

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Le Sueur County**

Waiver Review Site Visit: August 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 Le Sueur 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](#) at

http://www.dhs.state.mn.us/main/dhs16_166609

[Waiver Review Website](#) at 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 Le Sueur County |
|--------------------------|--|
| Case File Review | 47 cases |
| Provider survey | 13 respondents |
| Supervisor Interviews | 1 interview with 2 staff |
| Focus Group | 1 focus group 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 Le Sueur County

In August 2014, the Minnesota Department of Human Services conducted a review of Le Sueur County's Home and Community Based Services (HCBS) programs. Le Sueur County is a rural county located in south central Minnesota. Its county seat is located in Le Center, Minnesota and the County has another 10 cities and 14 townships. In State Fiscal Year 2013, Le Sueur County's population was approximately 27,834 and served 389 people through the HCBS programs. According to the 2010 Census Data, Le Sueur County had an elderly population of 13.5%, placing it 65th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Le Sueur County's elderly population, 8.7% are poor, placing it 54th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

There are two lead agencies for HCBS programs in Le Sueur County. The Public Health Department is the lead agency for the AC, EW, CAC, CADI, and BI programs, and the Human Services Department is the lead agency for the DD program. Le Sueur County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) Blue Plus and UCare.

There is one Public Health Supervisor who oversees the management of the AC, EW, and CCB programs. She supervises seven case managers who manage AC, EW, and CCB cases. In February 2014, Public Health divided the case managers into two teams, one that manages programs for participants under age 65 and one that manages programs for participants over age 65. This allowed case managers to reduce the number of programs they needed to keep up on and have more specialization. The under 65 team has three CCB case managers with caseloads of about 30. The over 65 team has four case managers who have caseloads of about 55 each. Public

Health nurses also complete PCA assessments. If an elderly participant is still on the CCB waiver, the participant may have a case manager from both the over age 65 and under age 65 teams. The Public Health Supervisor also oversees one case aide who does filing and prepares charts.

There is one Social Services Supervisor who oversees the DD program and other social services programs. She supervises five DD case managers. A participant eligible for the DD waiver but receiving services through the CADI waiver may temporarily be assigned to two case managers. Four of the five DD case managers have caseloads of about 35 each. The remaining DD case manager carries a caseload of 20 cases, but has other duties for the program including conducting all new DD screenings and helping to manage the waiver allocation.

Public Health case managers are assigned intake responsibilities for their department on a rotating basis. An administrative assistant takes the call and sends the referral to the case manager assigned to intake that day, who then gathers additional information from the caller. The Public Health Supervisor reviews that information and assigns new cases based on caseload and geographic location.

Human Services manages intake for the DD program. The lead agency has developed a referral form that they share with local schools and medical clinics, which are where most of its referrals for DD services come from. The completed referral form is submitted to the Social Services Supervisor who then sends out a letter to the potential participant with information on the different programs they may be interested in. The Social Services Supervisor also forwards the referral form to the MnCHOICES assessor to begin the assessment process. After the initial screening is completed and eligibility determined, the Human Services Supervisor assigns the case to an ongoing case manager based on current caseloads and the complexity of the case.

Working Across the Lead Agency

Staff in both departments identified their ability to work together and consult with one another as one of the strengths of the lead agency. Case managers communicate by informally meeting with each other face-to-face and attend joint staff meetings quarterly. Public health nurses and social

workers consult with each other regularly and may do dual assessments when a participant has high needs requiring input from both the nursing and social work disciplines.

Le Sueur County has four financial workers who primarily work with the waiver programs and are located in the same building as the waiver case managers. Supervisors explained that two financial workers have over age 65 cases and two have under age 65 cases. The financial unit uses a case banking system for non-waiver participants. Financial workers and case managers communicate with each other through email and using formal DHS communication forms. They also attend quarterly meetings with case managers.

Adult protection workers are located in the Human Services Department. Case managers make referrals to adult protection and may join adult protection workers on visits when there is a need. Le Sueur County's Children's Services is also located in the Human Services Department. Child protection workers let case managers know if there is a child protection case open for a waiver participant and send them copies of reports. Representatives from Public Health and Human Services attend weekly adult protection and child protection team meetings.

Adult mental health case managers are housed in the Human Services Department. There are four adult mental health case managers, all of whom have some waiver participants on their caseloads. Public Health uses dual case management for adult waiver participants with who also receive Rule 79 targeted mental health case management. Staff said they communicate well with the mental health team through informal consultation and quarterly meetings. Staff also said they communicate well with children's mental health workers and that they consult regularly about cases. They also reported seeing an increase in the number and complexity of dual waiver and Rule 79 cases.

The lead agency said they have a good relationship with the County Board. The Public Health and Human Services Directors update the Board regularly about program changes such as MnCHOICES. The department supervisors also present the results of an agency evaluation to the board on an annual basis.

Health and Safety

In the Quality Assurance survey, Le Sueur County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated case managers are responsive to consumers changing needs. They also said case managers have good and open communication with consumers and providers.

