

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Renville County**

Waiver Review Site Visit: November 2012

Report Issued: January 2013

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## Acknowledgements

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### **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 Renville County
Case File Review	37 cases
Provider survey	3 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group with 11 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 Renville County

In November 2012, the Minnesota Department of Human Services conducted a review of Renville County's Home and Community Based Services (HCBS) programs. Renville County is a rural county located in west central Minnesota. Its county seat is located in Olivia, Minnesota and the county has another ten cities and twenty-seven townships. In State Fiscal Year 2011, Renville County's population was approximately 15,500 and served 227 people through the HCBS programs. In 2011, Renville County had an elderly population of 18.2%, placing it 33<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Renville County's elderly population, 10.8% are poor, placing it 27<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Renville County Human Services is the lead agency for all the HCBS waiver programs and provides case management for these programs. They also provide care coordination for the PrimeWest Health Managed Care Organization (MCO). The Human Services Department includes the Social Services unit. Renville County Social Services has one supervisor who oversees all waivers and licensing. The Social Services Supervisor oversees ten staff, eight of which have a waiver caseload. The county does not currently have any CAC cases.

Renville County Public Health is a separate department from Human Services. Public Health has some case management responsibilities and performs dual screenings and assessments with Social Services. Public Health has one supervisor who oversees 13 staff, including seven who work with the waiver programs. All waiver cases except for DD have both a social worker and public health nurse assigned as a case manager.

On average, DD workers have approximately 40 cases, 20 of which are on a waiver. At the time of the review, a DD case manager was on leave, resulting in DD caseloads averaging between 50 and 70 cases. The average Social Services caseload for Long-Term Care (LTC) cases ranges from approximately 15 to 50. Public Health case managers have between 30 to 40 waiver cases, plus a home care caseload.

In Renville County, all referrals are managed by Social Services intake. If a call is received by Public Health, they will refer the person to Social Services. A case is assigned to a social worker in Social Services based on disability status, caseload sizes, or other information gathered during the initial intake. Once the case is assigned to a social worker, that social worker contacts Public Health with the participant's information. It is then assigned to a public health nurse based on his/her assigned geographic region of the county. The social worker and public health nurse complete the LTCC assessment together and go on to provide long-term case management for the participant. The exception is for DD participants; public health nurses and social workers will discuss the case to determine who will be the primary case manager. County staff shared that the supervisor rarely needs to get involved in this decision. The Social Services unit is responsible for all paperwork and tracking. Case managers from both departments meet quarterly to keep up-to-date on program changes and ensure consistency in case management.

### Working Across the Lead Agency

Renville County has recently converted to a case banking system for financial workers. However, there are two financial workers assigned to all participants over age 65 and all participants receiving Group Residential Housing (GRH) funding, so these two workers have a majority of the waiver participants. Supervisors shared that social workers have good communication and relationships with financial workers. Case managers call financial intake for the assigned financial worker of the day to help resolve any urgent issues. Financial workers call social workers if someone is in danger of losing Medical Assistance eligibility. The majority of financial workers are in contact with social workers rather than the participants' public health nurse case manager. Supervisors mentioned that financial workers are very busy because of high caseloads.

County staff shared that they do not have any waiver workers who also work in child protection or adult protection. Social Services waiver case managers will make adult protection reports if needed. If a report is received regarding a waiver participant, the adult protection investigator will contact the waiver social worker case manager to get background information on the participant. Case managers shared that the adult protection and child protection units usually notify case managers about any issues that arise with their waiver cases. For participants with Rule 79 Targeted Case Management, the mental health worker fills the role of the waiver social worker and has a joint public health waiver case manager. Two of the four CADI workers are mental health workers. The county completes both a Rule 79 and waiver care plan for participants with mental health needs.

Social Services reports quarterly to the County Board, and the Social Services Supervisor's quarterly presentation includes information on the waivers. The Social Services Supervisor also develops contracts and presents them to the Board for approval. All formal policies related to the waivers are approved by the Board.

### Health and Safety

In the Quality Assurance survey, Renville 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 indicated they have good, open communication with case managers. 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, Renville County Social Services has a weekly staff meeting where they discuss any policy or program changes. The Social Services Supervisor reads bulletins, and staff are also expected to read bulletins on their own and be prepared to discuss them at meetings. The Public Health Department has a staff meeting every two weeks and a waiver staff meeting monthly. Public Health staff also receives bulletins and attends trainings related to the waivers. They also turn to Social Services for expertise when needed. County staff shared that they used to have monthly meetings with the Regional Resource

Specialist (RRS), but now have quarterly meetings. Public Health workers attend the RRS meetings and also have separate Public Health regional meetings. Social Services Supervisors in the region also have monthly meetings where various programs, including waivers, are discussed.

The county does not currently have formal internal compliance monitoring or auditing procedures for their waiver programs. However, supervisors will periodically audit EW cases. Additionally, case managers consult often with one another and with supervisors on cases. Renville County supervisors shared that they would like to start a peer review process for case files and are looking for tools to use. They would also like to develop visit sheets and provide more formal training and support to case managers.

