

# Minnesota Department of Human Services Waiver Review Initiative

---

Report for: **Rice County**

Waiver Review Site Visit: August 2014

Report Issued: November 2014



**Contents** ..... 2

**Acknowledgements** ..... 3

    About the Minnesota Department of Human Services..... 3

    About the Improve Group ..... 3

    Additional Resources ..... 3

**About the Waiver Review Initiative**..... 4

**About Rice County**..... 5

    Working Across the Lead Agency ..... 7

    Health and Safety ..... 8

    Service Development and Gaps ..... 9

    Non-Enrolled Tier 2 and 3 Vendor Monitoring ..... 10

    Community and Provider Relationships/Monitoring ..... 11

**Capacity** ..... 12

**Value**..... 14

**Sustainability** ..... 15

**Usage of Long-Term Care Services**..... 19

**Managing Resources** ..... 21

    Lead Agency Feedback on DHS Resources ..... 22

**Lead Agency Strengths, Recommendations & Corrective Actions**..... 25

    Rice County Strengths..... 25

    Recommendations ..... 27

    Corrective Action Requirements..... 29

**Waiver Review Performance Indicator Dashboard** ..... 33

**Attachment A: Glossary of Key Terms**..... 38

## 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 Rice County.

### About the Minnesota Department of Human Services

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

### About the Improve Group

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

### Additional Resources

[Continuing Care Administration \(CCA\) Performance Reports](#) at

[http://www.dhs.state.mn.us/main/dhs16\\_166609](http://www.dhs.state.mn.us/main/dhs16_166609)

[Waiver Review Website](#) at [www.MinnesotaHCBS.info](http://www.MinnesotaHCBS.info)

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Rice County
Case File Review	88 cases
Provider survey	19 respondents
Supervisor Interviews	2 interview with 2 staff
Focus Group	1 focus group with 12 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 Rice County

In August 2014, the Minnesota Department of Human Services conducted a review of Rice County's Home and Community Based Services (HCBS) programs. Rice County is a rural county located in southeastern Minnesota. Its county seat is located in Faribault, Minnesota and the County has another seven cities and 14 townships. In State Fiscal Year 2013, Rice County's population was approximately 64,656 and served 782 people through the HCBS programs. According to the 2010 Census Data, Rice County had an elderly population of 12.4%, placing it 69<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Rice County's elderly population, 7.6% are poor, placing it 61<sup>st</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The HCBS waiver programs are managed in two departments within Rice County: the Social Services Department and the Public Health Department. Social Services is the lead for CAC, CADI, BI, and DD cases, and Public Health is the lead for AC and EW cases. Rice County's Public Health Department also serves as a contracted care coordinator for Managed Care Organizations (MCOs) Blue Plus and UCare. The Social Services Department contracts with an outside agency for case management of two CADI cases. These two participants chose to receive case management from this agency instead of from the county.

The CCB programs were transferred from the Public Health Department to the Social Services Department in 2011. There is one Social Services Supervisor who oversees the management of the CCB and DD programs. He supervises nine waiver case managers who are all social workers. Two case managers have CADI and BI cases, one case manager has half CADI/BI cases and half

DD cases, and six case managers manage DD cases. Overall, case managers have caseloads of approximately 60 cases. However, one case manager has a caseload of approximately 80 cases because she serves the growing population of CADI participants with mental health needs. Social Services also has an office support staff member who assists with MMIS data entry for waiver cases.

There is one Long Term Care Supervisor in the Public Health Department. The supervisor also has some additional responsibilities as the Assistant Public Health Director. The Long Term Care Supervisor oversees five professional staff; three social workers and two public health nurses. One social worker is assigned as the primary screener and conducts the majority of the initial assessments for Public Health cases. The other four professional staff manage a mix of AC, EW, and CAC cases. While Social Services is the lead agency for the CAC program, a public health nurse serves as the case manager for CAC cases. Cases are dual case managed with a Social Services case manager whose primary role is to complete and maintain the necessary paperwork in coordination with the Public Health case manager. Public Health case managers have caseloads of approximately 95 cases each. Public Health also has a public health office support person who supports case managers by filing paperwork, organizing forms, and processing transportation vouchers.

The Social Services and Public Health Departments each have their own intake process, and transfer calls to each other when necessary. In Social Services, the intake worker gathers basic information from the participant, and the case is routed to the appropriate unit (e.g., DD or mental health). Based on the intake information, the case is assigned to a Social Services case manager to complete the initial assessment or screening. Typically, the case manager who does the initial assessment becomes the ongoing case manager. If Social Services receives an intake call for CAC, the lead agency completes a dual assessment with a social worker and nurse, and the case remains with the nurse for ongoing case management. In Public Health, an intake nurse gathers initial information and sends the referral to the primary screener to conduct the initial assessment. After the long-term care consultation is completed, the screener assigns the case to an ongoing case manager based on the geographical location of the participant.

## Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is their ability to work with staff across different departments. They stated that social workers and nurses are able to draw upon each other's expertise through case consultations. When needed, social workers and nurses attend participant meetings together. Case managers from Public Health and Social Services also said that they work well managing CAC cases together.

Rice County has three financial workers who primarily work with the waiver programs and are located in the same building as case managers. Financial workers and case managers communicate with one another through phone and email conversations and also utilize formal DHS communication forms. The financial unit uses a case banking system for non-waiver participants, and participants are not assigned to a designated waiver financial worker until they officially open to a waiver. Case managers shared that the case banking structure can make it difficult to connect with financial workers to ask questions about participants not yet open to the waiver. Case managers said that communication greatly improves once participants are assigned to one of the designated long-term care financial workers. Case managers shared that the financial workers have very high caseloads which contributes to a delay in communication about eligibility paperwork.

