

# Minnesota Department of Human Services Waiver Review Initiative

---

Report for: **Polk County**

Waiver Review Site Visit: August 2013

Report Issued: October 2013

## Contents

<b>Contents</b> .....	2
<b>Acknowledgements</b> .....	3
<b>About the Waiver Review Initiative</b> .....	4
<b>About Polk County</b> .....	5
Working Across the Lead Agency .....	6
Health and Safety .....	7
Service Development and Gaps .....	8
Community and Provider Relationships/Monitoring .....	9
<b>Capacity</b> .....	11
<b>Value</b> .....	12
<b>Sustainability</b> .....	14
<b>Usage of Long-Term Care Services</b> .....	17
<b>Managing Resources</b> .....	19
Lead Agency Feedback on DHS Resources .....	21
<b>Lead Agency Strengths, Recommendations &amp; Corrective Actions</b> .....	23
Polk County Strengths .....	23
Recommendations .....	25
Corrective Actions .....	28
<b>Waiver Review Performance Indicator Dashboard</b> .....	31
<b>Attachment A: Glossary of Key Terms</b> .....	35

## 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 Polk County.

### **ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES**

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

### **ABOUT THE IMPROVE GROUP**

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

### **ADDITIONAL RESOURCES**

#### ***Continuing Care Administration (CCA) Performance Reports:***

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_166609](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

#### ***Waiver Review Website:***

[www.MinnesotaHCBS.info](http://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 Polk County
Case File Review	72 cases
Provider survey	8 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 10 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 Polk County

In August 2013, the Minnesota Department of Human Services conducted a review of Polk County's Home and Community Based Services (HCBS) programs. Polk County is a rural county located in northwestern Minnesota. Its county seat is located in Crookston, Minnesota and the County has another fourteen cities and 58 townships. In State Fiscal Year 2012, Polk County's population was approximately 31,429 and served 746 people through the HCBS programs. According to the 2010 Census Data, Polk County had an elderly population of 16.2%, placing it 42<sup>nd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Polk County's elderly population, 8.7% are poor, placing it 55<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Polk County Social Services is the lead agency for the HCBS programs and provides case management for these programs. There is one Social Services Supervisor who manages all waiver programs and has held this position for approximately 20 years. The Social Services Supervisor oversees a total of 15 waiver case managers who specialize by program and area of expertise. Four case managers work with CAC, CADI and BI cases, five work with AC and EW cases, and six work with DD cases. A DD case manager also shares adult protection duties. Polk County Social Services contracts with the Polk County Public Health Department to provide case management for EW managed care and medically complex AC and EW cases. Polk County serves as a contracted care coordinator for two managed care organizations (MCOs) including Blue Plus and UCare.

All intake is managed by Social Services; there are two intake staff who assign cases to case managers based on age, program area and geographic location. Cases in which participants live in nursing facilities are assigned to case managers in Public Health. Case assignment for other adult cases rotates between the Social Services case managers working within each program. Children's cases are assigned to one of three Social Services case managers; one works with younger child participants in the eastern part of the county, one works younger child participants in the western part of the county and one works with all youth. The initial LTCC assessment for all participants is performed by the social worker who becomes the ongoing case manager; whereas public health nurses typically perform the PCA assessments for children.

### Working Across the Lead Agency

Polk County Social Services is situated in Crookston and has two satellite offices, one in Fosston and one in East Grand Forks. The Social Services Department is located in the same building as the Public Health Department in one of the locations, East Grand Forks. The Public Health Department also has an office in McIntosh. Case managers shared that social workers and public health nurses have great working relationships and stated their different skillsets complement each other well. However, the building security set up prevents them from accessing each other's offices so holding impromptu meetings can be complicated. Communication between the two agencies is enhanced by a tool that lead agency staff developed to organize the waiver programs, participant names and contact information, assessment dates and other case details. This tool serves as a centralized location for Public Health and Social Services staff to share information about participants. In particular, it helps case managers determine when to schedule visits and provides intake workers with the necessary information for making case assignments.

The quality of the working relationships between case managers and eligibility workers varies across worksites. For example, the Social Services Supervisor shared that the case managers in the East Grand Forks Social Services office are very connected with the eligibility workers, but lead agency staff did not mention this asset in relation to the other two offices. Case managers shared that their methods for communicating with eligibility workers are not consistent and that case managers do not meet with eligibility workers on a regular basis.

Polk County Social Services contracts with Northwestern Mental Health Center, a private, nonprofit corporation jointly owned by Polk County and 5 neighboring counties. Case managers shared that they have a close working relationship with the mental health workers from the Northwestern Mental Health Center. Waiver participants who are also receiving Rule 79 case management have both a waiver case manager and a mental health worker if they have been committed to a residential treatment setting, but otherwise have only one waiver case manager. When a participant has two case managers, the CADI case manager is the lead and the roles of the two case managers are systematically separated. The waiver case manager is responsible for LTCC assessments, care planning and overseeing the financial aspects of the case and the mental health worker develops and implements behavior plans.

