

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Leech Lake Band of Ojibwe**

Waiver Review Site Visit: April 2015

Report Issued: July 2015

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Acknowledgements

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

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

http://www.dhs.state.mn.us/main/dhs16_166609

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

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Leech Lake Tribe
Case File Review	19 cases
Provider survey	4 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 4 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 Leech Lake Tribe

In April 2015, the Minnesota Department of Human Services conducted a review of Leech Lake Indian Band of Ojibwe's ("Tribe") Home and Community Based Services (HCBS) programs. The Leech Lake Indian Reservation is located in northwestern Minnesota. The Reservation has 11 communities. In State Fiscal Year 2014, Leech Lake Indian Reservation's enrollment was approximately 9,500 and it served 26 people through the HCBS programs.

The Leech Lake Health Division is the lead agency for all HCBS waiver programs and is located in Cass Lake, MN. The waivers are managed by the Elder and Disability Services Unit. To be eligible to receive waiver funding and case management from the lead agency, participants must either be a Leech Lake Band Member or living in a household with a Leech Lake Band Member. The lead agency serves participants who live on the Leech Lake Reservation as well as those who live anywhere within Beltrami, Cass, Hubbard, and Itasca Counties.

Leech Lake has one Waiver Program Coordinator who is a registered nurse and oversees the management of the waiver programs. The lead agency also has one social worker who, along with the Waiver Program Coordinator, manages all of the lead agency's waiver cases. At the time of the review, Leech Lake had participants on the AC, EW, CADI, and DD waiver programs. Additionally, the lead agency has one case aide who has filing and billing responsibilities and provides general support to staff.

Leech Lake receives intake referrals from the four counties in addition to participants coming to them directly. The Waiver Program Coordinator and case manager share intake duties and are both certified MnCHOICES assessors. They often perform MnCHOICES assessments for new participants together so that they are both familiar with the cases as they begin to provide ongoing case management. The lead agency also has an additional registered nurse who is a

certified assessor. While her primary duties involve conducting PCA assessments, she also performs MnCHOICES assessments for participants who are already receiving PCA services.

Working Across the Lead Agency

Lead agency staff shared that one of their strengths is their ability to communicate with one another. Since each participant is assigned a registered nurse and social worker to co-case manager, they are in regular contact with each other and provide updates through informal conversations and emails. Lead Agency staff also frequently interact with staff from the four counties with which they work. They shared that they also receive good support from case managers at other lead agencies.

Leech Lake does not have their own financial workers, so participants' financial eligibility for Medical Assistance and other HCBS programs is managed by the county in which they reside. Lead agency staff have financial workers at each county as their primary contacts, often connecting with them through telephone and email conversations to ensure all necessary paperwork is completed. They also use formal DHS financial communication forms. Staff shared that while having a single financial worker as their primary contact is ideal, the lead agencies they work with commonly experience turnover in those roles and the contact changes frequently. Lead agency staff indicated that this extra step of communication sometimes inhibits their ability to assist participants with Medical Assistance (MA) eligibility and coding issues that arise. They stated that the lead agency financial workers do not always notify them when participants' MA eligibility is ending in a timely matter.

Leech Lake staff also access adult protection workers through the various counties. In the past, staff have been brought in by adult protection workers to consult on investigations that involve waiver participants. Leech Lake has their own child protection unit housed in its Human Services Division. Staff indicated that they have yet to have any children participants on any of their waiver programs. Mental Health case managers are also housed in the Human Services Division and they send referrals to the Health Division for participants they believe may be eligible for one of the waiver programs. When waiver participants also receive mental health case management, the two case managers coordinate with one another to set up services and may schedule visits together.

The Health Division Director communicates with the Leech Lake Tribal Council to update them on changes that affect the management of the waiver programs. Lead agency staff attend district representative meetings for the Tribal Council. The Council has requested that they conduct educational activities at these meetings to let potential participants know about the benefits of the HCBS waivers. Staff set up booths and hand out brochures detailing what services are available to Leech Lake Band members.

Health and Safety

In the Quality Assurance survey, Leech Lake 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 they have good, open communication with case managers. They also said that Leech Lake case managers are responsive to changes in participants needs and quickly respond to questions or inquiries from providers and waiver participants.

