

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Blue Earth County**

Waiver Review Site Visit: October 2014

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Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Blue Earth 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 Blue Earth County
Case File Review	88 cases
Provider survey	19 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group with 10 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver,

(5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Blue Earth County

In October 2014, the Minnesota Department of Human Services conducted a review of Blue Earth County's Home and Community Based Services (HCBS) programs. Blue Earth County is a rural county located in south central Minnesota. Its county seat is located in Mankato, Minnesota and the County has another 12 cities and 23 townships. The city of Mankato is classified as a Metropolitan Statistical Area, having a high population density and serving as an economic hub in the region. In State Fiscal Year 2013, Blue Earth County's population was approximately 65,218 and served 760 people through the HCBS programs. According to the 2010 Census Data, Blue Earth County had an elderly population of 11.4%, placing it 76th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Blue Earth County's elderly population, 9.7% are poor, placing it 43rd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The HCBS waiver programs are managed within two units of the Blue Earth County Human Services Department: Disability Services and Public Health. Disability Services is the lead for the CAC, CADI, BI, and DD waiver programs and Public Health is the lead for the AC and EW programs. The two units have partnered on CAC cases through the years, depending on the participant's needs and current staffing expertise. Blue Earth County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) UCare and Blue Cross and Blue Shield.

There is one Disability Services Supervisor who oversees 11 staff with waiver program responsibilities. Seven case managers have mixed caseloads of CAC, CADI, BI and DD cases and have caseload sizes ranging from 60 to 80 cases. Two case managers have adult protection responsibilities in addition to waiver case management. Therefore, their caseloads range from 30 to 60. Two other individuals are certified MnCHOICES assessors in addition to providing

ongoing case management for some CADI, BI, and DD cases. Because of this, one of them has a caseload of approximately 60 cases and the other manages around 30 cases as she also has responsibilities related to daycare licensing.

There is one Public Health Supervisor who oversees eight staff who work with waiver participants. In addition to managing fee for service EW and AC cases, public health case managers also perform PCA assessments and care coordination for MCO participants. Caseload sizes range from about 80 to 90 cases. Public Health has some specialization among their waiver case managers based on the various long term care programs. All ongoing case managers within Public Health are also certified MnCHOICES assessors.

Blue Earth County has one intake staff person as the central point of initial contact for participants interested in applying for all social service assistance programs, including the waiver programs. The intake staff person gathers information from the initial caller and passes the information on to other staff members. Blue Earth County determines which assessor will conduct the initial assessment at a weekly meeting. After the initial assessment, the Disability Services MnCHOICES assessor presents the case at a weekly meeting with case managers, and the Disability Services Supervisor. Together, the team determines if the individual will be added to an HCBS program and an ongoing case manager is assigned.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is their ability to help participants navigate across different units within the Human Services Department to get the services and assistance they need. Case managers from Disability Services and Public Health are collocated and case managers shared that they frequently consult with one another. Social workers and public health nurses can easily access each other's discipline and expertise in serving participants.

Blue Earth County has a group of financial workers who are dedicated to managing waiver cases. Case managers shared that they have good relationships with financial workers. Staff from the financial unit attend Public Health and Disability Services meetings. Financial workers and case managers communicate through telephone, e-mail, face-to-face conversations, and through the

use of formal DHS financial communication forms. Case managers shared that financial workers have quite high caseloads. As a result, case managers are often the ones who are guiding participants through the financial process to make sure they open to Medical Assistance and remain eligible for programs. They shared that this can be difficult as many case managers do not have expertise in the complexities of Medical Assistance and other economic assistance programs.

As previously noted, two case managers in the Disability Services unit have adult protection responsibilities. Waiver case managers communicate with their adult protection colleagues informally if one of their waiver participants has an open investigation. Child protection is also housed within Blue Earth County's Human Services Department. Case managers from Disability Services shared that they have close relationships with child protection workers and are made aware when an investigation is opened for participants on their caseloads. Blue Earth County makes efforts to keep waiver case management and protection investigations responsibilities separate. The waiver case manager's primary role in protection investigations involves sharing background information as needed. This separation of waiver case management and adult or child protection responsibilities helps the ongoing case managers maintain strong relationships with their participants.

The Adult Mental Health and Children's Mental Health units are also a part of the Human Services Department and located in the same building as waiver case managers. The Disability Services Supervisor and Public Health Supervisor have a standing invitation to attend the Mental Health unit meetings, which are held every two weeks, and do so when there is a participant they need to discuss. The lead agency attempted to have one case manager from Disability Services manage all of the participants who qualified for both waiver and Rule 79 funding so that those participants would have a single case manager. Due to the growing number of participants with mental health needs applying for waivers, the lead agency went back to a dual case management model for complex cases. These participants have both a waiver case manager and a mental health case manager. When a case is dual case managed, those case managers try to coordinate their visits whenever possible.

There are two staff members in charge of foster care licensing in Blue Earth County, one for adults and one for children. Case managers shared that they communicate with licensors often. Licensors regularly attend Disability Services meetings. Additionally, case managers complete surveys about foster care providers and submit them to licensing staff.

The Human Services Director and Assistant Director have most of the contact with the County Board and attend their monthly meetings. The Director presents information and updates the board on changes related to waiver programs.

