

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Crow Wing County**

Waiver Review Site Visit: November 2012

Report Issued: February 2013

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## Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Crow Wing County.

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

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

### **ABOUT THE IMPROVE GROUP**

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

### **ADDITIONAL RESOURCES**

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

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

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

[www.MinnesotaHCBS.info](http://www.MinnesotaHCBS.info)

## About the Waiver Review Initiative

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

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

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

**Table 1: Summary of Data Collection Methods**

Method	Number for Crow Wing County
Case File Review	77 cases
Provider survey	12 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) 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 Crow Wing County**

In November 2012, the Minnesota Department of Human Services conducted a review of Crow Wing County's Home and Community Based Services (HCBS) programs. Crow Wing County is a rural county located in central Minnesota. Its county seat is located in Brainerd, Minnesota and the County has another seventeen cities and twenty-nine townships. In State Fiscal Year 2011, Crow Wing County's population was approximately 62,763 and served 852 people through the HCBS programs. In 2011, Crow Wing County had an elderly population of 17.6%, placing it 37<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Crow Wing County's elderly population, 9.3% are poor, placing it 45<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Crow Wing County Community Services is the lead agency for all HCBS programs and provides case management for these programs. They also provide care coordination for Blue Plus, UCare, and Medica Managed Care Organizations (MCOs). Crow Wing County Community Services includes both Social Services and Public Health. The Social Services unit is responsible for all waiver management activities.

Crow Wing County has one Adult Services Supervisor who oversees a total of 15 social workers, eight of which work with the waiver programs. There is one supervisor for the Adult Mental Health unit that oversees 14 staff, three of which work with the CADI waiver program and occasionally BI cases. Most of the case managers have been with the county for 12 or more years.

Public Health is not directly involved with the management of the waivers. Social workers will occasionally request that a public health nurse assists with an LTCC assessment when the participant has complex medical needs, but social workers will generally complete the assessment on their own. Case managers will informally consult with Public Health for CAC cases. For DD, they will complete dual screenings with a public health nurse if a PCA assessment is needed. However, case managers usually contact public health nurses only for non-waiver PCA assessments and to make referrals for services.

Crow Wing County has one intake worker in Social Services who takes all calls for the EW and AC programs and completes eligibility paperwork with these participants. This intake worker also provides any information about community services and available resources. If an assessment is needed, the intake worker will assign the case to a social worker based on the region of the county the participant lives in. The county follows a 10 business day rule for time between referral and assessment.

Intake for ages 65 and under are managed by five social workers who alternate as "back-up worker" for the day and have intake responsibilities for DD, CAC, CADI, and BI. Participants under age 65 are assigned to case managers by the Adult Services Supervisor. The case manager assigned to the case will complete the LTCC assessment and will remain with the participant as the long-term case manager. If the intake social worker determines that the individual has mental health needs, the participant is referred to a mental health intake worker. CADI mental health cases are assigned by the Adult Mental Health Supervisor to their staff on a rotating basis.

The average caseload for EW and AC case managers is 75 to 85 cases and case managers who manage CAC, CADI, BI, and DD have an average of 60 cases. The CADI mental health case managers have about 25 waiver cases in addition to 10 to 15 other cases. The Adult Mental Health unit is in the process of transitioning one social worker's caseload to the other two case managers who manage CADI mental health cases.

## Working Across the Lead Agency

Crow Wing County recently switched to case banking for financial workers. A unit of five financial workers are assigned to participants over age 65. Case managers email and call financial workers frequently with questions about Medical Assistance (MA) based services for waivers, applications, and to check in on processing time. In the LTC unit, case managers meet with financial workers quarterly which has been beneficial. While they have less contact with financial workers since going to case banking, case managers shared communication with financial workers is good.

The Adult Services unit has worked on increasing collaboration with other units including adult and child protection and mental health, through trainings and meetings. County staff shared that there is a lot of crossover and sharing of resources and knowledge about providers for dual diagnosis participants and adult or child protection cases.

One waiver case manager was a child protection worker in the past, and the county recently hired a children's mental health worker. The adult protection specialist in the county has been there many years and will attend waiver staff meetings. For adult protection referrals, Social Services may complete an assessment for the waiver to see if putting services in place could help reduce vulnerability for the participant. County staff shared that the county is small enough that if an adult protection report comes in for a waiver client, the Social Services waiver team will consult with the Adult Protection team to talk about the case. There is a case manager transitions group that meets to discuss if youth in transition should be added to the CADI to meet the participant's needs. The transitions group includes a child mental health worker from the children's unit and a waiver case manager from the adult mental health unit.

The Adult Services Supervisor contacts the County Board with addendums to contracts, and sometimes the Board will ask for information about the budget summary. Most waiver questions from the Board are about providers and contracts. The Board approves contracts related to the waivers and receives financial updates or general updates from the Director of Community Services or the Adult Services Supervisor.

## Health and Safety

In the Quality Assurance survey, Crow Wing County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey identified that case managers are advocates for participants and are responsive to their changing needs. Providers also indicated they have good, open communication with case managers and that Crow Wing County case managers are well-trained. County staff shared that case managers have connections with providers and know where to get the services their participants need.

In order to stay current with requirements, county staff are encouraged to attend webinars and trainings. Case managers also attend regular meetings and inform each other about program changes; LTC meetings are held weekly and CCB meetings are twice per month. The LTC and CCB groups meet together once per week as well. Case managers also have quarterly meetings with the mental health unit. The Adult Services Supervisor also attends regional meetings and waiver coordinator meetings in the Twin Cities once a month. The Adult Services Supervisor receives emails from DHS and bulletins are discussed at team meetings. The county also consults with the Regional Resource Specialist (RRS) often with questions about changes. Crow Wing County has a policy and procedure training manual put together by one of the social workers that is given to all new staff.

