Minnesota Department of Human Services Waiver Review Initiative

Report for: **Wilkin County**

Waiver Review Site Visit: September 2014

Report Issued: November 2014

Contents

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 Wilkin County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

Continuing Care Administration (CCA) Performance Reports at
http://www.dhs.state.mn.us/main/dhs16_166609

Waiver Review Website at www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota's Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Wilkin County
Case File Review	35 cases
Provider survey	5 respondents
Supervisor Interviews	2 interviews with 3 staff
Focus Group	1 focus group with 6 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 Wilkin County

In September 2014, the Minnesota Department of Human Services conducted a review of Wilkin County's Home and Community Based Services (HCBS) programs. Wilkin County is a rural county located in western Minnesota. Its county seat is located in Breckenridge, Minnesota and the County has another seven cities and 22 townships. In State Fiscal Year 2013, Wilkin County's population was approximately 6,558 and served 137 people through the HCBS programs. According to the 2010 Census Data, Wilkin County had an elderly population of 14.2%, placing it 62nd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Wilkin County's elderly population, 8.5% are poor, placing it 56th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

There are two lead agencies for the HCBS programs in Wilkin County. The Family Services Department is the lead agency for the CCB and DD programs, and the Public Health Department is the lead agency for the EW and AC programs. Wilkin County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) Blue Plus and Medica.

The Family Services Department has one Social Services Supervisor who oversees all social service programs for children and adults, including the CCB and DD waiver programs. The Social Services Supervisor oversees four staff who currently have waiver cases. There is one primary case manager who has the majority of CCB and DD cases. Her caseload is approximately 67 cases and she also has data entry and training responsibilities. In addition to the primary case manager, three case managers who are located in a satellite office located in Breckenridge, MN currently have at least one CADI waiver participant on their caseload. This

includes a child protection worker, an adult mental health worker, and a children's mental health worker. If a participant opens to a waiver after already having a case manager for another program in Family Services, their case manager will take on the waiver case management role as well. This allows participants to have a single case manager and provides consistency for those individuals.

The Public Health Director supervises a total of 15 staff in the Public Health Department. Wilkin County Public Health is also a homemaking provider. The Public Health Director oversees two waiver case managers who manage EW and AC cases as well as a few CCB cases for elderly participants and participants with high medical needs. The two case managers are public health nurses and have waiver caseloads are approximately 50 cases. They also have additional duties such as Community Well, PCA assessments, and flu shot clinics. In addition, one case manager has adult protection responsibilities, and the other also does homemaking. Public Health has a case aide who does data entry into MMIS and assists with preparing packets of forms for case management visits.

Family Services and Public Health each have their own intake lines. In Family Services, the person answering the phone gathers general information and directs the call to the primary Family Services waiver case manager. In Public Health, intake calls are transferred to one of the two waiver case managers to discuss the need for an LTCC assessment. The Public Health Director shared that community members usually know which department to call so they do not need to transfer calls across departments often. Public Health also receives referrals from financial workers in Family Services and from the county's Aging Coordinator.

While most CCB and DD cases are assigned to the primary Family Services case manager, cases that have a mental health component are assigned to other case managers. However, the primary case manager provides some support for these cases. The primary case manager does all DD screenings and most LTCC assessments, and assists the three other Family Services case managers with LTCCs as needed. Wilkin County does dual assessments for CAC with a public health nurse and a social worker. They also complete dual assessments for cases when they are unsure of the participant's primary needs due to limited intake information. In this situation, the case is assigned by matching the participant's needs with the appropriate case manager based on

area of expertise. In Public Health, the two waiver case managers perform initial LTCCs and then look at their caseloads and try to alternate taking on new cases.

Working Across the Lead Agency

Staff in both departments identified their close working relationships and ability to consult with one another as strengths of the lead agency. Case managers communicate by informally meeting with each other and attend joint staff meetings monthly. The small size of the agency allows case managers to easily access expertise from the nursing, social work, and mental health disciplines when planning participant care.

Case managers work primarily with one of three financial workers and reported having great communication with them through e-mail, phone calls, and face-to-face meetings. All Family Services staff meet regularly once per month, including waiver case managers and financial workers. Lead agency staff shared that financial workers also meet with participants and case managers at the office as needed.

Wilkin County has one adult protection worker who also serves as a mental health case manager. The adult protection worker interviews the ongoing case manager to gather additional information. If the adult protection worker receives a report for one of their own cases, it is assigned to another worker. In some cases, the adult protection worker will request that a nurse from Public Health accompany them on the visit to have both medical and social work backgrounds involved. Case managers said that usually they are aware of any issues with their waiver participants so they are able to problem solve prior to a formal report coming into the agency. There are two child protection workers, one of which occasionally has a CADI case. The process they use is similar to adult protection, and they are able to coordinate who has each case depending on their existing relationship with the participant and their family. While child protection is located in the satellite office, they are able to e-mail or use the shared intercom system to contact a waiver case manager to consult about a case if needed.