Case managers shared that the strength of the working relationships between case managers and child protection staff varies across the Social Services offices. For example, they explained that some child protection staff are very open to communication with case managers, whereas other child protection staff are more closed with case managers and keep the roles and responsibilities very separate. Case managers expressed some challenges working with adult protection. Adult protection cases are resolved by case managers in the instance of self-neglect, but all other adult protection cases are handled by adult protection staff. Case managers explained that investigations are not consistently carried out by staff and shared that they are not always notified when a case is referred back to them.

Lead agency staff present to the Polk County Board on HCBS waiver programs. The Polk County Administrator is new to the position and is learning about all of the departments and programs. The County Board approves contracts every three years, but the Social Services Director is able to make amendments and change rates in the interim.

### Health and Safety

In the Quality Assurance survey, Polk County 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. Providers responding to the provider survey indicated they have good, open

communication with case managers. They also said that Polk County case managers are responsive to changes in participants' needs.

Case managers attend monthly meetings with other staff working in their waiver program area. Case managers maintain program expertise and ensure that they consistently respond to policy and procedural changes by communicating regularly with each other and subscribing to listservs and reviewing bulletins. All case managers attend the LTC quarterly regional meetings and regional supervisors meet monthly to exchange information and discuss policy changes. Managed Care Organizations audit the case files and the case aide monitors LTCC assessments and sends email reminders to case managers to ensure timely completion. Case managers shared that they would appreciate regular process meetings that focus on policy and procedural changes. They suggested that it would be useful to discuss bulletins together at meetings so that they could be confident their practices were current.

### Service Development and Gaps

Polk County staff shared that they have a solid provider network, but still experience some service gaps due to lack of providers in the region. Case managers shared that the most pressing gap in service provision is not having provider options for participants in crisis. They explained that they occasionally spend hours on the phone seeking a placement for these participants, but they find that these providers are often facing staff shortages. They also explained that their geographical location bordering North Dakota can pose as a challenge. A provider in North Dakota may be the best fit for a participant in terms of services they provide, but the financial aspects of receiving services in another state make these options inconvenient; the neighboring county is not financially responsible for the participant.

Lead agency staff are working to improve the quality of the services provided in Polk County. They have focused these efforts on services for the senior population and for participants who speak English as a second language and American Sign Language. The Area Agency on Aging started a round table discussion group that brings together providers, a Polk County Commissioner, lead agency staff, and Public Health staff to identify current issues and action steps for making changes. In addition, the lead agency has made improvements to its

communication methods with participants who speak English as a second language by increasing use of language line interpretation services. They also established a contact with a local university student who will assist in teaching American Sign Language to participants.

**Community and Provider Relationships/Monitoring**

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

**Polk County Case Manager Rankings of Local Agency Relationships**

<b>Count of Ratings for Each Agency</b>	<b>1 -2</b>
	<b>3 -4</b>
	<b>5+</b>

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	3	6
Schools (IEIC or CTIC)	1	1	2
Hospitals (in and out of county)	0	5	4
Home Care Providers	2	3	7
Customized Living Providers	0	1	7
Corporate Foster Care Providers	0	0	6
Family Foster Care Providers	2	0	2
Employment Providers (DT&H, Supported Employment)	0	4	2

Lead agency staff said that a major strength in their county is their relationships with providers. Case managers explained that they informally ask participants about their satisfaction with their providers and some document this using visit sheets. Case managers also frequently make “drop-in” visits to monitor providers and mentioned that they have open communication with the foster care licenser. If an issue with a provider were to arise, the case manager addresses it directly

with the provider. If the issue is not resolved through the case manager's initial attempt, a meeting is held with the Social Services Supervisor, the case manager, an agency representative and the foster care licenser. The Social Services Director is involved in a follow-up meeting as needed. Case managers also share their concerns regarding providers with other lead agency staff at monthly meetings.

Case managers shared that they have good relationships with nursing facilities, and that they are notified of when participants will be discharged. They also said that nursing facility staff are good at contacting case managers when there are notable changes in participants' health statuses and communicating other important updates related to the plan of care.

Case managers said that they have better communication with some hospitals compared to others. For instance, they shared that the social worker at one hospital is very good at keeping in touch with case managers, but that other hospitals do not always notify them when participants are going to be discharged. Case managers hypothesized that part of the communication problem could stem from participants not mentioning to the hospital that they have a case manager.

Case managers stated that they have good relationships with schools in the area and communication with these institutions has been great. They highlighted how special education teachers have strong connections with families. Case managers shared that they and families need to act as advocates with the schools sometimes in order for participants' physical needs to be met. Case managers also shared that they would like to see vocational providers be more deliberate about finding employment for participants in the community rather than in the traditional sheltered work environments.

