

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Todd County**

Waiver Review Site Visit: October 2013

Report Issued: December 2013

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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 Todd 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 Todd County
Case File Review	66 cases
Provider survey	12 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 11 staff
Quality Assurance Survey	One quality assurance survey completed

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

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

## About Todd County

In October 2013, the Minnesota Department of Human Services conducted a review of Todd County's Home and Community Based Services (HCBS) programs. Todd County is a rural county located in central Minnesota. Its county seat is located in Long Prairie, Minnesota and the County has another 11 cities and 28 townships. In State Fiscal Year 2012, Todd County's population was approximately 24,526 and served 508 people through the HCBS programs. According to the 2010 Census Data, Todd County had an elderly population of 16.2%, placing it 43<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Todd County's elderly population, 11.7% are poor, placing it 17<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Todd County's Health and Human Services Department is the lead agency for the HCBS waiver programs. In July 2012, the previously separate Public Health and Social Services departments merged to form the combined agency. All waiver programs are managed under the Adult Disabilities Unit within the Health and Human Services Department. The new agency has undergone several changes since the merger including hiring a new manager and supervisor for the Adult Disabilities Unit, both of which have a background in adult mental health. The former Public Health Director moved into the Health and Human Services Director position and will be retiring in December 2013. In addition to integrating the two departments, the county is also in the process of renovating their primary workspace allowing for co-location of staff for programs under the Adult Disabilities Unit including social workers and nurses working on the waiver programs, adult protection, mental health, chemical dependency, financial services, SNBC, and

MSHO/MS C+. Additionally, the Department also serves as a Medicare Certified Home Health Care provider.

The Adult Disabilities Unit Manager and Supervisor oversee social workers and nurses working with the waiver programs. They also oversee several other programs including adult protection, mental health, chemical health and the home health care services. There are four total social workers who provide case management for the waiver programs. Three social workers manage DD waiver cases and also provide Rule 185 case management. One additional social worker completes reassessments and provides CADI case management for participants residing outside of Todd County. There are three PHNs who complete new assessments, reassessments, and work in other public health areas such as WIC and immunization clinics. There are three RNs who provide ongoing care coordination and complete reassessments for the LTC programs in addition to other public health duties. Todd County provides care coordination for four Managed Care Organizations (MCOs): UCare, Blue Plus, Medica, and South Country.

If a DD or CADI case is located in a county that does not border Todd County, the county does not provide the case management, instead contracting with a private agency or having the county of residence provide courtesy case management. There is one case aide for all waiver programs except DD who enters screening documents, updates forms, and runs budget simulations in the Waiver Management System. DD case managers complete their own MMIS data entry.

Intake calls are taken by the Department's receptionist, who transfers calls to the appropriate unit and staff. The county performs dual initial assessments with a PHN and social worker for the LTC programs. For the CCB programs, when they return, the case aide simulates needs and cost to be discussed at the monthly LTCC meeting. If the person is eligible and there is sufficient funding and slots, they award slots based on a group decision. The three RNs are divided up into three different geographical regions of Todd County, and the PHN who completed the assessment would then pass the case onto their geographically paired RN for ongoing case management.

DD case assignment occurs during weekly meetings. Most DD referrals for waived services are known to the county through Rule 185 case management. The case is assigned to a DD case

manager to complete the screening, and the screener becomes the ongoing case manager. There is no age or geographical specialization; assignment rotates based on caseload size. A participant may have dual case management with a nurse and social worker if they have a developmental disability diagnosis but are on the CADI waiver.

RNs providing case management for all LTC waiver programs have caseloads of approximately 85 including nursing home and Community Well cases. DD social workers have between 45 and 55 cases including waiver and Rule 185.

### Working Across the Lead Agency

Lead agency staff shared that they have great working relationships with financial workers. There are two financial workers who are designated to work with the LTC waiver programs. The DD program does not have a designated financial worker. The financial workers are located in the same building as case managers and are in frequent contact via phone, formal communication forms, and face-to-face contact. Financial workers also attend the monthly LTCC meetings. Lead agency staff shared that financial workers do an excellent job of updating them on eligibility and other participant changes when they occur. Lead agency staff also said that financial workers are very accessible to participants when they have questions.

Adult protection is housed in the same unit as the waivers, and there are two designated adult protection workers. When vulnerable adult reports are received by intake, waiver case managers are notified if a case involves a waiver participant. Social workers with access to SSIS are also able to view any referrals through this system while nurses do not have this same access through PH Docs. In some cases, a case manager may make a VA report if they identify any issues during a visit. Case managers connect with an adult protection worker to share any relevant information, provide additional services, and draw on nursing expertise when appropriate. Case managers shared that they work closely with an adult protection worker throughout the entire process. Todd County recently organized an Adult Protection Team which meets quarterly and includes representatives from Veterans Services, law enforcement, and service providers. They present information about what types of support each entity is able to provide and share expertise and perspectives about case scenarios.

Child protection is housed in the Family Services Unit but is still on the same floor as the waiver case managers. Case managers shared that the process for notification and sharing of information is very similar to the relationship with adult protection. All Adult Disability Unit and Family Services Unit social workers, including those in child protection, attend weekly meetings where they are able to consult with each other about cases.