Rice County has two adult protection workers housed in Social Services. When a report is made, the adult protection workers look to see if the participant is on a waiver. If so, they consult with the waiver case manager to gather background information and attempt to resolve the issue as a team. Adult protection reports are also used as a referral source for potential waiver participants. Case managers shared that they have less experience working with child protection, but said that they are asked to consult with child protection workers when appropriate. Case managers stated that they work hard to separate themselves from child protection investigations in order to maintain their long-term relationships with waiver participants and their families.

Social Services customizes case management services for adult waiver participants who are dually eligible to receive Rule 79 targeted mental health case management. Case managers shared that they work very closely with mental health case managers when they dually manage

CADI cases. They frequently go out on visits together and consult with each other. If a waiver participant is stable and does not appear to be at risk for commitment, their Rule 79 case is closed and the case is managed solely by the waiver case manager. The Social Services Supervisor meets with the Mental Health Supervisor as needed to determine which case management model is the best fit for their participants.

The Social Services and Public Health Directors meet with the County Board regularly. They inform the Board of upcoming changes that affect the management of the waiver programs. They also communicate with the County Board about adding additional staff to address increasing caseload sizes as well as the additional responsibilities associated with new statewide initiatives starting throughout 2014.

### Health and Safety

In the Quality Assurance survey, Rice County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that there is good, open communication between participants and providers. They also shared that case managers are well-trained and knowledgeable and that the lead agency works cooperatively with providers.

Case managers shared that one of their biggest challenges is keeping up with the changing waiver program requirements. Public Health waiver case managers have a unit meeting every two weeks. Social Services has separate weekly meetings for DD and CADI case managers. Lead agency staff discuss information about program changes or new forms gathered from the listervs and bulletins during these meetings. The lead agency also sends a contingent of case managers to various trainings. Case managers bring back what they learned and share with other staff at meetings.

In an effort to monitor staff compliance, the Public Health Long Term Care Supervisor conducts random audits of files. Public Health also participates in two managed care audits. The Social



Services Supervisor prepares case file checklists to help case managers ensure that all required documentation is included. These checklists are updated as they learn of new requirements.

### Service Development and Gaps

Case managers stated that Rice County has good providers who are committed to providing quality services to participants. Lead agency staff reported that they have specialty services available in the area including psychological and dental services. As the needs of participants have become more complex, lead agency staff said that some providers have responded by providing higher levels of medical services.

However, lead agency staff also said that they have service gaps that pose challenges for meeting the needs of participants. They indicated a rise in the Somali and Hispanic populations in Rice County, which has led to a greater use of the Language Line and in-person interpreters by staff from Social Services and Public Health. This has also increased the need for culturally competent providers. The lead agency has responded to this demographic development by requiring their Social Services front desk staff to be bilingual in Somali or Spanish. The lead agency has also encouraged providers to hire staff who speak these languages. Currently, the lead agency uses the Language Line to help accommodate participants' communication needs.

Lead agency staff identified transportation as another major service gap, which can limit participants' access to the community in many ways. They also shared that local employers are willing to hire individuals with disabilities, but that transportation presents a barrier to this. They added that finding enough community-based employment for participants is a challenge for vocational providers.

In addition, case managers said that the moratorium on developing new corporate foster cares has made it difficult to find placements for participants with high behavioral and medical needs. The Public Health Long Term Care Supervisor shared that while they have many quality customized living providers for elderly participants, they have had challenges providing chore and companion services as providers are often not willing to travel to more rural parts of the county given the lack of reimbursement for travel time.

The lead agency communicates with providers about service development through informal conversations, but does not issue any formal Request For Proposals (RFPs). Supervisors shared that they have had conversations with providers about the need to develop more independent housing options and are supportive of families who would like their family member to live in a more independent setting.

### Non-Enrolled Tier 2 and 3 Vendor Monitoring

Rice County participated in a review of the lead agency's practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

Six Tier 2 service claims and one Tier 3 service claim were reviewed. The claims reviewed were for services delivered by five unique providers to seven unique participants in the CADI and DD programs. Rice County's Social Services Supervisor manages the service vendor files for the CAC, CADI, BI, and DD programs. However, case managers are responsible for ensuring the vendor meets all qualifications, as they know the participants' needs best. Of the Tier 2 and 3 services, Rice County primarily uses non-enrolled vendors for chore services, such as lawn care and snow removal, transportation, and home modifications. Staff stated that because they are willing to assist these vendors, participants continue to have good access to services.

Of the six service claims reviewed, none of the cases reviewed were found in complete compliance with all documentation requirements. The lead agency's Service Purchase Agreement (SPA) included most of the required components, but because it was formatted as general contract instead of participant specific agreement, it was missing a few required components. Five out of six claims with the SPA included the service name, rate, and all required MA assurances. Rice County Social Services did not have a log for tracking verification

that the vendor was not on the CMS or MHCP Exclusion lists. The one transportation claim, however, included verification of the vendor's auto insurance and driver's license.

### Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

**Table 2: Rice County Case Manager Rankings of Local Agency Relationships**

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	6	2
Schools (IEIC or CTIC)	0	3	1
Hospitals (in and out of county)	5	1	0
Customized Living Providers	0	4	3
Foster Care Providers	0	2	8
Employment Providers (DT&H, Supported Employment)	0	4	4

Staff shared that overall they have good relationships with area providers. The lead agency currently evaluates participants' satisfaction with their own services informally during face-to-face meetings. MCOs also survey participants about the lead agency's performance as a contracted care coordinator and share the results with Rice County. Case managers monitor participant satisfaction with providers and services during visits and assessments. Case managers communicate with their supervisor or with the county's licenser about issues they are having with foster care providers. Case managers said that the county licenser is very accessible and that they feel comfortable bringing any provider issues to them. Case managers also stated that the licenser is very good at working with them to come up with solutions when a crisis placement is needed.