For waiver participants also eligible for Rule 79 targeted mental health case management, the participant will typically have only one case manager. If the participant's situation becomes stable, adults may be closed to Rule 79 while remaining open to the waiver, as they remain eligible for all mental health treatment services.

The Social Services Supervisor meets with the County Board about once per year and noted that the Family Services Director meets with the Board monthly and shares any important information related to the waivers with them as needed. The Public Health Director reports to the Board monthly and gives updates about all Public Health program areas. Recently, the Directors have been in discussion with the Board about addressing high rates of staff turnover.

Health and Safety

In the Quality Assurance survey, Wilkin County reported staff receives training directly related to abuse, neglect, self-neglect, and exploitation. In addition, the lead agency has practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that the lead agency has good, open communication between case managers, consumers, and providers. They also said that Wilkin County case managers are well-trained and knowledgeable and are responsive to consumers' changing needs.

Lead agency staff shared that one of their biggest challenges is training staff that are new to working with the waivers, as well as keeping up with all of the changing program requirements. Family Services said that they would like to have a manual or process to help bring on new staff. Currently, they use mentorship and shadowing on case management visits to train new staff.

Family Services and Public Health waiver staff meet once per month to review the budget and updates for the CCB programs. All case managers with a CADI case attend this meeting. Case managers shared that the Social Supervisor shares new information and helps interpret policy at this meeting. The Family Services waiver staff also meet monthly to give updates on the DD program.

All Public Health staff meet the first Tuesday of the each month for a half day meeting and give general updates for the entire Department. The Public Health Director forwards bulletins to case managers. Since there are only two Public Health waiver case managers, the Public Health Director has an open door policy and case managers meet with her to problem solve as needed.

The Public Health Director shared that they have experienced a lot of turnover in recent years and that they do not have a strong back-up system in place because they are a small agency. Public Health recently started doing peer audits for SNBC cases, and they hope to transition this process to the EW and AC programs. Public Health staff working on HCBS programs also gain a great deal of knowledge from their participation in MCO audits and attending MCO trainings.

Service Development and Gaps

Supervisors said that the small size of the county makes it difficult to recruit new providers, and they rely on larger communities such as Fergus Falls, MN and Moorhead, MN for many services. Case managers shared that there are very few openings available in foster care settings locally, especially for children.

Staff also said while they have focused on keeping people in the community through in-home services such as home care and chore, they have limited choice in local providers for these services. Lead agency staff shared that they only have one local home care agency, and the other most used agency requires provider staff to travel from a neighboring county. Wilkin County Public Health provides homemaking services in order to offer more choices for participants in the area. Case managers also said that home care agencies have experienced turnover, and it is difficult to find staff to travel to serve participants in rural parts of the county. Staff shared that it is difficult to find chore services, and providers travel from Fergus Falls to serve participants in Wilkin County. The Family Services Directors said that in the past Wilkin County had chore providers locally, but these providers felt the amount of pay was not worth the extra work to enroll with DHS and take on billing responsibilities.

Case managers noted that there are quality vocational programs in the area, but providers that focus more on helping participants secure competitive work are only available in larger cities. As a result, transportation is a barrier to participation in more meaningful community-based

employment opportunities. Transportation was not identified as a gap on the provider survey, but lead agency staff shared it was a gap identified on their recent internal community assessment. There is a local bus service with limited hours and a volunteer driver program to transport participants to Fergus Falls and other regional hubs.

The lead agency has focused on efforts to connect with the community in order improve access to resources and services. For the DD program, the primary case manager works with local school staff to identify school-age children to complete a vocational assessment before graduation if possible. In addition, the agency has been directing more resources to early childhood outreach programs to identify children and families who could benefit from services. The lead agency shares resource information in the local newspaper and also holds an annual senior festival, offering food and opportunities to get information about resources and services.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

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

Wilkin County's Social Services Supervisor and Public Health Director manage the non-enrolled vendor requirements for their respective departments. They shared that the lead agency has primarily used non-enrolled vendors for home modifications. Family Services uses its own mini-contract that was used prior to the January 1, 2014 change. More recently, Wilkin County has saved the DHS Service Purchase Agreement template on their shared drive. The lead agency also has a vendor approval log and maintains documentation of excluded vendor list checks and other required documentation in a binder.

One Tier 2 home modification claim was reviewed. A SPA was not completed for the claim which resulted in it not meeting several requirements and Medical Assistance assurances. However, the lead agency did have a copy of the provider's licensure. Although the lead agency also maintained a log verifying that exclusions lists were checked, this vendor was not included in that log.

Community and Provider Relationships/Monitoring

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

Table 2: Wilkin County Case Manager Rankings of Local Agency Relationships

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

Lead agency staff shared that the small size of their agency allows them to get out into the community and build strong relationships with providers. The lead agency has made strong efforts to connect with local agencies that serve participants. The lead agency meets with the local customized living facility once per month to talk about the participants residing in their facility and other issues relating to potential EW participants. They also meet with the local home health agency. Case managers also meet with senior companions once per month and have lunch with them.