Health and Safety

In the Quality Assurance survey, Blue Earth 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 Blue Earth 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. Case managers receive bulletins and attend webinars to stay up-to-date on the programs. Disability Services and Public Health each have weekly meetings where staff can discuss changes. Some staff also attend monthly regional meetings to connect with other counties in their area. Public Health has a shared drive that contains all of the required DHS forms. Staff are responsible for keeping this shared drive updated with the most current forms.

During the review, staff shared that Public Health had experienced significant turnover in case managers within the last year and it was challenging to train several new staff within a short time period. An experienced case manager was assigned to mentor new staff and develop several training tools for staff, including an audit process for peer reviews of case files. Staff said that

these tools have been crucial to helping the new case managers learn the complex waiver programs and stay up-to-date on changes.

In Disability Services the Supervisor is new to the waiver programs and had been with the county for a few months prior to the review. Disability Services case managers shared that they would like to implement a similar training process to help train new staff in the future.

Service Development and Gaps

Case managers said that they have very good providers overall and that they are able to meet the needs of their participants. However, they also shared that Blue Earth County has several major service gaps. Staff said that this sometimes forces participants to travel outside of the county to receive services.

One the gaps mentioned was the lack of providers who serve participants with high behavioral and mental health needs. Case managers shared that participants who are discharged from a residential placement after having a crisis often do not have anywhere to go, as they have run out of options for housing due to their behaviors. Staff said that they have been attempting to connect with several providers about developing homes that could better serve those participants. Staff also shared that they have a growing number of adolescent participants with autism who are reaching transition age and will need more specialty services to serve them. They indicated that most of those services are located in the metro area.

Staff said that they lack companion and chore services in Blue Earth County as well and said that case managers must find creative ways to meet the demand for those services. Many homemaking providers require a minimum number of hours each week, which can be a problem for participants seeking less assistance. They also indicated that transportation is a significant service gap. There is an accessible bus available for participants but it has limited hours and area of operation, making it a challenge for some participants located in the most rural parts of the county to find reliable transportation.

Lead agency staff participate in several outreach activities in an effort to educate community members about the waiver programs. They shared that they have a presence at the Blue Earth

County Fair every year. They also participate in a regional meeting designed to connect seniors with providers in their area.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Blue Earth 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.

Of the Tier 2 and 3 services, Blue Earth County primarily uses home modifications and transportation. Blue Earth County supervisors shared that while they have moved towards using enrolled providers, they have continued to use non-enrolled providers on a limited basis. The Disability Services Supervisor and Public Health Supervisor manage the service vendor files in their respective departments.

Five Tier 2 service claims were reviewed for services delivered by two unique providers to five unique participants, all of which were managed by the Disability Services unit. Disability Services has developed a log template for tracking vendors and approval dates in an Excel document, which included all required information for the five claims. Any additional vendor information is kept in the participant's case file. Blue Earth County created a Service Purchase Agreement (SPA) template that Disability Services uses with Tier 2 service providers. The template includes additional appeal and indemnification language. Four out of five SPA documents contained the participant name, vendor information, service name, and rate and all MA assurances except for the clause requiring vendors to report abuse. However, one case included an older version of the SPA from 2013 that did not include all required language and had a participant signature instead of the vendor signature.

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: Blue Earth County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	4	4
Schools (IEIC or CTIC)	0	5	0
Hospitals (in and out of county)	1	9	0
Customized Living Providers	0	2	6
Corporate Foster Care Providers	0	5	0
Family Foster Care Providers	1	1	0
Home Care Providers	0	5	4
Employment Providers (DT&H, Supported Employment)	0	5	0

Lead agency staff shared that they have great relationships overall with providers in Blue Earth County. Case managers said that they are a small enough community where they know their providers well and know their capacity to meet the needs of participants.

Case managers from Public Health reported having strong relationships with nursing facility staff. Public Health case managers are assigned to specific nursing facilities, and this facilitates strong communication between case managers and nursing facility staff. Disability Services case managers stated that they are not always notified about care conferences and that some facilities do not consistently provide adequate discharge planning for participants.

Case managers who frequently work with school staff shared that their relationships with schools are average overall. They stated that communication varies depending on the school district. Some schools are better at making sure case managers are involved and notified of meetings in advance. Case managers said that the early childhood program for children with developmental disabilities is very good in Blue Earth County, but that schools need to continue to work on transition planning. They also shared that the local Community Transition Interagency

Committee (CTIC) is not as strong as it has been in the past and has experienced turnover in coordination.

Case managers stated that communication with hospital staff has been a challenge. They said that they are not always notified when a waiver participant is admitted and it can be challenging to obtain information from hospital staff. Case managers added that they have better working relationships with staff from healthcare clinics.

The majority of case managers said that they have good relationships with customized living providers, with Public Health case managers having slightly higher ratings than Disability Services case managers. Public Health staff meet with those providers annually, which they said could be a contributing factor to enhancing those lines of communication. Case managers indicated that many customized living providers limit the number of waiver participants they will serve; this can make it difficult for case managers to find placements.