### Service Development and Gaps

Renville County staff shared that while being in a rural area has the benefit of knowing providers; it also means that some specialized services are challenging to find. For example, case managers noted that behavioral resources and transition services are limited for DD participants in the area. Renville County also recently had a customized living facility that served high need participants close, citing rates that did not adequately provide for the high level of supervision required by that population. Many of these participants were moved to nursing homes and a few were moved to a different customized living facility. Case managers also said that transportation is a barrier to accessing services like employment for participants living in Renville County. Additionally, case managers shared that home health care providers will provide respite care, but families and caregivers are not accessing this service. Two social workers are involved in a community educational work group on dementia with local providers. This group is also used to identify needed services and provide education in the community.

When service gaps are identified, the county will create a Request for Proposals (RFP) to fill the gap. For example, Renville County recently had an RFP out for an Independent Living Services (ILS) contract for CADI and BI participants. The county will also contact existing providers when gaps are identified to see if providers are willing to provide additional services. The Social Services Supervisor participates in a contracting work group that meets quarterly to discuss



service development. In the past, the group has worked on service development for transportation and for participants with a criminal background. PrimeWest has also made efforts in the area of telemedicine in the county and demonstrated how it could be incorporated into current work.

**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.

**Renville County Case Manager Rankings of Local Agency Relationships**

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

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Homes	0	0	8
Schools (IEIC or CTIC)	0	2	3
Hospitals (in county)	0	4	3
Hospitals (out of county)	0	2	0
Area Agency on Aging	0	1	0
Employment Providers (Supported Employment)	0	3	2
Employment Providers (DT&H)	0	1	2
Residential Providers (CL, SLS)	0	3	2
Foster Care (Corporate/Family), Supportive Living Services (in county)	0	1	4
Foster Care (Corporate/Family), Supportive Living Services (out of county)	1	1	4
Home Health Care Providers	0	5	0

Case managers stated that overall they have good working relationship with providers. Case managers try to meet with participants in different environments (e.g. at place of employment, at home, etc.) to monitor providers and services the participant is receiving. If issues arise, case managers will first try to address them directly with the provider. They will be referred to the supervisor if an issue is not resolved, but this happens very infrequently. The county licenser also visits providers in between contract years. The county has one-on-one provider meetings when needed. Case managers shared that they also have contact with providers while out in the community. County staff shared that they spend a lot of time with providers explaining program requirements. Supervisors forward DHS communications to providers even though providers might be getting these notices directly from DHS. Supervisors shared that a county intern created and administered a consumer survey in 2008 and 2009 which included a paper survey and participant interviews in their homes. PrimeWest also conducts a case manager performance survey of Renville County and a provider performance survey of Renville County providers.

In the focus group, case managers stated that their relationships with in-county hospitals were generally average to good. Case managers shared that their relationships with physicians at the in-county hospitals are not ideal and feel that physicians do not always include them in discussions about their participants. However, they also said that discharge planning is great and staff at hospitals in the county are good at communicating with case managers about participants. Case managers said that their communication with out of county hospitals are not as good because they are not aware of the county's expectations for communicating about participants to case managers. Case managers said that they do not have an ongoing relationship with the Area Agency on Aging, but all contact with them has been positive. They feel this could be a good resource for participants, but do not use them often.

There are six school districts in Renville County. Case managers shared that their relationships with schools vary by district. DD case managers shared that some schools will promote DD services more than others depending on financial considerations. One case manager participates on one Community Transition Interagency Committee (CTIC), although there are several CTICs in the area. Case managers said that they do not always receive referrals for transition-age youth soon enough although this also varies across districts. Public Health staff shared that they work

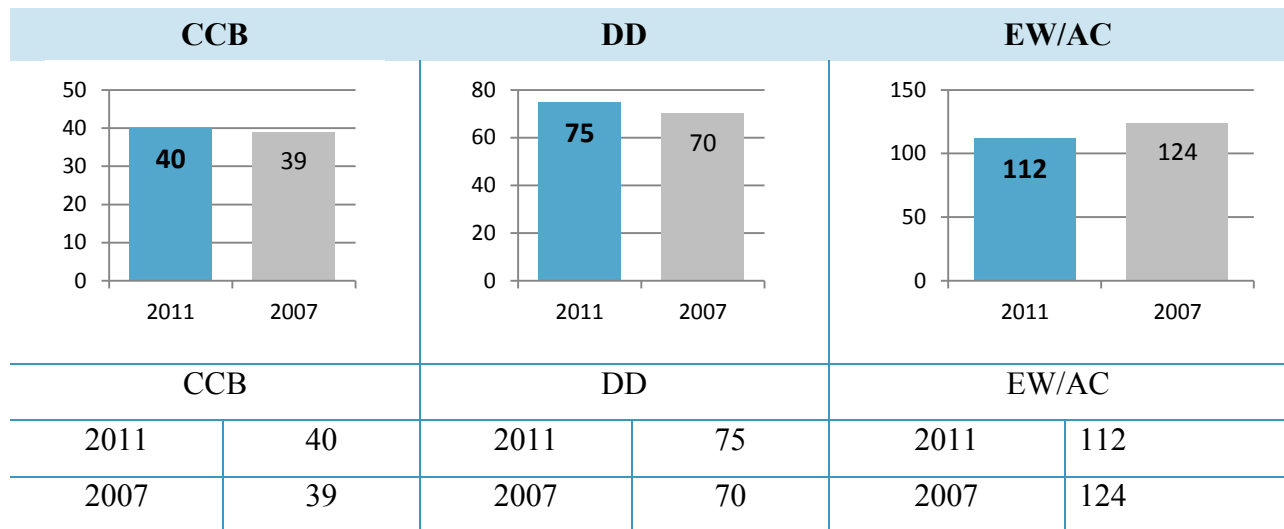
very well with the Interagency Early Intervention Committee (IEIC) from birth to three years of age.

