Minnesota Department of Human Services Waiver Review Initiative

Report for: **Olmsted County**

Waiver Review Site Visit: December 2012

Report Issued: January 2013

Contents

Acknowledgements

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

Waiver Review Website:

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 Olmsted County
Case File Review	152 cases
Provider survey	20 respondents
Supervisor Interviews	2 interviews with 5 staff
Focus Group	2 focus group(s) with 24 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 Olmsted County

In December 2012, the Minnesota Department of Human Services conducted a review of Olmsted County's Home and Community Based Services (HCBS) programs. Olmsted County is a rural county located in southeast Minnesota. Its county seat is located in Rochester, Minnesota and the county has another eight cities and eighteen townships. In State Fiscal Year 2011, Olmsted County's population was approximately 145,769, based on the Census Bureau's 2011 estimate, and served 1,632 people through the HCBS programs. In 2011, Olmsted County had an elderly population of 11.8%, placing it 73rd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Olmsted County's elderly population, 6.3% are poor, placing it 79th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Olmsted County Community Services is the lead agency for all HCBS programs and provides case management for these programs. The Home and Community Care Unit and Developmental Disabilities Unit of Community Services are responsible for waiver management activities for the EW, AC, CAC, CADI, BI, and DD programs. Olmsted County Public Health Services provides case management for the EW and AC programs and also works with the other LTC programs. The county also provides care coordination for UCare and Blue Plus Managed Care Organizations (MCOs).

Olmsted County has a Program Manager for the Home and Community Care Unit who oversees the county's AC program and managed care cases such as MSHO/MSC+, SNBC (special needs basic care) and the EW programs. The Program Manager oversees fourteen social workers, eight

of which work on the waivers, one part-time case aide, and one Revenue Enhancement Specialist. The DD program is co-managed by the Disabilities Unit Manager and a DD Supervisor. The Disabilities Unit Manager supervises 16 case managers, eight of which work with the CCB waivers and eight who work with the DD program. The DD Supervisor oversees 15 social workers and two case aides who work with the DD program. Olmsted County Public Health Services has one Public Health Manager and one Associated Director who supervise a total of 15 staff, ten of which are public health nurses who work with the waiver programs. The Public Health Manager has a more direct role in supervision of the Public Health waiver case managers. The county has a Revenue Enhancement Team who act as support staff for some case managers; for example, they enter data into MMIS for case managers. The county has contracted case management for DD cases and some CADI cases, but contracted CADI cases are also assigned to an Olmsted County case manager.

In Olmsted County, intake for the LTC programs are managed by two dedicated staff in Community Services plus a social worker case manager who has intake responsibilities part-time. LTC intake staff complete the preadmission screenings and any referrals for the LTCC assessment. Cases are assigned on a rotating basis. Social workers contact Public Health nurses to pair up for initial assessments. The volume of LTC cases coming in are high, so do they do not do much consulting about assignment of cases. In CADI, there are some pockets of expertise for programs so cases may be assigned by specialty caseload. For example, the county has "bridge workers" who manage dual diagnosis CADI and mental health cases. Similarly, some senior Public Health staff have built a specific caseload and have expertise in a certain areas (i.e., participants in customized living).

For DD, intake is divided between the children and adults program. Intake is divided between children ages birth to age three. 3-16, transition age youth, and adults. Supervisors are very involved with eligibility issues for Rule 185 case management, which must be established prior to the participant receiving a waiver. Assignment of cases is based on workload and expertise or interest area of case managers. Supervisors send out new case details to workers via e-mail, and case managers sometimes volunteer to manage a case if they think the case is a good match for

them. When there is enough time between referral and the upcoming staff meeting, the unit discusses some new cases at staff meetings and assignments are decided there.

Olmsted County completes two-person initial assessments for participants. For the elderly programs, the team determines if a public health nurse or a social worker will take the case based on medical and social needs of the participant. Public Health oversees some of the coordination of managed care cases and typically takes more medically complex cases while participants with mental health or other social needs have a social worker as the lead case manager. The public health nurse and social worker work closely together on cases with high needs in both areas. If an individual is enrolled in a managed care health plan, they complete one-person reassessments due to contractual limitations with MCOs and consult with the other discipline instead of doing dual reassessments. The county will only complete two-person reassessments for Fee-for-Service participants in the EW and AC programs. In an attempt to balance workloads, more cases have been moved to Public Health when they have more capacity to accept the additional work.

For the CCB programs, the county completes two person assessments and a social worker is typically the lead worker; however, the county does not always complete dual assessments for BI participants who are residing out of county. The Public Health role in the under age 65 disability programs are limited to assessments and consultations unless the participant has a high level of medical needs. For example, a public health nurse often manages the medical aspects of CAC cases. Public Health does not have any role in management of the DD program.

The caseload for EW and AC case managers average in the high 50s. The average caseload for CCB case managers is in the low 50s. The average caseload for DD is about 45 cases.

Working Across the Lead Agency

Olmsted County recently switched to case banking for financial workers. The financial team has a core team of workers who are assigned to individuals with waivered services. While case managers consult with financial workers often, they do not necessarily know who the assigned financial worker is if the individual is new to the waiver. Case managers use DHS' 5181 form to communicate with financial workers about Medical Assistance (MA) eligibility or they may call

if they have an ongoing relationship with a particular financial worker. The financial workers are located in a different building than case managers, but they are on the same campus.

Supervisors noted that the system worked more smoothly when staff were able to work more directly with financial workers. Case managers noted that relationships with financial workers have become more challenging as financial worker caseloads increase. They are more difficult to contact by phone and have questions answered. MA applications also take longer to approve than in the past. Case managers said they would benefit from having the financial workers in the same building.

