

# Minnesota Department of Human Services Waiver Review Initiative

---

Report for: **Benton County**

Waiver Review Site Visit: June 2014

Report Issued: August 2014

**Contents**

<b>Contents</b> .....	2
<b>Acknowledgements</b> .....	3
<b>About the Waiver Review Initiative</b> .....	4
<b>About Benton County</b> .....	5
Working Across the Lead Agency .....	6
Health and Safety .....	7
Service Development and Gaps .....	8
Community and Provider Relationships/Monitoring .....	9
<b>Capacity</b> .....	11
<b>Value</b> .....	12
<b>Sustainability</b> .....	14
<b>Usage of Long-Term Care Services</b> .....	17
<b>Managing Resources</b> .....	19
<b>Lead Agency Feedback on DHS Resources</b> .....	21
<b>Lead Agency Strengths, Recommendations &amp; Corrective Actions</b> .....	23
Benton County Strengths .....	23
Recommendations .....	25
Corrective Action Requirements .....	28
<b>Waiver Review Performance Indicator Dashboard</b> .....	30
<b>Attachment A: Glossary of Key Terms</b> .....	34

## 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 Benton 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](http://www.dhs.state.mn.us/main/dhs16_166609)

[Waiver Review Website](#) at [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 Benton County
Case File Review	55 cases
Provider survey	21 respondents
Supervisor Interviews	1 interviews with 1 staff
Focus Group	1 focus group with 9 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 Benton County

In June 2014, the Minnesota Department of Human Services conducted a review of Benton County's Home and Community Based Services (HCBS) programs. Benton County is a rural county located in central Minnesota. Its county seat is located in Foley, Minnesota and the County has another six cities and 12 townships. In State Fiscal Year 2012, Benton County's population was approximately 38,861 and served 497 people through the HCBS programs. According to the 2010 Census Data, Benton County had an elderly population of 10.0%, placing it 80<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Benton County's elderly population, 10.3% are poor, placing it 33<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Benton County's Human Services Department is the lead agency for all of the HCBS waiver programs. Benton County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) UCare, Medica, and Blue Cross and Blue Shield.

The lead agency has one Social Services Supervisor who oversees the management of all of the waiver programs. Her duties also include supervising additional adult services programs, such as adult protection. Case managers are split up into two separate units; LTC and Disability. Four LTC case managers manage EW and AC cases, and there is one adult protection worker. Each LTC case manager has a caseload of about 60 cases which includes a mix of AC, fee-for-service EW, and EW care coordination for all three MCOs. Two case managers in the Disability Unit have CAC, CADI, and BI cases; and one of them manages all of the CADI cases where participants also receives Rule 79 mental health case management. There are also two case managers who manage adult DD cases. Another DD case manager specializes in children and is

supervised by the Mental Health Supervisor to share expertise (e.g., children in placement, children with mental illness and DD). The CCB and DD case managers have caseloads of approximately 75 cases each.

In April of 2014, Benton County implemented the MnCHOICES comprehensive assessment tool. In preparation for this change, the lead agency recently restructured. They added a unit consisting of three full-time assessors, including two social workers and one public health nurse. A case aide position was also added as a part of this restructuring.

Intake calls go directly to a staff member in the LTC or Disability Unit, who collects initial information from participants and sends it to the Social Services Supervisor. Prior to MnCHOICES, the supervisor would assign cases to case managers on a rotating basis. They would conduct the initial assessment and become the ongoing case manager. Since the lead agency's MnCHOICES rollout, the Social Services Supervisor now assigns the case to one of the three assessors to conduct the initial assessment based on the information gathered at intake. Once the certified assessor has completed her role, the case is then assigned an ongoing case manager on a rotating basis.

### Working Across the Lead Agency

Staff identified their ability to work together and consult with one another as one of the strengths of the lead agency. Benton County has a separate Public Health Department which is located in the same building as the Human Services Department. Prior to implementing MnCHOICES, waiver case managers routinely conducted dual LTCC assessments with Public Health staff. Waiver case managers still have frequent informal interactions with Public Health staff and consult with them regularly on medically complex cases.

Lead agency staff shared that financial workers at the lead agency are experienced and very accessible to waiver case managers. Waiver case managers work primarily with two financial workers who are collocated with them. They stated that they have great communication with the two workers and are able to connect very easily when they have questions. Case managers communicate with financial workers through e-mail conversations as well as using formal financial communication forms.