Case managers said that some customized living facilities will attempt to dictate to the county what a participant needs before they arrive. Case managers also shared that customized livings are not always flexible and will want to move participants to nursing homes if needs change or the participant becomes too difficult to care for. Renville County uses many foster care providers both in and out of the county. In general, case managers said that foster care homes work hard to provide quality care for participants, but participants with high behavioral needs are difficult to place. Case managers also feel that some foster care participants are able to transition to a more independent setting, and they would like to work with foster care providers to aide in this transition. Foster care providers have high staff turnover rates and it can be difficult to find new staff to hire. Case manager relationships with home health care providers were mixed; they shared that it can be difficult to get the amount of hours needed for participants, and communication can be challenging.

## 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 Renville County (2007 & 2011)



Since 2007, the total number of persons served in the CCB Waiver program in Renville County has increased by one participant (2.6 percent); from 39 in 2007 to 40 in 2011. Most of this growth occurred in the case mix B, which grew by seven people. As a result, Renville County may be serving a larger proportion of people with mental health needs.

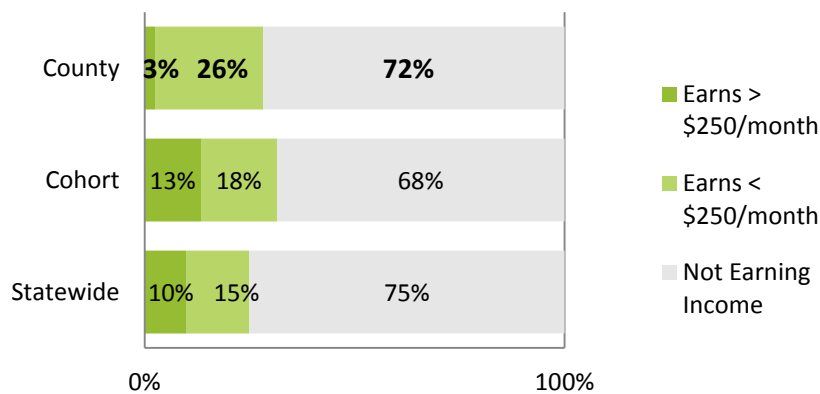
Since 2007, the number of persons served with the DD waiver in Renville County increased by five participants, from 70 in 2007 to 75 in 2011. In Renville County, the DD waiver program is growing at about the same pace as the cohort as a whole. While Renville County experienced a 7.1 percent increase in the number of persons served from 2007-2011, its cohort had a 6.9 percent increase in number of persons served. In Renville County, the profile group three grew the most. The greatest change in the cohort profile groups also occurred in persons having a profile three. Since the number of people in profiles one and two, the highest need groups, only increased by one person, Renville County still serves a smaller proportion of persons in these groups (18.7 percent) than its cohort (33.3 percent).

Since 2007, the number of persons served in the EW/AC program in Renville County has decreased by 12 people (9.7 percent), from 124 people in 2007 to 112 people in 2011. The largest increase occurred in case mix E, which often includes individuals with mental health needs. This increase accounts for a large portion of the increase in individuals with high needs served in the EW and 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)



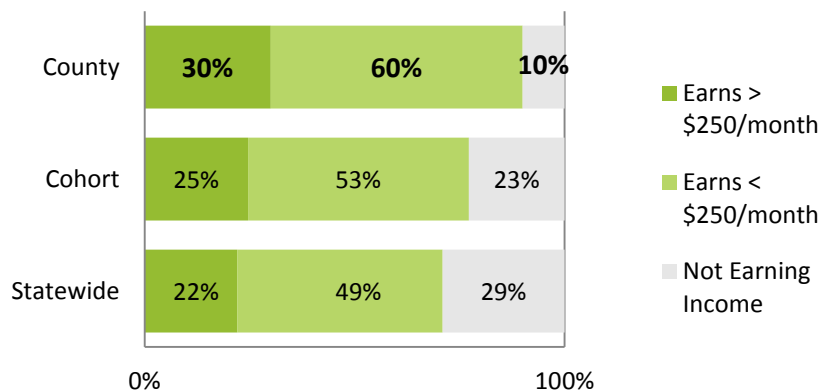
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Renville County	3%	26%	72%
Cohort	13%	18%	68%
Statewide	10%	15%	75%

In 2011, Renville County served 39 working age (22-64 years old) CCB participants. **Of working age participants, 28.2 percent had earned income**, compared to 31.6 percent of the

cohort's working age participants. Renville County ranked 84<sup>th</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month. In Renville County 2.6 percent of the participants earned \$250 or more per month, compared to 13.4 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 Renville County increased by four people. Over the same time period, the percentage of those participants with earned income increased from 20.0 percent to 28.2 percent. In comparison, its cohort increased just slightly from 30.1 percent to 31.6 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
Renville County	30%	60%	10%
Cohort	25%	53%	23%
Statewide	22%	49%	29%

In 2011, Renville County served 50 DD waiver participants of working age (22-64 years old). **The county ranked 9<sup>th</sup> in the state for working-age participants earning more than \$250**

**per month.** In Renville County, 30.0 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 90.0 percent of working age DD waiver participants in Renville County had some earned income, while 77.2 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.