Case managers consult frequently across units; supervisors report that communication has improved across units recently. The office is a very open space where case managers can have face-to-face contact with other workers. When Public Health holds trainings, they invite staff members from other units like adult protection so they are familiar with who to call when an issue arises. Case managers informally consult with adult protection; in most cases, the adult protection worker is in the background and the ongoing case manager handles the issue. When an investigation in needed, adult protection workers look to case managers for information about participants. Case managers shared that adult protection is very responsive to and supportive of case managers. Public Health has a small contract with Community Services to work on protection cases; when adult protection workers have a case with significant medical issues, they can contact a public health nurse to attend a visit and provide consultation around different tasks such as medication set-up. Children's mental health and child protection are in the same unit, and the county tries to limit dual case management for children's CADI and DD cases so that families only have to deal with one case manager. Waiver case managers have a lot of interaction with child protection. Case managers shared that the DD unit has had a more difficult time working with child protection as they are not always informed about ongoing events with participants. Many CADI participants with mental health needs are served by “bridge workers”, who are case managers that are responsible for Rule 79 Targeted Case Management and waiver case management. There are three bridge workers; when their caseloads are full, the county will assign separate case managers to manage a participants’ waiver requirements and mental health requirements. DD does not have behavioral health or mental health workers who also work with

the waiver. Public Health staff are involved in the Assertive Community Treatment team, a team of social workers, psychiatrists, and public health nurses who work with individuals diagnosed with Serious and Persistent Mental Illness (SPMI).

Each of the county units gives an annual presentation to the County Board. Social Services supervisors also attend meetings more frequently to discuss new projects and updates. The county delivers quarterly written reports with statistics about the programs. Supervisors shared that the Community Services Advisory Board is much more aware of what is going in the programs and are very interested in invested in their work. Supervisors added that the members of the Advisory Board are good advocates and ask for reports or other communication about different topics (e.g., elderly programs, creative housing). Public Health also has an advisory board that the county updates monthly. The Associate Director typically presents monthly reports. The county is in the process of creating monthly dashboards for board members with key indicators to track trends over time.

Health and Safety

In the Quality Assurance survey, Olmsted 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. Providers also indicated they have good, open communication with case managers and that Olmsted County case managers are well-trained. County staff shared that case managers are creative and know their participants very well which allows them to identify the best services and supports to meet participants' needs.

All staff receive listserv announcements and supervisors mention what staff should be reading and paying attention to in the announcements. Staff attend trainings frequently; they are expected to attend trainings and meetings and share information with others. Public health nurses receive e-mail communication about changes that are occurring. Public Health staff also attend annual training on adult protection.

In Community Services, the county has a lead social worker who mentors new staff, is developing a training manual and updates their team-specific SharePoint site. In CADI, there is a senior social worker who is helpful in keeping up with changes to forms. In Public Health, all new staff are assigned to a mentor. New staff are required to go out on visits with all public health nurses so they can experience different styles of case management. Public Health has recently had staff turnover so they have contracted with a senior social worker from Community Services to mentor new staff on basic skills and shared systems like SharePoint.

The Public Health Manager communicates daily with the Community Services Manager. There are joint waiver meetings every month for case managers and program managers. They also talk about changes at staff meetings monthly and at joint meetings with social workers. There are also quarterly health plan specific meetings for those who work with the different programs. In the elderly programs, staff use meeting time to talk about updates in bulletins and health plans. The new Public Health Manager has engaged staff more by inviting them to group meetings which was not done in the past. The Public Health Manager has a lot of informal discussions with case managers, but also schedules a formal face-to-face meeting once a month to make sure they are formally communicating.

Olmsted County has periodic internal chart review organized by the Quality Assurance Specialist for participants with either a Public Health or Community Services case manager. The Quality Assurance staff member ensures internal compliance through file reviews and develops trainings for staff around health plan audit findings. They have a quarterly schedule to review a sample of files on a rotating basis (for example health plan files or a specific waiver program may be selected). Olmsted County completes case file audits on a quarterly basis using a tool developed by the Quality Assurance Specialist. In DD, case managers turn in files monthly to be reviewed. Public Health staff have quarterly and annual reviews with the Public Health Manager.

Service Development and Gaps

Olmsted County noted that they have many great providers and resources for the participants they serve. However, they shared that they still face some challenges in providing certain needed services. Case managers noted that there is a need for specialty services in several areas. The

county shared that it is difficult to find specialty services for elderly participants with aggressive behaviors and placement for CADI participants with challenging behaviors such as physical aggression or convicted sex offenders. There are limited in-home options for participants with high medical needs who would like to live in their own home with supports instead of in corporate foster care settings. There is a lack of residential placement options for children with DD with and without behavioral needs. Crisis services are in demand; case managers shared that it is currently a slow process to have individuals placed in a residential setting, although crisis services are often needed with little warning. In addition, there is a need for transition settings for DD participants exiting a crisis situation. Case managers noted that weekend PCA is another needed service. Additionally, finding employment for participants with disabilities has been a challenge.

Service gaps are identified during staff meetings and during case consultations. Olmsted County has made efforts to address capacity to serve participants with difficult behavioral needs. They have developed three homes for high behavior individuals that are uniquely designed to serve participants on the CADI, DD, and BI waiver. In the fall, Olmsted County opened a Minnesota State Operated Community Services (MSOCS) home for four high needs waiver participants who came from crisis homes or other homes and who were unable to find placement. Another example of a provider meeting local needs is a home delivered meals provider developing culturally appropriate meals for participants with an East African background.