The Adult Mental Health Supervisor reviews files for internal performance evaluations. Case managers have also done peer audits in the past, but these are more informal question and answer sessions amongst staff. The Adult Services Supervisor has individual consultations with case managers about once a month to review caseloads and any other issues. All care plans and assessments/screenings are saved in a shared drive under the worker's name so the Adult Services Supervisor can go in and look at work any time and assess compliance. This is done about once a month.



### Service Development and Gaps

Crow Wing County noted that they have many great providers and resources for the participants they serve. However, they shared that they still face some challenges to providing certain needed services. While they have a senior volunteer program, lack of transportation remains as a barrier for transporting participants to and from vocational providers. County staff also shared some providers serving elderly participants do not have the expertise to serve elderly participants with mental health needs.

In the past, the county has used newspaper ads and RFPs to address service gaps. Supervisors shared that providers have done a good job of absorbing new participants needs with the understanding that the county is working hard to support them. The county has a new focus on independence with services and has been looking specifically at alternatives for participants with mental health needs to transition out of residential settings. ARC has also been a strong advocate for independent community living in the county. County staff shared that they have some creative providers and case managers who are helping provide supports and resources to meet needs of transitioning participants. County supervisors shared that there are not as many placements in adult foster care as in the past, and the county is trying to identify other participants who could move to a more independent setting.

### 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.

**Crow Wing County Case Manager Rankings of Local Agency Relationships**

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

	Below Average	Average	Above Average
Nursing Homes	0	3	2
Schools (IEIC or CTIC)	0	1	4
Public Health programs for Seniors	3	0	0
Hospitals (in and out of county)	0	10	0
Area Agency on Aging	0	4	0
Employment Providers (DT&H, Supported Employment)	0	0	6
Residential Providers (CL, SLS)	0	1	6
Foster Care (Corporate/Family), Supportive Living Services	0	0	9
Home Health Care Providers	0	4	3
PCA Providers	1	0	3

County staff stated that overall they have good working relationship with and regularly communicate with providers. The county holds provider meetings to address issues, as needed. The county will invite providers to meetings to talk about experiences and new service options, with waiver staff, adult protection workers, and senior volunteers. Most providers will come to this group if they have any problems they would like to discuss. There is another provider meeting with PCA and customized living providers where staff learn about any challenges provides are facing such as hiring staff. The county plans to have several of these meetings per year and send out an agenda with different topics for each meeting. Case managers meet bi-monthly and use this open time to talk about providers and any struggles they may be having. County staff shared that they will increase oversight of new providers with a residential placement, providers who have received complaints, or providers with new staff.

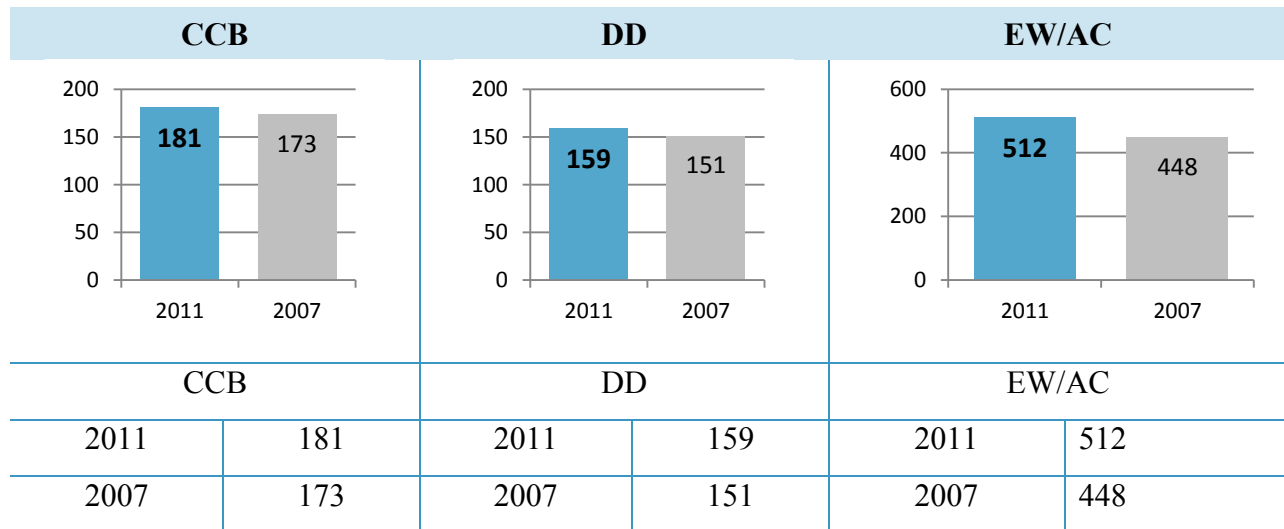
Crow Wing County licensing uses surveys to gather feedback both about the county's performance and to monitor provider quality. As a practice, customized living providers for participants over age 65 send quarterly reports to the county. During the semi-annual DD visits, the case managers use a visit sheet to collect information about participant satisfaction.

Case managers rated their relationships with schools as very good. Case managers shared that they know teachers well and a case manager is active on the Community Transitions Interagency Committee (CTIC). Case managers rated their relationships with hospitals as mixed; they have a very good relationship with one hospital, but have had more challenges with another, especially with transitions as they do not receive timely notifications from hospitals about discharge. Case managers meet with the Area Agency on Aging in St. Cloud on a yearly basis, and case managers said that their Medicare counseling services are helpful. Relationships with customized living providers are strong, and case managers shared that they have good communication with nurses. Customized living providers attend participant meetings and send case managers quarterly reports which are helpful. Regional case management helps relationships with customized living providers as case managers are able to get to know providers in the area they serve. The county has several long-term foster care providers that provide high quality services and care about the participants that they serve. Case managers shared that they can depend on most of the foster care providers to be responsive and communicate with them about participants. Case managers said that most home health care agencies are very good and help problem solve with the county when issues arise. Case managers added that PCA providers for the county are also strong and work well with children.