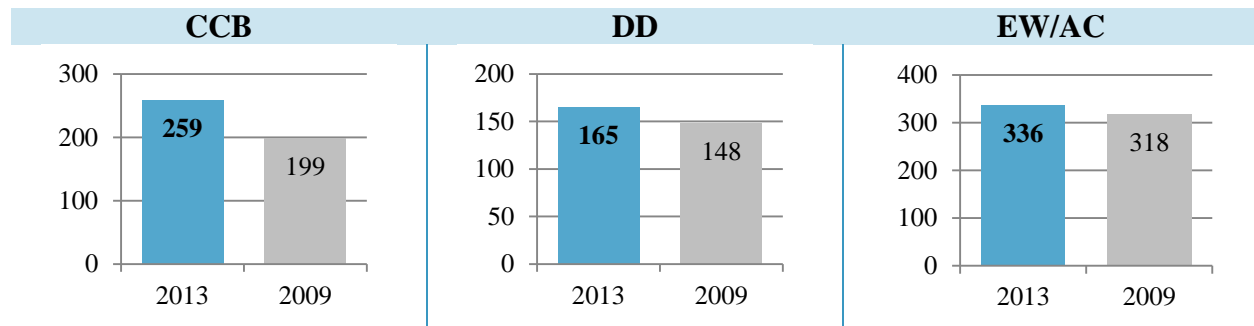
Case managers shared that their relationships with foster care providers vary depending on the provider. They said that even though participants have a good amount of options when it comes to foster cares, there are rarely openings. Case managers also indicated that those providers experienced high staff turnover, which has been a detriment to establishing good communication. They had similar input about the home care providers they work with, saying that they have better communication with those that have more consistent staffing.

Case managers shared that they have several options for participants who are looking for vocational providers. Although the current programs offered are appropriate for some waiver participants, staff stated that they would like providers to develop more opportunities for participants who wish to work at community sites, instead of the center-based model. Lead agency staff also shared that the drafting of Minnesota's Olmstead Plan is motivating local providers to pursue more individualized and community job opportunities for waiver participants. For example, supervisors shared that one provider recently hired a Community Liaison to proactively seek out employment opportunities with community businesses.

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 Blue Earth County (2009 & 2013)



Program	2009	2013
CCB	199	259
DD	148	165
EW/AC	318	336

Since 2009, the total number of people served in the CCB Waiver program in Blue Earth County has increased by 60 participants (30.2 percent); from 199 in 2009 to 259 in 2013. Most of this growth occurred in the case mix B, which grew by 39 people. With this increase Blue Earth County may be serving a higher proportion of people with mental health needs.

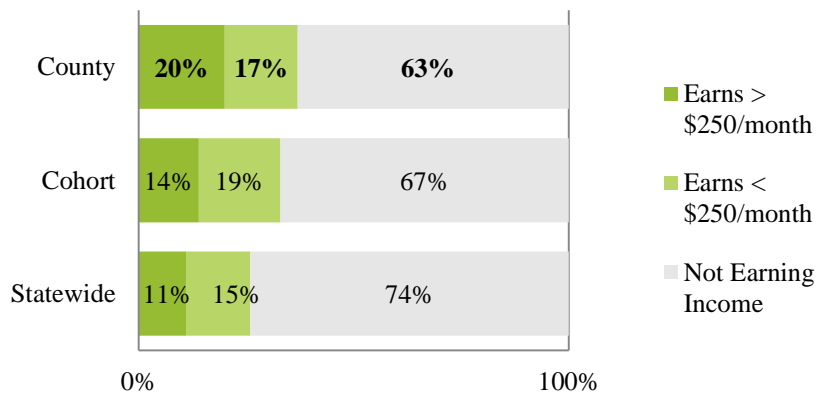
Since 2009, the number of people served with the DD waiver in Blue Earth County increased by 17 participants, from 148 in 2009 to 165 in 2013. In Blue Earth County, the DD waiver program is growing more quickly than in the cohort as a whole. While Blue Earth County experienced a 11.5 percent increase in the number of people served from 2009 to 2013, its cohort had a 8.8 percent increase in number of people served. In Blue Earth County, the profile group 3 had the largest increase, rising by 16 people. The greatest change in the cohort profile groups occurred in people having a Profile 2. Blue Earth County serves a smaller proportion of people in profile groups 1 and 2 (31.5 percent), than its cohort (40.4 percent).

Since 2009, the number of people served in the EW/AC program in Blue Earth County has increased by 18 people (5.7 percent), from 318 people in 2009 to 336 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix E, which increased by 21 people. With this increase Blue Earth County may be serving a larger proportion of people with mental health needs.

Value

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

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

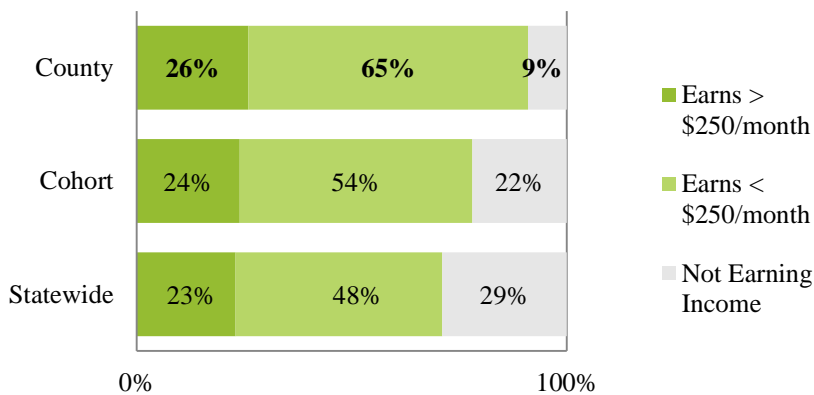


CCB Earned Income	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Blue Earth County	20%	17%	63%
Cohort	14%	19%	67%
Statewide	11%	15%	74%