Case managers shared that one of their biggest challenges is keeping up with the constantly changing waiver program policies and requirements. Both Public Health and Human Services have team meetings to discuss programs and policy changes: Public Health meets weekly and Human Services meets monthly. Waiver staff from both departments attend quarterly regional meetings. Public Health staff also attend meetings held in the metro area regarding the PCA program. Staff members who attend the meetings brief their colleagues when they return. Supervisors said that videoconference trainings are very helpful. Case managers also learn about policy changes through emails, bulletins, and the listservs. Public Health does not complete regular peer internal case file reviews, but participates in annual health plan audits. This helps them remediate any technical compliance issues quickly. The Public Health Supervisor does regular, random billing audits of case manager time submissions to ensure the charges submitted accurately reflect the service provided. The Social Services Supervisor monitors compliance of the DD program by reviewing participant ISPs and case manager notes in SSIS.

Service Development and Gaps

Case managers shared it is a challenge to find enough providers in the county to meet participants' needs, which makes it difficult to keep people in the county. They said there are limited options for in-home service providers, especially independent living skills providers, and respite.

Case managers said that Le Sueur County participants often must travel outside the county to receive Supported Employment services, but do not always have access to transportation to maintain a job in the community. The lead agency and the vocational providers in neighboring

counties have worked to mitigate this by using volunteer drivers, but it remains a barrier for participants.

The lead agency reported that Le Sueur County has had a Hispanic population for a long time and has worked to provide culturally appropriate services for Spanish-speaking participants. Human Services has a Spanish-speaking employee who helps with interpretation and translation services for both Public Health and Human Services when needed. The lead agency also uses language lines and private interpreters to help accommodate participants' needs.

The Social Services Supervisor said she talks with staff about service gaps and they work to close them through more informal efforts with individual providers and contacts. This includes licensure changes with a local foster care home to better serve the community in the area where services were needed. It also includes working to fill a gap in in-home services for DD participants by working with a local individual to start a new business. Staff reported that this provider has had good results with in-home services and has been able to add additional staff and expand services to include respite.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Le Sueur County participated in a review of the lead agency's practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

The supervisors in each department manage the service vendor files for their respective HCBS programs. Of the Tier 2 and 3 services, Le Sueur County primarily uses chore services, such as lawn care and snow removal, and transportation.

Three Tier 2 service claims and one Tier 3 service claim were reviewed. The claims reviewed were for services delivered by four unique providers to four unique participants. None of the

cases reviewed were found in complete compliance with all documentation requirements. The lead agency modified the DHS-issued Service Purchase Agreement (SPA) template for Tier 2 services by changing it into an abbreviated contract, which was approved by the Le Sueur County Attorney for use. However, this modified SPA was not client specific and did not consistently contain other required elements. Le Sueur County staff also continue to use a form that was used prior to the January 1, 2014 changes that outlines rates, service details, and other client specific information. Le Sueur County has a log for tracking vendor review and approval, and the Public Health Director monitored the CMS and DHS MHCP excluded provider lists monthly. However, one of the three Tier 2 cases was not included in the log. Finally, the lead agency did not have a record that it verified the auto insurance and driver's license for its Tier 3 transportation provider.

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.

Table 2: Le Sueur County Case Manager Rankings of Local Agency Relationships

| Local Agencies | Below Average | Average | Above Average |
|---|---------------|---------|---------------|
| Nursing Facility | 0 | 0 | 5 |
| Schools (IEIC or CTIC) | 0 | 5 | 1 |
| Hospitals (in and out of county) | 0 | 6 | 0 |
| Customized Living Providers | 0 | 2 | 3 |
| Foster Care Providers | 0 | 6 | 1 |
| Home Care Providers | 0 | 0 | 4 |
| Employment Providers (DT&H, Supported Employment) | 0 | 0 | 6 |

Staff shared that they have good relationships with providers in their area. Case managers said that the size of the county means that they know the providers well and are able to work closely

with each other to meet the participants needs. Case managers monitor providers and satisfaction informally during visits. If there is a problem with providers, Social Service case managers use formal complaint form. The Social Services Supervisor reviews the complaint and will send a letter to the director of the service provider regarding the issue. Case managers do additional drop-in visits when there is a complaint about a provider to better understand the situation. Case managers said that, in general, they know there is a problem with a provider before participants file a formal complaint.

Case managers said they have above average relationships with nursing facility providers. They said the nursing facilities are easy to work with and are good at communicating with them about meetings and discharge planning. Case managers rated their relationships with staff at local area hospitals as average. Case managers said they do not always know when a participant is admitted or discharged, and that hospital social workers do not involve lead agency case managers. They also shared that hospitals are often too quick to discharge mental health participants, doing so before they have received all needed care.

Case managers said that they work primarily with five school districts in Le Sueur County. They reported they have good communication with some teachers; however, other teachers give short notice about Individualized Education Program (IEP) meetings and sometimes rely on parents to invite case managers to meetings. Case managers also shared that some school staff do not know the role of the case manager which limits their ability to coordinate care.

Case managers said that their relationship with customized living providers is average to above average. Case managers noted that the quality of the provider and how well they communicate with case managers varies depending on the population and staff at each customized living site. They shared that some providers quickly discharge participants if they have any problems with the participant.