Case managers also work closely with mental health case managers when a waiver participant is receiving support for mental health needs. Participants receiving Rule 79 Targeted Mental Health Case Management have a separate mental health case manager from the waiver case manager; the Rule 79 case manager serves as the lead, and the CADI case manager manages requirements for the waiver and completes assessments. Case managers shared that they work to coordinate visits with mental health case managers and meet on a quarterly basis together with providers to integrate care and services. The mental health case managers are located on the same floor, and case managers said they notify them if any new needs are identified during their monthly visit. Adult mental health staff attend the monthly LTCC meeting.

Todd County contracts with Northern Pines Mental Health Center to provide Children's Mental Health Targeted Case Management., but there is still communication between lead agency staff by phone or email. The contracted mental health case managers attend the regular Friday social worker meetings once per month. Lead agency staff shared that the most coordination occurs when they are planning for the transition from children's to adult services. Case managers shared that there have been some challenges as the contracted agency has experienced some turnover which has made it more difficult to coordinate transition planning.

The Health and Human Services Director attends monthly County Board meetings, and the Manager and Supervisor attend as needed. For example, the Adult Disabilities Unit Manager and Supervisor presented on the changes occurring with the waiver programs and how the changes impact the agency and the people served. Lead agency staff shared that they have a strong working relationship with the board and feel that the board's participation in the integration of Public Health and Social Services Departments has further informed them about their work.



## Health and Safety

In the Quality Assurance survey, Todd 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 they have good, open communication with case managers. They also said that Todd County case managers are well-trained and knowledgeable and that the lead agency responds to questions or inquiries from providers and waiver participants.

Lead agency staff shared that one of their biggest challenges is staying current with program and policy changes. Case managers shared that they attend DHS videoconferences and webinars. Staff also have a very good relationship with the Regional Resource Specialist (RRS); case managers attend quarterly meetings with the RRS and contact her frequently with questions. They also said that attending quarterly meetings with staff from other counties have been extremely helpful; for example, nurses attend a regional meeting in Brainerd. Case managers noted that they are not able to attend all of the meetings available to them, and that most focus on waiver program administration and forms. They expressed a desire for additional professional development opportunities that go more in depth and promote the use of best practices.

As noted earlier, there are several regular meetings where all Todd County case managers have a chance to consult and work collaboratively across units. There is a monthly LTCC meeting for waiver case managers, mental health, financial workers, and supervisors. Nurses also meet monthly which includes both waiver case managers, home care nurses, and all other nurses. There is a weekly social worker meeting for all social workers from the Adult Disability and Family Services Units. While many of the case managers receive listservs and bulletins, they shared that it has become increasingly difficult to find time to review this information and that they do not typically share updates during regular meetings since merging into one agency. The Supervisor reported that they intend to share information and updates at regular meetings but because of the large number of changes, they do not spend as much time covering each change as they used to.

Another challenge that lead agency staff identified was keeping up with the requirements for the four managed care health plans they provide care coordination for. There is one case manager assigned to each managed care organization to keep up with changes and share updates, but case managers still have participants from all four organizations on their caseload. The county's primary monitoring of compliance is through preparing for audits, corrective actions plans, and revisiting cases. The Adult Disability Unit Manager shared that the agency has a goal of formalizing a review process.

### Service Development and Gaps

Overall, staff from the lead agency reported having strong relationships with providers and are able to draw upon resources and providers across the region to meet participant needs. However, they shared that there is still a lack of providers, which poses a challenge for coordinating services. Staff shared that there is a need for more community based and competitive employment opportunities. The limited options for and access to community-based employment is also closely linked to the lack of transportation options. Some regional vocational sites provide transportation, and Todd County has a volunteer driver program, but these options are not always available for transport outside of town or do not operate in the evening or on weekends.

Lead agency staff shared that they could benefit from a quasi-supportive residential setting for participants who are ready to live more independently, but still need support to be on their own. This could include more creative in-home services or apartments with additional services and monitoring allow participants to remain safe and health in the least restrictive setting possible. In addition, staff noted that there is an increasing Spanish-speaking population in Long Prairie, but many do not seek out services from the agency. They are hoping to improve bilingual services including having a Spanish language option for their automated phone system.

In the past, Todd County has formally recruited providers for new services, including an RFP to develop a foster home. However, the county tends to work with service providers informally to address gaps. For example, they are currently working with a vocational provider to expand its facility and services offered to better meet the changing needs of waiver 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.

**Todd 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	0	9
Schools (IEIC or CTIC)	0	4	0
Hospitals (in and out of county)	0	6	2
Area Agency on Aging	0	0	2
Customized Living Providers	0	7	0
Foster Care Providers	0	0	7
Home Care Providers	0	6	0
Employment Providers (DT&H, Supported Employment)	0	2	6

Todd County staff shared that they take steps to monitor providers and communicate feedback to them. The lead agency has annual satisfaction surveys for CCB and DD participants; one is sent to the participant and one goes to the provider. They follow-up with any negative responses and discuss reviews with providers. They update providers about licensing and waiver program changes on the county website, and include them in community Adult Protection meetings. The foster care licenser sends case managers evaluation forms where they are able to provide feedback about the different sites they have worked with.

Case managers shared that they have very good communication with nursing facilities and that they are involved in the admission and discharge process. They stated that being assigned to cases geographically helps them get to know local providers, and staff from those agencies know who they are and to contact them. Case managers said that they may not be notified by hospital staff when participants are discharged making it difficult to ensure services are in place when the participants return home.