Keeping up on all of the changing waiver program requirements and policies is often a challenge for most lead agencies. Leech Lake staff receive bulletins and subscribe to listserv announcements. They use these resources to learn about changes. The lead agency also invites case managers from surrounding counties to a quarterly meeting where they discuss updates and draw upon the various experiences of other staff. Lead agency staff also attend regional quarterly meetings and other various trainings and informational meetings provided by DHS.

Lead agency staff utilize an internal case file audit sheet based off of the first round of the waiver review. The case aide reviews each file every month to ensure they are meeting program requirements. The Waiver Program Coordinator also reviews case files when available to do so.

Service Development and Gaps

Lead agency staff expressed that the geographical size of the Leech Lake Reservation presents challenges for service delivery. They shared that it is often difficult to find providers who are willing to travel to the smaller communities located in remote areas of the Reservation. Staff

indicated that transportation is a significant service gap in their region and that the lead agency is currently in the process of evaluating some potential solutions to help participants better meet their needs. Leech Lake also has a senior advocates program that provides both medical and non-medical transportation services.

Staff also stated that there is a significant need for residential services within the Reservation. They shared that many Leech Lake Band Members who are currently in customized living, foster care, and nursing facilities have expressed that they would like to move to a setting closer to home. Staff stated that the Leech Lake Band of Ojibwe is currently considering the development of an assisted living facility. They stated that this process has proven to be a challenging endeavor given the various rules and regulations involved with developing this kind of facility. Staff indicated that the new facility would most likely be open to non-Band Members in order to be financially viable for a provider.

Community and Provider Relationships/Monitoring

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

Table 2: Leech Lake Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	3	0
Hospitals	0	2	1
Customized Living Providers	0	0	2
Foster Care Providers	0	0	3
Home Care Providers	0	4	0
Employment Providers (DT&H, Supported Employment)	0	1	1

Case managers and assessors rated the relationship with nursing facilities as average and stated that communication with nursing staff has been a challenge. They shared that they are not always notified when adult participants are admitted, but once the nursing facility staff realize the

participant is on a waiver the level of communication improves. They also shared that some nursing facility staff do not notify them when a participant has been discharged which can create challenges for coordinating services when the person returns home.

Case managers also shared that they generally have very good communication with hospital staff. Case managers said that the local hospital does a good job with discharge planning, but they do not always hear from the hospital when a participant is admitted.

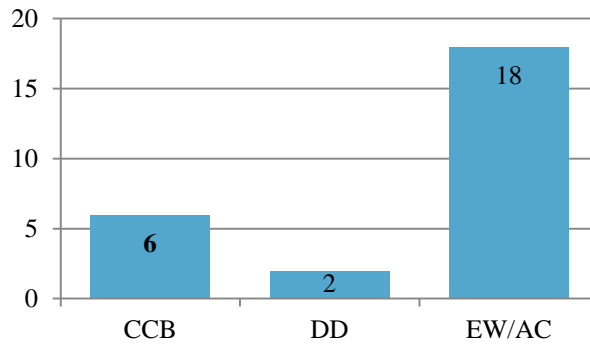
Case managers rated their working relationships with customized living facilities and their foster cares as above average. Leech Lake has one customized living facility located on the Reservation, and case managers explained that the provider is very good about notifying them when a participant has changing needs. Case managers also shared that they have great working relationships with the two family foster care providers and one corporate foster care provider that they are currently utilizing.

Case managers rated their working relationships with home care providers as average and said that although they have PCA agencies in the area, they are not always able to hire reliable staff and the agencies struggle with high rates of staff turnover. Case managers rated their relationships with vocational providers as above average and shared that they have good communication and are very good at setting up quarterly meetings. They also said that vocational providers do a good job at developing support plans for waiver participants.

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. Of all the HCBS programs, the AC and EW programs have been administered the longest by the lead agency to serve elderly participants. While those programs remain the most heavily utilized, the lead agency expanded its service offerings a few years ago to include disability waivers: CAC, CADI, BI, and DD.