## **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 Crow Wing County (2007 & 2011)**



**Since 2007, the total number of persons served in the CCB Waiver program in Crow Wing County has increased** by eight participants (4.6 percent); from 173 in 2007 to 181 in 2011. Most of this growth occurred in the case mix B, which grew by 16 people. As a result, the county may be serving a larger proportion of individuals with mental health needs.

**Since 2007, the number of persons served with the DD waiver in Crow Wing County increased** by eight participants, from 151 in 2007 to 159 in 2011. In Crow Wing County, the DD waiver program is growing more slowly than in the cohort as a whole. While Crow Wing County experienced a 5.3 percent increase in the number of persons served from 2007-2011, its cohort had a 9.3 percent increase in number of persons served. In Crow Wing County, the largest growth occurred in profile group two. The greatest change in the cohort profile groups occurred in the profile group three. Crow Wing County serves a larger proportion of people in profile one and two, the highest need groups, than their cohort. In Crow Wing County, 48.4 percent of participants are in these groups, compared to 37.8 percent in their cohort.

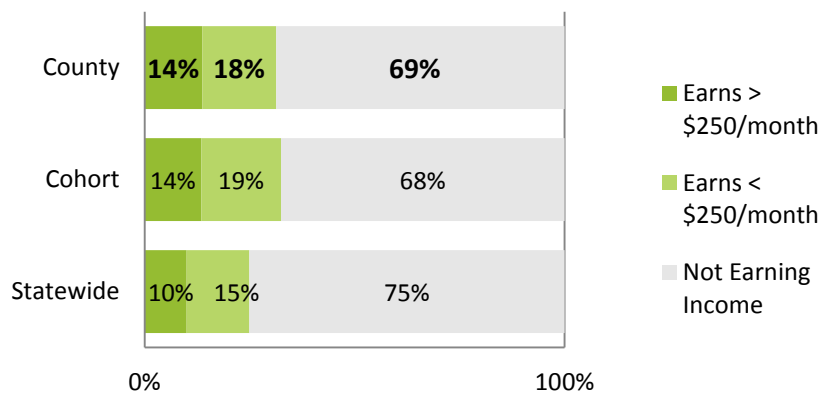
**Since 2007, the number of persons served in the EW/AC program in Crow Wing County has increased** by 64 people (14.3 percent), from 448 people in 2007 to 512 people in 2011. In addition, case mixes B and E were the two fastest growing groups. As a result, Crow Wing

County may be serving a larger proportion of people with mental health needs in the EW/AC programs.

**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 (2011)**



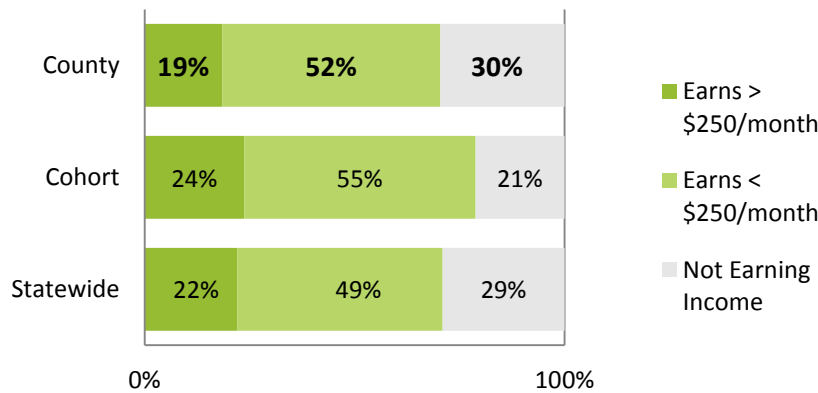
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Crow Wing County	14%	18%	69%
Cohort	14%	19%	68%
Statewide	10%	15%	75%

In 2011, Crow Wing County served 153 working age (22-64 years old) CCB participants. Of working age participants, 31.4 percent had earned income, compared to 32.5 percent of the cohort's working age participants. Crow Wing County ranked 34<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Crow Wing County, 13.7 percent of the participants earned \$250 or more per month, compared to 13.5 percent of its

cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

From 2007-2011, the number of working age CCB participants in Crow Wing County increased from 136 to 153 people. Over the same time period, the percentage of those participants with earned income decreased from 33.1 percent to 31.4 percent. In comparison, its cohort increased from 28.5 percent to about 32.5 percent and the statewide rate increased from 10.2 percent to 25.0 percent.

**DD Participants Age 22-64 Earned Income from Employment (2011)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Crow Wing County	19%	52%	30%
Cohort	24%	55%	21%
Statewide	22%	49%	29%

In 2011, Crow Wing County served 108 DD waiver participants of working age (22-64 years old). The county ranked 62<sup>nd</sup> in the state for working-age participants earning more than \$250 per month. In Crow Wing County, 18.5 percent of working age participants earned over \$250 per month, while 23.7 percent of working age participants in the cohort as a whole did. Also, 70.4 percent of working age DD waiver participants in Crow Wing County had some earned income, while 78.8 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.