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.

Olmsted County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 - 4
	5 - 8
	9+

	Below Average	Average	Above Average
Nursing Homes	2	9	6
Schools (IEIC or CTIC)	0	8	2
Public Health programs for Seniors (foot clinics, flu clinics)	1	4	3
Hospitals (in and out of county)	1	7	10
Area Agency on Aging	1	2	2
Providers: Vocational (DT&H, Supportive Employment)	0	12	5
Providers: Customized Living	0	4	4
Corporate Foster Care	0	7	11
Family Foster Care	2	10	7
Providers: Home Care	0	11	11
Advocacy organizations such as ARC, Centers for Independent Living	1	3	8

County staff stated that overall they have good working relationship with and regularly communicate with providers. County supervisors and licensors work together to address provider complaints and quality improvement. They monitor issues around staffing and cleanliness of facilities. When provider issues arise, case managers notify supervisors and the supervisor follows-up with the provider. The case managers also talk about any provider issues at staff meetings so everyone is aware of the issue. Any complaints or issues that arise with a provider is also discussed with the provider during contracting. The county meets with DD providers twice a year with an open agenda. Expectations for providers are communicated when services are set up. For the elderly programs, case managers use a six month visit sheet to ask about participant

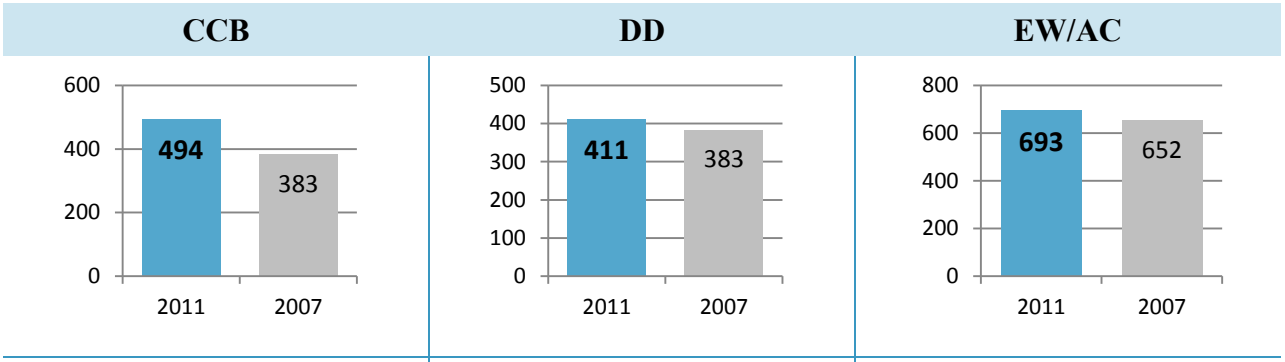
needs and make any notes about physical inspection of the home. Case managers are not required to complete visit sheets for under age 65 CADI participants.

Case managers noted that a strength of school districts is the development of very good Individual Education Programs (IEPs) for children on the DD waiver. However, case managers also shared that school districts are not always accommodating for sick children. There is a Transition Assistance Program (TAP) program for transition age Rochester residents. Case managers shared the family foster care services are not as good as corporate foster care services and would like to see the state have a certification system for family foster care. Case managers shared that they appreciate the flexibility of home care agencies and PCA providers. Home health aide services are strong in the county. However, these agencies do not always have an adequate amount of staff, and a lack of reimbursement for travel time makes the home health aide position less desirable for employees, which could lead to more turnover.

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 Olmsted County (2007 & 2011)



CCB		DD		EW/AC	
2011	494	2011	411	2011	693
2007	383	2007	383	2007	652

Since 2007, the total number of persons served in the CCB Waiver program in Olmsted County has increased by 111 participants (29.0 percent); from 383 in 2007 to 494 in 2011. Most of this growth occurred in the case mix B, which grew by 59 people. As a result, Olmsted County may be serving a higher proportion of people with mental health needs.

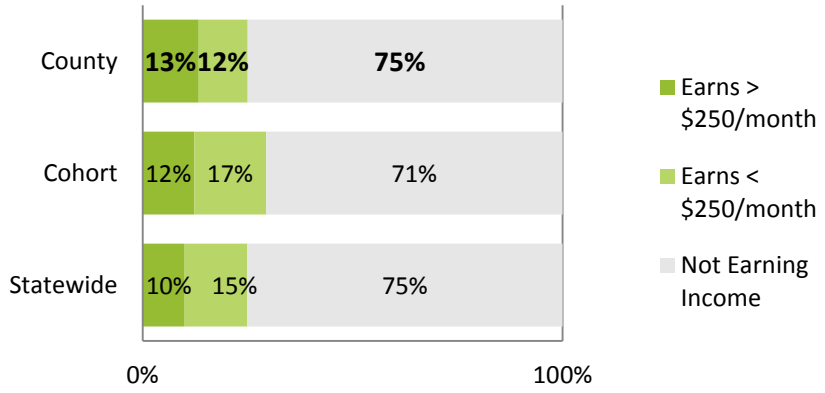
Since 2007, the number of persons served with the DD waiver in Olmsted County increased by 28 participants, from 383 in 2007 to 411 in 2011. In Olmsted County, the DD waiver program is growing more slowly than in the cohort as a whole. While Olmsted County experienced a 7.3 percent increase in the number of persons served from 2007-2011, its cohort had an 11.8 percent increase in number of persons served. In Olmsted County, the profile group three increased by 18 people. The greatest change in the cohort profile groups also occurred in persons having a profile three. Although the number of people in profiles one and two increased slightly, Olmsted County still serves a smaller proportion of persons in these groups (34.3 percent) than its cohort (37.3 percent).