Case managers rated their relationships with foster care providers as average. They shared that the quality of care is good, but said they have had some problems with management. Case managers said that corporate foster care providers have high staff turnover which makes it hard to provide stability for participants. Case managers shared that family foster care providers are great and are willing to take some mental health participants with challenging behaviors. Case

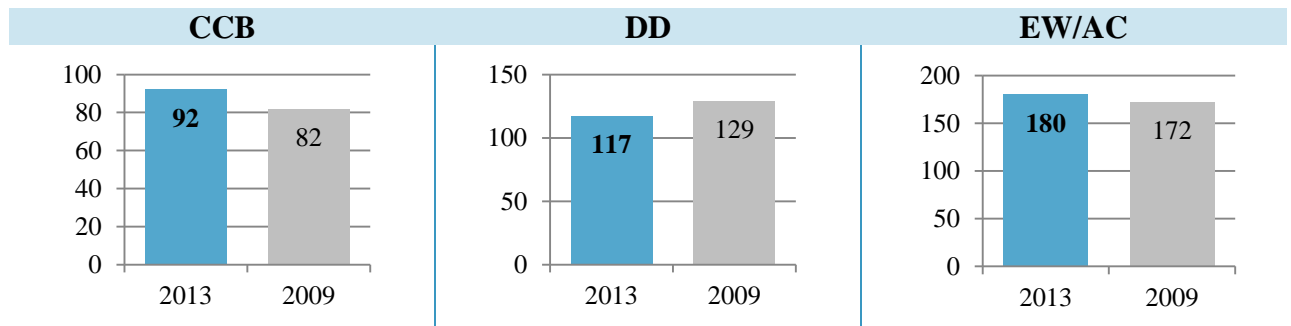
managers said that all of the home care providers they use have offices outside of the county, with the exception of Le Sueur County Public Health’s Medicare Certified Home Care Program. Case managers reported that they have good relationships with home care providers.

Case managers rated their relationships with vocational providers as above average. They explained that providers work hard to find placements for participants that are a good match for their abilities, and that they do a good job of meeting the needs of participants. They also said that some of the employment providers are adding transportation which increases job options for participants.

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 Le Sueur County (2009 & 2013)



| | 2009 | 2013 |
|-------|------|------|
| CCB | 82 | 92 |
| DD | 129 | 117 |
| EW/AC | 172 | 180 |

Since 2009, the total number of people served in the CCB Waiver program in Le Sueur County has increased by 10 participants (12.2 percent); from 82 in 2009 to 92 in 2013. Most of this growth occurred in the case mix B, which grew by 16 people. With this increase Le Sueur County may be serving a higher proportion of people with mental health needs.

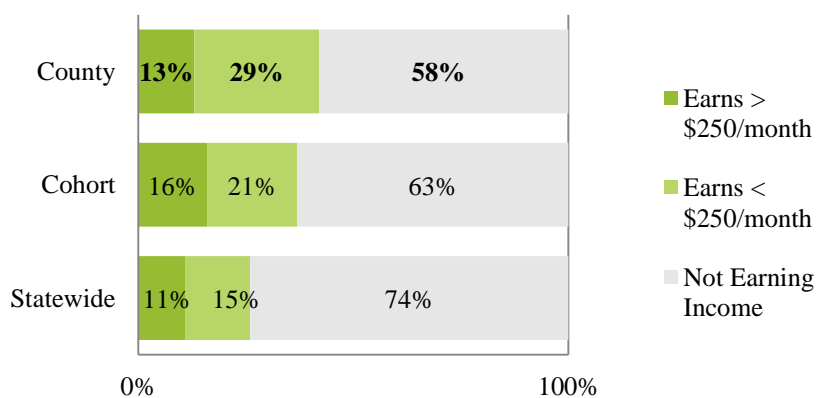
Since 2009, the number of people served with the DD waiver in Le Sueur County decreased by 12 participants, from 129 in 2009 to 117 in 2013. While Le Sueur County experienced a 9.3 percent decrease in the number of people served from 2009 to 2013, its cohort had a 6.5 percent decrease in number of people served. In Le Sueur County, the profile group 2 increased by 9 people, while profile group 3 decreased by 11 people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 grew by 8 people, Le Sueur County still serves a smaller proportion of people in these groups (29.1 percent), than its cohort (34.7 percent).

Since 2009, the number of people served in the EW/AC program in Le Sueur County has increased by eight people (4.7 percent), from 172 people in 2009 to 180 people in 2013. 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 people having case mix E, which increased by 10 people. With this increase Le Sueur 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.

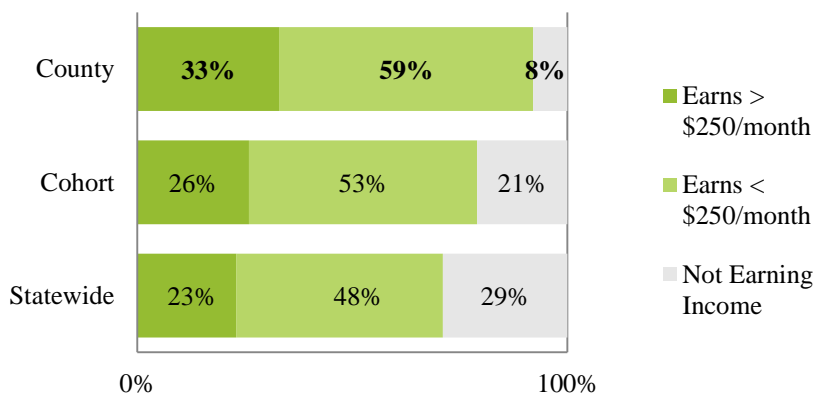
CCB Participants Age 22-64 Earned Income from Employment (2013)



| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|-----------------|---------------------|---------------------|--------------------|
| Le Sueur County | 13% | 29% | 58% |
| Cohort | 16% | 21% | 63% |
| Statewide | 11% | 15% | 74% |