Case managers shared that the foster care licensor attends the monthly Family Services meetings. The licensor asks case managers to complete a questionnaire before a licensing visit to a foster care home. Case managers said that because of their close relationships with participants and providers, they are often aware of major health or safety issues early on, allowing them to better resolve the issue and consult with other staff if needed. The County's homemakers also report to case managers if they identify a problem during a visit. The DD program uses a visit monitoring form when the semi-annual visit is conducted to consistently monitor satisfaction with services.

Case managers rated their relationships with nursing facilities as average. They shared that there is only one facility within Wilkin County and that it struggles with understaffing. All beds within the nursing facility are usually full, limiting the options for residents who do not want to leave the community. Case managers also noted that the local nursing facility has discharged individuals back to their homes prior to ensuring all appropriate services in place.

Case managers said that the local hospital does a good job with discharge planning, but they do not usually hear from the hospital when a participant is admitted. Case managers feel that this is the case because hospital staff do not know that the participant has a case manager and the participant does not think to tell them. Sometimes, case managers said they learn that a participant has been admitted from a homemaker or senior companion who noticed the participant was gone when they went to visit. Case managers said that a frequently used out-of-county hospital could improve its discharge planning, as it has also sent participants home without all appropriate services in place to ensure their health and safety.

Relationships with schools were rated as below average to average. One case manager said that they have overall good relationships with schools, and she feels they see the case manager as an asset and interactions have been positive. However, case managers said that they often do not receive referrals until after graduation, limiting their ability to assist with transition planning. In addition, local schools do not have many options for students with higher needs and most programs are geared towards academic success rather than skill-building. One case manager attends Community Transition Interagency Committee (CTIC) meetings in Fergus Falls on a quarterly basis.

Wilkin County has two customized living facilities with memory care units. Case managers said that they have great relationships with those facilities. They shared that staff are caring and build personal relationships with participants. Case managers added that they hear from the staff regularly and that they are very open with sharing information.

Case managers have strong relationships with both family and corporate foster care facilities. While one case manager said that family foster cares could enhance their independent living skills services, they have otherwise had great experiences and communication with these providers. Because of limited local options, case managers said they work with many out-of-county corporate foster care facilities. Despite this, they said they have had a positive experience working from a distance as providers they work with have been responsive and go above and beyond to send reports and required paperwork in a timely manner.

Case managers have also had very good relationships with employment providers. They work with several regional providers. Case managers said that one provider in particular has done excellent work with the mental health population. Case managers also shared that there are many employment options in the community, but many are not appropriate for their waiver participants. A new bus system from travels from Fergus Falls to Breckenridge which has expanded employment options for participants.

Case managers said that home health agencies have done an excellent job of matching staff with the participant they are serving. They said home health agency staff also do a good job of communicating with case managers.

Case managers said they have worked with an advocacy organization providing a variety of resources to participants with disabilities such as classes about living well with disabilities and cooking classes. Case managers refer participants to this resource and feel they do a good job.

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 Wilkin County (2009 & 2013)

CCB	DD	EW/AC

| CCB 2013: 33, 2009: 34 | DD 2013: 45, 2009: 40 | EW/AC 2013: 59, 2009: 64 |
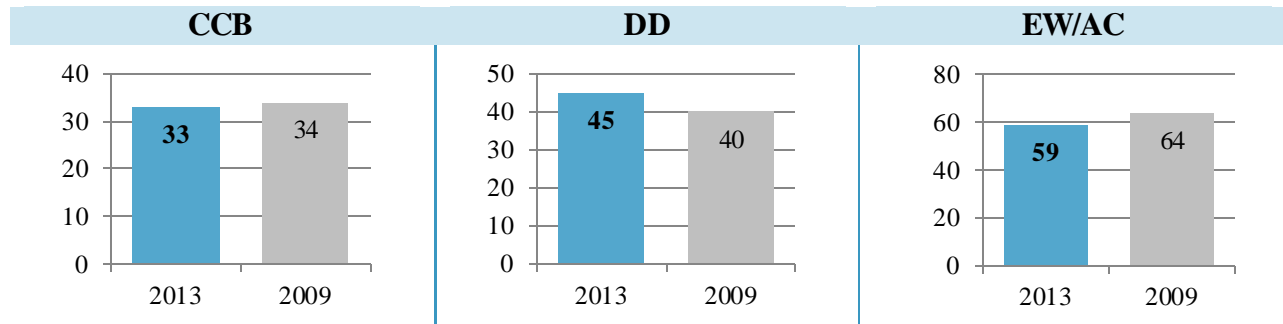
Program	2009	2013
CCB	34	33
DD	40	45
EW/AC	64	59