Case managers rated the relationship with nursing facilities as average. Case managers said that they have good communication with nursing facilities and explained that nursing facilities are

good about returning phone calls and notifying them when a participant is admitted. However, some case managers said that the providers do not notify them consistently about the discharge of a participant. Case managers shared that they have developed relationships with social workers at nursing facilities but that the quality of those relationships vary across different facilities.

Case managers said that they work primarily with three school districts in Rice County. Case managers reported that they are invited to Individualized Education Program (IEP) meetings and that schools are open to having meetings with them. However, case managers added that transition planning and the services offered to participants vary depending on the school, the teacher, and how much parents advocate for their children around these issues.

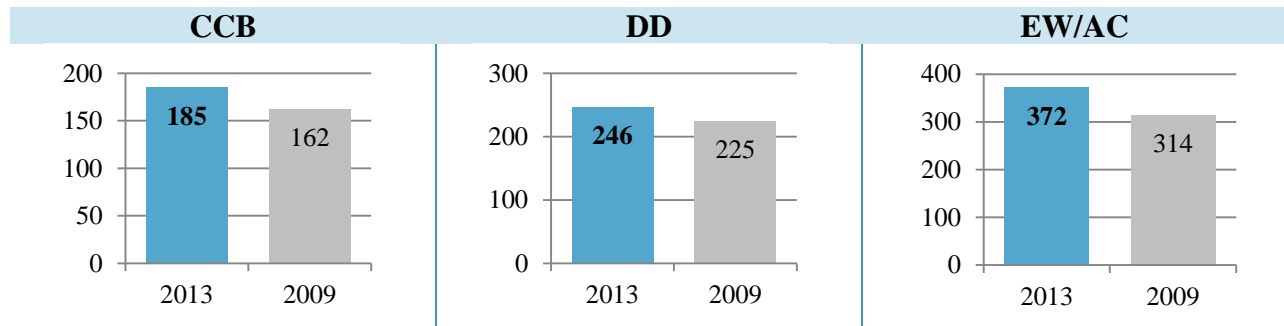
Case managers rated the relationship with hospitals as below average. They said that discharge planning prior to participants returning home could also be improved. Case managers added that they hope to work on cultivating these relationships and strengthening communication with hospital staff by doing some outreach and informal education about the waiver programs.

Case managers rated their relationship with vocational providers as average to above average. They said that providers are participant focused and are good at finding work for participants. They added that different providers have different strengths, such as finding community employment or working with participants with behavioral needs.

## 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 Rice County (2009 & 2013)**



	2009	2013
CCB	162	185
DD	225	246
EW/AC	314	372

Since 2009, the total number of people served in the CCB Waiver program in Rice County has increased by 23 participants (14.2 percent) from 162 in 2009 to 185 in 2013. Most of this growth occurred in the case mix B, which grew by 17 people. With this increase Rice County may be serving a higher proportion of people with mental health needs.

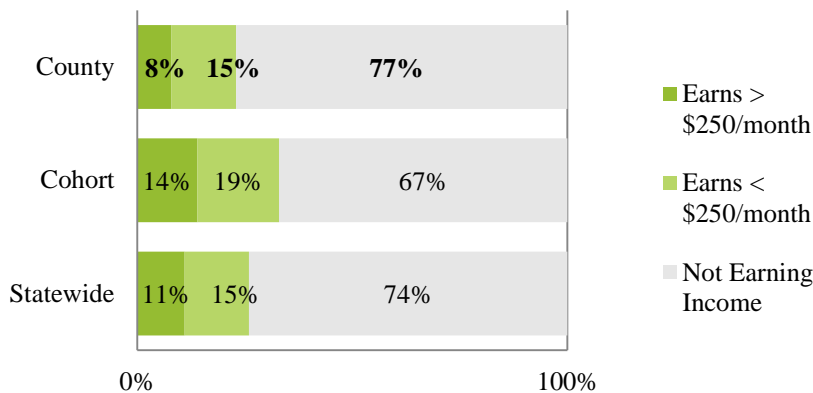
Since 2009, the number of people served with the DD waiver in Rice County increased by 21 participants, from 225 in 2009 to 246 in 2013. While Rice County experienced a 9.3 percent increase in the number of people served from 2009 to 2013, its cohort had an 8.8 percent increase in number of people served. In Rice County, the profile group 3 had the largest change increasing by 21 people.

Since 2009, the number of people served in the EW/AC program in Rice County has increased by 58 people (18.5 percent), from 314 people in 2009 to 372 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increases occurred in people having case mixes B and E, which increased by 54 and 48 people respectively. With this increase, Rice County may be serving a larger proportion of people with mental health needs.

**Value**

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

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



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Rice County	8%	15%	77%
Cohort	14%	19%	67%
Statewide	11%	15%	74%

In 2013, Rice County served 146 working age (22-64 years old) CCB participants. Of working age participants, 23.3 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Rice County ranked 73<sup>rd</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Rice County 8.2 percent of the participants earned \$250 or more per month, compared to 14.2 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



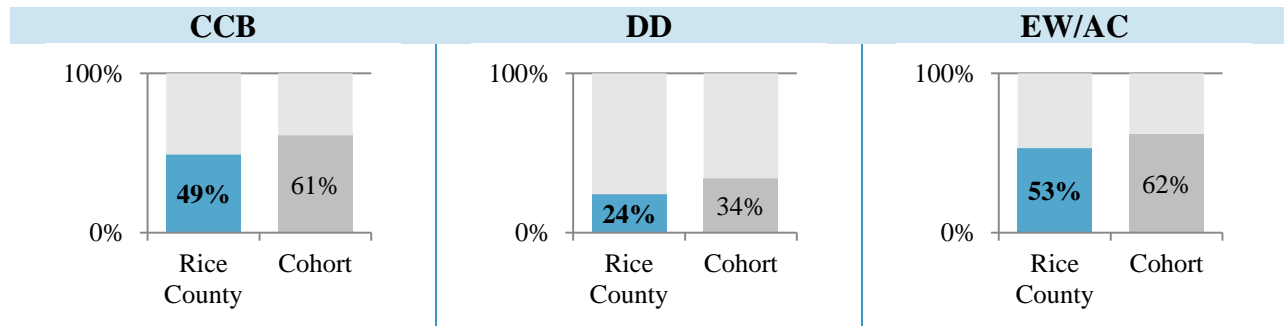
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Rice County	32%	54%	14%
Cohort	24%	54%	22%
Statewide	23%	48%	29%