The Social Services Supervisor also supervises adult protection. As part of the lead agency's recent restructuring, there is now one primary adult protection worker with the other four LTC case managers serving as backup. Staff shared that having one worker designated for adult protection has improved the process and has enabled them to keep investigations separate from waiver case management. Children's Services, including child protection duties, are handled by another unit within the lead agency. Lead agency staff shared that there is sometimes confusion about case manager involvement and roles in child protection investigations. The DD children's case manager sits within this unit also, which helps with integration and collaboration on these complex cases.

The lead agency separates Rule 79 mental health case management from waiver case management. One CADI case manager has all CADI Rule 79 cases. She frequently consults with the mental health case manager and attempts to attend visits with participants together when their schedules allow. Lead agency staff stated that attending meetings and visits together enables waiver case managers and mental health case managers to share resources and coordinate services.

The Social Services Supervisor does an annual presentation for the County Board to keep them informed about developments related to the waiver programs. They also present when there are major changes such as MnCHOICES that impact waiver program management and policies.

### Health and Safety

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

Lead agency staff shared that one of their major challenges is keeping up with the constantly changing waiver program requirements and policies; including both fee for service programs and

the three MCOs. Case managers receive bulletins and listserv announcements to stay up to date on new information. They also consult with their supervisor frequently and rely on her to highlight and pass along information to which they need to pay special attention. LTC case managers also attend MCO trainings when they are offered.

Lead agency staff have weekly meetings where they review bulletins and discuss changes. There are three separate meetings; one for DD; one for CCB, EW, and AC; and one for Assessors. Assessors also attend the other two case manager meetings to discuss case hand-offs and answer any questions case managers have before taking over ongoing case management.

### Service Development and Gaps

Lead agency staff shared that they have made concerted efforts to address service gaps in Benton County and reduce the need for participants to travel outside of the area to receive services. They stated that finding vocational providers able to connect waiver participants with community based employment opportunities is a major challenge for case managers. The lead agency has worked with several neighboring counties in an effort to gain leverage and encourage local employment providers to develop more opportunities for participants. They also expressed excitement in working with a new provider who recently took over for a long time county provider and has experience providing different service models for waiver participants including community based employment and independent housing options. Lead agency staff hope that this new provider will create new opportunities for their participants.

Staff also shared that Benton County has experienced significant demographic changes in recent years and has a need for culturally appropriate providers for the growing Hispanic, Somali and other African populations. The lead agency has utilized providers from other counties to address this need and has also contracted with a local company to provide interpreting services.

Staff stated that they are considering using the county website to advertise areas of needed service development. They shared that this will be a good way to inform current and prospective providers about the direction the lead agency wants to go without doing formal requests for proposals (RFPs).



### 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 1: Benton County Case Manager Rankings of Local Agency Relationships**

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

Case managers shared that they have good relationships with providers overall and meet with them periodically to ensure participants are receiving quality services. They stated that they informally assess participants' satisfaction with their providers during visits and other interactions. If a case manager or participant has an issue with a certain provider, they contact the Social Services Supervisor who then addresses it directly with the provider.

Case managers rated their working relationship with nursing facilities as average to above average. Case managers explained that in the past, they developed strong and trusting relationships with local nursing facility staff, but recent staff turnover has hindered their ability to establish good communication, especially around discharge planning.

Most case managers rated their relationships with schools as above average and shared that they have a good relationship with a local Community Transition Interagency Committee (CTIC).

They added however, that they have had some challenges around communication with a few teachers and transition planning for waiver participants. Case managers shared that they have good relationships with vocational providers, but providers report that there are limited community-based work options in the area for participants.

Two case managers have worked with local hospitals and rated their relationships with hospital staff as average. They shared that the level of communication can vary depending on the staff member and explained they do not always receive notification when one of their participants is admitted or discharged from the hospital. Case managers who have worked with home care providers rated their working relationships as above average.