Since 2009, the total number of people served in the CCB Waiver program in Wilkin County has decreased by one participant (2.9 percent); from 34 in 2009 to 33 in 2013. The largest growth occurred in the case mix B, which grew by six people. With this increase Wilkin County may be serving a higher proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Wilkin County increased by five participants, from 40 in 2009 to 45 in 2013. In Wilkin County, the DD waiver program is growing more quickly than in the cohort as a whole. While Wilkin County experienced a 12.5 percent increase in the number of people served from 2009 to 2013, its cohort had a 6.8 percent increase in number of people served. In Wilkin County, the largest increase occurred in profile group 2 which increased by seven people. The greatest change in the cohort profile groups occurred in people having a Profile 3. With the increase in the number of people in Profiles 1 and 2, Wilkin County serves a larger proportion of people in these groups (37.8 percent), than its cohort (34.5 percent).

Since 2009, the number of people served in the EW/AC program in Wilkin County has decreased by five people (7.8 percent), from 64 people in 2009 to 59 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mixes E and H, both increasing by two people.

Value

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

CCB Participants Age 22-64 Earned Income from Employment (2013)
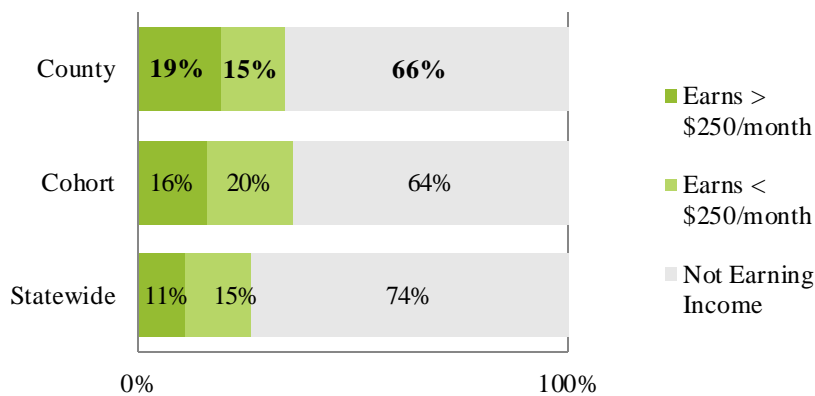
CCB Earned Income	Earns > $250/month	Earns < $250/month	Not Earning Income
Wilkin County	19%	15%	66%
Cohort	16%	20%	64%
Statewide	11%	15%	74%

In 2013, Wilkin County served 27 working age (22-64 years old) CCB participants. Of working age participants, 33.3 percent had earned income, compared to 36.1 percent of the cohort's working age participants. **Wilkin County ranked 15th of 87 counties** in the percent of CCB waiver participants earning more than $250 per month. In Wilkin County 18.5 percent of the

participants earned $250 or more per month, compared to 15.9 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of $250 or more per month.

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

DD Earned Income	Earns > $250/month	Earns < $250/month	Not Earning Income
Wilkin County	29%	35%	36%
Cohort	25%	51%	24%
Statewide	23%	48%	29%

In 2013, Wilkin County served 34 DD waiver participants of working age (22-64 years old). **The county ranked 25th in the state** for working-age participants earning more than $250 per month. In Wilkin County, 29.4 percent of working age participants earned $250 or more per month, while 25.1 percent of working age participants in the cohort as a whole did. Also, 64.7 percent of working age DD waiver participants in Wilkin County had some earned income, while 75.6 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2013)
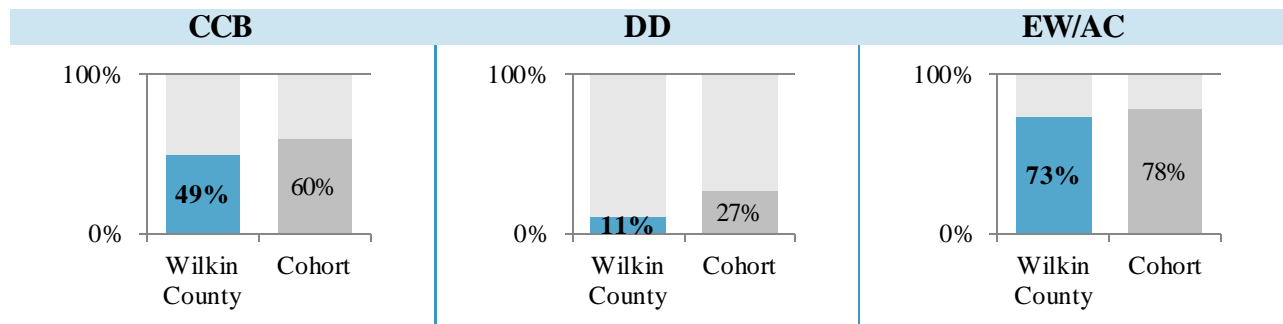
Program	Wilkin County	Cohort
CCB	49%	60%
DD	11%	27%
EW/AC	73%	78%

Wilkin County ranks 78th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 16 participants at home. Between 2009 and 2013, the percentage decreased by 4.4 percentage points. In comparison, the cohort percentage fell by 5.5 percentage points and the statewide average fell by 3.7 points. In 2013, 48.5 percent of CCB participants in Wilkin County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Wilkin County ranks 85th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served five participants at home. Between 2009 and 2013, the percentage decreased by 6.4 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by 1.0 percentage points. Statewide,

the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.4 percent to 35.2 percent.