Case managers said they have great communication with customized living providers and commended them for coordinating with families so they are present for assessments. They stated that they have good relationships with corporate foster care providers and that these providers give thorough updates on participant status, provide advice when needed, and are very welcoming in that they encourage case managers to visit participants. Case managers were more divided when it came to rating family foster care providers, as some rated their working

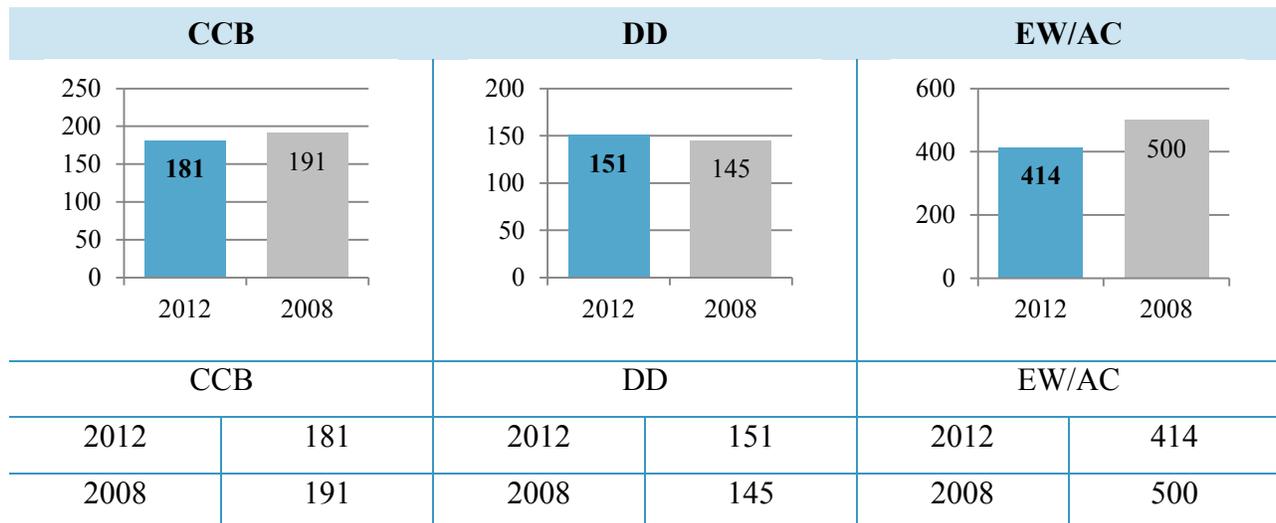
relationships more favorably than others. They mentioned that some of them are not as good at keeping case managers updated on major changes in participant status.

Most case managers rated their relationships with home care providers as above average overall, but explained that the quality of their relationship depends on the agency. For example, they stated that some home care providers only contact them when financial issues arise.

## 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 Polk County (2008 & 2012)



**Since 2008, the total number of people served in the CCB Waiver program in Polk County has decreased** by 10 participants (5.2 percent); from 191 in 2008 to 181 in 2012. Decreases occurred in six case-mix categories; the largest decrease occurred in case mix A (8 people). Increases occurred in the case mix categories E and G, each growing by 5 people.

**Since 2008, the number of people served with the DD waiver in Polk County increased** by 6 participants, from 145 in 2008 to 151 in 2012. In Polk County, the DD waiver program is growing slower than in the cohort as a whole. While Polk County experienced a 4.1 percent

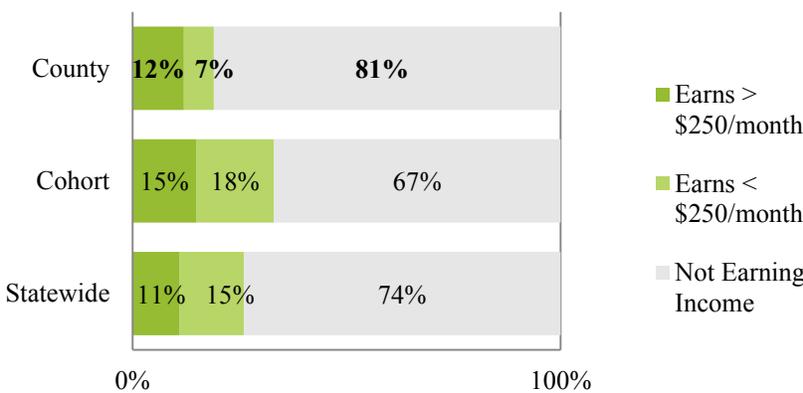
increase in the number of people served from 2008 to 2012, its cohort had a 9.3 percent increase in number of people served. In Polk County, the profile groups 1, 2 and 3 each experienced a growth, while profile 4 had a decrease. The greatest change in the cohort profile groups occurred in people having a Profile 2. Regardless of the growth in Profiles 1 and 2, Polk County still serves a smaller proportion of people in these groups (27.2 percent), than its cohort (40.1 percent).

**Since 2008, the number of people served in the EW/AC program in Polk County has decreased** by 86 people (17.2 percent), from 500 people in 2008 to 414 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower-need participants. Even accounting for this change, Polk County still served 83 fewer lower-needs participants in 2012 than in 2008. In addition, case mix B grew by 17 people. As a result, Polk County may be serving a higher proportion of people with mental health needs.