Program Enrollment in Leech Lake Tribe (2013)

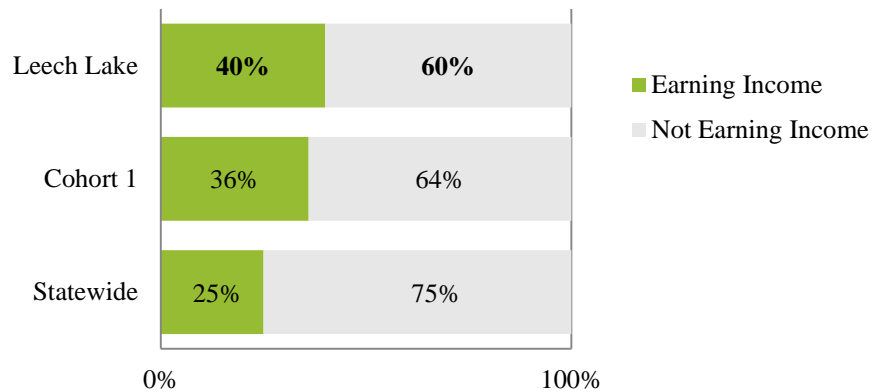


	CY 2013
CCB	6
DD	2
EW/AC	18

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. In December 2013, Leech Lake had five working age participants, two of which had reported earnings from employment.

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

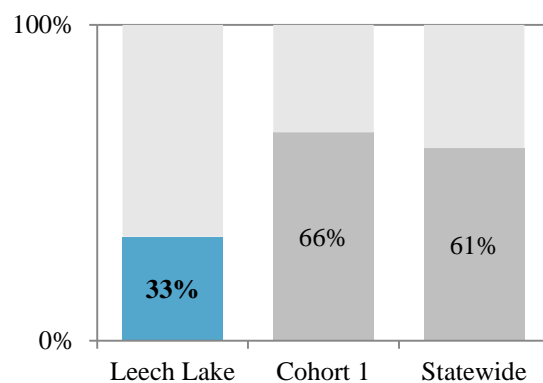


	Earning Income	Not Earning Income
Leech Lake	40%	60%
Cohort 1	36%	64%
Statewide	25%	75%

Sustainability

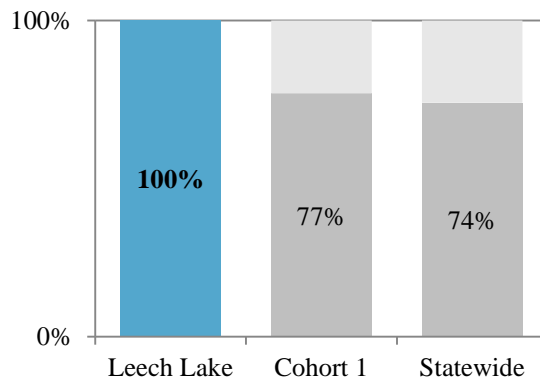
Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability. In Fiscal Year 2013, there were six disability waiver participants in Leech Lake, two of which received services in a residential setting. There were also 18 elderly participants on either the EW or AC waiver and all of them were served in their own home.

Percent of CCB and DD Participants Living at Home (FY 2013)



	Living at Home
Leech Lake	33%
Cohort 1	64%
Statewide	61%

Percent of EW and AC Participants Living at Home (FY 2013)