Wilkin County ranks 41st out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 43 participants at home. Between 2009 and 2013, the percentage decreased by 14.6 percentage points. In comparison, the percentage of participants served at home fell by 4.6 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Wilkin County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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

	CADI	DD
Total average rates per day	Wilkin County **$111**; Cohort $100	Wilkin County **$187**; Cohort $166
Average rate per day for **residential** services	Wilkin County **$182**; Cohort $171	Wilkin County **$194**; Cohort $199
Average rate per day for **in-home** services	Wilkin County **$57**; Cohort $57	Wilkin County **$113**; Cohort $79

Average Rates per day for CADI services (2013)

	Wilkin County	Cohort
Total average rates per day	$111.20	$99.93
Average rate per day for **residential** services	$181.72	$170.71
Average rate per day for **in-home** services	$56.55	$56.66

Average Rates per day for DD services (2013)

	Wilkin County	Cohort
Total average rates per day	$186.65	$165.66
Average rate per day for **residential** services	$194.30	$199.16
Average rate per day for **in-home** services	$113.23	$79.21

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 Wilkin County is $11.27 (11.3 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Wilkin County spends $11.01 (6.4 percent) more on residential services and $0.11 (0.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Wilkin County ranks 55th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is $105.80**.**

The average cost per day for DD waiver participants in Wilkin County is $20.99 (12.7 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Wilkin County spends $4.86 (2.4 percent) less on residential services, and $34.02 (42.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Wilkin County ranks 62nd 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.

Wilkin County has a higher use in the CADI program than its cohort of some residential based services such as Foster Care (40% vs. 27%), but a lower use of others like Customized Living (3% vs. 6%). The lead agency has a higher use of Supported Employment Services (23% vs. 15%). They also have a lower use of some in-home services, such as Home Delivered Meals (20% vs. 25%), Homemaker (26% vs. 30%), and Home Health Aide (3% vs. 9%), but a higher use of Independent Living Skills (26% vs. 18%). Sixty percent (60%) of Wilkin County's total payments for CADI services are for residential services (58% foster care and 2% customized living) which is higher than its cohort group (53%).

Wilkin County's use of Supportive Living Services (SLS) is higher than its cohort (88% vs. 71%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (71% vs. 62%), and Supported Employment Services (8% vs. 5%). It has a lower use of In-Home Family Support (2% vs. 16%),

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2013)
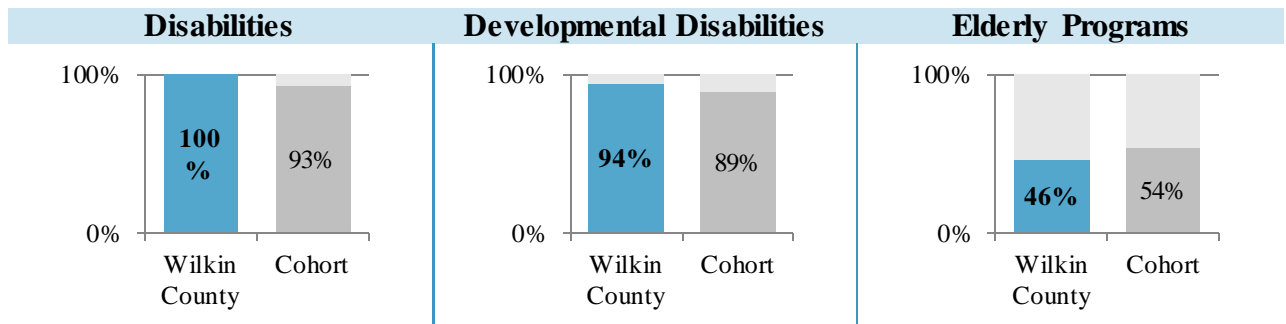
LTC Participants	Wilkin County	Cohort
Disabilities	100%	93%
Developmental Disabilities	94%	89%
Elderly Programs	46%	54%