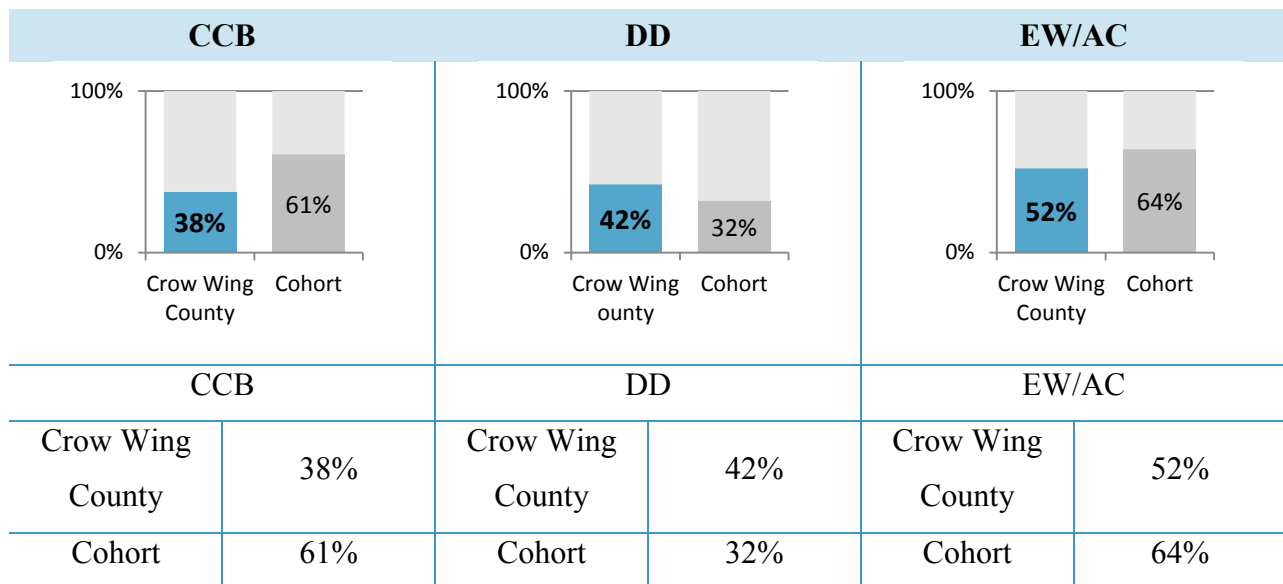
From 2007-2011, Crow Wing County's percentage of working-age DD waiver participants with earned income decreased from 82.5 percent to 70.4 percent. In comparison, the percentage of working age participants with earned income in the cohort decreased from 80.6 percent to 78.8 percent. Statewide, there was a modest decrease in the number of participants with earnings; from 71.1 percent to 70.8 percent over the same time period.

Case managers shared that they have vocational providers with whom they have worked with for many years. They have three providers that serve participants with different levels of needs so they are able to offer choices to participants.

### 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 (2011)



**Crow Wing County ranks 86<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 68 participants at home. Between 2007

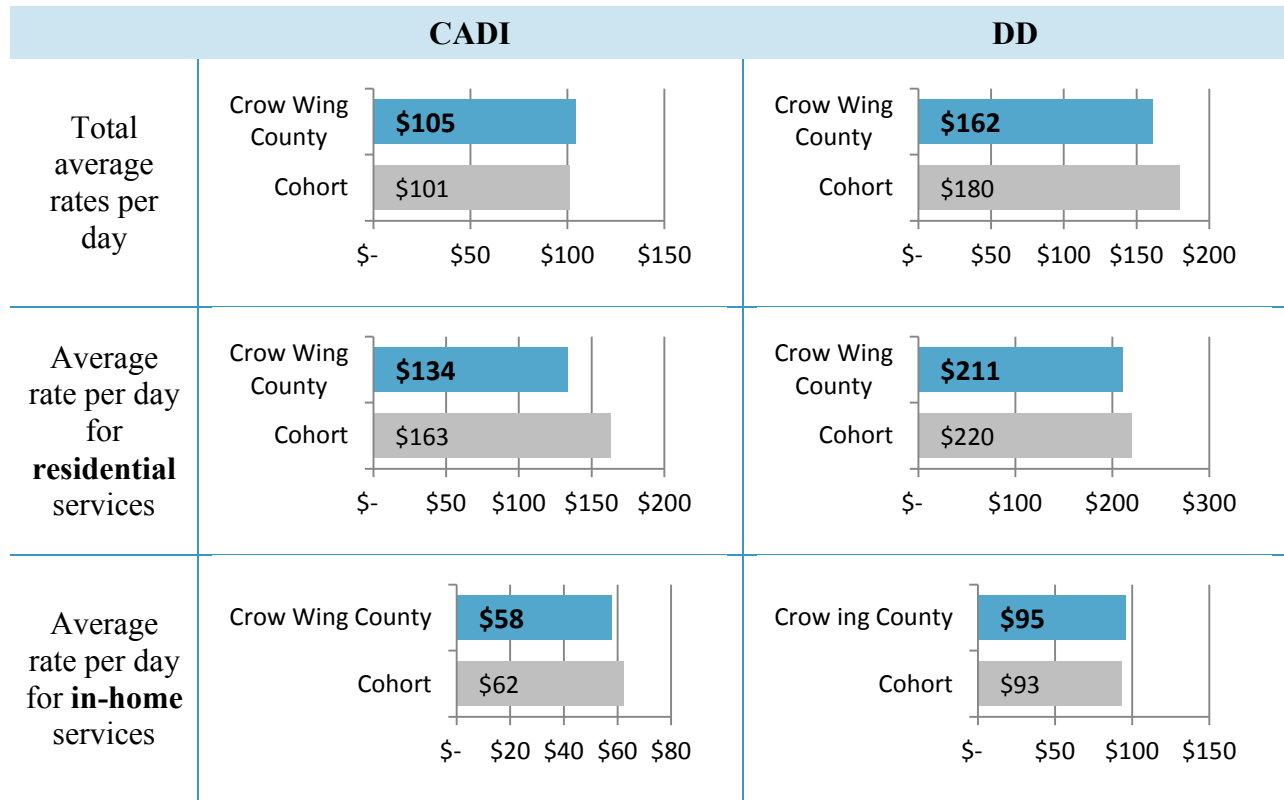
and 2011, the percentage decreased by 3.5 percentage points. In comparison, the cohort percentage fell by 4.2 percentage points and the statewide average fell by 2.0 points. In 2011, 37.6 percent of CCB participants in Crow Wing County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

**Crow Wing County ranks 14<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 67 participants at home. Between 2007 and 2011, the percentage increased by 1.1 percentage points. In comparison, the percentage of participants served at home in their cohort decreased by 0.5 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