Case managers also stated that their relationships with schools vary depending on the school, saying that some wait too long to refer participants who are close to transitioning into adult services. The majority of case managers said that they have good relationships with local vocational providers. They said that transportation can be a challenge and is often a barrier in taking advantage of some employment opportunities in the community. This is an issue especially for participants who need transportation services on nights and weekends.

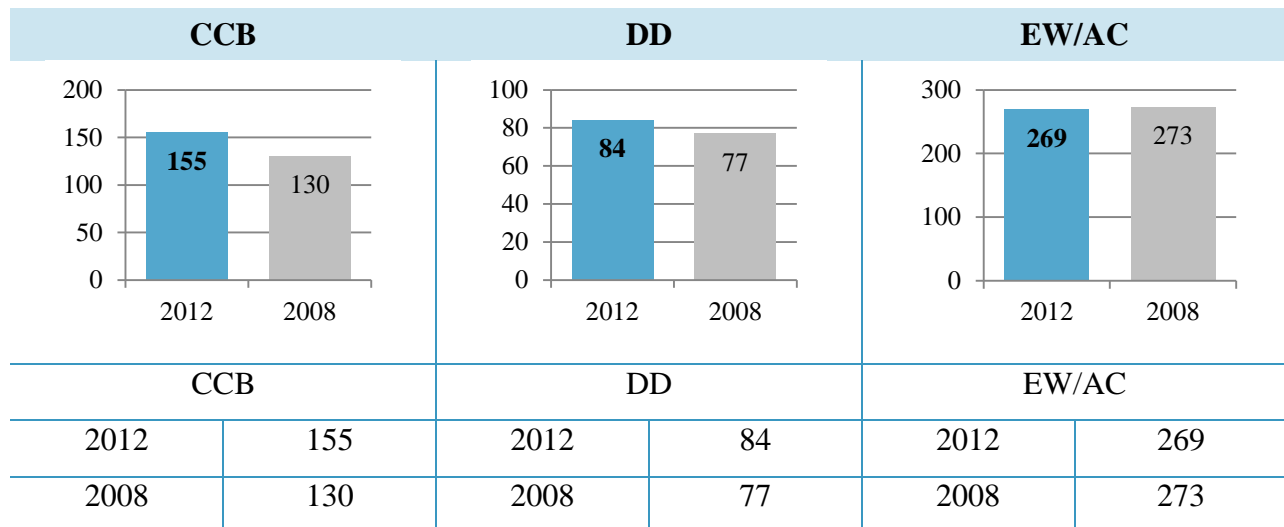
Case managers rated their relationships with customized living providers as average. They mentioned that the quality of staff at some of the customized livings impacts the quality of their relationships. All of the case managers who routinely work with foster care providers said they have great relationships with them. They stated that these providers care a lot about individuals, provide quality care, and are great at communicating with case managers.

Case managers said that home care providers in the county offer a wide variety of services, and they have good communication with them. They added that they are responsive to the lead agency's requests and are willing to seek out additional staff to help meet the needs of participants. Some case managers have difficulty in helping participants make choices when the lead agency is also providing home care services, despite the lead agency's policy for providing participant choices of home care providers. While case managers have not worked with the Area Agency on Aging very often, those who have experience working with this organization said that the main contact is very knowledgeable and willing to help.

## 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 Todd County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Todd County has increased by 25 participants (19.2 percent); from 130 in 2008 to 155 in 2012. Most of this growth occurred in the case mix B, which grew by 14 people. There was also a significant increase in case mix E, which grew by eight people. With this increase, Todd County may be serving a higher proportion of people with mental health needs.

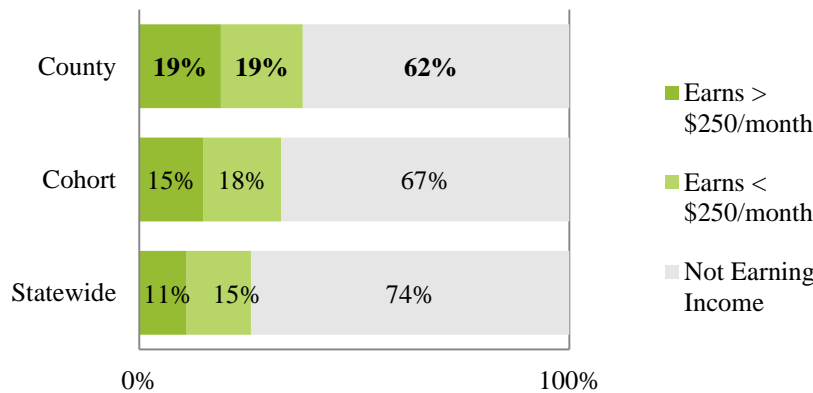
Since 2008, the number of people served with the DD waiver in Todd County increased by seven participants, from 77 in 2008 to 84 in 2012. In Todd County, the DD waiver program is growing at about the same rate as the cohort as a whole. While Todd County experienced a 9.1 percent increase in the number of people served from 2008 to 2012, its cohort had a 9.3 percent increase in number of people served. In Todd County profile group two had the largest growth, increasing by 10 people. The greatest change in the cohort profile groups also occurred in people having a profile two. Todd County serves a larger proportion of people in profile groups one and two (51.2 percent), than its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Todd County has decreased by four people (1.5 percent), from 273 people in 2008 to 269 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, Todd County served 12 fewer lower needs participants in 2012 than in 2008. In addition, case mix B grew the most, increasing by nine people. As a result, Todd County may be serving a higher proportion of individuals 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.