In 2013, Rice County served 186 DD waiver participants of working age (22-64 years old). **The county ranked 18<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Rice County, 32.3 percent of working age participants earned \$250 or more per month, while 24.4 percent of working age participants in the cohort as a whole did. Also, 86.0 percent of working age DD waiver participants in Rice County had some earned income, while 78.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

**Sustainability**

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

**Percent of Participants Living at Home (2013)**



	Rice County	Cohort
CCB	49%	61%
DD	24%	34%
EW/AC	53%	62%

**Rice County ranks 76<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2013, the county served 91 participants at home. Between 2009 and 2013, the percentage decreased by 2.0 percentage points. In comparison, the cohort percentage fell by 1.1 percentage points and the statewide average fell by 3.7 points. In 2013, 49.2 percent of CCB participants in Rice County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

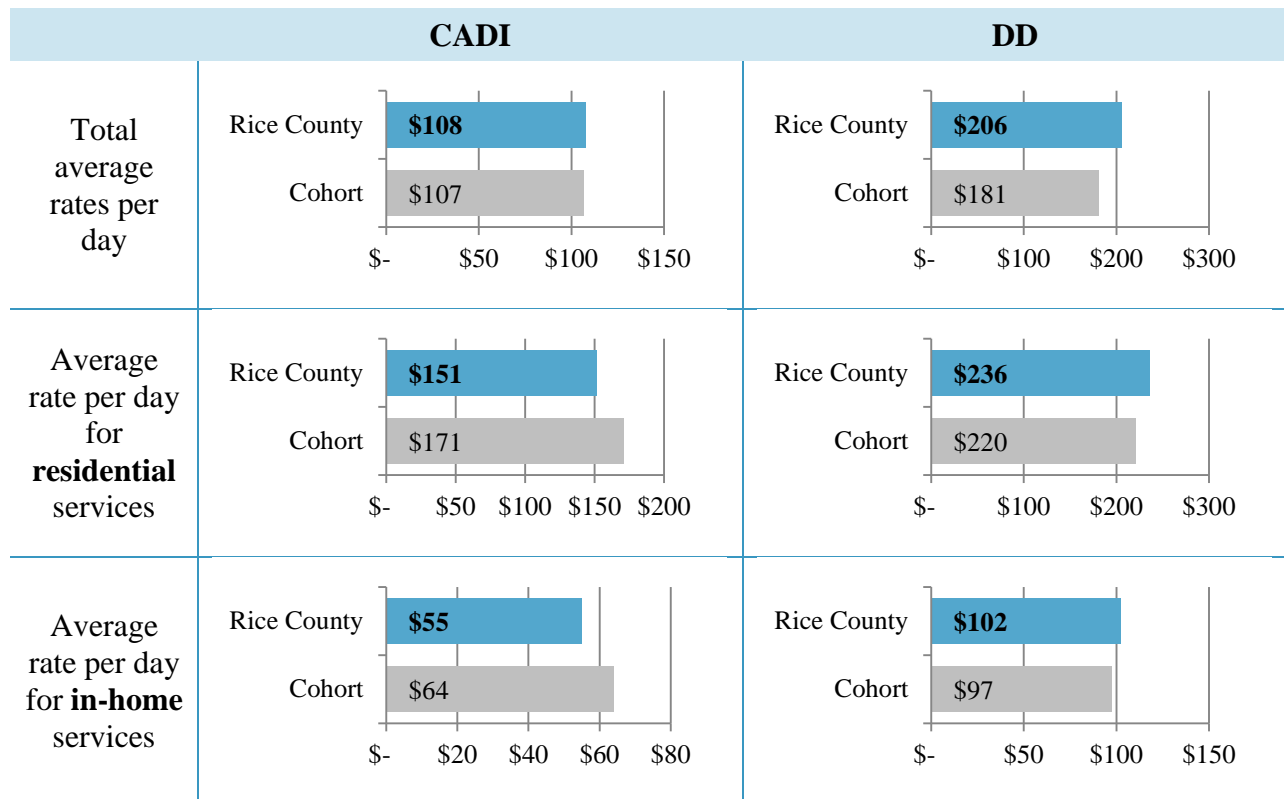
**Rice County ranks 72<sup>nd</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2013, the county served 59 participants at home. Between 2009 and 2013, the percentage decreased by 1.3 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.2 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.4 percent to 35.2 percent.

**Rice County ranks 74<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2013, the county served 198 participants at home. Between 2009 and 2013, the percentage decreased by 5.4 percentage points. In comparison, the percentage of participants served at home fell by 5.2 percentage points in their cohort, and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were



served in their homes statewide. Rice County serves a lower proportion of EW/AC participants at home than their cohort or the state.