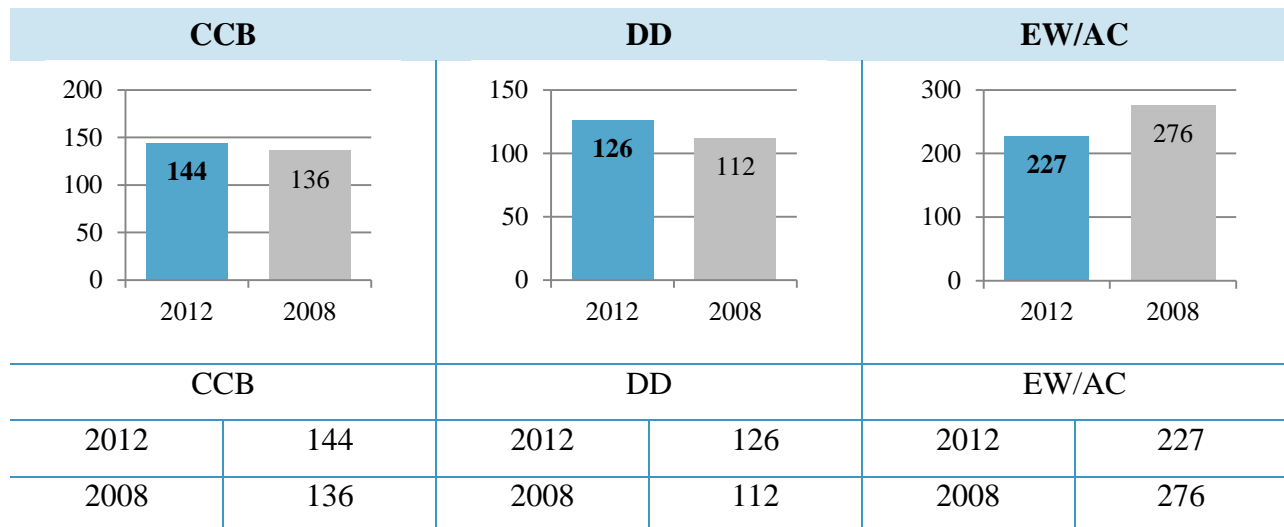
Case managers said their communication with customized living providers is excellent because they participate in quarterly meetings together. Most are receptive to working with changing health needs of participants and are able to provide additional resources if necessary.

Case managers said that foster care providers treat participants wonderfully, and staff care deeply about the people they serve. Staff said that the county foster care licensor has case managers fill out satisfaction surveys when they visit providers. Case managers added however, that they are not able to be as responsive to providers because of an increased amount of paperwork. Case managers also mentioned that some family foster care providers serve participants for long periods of time and are less willing to help them transition out of this setting even when they are ready for a less restrictive living arrangement..

## 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 Benton County (2008 & 2012)



**Since 2008, the total number of people served in the CCB Waiver program in Benton County has increased** by 8 participants (5.9 percent); from 136 in 2008 to 144 in 2012. Most of this growth occurred in the case mix A, which grew by 14 people. Additionally, the largest decrease occurred in case mix D, which fell by five people.

**Since 2008, the number of people served with the DD waiver in Benton County increased** by 14 participants, from 112 in 2008 to 126 in 2012. In Benton County, the DD waiver program is growing more quickly than in the cohort as a whole. While Benton County experienced a 12.5 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 Benton County, Profile group 3 grew by eight people, and Profile groups 1 and 2 each increased by five people. The greatest change in the cohort profile groups occurred in people having a Profile 2. With the increase in Profiles 1 and 2, Benton County serves a slightly larger proportion of people in these groups (40.5 percent), than its cohort (40.1 percent).

Since 2008, the number of people served in the EW/AC program in Benton County has decreased by 49 people (17.8 percent), from 276 people in 2008 to 227 people in 2012. 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 case mix B which increased by 25 people. With this increase Benton County may be serving a larger proportion of people with mental health needs. The largest decrease occurred in case mix D, which fell by 14 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 (2012)

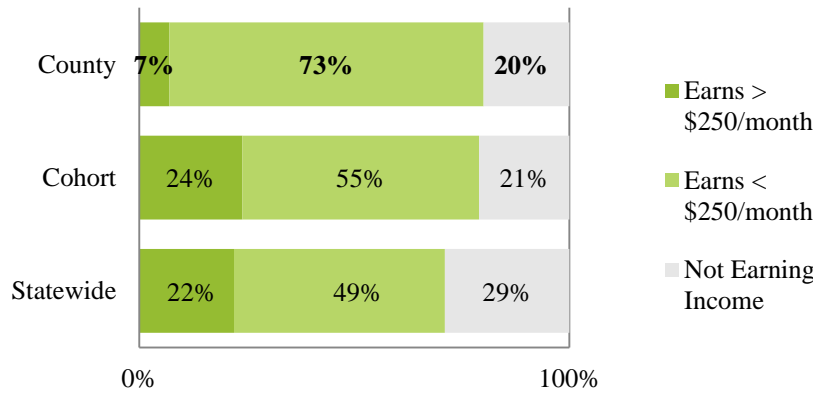


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Benton County	15%	19%	66%
Cohort	15%	18%	67%
Statewide	11%	15%	74%

In 2012, Benton County served 131 working age (22-64 years old) CCB participants. Of working age participants, 34.4 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Benton County ranked 29<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Benton County 15.3 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)**