**Crow Wing County ranks 76<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 266 participants at home. Between 2007 and 2011, the percentage decreased by 4.9 percentage points. In comparison, the percentage of participants served at home fell by 3.8 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Crow Wing 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 (2011)**



**Average Rates per day for CADI services (2011)**

	Crow Wing County	Cohort
Total average rates per day	\$104.72	\$101.14
Average rate per day for <b>residential</b> services	\$133.70	\$163.08
Average rate per day for <b>in-home</b> services	\$58.04	\$62.15

**Average Rates per day for DD services (2011)**

	Crow Wing County	Cohort
Total average rates per day	\$161.51	\$179.75
Average rate per day for <b>residential</b> services	\$211.44	\$219.77
Average rate per day for <b>in-home</b> services	\$95.42	\$93.24

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 Crow Wing County is \$3.58 (3.5 percent) higher per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Crow Wing County spends \$29.38 (18.0 percent) less on residential services and \$4.11 (6.6 percent) less on in-home services than their cohort. The higher average total cost would suggest that Crow Wing County relies more heavily on residential services to meet the needs of CADI participants. In a statewide comparison of the average daily cost of a CADI waiver participant, Crow Wing County ranks 55<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Crow Wing County increased by \$18.42 (21.3 percent), from \$86.30 to \$104.72. In comparison, the average cost per day in the cohort increased by \$28.34 (38.9 percent), from \$72.80 to \$101.14. Similarly, the statewide average cost increased by \$23.16 (29.9 percent) over the same time period, from \$77.36 to \$100.52. The average CADI waiver cost per day has increased in Crow Wing County more slowly than in their cohort and in the state as a whole.

**The average cost per day for DD waiver participants in Crow Wing County is \$18.24 (10.1 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Crow Wing County spends \$8.33 (3.8 percent) less on residential services but \$2.18 (2.3 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Crow Wing County ranks 23<sup>rd</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Crow Wing County increased by \$16.93 (11.7 percent); from \$144.58 to \$161.51. In comparison, the average cost per day in the cohort increased by \$10.32 (6.1 percent), from \$169.43 to \$179.75. Similarly, the statewide average cost increased by \$8.00 (4.4 percent) over the same time period, from \$180.52 to \$188.52.

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.

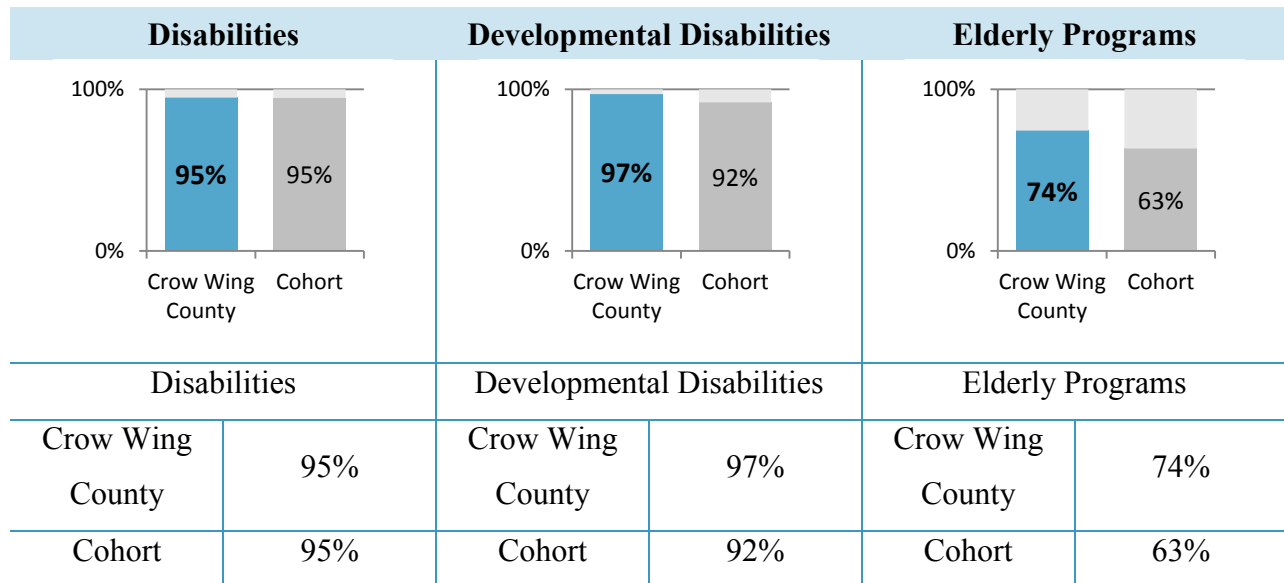
**Crow Wing County has a notably higher use in the CADI program than its cohort of residential based services** (61% vs. 36% for Foster Care and Customized Living). The county has similar use as its cohort of some employment related services such as Prevocational Services (9% vs. 8%), but lower use of Supported Employment Services (8% vs. 12%). They also have lower use of in-home services including Homemaker (17% vs. 28%), Home Health Aide (3% vs. 7%), Home Delivered Meals (13% vs. 20%), and Independent Living Services (9% vs. 18%). Sixty-eight percent (68%) of Crow Wing County's total payments for CADI services are for residential services (51% foster care and 17% customized living), which is higher than its cohort group (54%). Crow Wing County's monthly corporate foster care rates are notably higher than its cohort (\$6,597.43 vs. \$5,551.54 per month).

**Crow Wing County's use of Supportive Living Services (SLS) is lower than its cohort (57% 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. Crow Wing County's daily corporate SLS rates are slightly higher than its cohort (\$231.89 vs. \$204.85). The county's use of other services are lower than its cohort, including In-Home Family Support (11% vs. 16%), Day Training & Habilitation (45% vs. 60%), but the county has higher use of Community Directed Community Supports (CDCS) (19% vs. 9%).