## Value

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

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

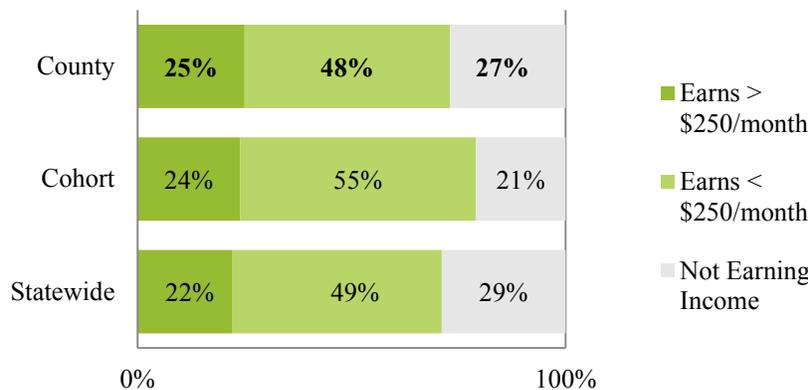


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Polk County	12%	7%	81%

Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Polk County served 164 working age (22-64 years old) CCB participants. Of working age participants, 18.9 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Polk County ranked 51<sup>st</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Polk County 11.6 percent of the participants earned \$250 or more per month, compared to 14.7 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have an earned income of \$250 or more per month.

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Polk County	25%	48%	27%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

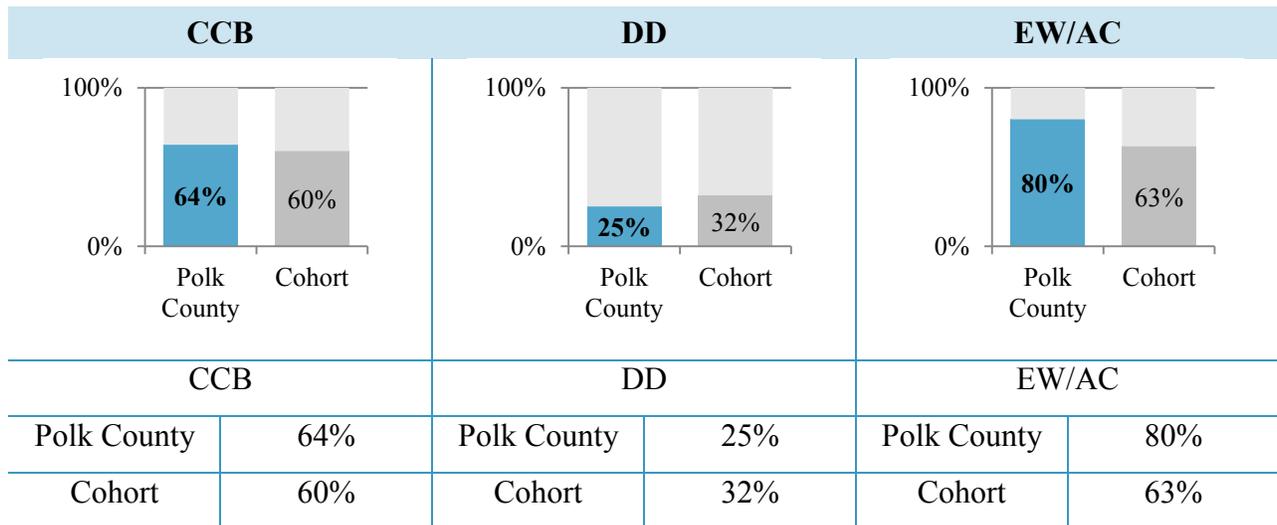
In 2012, Polk County served 114 DD waiver participants of working age (22-64 years old). **The county ranked 39<sup>th</sup> in the state for working-age participants earning more than \$250 per month.** In Polk County, 25.4 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 73.7 percent of

working age DD waiver participants in Polk County had some earned income, while 79.3 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**Sustainability**

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

**Percent of Participants Living at Home (2012)**



**Polk County ranks 38<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 115 participants at home. Between 2008 and 2012, the percentage decreased by 2.4 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 63.5 percent of CCB participants in Polk were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Polk County ranks 61<sup>st</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 38 participants at home. Between 2008 and 2012,

the percentage decreased by 4.5 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

**Polk County ranks 30<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 331 participants at home. Between 2008 and 2012, the percentage decreased by 7.6 percentage points. In comparison, the percentage of participants served at home in their cohort fell by 5.6 percentage points and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Polk County serves a higher proportion of EW/AC participants at home than their cohort or the state as a whole.