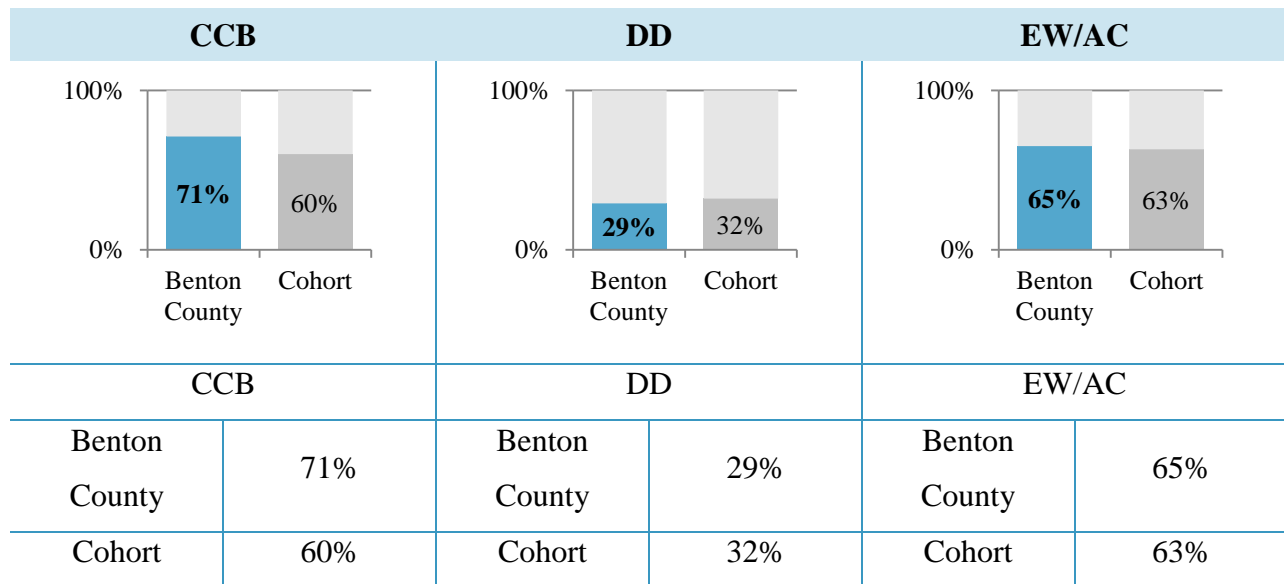
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Benton County	7%	73%	20%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2012, Benton County served 90 DD waiver participants of working age (22-64 years old). **The county ranked 85<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Benton County, 6.7 percent of working age participants earned \$250 or more 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 Benton 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)**



**Benton County ranks 22<sup>nd</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 102 participants at home. Between 2008 and 2012, the percentage increased by 1.7 percentage points. In comparison, the cohort percentage fell by 4.3 percentage points and the statewide average fell by 4.2 points. In 2012, 70.8 percent of CCB participants in Benton County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Benton County ranks 42<sup>nd</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 36 participants at home. Between 2008 and 2012, the percentage decreased by 6.3 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising 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.

**Benton County ranks 59<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 147 participants at home. Between 2008 and 2012, the percentage decreased by 9.5 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. Benton County serves a higher proportion of EW/AC participants at home than their cohort.

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

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Benton County</td><td>\$90</td></tr> <tr><td>Cohort</td><td>\$104</td></tr> </table>	Category	Rate	Benton County	\$90	Cohort	\$104	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Benton County</td><td>\$179</td></tr> <tr><td>Cohort</td><td>\$178</td></tr> </table>	Category	Rate	Benton County	\$179	Cohort	\$178
Category	Rate													
Benton County	\$90													
Cohort	\$104													
Category	Rate													
Benton County	\$179													
Cohort	\$178													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Benton County</td><td>\$169</td></tr> <tr><td>Cohort</td><td>\$168</td></tr> </table>	Category	Rate	Benton County	\$169	Cohort	\$168	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Benton County</td><td>\$215</td></tr> <tr><td>Cohort</td><td>\$217</td></tr> </table>	Category	Rate	Benton County	\$215	Cohort	\$217
Category	Rate													
Benton County	\$169													
Cohort	\$168													
Category	Rate													
Benton County	\$215													
Cohort	\$217													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Benton County</td><td>\$57</td></tr> <tr><td>Cohort</td><td>\$64</td></tr> </table>	Category	Rate	Benton County	\$57	Cohort	\$64	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Benton County</td><td>\$89</td></tr> <tr><td>Cohort</td><td>\$94</td></tr> </table>	Category	Rate	Benton County	\$89	Cohort	\$94
Category	Rate													
Benton County	\$57													
Cohort	\$64													
Category	Rate													
Benton County	\$89													
Cohort	\$94													

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

	Benton County	Cohort
Total average rates per day	\$89.93	\$103.96
Average rate per day for <b>residential</b> services	\$168.62	\$167.73
Average rate per day for <b>in-home</b> services	\$56.87	\$63.58

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

	Benton County	Cohort
Total average rates per day	\$178.58	\$178.28
Average rate per day for <b>residential</b> services	\$214.54	\$216.75
Average rate per day for <b>in-home</b> services	\$89.05	\$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 Benton County is \$14.03 (13.5 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Benton County spends \$.89 (0.5 percent) more on residential services and \$6.71 (10.6 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Benton County ranks 27<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 Benton County is \$0.30 (0.2 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Benton County spends \$2.21 (1.0 percent) less on residential services, and \$5.29 (5.6 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Benton County ranks 48<sup>th</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.