In 2013, Le Sueur County served 68 working age (22-64 years old) CCB participants. Of working age participants, 42.6 percent had earned income, compared to 36.3 percent of the cohort's working age participants. **Le Sueur County ranked 45th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Le Sueur County 13.2 percent of the participants earned \$250 or more per month, compared to 15.7 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 (2013)



| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|-----------------|---------------------|---------------------|--------------------|
| Le Sueur County | 33% | 59% | 8% |
| Cohort | 26% | 53% | 21% |
| Statewide | 23% | 48% | 29% |

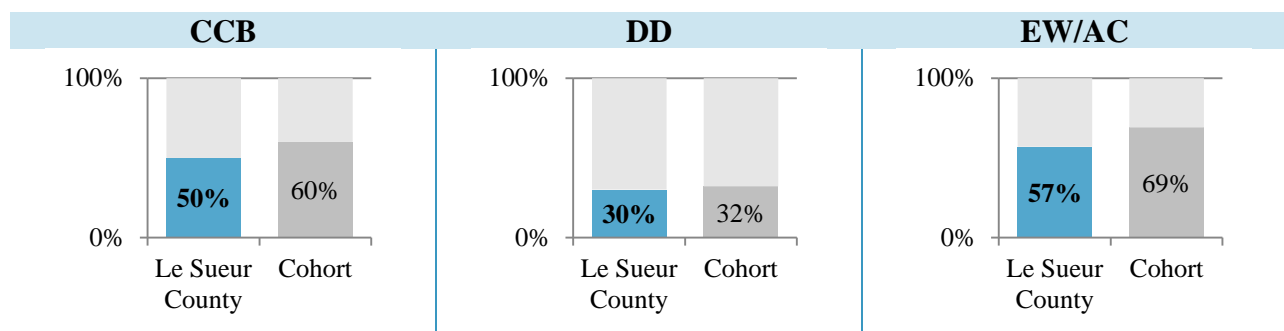
In 2013, Le Sueur County served 102 DD waiver participants of working age (22-64 years old). **The county ranked 13th in the state** for working-age participants earning more than \$250 per month. In Le Sueur County, 33.3 percent of working age participants earned \$250 or more per

month, while 26.4 percent of working age participants in the cohort as a whole did. Also, 92.2 percent of working age DD waiver participants in Le Sueur 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 (2013)



| | Le Sueur County | Cohort |
|-------|-----------------|--------|
| CCB | 50% | 60% |
| DD | 30% | 32% |
| EW/AC | 57% | 69% |

Le Sueur County ranks 73rd out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 46 participants at home. Between 2009 and 2013, the percentage increased by 1.2 percentage points. In comparison, the cohort percentage fell by 2.6 percentage points and the statewide average fell by 3.7 points. In 2013, 50.0 percent of CCB participants in Le Sueur County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Le Sueur County ranks 41st out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 38 participants at home. Between 2009 and 2013, the percentage increased by 3.8 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.6 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.4 percent to 35.2 percent.

Le Sueur County ranks 69th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 103 participants at home. Between 2009 and 2013, the percentage decreased by 13.7 percentage points. In comparison, the percentage of participants served at home fell by 6.9 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Le Sueur County serves a lower proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2013)

| | CADI | DD |
|---|-------------|-----------|
| Total average rates per day | | |
| Average rate per day for residential services | | |
| Average rate per day for in-home services | | |

Average Rates per day for CADI services (2013)

| | Le Sueur County | Cohort |
|--|-----------------|----------|
| Total average rates per day | \$93.75 | \$100.18 |
| Average rate per day for residential services | \$139.79 | \$164.14 |
| Average rate per day for in-home services | \$47.25 | \$57.27 |

Average Rates per day for DD services (2013)

| | Le Sueur County | Cohort |
|--|-----------------|----------|
| Total average rates per day | \$166.10 | \$172.82 |
| Average rate per day for residential services | \$198.52 | \$211.72 |
| Average rate per day for in-home services | \$85.75 | \$80.94 |

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 Le Sueur County is \$6.43 (6.4 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Le Sueur County spends \$24.35 (14.8 percent) less on residential services and \$10.02 (17.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Le Sueur County ranks 27th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Le Sueur County is \$6.72 (3.9 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Le Sueur County spends \$13.20 (6.2 percent) less on residential services and \$4.81 (5.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Le Sueur County ranks 30th 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.