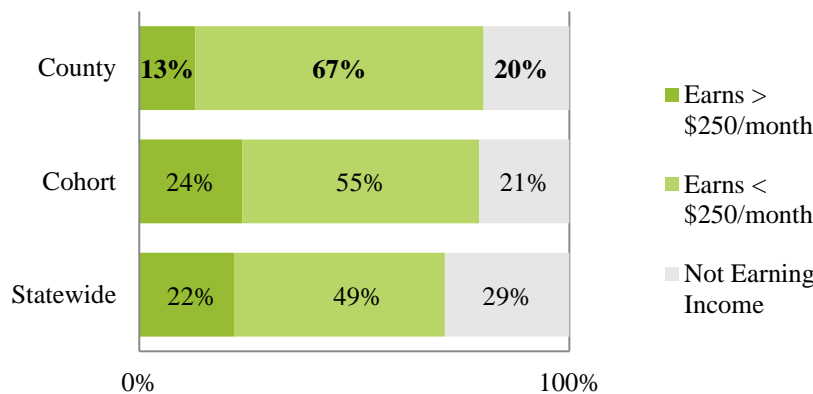
#### CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Todd County	19%	19%	62%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Todd County served 127 working age (22-64 years old) CCB participants. Of working age participants, 37.8 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Todd County ranked 16<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Todd County 18.9 percent of the participants earned \$250 or more per month, compared to 14.7 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



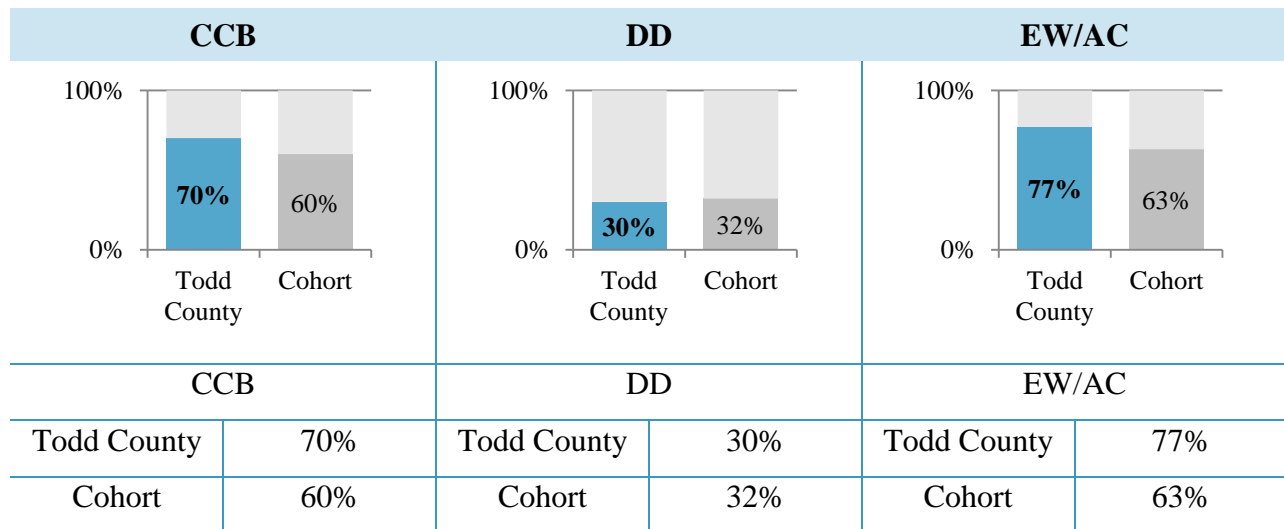
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Todd County	13%	67%	20%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2012, Todd County served 60 DD waiver participants of working age (22-64 years old). **The county ranked 72<sup>nd</sup> in the state for working-age participants earning more than \$250 per month.** In Todd County, 13.3 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, 80.0 percent of working age DD waiver participants in Todd 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)**