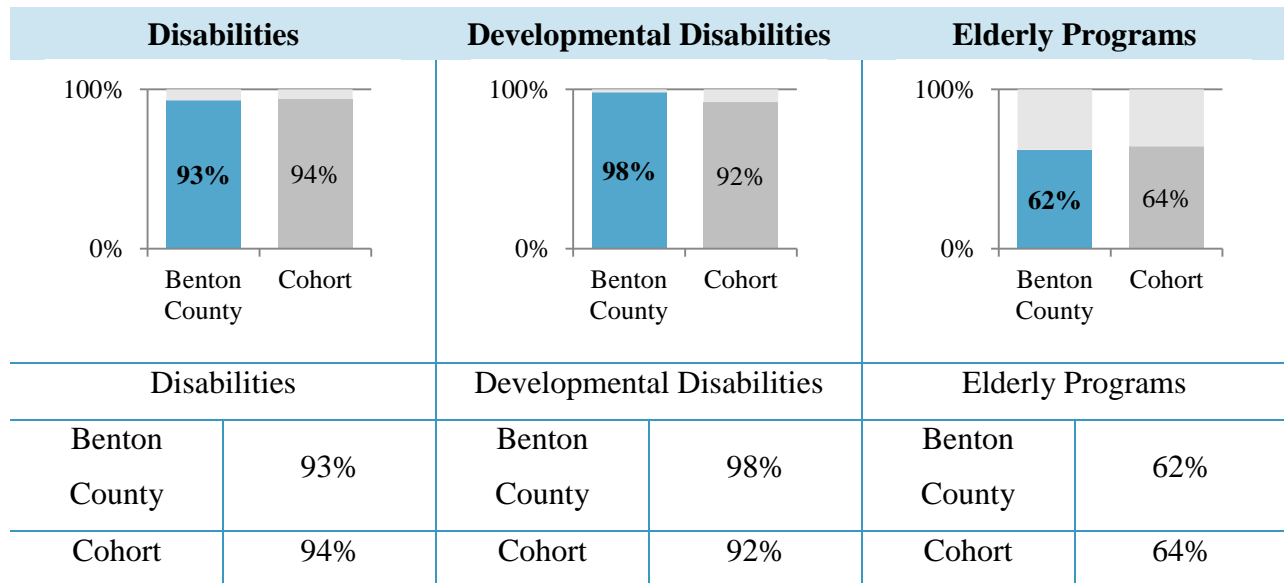
**Benton County has a lower use in the CADI program than its cohort of residential based services** such as Foster Care (21% vs. 26%) and Customized Living (7% vs. 12%). The lead agency has a higher use of Prevocational Services (13% vs. 9%) and Supported Employment Services (19% vs. 12%). They also have a lower use of some in-home services, such as Home Delivered Meals (12% vs. 19%), Homemaker (25% vs. 28%), and Home Health Aide (4% vs. 6%), but a higher use of Independent Living Skills (43% vs. 20%). Forty-six percent (46%) of Benton County's total payments for CADI services are for residential services (43% foster care and 3% customized living) which is lower than its cohort group (54%). Benton County's family foster care rates are lower than its cohort when billed daily (\$163.71 vs. \$170.50 per day), but are higher when billed monthly (\$4,618.84 vs. \$3,411.26 per month). Corporate foster care rates are higher than its cohort when billed daily and when billed monthly (\$235.98 vs. \$227.80 per day and \$5,483.10 vs. \$5,472.49 per month).

**Benton 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. Benton County's corporate Supportive Living Services rates lower than its cohort when billed daily (\$206.20 vs. \$210.90 per day). The lead agency has lower use of Day Training & Habilitation (50% vs. 61%), but a higher use of Supported Employment Services (21% vs. 4%). It has a higher notably higher use of several key services than its cohort, including In-Home Family Support (22% vs. 15%), Behavior Programming (16% vs. 7%) and Transportation (14% vs. 7%).

