73%	N / A	ALL
36	Percent of waiver participants with higher needs	N / A	29%	57%	77%	N / A	ALL
37	Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	90%	CCB, DD	N / A
38	Percent of waiver participants served at home	N / A	52%	72%	31%	CCB	AC / EW, DD
39	Percent of working age adults employed and earning $250+ per month	N / A	N / A	14%	23%	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.

***CAD*I** 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.

MN Choices 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.

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

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.

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.