In 2013, Wilkin County served 49 LTC participants (persons with disabilities under the age of 65) in HCBS settings and two in institutional care. Wilkin County ranked 1st of 87 counties with 100 percent of their LTC participants received HCBS. This is higher than their cohort, where 92.9 percent were HCBS participants. Since 2009, Wilkin County has increased its use of HCBS by 7.1 percentage points, while the cohort decreased its use by 1.4 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Wilkin County served 48 LTC participants (persons with development disabilities) in HCBS settings and three in institutional settings. Wilkin County ranked 44th of 87 counties with 93.9 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.4 percent). Since 2009, the county's use decreased slightly, falling by 0.1 percentage points, while its cohort's rate increased slightly, rising by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Wilkin County served 61 LTC participants (over the age of 65) in HCBS settings and 70 in institutional care. Wilkin County ranked 77th of 87 counties with 45.9 percent of LTC participants receiving HCBS. This is lower than their cohort, where 53.9 percent were HCBS participants. Since 2009, Wilkin County has increased its use of HCBS by 0.6 percentage points, while their cohort has increased by 3.2 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

Age	Wilkin County		Cohort	Statewide
Age 0-64	**0.55**		0.53	0.52
Age 65+	**58.76**		30.81	21.03
TOTAL	**8.67**		6.11	3.00

In 2013, Wilkin County was ranked 80th 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. Wilkin County has a higher nursing facility utilization rate for people under 65 years old. Since 2011, the number of nursing home residents 65 and older has decreased by 8.6 percent in Wilkin County. Overall, the number of residents in nursing facilities has decreased by 10.2 percent since 2011.

Managing Resources

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

Budget Balance Remaining at the End of the Year

DD
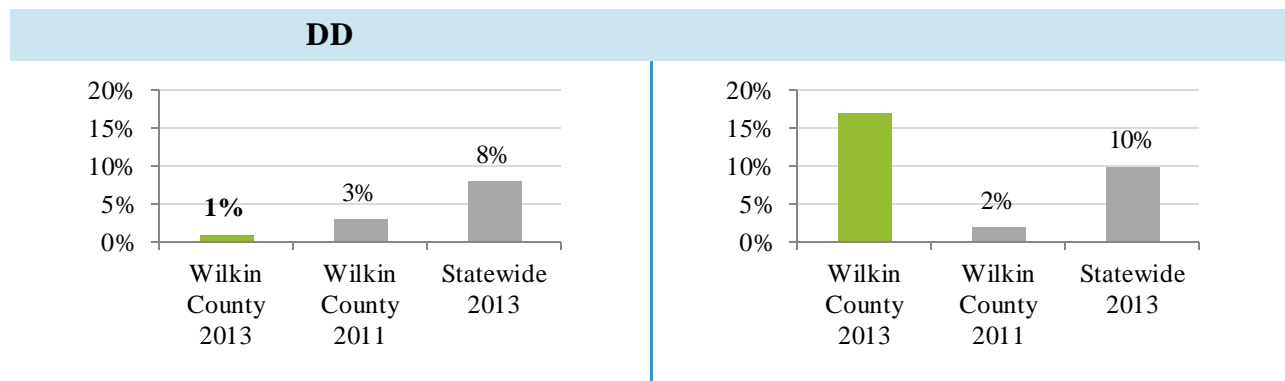
Budget Balance	DD	CAC, CADI, BI
Wilkin County (2013)	1%	17%
Wilkin County (2011)	3%	2%
Statewide (2013)	8%	10%

At the end of calendar year 2013, 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 calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Wilkin County had a 1% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Wilkin County's DD waiver balance is smaller than its balance in CY 2011 (3%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Wilkin County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Wilkin County had a 17% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2011 (2%). However, Wilkin County will end fiscal year 2014 with a reserve of approximately 7%.

DHS records indicate that Wilkin County has a waitlist for the CCB and DD programs. Family Services is the lead for these programs, and the primary waiver case manager is responsible for monitoring the budget. The case manager accesses the Waiver Management System (WMS) and runs reports. Family Services and Public Health meet once per month in order to discuss and coordinate spending for the CCB programs. Supervisors and case managers discuss participants, changes in level of need, planned expenses, and prioritization for new slots if they are available. For small increases of less than $1,000 in authorized funds, case managers are able to make changes without approval. Larger funding requests (e.g., home modifications) are brought to the

group to discussion and a decision is made as a group. The primary Family Services case manager has the authority to make all funding decisions for the DD program.

Lead Agency Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

Table 3: Wilkin County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	2	0	0	0	0
MMIS Help Desk	0	1	0	0	0
Community Based Services Manual	0	0	0	3	1
DHS website	0	1	2	2	0
E-Docs	0	0	0	2	2
Disability Linkage Line	0	1	1	0	0
Senior Linkage Line	0	1	1	0	0
Bulletins	0	0	5	0	0
Videoconference trainings	0	0	0	5	0
Webinars	0	0	0	5	0
Regional Resource Specialist	0	0	0	0	1
Listserv announcements	0	0	0	1	0
MinnesotaHelp.Info	0	0	0	0	1
Ombudsmen	0	0	1	0	0
DB101.org	0	1	1	0	0

Case managers reported that E-Docs and the Community Based Services Manual (CBSM) are the most useful DHS resources, while Policy Quest has been one of the least useful resources for their work.