In 2013, Blue Earth County served 175 working age (22-64 years old) CCB participants. Of working age participants, 37.1 percent had earned income, compared to 32.9 percent of the

cohort's working age participants. **Blue Earth County ranked 10th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Blue Earth County 20.0 percent of the participants earned \$250 or more per month, compared to 14.2 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)



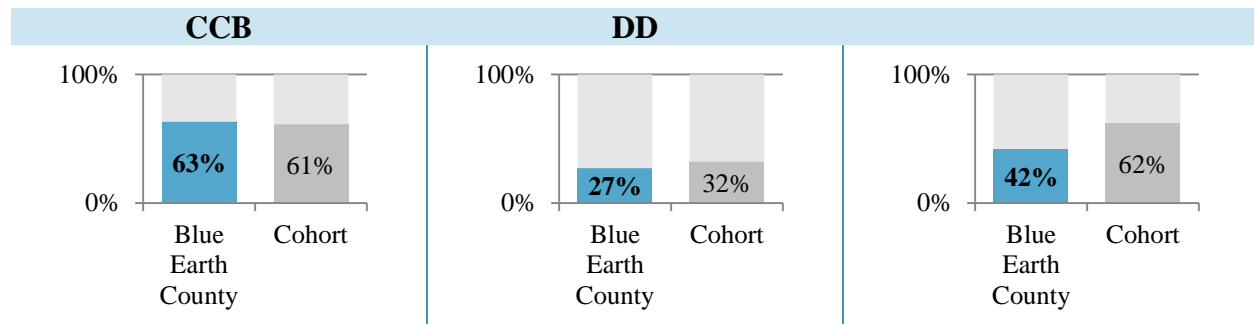
DD Earned Income	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Blue Earth County	26%	65%	9%
Cohort	24%	54%	22%
Statewide	23%	48%	29%

In 2013, Blue Earth County served 126 DD waiver participants of working age (22-64 years old). **The county ranked 39th in the state** for working-age participants earning \$250 or more per month. In Blue Earth County, 26.2 percent of working age participants earned \$250 or more per month, while 24.4 percent of working age participants in the cohort as a whole did. Also, 91.3 percent of working age DD waiver participants in Blue Earth County had some earned income, while 78.7 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)



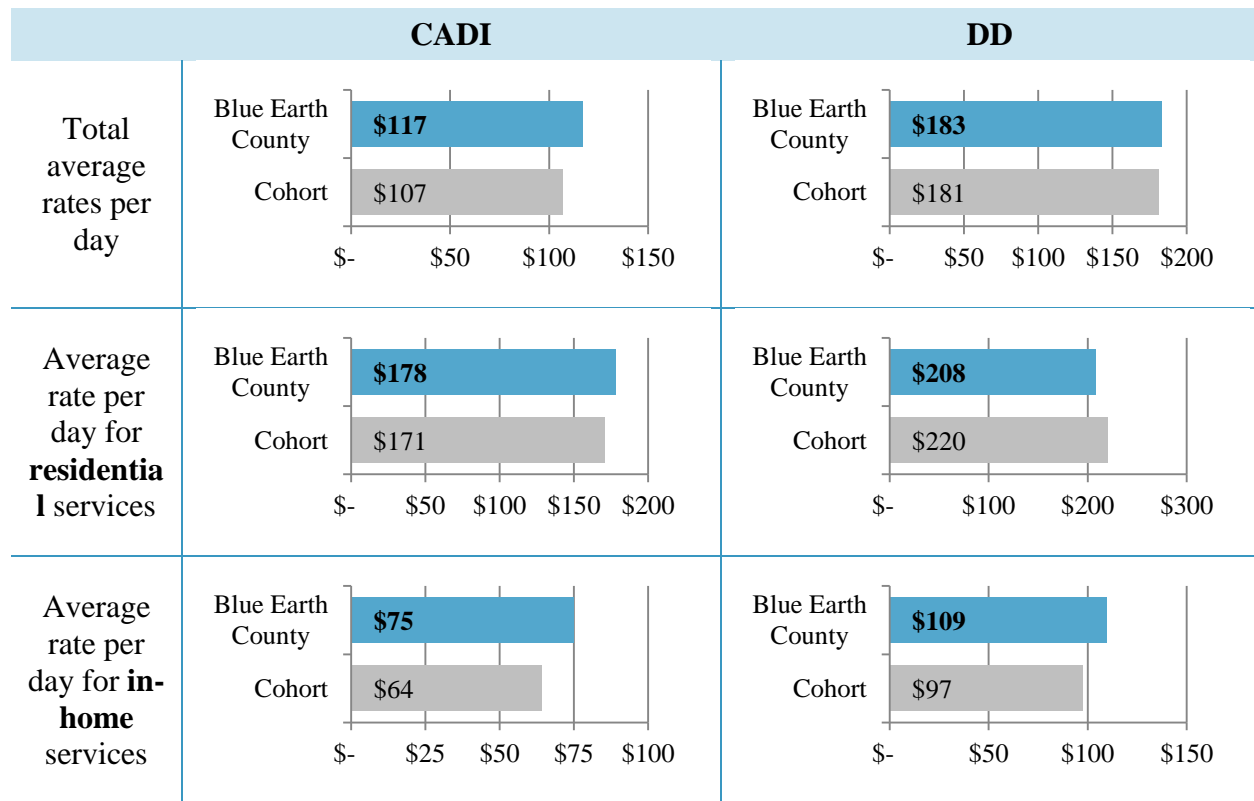
Program	Blue Earth County	Cohort
CCB	63%	61%
DD	27%	32%
EW/AC	42%	62%