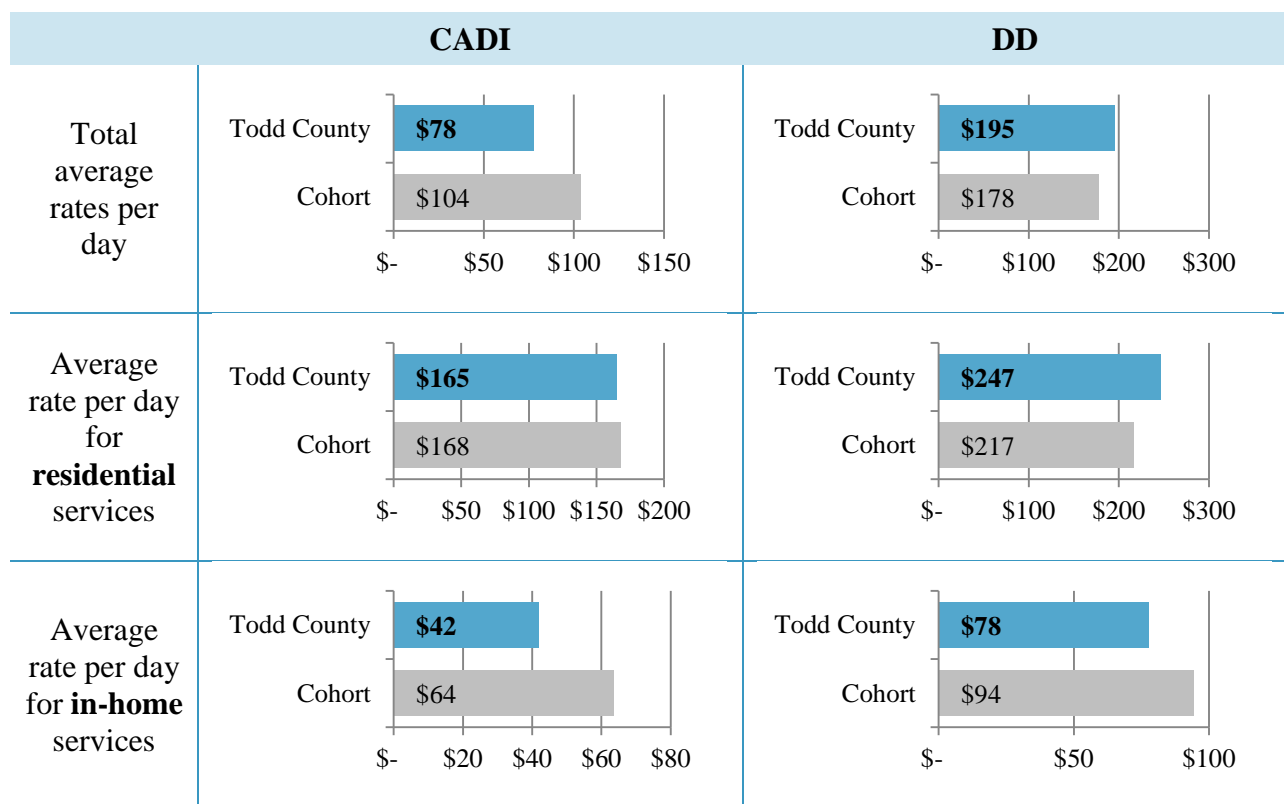
**Todd County ranks 24<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 109 participants at home. Between 2008 and 2012, the percentage increased by 3.4 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 70.3 percent of CCB participants in Todd County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Todd County ranks 39<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 25 participants at home. Between 2008 and 2012, the percentage increased by 2.5 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 1.2 percentage points, from 34.2 percent to 35.4 percent.



**Todd County ranks 34<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 206 participants at home. Between 2008 and 2012, the percentage decreased by 0.7 percentage points. In comparison, the percentage of participants served at home fell by 5.6 percentage points in their cohort, and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Todd County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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



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

	Todd County	Cohort
Total average rates per day	\$77.65	\$103.96
Average rate per day for <b>residential</b> services	\$165.42	\$167.73
Average rate per day for <b>in-home</b> services	\$41.83	\$63.58

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

	Todd County	Cohort
Total average rates per day	\$195.08	\$178.28
Average rate per day for <b>residential</b> services	\$246.77	\$216.75
Average rate per day for <b>in-home</b> services	\$77.58	\$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 Todd County is \$26.31 (25.3 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Todd County spends \$2.31 (1.4 percent) less on residential services, and \$21.75 (34.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Todd County ranks 17<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 Todd County is \$16.80 (9.4 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Todd County spends \$30.02 (13.9 percent) more on residential services, but \$16.76 (17.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Todd County ranks 72<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.

**Todd County has a lower use in the CADI program than its cohort of residential based services** (Foster Care (22% vs. 26%) and Customized Living (6% vs. 12%)). The county has a higher use of vocational services: Prevocational Services (18% vs. 9%) and Supported Employment Services (19% vs. 12%). They also have a higher use of some in-home services, such as Skilled Nursing (30% vs. 19%), Consumer Directed Community Supports (10% vs. 8%), Home Health Aide (8% vs. 6%), and Homemaker (32% vs. 28%). Fifty-two percent (52%) of

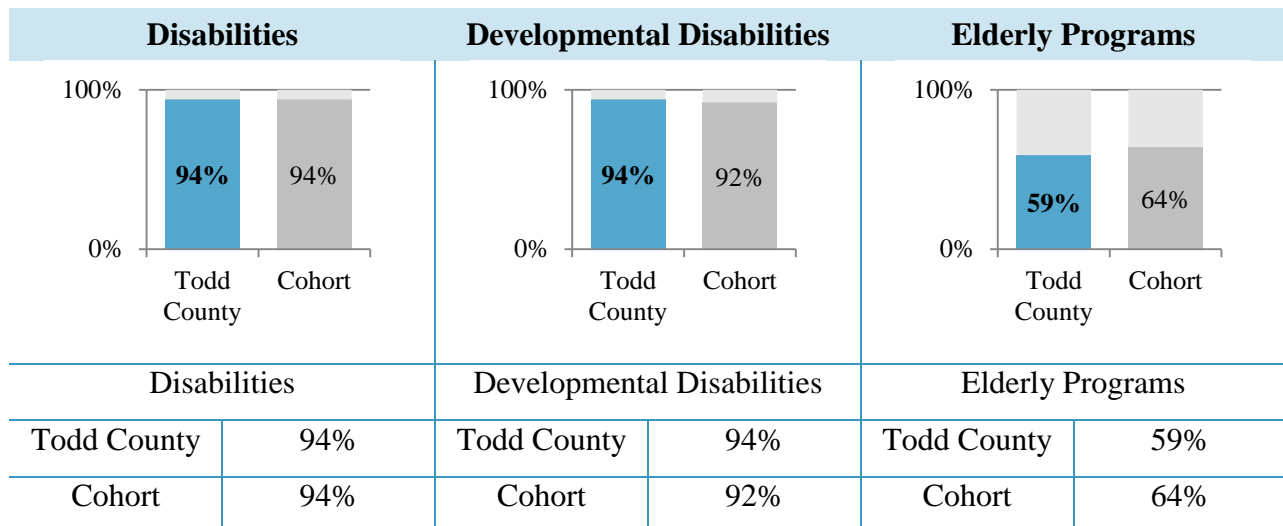
Todd County’s total payments for CADI services are for residential services (46% foster care and 6% customized living) which is lower than its cohort group (54%). Corporate foster care rates are lower than its cohort when billed daily and when billed monthly (\$195.03 vs. \$227.80 per day and \$4,561.44 vs. \$5,472.49 per month).