Case managers said the CBSM is used as a training manual for staff learning the waiver programs. They also shared that it is well-organized and is helpful because it contains the statute

citations and most important information about the programs. The Public Health Director and Family Services Supervisors agreed that while the CBSM can be too vague for very specific questions, it is a main reference tool when they have questions. E-docs was rated as a very useful resource, and case managers said that they each look up the most current forms using the form number. They added that they like that they are able to complete forms electronically.

Lead agency staff shared that the DHS website contains very good content, but it is very difficult to find specific information using the search function. Case managers said that they attempt to use external search engines to direct them to information on the DHS website. The Family Services Supervisor added that this does not always work and searching for simple information it can turn into a very time consuming process.

The primary Family Services case manager and Public Health case aide use the MMIS Help Desk and have found e-mail and most phone calls helpful for answering questions. Lead agency staff said they have used Policy Quest in the past, but have not used it lately because they feel the responses are not timely and are too vague.

Case managers said that videoconferences and webinars are very good with topic specific presentations being the most helpful. Staff typically travel to Fergus Falls to attend videoconferences. They shared that while most videoconferences are good, it would be nice to have more back-and-forth conversation with presenters and other attendees. Case managers shared that it is most frustrating when the presentation is not relevant to their work or explain upcoming changes that may not necessarily take place. Case managers also said that they watch webinars at their own computers and have not had any technical issues with them. Lead agency staff said that bulletins contain very helpful updates. However, staff added that bulletins can be very wordy and take a lot of time to read, interpret, and digest. Case managers shared that they would be more helpful if they would summarize the main points about the change and specifically state what they need to do to implement the change.

Case managers said that they refer participants to the Disability Linkage Line but are not sure how many have utilized it. Case managers also have not had much experience working with the Senior Linkage Line. One case manager shared that MinnesotaHelp.Info has been a helpful resource for finding placement and treatment options across the state for adult mental health

participants. Case managers said that DB101.org is a nice resource and has been used with participants to see how work impacts their benefits. One case manger shared that some vocational providers help participants complete the information on DB101.org.

Supervisors said that the Regional Resource Specialist (RRS) is excellent and very responsive to questions. One case manager had a very good experience with the Long Term Care Ombudsman. She stated that the Ombudsman met with the participant and was very responsive and thorough.

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.

Wilkin County Strengths

The following findings focus on Wilkin 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.

- **Wilkin County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Wilkin County received a corrective action for timeliness of referral to LTTC assessment for CCB programs and choice questions answered. In 2014, Wilkin County was fully compliant in these areas demonstrating technical improvements over time.

- **Case managers work well together and collaborate across departments and units to provide quality case management to waiver participants.** The Family Services and Public Health Departments and their staff have excellent working relationships with one another. The strong relationships between the two departments and with other program areas within Family Services such as mental health and adult protection allows the lead agency to more easily coordinate services and supports to address participants' unique health and safety needs. The lead agency also customizes waiver case management for each individual and assigns case managers who best fit participants based on their medical, mental health, or social needs. Regular meetings and consultations between case managers helps ensure that a variety of perspectives and expertise are considered planning participant services. 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.

○ **Wilkin County regularly monitors participant satisfaction with services and providers.** The PH-Doc system used for Public Health waiver cases includes standardized questions about satisfaction with current services for case managers to ask during routine visits. In addition, Family Services is currently using a six month visit sheet that incudes questions about provider monitoring and consumer satisfaction with current services in the DD program. The lead agency should consider expanding this practice to the other waiver programs.

○ **Wilkin County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of $250 or more.** Wilkin County has a focus on employment for participants with disabilities which has resulted in positive outcomes for participants. Wilkin County ranks 15th of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over $250 a month. Wilkin County also ranks 25th of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income over $250 a month. Wilkin County is also outperforming its cohort in this area.

○ **Lead agency staff are well-connected with providers and other organizations that serve participants.** Wilkin County case managers have worked to build strong relationships with providers in the community, and their close working relationships with staff at residential programs, vocational programs, and home health care providers allow them to monitor the health and safety of participants. Case managers also meet regularly with some providers and receive regular monitoring reports from others. Providers surveyed identified open communication with case managers as a lead agency strength. Case managers also regularly attend regional meetings which allows them to connect with and learn from other lead agency staff.

○ **Wilkin County has the capacity to serve CCB waiver participants with high needs in the community.** From 2009 to 2013, the percentage of waiver participants with high needs

increased greatly for the CCB (from 73.5% to 78.8% high needs). Over the same time period, Wilkin County was able to increase the percentage of long term care recipients receiving services in the community instead of an institution for the CCB program (92.9% to 100%). Wilkin County should continue its efforts to develop community based services and in-home services across all programs so that it can continue serving participants with high needs in the community. Wilkin County has focused on spending state and federal waiver resources to support its most expensive high needs participants while using its county-funded services to support its less expensive, low needs participants.