Blue Earth County ranks 38th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 163 participants at home. Between 2009 and 2013, the percentage increased by 14.7 percentage points. In comparison, the cohort percentage fell by 1.1 percentage points and the statewide average fell by 3.7 points. In 2013, 62.9 percent of CCB participants in Blue Earth County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Blue Earth County ranks 55th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 44 participants at home. Between 2009 and 2013, the percentage increased by 1.7 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by only 0.1 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.

Blue Earth County ranks 86th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 140 participants at home. Between 2009 and 2013, the percentage decreased by 1.7 percentage points. In comparison, the percentage of participants served at home fell by 5.2 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. Blue Earth 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)



Average Rates per day for CADI services (2013)	Blue Earth County	Cohort
Total average rates per day	\$116.70	\$106.85

Average Rates per day for CADI services (2013)	Blue Earth County	Cohort
Average rate per day for residential services	\$178.01	\$170.95
Average rate per day for in-home services	\$75.24	\$63.98

Average Rates per day for DD services (2013)	Blue Earth County	Cohort
Total average rates per day	\$183.12	\$181.46
Average rate per day for residential services	\$207.96	\$220.48
Average rate per day for in-home services	\$109.35	\$97.29

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 Blue Earth County is \$9.85 (9.2 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Blue Earth County spends \$7.06 (4.1 percent) more on residential services and \$11.26 (17.6 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Blue Earth County ranks 68th 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 Blue Earth County is \$1.66 (0.9 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Blue Earth County spends \$12.52 (5.7 percent) less on residential services, and \$12.06 (12.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Blue Earth County ranks 51st 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.

Blue Earth County has a comparable use in the CADI program to its cohort of residential based services (Foster Care (29% vs. 26%) and Customized Living (9% vs. 12%)). The lead

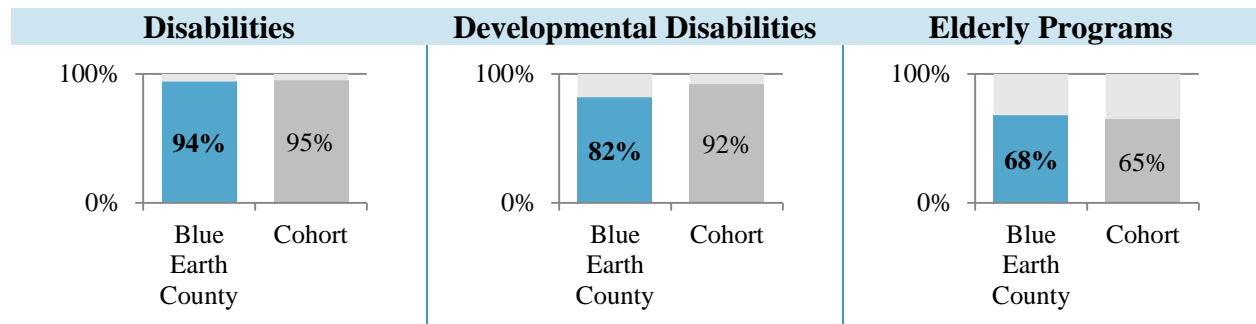
agency has a similar use of Prevocational Services (9% vs. 10%) and Supported Employment Services (12% vs. 13%). They also have a lower use of some in-home services, such as Home Delivered Meals (13% vs. 18%) and Homemaker (19% vs. 28%), but a higher use of Independent Living Skills (27% vs. 19%). Fifty-four percent (54%) of Blue Earth County’s total payments for CADI services are for residential services (49% foster care and 5% customized living) which is similar to its cohort group (55%). Blue Earth County’s corporate foster care rates are lower than its cohort when billed monthly and when billed daily (\$5,536.76 vs. \$5,724.92 per month and \$217.05 vs. \$225.58 per day).

Blue Earth County’s use of Supportive Living Services (SLS) is higher than its cohort (73% 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. The lead agency has a similar use of vocational services (Supported Employment Services (3% vs. 4%) and Day Training and Habilitation (61% vs. 61%)). It also has a lower use of In-Home Family Support (9% vs. 15%).