**Todd County’s use of Supportive Living Services (SLS) is higher than its cohort (70% vs. 67%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. Todd County’s daily corporate Supportive Living Services rates are higher than its cohort (\$228.28 vs. \$210.90). The county has a higher use of Day Training & Habilitation (73% vs. 61%) and a similar use of Supported Employment Services (4% vs. 4%). It has a higher use of In-Home Family Support (19% vs. 15%) than its cohort, but a lower use of Respite Care (14% vs. 18%).

### 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, Todd County served 312 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 28 in institutional care.** Todd County ranked 36<sup>th</sup> of 87 counties with 94.2 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 93.6 percent were HCBS participants. Since 2008, Todd County has increased its use of HCBS by 3.9 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Todd County served 104 LTC participants (persons with development disabilities) in HCBS settings and eight in institutional settings.** Todd County ranked 38<sup>th</sup> of 87 counties with 94.3 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Since 2008, the county has increased its use by 1.4 percentage points while its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Todd County served 278 LTC participants (over the age of 65) in HCBS settings and 204 in institutional care.** Todd County ranked 45<sup>th</sup> of 87 counties with 59.0 percent of LTC participants receiving HCBS. This is lower than their cohort, where 63.8 percent were HCBS participants. Since 2008, Todd County has increased its use of HCBS by 1.0 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)

	Todd County	Cohort	Statewide
Age 0-64	<b>0.68</b>	0.45	0.54
Age 65+	<b>40.21</b>	23.65	21.99
TOTAL	<b>7.12</b>	3.51	3.19

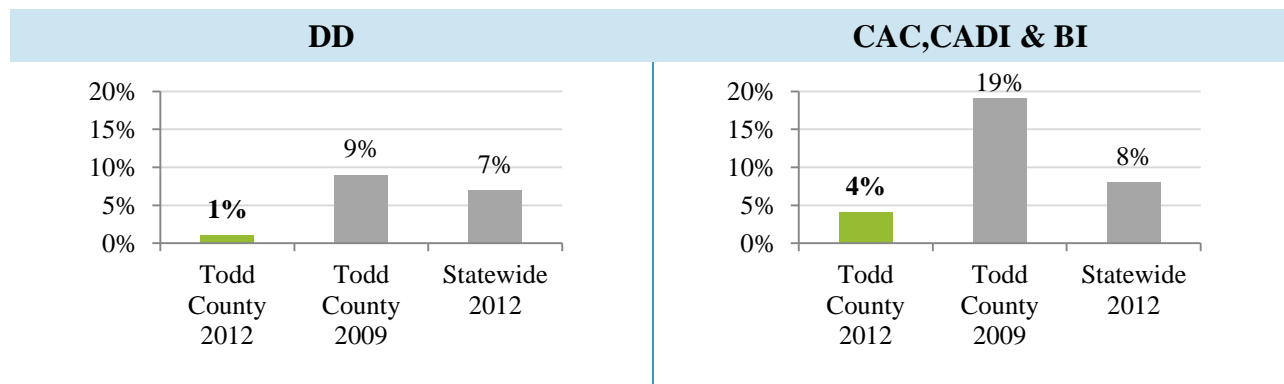
**In 2012, Todd County was ranked 74<sup>th</sup> out of 87 counties in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and

older is higher than its cohort and the statewide rate. Todd 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 increased by 6.0 percent in Todd County. Overall, the number of residents in nursing facilities has increased by 8.1 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
Todd County (2012)	1%	4%
Todd County (2009)	9%	19%
Statewide (2012)	7%	8%

**At the end of Calendar Year (CY) 2012, the DD waiver budget had a small reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for CY 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Todd County

had a 1% balance at the end of CY 2012, which indicates the DD waiver budget had a small reserve. Todd County's DD waiver balance is smaller than its balance in CY 2009 (9%), and the statewide average (7%).

**At the end of Fiscal Year (FY) 2012, the CCB waiver budget had a reserve.** Todd County's waiver budget balance was also calculated for CAC, CADI and BI programs for FY 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, Todd County had a 4% balance at the end of FY 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (19%).