○ **The case files reviewed in Wilkin County consistently met HCBS program requirements. Participant case files are well-organized and complete.** Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, ICF/DD Level of Care forms, BI forms, signed and dated informed consent to share information, and notice of privacy practices (HIPPA). Emergency contacts were included in files and 24-hour supervision was documented for EW cases. Care plans were current, signed and dated by participants and case managers. DD screening documents were current, signed and dated by all required parties.

Recommendations

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

○ **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 94% of case files

reviewed included the type of service in the care plan, only 23% of cases reviewed included the monthly budget.

○ **Continue to work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across all programs, Wilkin County has lower rates of participants served at home than its cohort. Only 48.5% of CCB participants are served at home (78th of 87 counties), 11.1% of DD participants are served at home (85th of 87 counties), and 72.9% of elderly program participants are served at home (41st of 87 counties). It is recommended that the lead agencies work across programs to develop HCBS services to serve participants of all levels of need in their own homes in the community, instead of in a residential setting. This may involve 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. Communicate expectations to providers by sending out a Request for Proposals (RFP) or Request for Information (RFI). By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs. In addition, 31% of Wilkin County CCB participants and 20% of Wilkin County DD participants are currently under age 22. The lead agency should be mindful of the number of youth who will soon be transitioning to adulthood and continue to work with providers to develop independent housing options that include supportive services.

○ **Develop training resources and formalize training processes to better support new waiver case managers and keep existing case managers informed on HCBS programs.** Wilkin County has recently experienced a high level of turnover in the Family Services and the Public Health department resulting in an influx of new case managers. Frequent staff turnover makes it difficult to build relationships maintain continuity with participants. In order to facilitate smooth transitions, Wilkin County supervisors may want to develop and/or formalize its training materials and resources for the purpose of training new staff. It is essential that any manuals and other training materials are updated regularly for existing case managers to help them stay current with policies, procedures, and forms. The lead agency may also want to consider strategies to further support new case managers such as assigning

a retiring case manager to mentor a new case manager and developing orientation practices to connect them to community resources. In addition, because the structure of case management within Family Services is customized to each participant, some case managers have as few as one or two waiver cases on their caseloads. It is difficult for these case managers to gain expertise in waiver programs while maintaining their other job responsibilities. Ensure that these case managers can access updated trainings and resources to stay current on program and policy changes.

○ **Talk with neighboring counties to gage interest in forming a waiver allocation alliance.** Wilkin County's CCB waiver budget balance was 17% at the end of FY 2013 and a 1% budget reserve in their DD budget for CY 2013. Participation in a waiver alliance will help Wilkin County meet needs and manage risks. Other similar sized lead agencies and neighboring counties have found that they are able to spend more of the HCBS budget while being protected in the event of high cost participants. Wilkin County's geography presents challenges since neighboring counties are either too large to benefit from a waiver alliance, or already participating in an alliance. However, the lead agency should still explore opportunities for developing or joining an alliance for their DD program.

Corrective Action Requirements

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

○ **Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed.** Wilkin County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 21 applicable cases, 24% did not have employment assessed.

Most notably, one out of two CAC cases and four out of seven CADI cases did not have evidence that employment was assessed.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Wilkin 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 lead agency, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 11 cases. Wilkin County submitted a completed compliance report on October 3rd, 2014.

○ **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Wilkin County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 1 case. Wilkin County submitted a completed compliance report on October 3rd, 2014.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	3	N / A	2	1	N / A	N / A
Screenings done on time for new participants (PR)	83%	67%	N / A	100%	DD	AC / EW
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	16%	100%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=10	CCB n=15	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	96%	100%	93%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=10	CCB n=15	DD n=10	Strength	Challenge
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)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	97%	100%	93%	100%	ALL	N / A
Participant needs identified in care plan (PR)	83%	90%	67%	100%	AC / EW, DD	CCB
Inclusion of caregiver needs in care plans	33%	0%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	50%	N / A	50%	N / A	N / A	CCB
Employment assessed for working-age participants	76%	N / A	58%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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 *(Provider survey, n=5)*	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA *(Provider survey, n=5)*	100%	N / A	N / A	N / A	ALL	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	**ALL**	**AC / EW**	**CCB**	**DD**	**Strength**	**Challenge**
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=1)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=0)	N / A	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=10**	**CCB n=15**	**DD n=10**	**Strength**	**Challenge**
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	93%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	97%	100%	93%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=10	CCB n=15	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	89%	80%	87%	100%	DD	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=10	CCB n=15	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	97%	100%	93%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	80%	100%	53%	100%	AC / EW, DD	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans summited 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	46%	100%	94%	CCB, DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	21%	99%	94%	CCB, DD	AC / EW
Percent of waiver participants with higher needs	N / A	61%	79%	80%	AC / EW, CCB	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	94%	98%	DD	CCB
Percent of waiver participants served at home	N / A	73%	49%	11%	N / A	ALL

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of working age adults employed and earning $250+ per month	N / A	N / A	19%	29%	CCB, DD	N / A

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.