**Average Rates per day for CADI and DD services (2013)**



**Average Rates per day for CADI services (2013)**

	Rice County	Cohort
Total average rates per day	\$107.91	\$106.85
Average rate per day for <b>residential</b> services	\$151.39	\$170.95
Average rate per day for <b>in-home</b> services	\$54.97	\$63.98

**Average Rates per day for DD services (2013)**

	Rice County	Cohort
Total average rates per day	\$205.92	\$181.46
Average rate per day for <b>residential</b> services	\$235.74	\$220.48
Average rate per day for <b>in-home</b> services	\$102.25	\$97.29

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Rice County is \$1.06 (1.0 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Rice County spends \$19.56 (11.4 percent) less on residential services, and \$9.01 (14.1 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Rice County ranks 46<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

**The average cost per day for DD waiver participants in Rice County is \$24.46 (13.5 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Rice County spends \$15.26 (6.9 percent) more on residential services, and \$4.96 (5.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Rice County ranks 80<sup>th</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

**Rice County has an overall higher use in the CADI program than its cohort of residential based services (55% vs. 38%).** This includes Foster Care (22% vs. 26%) and Customized Living (33% vs. 12%). The lead agency has a lower use of Prevocational Services (5% vs. 10%) and Supported Employment Services (12% vs. 13%). They also have a lower use of some in-home services, such as Consumer Directed Community Supports (CDCS) (2% vs. 7%), Skilled Nursing (12% vs. 14%), and Independent Living Skills (12% vs. 19%), but a higher use of Home Delivered Meals (22% vs. 18%) and Home Health Aide (10% vs. 5%). Seventy-one percent (71%) of Rice County's total payments for CADI services are for residential services (44% foster care and 27% customized living) which is higher than its cohort group (55%).

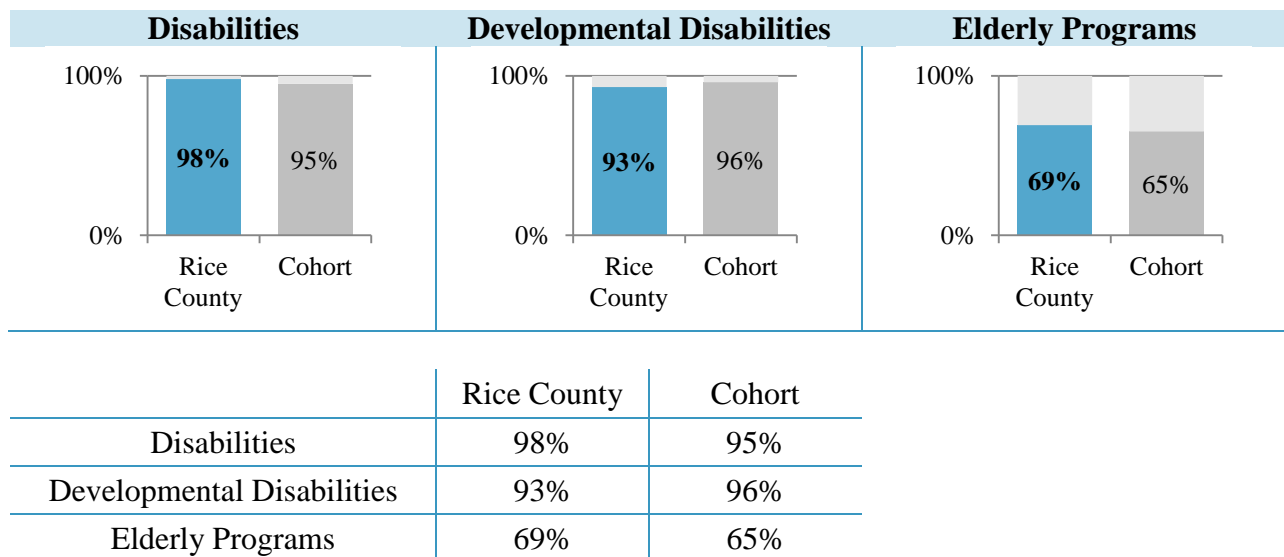
**Rice County's use of Supportive Living Services (SLS) is higher than its cohort (75% vs. 67%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own

home. The lead agency has a higher use of Day Training & Habilitation (72% vs. 61%), but lower use of Supported Employment Services (2% vs. 4%) than its cohort. It also has a lower use of CDCS (2% vs. 10%) and a higher use of In-Home Family Support (18% vs. 15%).

### Usage of Long-Term Care Services

Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

#### Percent of LTC Participants Receiving HCBS (2013)



**In 2013, Rice County served 483 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 25 in institutional care.** Rice County ranked 4<sup>th</sup> of 87 counties with 97.9 percent of their LTC participants received HCBS. This is a higher rate than their cohort, where 94.9 percent were HCBS participants. Since 2009, Rice County has increased its use of HCBS by 1.8 percentage points, while the cohort increased its use by 1.6 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

**In 2013, Rice County served 295 LTC participants (persons with development disabilities) in HCBS settings and 21 in institutional settings.** Rice County ranked 47<sup>th</sup> of 87 counties with

93.2 percent of its DD participants receiving HCBS; a lower rate than its cohort (95.9 percent). Since 2009, the county has decreased its use by 1.8 percentage points while its cohort rate has increased by 4.5 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

**In 2013, Rice County served 386 LTC participants (over the age of 65) in HCBS settings and 198 in institutional care.** Rice County ranked 24<sup>th</sup> of 87 counties with 69.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 65.0 percent were HCBS participants. Since 2009, Rice County has increased its use of HCBS by 7.6 percentage points, while their cohort has increased by 3.9 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