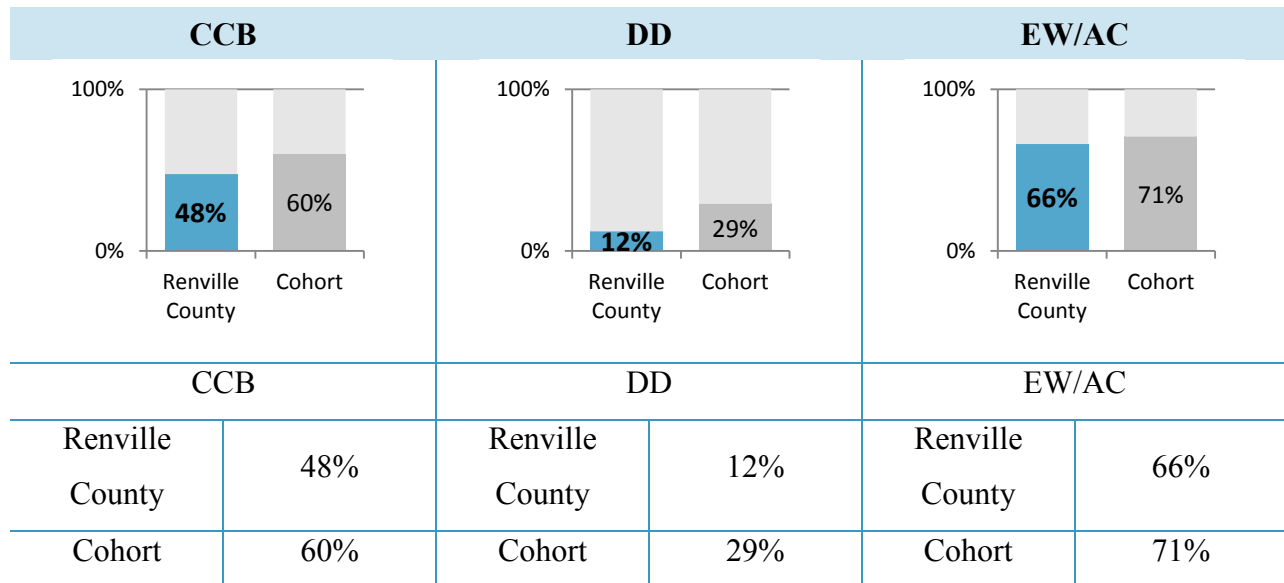
From 2007-2011, Renville County's percentage of working-age DD waiver participants with earned income decreased slightly from 91.1 percent to 90.0 percent. In comparison, the percentage of working age participants with earned income in the cohort decreased from 80.0 percent to 77.2 percent. Statewide, 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 there are limited options for community-based jobs in Renville County. Case managers said that it is difficult to find businesses willing to invest time into creating these jobs for the participants. They also shared that transportation is a major barrier to finding viable employment for 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)**



**Renville County ranks 79<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 19 participants at home. Between 2007 and 2011, the percentage decreased by 11.5 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 47.5 percent of CCB participants in Renville County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home.