## 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, Benton County served 294 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 45 in institutional care.** Benton County ranked 45<sup>th</sup> of 87 counties with 92.6 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 93.6 percent were HCBS participants. Since 2008, Benton County has decreased its use of HCBS by 3.2 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, Benton County served 158 LTC participants (persons with development disabilities) in HCBS settings and four in institutional settings.** Benton County ranked 11<sup>th</sup> of 87 counties with 98.1 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 3.1 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, Benton County served 240 LTC participants (over the age of 65) in HCBS settings and 174 in institutional care.** Benton County ranked 40<sup>th</sup> of 87 counties with 62.3 percent of LTC participants receiving HCBS. This is lower than their cohort, where 63.8 percent were HCBS participants. Since 2008, Benton County has increased its use of HCBS by 0.6 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)

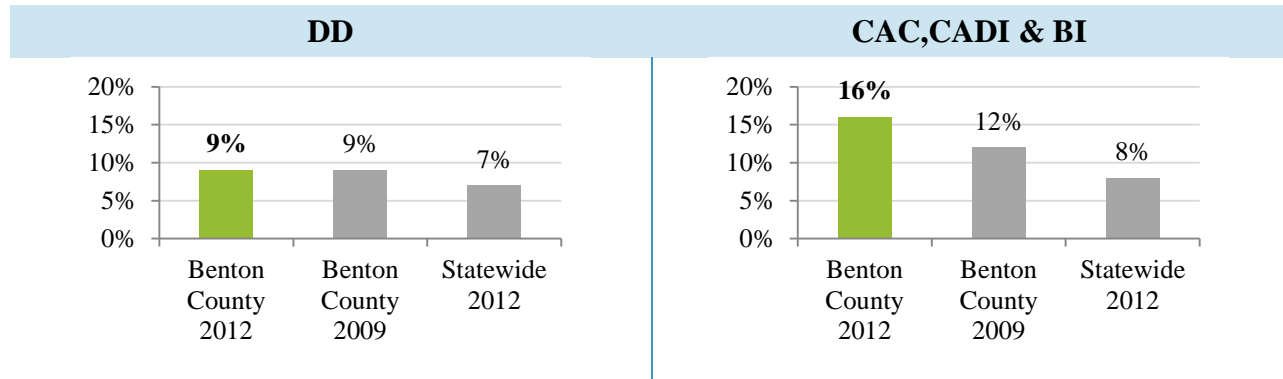
	Benton County	Cohort	Statewide
Age 0-64	0.56	0.45	0.54
Age 65+	32.05	23.65	21.99
TOTAL	3.72	3.51	3.19

**In 2012, Benton County was ranked 27<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. Benton County also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 4.8 percent in Benton County. Overall, the number of residents in nursing facilities has decreased by 4.1 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
Benton County (2012)	9%	16%
Benton County (2009)	9%	12%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Benton County had a 9% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Benton County’s DD waiver balance is equal to its balance in CY 2009 (9%), and larger than the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Benton County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Benton County had a 16% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the balance in FY 2009 (12%). For FY 2013, the CCB budget balance was greatly reduced: 5%, as the agency added several waiver participants.

Benton County currently has a waitlist for the CCB and DD waiver programs. Assessors have weekly meetings to discuss participants on the waitlist with the Social Services Supervisor as well as staff from other units. The waitlist for DD waiver services contains many individuals who do not want services at this time, but lead agency staff continue to monitor it and prioritize needs. The Social Services Supervisor meets with CCB and DD case managers during weekly meetings to process allocation increase requests. One CCB case manager and one DD case manager have access to the waiver management system (WMS) and run reports and simulations to see if they can approve allocation increases.

### 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 2: Benton County Case Manager Rankings of DHS Resources**

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	5	1	0	0
MMIS Help Desk	0	2	4	0	0
Community Based Services Manual	0	0	7	0	0
DHS website	0	0	4	1	0
E-Docs	0	0	3	4	0
Disability Linkage Line	0	0	0	3	0
Senior Linkage Line	0	0	0	5	1
Bulletins	0	0	2	4	2
Videoconference trainings	0	0	2	6	1
Webinars	0	1	1	3	2
Regional Resource Specialist	0	0	2	1	1
Listserv announcements	0	2	2	3	0
MinnesotaHelp.Info	0	3	0	0	0

Resource	1= Not Useful	2	3	4	5= Very Useful
Ombudsmen	0	1	2	0	0

Case managers reported that videoconference trainings and the Senior Linkage Line were the most useful DHS resources. Case managers said that Benton County is often a site for videoconference trainings and like that they do not have to travel. Case managers also said that it is helpful to be able to download handouts before the videoconference but added that they would like more thorough descriptions of the trainings on the DHS website. The Social Services Supervisor shared that although the quality of the videoconference trainings have improved over time, some presentations can be too lengthy and it would be helpful if presenters focused on the information most relevant to their work. Case managers were also satisfied with the Senior Linkage Line and liked that the staff are regionally located. They also shared that they often refer participants to the Senior Linkage Line.