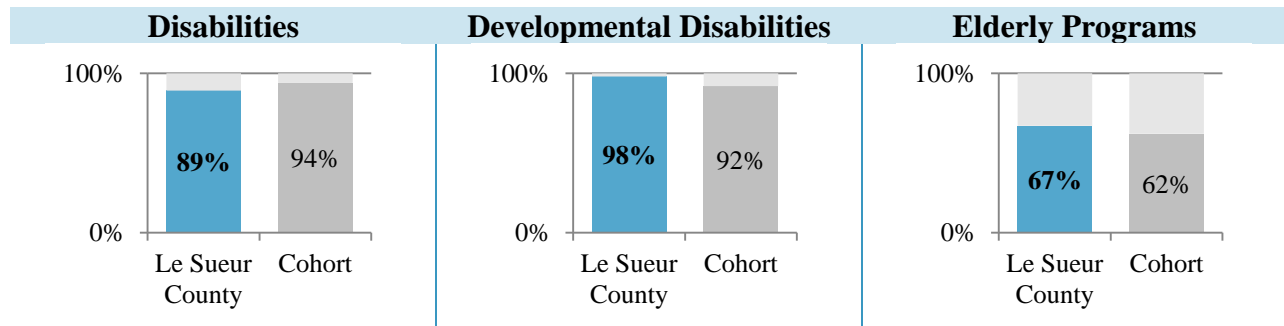
Le Sueur County has a higher overall use in the CADI program than its cohort of residential based services. This includes Foster Care (27% vs. 28%), Customized Living (15% vs. 8%), and Residential Care (2% vs. 0%). The lead agency has a higher use of Prevocational Services (12% vs. 11%) and a lower use of Supported Employment Services (8% vs. 11%). They have a higher use of some in-home services, such as Consumer Directed Community Supports (CDCS) (14% vs. 6%), but a lower use of Skilled Nursing (14% vs. 16%), Home Delivered Meals (19% vs. 21%), Homemaker (23% vs. 27%), and Independent Living Skills (8% vs. 14%). Fifty-six percent (56%) of Le Sueur County's total payments for CADI services are for residential services (44% foster care and 12% customized living) which is slightly lower than its cohort group (57%). Corporate foster care rates are higher than its cohort when billed daily (\$402.30 vs. \$196.65 per day), but lower when billed monthly (\$4,704.93 vs. \$5,154.64).

Le Sueur County's use of Supportive Living Services (SLS) is slightly higher than its cohort (70% vs. 69%) 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 higher use of Day Training & Habilitation (68% vs. 64%) and Supported Employment Services (23% vs. 5%) than its cohort. It also has a lower use of CDCS (1% vs. 5%) and Respite Care (13% vs. 18%), but a higher use of In-Home Family Support (23% vs. 17%) and Personal Supports (10% vs. 5%) 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 (2013)



| | Le Sueur County | Cohort |
|----------------------------|-----------------|--------|
| Disabilities | 89% | 94% |
| Developmental Disabilities | 98% | 92% |
| Elderly Programs | 67% | 62% |

In 2013, Le Sueur County served 140 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 23 in institutional care. Le Sueur County ranked 69th of 87 counties with 89.3 percent of their LTC participants received HCBS. This is lower than their cohort, where 94.0 percent were HCBS participants. Since 2009, Le Sueur County has increased its use of HCBS by 2.2 percentage points, while the cohort decreased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Le Sueur County served 142 LTC participants (persons with development disabilities) in HCBS settings and three in institutional settings. Le Sueur County ranked 14th of 87 counties with 97.8 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.0 percent). Since 2009, the county has increased its use by 4.4 percentage points while its cohort rate has increased slightly, rising by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Le Sueur County served 184 LTC participants (over the age of 65) in HCBS settings and 102 in institutional care. Le Sueur County ranked 33rd of 87 counties with 67.0 percent of LTC participants receiving HCBS. This is higher than their cohort, where 62.1 percent were HCBS participants. Since 2009, Le Sueur County has increased its use of HCBS by 9.8

percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

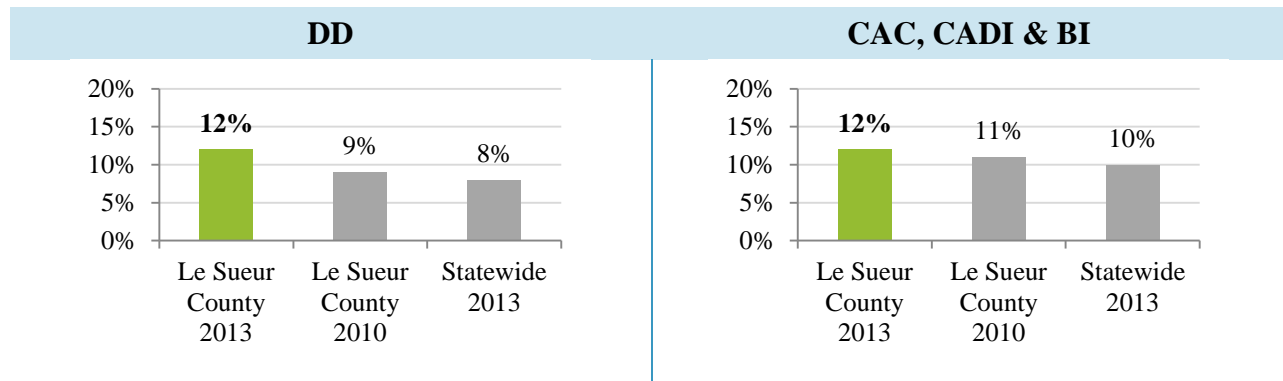
| Age | Le Sueur County | Cohort | Statewide |
|----------|-----------------|--------|-----------|
| Age 0-64 | 0.51 | 0.44 | 0.52 |
| Age 65+ | 19.19 | 23.40 | 21.03 |
| TOTAL | 3.00 | 4.17 | 3.00 |

In 2013, Le Sueur County was ranked 22nd 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. Le Sueur County has a higher nursing facility utilization rate for people under 65 years old than their cohort, but lower than the statewide rate. Since 2011, the number of nursing home residents 65 and older has decreased by 20.2 percent in Le Sueur County. Overall, the number of residents in nursing facilities has decreased by 19.6 percent since 2011.