## 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 (2011)**



**In 2011, Crow Wing County served 540 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 53 in institutional care.** Crow Wing County ranked 34<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS; 94.8 percent of their LTC participants received HCBS. This is about the same as their cohort, where 94.6 percent were HCBS participants. Since 2007, Crow Wing County has increased its use of HCBS by 1.7 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Crow Wing County served 205 LTC participants (persons with development disabilities) in HCBS settings and only seven in institutional settings.** Crow Wing County ranked 14<sup>th</sup> of 87 counties with 97.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.9 percent). Crow Wing County has maintained the rate of participants receiving HCBS services since 2007. In comparison its cohort rate has increased by 1.9 percentage points. Statewide, 91.6 percent of DD participants received HCBS in 2011.

**In 2011, Crow Wing County served 536 elderly LTC participants (over the age of 65) in HCBS settings and 215 in institutional care.** Crow Wing County ranked 4<sup>th</sup> of 87 counties in the percent of elderly LTC participants receiving HCBS. Of the elderly LTC participants, 74.3 percent received HCBS. This is higher than their cohort, where 63.3 percent were HCBS

participants. Since 2007, Crow Wing County has increased its use of HCBS by 6.8 percentage points; the same as their cohort. Statewide, 65.9 percent of elderly LTC participants received HCBS in 2011.

### **Nursing Home Usage Rates per 1000 Residents (2011)**

	<b>Crow Wing County</b>	Cohort	Statewide
Age 0-64	<b>0.44</b>	0.35	0.47
Age 65+	<b>13.49</b>	24.75	23.11
TOTAL	<b>2.73</b>	3.54	3.24

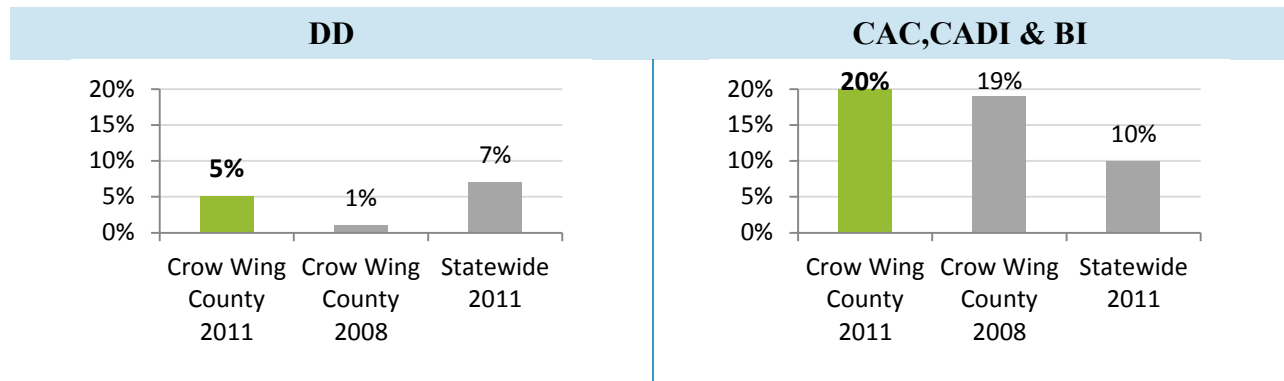
**In 2011, Crow Wing County was ranked 14<sup>th</sup> in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is much lower than its cohort and the statewide rate. However, Crow Wing County has a higher nursing facility utilization rate for people under 65 years old than their cohort. Since 2009, the number of nursing home residents 65 and older has decreased by 11.6 percent in Crow Wing County. Overall, the number of residents in nursing facilities has decreased by 10.7 percent since 2009.

Case managers noted that one of the nursing homes has had a lot of staff turnover. In addition, case managers said that they are not always told about discharges, but this varies across nursing homes.

## **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
Crow Wing County (2011)	5%	20%
Crow Wing County (2008)	1%	19%
Statewide (2011)	7%	10%

**At the end of calendar year 2011, 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 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Crow Wing County had a 5% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Crow Wing County’s DD waiver balance is larger than its balance in CY 2008 (1%), but smaller than the statewide average (7%).

**At the end of fiscal year 2011, the CCB waiver budget had a reserve.** Crow Wing County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Crow Wing County had a 20% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), and larger than the balance in FY 2008 (19%).

Crow Wing County has similar resource management and prioritization guidelines and processes for managing the CCB and DD waiver budgets. The team meets twice a month and keeps a CADI tracking worksheet to help anticipate who may need CADI services in the future. They discuss the budget and open slots at this time so workers tend to know what is available before they go out on assessments. For DD, the county has a waiver request form to explain why they need the waiver, calculate dollar amounts, and is used by the team to prioritize.

All workers must fill out request forms for increases and must have them approved by a supervisor after the waiver teams have reviewed them. The Adult Services Supervisor reviews waiver request forms and talks to the unit about any requests. At the request of the Adult Services Supervisor, a social worker runs simulations in the Waiver Management System (WMS) and reports results to the supervisor. The CADI mental health case managers have a request form for new slots or for increases over \$2,000.00. They discuss these at team meetings, but in crisis situations, it will go immediately to the supervisor for approval.

### County 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.

### Crow Wing County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

	Count of Ratings for Each Resource				
	1 -2		3 -4		5+
	1	2	3	4	5
Policy Quest	0	0	0	6	0
Help Desk	0	0	2	1	0
Disabilities Service Program Manual	0	1	1	1	2
DHS website	2	4	3	2	0
E-Docs	0	1	2	3	2
Disability Linkage Line	0	0	0	2	2
Senior Linkage Line	0	0	4	2	0
Bulletins	0	0	0	3	4
Videoconference trainings	1	2	0	3	4
Webinars	2	0	2	2	3
Regional Resource Specialist	0	0	0	0	6
MinnesotaHelp.Info	0	0	1	3	2
Ombudsmen	0	0	2	2	4

County staff provided feedback about DHS resources and support provided. Case managers do not have the access needed to ask questions on Policy Quest. The Adult Services Supervisor shared that it has been a challenge to get access to Policy Quest for staff. County staff shared that it has been useful to review questions that were asked by other counties. Case managers shared that the Help Desk is responsive, and the county refers providers to the Help Desk. Case managers said that it is difficult to find specific information in the Disabilities Service Program Manual (DSPM) and on the DHS website. They added that they often do not have time to go searching for the information. On the other hand, Adult Services Supervisor shared that the DSPM is an excellent resource and it is used all the time. Case managers also shared that they



have had difficulty finding documents on E-Docs without the specific number associated with a form. Case managers mention the Disability Linkage Line as a resource to participants, but it is not used very often.