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

	<b>CADI</b>	<b>DD</b>								
Total average rates per day	<table border="1"> <tr><td>Polk County</td><td>\$77</td></tr> <tr><td>Cohort</td><td>\$104</td></tr> </table>	Polk County	\$77	Cohort	\$104	<table border="1"> <tr><td>Polk County</td><td>\$181</td></tr> <tr><td>Cohort</td><td>\$178</td></tr> </table>	Polk County	\$181	Cohort	\$178
Polk County	\$77									
Cohort	\$104									
Polk County	\$181									
Cohort	\$178									
Average rate per day for residential services	<table border="1"> <tr><td>Polk County</td><td>\$151</td></tr> <tr><td>Cohort</td><td>\$168</td></tr> </table>	Polk County	\$151	Cohort	\$168	<table border="1"> <tr><td>Polk County</td><td>\$216</td></tr> <tr><td>Cohort</td><td>\$217</td></tr> </table>	Polk County	\$216	Cohort	\$217
Polk County	\$151									
Cohort	\$168									
Polk County	\$216									
Cohort	\$217									
Average rate per day for in-home services	<table border="1"> <tr><td>Polk County</td><td>\$43</td></tr> <tr><td>Cohort</td><td>\$64</td></tr> </table>	Polk County	\$43	Cohort	\$64	<table border="1"> <tr><td>Polk County</td><td>\$73</td></tr> <tr><td>Cohort</td><td>\$94</td></tr> </table>	Polk County	\$73	Cohort	\$94
Polk County	\$43									
Cohort	\$64									
Polk County	\$73									
Cohort	\$94									

**Average Rates per day for CADI services (2012)**

	Polk County	Cohort
Total average rates per day	\$76.61	\$103.96
Average rate per day for <b>residential</b> services	\$150.67	\$167.73
Average rate per day for <b>in-home</b> services	\$42.68	\$63.58

**Average Rates per day for DD services (2012)**

	Polk County	Cohort
Total average rates per day	\$181.32	\$178.28
Average rate per day for <b>residential</b> services	\$216.02	\$216.75
Average rate per day for <b>in-home</b> services	\$73.36	\$94.34

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Polk County is \$27.35 (26.3 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Polk County spends \$17.06 (10.2 percent) less on residential services and \$20.90 (32.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Polk County ranks 16<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Polk County is \$3.04 (1.7 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Polk County spends \$.73 (0.3 percent) less on residential services and \$20.98 (22.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Polk County ranks 52<sup>nd</sup> 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.

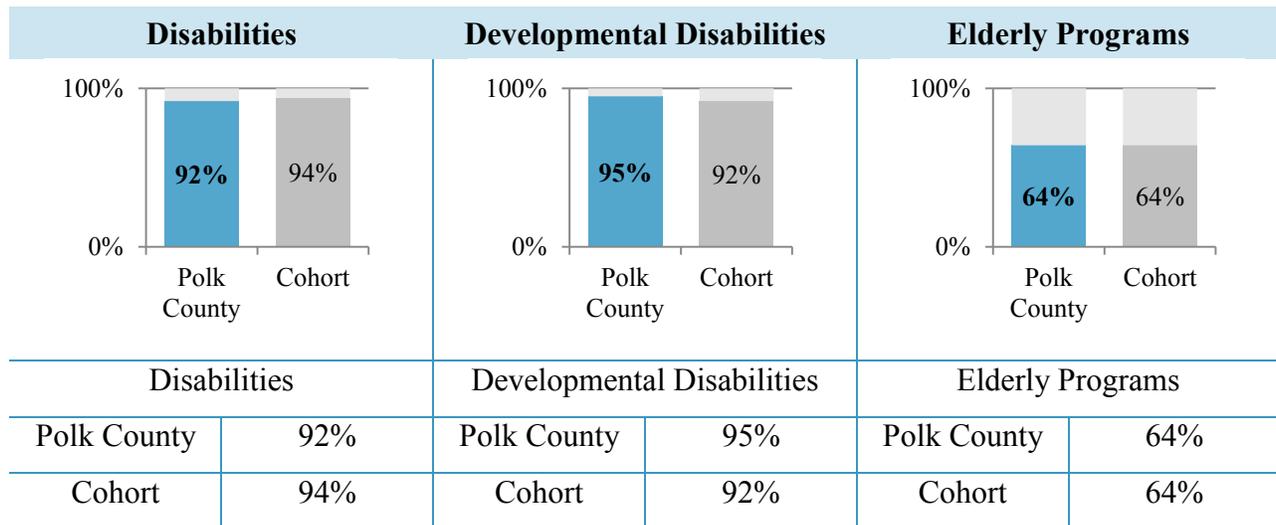
**Polk County has a lower use in the CADI program than its cohort of some residential based services like Foster Care (15% vs. 25%), but a higher use of Customized Living (14% vs. 11%).** The lead agency has lower use of Prevocational Services (2% vs. 9%) and Supported Employment Services (6% vs. 12%). They have a higher use of some in-home services including Homemaker Services (55% vs. 29%), Home Delivered Meals (45% vs. 19%), and Home Health Aide (8% vs., 6%), but a lower use of Independent Living Skills (14% vs. 20%). Fifty percent (50%) of Polk County's total payments for CADI services are for residential services (40% foster care and 10% customized living) which is lower than its cohort group (54%). The daily corporate foster care rate is lower than their cohort (\$206.41 vs. \$228.58).

**Polk County's use of Supportive Living Services (SLS) is higher than its cohort (75% vs. 68%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a lower use of In-Home Family Support Services (7% vs.16%) but a slightly higher use as its cohort of Respite Care Services (19% vs. 18%). Polk County has a higher use of supportive employment than its cohort (13% vs. 4%).