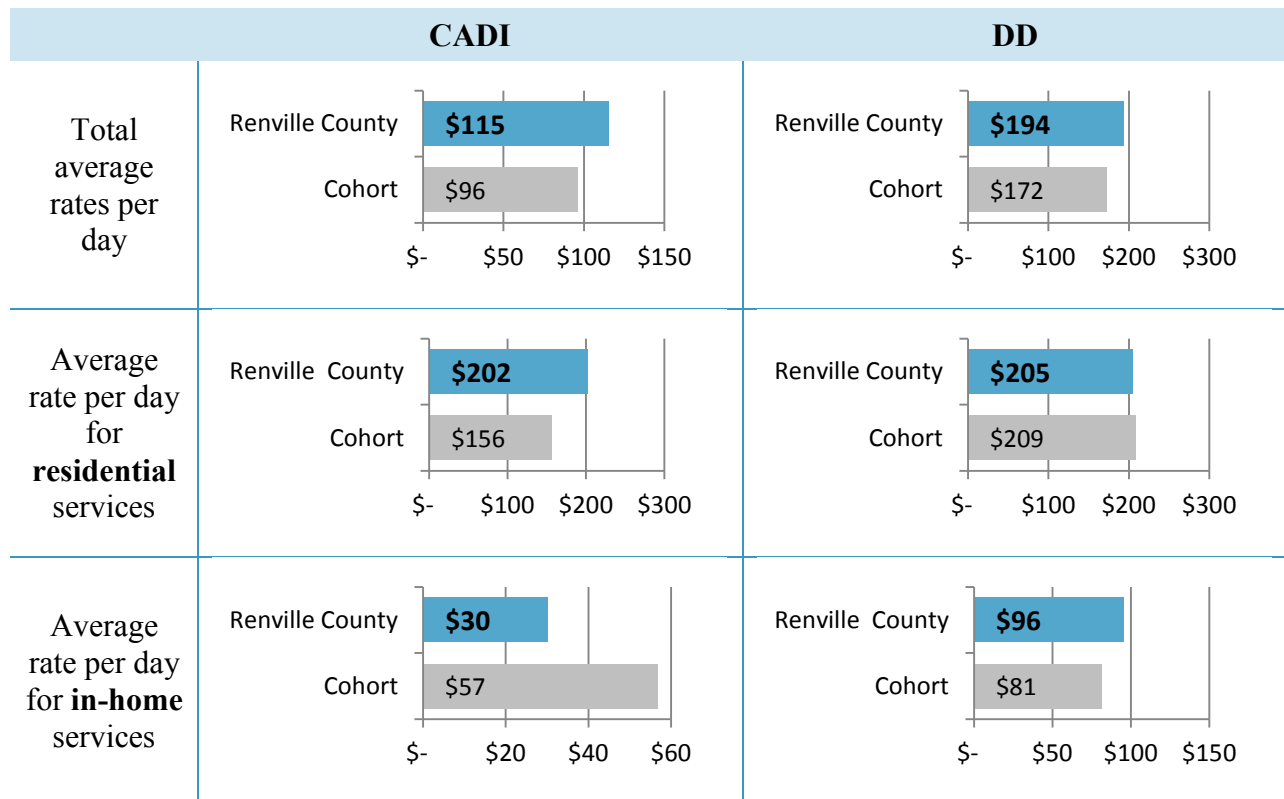
**Renville County ranks 85<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served nine participants at home. Between 2007 and 2011, the percentage increased by 3.4 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.6 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.

**Renville County ranks 58<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 74 participants at home. Between 2007 and 2011, the percentage decreased by 1.6 percentage points. In comparison, the percentage of participants served at home fell by 6.1 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. Renville County serves a lower proportion of EW/AC participants than their cohort or the state.

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



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

	Renville County	Cohort
Total average rates per day	\$115.22	\$95.98
Average rate per day for <b>residential</b> services	\$202.24	\$155.87
Average rate per day for <b>in-home</b> services	\$30.07	\$56.68

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

	Renville County	Cohort
Total average rates per day	\$193.57	\$171.92
Average rate per day for <b>residential</b> services	\$204.64	\$208.53
Average rate per day for <b>in-home</b> services	\$95.50	\$80.99

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 Renville County is \$19.24 (20.0 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 Renville County spends \$46.37 (29.7 percent) more on residential services and \$26.61 (46.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Renville County ranks 70<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 Renville County increased by \$21.65 (23.1 percent), from \$93.57 to \$115.22. In comparison, the average cost per day in the cohort increased by \$23.57 (32.6 percent), from \$72.41 to \$95.98. 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 Renville County is \$21.65 (12.6 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Renville County spends \$3.89 (1.9 percent) less on residential services but \$14.51 (17.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Renville County ranks 69<sup>th</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 Renville County increased by \$31.59 (19.5 percent); from \$161.98 to \$193.57. In comparison, the average cost per day in the cohort increased by \$7.89 (4.8 percent), from \$164.03 to \$171.92. 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.

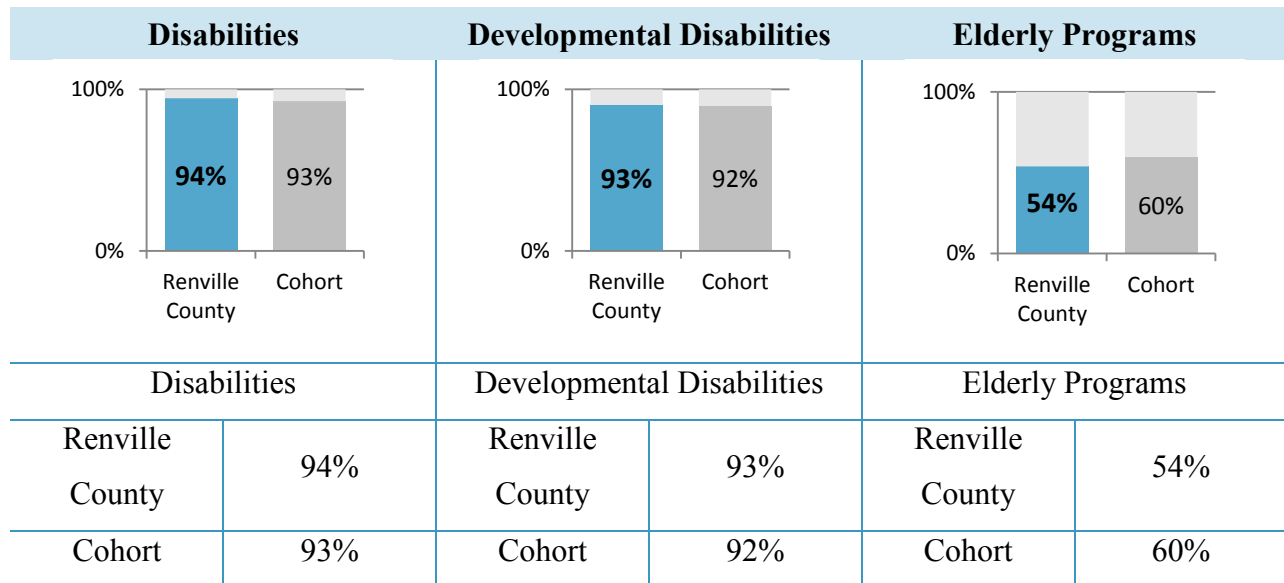
**Renville County has a notably higher use in the CADI program than its cohort of residential based services** (44% vs. 35% for Foster Care and Customized Living (3% vs. 8%). The county has higher use of vocational services, including Prevocational Services (16% vs. 10%) and Supported Employment Services (16% vs. 12%). They also have a lower use of several in-home services including Homemaker (25% vs. 28%), Home Health Aide (3% vs. 9%), and Independent Living Services (0% vs. 14%). Eighty percent of Renville County's total payments for CADI services are for residential services (78% foster care and 2% customized living) which is notably higher than its cohort group (54%). Renville County's corporate foster care rates are higher than its cohort (\$5,901.34 vs. \$5,199.94 per month).