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 |
|------------------------|-----|---------------|
| Le Sueur County (2013) | 12% | 12% |
| Le Sueur County (2010) | 9% | 11% |
| Statewide (2013) | 8% | 10% |

At the end of calendar year 2013, 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 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Le Sueur County had a 12% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Le Sueur County’s DD waiver balance is larger than its balance in CY 2010 (9%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Le Sueur County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Le Sueur County had a 12% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2010 (11%).

DHS records indicate that Le Sueur County has a waitlist for the DD waiver program. The Human Services Department manages the waitlist for the DD program. They meet monthly, and more often if needed, to prioritize placements based on safety concerns and highest need. To maximize resources, participants on the DD waitlist may be placed on the CADI waiver until a DD slot opens. Human Services has created its own allocation tracking spreadsheets to better estimate spending and maximize its allocation.

The Public Health Department holds team meetings to discuss its allocations when a need arises, such as a potential new participant is assessed. One Public Health case manager has access to the Waiver Management System (WMS) and runs simulations to determine if they can award new slots to participants or make significant allocation increases. If an allocation request is under \$500, Public Health case managers can approve it themselves. If the request is more than that they bring the request to their supervisor to make a final decision.

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.

Table 3: Le Sueur County Case Manager Rankings of DHS Resources

| Resource | 1= Not Useful | 2 | 3 | 4 | 5= Very Useful |
|---------------------------------|---------------|---|---|---|----------------|
| Policy Quest | 0 | 1 | 3 | 1 | 0 |
| MMIS Help Desk | 0 | 0 | 0 | 3 | 5 |
| Community Based Services Manual | 0 | 0 | 7 | 1 | 1 |
| DHS website | 0 | 1 | 4 | 3 | 0 |
| E-Docs | 0 | 0 | 0 | 0 | 9 |
| Disability Linkage Line | 0 | 2 | 0 | 0 | 0 |
| Senior Linkage Line | 0 | 1 | 2 | 0 | 0 |
| Bulletins | 0 | 1 | 7 | 1 | 0 |
| Videoconference trainings | 0 | 7 | 1 | 0 | 0 |

| Resource | 1= Not Useful | 2 | 3 | 4 | 5= Very Useful |
|------------------------------|---------------|---|---|---|----------------|
| Webinars | 1 | 7 | 0 | 0 | 0 |
| Regional Resource Specialist | 6 | 0 | 2 | 0 | 0 |
| Listserv announcements | 0 | 1 | 4 | 2 | 0 |
| MinnesotaHelp.Info | 2 | 3 | 0 | 0 | 0 |
| Ombudsmen | 4 | 2 | 0 | 1 | 0 |
| DB101.org | 0 | 3 | 1 | 0 | 0 |

Case managers reported that E-Docs and the MMIS Help Desk were the most useful DHS resources. They said that E-Docs is very helpful and easy to use. However, they added that they cannot save the documents after filling them out because they do not have the appropriate software. Case managers shared that the MMIS Help Desk is prompt in responding to questions and that the answers are easy to understand. They also appreciate having the answers in writing when they email the MMIS Help Desk.

Case managers rated Policy Quest as moderately useful but stated that the response time for submitted questions is slow and the answers are not always helpful. They added that the answers are sometimes vague or contradictory. Supervisors said that two staff members have access to post questions. Case managers rated the Community Based Services Manual as moderately useful and lead agency staff said they frequently turn to this resource. Staff said that the manual has gotten easier to navigate since the redesign. Staff reported that the DHS website is not user friendly and that they find it difficult to navigate.

Although case managers found bulletins helpful, they shared that they can get overwhelmed by the amount of information in them and they are not always able to tell what is relevant for their daily work. Supervisors shared that the bulletins are good for updates about upcoming changes but that they do not always contain clear guidance. Case managers receive listserv announcements, but said that here too they find it difficult to tell what information is relevant to their work.

Case managers rated videoconference trainings and webinars as not very useful and noted that they often have to travel out of county for the videoconferences. They shared that some

presenters are very good while others just read off the slides instead of providing more context to the information. Case managers said that they prefer webinars because they can watch them at their desks.

Case managers generally rated their Regional Resource Specialist (RRS) lower, citing that the RRS is slow in responding to questions. Lead agency staff noted that she seems to be spread too thin across many responsibilities. Case managers who have used Ombudsmen have had varied experiences. Most of the case managers rated Ombudsmen as not useful explaining that they are not always responsive. One case manager said Ombudsmen are a useful resource.

The case managers who have used MinnesotaHelp.Info and said it is not easy to navigate and does not contain up-to-date information. Case managers said they tell participants about DB101.org, but they do not think it is being used.

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.

Le Sueur County Strengths

The following findings focus on Le Sueur 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.

- **Le Sueur County addresses issues to comply with Federal and State requirements.**

During the previous review in 2010, Le Sueur County received a corrective action for timeliness of screening from referral for the EW/AC programs, timeliness of assessments to care plan for CCB programs, current care plans, care plan signatures, current DD screenings and signatures, and face-to-face visits. In 2014, Le Sueur County was fully compliant in these areas, thus demonstrating technical improvements over time.

- **Le Sueur County case managers work well with each other across departments.** The Public Health and Human Services departments and their staff have excellent working relationships with one another. Teamwork and collaboration among social workers and the

public health nurses are strengths of the county. Social workers and public health nurses consult with each other regularly on cases to bring the perspective of both disciplines when serving participants. In addition, case managers have good and frequent communication with other teams involved with HCBS participants, including lead financial workers, adult protection, and others. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility and receive coordinated care.