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	Blue Earth County	Cohort
Disabilities	94%	95%
Developmental Disabilities	82%	92%
Elderly Programs	68%	65%

In 2013, Blue Earth County served 396 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 47 in institutional care. Blue Earth County ranked 34th of 87 counties with 94.2 percent of their LTC participants received HCBS. This is about the same rate as their cohort, where 94.9 percent were HCBS participants. Since 2009, Blue Earth County has decreased its use of HCBS slightly, falling by 0.3 percentage points, while the cohort increased its use by 1.6 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Blue Earth County served 211 LTC participants (persons with development disabilities) in HCBS settings and 43 in institutional settings. Blue Earth County ranked 82nd of 87 counties with 82.3 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.0 percent). Since 2009, the county has increased its use by 6.1 percentage points while its cohort rate has increased slightly, rising by 0.6 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Blue Earth County served 358 LTC participants (over the age of 65) in HCBS settings and 176 in institutional care. Blue Earth County ranked 31st of 87 counties with 68.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 65.0 percent were HCBS participants. Since 2009, Blue Earth County has increased its use of HCBS by 0.8 percentage points, while their cohort has increased by 3.9 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

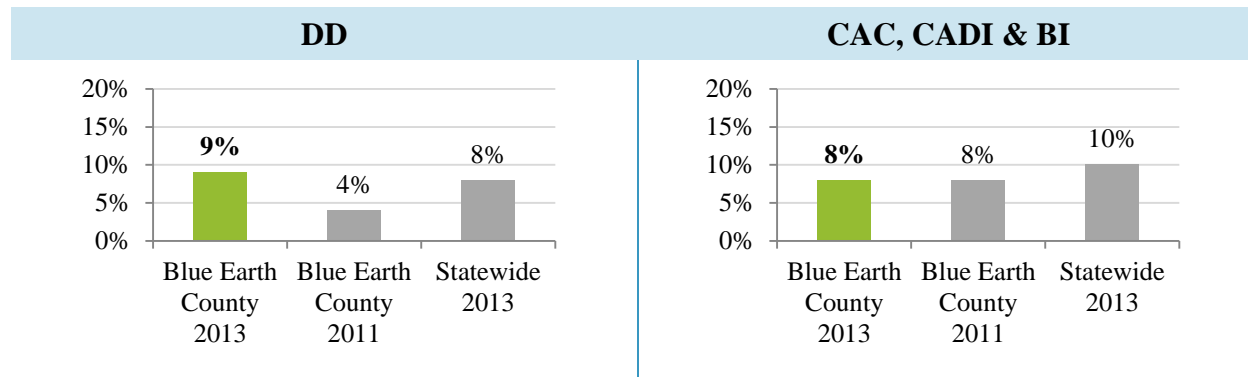
Age	Blue Earth County	Cohort	Statewide
Age 0-64	0.51	0.30	0.52
Age 65+	17.75	22.30	21.03
TOTAL	2.33	3.25	3.00

In 2013, Blue Earth County was ranked 13th out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Blue Earth County has a higher nursing facility utilization rate for people under 65 years old than their cohort. Since 2011, the number of nursing home residents 65 and older has decreased by 10.4 percent in Blue Earth County. Overall, the number of residents in nursing facilities has decreased by 6.1 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



Budget Balance	DD	CAC, CADI, BI
Blue Earth County (2013)	9%	8%
Blue Earth County (2011)	4%	8%
Statewide (2013)	8%	10%

At the end of calendar year 2013, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Blue Earth County had a 9% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Blue Earth County’s DD waiver balance is larger than its balance in CY 2011 (4%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Blue Earth 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, Blue Earth County had a 8% balance at the end of FY 2013, which is a smaller balance than the statewide average (10%), and equal to the balance in FY 2011 (11%). However, in FY 2014 several participants were added and the budget reserve will be approximately 3%, which is less than it was in FY 2013.

Blue Earth County has a waitlist for the CADI and DD waiver programs. The Disability Services Supervisor manages both budgets. She communicates with assessors and case managers to keep them informed on funding availability that may allow them to add participants to the programs. She runs simulations using the Waiver Management System (WMS) and also has access to accounting staff who provide her support to better estimate resources. Case managers communicate with her informally and during meetings to request 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 3: Blue Earth County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	6	0	1	0
MMIS Help Desk	0	2	0	0	0
Community Based Services Manual	0	0	2	3	3
DHS website	0	1	7	1	0
E-Docs	0	0	5	1	4
Disability Linkage Line	0	2	2	0	0
Senior Linkage Line	0	2	2	2	0
Bulletins	0	1	5	4	0
Videoconference trainings	0	2	6	1	0
Webinars	0	1	5	4	0
Regional Resource Specialist	0	0	4	0	1
Listserv announcements	0	3	1	4	0
MinnesotaHelp.Info	0	2	1	0	0
Ombudsmen	0	0	5	1	2
DB101.org	0	0	1	0	0

Case managers reported that the Community Based Services Manual (CBSM) and E-Docs were the most useful DHS resources for their work. Staff shared that they use the manual quite often to look up service definitions and to see what can and cannot be covered. They stated that the

search function on the manual is not very helpful. Case managers use E-Docs to ensure they have the most current forms. Staff said that if they do not know the exact name or number of the form they are looking for, it is difficult to find what they need. In circumstances where a form is not available on E-Docs, staff shared that they would appreciate it if the site would list a date when it will become available.

Both supervisors are able to ask questions through Policy Quest and case managers go through them to do so. Staff shared that although this resource can be helpful, it often takes a long time to get a response. They added that they are sometimes just told to refer to the CBSM instead of receiving a more detailed response to their question. Case managers read through answers to past questions but have not found the search function very helpful. Staff shared that the DHS website is difficult to navigate, especially when they are looking for very specific information. They noted that participants and families have a hard time finding the information they need as well.