**Renville County's use of Supportive Living Services (SLS) is notably higher than its cohort (88% vs. 70%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The county's use of Day Training & Habilitation is similar to its cohort (66% vs. 64%), while its use of In-Home Family Support (10% vs. 17%) and Respite Services (2% vs. 20%) are lower than 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)**



**In 2011, Renville County served 93 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 14 in institutional care.** Renville County ranked 39<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS; 94.4 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 92.6 percent were HCBS participants. Since 2007, Renville County has increased its use of HCBS by 3.1 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Renville County served 97 LTC participants (persons with development disabilities) in HCBS settings and seven in institutional settings.** Renville County ranked 43<sup>rd</sup> of 87 counties in the percentage of DD participants receiving HCBS with 93.0 percent of its DD participants receiving HCBS; a slightly higher rate than its cohort (92.3 percent). Renville County has improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 3.4 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of DD participants received HCBS in 2011.

**In 2011, Renville County served 116 LTC participants (over the age of 65) in HCBS settings and 106 in institutional care.** Renville County ranked 62<sup>nd</sup> of 87 counties in the percent of elderly LTC participants receiving HCBS. Of elderly LTC participants, 53.9 percent received HCBS. This is lower than their cohort, where 59.9 percent were HCBS participants. Since 2007,

Renville County has decreased its use of HCBS by 0.2 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of elderly LTC participants received HCBS in 2011.

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

	Renville County	Cohort	Statewide
Age 0-64	0.39	0.46	0.47
Age 65+	26.53	26.01	23.11
TOTAL	5.14	4.59	3.24

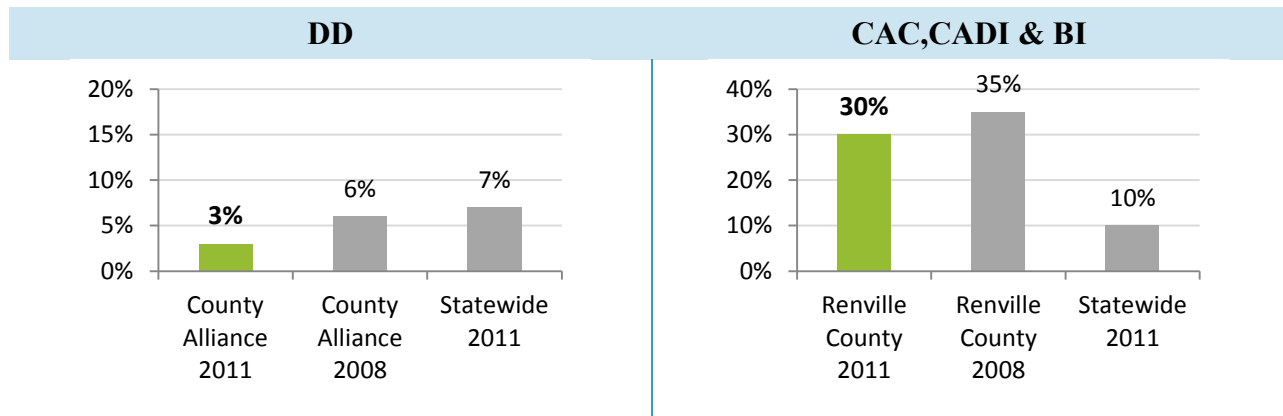
**In 2011, Renville County was ranked 46th in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. However, Renville County has a lower nursing facility utilization rate for people under 65 years old. Since 2009, the number of nursing home residents 65 and older has decreased by 3.8 percent in Renville County. Overall, the number of residents in nursing facilities has decreased by 4.7 percent since 2009.

Case managers in the focus group rated their relationships with nursing homes as very good. They noted that the county's relationship with nursing homes has improved greatly over time with assistance from PrimeWest. They shared that case managers have good connections with staff and feel they work as partners with nursing homes. Nursing homes do a good job of contacting the county about their participants.

## 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
Renville County / County Alliance (2011)	3%	30%
Renville County (2008)	6%	35%
Statewide (2011)	7%	10%

**At the end of calendar year 2011, the McLeod, Meeker, and Renville Counties DD waiver Alliance 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. The balance in the DD waiver alliance budget was 3%, the waiver alliance’s DD waiver balance is smaller than its balance in CY 2008 (6%), and the statewide average was (7%).