## Usage of Long-Term Care Services

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

**Percent of LTC Participants Receiving HCBS (2012)**



**In 2012, Polk County served 252 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 36 in institutional care.** Polk County ranked 47<sup>th</sup> of 87 counties with 92.3 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 93.6 percent were HCBS participants. Since 2008, Polk County has decreased its use of HCBS by 1.2 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Polk County served 200 LTC participants (persons with development disabilities) in HCBS settings and 11 in institutional settings.** Polk County ranked 28<sup>th</sup> of 87 counties with 95.4 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Since 2008, the county has increased its use by 1.7 percentage points while its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Polk County served 425 LTC participants (over the age of 65) in HCBS settings and 256 in institutional care.** Polk County ranked 34<sup>th</sup> of 87 counties with 64.0 percent of LTC participants receiving HCBS. This is slightly higher than their cohort, where 63.8 percent were HCBS participants. Since 2008, Polk County has decreased its use of HCBS by 3.4 percentage points, while their cohort has increased by 4.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

**Nursing Facility Usage Rates per 1000 Residents (2012)**

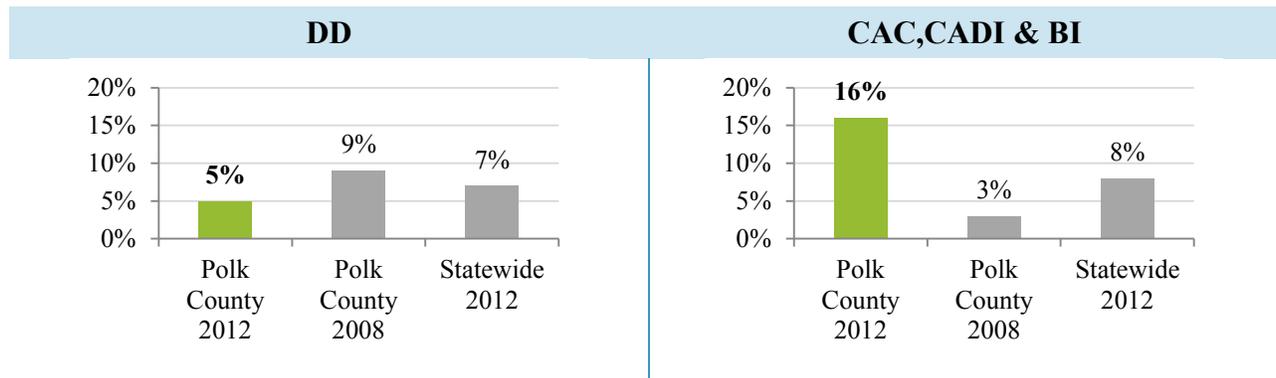
	<b>Polk County</b>	Cohort	Statewide
Age 0-64	<b>0.72</b>	0.45	0.54
Age 65+	<b>39.26</b>	23.65	21.99
TOTAL	<b>7.04</b>	3.51	3.19

**In 2012, Polk County was ranked 71<sup>st</sup> 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 higher than its cohort and the statewide rate. Polk County also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 10.4 percent in Polk County. Overall, the number of residents in nursing facilities has decreased by 12.3 percent since 2010.

## Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

**Budget Balance Remaining at the End of the Year**



	DD	CAC, CADI, BI
Polk County (2012)	5%	16%
Polk County (2008)	9%	3%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, a budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Polk County had a 5% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Polk County’s DD waiver balance is smaller than its balance in CY 2008 (9%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Polk County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Polk County had a 16% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2008 (3%).

Polk County currently maintains a waitlist of 54 participants for the DD program, but does not have a waitlist for the CCB program. The Social Services Supervisor explained that some of the individuals on the DD waitlist do not have high priority needs, but are included so they can receive timely care in the case of a crisis. The Social Services Supervisor maintains a spreadsheet to track waiver allocations which includes information such as whether or not participants have had services authorized and whether payments have been made. Requests for increased funding for the DD waiver program are determined at meetings with DD case managers and the Social Services Supervisor. CCB case managers authorize new services and increased funding as needed given the CCB program is not tight for funding. An important aspect of Polk County's HCBS budget management is its membership to the Northwest 8 Alliance. As an alliance member, Polk County is able to spend more of the HCBS budget while being protected in the case of high cost participants.

### 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.

**Polk County Case Manager Rankings of DHS Resources**

<b>Count of Ratings for Each Resource</b>	<b>1 -2</b>
	<b>3 -4</b>
	<b>5+</b>

Scale: 1= Not Useful; 5= Very Useful

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Policy Quest	0	0	3	2	1
MMIS Help Desk	0	0	1	1	6
Community Based Services Manual	0	0	2	3	1
DHS website	0	0	2	3	7
E-Docs	0	0	1	6	4
Disability Linkage Line	0	1	0	0	2
Senior Linkage Line	0	0	0	4	4
Bulletins	0	2	7	2	0
Videoconference trainings	1	6	2	3	0
Webinars	4	3	1	3	0
Regional Resource Specialist	0	2	0	0	3
Listserv announcements	0	1	3	1	1
MinnesotaHelp.Info	0	0	0	1	1
Ombudsmen	0	1	0	0	7
DB101.org	0	0	0	1	1