Case managers access the Disability Linkage Line and Senior Linkage Line and refer participants to both of those resources. They reported that the Senior Linkage Line is very helpful for Medicare (Part D) questions. All waiver staff receive bulletins and discuss them at unit meetings. Some staff said that they have found them incredibly helpful and that they like that DHS reissues bulletins every few years even if there has not been a change.

Staff stated that they frequently attend videoconference trainings to stay up-to-date on new policies. However, case managers shared that the trainings are not always a good use of their time and that they often experience technological issues. They also said that they do not get much value from trainings where the speaker simply reads from the presentation and there is no opportunity to ask questions. Some staff suggested that DHS release a long-term schedule for upcoming trainings to ensure that case managers are able to attend. Some case managers said they have found webinars to be more helpful as they can view them on their own time.

Many case managers attend quarterly meetings put on by the Regional Resource Specialist and said that those have been helpful. Public Health case managers shared that they wish there was a similar meeting for the over-65 waiver programs. Staff said that they have had trouble accessing the Regional Resource Specialist at times because she is so busy, but she has been very helpful when they can connect with her.

Most case managers said that listserv announcements are a helpful resource, but that they receive a lot of them. Staff shared that it is hard to differentiate which announcements apply to them and said that it would be helpful if their titles described which waiver programs they were aimed at. They stated that they receive a high volume of e-mails daily and need to know what is most important to their work so they can make the best use of their time.

A few case managers reported using MinnesotaHelp.info to look for out-state resources, but that they found it difficult to navigate. Other staff agreed and said that the site is not very user-friendly. Only one case manager had experience with DB101.org and said that she refers families to the site when participants are transitioning to adult services and are interested in learning how employment will affect their benefits.

Most of the case managers had experience working with Ombudsmen. They reported having varying experiences and that it depends upon the situation, but they've been helpful resources overall.

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.

Blue Earth County Strengths

The following findings focus on Blue Earth 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.

- **Blue Earth County addresses issues to comply with Federal and State requirements.**

During the previous review in 2010, Blue Earth County received a corrective action for back-up plans, documentation of needs in the care plan, signatures in the care plan, current DD screenings signed and dated by the appropriate parties, and Related Conditions Checklist. In 2014, Blue Earth County was fully compliant in these areas, thus demonstrating technical improvements over time.

- **Blue Earth County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Blue Earth County has a focus on employment for participants with disabilities and has the expectation that participants will work, especially participants with mental health needs. The lead agency is outperforming its cohort with 20.0% of CCB waiver participants (compared to 14.2% for the cohort) which ranks them 10th out of 87 counties and 26.2% of DD waiver participants (compared to 24.4% for the cohort) earning more than \$250 per month which ranks them 39th out of 87 counties. The lead agency should build on the success evident in its CCB program. It should also continue to encourage the work its providers have begun to expand community based and individualized employment opportunities.
- **Blue Earth County Public Health developed excellent training materials to assist new and experienced case managers.** As Blue Earth County's Public Health unit experienced an increased amount of turnover during the past year, they developed a more formal system for training an influx of new employees. The Public Health supervisor designated an experienced public health nurse as a mentor to help train new staff. The lead public health nurse also developed a training manual and audit tool to help keep case managers current with policies, procedures, and forms. The lead agency should consider expanding this process to the Disability Services to help facilitate smooth transitions with new employees.
- **Blue Earth County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have worked to build strong relationships with area providers. They work closely with local schools and health clinics. Case managers have especially good communication with staff at the local health clinics and are in frequent communication about the needs of the participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The county also has annual meetings with some providers to talk about service oversight and expectations.
- **Blue Earth County CADI care plans were well completed and included elements of person-centered planning.** The care plan is the one document that all participants receive, and it should be comprehensive and include detailed information that is meaningful to each individual participant and his or her unique situation. For example, 100% of care plans

reviewed included participant-friendly language, 95% included documentation of health and safety information that met or exceeded documentation expectations, 90% included goals that were individualized and meaningful, and 86% addressed participants' behavioral medical issues.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Blue Earth County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Blue Earth 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. Many DHS CSP/CSSP templates include sections for completing this properly, including the [6791B](#) which can be found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6791B-ENG>. While 87.5% of case files reviewed included the provider name in the care plan, only 5.7% of cases reviewed included the annual amount allowed.
- **Create tools to be used consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used in a formal way to monitor provider performance and fulfillment of the services outlined in the care plan. For agencies with more advanced technology, the PH Docs system used for the EW/AC waiver cases includes standardized questions about satisfaction with current services for case managers to ask during routine visits. Blue Earth County may want to expand and formalize a process for assessing

satisfaction through a standard form or template similar to the questions in PH Docs. Blue Earth County should consider summarizing the provider performance and participant satisfaction results to share with providers.