#### **Nursing Facility Usage Rates per 1000 Residents (2013)**

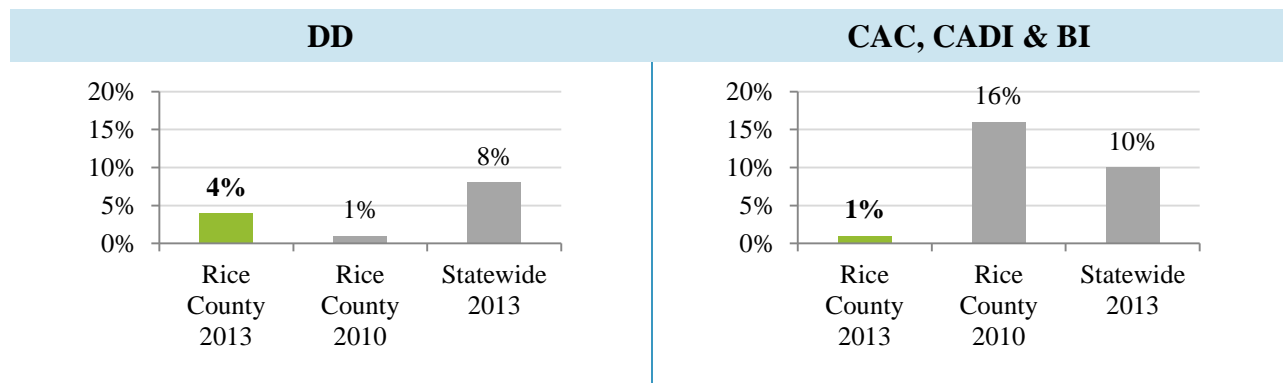
<b>Age</b>	<b>Rice County</b>	Cohort	Statewide
Age 0-64	<b>0.26</b>	0.30	0.52
Age 65+	<b>18.75</b>	22.30	21.03
TOTAL	<b>2.48</b>	3.25	3.00

**In 2013, Rice County was ranked 14<sup>th</sup> out of 87 counties in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Rice County also has a lower nursing facility utilization rate for people under 65 years old. Since 2011, the number of nursing home residents 65 and older has decreased by 15.0 percent in Rice County. Overall, the number of residents in nursing facilities has decreased by 14.3 percent since 2011.

## Managing Resources

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

### Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Rice County (2013)	4%	1%
Rice County (2010)	1%	16%
Statewide (2013)	8%	10%

**At the end of calendar year 2013, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Rice County had a 4% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Rice County’s DD waiver balance is larger than its balance in CY 2010 (1%), but smaller than the statewide average (8%).

**At the end of fiscal year 2013, the CCB waiver budget had a very small reserve.** Rice County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Rice County had a 1% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), and the balance in FY 2010 (16%).

The Social Services Department manages the budgets for the CCB and DD waiver programs. DHS records indicate that Rice County has a waitlist for the CADI and the DD waiver programs. The Social Services Supervisor and a case manager created a spreadsheet to track total expenditures for current and potential participants. They prioritize participants on the waitlists using a point scale for various health and safety needs identified on the screening. The Social Services Supervisor noted that they developed this prioritization system for the DD program and began using it for the other programs. Although the lead agency has a waitlist, because they are maximizing their waiver allocations, they are able to serve as many individuals as possible in their community.

### Lead Agency Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

**Table 3: Rice County Case Manager Rankings of DHS Resources**

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	1	4	2	0
MMIS Help Desk	0	0	2	2	0
Community Based Services Manual	0	0	0	8	1
DHS website	0	2	4	1	0
E-Docs	0	0	0	9	0
Disability Linkage Line	0	4	1	2	1

Resource	1= Not Useful	2	3	4	5= Very Useful
Senior Linkage Line	0	1	2	2	0
Bulletins	0	1	6	2	1
Videoconference trainings	0	2	8	1	0
Webinars	0	1	5	2	0
Regional Resource Specialist	0	0	1	4	4
Listserv announcements	0	0	3	0	0
MinnesotaHelp.Info	0	0	0	2	0
Ombudsmen	1	4	0	1	2
DB101.org	0	1	0	0	0

Case managers rated Policy Quest as moderately useful. Case managers said that Policy Quest is hard to navigate and the responses to questions are vague. Lead agency staff also said that the response time for submitted questions is slow. The Public Health and Social Services Supervisors are the only staff members with access to post questions. Lead agency staff also look up previously questions in Policy Quest, and the Social Services Supervisor said this is a particularly helpful feature. Case managers who have used the MMIS Help Desk said e-mailing questions works well.

Case managers rated the Community Based Services Manual (CBSM) as an above average resource. They shared that the manual is helpful for looking up information about the waiver programs. Case managers added that DHS is good about updating the manual, but said that they are not always aware of when changes are made. Supervisors also said that they use the CBSM regularly. Case managers said that the DHS website can be useful resource, but is difficult to navigate.

Case managers shared that they use E-Docs to get the most current forms and that they like the resource. The Social Services Supervisor said that the lead agency has Adobe Professional and they are able to save forms from E-Docs. The Long Term Care Supervisor added that they receive notices about changes to forms, but it would be more helpful if the notice would indicate the specific change made.

Case managers have had a range of experiences with the Disability Linkage Line. Some case managers rated the Disability Linkage Line as not very useful, while others said it is a good resource for participants. Case managers said that it can be difficult to connect with someone when using the Senior Linkage Line. Supervisor shared that they are often a site for videoconference trainings, but the streaming option also works well. The Social Services Supervisor said that the Regional Resource Specialist is very busy, but has been resourceful and has assisted in resolving some challenging situations.



## Lead Agency Strengths, Recommendations & Corrective Actions

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

### Rice County Strengths

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

- **Rice County staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide needed services for participants. Being adjacent to the seven county metro gives participants access to many resources and choices in providers. Case managers have developed close working relationships with providers, and these relationships assure that providers are responsive to participants' changing needs. The results of the provider survey gave very positive feedback about Rice County; 89% of respondents reported that they receive needed assistance when it is requested and 90% submit monitoring reports to the lead agency.
- **Rice County staff work well together and collaborate across departments and units to serve waiver participants.** The Social Services and Public Health Departments and their staff have excellent working relationships with one another. The transfer of the CCB programs from Public Health to Social Services has yielded positive results for the lead agency, and staff from both departments are still involved in the management of these cases. Lead agency staff identified teamwork and supportive co-workers as strengths of the county. Case managers in Public Health and Social Services work well together on the co-case management of CAC cases. Social workers and public health nurses also work together in the integrated Public Health unit and consult with one another regularly to problems solve and bring the perspective of both disciplines when serving participants. These strong working relationships and informal collaboration allow case managers to help participants navigate across units and enhance the services participants are receiving.