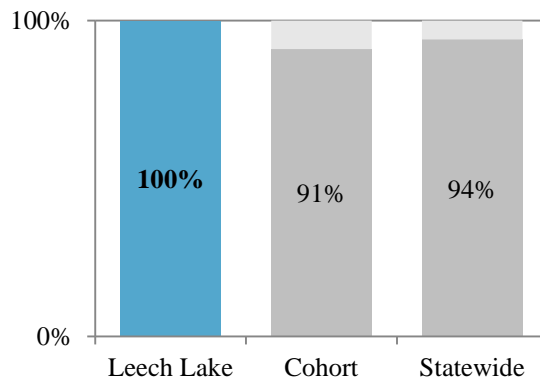


	Living at Home
Leech Lake	100%
Cohort 1	77%
Statewide	74%

Usage of Long-Term Care Services

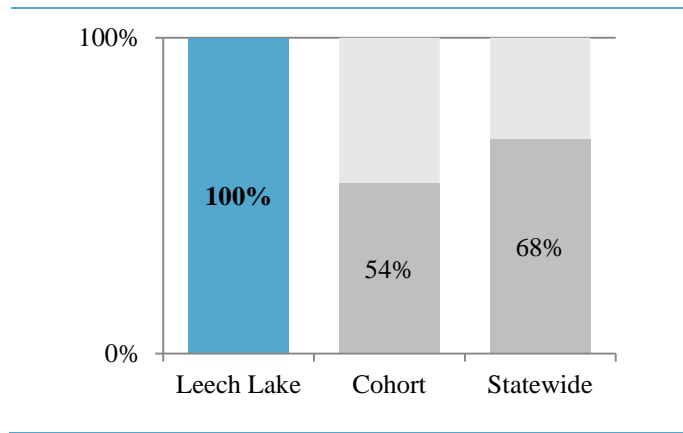
Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible. In 2013, Leech Lake served all 26 waiver participants in HCBS settings.

Percent of CCB and DD Participants Receiving HCBS (2013)



	Receiving HCBS
Leech Lake	100%
Cohort 1	91%
Statewide	94%

Percent of EW and AC Participants Receiving HCBS (2013)

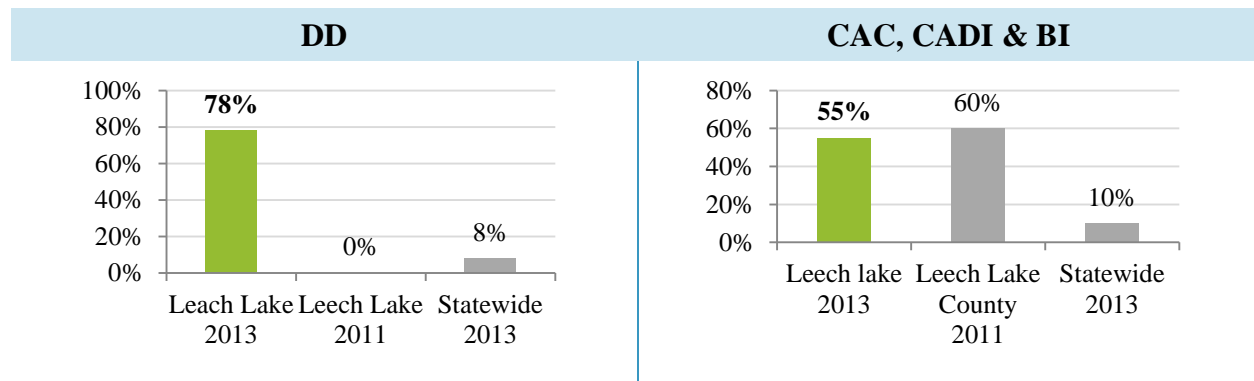


	Receiving HCBS
Leech Lake	100%
Cohort 1	54%
Statewide	68%

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
Leech Lake (2013)	78%	55%
Leech Lake (2011)	0%	60%
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, Leech Lake had a 78% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Leech Lake’s DD waiver balance is larger than its balance in CY 2011 (0%), and the statewide average (8%). The average DD waiver balance of other cohort 1 lead agencies reviewed in CY 2013 and 2014 was 13%.

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Leech Lake’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, Leech Lake had a 55% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2011 (60%). The average CCB waiver balance of other cohort 1 lead agencies reviewed in CY 2013 and 2014 was 19%.

As noted earlier, the disability HCBS waiver programs (CAC, CADI, BI, and DD) are relatively new to Leech Lake in the past few years. As the community continues to learn about the services offered, enrollment will likely continue to grow, reducing its year-end balances. Leech Lake does not currently have a waitlist for any of the waiver programs. The Waiver Program Coordinator monitors both waiver budgets and runs simulations using the Waiver Management System (WMS). She checks with tribal enrollment to verify that participants are Leech Lake Band Members prior to putting them on a waiver program and also approves all allocation increase requests.

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: Leech Lake Case Manager Rankings of DHS Resources

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

Case managers reported that E-Docs, Bulletins, and the DHS website, were the most useful DHS resources. Case managers shared that they use E-Docs to get the most current forms and that they like the resource. Case managers said they receive bulletins and find them informative and discuss them at weekly meetings. The Waiver Program Coordinator said that bulletins are a useful resource, but she receives a lot of them. Lead agency staff said that the DHS website has significantly improved over the past year. The Waiver Program Coordinator added that is a good resource to refer to for clarification about unclear bulletins but the website is not updated with current PCA information.