- **Consider developing additional supports for case managers.** With increasing caseloads (CCB increased 30.2% in recent years, DD 11.5%, and EW/AC 5.7), increasing complexity of cases (all HCBS programs saw an increase in the percentage of persons served who have high needs) and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. Blue Earth County may want to consider increasing specialization within the AC and fee-for service EW waiver programs, and MCOs. This may reduce the burden of knowing multiple programs and allow Public Health staff to direct more time and resources to other case manager responsibilities. The lead agency should also explore other ways for further specialization within the other specific waiver programs which may allow Social Services staff to update practices and systems. In addition, Blue Earth County should consider bringing nurse expertise to Social Services and have both social workers and public health nurses on the Disability Services team. Both units should hold regular joint meetings to allow case managers to work more closely and build relationships with one another. Lastly, the county may want to designate a lead worker. The lead worker would maintain a smaller caseload but would have the added responsibility of maintain expertise and supporting case managers by staying current with program and policy changes. Thinking about ways to create more efficient practices is important as the lead agency brings on new staff who require training and mentorship from existing staff.
- Another way to assist with increasing caseloads is to **expand contracted case management services**. Many lead agencies have found this most helpful to serve participants that live out of the region and to cover during staffing shortages. In these types of situations improves care oversight and is an effective use of case management time. 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. Blue Earth County needs to require the contracted

case managers to adhere to lead agency practices and maintain case files with documentation of all required paperwork.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Blue Earth County has lower rates of high needs participants served at home than its cohort in the elderly programs (24.8% vs. 46.3%) and DD programs (30.7% vs. 31.5%). The lead agency 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). Blue Earth County should continue to be deliberate in developing service choices that are appropriate for the needs of participants. This should involve developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services to allow people to remain safely in their own homes. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within required timeframes.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Sixty-two percent (20 out of 32 assessments) for new CAC, CADI and BI participants occurred within this timeframe. When

at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that all care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.** It is required that all care plans are completed and signed by the participant, parent, or legal representative within the 50 day timeframe. All care plans that are not completed or signed within this time frame must be updated with required information and signatures. Seven out of 10 CAC cases, sixteen out of 21 CADI cases, and one out of 10 BI cases reviewed in Blue Earth County did not meet this standard.
- **Beginning immediately, ensure that all participants have an individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are two waiver participants who do not have a current care plan in their case file including two out of 10 BI cases.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed that includes the three required signatures and dates.** While all 14 DD cases included the required participant or legal representative and case manager signatures on the DD screening document, eight of the 14 DD cases were missing the required QDDP's signature.
- **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. One out of 10 BI cases, nine out of 23 EW cases, and one out of 10 AC did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 23 EW cases and one out of 10 AC cases did not have current documentation.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CCB waiver participants must have a documented face-to-face visit by the case manager two times a year. However, five out of 5 CAC cases, two out of 21 CADI cases, and one out of 10 BI cases had

case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, two out of 14 DD cases did not meet this requirement.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services.** It is required that all HCBS participants have completed documentation of choice in the care plan. Three out of 10 CAC case and one out of 9 BI cases did not have information in the case file showing that choice was documented in the participant's care plan.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Blue Earth 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 participant case file reviewed. This report required follow up on 37 cases. Blue Earth County submitted a completed case file compliance worksheet on December 8, 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 Blue Earth County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the County, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 5 cases. Blue Earth County submitted a completed non-enrolled vendor compliance worksheet on December 8, 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	14	N / A	2	12	N / A	N / A
Screenings done on time for new participants (PR)	82%	89%	62%	95%	N / A	CCB, DD
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	44%	65%	N / A	CCB, DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=33	CCB n=41	DD n=14	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	88%	100%	78%	N / A	AC / EW	N / A
Care plan is current (PR)	97%	100%	95%	93%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=33	CCB n=41	DD n=14	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	99%	100%	98%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	95%	100%	93%	93%	ALL	N / A
Choice questions answered in care plan (PR)	96%	100%	90%	100%	ALL	N / A
Participant needs identified in care plan (PR)	68%	64%	83%	36%	N / A	AC / EW, DD
Inclusion of caregiver needs in care plans	40%	0%	40%	100%	DD	N / A
OBRA Level I in case file (PR)	96%	100%	93%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	79%	N / A	N / A	79%	N / A	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	43%	N / A	N / A	43%	N / A	DD
Related Conditions checklist in case file (DD only)	50%	N / A	N / A	50%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	90%	N / A	90%	N / A	CCB	N / A
Employment assessed for working-age participants	94%	N / A	92%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	71%	71%	N / A	N / A	N / A	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

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 (<i>Provider survey, n=19</i>)	95%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=19</i>)	79%	N / A	N / A	N / A	N / A	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	ALL	AC / EW	CCB	DD	Strength	Challenge
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=5)	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=33	CCB n=41	DD n=14	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	89%	100%	81%	86%	AC / EW	N / A
Health and safety issues outlined in care plan (PR)	90%	88%	95%	79%	CCB	N / A
Back-up plan (Required for EW, CCB, and DD)	98%	97%	98%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=33	CCB n=41	DD n=14	Strength	Challenge
Informed consent documentation in the case file (PR)	99%	100%	98%	100%	ALL	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES (continued)	ALL	AC / EW n=33	CCB n=41	DD n=14	Strength	Challenge
Person informed of right to appeal documentation in the case file (PR)	85%	64%	98%	100%	CCB, DD	AC / EW
Person informed privacy practice (HIPAA) documentation in the case file (PR)	99%	100%	98%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=33	CCB n=41	DD n=14	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	38%	39%	34%	43%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	68%	94%	82%	AC / EW	DD
Percent of LTC funds spent on HCBS	N / A	41%	90%	75%	AC / EW	CCB, DD
Percent of waiver participants with higher needs	N / A	64%	83%	77%	AC / EW	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	94%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	42%	63%	27%	CCB	AC / EW, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	20%	26%	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.