Case managers shared that there are only two staff members who have the ability to post questions in Policy Quest. Case managers generally rated Policy Quest as being not very useful stating that the search function does not return useful results, and it can be confusing when they receive conflicting responses from Policy Quest staff. Most case managers have used the MMIS Help Desk and shared that they receive timely responses. However, the Social Services Supervisor mentioned that depending on the MMIS Help Desk staff, it can take a long time to get a response. The Social Services Supervisor was very satisfied with the Community Based Service Manual (CBSM), but case managers noted that the CBMS does not have up-to-date information on MnCHOICES.

The Social Services Supervisor was satisfied with the DHS TrainLink website. However, case managers said that the DHS website in general has a search function that can be hard to use, and added that some of the website's links do not work. Case managers said that E-Docs is easy to use and they like that they can print the forms. Although case managers rated bulletins as helpful, they stated that it can be difficult to understand and interpret the information. Case managers reported that Benton County is in the process of transitioning to a newly hired Regional

Resource Specialist (RRS) and shared that the previous RRS provided timely responses to questions.

A few case managers have used MinnesotaHelp.Info and said the search function can be hard to use and it is not easy to navigate. Overall, case managers said they have had positive interactions with various Ombudsmen when they have worked with them in the past. The Social Services Supervisor shared that DB101.org is a very useful resource, but noted that it has been a challenge to get case managers to use it.

### 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.

#### Benton County Strengths

The following findings focus on Benton 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.

- **Benton County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Benton County received a corrective action for screenings on time, current care plans, care plan signatures, back-up plans, BI waiver and eligibility determination form, and face to face visits. In 2014, Benton County was fully compliant in these areas thus demonstrating technical improvements over time.
- **Case managers are experienced and build relationships with waiver participants and families over time.** Case managers are knowledgeable about services and have expertise in multiple programs which allows them to easily navigate across programs within the agency and provide seamless services for participants. Benton County case managers build relationships with participants and their families, and have good continuity over time. Case managers are dedicated, responsive to changing participant needs, and are in frequent contact with their HCBS participants through face-to-face visits. Across all programs, case managers had face-to-face visits with participants on average 4.9 times in the past 18 months. Case

managers are also knowledgeable about resources and informal supports in the communities they serve, and access these and regional resources to serve their participants.

- **Benton County staff are well-connected with providers and other organizations that serve participants.** Although some providers have had challenges with the new Disability Waivers Rate System and changes to 245D, Benton County is working to increase their knowledge of resources for providers and are committed to maintaining strong relationships with area providers. They work closely with residential, home care, and vocational providers and are in frequent communication with providers about the needs of the participants they are serving. The collaborative nature of the relationships between providers and case managers is supported by the providers. These relationships assure that providers are responsive to participants' changing needs. The results of the provider survey gave very positive feedback about Benton County; 96% of respondents reported that they receive needed assistance when it is requested, and 86% submit monitoring reports to the lead agency.
- **Benton County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers' collaboration with different teams and units across Benton County is strong. The Public Health and Social Services departments and staff have good working relationships with one another. Staff also benefit from supportive management and the positive attitude of their supervisor. 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 mental health workers and adult protection to coordinate services and supports to address participants' health and safety needs.
- **Benton County has the capacity to serve people with high needs in community settings.** Benton County has the capacity to serve participants in community settings, often avoiding more costly and restrictive institutional placements. The county serves a greater proportion of participants with high needs in the DD program when compared to its cohort and the statewide average. In 2012, the county ranked 14<sup>th</sup> out of 87 counties in the percent of DD waiver participants having higher needs compared to its cohort (89% vs. 84%). Benton County should continue to its efforts develop community based services and in-home



services across all programs so that it can continue serve participants with high needs in the least restrictive community setting possible.

- **The case files reviewed in Benton 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 consent to release private information, BI forms, CAC forms, OBRA Level forms, ICF/DD Level of Care forms, care plans are current, signed and dated by participants and case managers, DD screening documents are current and signed and dated by all required parties and emergency contact information is in the file. In addition, 98% of case files included notice of privacy practices (HIPAA).

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Benton County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Benton 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 100% of case files reviewed included the type of service in the care plan, only 5.5% of cases reviewed included the annual amount allowed.
- **Use visit sheets consistently across the waiver programs to document provider performance and participant feedback.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits,

visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Benton County, only 58% of the case files reviewed contained documentation of participant satisfaction.