- **Le Sueur County waiver case managers have manageable caseloads, allowing them to build strong relationships with waiver participants and providers.** In particular, the lead agency's leadership team, including the supervisors, directors, and county board members, place a high emphasis and importance on small caseloads for case managers. Smaller caseloads free up time for case managers to provide quality care to participants, as evidenced by frequent visits and strong overall technical compliance. Across the CADI and BI programs, case managers had face-to-face visits with participants on average 3.3 times in the past 18 months. In addition, case managers explained that they are always accessible to their participants and visit with participants in a variety of places to meet their preferences.
- **Le Sueur County offers employment opportunities to DD participants and has achieved high rates of participants with earned income of \$250 or more.** Le Sueur County has a focus on employment for participants with disabilities and has the expectation that participants will work. The lead agency is outperforming the statewide average and its cohort with 33.3% of DD waiver participants (compared to 26.4% for the cohort) earning more than \$250 per month which ranks them 13th out of 87 counties. However, Le Sueur County has slightly lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (13.2% vs. 15.7%) and ranks 45th of 87 counties. The lead agency should work more closely with providers to focus efforts on employment opportunities for participants with mental health needs. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.
- **Le Sueur County has the capacity to serve waiver participants with high needs in the community.** From 2009 to 2013, the percentage of waiver participants with high needs

increased greatly for the CCB (from 65.9% to 77.2% high needs) and EW/AC (from 33.1% to 53.3% high needs) programs. Over the same time period, Le Sueur County was able to increase the percentage of long term care recipients receiving services in the community instead of an institution for the CCB program (87% to 89%) and EW/AC programs (57% to 67%). Le Sueur County should continue to its efforts to develop community based services and in-home services across all programs so that it can continue serving participants with high needs in the community. Serving many participants through HCBS means that Le Sueur County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.

- **The case files reviewed in Le Sueur County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file. This included: 100% of OBRA Level forms, ICF/DD Level of Care forms, BI forms, CAC forms, notice of privacy practices (HIPPA), required choice questions answered, current DD screening documents signed by all required parties, and emergency contact information.

Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the 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 100% of case files reviewed included the provider name in the care plan, only 4% of cases reviewed included the annual allowed.

- **The lead agency should consider further integrating Adult Mental Health expertise into its CADI program.** The lead agency is experiencing demographic changes and serving more participants with serious mental illnesses in its CADI program, Le Sueur County should connect with other lead agencies that have made formal changes in their programs to see if changes in their model of care would better integrate care to meet the complex needs of this population. For example, some lead agencies have added a mental health case manager to its CADI allowing the participant to have only one case manager. Having a single case manager would streamline services for HCBS program participants. Le Sueur County may also want to consider connecting with Rice County who has recently transitioned their CADI and BI cases from its Public Health Department to its Human Services Department to better serve these participants. Other examples of best practices and efforts lead agencies are doing in this area can be found at www.MinnesotaHCBS.info/.
- **Consider developing additional systems or practices to provide additional support and oversight to case managers.** With increasing caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency will need to develop strategies to ensure staff understand complex program requirements and are able to meet those requirements. Such strategies could include: designating a single case manager who maintains a smaller caseload, but has the added responsibility of staying current with program and policy changes and sharing information with other case managers at staff meetings; consider developing a more formal system to operationalize and implement DHS policy changes; and consider holding regular joint waiver meetings across programs to share practices and resources.
- **Le Sueur County should continue to build relationships with providers and other organizations in communities that serve participants.** Some case managers have former experience working as providers, which gives them a keen understanding of the obligations and limitations that providers have. Le Sueur County should consider strengthening their existing relationships with providers by hosting regular meetings with providers. This will help new staff members increase their knowledge of local resources and help providers stay informed of upcoming changes to HCBS services. In addition, this would create a forum for

Le Sueur County to inform providers of emerging services gaps and ways that the county is interested in partnering with providers to meet local needs.

○ **Continue and expedite your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.**

Across all programs, Le Sueur County has lower rates of participants served at home than its cohort. Only 50.0% of CCB participants are served at home (73rd of 87 counties), 29.5% of DD participants are served at home (41st of 87 counties), and 57.2% of elderly participants are served at home (69th of 87 counties) indicating high use of residential services. Le Sueur County should continue to work to influence what services are available to its waiver participants. This could include developing 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. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. 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 lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

○ **Talk with neighboring counties to gauge interest in forming a waiver allocation alliance.** Le Sueur County's CCB waiver budget balance was 12% at the end of FY 2013 and a 12% budget reserve in their DD budget for CY 2013. There is also an increasing need for HCBS services within the community which has resulted in a waitlist for the DD program and projections of reduced reserves for FY and CY 2014. Participation in a waiver alliance will help Le Sueur County meet needs and manage risks. Other similar sized lead agencies have found that they are able to spend more of the HCBS budget while being protected in the event of high cost participants. Alliances vary in the level of autonomy granted to its members and allow resources to go to local needs. The lead agency should also take deliberate steps to demonstrate the need for increased allocations. For example, while the lead agency has an informal waitlist that is discussed regularly, the waitlist needs to be documented in DHS systems to make the department aware of the lead agency's needs.

Also, because the Waiver Management System has limited functionality, additional spreadsheets can help monitor allocations.