- **Based on budget reports, Rice County’s waiver allocations are very well-managed.** Rice County’s DD waiver budget balance was 4% at the end of CY 2013, and there was a 1% balance in the CADI, CAC and BI programs at the end of FY 2013. The Social Services Supervisor manages the waiver budgets. He has done an excellent job of ensuring that Rice County has just enough reserve funds to balance risks from costly participant crises, while maximizing the county’s ability to meet local needs.
- **Rice County Public Health is a Medicare-certified home health care agency which allows them to reach a greater number of participants and streamline services.** Rice County Public Health’s role as a lead agency of EW and AC programs and as a home health care agency promotes continuity between waiver case management and the services participants receives. As a home care provider, Rice County serves many waiver participants, and nurses can serve as a source of referrals and play a role in monitoring participant health and safety. Rice County Public Health also does community outreach and provides information and resources to community members, particularly seniors, who otherwise may not be reached.
- **Rice County offers employment opportunities to DD participants and has achieved high rates of participants with earned income of \$250 or more.** Rice County has a focus on employment for participants with disabilities and has the expectation that participants will work. The lead agency is outperforming the statewide average and its cohort with 32.3% of DD waiver participants (compared to 24.4% for the cohort) earning more than \$250 per month which ranks them 18<sup>th</sup> out of 87 counties. However, Rice County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (8.2% vs. 14.2%) and ranks 73<sup>rd</sup> of 87 counties. The lead agency should work to equal the outcomes for the CCB programs by collaborating with providers and local businesses to develop creative community-based employment supports and opportunities for CCB participants. This may include reaching out to current providers to expand opportunities or accessing new providers from neighboring counties who are better able to meet the preferences of CCB participants.

## Recommendations

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

Administering the waiver programs and providing case management has become and will remain more complex. Case managers in Rice County are struggling to stay current on program requirements and implementing required policies and practices. Therefore, **the recommendations in this report are focused on developing additional systems to improve practices and quality of case management** and care planning.

- **Enhance systems and practices to provide oversight for case managers and track compliance with program requirements.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency will need to develop strategies to ensure staff understand complex program requirements and are able to meet those requirements. Such strategies could include developing and using tools and processes like case file checklists for use by waiver case managers and supervisors. To ensure corrective actions are implemented and practices remain compliant, develop internal processes for regular audits in Social Services. These may include peer review of case files, review of files by a case aide or lead worker, and/or during annual employee reviews. Public Health should share experiences with auditing case files as Social Services develops their practices.
- **Consistently monitor service providers to ensure the quality provision of services as outlined in participant care plans.** For ongoing monitoring of providers and quality of services, the lead agency may want to develop and use quality assurance visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs. Visit sheets can be used to monitor a participant's progress, note changes or additional needs of a participant and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face to face visits. The visit sheet should also include standard

questions to assess participant satisfaction with providers. In Rice County, only 55% of cases reviewed contained documentation of participant satisfaction.

- **Update business practices as the waiver programs grow in size and complexity.** From 2009 to 2013, program enrollment increased in Rice County increased by 14% for CCB, 19% for AC/EW, and 9% for DD, which is over 100 participants total. Increasing participant and community needs are putting pressures on Rice County's limited resources. It is impacting its ability to provide the high quality services it expects of its staff and its ability to ensure compliance with the requirements of the HCBS programs. It is important for Rice County to create more efficient business practices for keeping current staff up-to-date with requirements, as well as reducing some of its higher caseloads. For example, supervisors may want to structure staff meetings as a learning forum to disseminate information to case managers about program changes. The lead agency could also develop formal training manuals and plans and/or contract with retired workers to help train and mentor new staff.
- **Work to reduce administrative burden on case managers by adopting one or more strategies that have worked well in other lead agencies.** One strategy is to reduce the workload of existing case managers by adding lead workers for the existing Social Services waiver units. The designated lead workers would maintain a smaller caseload and have the added responsibility of maintaining expertise and informing other case managers of program and policy changes. This would also help ease some of the burden on the Social Services Supervisor, given that the transfer of the CCB programs to the Social Services Department has brought with it a significant increase in their supervisory responsibilities. A second strategy is to increase specialization between the fee-for service AC/EW waiver programs and MCOs. This would reduce the programs case managers have to keep up on and may allow Public Health staff to direct more time and resources to other case manager responsibilities. A final strategy is for Social Services and Public Health to expand the role of their respective office support staff to reduce the administrative burdens on case managers. The support staff could not only enter data into MMIS, but also assist with creating packets or files containing the most up-to-date required forms, scheduling visits for case managers, etc.