There is currently a waitlist for both the CCB and DD programs in Todd County. The CCB allocation is discussed at the monthly LTCC meeting. The lead agency staff prioritize the assignment of new slots based on urgent health and safety needs and focus on preventing out-of-home placement if possible. If someone is unable to be put on the waiver, the group brainstorms and seeks out other available resources and options to meet the individual's needs. Requests for funding increases for current participants are submitted to the case aide who runs a simulation in WMS and brings this information to the meeting. The DD cases managers meet weekly to review the waitlist and also prioritize based on health and safety needs. One of the DD case managers monitors the allocation in WMS. For both programs, any new requests are reviewed as a team and take into account case manager input, but final approval comes from the Manager or Supervisor.

## 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.

### Todd County Case Manager Rankings of DHS Resources

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	3	2	0	0
MMIS Help Desk	0	0	3	0	2
Community Based Services Manual	0	0	2	0	0
DHS website	0	0	3	4	3
E-Docs	1	0	1	2	2
Disability Linkage Line	0	0	2	3	2
Senior Linkage Line	0	0	0	4	2
Bulletins	0	0	0	0	8
Videoconference trainings	0	0	0	1	8
Webinars	0	0	0	1	9
Regional Resource Specialist (RRS)	0	0	0	0	10
Listserv announcements	0	0	0	0	5
MinnesotaHelp.Info	0	0	2	1	0
Ombudsmen	0	1	2	3	1

Case managers reported that the Regional Resource Specialist (RRS), webinars, and videoconference trainings were the most useful DHS resources for their work. Staff stated that

the RRS is very responsive and helps them sort through complex cases and navigate different eligibility issues. Lead agency staff shared that they find webinars and videoconference trainings very helpful and like the fact that they do not have to travel to take advantage of these resources. Case managers shared that they refer clients to the Senior Linkage Line and Disability Linkage Line and that they have found them to be very helpful resources for participants needing to change medical plans.

The case aide for the LTC programs has access to Policy Quest and submits questions on behalf of case managers. Case managers said that Policy Quest can be helpful answering some of their questions but can take a long time to respond. Case managers stated that MMIS Help Desk is a helpful resource and that they receive faster responses using e-mail rather than calling them. Case managers said that they use E-Docs to get the current forms. The LTC case aide uses E-Docs to find updated forms and create packets for nurse case managers, and DD case managers use E-Docs to find and print their own forms. They stated that MinnesotaHelp.Info is helpful for finding CDCS resources including Fiscal Support Entities (FSEs) and support planning providers.

Case managers stated that, although they find bulletins helpful, they can get overwhelmed by the amount of information in them and do not always have the time to review them. Supervisors shared that it would be helpful to have some type of a topic search for bulletins to help locate the most relevant information to their work. Lead agency staff said that the DHS website has a lot of great information, but is difficult to navigate. Case managers also shared that the Community Based Services Manual is difficult to navigate but that they like that it is being updated. They would like to see additional information about housing resources in the manual. Case managers shared that the when they have worked with DHS Ombudsmen in the past, they have been disappointed in their responsiveness and helpfulness.



## 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.

### Todd County Strengths

The following findings focus on Todd 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.

- **Todd County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Todd County received a corrective action for timeliness referral to assessment for elders, back-up plans and emergency contact information, OBRA Level One and frequency of face-to-face visits. In 2013, none of these issues remain for Todd County indicating technical improvements over time.
- **Todd County case managers work well with each other and the county's other units.** Social workers and nurses work well as an integrated unit; they are resourceful and frequently consult with one another. In addition, case managers have very strong working relationships with financial workers. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility to receive services. Case managers also work closely with adult mental health and adult protection to coordinate services and supports to address participants' health and safety needs.
- **Todd County staff are well-connected with providers and other organizations that serve participants.** Todd County case managers have worked to build strong relationships with area providers. As a result, case managers know the communities which allows them to access resources throughout the county as well as the surrounding areas. Nurse case managers have geographic specialization which allows them to get to know providers and specific communities. Case managers work closely with provider staff and are in frequent communication about the needs of the participants they are serving. These relationships

assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Todd County also works to make their services visible to the public. As a Medicare Certified Home Health Agency, staff are in a natural position to do community outreach. The agency also educates the public regarding waiver services available through local newspaper articles and local health fairs.

- **Todd County regularly monitors participant satisfaction with services and providers.** The PH Docs system used for the LTC waiver cases includes standardized questions about satisfaction with current services for case managers to ask during routine visits. Todd County also sends out an annual satisfaction survey to participants and/or guardians as well as providers to gather feedback. Evidence in SSIS case notes also revealed that case managers are discussing the participant's choice and satisfaction with providers. The DD program may want to expand and formalize a process for assessing satisfaction through a standard form or template similar to the questions in PH Docs.
- **Todd County offers employment opportunities to CCB participants and has achieved high rates of participants with earned income of \$250 or more.** Todd 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 18.9% of CCB waiver participants (compared to 14.7% for the cohort) earning more than \$250 per month which ranks them 16<sup>th</sup> out of 87 counties. Case managers are accessing new vendors and working closely with existing providers both in the county and across the region to increase opportunities for their CCB participants. Waiver participants are benefitting from these increased efforts to expand community-based and competitive employment opportunities.
- **Based on budget reports, Todd County's waiver allocations are well-managed.** Todd County's DD waiver budget balance was 1% at the end of CY 2012, and there was a 4% balance in the CADI, CAC and BI programs at the end of FY 2012. Todd County is closely monitoring and managing its waiver allocations, which allows it to reduce its wait lists and provide needed services to eligible community members. This effective management of

resources allows Todd County to balance risks from costly participants while maximizing resources. Consider requesting additional waiver slots and/or allocations if emergency needs arise.