Since 2007, the number of persons served in the EW/AC program in Olmsted County has increased by 41 people (6.3 percent), from 652 people in 2007 to 693 people in 2011. The largest increase occurred in case mix B, which increased by 44 people. As a result, Olmsted County may be serving a larger proportion of individuals with mental health needs.

Value

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

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

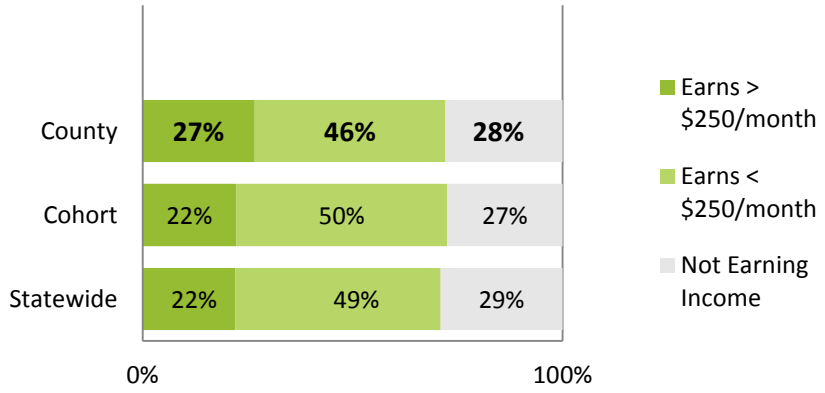


	Earns > $250/month	Earns < $250/month	Not Earning Income
Olmsted County	13.3%	11.7%	74.9%
Cohort	12.3%	17.1%	70.6%
Statewide	10%	15%	75%

In 2011, Olmsted County served 383 working age (22-64 years old) CCB participants. Of working age participants, 25.1 percent had earned income, compared to 29.4 percent of the cohort's working age participants. Olmsted County ranked 37th of 87 counties in the percent of CCB waiver participants earning more than $250 per month. In Olmsted County 13.3 percent of the participants earned $250 or more per month, compared to 12.3 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 Olmsted County increased from 330 to 383 people. Over the same time period, the percentage of those participants with earned income increased from 21.2 percent to 25.1 percent. In comparison, its cohort increased from 27.4 percent to 29.4 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
Olmsted County	26.7%	45.5%	27.9%
Cohort	22.3%	50.3%	27.4%
Statewide	22%	49%	29%

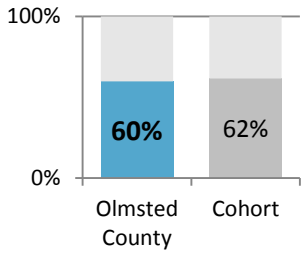
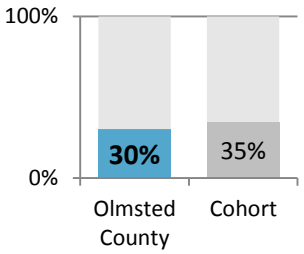
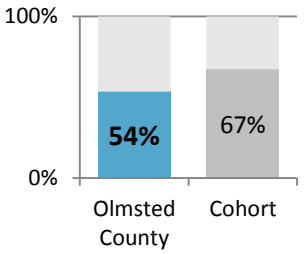
In 2011, Olmsted County served 330 DD waiver participants of working age (22-64 years old). The county ranked 35th in the state for working-age participants earning more than $250 per month. In Olmsted County, 26.7 percent of working age participants earned over $250 per month, while 22.3 percent of working age participants in the cohort as a whole did. Also, 72.1 percent of working age DD waiver participants in Olmsted County had some earned income, compared to 72.6 percent of participants in the cohort. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

From 2007-2011, Olmsted County's percentage of working-age DD waiver participants with earned income increased from 69.6 percent to 72.1 percent. In comparison, the percentage of working age participants with earned income in the cohort decreased from 75.7 percent to 72.6 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.

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)

CCB		DD		EW/AC	
					
CCB		DD		EW/AC	
Olmsted County	59.7%	Olmsted County	30.2%	Olmsted County	53.5%
Cohort	61.5%	Cohort	34.6%	Cohort	67.3%

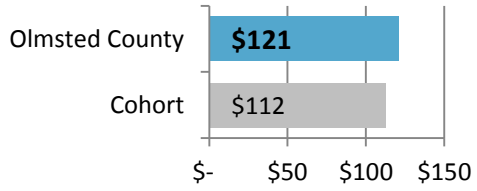
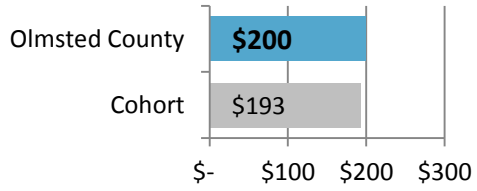
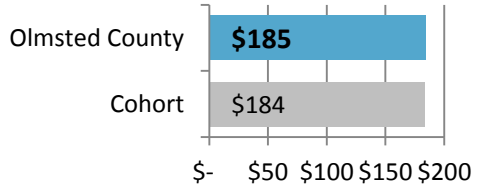
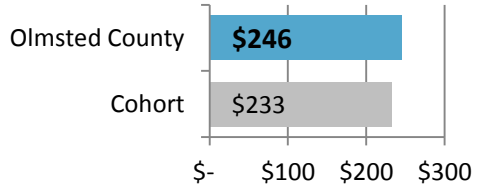
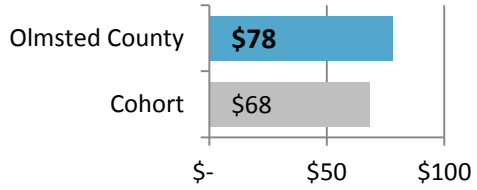
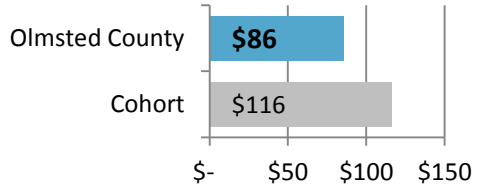
Olmsted County ranks 53rd out of 87 counties in the percentage of CCB waiver participants served at home. In 2011, the county served 295 participants at home. Between 2007 and 2011, the percentage decreased by 7.6 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 59.7 percent of CCB participants in Olmsted County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