**At the end of fiscal year 2011, the CCB waiver budget had a reserve.** Renville 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, Renville County had a 30% balance at the end of fiscal year 2011, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2008 (35%).

Renville County has participated in an alliance with McLeod and Meeker Counties for the DD waiver since 2004. There allocations for all three counties are managed together. The alliance has formal policies and prioritization to drive allocation decisions. Supervisors meet two times per month to review requests, allocations, crisis situations, etc. Case managers submit requests to supervisors and the supervisor will complete background work to determine if the request should be presented at the Alliance committee meeting. While this process is time consuming, supervisors noted that it is a good partnership that does help them serve participants better.

For the CCB programs, case managers will fill out a form for new funding requests and increases and give them to the Social Services Supervisor to review. She will run the simulation in the Waiver Management System and approve the request if it is found to be appropriate for the participant and budget.

#### 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.

**Renville County Case Manager Rankings of DHS Resources**

Scale: 1= Not Useful; 5= Very Useful

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

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Policy Quest	0	1	0	0	0
Help Desk	0	0	1	1	0
Disabilities Service Program Manual	0	0	5	0	0
DHS website	0	0	7	0	0
E-Docs	0	1	1	1	3
Disability Linkage Line	0	0	1	0	3
Senior Linkage Line	0	0	1	0	5
Bulletins	0	0	0	0	8
Videoconference trainings	0	0	0	6	2
Webinars	0	0	0	4	3
Regional Resource Specialist	0	0	3	0	2
Listserv announcements	0	1	4	0	0
Ombudsmen	0	1	0	4	3

County staff provided feedback about DHS resources and support provided. Case managers shared that bulletins, webinars, and videoconferences are the most useful DHS resources for their work. County staff from Social Services and Public Health submits questions for Policy Quest to the Social Services Supervisor who then submits the questions to DHS. Case managers shared that while it is helpful at times, they sometimes receive inconsistent answers. The Social Services Supervisor added that other counties have received different answers to the same questions submitted to Policy Quest in the past. Case managers said that they must find time in their schedule to read information in the Disabilities Services Program Manual (DSPM) because it contains so much information. Supervisors also said that the DSPM only includes a superficial



level of information and does not always include the detail required to answer staffs' specific questions. Case managers and supervisors agreed that the DHS website is layered and confusing, making it difficult to search for specific information. Opinions of E-docs were mixed; some case managers said that they can search for and find documents, but others have had difficulty with the search function. Case managers shared that the Disability Linkage Line is helpful, and staff there communicate well with case managers. Case manager also said that it is nice to tell people about the Senior Linkage Line as a resource and have not heard negative feedback about it from anyone.

Case managers like that they do not have to travel to attend videoconference trainings, as they are offered at Renville County. However, it is sometimes hard to stay focused during trainings due to the less interactive format. They also shared that they think it would be nice to have them available for online viewing so they could be watched at a later date as well. Case managers like watching demonstration webinars at their desk; they watch both PrimeWest and DHS webinars. Case managers and supervisors shared that the RRS was very helpful and a good resource when she was more available to take questions. The supervisors shared that there are long-term staff they have direct contact with at DHS that they have gotten to know and are very helpful. Case managers shared that contact with the LTC, DD, and adult mental health ombudsmen in the past has been helpful. Supervisors also said that when they or families have had contact with the Ombudsmen, they have been positive interactions.

### **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.

#### **Renville County Strengths**

The following findings focus on Renville 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.

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

During the previous review in 2006, Renville County received a corrective action for the following items being out of compliance: documentation of health and safety issues in the care plan and a back-up plan and emergency contact information for the CCB participants. In 2012, none of these issues remain for Renville County indicating technical improvements over time.
- **Case managers in Renville County are very participant-focused.** They build relationships with waiver participants and families over time and are responsive to changing participant needs. Case managers are experienced and have backgrounds in a variety of disciplines and work hard to help participants and their families navigate systems to receive the support and services that they need.
- **Case managers from work well as a team and have good working relationships with one another.** Staff communication is a strength in Renville County, and case managers support each other in their work and share expertise with one another. Case managers work across departments to complete dual assessments for LTC participants, and case managers frequently consult with each other about their shared cases. Other units such as mental health are integrated into the management of waiver cases; the county has two mental health case managers who manage both Rule 79 Targeted Case Management and waiver responsibilities for CADI participants with a Serious and Persistent Mental Illness.
- **Case managers are in frequent contact with their participants.** All cases reviewed were visited at least as frequently as required by DHS's federal waiver plans (every six months for DD cases, twice yearly for CAC, CADI and BI cases, and every 12 months for AC and EW cases). 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 99 days, AC participants are visited by their case managers every 75 days, CADI participants are visited by their case manager every 72 days, BI participants are visited by their case manager every 81 days, and DD participants are seen every 96 days.