## Recommendations

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

- **Beginning immediately, include details about the participant's services in the care plan.**

The lead agency must document information about services in the care plan including the provider, 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 92% of case files reviewed included the provider name and type in the care plan, only 6% of cases reviewed included the annual amount allowed.

- **Provide additional oversight and monitoring of contracted case management.**

Contracted case management helps reduce the travel burden for case managers, and the contracted case manager may have more knowledge of local resources to ensure quality service delivery. However, Todd County should treat contracted case managers as their own employees and should communicate expectations for documentation and visit requirements to ensure quality case management. This may include requiring contracted agencies provide the county with all current documentation and required paperwork, or putting other monitoring practices in place to make sure case managers are fulfilling county expectations and waiver program requirements.

- **Consider developing additional systems or practices to support case managers.** With growing caseloads and increasing complexity of cases, administering the waiver programs

and providing case management has become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. Such strategies include: examining required paperwork to reduce unnecessary duplication; holding biweekly staff meetings to help case managers keep up on policy changes; assigning additional cases to contracted case management agencies; specialization for case managers by waiver program; using a single case manager and plan of care for CADI waiver participants also receiving Rule 79 mental health case management; or reducing the number of MCOs the agency provides care coordination for. Thinking about ways to create more efficient practices is important as the lead agency brings on new staff who require training and mentorship from existing staff.

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the DD program.** Todd County has lower rates than its cohort in the percentage of working age participants earning more than \$250 in income for the DD program (13.3% vs. 24.1%) and ranks 72<sup>nd</sup> of 87 counties. The lead agency should work to equal the outcomes for the CCB programs by also collaborating with providers and local businesses in the county and surrounding areas to develop creative community-based employment supports and opportunities for DD participants. This may include reaching out to current providers to expand opportunities or accessing new providers from neighboring counties who are better able to meet the preferences of DD participants.
- **Work with providers and regional counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Todd County has high institutional use for elders and ranks 74<sup>th</sup> out of 87 counties in nursing facility use for all ages. While the lead agency is serving more EW participants in their own homes than their cohort (76.6% vs. 63.1%), its high reliance on institutional services for elders continues to rise. Also, fewer DD participants are served at home in Todd County than in its cohorts (29.8% vs. 31.8%). Todd County should work to influence services available which may 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. It may also involve strategically developing assisted living services that can care for persons who otherwise may have to live in nursing facilities, such as those living in isolated rural communities or those needing memory care. The lead agency should leverage the close working relationships it has with service providers to ensure participants access to supports regardless of their age or disability.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Sixty percent (60%) or three out of five assessments for new CAC, CADI and BI participants occurred within this timeframe. 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. Ten out of twelve CADI cases, five out of nine BI cases, twelve out of twenty-one EW cases, and six out of ten AC 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 nine BI cases did not have documentation that the participant had been informed of their right to appeal within the past year.

- **Beginning immediately, ensure that all working-age participant's case file includes documentation that vocational skills and abilities have been assessed.** 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. Of the 29 applicable cases, 21% did not have employment assessed. Most notably, six out of eleven CADI cases did not have evidence that employment was assessed.
- **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 nine BI cases reviewed did not have complete and current documentation in the file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Todd 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 37 cases. All items are to be corrected by December 30<sup>th</sup>, 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	12	N / A	5	7	N / A	N / A
Screenings done on time for new participants (PR)	88%	92%	60%	100%	AC / EW, DD	CCB
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	58%	90%	DD	CCB

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=31</b>	<b>CCB n=25</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	98%	100%	96%	100%	ALL	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)	95%	100%	88%	100%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	76%	94%	44%	100%	AC / EW, DD	CCB
Inclusion of caregiver needs in care plans	73%	80%	60%	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)	0%	N / A	N / A	0%	N / A	DD
TBI Form	78%	N / A	78%	N / A	N / A	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	79%	N / A	71%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A



<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
Case managers document provider performance (QA survey)	Always	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=12</i> )	83%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=12</i> )	75%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=31</b>	<b>CCB n=25</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	96%	100%	96%	80%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	94%	100%	84%	100%	AC / EW, DD	N / A
Back-up plan (PR for CCB)	100%	100%	100%	100%	ALL	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=31</b>	<b>CCB n=25</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	97%	100%	92%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	49%	42%	36%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	96%	100%	88%	100%	AC / EW, DD	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=31</b>	<b>CCB n=25</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	92%	100%	80%	100%	AC / EW, DD	N / A
Documentation of participant satisfaction in the case file	52%	45%	68%	30%	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)	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	59%	94%	94%	DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	30%	86%	94%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	40%	72%	93%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	97%	93%	DD	CCB
Percent of waiver participants served at home	N / A	77%	70%	30%	AC / EW, CCB	DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	19%	13%	CCB	DD

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

**CAC** is the Community Alternative Care Waiver.

**CADI** is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

**CMS** is the federal Centers for Medicare & Medicaid Services.

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

**DD** is the Developmental Disabilities Waiver.

**DHS** is the Minnesota Department of Human Services.

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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