Olmsted County ranks 39th out of 87 counties in the percentage of DD waiver participants served at home. In 2011, the county served 124 participants at home. Between 2007 and 2011, the percentage increased by 2.5 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.8 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.

Olmsted County ranks 75th out of 87 counties in the percentage of EW/AC program participants served at home. In 2011, the county served 371 participants at home. Between 2007 and 2011, the percentage decreased by 1.8 percentage points. In comparison, the percentage of participants served at home increased by 3.1 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.

Average Rates per day for CADI and DD services (2011)

	CADI	DD
Total average rates per day		
Average rate per day for **residential** services		
Average rate per day for **in-home** services		

Average Rates per day for CADI services (2011)

	Olmsted County	Cohort
Total average rates per day	$120.78	$112.48
Average rate per day for **residential** services	$184.76	$183.67
Average rate per day for **in-home** services	$78.06	$68.29

Average Rates per day for DD services (2011)

	Olmsted County	Cohort
Total average rates per day	$199.71	$193.33
Average rate per day for **residential** services	$245.90	$232.68
Average rate per day for **in-home** services	$85.75	$116.25

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 Olmsted County is $8.30 (7.4 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Olmsted County spends $1.09 (0.6 percent) more on residential services and $9.77 (14.3 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Olmsted County ranks 75th 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 Olmsted County increased by $38.75 (47.2 percent), from $82.03 to $120.78. In comparison, the average cost per day in the cohort increased by $27.57 (32.5 percent), from $84.91 to $112.48. 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 cost per day for DD waiver participants in Olmsted County is $6.38 (3.3 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, the graph above shows that Olmsted County spends $13.22 (5.7 percent) more on

residential services but $30.50 (26.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Olmsted County ranks 76th 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 Olmsted County increased by $12.76 (6.8 percent); from $186.95 to $199.71. In comparison, the average cost per day in the cohort increased by $10.83 (5.9 percent), from $182.50 to $193.33. 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.

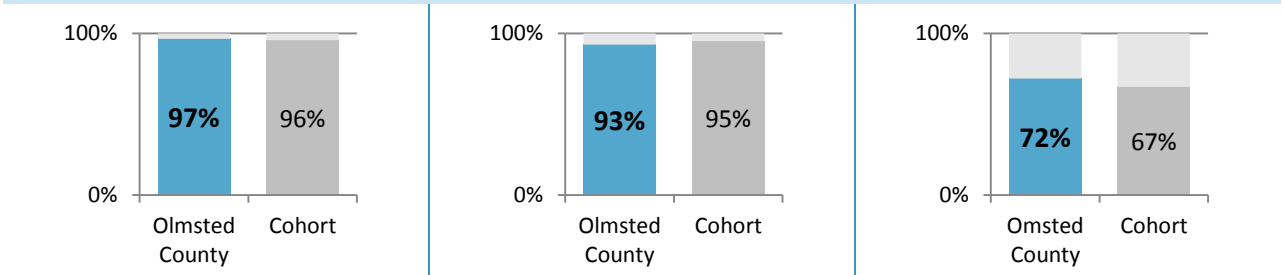
Olmsted County has a similar use in the CADI program than its cohort of residential based services (36% vs. 39% for Foster Care and Customized Living). The county has lower use of vocational services like Prevocational Services (1% vs. 8%), but similar use of Supported Employment Services (15% vs. 14%). They also have a higher use of some in-home services including Homemaker (33% vs. 27%) and Home Delivered Meals (25% vs. 19%)). Forty-nine percent (49%) of Olmsted County's total payments for CADI services are for residential services (43% foster care and 6% customized living) which is lower than its cohort group (53%). Olmsted County's corporate foster care rates are lower than its cohort ($5,540.70 vs. $6,645.89 per month).

Olmsted County's use of Supportive Living Services (SLS) is higher than its cohort (70% vs. 65%) 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. Olmsted County's semi-monthly Supportive Living Services rates are lower than its cohort ($3,077.25 vs. $3,203.60). The county's use of Day Training & Habilitation is lower than its cohort (56% vs. 61%) while its use of In-Home Family Support (15% vs. 15%) and Respite Services (18% vs. 18%) are identical to its cohort.