- **Increase the use of contracted case management and begin building capacity to support contracted case management agencies.** Other lead agencies have found that the use of private agencies for contracted case management can improve care oversight and be a more effective use of case management time. For participants placed outside of your region, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant windshield time. In such cases, Rice County should require contracted case managers to adhere to lead agency practices and maintain a case file with documentation of all required paperwork.
- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 92% of case files reviewed included the type of service in the care plan, only 9% of cases reviewed included the annual amount allowed.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within required time frames.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Thirty three percent (33%) or 3 out of 9

assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that all participants have an individual care plan that is signed and dated by the appropriate parties within the past year included in their case file.** All care plans must be completed and signed by the appropriate parties on at least an annual basis. Currently, there are six participants who do not have signed care plans in their case file including three out of 15 CADI cases, one out of 5 BI cases, and two out of 24 DD cases.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services.** It is required that all HCBS participants have completed documentation of choice in the care plan. Seven out of 15 CADI cases and two out of 5 BI cases did not have information in the case file showing that choice was documented in the participant's care plan.
- **Beginning immediately, ensure that all participants have emergency contact information that is current within the past year included in their case file.** It is required that all HCBS participants have a current emergency contact in the file in the event that primary caregiver cannot be reached during an emergency. Currently, one out of 15 CADI cases and eight out of 24 DD cases did not have an emergency contact in the file.
- **Beginning immediately, include a back-up plan in the care plan of all CCB, EW, and DD program participants.** 1) All 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 provide needed services. Currently, four out of 15 CADI cases, one out of 10 AC cases, and two out of 24 DD cases did not have a back-up plan. In addition, 5 out of 15 CADI cases, 2 out of 5 BI cases, and 6 out of 24 DD cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

- **Beginning immediately, ensure that all LTC participants include a completed OBRA Level One form in their case file.** The OBRA form has two sections and both must be completed by the case manager. The sections ask whether a developmental disability diagnosis or mental health diagnosis is present. Five out of 15 CADI cases did not include this completed documentation. It is considered a best practice for this form to be completed on an annual basis.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed that includes the three required signatures and dates.** 18 out of 24 DD were missing the case manager's signature, participant's or legal representative's signature and the QDDP's signature on the DD screening document.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Two out of 15 CADI cases did not have completed documentation in the case file. In addition, two out of 15 CADI cases, one out of 5 BI cases, and three out of 24 DD cases did not have documentation that the participant had given informed consent to release private information within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices on an annual basis. Currently, two out of 15 CADI cases did not have this completed documentation in the case file. In addition, two out of 15 CADI cases, one out of 5 BI cases, and three out of 24 DD cases did not have current documentation that the participant had been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Seven out of 15 CADI cases, three out of 5 BI cases, 14

out of 26 EW cases, and one out of 24 DD did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 15 CADI cases, one out of 26 EW cases, and two out of 24 DD cases did not have current documentation.

- **Beginning immediately, ensure that all care plans include information documenting the participant's need for 24-hour supervision for all EW participants using customized living services.** All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information. Seven of the 17 cases where this was applicable included this information in the care plan.
- **Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed.** Rice County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 43 applicable cases, 14% did not have employment assessed. Most notably, three out of 6 CAC cases and three out of 12 CADI cases did not have evidence that employment was assessed.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Rice County to submit a Corrective 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 51 cases. All items are to be corrected by Friday, November 7<sup>th</sup>, 2014 and verification submitted to the Waiver Review Team to document full compliance.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Rice County to submit a Corrective Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the County, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 7 cases. All items are to be corrected by Friday, November 7<sup>th</sup>, 2014, and verification submitted to the Waiver Review Team to document full compliance.



## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	64	N / A	31	33	N / A	N / A
Screenings done on time for new participants (PR)	86%	92%	33%	100%	AC / EW, DD	CCB
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	61%	75%	DD	CCB
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=36</b>	<b>CCB n=28</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	97%	100%	93%	N / A	AC / EW, CCB	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=36</b>	<b>CCB n=28</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	99%	100%	100%	96%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	93%	100%	86%	92%	AC / EW, DD	N / A
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	90%	100%	68%	100%	AC / EW, DD	CCB
Participant needs identified in care plan (PR)	91%	81%	97%	100%	CCB, DD	N / A
Inclusion of caregiver needs in care plans	50%	0%	0%	100%	DD	N / A
OBRA Level I in case file (PR)	92%	100%	82%	N / A	AC / EW	N / A
ICF/DD level of care documentation in case file (PR for DD only)	92%	N / A	N / A	92%	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)	75%	N / A	N / A	75%	N / A	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	88%	N / A	88%	N / A	N / A	N / A
Employment assessed for working-age participants	86%	N / A	86%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	59%	59%	N / A	N / A	N / A	AC / EW

<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)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=19</i> )	89%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=19</i> )	90%	N / A	N / A	N / A	ALL	N / A
<b>LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=6)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=1)	0%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=36</b>	<b>CCB n=28</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	94%	100%	86%	96%	AC / EW, DD	N / A
Health and safety issues outlined in care plan (PR)	96%	94%	93%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	77%	97%	61%	67%	AC / EW	CCB, DD

<b>PARTICIPANT SAFEGUARDS (continued)</b>	<b>ALL</b>	<b>AC / EW n=36</b>	<b>CCB n=28</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Emergency contact information	90%	100%	96%	67%	AC / EW, CCB	DD
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=36</b>	<b>CCB n=28</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	91%	100%	82%	88%	AC / EW	N / A
Person informed of right to appeal documentation in the case file (PR)	67%	58%	61%	88%	N / A	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	91%	100%	82%	88%	AC / EW	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=36</b>	<b>CCB n=28</b>	<b>DD n=24</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	98%	97%	97%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	55%	78%	21%	58%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	69%	98%	93%	AC / EW, CCB	DD

<b>SYSTEM PERFORMANCE (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of LTC funds spent on HCBS	N / A	44%	95%	91%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	78%	84%	87%	AC / EW, DD	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	89%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	53%	49%	24%	N / A	ALL
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	8%	32%	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.

**MnCHOICES** is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

**Participants** are individuals enrolled and receiving services in a HCBS program.

**Promising practice:** An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

**Policies** are written procedures used by lead agencies to guide their operations.

***Provider contracts*** are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

***Provider Survey:*** Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

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

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

***Waiver Review Performance Indicators Dashboard*** is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

***Waiver Review Site visit*** refers to the time DHS and IG are on site with the lead agency to collect data used in this report.