- **Continue to expand community-based employment opportunities for individuals with disabilities.** Benton County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (6.7% vs. 24.1%) and ranks 85<sup>th</sup> of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is the same as the cohort (15%) which ranks 29<sup>th</sup> of 87 counties. Benton County should focus on strengthening employment by working to reduce use of center-based employment and develop more opportunities in the community that result in higher wages for participants. Benton County should continue to build off of improvements that have been made around community-based employment. In addition, 25% of Benton County DD participants and 9% of Benton County CCB participants are currently under age 22 and will be transitioning soon from school to work. The lead agency should work more closely with schools and be more involved in transition planning for youth to better connect students to community-based employment opportunities. The lead agency should work to equal the outcomes for the DD 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 increasing purchasing power by partnering with neighboring counties with similar needs or service capacity, or drawing from the resources available in the St. Cloud Metro.
- **Consider using contracted case management services to help serve participants that live out of the region.** Administering the waiver programs and providing case management has become more complicated. The lead agency may want to consider contracted case management as a strategy to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Benton County should treat

contracted case managers as their own employees by having them adhere to county practices and by maintaining a case file with current documentation of all required paperwork.

- **Consider developing practices to increase specialization amongst MCO case managers.** Case managers are currently expected to maintain knowledge of three different MCOs and two fee for service HCBS programs, each of which has their own policies, procedures, trainings, forms, etc. Specialization within each MCO may allow case managers to develop expertise in only a few areas and will direct more time and resources to other case management responsibilities.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across the CCB and EW/AC programs, Benton County has achieved higher rates of participants served at home than its cohort or the state. In Benton County, 71% of CCB waiver participants are served at home (ranking 22nd out of 87 counties) and 65% of the elderly program participants are served at home (ranking 59th out of 87 counties). However, only 29% of Benton County's DD participants are served at home (ranking 42nd out of 87 counties). Benton County should work to develop needed services by communicating expectations to new and current providers or by sending out a Request for Proposals (RFP) or Request for Information (RFI). To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs. It should also consider partnering with its neighboring counties, particularly Stearns and Sherburne who share the St. Cloud area.
- **Consider adding specialized case management expertise and proactively planning for future turnover in case management.** Benton County currently benefits from experienced case managers, but this also means the lead agency should begin to prepare for upcoming retirements. While positions can be filled through new hiring, the lead agency should be thoughtful about using this time as an opportunity to plan for the areas of expertise that could be added to the case management team. For example, the lead agency may want to add a

public health or registered nurse case manager for medical expertise or a mental health case manager for CADI participants with serious mental illnesses. Benton County should also have additional support systems in place to provide training and mentorship to new staff in order to facilitate a smooth transition.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. In Benton County, eight out of 17 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, five out of 18 EW cases did not have current documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed.** Benton 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 27 applicable cases, 15% did not have employment assessed. Most notably, four out of 13 CADI cases 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 Benton 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 20 cases. All items are to be corrected by Monday, August 25 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	29	N / A	3	26	N / A	N / A
Screenings done on time for new participants (PR)	93%	88%	95%	100%	ALL	N / A
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	77%	100%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=27</b>	<b>CCB n=16</b>	<b>DD n=12</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)	100%	100%	100%	100%	ALL	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=27</b>	<b>CCB n=16</b>	<b>DD n=12</b>	<b>Strength</b>	<b>Challenge</b>
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)	98%	100%	94%	100%	ALL	N / A
Participant needs identified in care plan (PR)	89%	78%	100%	100%	CCB, DD	N / A
Inclusion of caregiver needs in care plans	20%	0%	0%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	85%	N / A	75%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	88%	88%	N / A	N / A	N / A	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)	Most of the time	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=21</i> )	96%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=21</i> )	86%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=27</b>	<b>CCB n=16</b>	<b>DD n=12</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	98%	100%	100%	92%	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)	84%	70%	94%	100%	CCB, DD	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=27</b>	<b>CCB n=16</b>	<b>DD n=12</b>	<b>Strength</b>	<b>Challenge</b>
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)	76%	52%	100%	100%	CCB, DD	AC / EW
Person informed privacy practice (HIPAA) documentation in the case file (PR)	98%	100%	100%	92%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=27</b>	<b>CCB n=16</b>	<b>DD n=12</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	58%	59%	75%	33%	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	62%	93%	98%	DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	32%	87%	98%	DD	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	66%	52%	89%	AC / EW, DD	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	86%	N / A	DD
Percent of waiver participants served at home	N / A	65%	71%	29%	AC / EW, CCB	DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	15%	7%	N / A	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.