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)



Disabilities		Developmental Disabilities		Elderly Programs	
Olmsted County	96.5%	Olmsted County	93.0%	Olmsted County	72.0%
Cohort	95.8%	Cohort	95.1%	Cohort	66.9%

In 2011, Olmsted County served 922 long-term care participants (persons with disabilities under the age of 65) in HCBS settings and 76 in institutional care. Olmsted County ranked 18th of 87 counties in the percent of LTC participants receiving HCBS; 96.5 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 95.8 percent were HCBS participants. Since 2007, Olmsted County has increased its use of HCBS by 4.1 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

In 2011, Olmsted County served 617 long-term care participants (persons with development disabilities) in HCBS settings and 48 in institutional settings. Olmsted County ranked 44th of 87 counties in the percentage of LTC participants receiving HCBS with 93.0 percent of its LTC participants receiving HCBS; a lower rate than its cohort (95.1 percent). Olmsted County has improved the rate of participants receiving HCBS services. Since 2007, the

county has increased its use by 1.0 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

In 2011, Olmsted County served 810 elderly long-term care participants (over the age of 65) in HCBS settings and 382 in institutional care. Olmsted County ranked 9th of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 72.0 percent received HCBS. This is higher than their cohort, where 66.9 percent were HCBS participants. Since 2007, Olmsted County has increased its use of HCBS by 6.7 percentage points , while their cohort has increased by 7.0 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

Nursing Home Usage Rates per 1000 Residents (2011)

	Olmsted County	Cohort	Statewide
Age 0-64	**0.21**	0.22	0.47
Age 65-84	**14.72**	17.20	23.11
TOTAL	**1.93**	2.01	3.24

In 2011, Olmsted County was ranked 8th 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. In addition, Olmsted County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 9.7 percent in Olmsted County. Overall, the number of residents in nursing facilities has decreased by 11.0 percent since 2009.

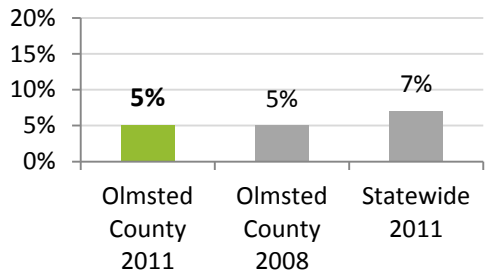
Case managers shared that they are not always notified by nursing homes about participant discharges. Case managers also said that new staff at nursing homes are not always aware of the role of the waiver case managers.

Managing Resources

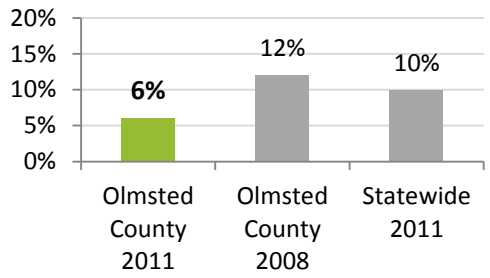
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year

DD



CAC,CADI & BI



	DD	CAC, CADI, BI
Olmsted County (2011)	5%	6%
Olmsted County (2008)	5%	12%
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, Olmsted County had a 5% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Olmsted County's DD waiver balance is the same as its balance in CY 2008 (5%), and smaller than the statewide average (7%).

At the end of fiscal year 2011, the CCB waiver budget had a reserve. Olmsted 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, Olmsted County had a 6% balance at the end of fiscal year 2011, which is a smaller balance than the statewide average (10%), and smaller than the balance in FY 2008 (12%).

Olmsted County has a large waiting list for the DD program. The county has a priority list and a list of people who are being served with other non-waivered services such as Community Support Grants to meet their needs. CADI also has a short waiting list, many of which are people who have their needs met through services elsewhere. Supervisors shared that they are usually able to open up a space for individuals who really need waiver services. The Community Services Manager communicates about the budget and slots available so staff are aware of availability before they attend screenings. Public health nurses are included in the ongoing discussion with social workers about changes to budgets or additional services needed for participants.

The county's DD Waiver Management Team meets twice monthly and includes two workers, supervisors, and a Revenue Enhancement Specialist paraprofessional staff to examine revisions and changes to annual budgets. When an existing participant needs additional services, requests come into supervisors and are addressed at the bimonthly meeting. The team has authorization authority to help manage the budget.

CADI staff meet every other week, and case managers bring assessments to the meeting to decide if the case should open up the waiver. To keep decisions consistent and fair, supervisors make decisions when factors are more clear-cut, but will also meet to consult with the group about decisions.

Revenue Enhancement Specialist paraprofessional staff work in the Waiver Management System and run simulations and track more technical aspects of the budget. Supervisors will stay updated about dollar amounts, and support staff complete the service authorization in MMIS for DD. Case managers enter their own information in MMIS for CCB programs.

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.

Olmsted County Case Manager Rankings of DHS Resources
Scale: 1= Not Useful; 5= Very Useful

Count of Ratings for Each Resource	1 -4
	5 -8
	9+

	1	2	3	4	5
Policy Quest	0	0	3	0	3
Help Desk	0	4	2	4	3
Disabilities Service Program Manual	0	3	3	3	1
DHS website	0	4	11	8	0
E-Docs	0	9	2	3	4
Disability Linkage Line	0	1	4	7	5
Senior Linkage Line	0	1	1	5	8
Bulletins	1	3	14	2	0
Videoconference trainings	0	11	7	3	1
Webinars	0	6	1	1	0
Regional Resource Specialist	1	8	6	1	0
Listserv announcements	0	3	3	2	0
MinnesotaHelp.Info	1	3	3	4	0
Ombudsmen	0	2	7	4	2
DB101.org	0	0	0	0	2

County staff provided feedback about DHS resources and support provided. Social Services and Public Health supervisors noted that it can be difficult to find specific information on Policy

Quest and access is not user friendly. Case managers shared that the Help Desk has been more responsive than in the past and e-mailing works well for receiving responses. Case managers shared that the DHS website is difficult to navigate and includes more general information. Supervisors said that the website is used frequently, but agreed that it is difficult to navigate and changing links means they must update them often in order to use them in SharePoint. E-Docs are used frequently, but county staff shared that some forms can be hard to find. Case managers said that Disability and Senior Linkage lines have been helpful.