- **The case files reviewed in Renville County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Specifically, care plans for EW PrimeWest Health participants and Individual Service Plans (ISPs) for DD waiver participants were comprehensive and completed well by case managers. Required documentation and forms were included in the file, including the OBRA Level One, informed consent to share private information, current DD screening documents, ICF/DD Level of Care, and BI forms. The county also includes elements in case files that exceed program requirements; although it is not required, all (100%) of the EW, AC, and DD cases included emergency contact information.
- **Renville County offers employment opportunities to DD participants and has achieved high rates of participants with earned income.** Renville County has a strong focus on employment for participants with developmental disabilities and has the expectation that participants will work. The county ranks 9<sup>th</sup> of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) earning income over \$250 a month. Case managers are knowledgeable about employment services that are available, and encourage participants to work, regardless of their disability status.
- **Renville County's participation in the DD waiver alliance with Meeker and McLeod Counties helps them meet needs and manage risks.** The county does not currently have a waitlist for the DD program, and the alliance allows Renville County to spend more of the HCBS budget while being protected in the event of high cost participants or crisis. Participating in the alliance has helped lay the groundwork for the county to continue to build relationships and conduct regional planning in order to enhance services for their participants.

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Renville County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Renville 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.
- **Begin developing strategies for future changes in the HCBS programs and the profile of people served by the county.** Case management and administering the waiver programs will become more complicated with shifting demographics and continual changes to programs. Renville County should anticipate and plan for these changes. This includes communicating with providers about the types of services and supports that will be needed for participants. The county may want to consider contracting case management services to serve participants that live out of the region and to cover during staffing leaves or shortages. Additionally, the county could consider designating a lead worker to stay current with program and policy changes, share this information with case managers, and train new staff.
- **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 be deliberate in developing these services. 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 47.5% of CCB participants receive services at home (ranking Renville County 79<sup>th</sup> of 87 counties); 12.0% of DD participants receive services at home (ranking 85<sup>th</sup> of 87 counties), and; 66.1% of EW/AC participants receive services at home (ranking 58<sup>th</sup> of 87 counties).

- **Continue efforts to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB programs.** Renville County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB programs (2.6% vs. 13.4%) and ranks 84<sup>th</sup> of 87 counties. The county should build off of success in the DD program and focus on developing community-based employment opportunities that result in higher wages for participants. The county should consider creating a Request for Information (RFI) for the community-based employment 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 waiver program.
- **Consider using a single, integrated care plan for all CADI participants that received Rule 79 Targeted Case Management.** When using one care plan format, it should meet all requirements for waiver programs and Rule 79 Targeted 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/](http://www.MinnesotaHCBS.info/).
- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs.** 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.
- **Renville County has reserves in the CCB budgets and is able to provide additional services to current participants or develop new services.** Renville County's waiver budget balance was 30% in the CADI, CAC and BI programs at the end of FY 2011. Typically a 5% to 8% allocation reserve is more than adequate to manage risk for counties of this size. The county should consider using these additional resources to fund efforts to expand or improve programs and access to services for participants such as CADI employment, in-home services, or transitional services. Renville County may also want to think about expanding

the current DD alliance to include CCB as a way to manage additional funds and build leverage for service development.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CADI 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. In Fiscal Year 2012, none (0%) or 0 out of 5 assessments for new CADI 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 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. Three out of eight CADI cases, three out of five BI cases, and one 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 eight CADI cases, two out of five BI cases, and seven out of eight AC 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 Renville 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 20 cases. All items are to be corrected by January 8, 2013 and verification submitted to the Waiver Review Team to document full compliance. Renville County submitted a completed compliance report on January 22, 2013.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	5	N / A	0	5	N / A	N / A
Screenings done on time for new participants (PR)	73%	67%	100%	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	53%	82%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=16</b>	<b>CCB n=13</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A



<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=16</b>	<b>CCB n=13</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	97%	100%	92%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	97%	94%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	95%	100%	85%	100%	AC / EW, DD	N / A
Inclusion of caregiver needs in care plans	64%	75%	33%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form completed and current (PR for BI 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 (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	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>
Percent of providers who report receiving the needed assistance when they request it from the LA (Provider survey, n=3)	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (Provider survey, n=3)	100%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=16</b>	<b>CCB n=13</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	92%	88%	93%	100%	CCB, DD	N / A
Back-up plan (PR for CCB only)	73%	88%	100%	0%	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=16</b>	<b>CCB n=13</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	97%	100%	100%	88%	AC / EW, CCB	N / A
Person informed of right to appeal documentation in the case file (PR)	49%	50%	15%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=16</b>	<b>CCB n=13</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	92%	94%	85%	100%	AC / EW, DD	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION (continued)</b>	<b>ALL</b>	<b>AC / EW n=16</b>	<b>CCB n=13</b>	<b>DD n=8</b>	<b>Strength</b>	<b>Challenge</b>
Documentation of participant satisfaction in the case file	65%	69%	54%	75%	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)	96%	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	54%	94%	93%	CCB, DD	AC / EW
Percent of LTC funds spent on HCBS	N / A	30%	90%	90%	CCB, DD	AC / EW
Percent of waiver participants with higher needs	N / A	42%	80%	65%	CCB	AC / EW, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	95%	CCB	DD
Percent of waiver participants served at home	N / A	66%	48%	12%	N / A	ALL
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	3%	30%	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.

***Residential Services*** support people in outside of their homes, and include supported living services, foster care and customized living services.

***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.

***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.