Case managers said that no one at Leech Lake currently has access to Policy Quest. Lead agency staff shared that they use the MMIS Help Desk when they are entering screening documents into MMIS. They reported receiving prompt responses via e-mail. However, they have had varied experiences when contacting the MMIS Help Desk by phone depending on who is staffing the Help Desk at the time they call. Case managers said that the Community Based Services Manual (CBSM) is a very useful resource, and the Waiver Program Coordinator shared that the resource has improved significantly over the past year.

Lead agency staff shared that they refer participants both to the Senior Linkage Line and the Disability Linkage Line and rated the usefulness as below average to above average. Staff also rated videoconferences and webinars highly but stated that they prefer webinars because they do not have to travel to attend. However, the Waiver Program Coordinator said that they like traveling to other counties to view videoconference trainings because it is an opportunity to network.

Case managers rated the Regional Resource Specialist (RRS) very high and said that the RRS is very helpful and promptly responds their questions. They also added that they attend the RRS regional meetings. Some lead agency staff have used MinnesotaHelp.Info, Ombudsmen, and DB101.org and said that they refer participants to these resources.

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.

Leech Lake Strengths

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

- **Leech Lake addresses issues to comply with Federal and State requirements.** During the previous review in 2012, Leech Lake received a corrective action for current care plans, care plan signatures, emergency contacts and back-up plans, consent to release information, and right to appeal information. In 2015, none of these issues remain for Leech Lake indicating technical improvements over time.
- **The case files reviewed in Leech Lake consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of current DD screenings, signed and dated notice of privacy practices (HIPPA), emergency contacts were included in files, employment was assessed for CCB and DD participants, and participants received the required number of face-to-face visits by case managers in the past 18 months.
- **Leech Lake staff work well together and collaborate across the tribal divisions to serve waiver participants.** Social workers and nurses work well as an integrated unit; they are resourceful and frequently consult with one another. In addition, case managers have good communication with the Tribal-operated home health care agency and elderly advocate staff. These strong working relationships allow case managers to help participants navigate across tribal divisions and programs to enhance the services participants are receiving with additional community supports.
- **Leech Lake staff are well-connected with tribal members, providers, and other organizations in their community.** The lead agency has worked to build strong relationships and trust with area providers, community members, and local counties. Case managers work closely with local hospitals, vocational providers, and foster care and customized living providers. Providers responding to a survey identified open communication with case managers as a lead agency strength. In addition, 100% of respondents reported that they receive needed assistance when it is requested.

- **Leech Lake takes initiative to enhance supports and better meet the needs of its HCBS participants.** Leech Lake provides specialized services and supports to meet the cultural needs of its community, particularly for its elderly population. Leech Lake's role as home health care agency helps serve many elderly participants, allowing nurses to serve as a source of referrals and play a role in monitoring participant health and safety. Leech Lake is also participating in the development of an adult day care center that would serve waiver participants. In addition to waived services, elderly participants also have access to services under a tribal program called the Elder Advocate Program. Furthermore, to make HCBS supports even more accessible, Leech Lake assists many AC participants with a portion of their AC financial premium.

Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 90% of case files reviewed included the provider type in the care plan, only 32% of cases reviewed included the provider names and none included the monthly budget or annual amount allowed.
- **Update long-term care program care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** Care plans in Leech Lake were complaint in many areas; however, they could be improved by incorporating person-centered practices. The care plan is the one document that all participants receive, and it should include personalized and detailed information

about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs. Only 32% of cases reviewed included participant needs that met or exceeded expectations, and only 47% of cases addressed behavioral or medical issues in the care plan. The lead agency should consider providing case managers with the opportunity to attend a DHS sponsored person-centered training session and/or access to the training resources recently made available through TrainLink's College of Direct Supports.