The case managers shared that they would like to get more bulletins with more specific and direct information. The Social Services Supervisor said that bulletins are a useful tool and that they use past bulletins to refresh their memory about requirements. Case managers shared that the Regional Resource Specialist (RRS) brings helpful printouts and legislative updates to regional meetings for staff. They attend quarterly RRS meetings and also are able to reach their RRS by phone when needed. The Adult Mental Health Supervisor added that the RRS is a valuable resource and is responsive to questions.

Videoconference trainings take place in Brainerd; case managers shared that they can be dry, but are fast and easy to follow. In addition, they have had some technical issues in the past and have been unable to hear other people's questions. The Adult Mental Health Supervisor agreed that video teleconferences can be dry, but they are informative and it is nice that they do not have travel to attend. The Adult Services Supervisor said that they are fortunate to be able to watch webinars in the office, but he has had some difficulties submitting questions. Because things change so quickly, case managers said that webinars can feel like a waste of time since information is not always timely. Case managers shared that the elderly Ombudsman is very busy and therefore is not always accessible; however, their relationships with this person is very good. Case managers also said that they like working with the DD Ombudsman. The Adult Mental Health Supervisor said that the mental health Ombudsman is used whenever necessary and is active in mental health groups and meetings.

## County Strengths, Recommendations & Corrective Actions

The findings in the following sections are drawn from reports by the county staff, reviews of participant case files, and observations made during the site visit.

### Crow Wing County Strengths

The following findings focus on Crow Wing County's recent improvements, strengths, and promising practices. They are items or processes used by the county that create positive results for the county and its HCBS participants.

- **Crow Wing County addresses issues to comply with Federal and State requirements.** During the previous review in 2007, Crow Wing County received a corrective action for the following items being out of compliance: time between the assessment and development of a care plan, ICF/DD Level of Care, OBRA Level One form, and back-up plan and emergency contact information for CCB participants. In 2012, none of these issues remain for Crow Wing County, indicating technical improvements over time.
- **Case managers provide high quality case management services to meet participant needs.** Case managers support each other in their work and share expertise with one another. In addition, case managers are experienced and resourceful, which allows them to navigate easily across programs within the agency to respond to changing participant needs. In addition, case managers' caseloads are assigned by geographic location of the participant; this allows them to focus on learning about local resources for the area they serve.
- **Case managers collaborate with other units within the agency to ensure the health and safety of participants.** Case managers develop good working relationships and have frequent communication with their co-workers and with other departments including Adult Protection, Child Protection, and Mental Health. The Social Services unit has quarterly meetings with the Mental Health unit. Case managers also work closely with licensors and complete providers surveys for licensing as part of ongoing provider monitoring.
- **Multiple sources of data indicate that Crow Wing County staff is well-connected with providers and other organizations that serve participants.** Crow Wing County case

managers have made connections with staff at hospitals, nursing homes, schools, vocational rehabilitation providers, and other agencies that serve participants. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Case managers have good knowledge of the community and who can provide needed services for participants. Crow Wing County also gives providers the opportunity to share feedback about their performance through regular surveys. Foster care licensors also surveys case managers about providers to receive feedback about performance as a way for the county to remain updated on the quality of the providers serving participants.

- **Case managers are in frequent contact with their participants.** Frequent face-to-face visits with participants were clearly documented across all programs; most participants were seen by their case manager on a quarterly basis. On average, EW participants are visited by their case manager every 95 days, AC participants are visited by their case managers every 83 days, CAC participants are visited by their case manager every 105 days, CADI participants are visited by their case manager every 99 days, BI participants are visited by their case manager every 56 days, and DD participants are seen every 92 days.
- **Crow Wing County's care planning in the DD waiver program is thorough and person-centered.** The DD Individual Support Plan (ISP) format used is strong and comprehensive. In addition, most care plans included relevant health and behavioral information (93%) and all were written using participant-friendly language. Many (87%) also include individualized and meaningful participant goals. Most case notes (93%) also showed documentation that case managers are responsive to the needs of participants. Additionally, all DD care plans were current, signed and dated by all relevant parties, included documentation of participant needs, health and safety issues and participant outcomes and goals.
- **Crow Wing County is especially strong in serving DD participants in their homes and communities;** they rank 14<sup>th</sup> out of 87 counties with 97% of DD participants receiving HCBS services and 96% of LTC funds are being spent on HCBS services for DD participants. Additionally 42% of DD participants are receiving services in non-residential settings.

## Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Develop systems to stay informed about HCBS programs and to deal with staff turnover and transitions.** Crow Wing County's new leadership brings opportunities to expand and improve existing practices. With growing caseloads and continually changing programs, managing the waiver programs will become more complicated. Crow Wing County could designate a lead worker to establish consistency in the case management process and provide guidance to case managers. The lead worker would still maintain a small caseload, but would also have the added responsibility of staying current with program and policy changes, sharing this information with case managers, and training new staff. A lead worker may help promote more consistency in case file organization and ensure that complete paperwork is included in the files. Crow Wing County may also want to consider using contracted case management services to serve participants that live out of the county or region to help address cultural needs and to cover during staffing shortages. Contracted case managers often have more knowledge of local resources to ensure quality service delivery. Finally, as case managers retire, consider contracting with them for case management as needed to fill gaps in the county's capacity.