Corrective Action Requirements

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

- **Beginning immediately, ensure that screenings for the DD waiver occur within required time frames.** Minnesota Rule 9525 requires that DD screening be conducted within 90 days of the request. Seventy-five percent (75%) or three out of four screenings for new DD participants in FY 2013 occurred within this timeframe, and only 50% occurred within this timeframe in FY 2014. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **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. In Le Sueur County, four out of 12 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 12 EW cases did not have current documentation that the participant had been informed of their right to appeal within the past year.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Le Sueur 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 10 cases. Le Sueur County submitted a completed compliance report on September 26, 2014.

- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team’s site visit.** Although it does not require Le Sueur County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the County, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 4 cases. Le Sueur County submitted a completed compliance report on September 26, 2014.

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 | 6 | N / A | 0 | 6 | N / A | N / A |
| Screenings done on time for new participants (PR) | 79% | 89% | 50% | 75% | AC / EW | CCB, DD |
| 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 | 73% | 100% | CCB, DD | N / A |
| PERSON-CENTERED SERVICE PLANNING & DELIVERY | ALL | AC / EW n=18 | CCB n=17 | DD n=12 | Strength | Challenge |
| Timeliness of assessment to development of care plan (PR) | 97% | 94% | 100% | N / A | AC / EW, CCB | N / A |
| Care plan is current (PR) | 98% | 100% | 94% | 100% | ALL | N / A |
| Care plan signed and dated by all relevant parties (PR) | 98% | 100% | 94% | 100% | ALL | N / A |

| PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued) | ALL | AC / EW n=18 | CCB n=17 | DD n=12 | Strength | Challenge |
|--|------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| All needed services to be provided in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Choice questions answered in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Participant needs identified in care plan (PR) | 92% | 83% | 94% | 100% | CCB, DD | N / A |
| Inclusion of caregiver needs in care plans | 60% | 0% | 50% | 100% | DD | N / A |
| OBRA Level I in case file (PR) | 100% | 100% | 100% | N / A | AC / EW, CCB | N / A |
| ICF/DD level of care documentation in case file (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| DD screening document is current (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| DD screening document signed by all relevant parties (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| Related Conditions checklist in case file (DD only) | N / A | N / A | N / A | N / A | N / A | N / A |
| TBI Form | 100% | N / A | 100% | N / A | CCB | N / A |
| CAC Form | 100% | N / A | 100% | N / A | CCB | N / A |
| Employment assessed for working-age participants | 88% | N / A | 79% | 100% | DD | N / A |
| Need for 24 hour supervision documented when applicable (EW only) | 42% | 42% | N / A | N / A | N / A | AC / EW |
| 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=13</i>) | 92% | N / A | N / A | N / A | ALL | N / A |
| Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=13</i>) | 77% | N / A | N / A | N / A | N / A | N / A |
| LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS | ALL | AC / EW | CCB | DD | Strength | Challenge |
| Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n= 3) | 0% | N / A | N / A | N / A | N / A | N / A |
| Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=1) | 0% | N / A | N / A | N / A | N / A | N / A |
| PARTICIPANT SAFEGUARDS | ALL | AC / EW n=18 | CCB n=17 | DD n=12 | Strength | Challenge |
| Participants are visited at the frequency required by their waiver program (PR) | 96% | 100% | 94% | 92% | ALL | N / A |
| Health and safety issues outlined in care plan (PR) | 98% | 94% | 100% | 100% | ALL | N / A |
| Back-up plan (Required for EW, CCB, and DD) | 98% | 100% | 100% | 92% | ALL | N / A |
| Emergency contact information | 100% | 100% | 100% | 100% | ALL | N / A |
| PARTICIPANT RIGHTS & RESPONSIBILITIES | ALL | AC / EW n=18 | CCB n=17 | DD n=12 | Strength | Challenge |
| Informed consent documentation in the case file (PR) | 97% | 100% | 100% | 92% | ALL | N / A |
| Person informed of right to appeal documentation in the case file (PR) | 89% | 72% | 100% | 100% | CCB, DD | N / A |
| Person informed privacy practice (HIPAA) documentation in the case file (PR) | 100% | 100% | 100% | 100% | ALL | N / A |

| PARTICIPANT OUTCOMES & SATISFACTION | ALL | AC / EW n=18 | CCB n=17 | DD n=12 | Strength | Challenge |
|--|------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| Participant outcomes & goals stated in individual care plan (PR) | 96% | 89% | 100% | 100% | CCB, DD | N / A |
| Documentation of participant satisfaction in the case file | 47% | 61% | 41% | 33% | 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) | 100% | 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) | N / A | N / A | N / A | N / A | N / A | N / A |
| Percent of LTC recipients receiving HCBS | N / A | 67% | 89% | 98% | AC / EW, DD | CCB |
| Percent of LTC funds spent on HCBS | N / A | 39% | 84% | 97% | AC / EW, DD | CCB |
| Percent of waiver participants with higher needs | N / A | 53% | 77% | 72% | AC / EW, CCB | DD |
| Percent of program need met (enrollment vs. waitlist) | N / A | N / A | 100% | 96% | CCB, DD | N / A |
| Percent of waiver participants served at home | N / A | 57% | 50% | 30% | N / A | ALL |
| Percent of working age adults employed and earning \$250+ per month | N / A | N / A | 13% | 33% | DD | CCB |

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.