- **Leech Lake should better utilize HCBS waiver programs to meet the needs of individuals with mental illnesses.** An emerging need of the lead agency is building capacity internally and with providers to serve participants with mental illnesses in its CADI program. The CADI program can provide additional supports above and beyond State Plan MA services to help individuals with mental illnesses live safely in the community. In order to build off existing programs and expertise, the lead agency should consider formalizing the communication process between the Tribe's Human Services Division and behavioral health staff. Holding regular joint meetings and trainings with both units would allow staff to work more closely and build relationships with one another. In addition, the lead agency should work to influence what services are available to its waiver participants, which may include partnering with neighboring counties to identify unmet needs and develop services accordingly.
- **Consider updating business practices to support new and current case managers as the waiver programs grow in size and complexity.** As participant and community needs increase for the waiver programs, the lead agency should consider creating a more formal system for organizing and documenting participant information. The lead agency may want to consider expanding their SSIS system to all case managers to create a more efficient and timely intake process while also allowing case managers to document detailed information about participants in case notes..
- **Explore systems and practices to more efficiently manage information regarding participation financial eligibility for the HCBS programs.** Data from multiple sources indicated that Leech Lake does not consistently receive timely responses in addressing

participants' MA eligibility issues because they rely on neighboring counties to process these requests. Many of these neighboring counties have seen significant growth in financial worker caseloads and are stretched to their maximum for all requests, which come from within their own county as well as from outside agencies. The lead agency may want to consider training current staff or hiring additional staff as financial workers and move this process into the Leech Lake Health Division. Because this will take time, the lead agency may also want to explore the possibility of obtaining read-only MAXIS access to monitor participants' paperwork and status and ensure they have a seamless experience with enrolling in waiver programs and maintaining financial eligibility.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow new and experienced staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Leech Lake, only 46% of the case files reviewed contained documentation of participant satisfaction. Leech Lake should also consider summarizing the provider performance and participant satisfaction results for the waiver programs and share the results with providers. This will help the lead agency monitor provider performance and fulfillment of services outlined in the care plan.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Leech Lake was found to be inconsistent in meeting state and federal requirements and will require a response by Leech Lake. 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. Leech Lake identified two areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Leech Lake will be required to take corrective action.

- **Beginning immediately, ensure that LTC screenings for the EW/AC 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. Sixty percent (60%) or 3 out of 5 assessments for new EW/AC participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, 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. One out of 5 CADI cases, three out of 10 EW cases, and three out of 3 AC cases only included partial documentation in the file, and one out of 5 CADI cases did not include this documentation in the file. It is considered a best practice for this form to be completed on an annual basis.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not Leech Lake 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 lead agency, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 13 cases. Leech Lake submitted their completed compliance report on May 29th, 2015.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	67%	60%	100%	N / A	N / A	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=13	CCB n=5	DD n=1	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	95%	92%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	95%	92%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	95%	92%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	95%	92%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	32%	23%	60%	0%	N / A	ALL

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=13	CCB n=5	DD n=1	Strength	Challenge
Inclusion of caregiver needs in care plans	13%	13%	N / A	N / A	N / A	N / A
OBRA Level I in case file (PR)	56%	54%	60%	N / A	N / A	AC / EW, CCB
ICF/DD level of care documentation in case file (PR for DD only)	0%	N / A	N / A	0%	N / A	DD
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)	0%	N / A	N / A	0%	N / A	DD
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	N / A	N / A	N / A	N / A	N / A	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	N / A	N / A	N / A	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	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)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=4</i>)	100%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=4</i>)	75%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=13	CCB n=5	DD n=1	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	53%	39%	100%	0%	CCB	AC / EW, DD
Back-up plan (Required for EW, CCB, and DD)	90%	92%	80%	100%	AC / EW, DD	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=13	CCB n=5	DD n=1	Strength	Challenge
Informed consent documentation in the case file (PR)	90%	92%	80%	100%	AC / EW, DD	N / A
Person informed of right to appeal documentation in the case file (PR)	79%	85%	80%	0%	N / A	DD
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=13	CCB n=5	DD n=1	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	90%	92%	100%	0%	AC / EW, CCB	DD
Documentation of participant satisfaction in the case file	58%	46%	80%	100%	DD	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB / DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	97%	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	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	100%	100%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	100%	33%	AC / EW	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	40%	CCB, DD	N / A

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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