Case managers said that the quality of videoconference trainings have improved in the past few years. Supervisors said that they attend videoconference trainings and webinars and like them because they do not have to travel. However, they added that sometimes presentations are given on topics before information is finalized, so there are often duplicate presentations given after changes have been finalized. Case managers said that they often receive listserv announcements that do not pertain to them; they wish they could customize what they receive. Public Health supervisors noted that they liked bulletins, but they can be difficult to translate for staff.

Case managers shared that the Regional Resource Specialist (RRS) does not respond to all e-mails, but is a good resource when she knows the answer. Supervisors shared that the new RRS is not as available or knowledgeable as their previous long-term RRS. They meet with coordinators quarterly, but still feel the RRS is a good resource especially with all of the changes. They have developed a regional AC and EW meeting as they do not currently have a resource available to help with these programs. Supervisors said that they use MinnesotaHelp.Info mainly to answer inquiries about community services access from children with aging parents. They like that one can search for programs and recommend pieces of the assessment or care plan for individuals to do a self-assessment at home. Case managers said that the Ombudsman is overloaded with such a large area to cover. The county has a new mental health ombudsman who is excellent, and case managers appreciate her assistance. Case manager shared that DB101.org is a good resource and they have taken information from there for training.

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.

Olmsted County Strengths

The following findings focus on Olmsted 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.

- **Olmsted County addresses issues to comply with Federal and State requirements.** During the previous review in 2006, Olmsted 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 conduct LTCC assessments when major changes occur in a participant's life. In 2012, none of these issues remain for Olmsted County, indicating technical improvements over time.
- **Olmsted County has developed strong relationships with participants over time.** The case managers build relationships with participants and their families, and have good continuity over time. Case managers are experienced and have specialized caseloads. This allows them to develop program expertise. Case managers are well connected to other units that serve participants, including mental health and adult protection. This allows them to navigate easily across programs within the agency to provide seamless services for participants. Case managers are in frequent contact with their HCBS participants through face-to-face visits. On average, EW participants are visited by their case manager every 95 days, AC participants are visited by their case manager every 80 days, CAC participants are visited by their case manager every 83 days, CADI participants are visited by their case manager every 75 days, BI participants are visited by their case manager every 105 days and DD participants are visited by their case manager every 82 days.
- **The Public Health and Social Services agencies and staff have good working relationships with one another.** Teamwork and collaboration among social workers and the

public health nurses are strengths of the county. Public Health and Social Services are co-located in the same building, which helps case managers access both sets of expertise when serving participants. Case managers are accessible to one another and frequently consult each other on cases. Olmsted County has a dual assessment process for LTC participants to help assure that participant medical and social needs are identified and met.

- **Olmsted County has created support systems for case managers that allow them to be efficient in the administration of waiver programs and enables case managers to focus on providing quality care management.** The county has a Senior Social Worker that is responsible for keeping staff up-to-date on program changes; she is accessible to case managers in Public Health and Social Services. She maintains a SharePoint site where all case managers can access current required forms for waiver programs. In Social Services, case manager are assigned to participants using managed care organizations (MCO) based on the health plan; this ensures that case managers need to keep track of only one set of MCO requirements. In addition, the county uses paraprofessional support for the Waiver Management System to run simulations, keep close track of the budget, and update supervisors and case managers on a regular basis about the budget. As a result of Olmsted County's support systems, there is consistency in case managers' work and they are meeting many program requirements. For example, all LTC cases included an OBRA Level One document in the file, 99% of care plans were current and signed by all relevant parties, 99% of case files included documentation of informed consent and 96% included documentation that participants were notified of HIPAA privacy practices.
- **Olmsted County has very strong quality assurance practices.** They have recently hired a Quality Assurance Specialist, indicating their strong commitment in this area. The Quality Assurance Specialist organizes an internal case file review and has created a tool to ensure that all requirements are in place. Olmsted County's contracting unit monitors providers and regularly gets reports from providers including home health care provider reports. Olmsted

County belongs to the Region 10 Quality Assurance Commission, and they complete comprehensive Region 10 VOICE reviews[1] as part of the licensing process.

- **Olmsted County has the capacity to serve people with high needs in community settings.** The county serves a greater proportion of participants with high needs in the CCB and elderly programs when compared to its cohort and the statewide average. In 2011, the county ranked 6th out of 87 counties in the percent of CCB waiver participants having higher needs (89.5%) and 5th out of 87 in the percent of elderly waiver participants having higher needs (71.6%). Additionally, Olmsted County rates highly in in serving participants through home and community based services instead of institutional care in the elderly programs (72.0%, ranked 9th statewide) and the CCB programs (96.5%, ranked 18th statewide). Olmsted County also ranked 8th statewide for their low use of nursing home services.

- **Olmsted County has worked hard to educate participants and their families about housing options available for HCBS participants.** The county has held meetings to inform participants, families and providers about different housing models to serve participants beyond corporate foster care. They've also developed a client skills assessment tool to help participants and their support persons understand the skills needed for independent living.

Recommendations

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

[1] For more information, please see: http://www.mn-voice.org/licensingreqs.php.

an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.

- **Work to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCB and DD programs.** In Olmsted County, 13.3% of working age participants in the CCB programs and 26.7% of working age participants in the DD program earn more than $250 in income each month. The county should actively focus on developing community-based employment opportunities across programs that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. The county should consider creating a Request for Information (RFI) for the community-based services that they are looking to develop.