Case managers reported that the DHS website, Help Desk, E-docs, and Ombudsmen were the most useful DHS resources. Lead agency staff stated that they use the DHS website as a starting point to get to various manuals and other information. Case managers shared that responses from Help Desk are very prompt but that the limited hours of operation is a hindrance. Case managers have also generally had good experiences working with the Ombudsmen. Supervisors stated that the Community Based Services Manual is the first place they go for questions about services or policies. Lead agency staff shared that the Regional Resource Specialist is very helpful and will work to find answers to their questions in a timely manner. Case managers generally rated

videoconference trainings as being not very useful, citing that the videoconference trainings are often too general and urban-oriented with a lot of information that is not pertinent to Polk County. Lead agency staff have found bulletins to be helpful, but case managers expressed that pulling up old bulletins is difficult and that they prefer to just go to the website. The two case managers who have experience with the website DB101.org found it helpful for providing vocational needs assessments and benefit analysis.

## 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.

### Polk County Strengths

The following findings focus on Polk 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.

- **Polk County addresses issues to comply with Federal and State requirements.** During the previous review in 2008, Polk County received a corrective action for the following items being out of compliance: timeliness of referral to LTCC assessment, timeliness of assessment to care plan, care plan signatures, and case manager and guardianship roles. In 2013, none of these issues remain for Polk County indicating technical improvements over time.
- **Case managers are advocates for participants, and bring knowledge and experience about waiver programs to their work.** Polk County case managers know their community well and are knowledgeable about resources and the informal supports that are available to participants. They are resourceful and creative in ensuring participants receive needed services. Case managers are strong advocates for participants and are dedicated to helping them and their families navigate systems. They are in frequent contact with waiver participants; nearly all (94%) of participants reviewed were seen at the frequency required by their waiver plan and many were seen more often than required. Case managers visit participants on average four times in the past 18 months across AC and EW programs, CCB

participants received an average of three visits in the past 18 months, and DD participants received an average of seven<sup>1</sup> visits in the past 18 months.

○ **Case managers collaborate well with each other and other units within Polk County.**

There are strong interagency relationships at Polk County Social Services as well as great working relationships between Public Health and Social Services. Case managers shared that the relationship between Public Health and Social Services is a strength of the lead agency, especially in the AC and EW programs. Moreover, case managers are able to maintain good working relationships with each other in spite of working across Polk County in satellite offices. Case managers also said that they have good communication with child protection staff and the foster care licenser. This collaboration enhances the services participants are receiving and helps them navigate services.

○ **Lead agency staff are well-connected with providers and other organizations that serve participants.**

Polk County Social Services case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. Case managers shared that their relationships with providers and providers' innovative approach to service provision are strengths of Polk County. Case managers stated that their working relationships with nursing facilities, home care, customized living and corporate foster care providers are above average. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The strong relationship between providers and case managers is also supported by the providers. Providers surveyed that work with Polk County shared that they have good, open communication and work cooperatively with the case managers.

○ **Polk County's participation in a waiver alliance helps them meet needs and manage risks.** As a member of the Northwest 8 Alliance, Polk County is able to spend more of the HCBS budget while being protected in the event of high cost participants. Participating in the

---

<sup>1</sup> This excludes one outlier case in the DD program that was visited more often than once each month in an 18 month period. Even with this case excluded, the average visits for participants in the DD program was seven times in an 18 month period.

alliance helps lay the groundwork for the lead agency to continue to build relationships and conduct regional planning in order to enhance services for their participants.

○ **The case files reviewed in Polk County met several HCBS program requirements.**

Required documentation was included in the files, including 100% of informed consent in all cases and 100% of notice of Privacy Practices in DD cases. Care plans included documentation of much of the required content, including 100% of health and safety issues in DD, AC and EW cases and 100% of participant outcomes and goals in all cases. Case files also provided consistent documentation of quality care, including behavioral/medical issues, case managers responsive to participants' needs, documentation of issues to better understand life events and documentation that visits/interactions respond to participant preferences.

## Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants annually.** The county 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.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Polk County currently underperforms its cohort for participants earning more than \$250 per month in the CCB programs (12% vs. 15%), and is currently performing at about the same rate as its cohort for the DD program (25% vs. 24%). The lead agency should focus on strengthening employment by working with providers to reduce use of center-based