- **Consider developing a more interdisciplinary approach by integrating Public Health into the management of waiver cases.** Aging participants and participants with disabilities with high medical needs would benefit from the expertise of a public health nurse or registered nurse for the screening, assessment, or development of the care plan. Case managers could also consider expanding the extent to which they consult with Public Health on cases with complex medical needs. Public Health and Social Services are going to become more integrated in the future as the Community Services Department is restructured.
- **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.** This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. The county should continue to be deliberate in developing service choices that are appropriate for the needs of participants. Work across populations to ensure access to participants regardless of their age or disability. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Proposal (RFP) or Request for Information (RFI). Currently, only 37.6% of CCB participants receive services at home (ranking Crow Wing County 86<sup>th</sup> of 87 counties), and 52.0% of EW/AC participants receive services at home (ranking 76<sup>th</sup> of 87 counties).
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Crow Wing County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (18.5% vs. 23.7%) and ranks 62<sup>nd</sup> of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 14%. The county should build off current efforts to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The county should consider creating a Request for Information (RFI) for the community-based services that you are looking to develop. The county should set expectations for

providers about these services, and ensure they can be accessed by all participants regardless of the program.

- **Consider expanding the scope of visit sheets to include standard questions to document provider performance and consumer satisfaction.** In addition to documenting required face-to-face visits in the participant's case file, visit sheets can be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include questions to assess participant satisfaction with providers. The county should also request progress reports as a way to regularly monitor provider performance.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for EW and AC programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-nine percent (79%) or 52 out of 62 assessments for new EW participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Two out of 34 EW cases and two out of eight AC cases did not have completed documentation in the case file. In addition, seven out of 34

EW cases did not have documentation that the participant had given informed consent to release private information within the past year.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county’s privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county’s privacy practices on an annual basis. Currently, two out of 14 CADI cases, one out of 34 EW cases, and one out of 15 DD cases did not have documentation in the case file showing that participants had been informed of the county’s privacy practices in accordance with HIPAA. In addition, four out of four CAC cases, 11 out of 14 CADI cases, one out of two BI cases, 18 out of 34 EW cases, five out of eight AC cases, and nine out of 15 DD cases did not have documentation that the participant had been informed of the county’s privacy practices in accordance with HIPAA within the past year.
- **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 a completed documentation of their informed right to appeal included in the case file. Seven out of 14 CADI cases, one out of two BI cases, seven out of 34 EW cases, and two out of eight AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, three out of four CAC cases, six out of 14 CADI cases, thirteen out of 34 EW cases, and four out of eight AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant outcomes and goals.** All care plans must be updated with this information. Five out of eight AC cases did not include documentation of participant outcomes and goals in the care plan. The care plan is the one document that all participants receive. Therefore, it must include information about the participant’s goals and outcomes for their involvement with home- and community-based services. Crow Wing County’s current AC care plan format does not include an area for case

managers to document outcomes and goals; improving this care plan format will help bring the county into compliance with this requirement.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Crow Wing 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 64 cases. All items are to be corrected by January 15, 2013 and verification submitted to the Waiver Review Team to document full compliance. Crow Wing County submitted a completed compliance report on January 18, 201



## 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	9	N / A	0	9	N / A	N / A
Screenings done on time for new participants (PR)	83%	79%	90%	100%	CCB, DD	AC / EW
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	62%	33%	CCB	DD

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n= 42</b>	<b>CCB n= 20</b>	<b>DD n= 15</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	98%	98%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	99%	98%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	96%	95%	95%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	88%	98%	65%	93%	AC / EW, DD	CCB
Choice questions answered in care plan (PR)	96%	95%	95%	100%	ALL	N / A
Participant needs identified in care plan (PR)	91%	88%	90%	100%	CCB, DD	N / A
Inclusion of caregiver needs in care plans	46%	50%	25%	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)	93%	N / A	N / A	93%	DD	N / A
DD screening document is current (PR for DD only)	93%	N / A	N / A	93%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	93%	N / A	N / A	93%	DD	N / A
Related Conditions checklist in case file (DD only)	67%	N / A	N / A	67%	N / A	DD
TBI Form completed and current (PR for BI only)	100%	N / A	100%	N / A	CCB	N / A
CAC Form completed and current (PR for CAC only)	100%	N / A	100%	N / A	CCB	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 ( <i>QA survey</i> )	Always	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
LA recruits service providers to address gaps ( <i>QA survey</i> )	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance ( <i>QA survey</i> )	Most of the time	N / A	N / A	N / A	ALL	
Providers report receiving assistance when requested from the LA (Provider survey, n=12)	92%	N / A	N / A	N / A	ALL	N / A
Providers submit monitoring reports to the LA (Provider survey, n=12)	67%	N / A	N / A	N / A	N / A	ALL
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=20</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
Participants have a face-to-face visit at the frequency required by their waiver program (PR)	99%	100%	100%	93%	ALL	N / A
Health and safety issues outlined in care plan (PR)	92%	91%	90%	100%	ALL	N / A
Back-up plan (PR for CCB only)	75%	67%	90%	80%	CCB	N / A
Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=20</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	83%	69%	100%	100%	CCB, DD	AC / EW
Person informed of right to appeal documentation in the case file (PR)	43%	36%	15%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	33%	43%	10%	33%	N / A	ALL

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=42</b>	<b>CCB n=20</b>	<b>DD n=15</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	91%	86%	95%	100%	CCB, DD	N / A
Documentation of participant satisfaction in the case file	47%	45%	55%	40%	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)	97%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	74%	95%	97%	ALL	N / A
Percent of LTC funds spent on HCBS	N / A	50%	90%	96%	ALL	N / A
Percent of waiver participants with higher needs	N / A	60%	80%	82%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	96%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	52%	38%	42%	DD	AC / EW, CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	14%	19%	CCB	DD

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

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

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

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

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

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

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

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

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

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

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

**DD** is the Developmental Disabilities Waiver.

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

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

**EW** is the Elderly Waiver.

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

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

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

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

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

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

**MN Choices** 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.