  Work with providers to develop services that the county needs to better support participants in their own homes and in the community. Olmsted County could benefit from more in-home supports for participants with high needs. Only 28.2% of DD participants with high needs, 42.9% of EW and AC participants with high needs, and 57.9% of CCB participants with high needs receive services in their homes. In all programs, Olmsted County serves a smaller percentage of participants with high needs in their homes instead of residential settings. Supports needed to keep participants in their own homes 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. By supporting more participants to live independently, space in residential settings will become available to serve those with high behavioral needs filling another gap in services for Olmsted County. In addition, continue your efforts with the Housing Options Group to identify ways to work with providers to fill this gap.

- **Consider using contracted case management services to expand your ability to provide culturally appropriate services to participants.** Several contracted case management agencies specialize in serving certain cultural populations and provide services in participants' native languages. In these cases, a contracted case manager often has more knowledge of culturally appropriate resources to ensure quality service delivery. When using

contracted case management, Olmsted County still needs to maintain administrative case management functions within the county, including a case file with current documentation of all required paperwork. Consider contacting Ramsey County for tips on successfully implementing this change.

- **Consider expanding the scope of visit sheets to include standard questions to document participant satisfaction and provider performance.** 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. After changes have been made to the existing visit sheets, train case managers across HCBS programs to use the visit sheets.

- **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these participants.** Having a single case manager would streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Blue Earth County, can be found at www.MinnesotaHCBS.info/.

- **Work to ensure that participant needs, along with health and safety concerns are well documented in the care plan.** Twenty-five percent of care plans received included documentation of health and safety issues below expectations, and 20% of care plans reviewed included documentation of participant needs below expectations. The care plan is the one document that all participants receive. Therefore, it must include information the participant's needs and health and safety concerns, along with which services, formal or informal, will be provided to address those needs.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Olmsted County was found to be inconsistent in meeting state and federal requirements and will

require a response by Olmsted 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 Olmsted 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-three percent (73%) or 53 out of 73 assessments for new EW and AC 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, include a back-up plan in the care plan of all CAC, CADI, and BI participants.**[2] All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, five out of 36 CADI cases included partial back-up plan documentation meaning the plan included one or two, but not all three required elements.

- **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. Twelve out of 36 CADI cases, one out of ten CAC cases, one out of seven BI cases, 18 out of 48 EW cases, and two out of 10 AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, 19 out of 36 CADI cases, two out of 10 CAC cases, six out of seven BI cases, eight out of 48 EW cases, three out of 10 AC cases and one

[2] A sample back-up plan with emergency contact information can be accessed at: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

out of 10 DD cases did not have documentation that the participant had been informed of their right to appeal within the past year.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Olmsted County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the county, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 94 cases. All items are to be corrected by February 5, 2013 and verification submitted to the Waiver Review Team to document full compliance. Olmsted County submitted a completed compliance report on February 4, 2013 and the county is assisting DHS with additional follow-up data.

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	163	N / A	6	157	N / A	N / A
Screenings done on time for new participants (PR)	76%	73%	81%	89%	N / A	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	93%	40%	CCB	DD

PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n= 58	CCB n=53	DD n=41	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	99%	98%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	99%	98%	100%	98%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	99%	98%	98%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	94%	93%	96%	93%	ALL	N / A
Choice questions answered in care plan (PR)	97%	97%	96%	100%	ALL	N / A
Participant needs identified in care plan (PR)	72%	69%	61%	93%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	59%	31%	58%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	100%	ALL	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)	95%	N / A	N / A	95%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (PR for DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form completed and current (PR for BI only)	71%	N / A	71%	N / A	N / A	N / A
CAC Form completed and current (PR for CAC only)	80%	N / A	80%	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 most of the time or always (*QA survey*)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps most of the time or always (*QA survey*)	Some of the time				N / A	ALL
Case managers document provider performance most of the time or always (*QA survey*)	Always	N / A	N / A	N / A	ALL	N / A
Providers report receiving assistance when requested from the LA (Provider survey, n=12)	90%	N / A	N / A	N / A	ALL	N / A
Providers submit monitoring reports to the LA (Provider survey, n=12)	75%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n= 58**	**CCB n=53**	**DD n=41**	**Strength**	**Challenge**
Participants have a face-to-face visit at the frequency required by their waiver program (PR)	96%	100%	96%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	84%	83%	76%	98%	DD	N / A
Back-up plan (PR for CCB only)	66%	85%	91%	7%	CCB	N / A
Emergency contact information (PR for CCB only)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n= 58**	**CCB n=53**	**DD n=41**	**Strength**	**Challenge**
Informed consent documentation in the case file (PR)	99%	98%	100%	98%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	51%	43%	23%	98%	DD	AC / EW, CCB

PARTICIPANT RIGHTS & RESPONSIBILITIES (continued)	ALL	AC / EW n= 58	CCB n=53	DD n=41	Strength	Challenge
Person informed privacy practice (HIPAA) documentation in the case file (PR)	96%	98%	96%	93%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n= 58**	**CCB n=53**	**DD n=41**	**Strength**	**Challenge**
Participant outcomes & goals stated in individual care plan (PR)	97%	98%	95%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	32%	43%	25%	27%	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)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans summited by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	72%	97%	93%	AC / EW	DD
Percent of LTC funds spent on HCBS	N / A	50%	93%	91%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	N / A	90%	75%	CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	72%	99%	78%	AC / EW	DD
Percent of waiver participants served at home	N / A	54%	60%	30%	N / A	AC, EW, CCB, DD
Percent of working age adults employed and earning $250+ per month	N / A	N / A	13%	27%	DD	CCB

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.