employment and develop more opportunities that result in higher wages for participants. This could be achieved by directing some of its waiver allocation to expanding community-based employment opportunities. If the current providers are unable to meet the need for employment services the lead agency should consider formalizing the request for these opportunities across programs by creating a Request for proposals (RFP) for the community-based employment services that they are looking to develop in their local communities.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Polk County has lower rates of participants served at home than its cohort in the DD and CCB programs. Only 25% of DD participants (61<sup>st</sup> of 87 counties) are served at home, indicating a higher use of residential services. In addition, Polk County has lower rates of high needs CCB participants served at home than its cohort (48% vs. 53%). Polk County should work to influence the types of services available to its waiver participants. This may involve 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 allow people to remain safely in their own homes. 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. Polk County should work regionally with other lead agencies to develop services across programs, or connect with other lead agencies that have done work in this area ([http://www.minnesotahcbs.info/best\\_practices](http://www.minnesotahcbs.info/best_practices)).
- **Consider expanding contracted case management services to help serve participants that live out of the region to cut down on travel time, to cover during staffing shortages, and to provide culturally appropriate services.** With continually changing programs and shifts in the demographics of people served by the waiver programs, administering the programs and providing case management has become more complicated. The lead agency may want to consider contracted case management as a strategy to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other

responsibilities. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Polk County should treat contracted case managers as their own employees and fulfill requirements by maintaining a case file with current documentation of all required paperwork.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Polk County, only 19% of the case files reviewed contained documentation of participant satisfaction. The lead agency should also request progress reports as a way to regularly monitor provider performance.
- **Consider developing additional systems or practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency may want to consider strategies such as: create fillable electronic forms or have office support assist in creating packets or shared drives to ensure forms are current and promote consistency; structure staff meetings to include discussions on new bulletins and program changes; continue contract with retired case manager to mentor new staff. These systems should be structured to support collaboration between the Public Health and Social Services Departments.
- **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these participants.** Consider expanding the role of CADI case managers to also provide Rule 79 case management for the same participants. Having a single case manager would streamline services for HCBS

program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at [www.MinnesotaHCBS.info/](http://www.MinnesotaHCBS.info/).

- **Update long-term care program care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** Care plans in Polk County were complaint in several areas; however, the language used was not individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name.

#### Corrective Actions

Required corrective actions are developed by the Waiver Review Team, and are areas where Polk County was found to be inconsistent in meeting state and federal requirements and will require a response by Polk 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. In addition to the corrective actions below, Polk County also identified six areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Polk County will be required to take corrective action.

- **Beginning immediately, ensure that all participants have an individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are three waiver participants who do not have a current care plan in their case file including two out of 10 BI cases and one out of 24 EW cases.
- **Beginning immediately, include an emergency back-up plan in the care plan of all CADI and BI participants.** 1) All CCB care plans must be updated with this information.

This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Currently, one out of 14 CADI cases and three out of ten BI did not have a back-up plan. In addition, five out of 14 CADI cases and six out of ten BI cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

- **Beginning immediately, ensure that case files include the annual BI Assessment and Eligibility Determination form for all BI participants.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a documented diagnosis of brain injury or related neurological condition on an annual basis. Two out of ten BI cases did not have this documentation on file and five out of 10 BI cases reviewed did not have complete and current documentation in the file.
- **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. Three out of 14 CADI cases, five out of 10 BI cases and one out of 24 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, three out of 14 CADI cases, two out of 10 BI cases, seven out of 24 EW cases, two out of ten AC cases and one out of 14 DD cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CADI and BI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, one of 14 CADI cases reviewed (7%) and three of ten BI cases (30%) had case manager visits less frequently than on a biannual basis.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review**

**Team's site visit.** Although it does not require Polk 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 Polk County, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 36 cases. All items are to be corrected by October 21, 2013 and verification submitted to the Waiver Review Team to document full compliance.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	54	N / A	0	54	N / A	N / A
Screenings done on time for new participants (PR)	81%	78%	87%	88%	CCB	AC / EW, 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	86%	88%	CCB, DD	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=34</b>	<b>CCB n=24</b>	<b>DD n=14</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	86%	91%	79%	N / A	AC / EW	N / A
Care plan is current (PR)	93%	97%	92%	86%	AC / EW, CCB	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	96%	91%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	99%	97%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	53%	32%	54%	100%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	67%	67%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	95%	100%	88%	N / A	AC / EW	N / A
ICF/DD level of care documentation in case file (PR for DD only)	86%	N / A	N / A	86%	N / A	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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	30%	N / A	30%	N / A	N / A	CCB
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
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

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=8</i> )	88%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=8</i> )	88%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=34</b>	<b>CCB n=24</b>	<b>DD n=14</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	83%	100%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	97%	100%	92%	100%	ALL	N / A
Back-up plan (PR for CCB)	49%	71%	38%	14%	N / A	CCB
Emergency contact information (PR for CCB)	92%	91%	96%	86%	AC / EW, CCB	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=34</b>	<b>CCB n=24</b>	<b>DD n=14</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	96%	100%	88%	100%	AC / EW, DD	N / A
Person informed of right to appeal documentation in the case file (PR)	67%	71%	46%	93%	DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	92%	88%	92%	100%	CCB, DD	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=34</b>	<b>CCB n=24</b>	<b>DD n=14</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	19%	18%	8%	43%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	91%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	64%	92%	95%	DD	CCB
Percent of LTC funds spent on HCBS	N / A	32%	87%	93%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	49%	54%	68%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	78%	CCB	DD
Percent of waiver participants served at home	N / A	80%	64%	25%	AC / EW, CCB	DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	12%	25%	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.