

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Nicollet County**

Waiver Review Site Visit: August 2014

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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 Nicollet 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 Nicollet County
Case File Review	41 cases
Provider survey	13 respondents
Supervisor Interviews	2 interviews with 2 staff
Entry Meeting	1 meeting with 4 staff
Focus Group	1 focus group with 8 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 Nicollet County

In August 2014, the Minnesota Department of Human Services conducted a review of Nicollet County's Home and Community Based Services (HCBS) programs. Nicollet County is a rural county located in south central Minnesota. Its county seat is located in St. Peter, Minnesota and the County has another four cities and 13 townships. In State Fiscal Year 2013, Nicollet County's population was approximately 33,002 and served 317 people through the HCBS programs. According to the 2010 Census Data, Nicollet County had an elderly population of 12.3%, placing it 70<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Nicollet County's elderly population, 8.2% are poor, placing it 58<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The HCBS programs in Nicollet County are managed by two departments. Nicollet County Public Health is the lead for the CAC, CADI, BI, AC and EW programs and Nicollet County Social Services is the lead for the DD program. Social Services has one office located in St. Peter, MN and another in North Mankato, MN. The Public Health office is in St. Peter, MN with a presence in the North Mankato office throughout the month. Nicollet County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) Blue Plus and UCare.

There is one Public Health Supervisor who oversees the management of the AC, EW, and CCB programs. She supervises six waiver case managers including two public health nurses and four social workers. All six case managers have a mixed caseload but three of the case managers only have one MCO's cases on their caseload. Each case manager has a caseload of approximately 50

cases. The Public Health Supervisor has a small caseload that includes all of Nicollet County's CAC cases. The Public Health Supervisor also oversees one support staff member who helps as needed, including assembling assessment packets. Public Health uses contracted case management to manage the majority of waiver cases that are placed outside the county. Contracted case managers go on six month visits, and Public Health case managers complete reassessments for all participants.

There is one Social Services Supervisor who oversees the management of the DD program. She supervises three DD case managers and has a small caseload. DD case managers carry an average caseload of 38 cases.

Public Health case managers are assigned intake responsibilities on a rotating basis. The case manager gathers initial intake information about the participant and sends the referral to the Public Health Supervisor. The Public Health Supervisor assigns cases to staff based on case manager experience and availability. There is a primary intake worker in Social Services. When a call is received, the intake worker gathers information about the participant and sends it the Social Services Supervisor to review. She assigns the case based on caseload size, geographic location, and discussion about the case at the unit meeting.

### Working Across the Lead Agency

Staff identified their ability to work together and consult with one another as one of the strengths of the lead agency. Case managers communicate through informal face-to-face meetings and email conversations. Public Health and Social Services case managers also attend joint monthly meetings.

The lead agency has a team of financial workers who primarily work with the long-term care programs. Financial workers are located in Social Services and are collocated in both the North Mankato and St. Peter offices. Financial workers communicate with case managers through face-to-face conversations and using formal financial communication forms. Case managers have quarterly meetings with financial workers to discuss cases as well as program changes. Case managers said that financial workers are responsive. Public Health case managers also said that

they have a strong relationship with financial workers even though they are in different buildings.

Nicollet County has one adult protection worker located in Social Services. Public Health has one staff person on the adult protection team. If a protection case is opened for a waiver participant, the case manager gets a copy of the intake in an email. Case managers may be involved in adult protection screenings but only consult with adult protection on some cases. The adult protection worker contacts the case manager directly if they have a question about the participant. Nicollet County also has a child protection team located in Social Services. Child protection workers send case managers a copy of the intake and are responsive to case manager questions.

Adult waiver participants who qualify for Rule 79 Targeted Case Management have an adult mental health worker as well as a waiver case manager. Case managers and adult mental health workers attend six month visits and reassessments together and may attend additional visits if there is a need. Case managers shared that they updated the mental health worker about any changes in the participant's life such as new employment or changing health conditions. The staff from the two units do not meet regularly to discuss cases and mental health workers do not always share information about a participant's mental health issues. Case managers said they have very few participants under age 18 with mental health needs and interact with children's mental health infrequently.

The Nicollet County Public Health Director and Social Services Director attend County Board meetings to keep them informed about waiver programs. The departments also give periodic presentations to the board about the waiver programs and policy changes that impact waiver programs such as MnCHOICES.

## Health and Safety

In the Quality Assurance survey, Nicollet County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated there is good and open communication between case managers, consumers, and providers. Data from the survey also indicated that Nicollet County has well trained and

knowledgeable case managers. Case managers are timely when responding to questions and are responsive to participants' changing needs.

Case managers shared that one of their biggest challenges is keeping up with the constantly changing waiver program policies and requirements. Case managers in both departments receive bulletins and listserv announcements to stay up to date on new information. They also consult with their supervisor regularly. They rely on their supervisors to keep them informed about major program changes. Case managers attend videoconference trainings and regional meetings. The information they learn is discussed at staff meetings. Public Health support staff updates all visit packets with current forms. The Public Health Supervisor conducts chart audits as a part of case manager evaluations.

### Service Development and Gaps

Lead agency staff said that the county has a good provider base and that they generally have enough providers to meet the needs of participants. However, they shared that is difficult to find respite services that meet the participant's needs while also staying within the budget requirements. Staff said that Nicollet County has a growing Somali population and has a need for culturally appropriate providers, especially mental health providers. They also shared there is an increasing need for services for participants with PTSD and autism.

Both staff and providers said that there are limited transportation options for participants who live in rural areas or in North Mankato. They explained that St. Peter transit does not leave town and North Mankato does not have transit, which makes it difficult for participants who travel to Mankato for services. They shared that lack of transportation also limits participants' employment options. Case managers shared that choices for foster care are limited, especially for participants with high behavioral needs. As a result, participants are often placed out-of-county.

The lead agency has experience working with providers to develop new services or repurpose existing facilities. When a skilled nursing facility closed, case managers worked with providers to move participants into family homes, customized living facilities, and into another nursing facility that opened rehabilitation beds to participants who needed long term placements. The



lead agency also worked with multiple agencies to transition an ICF/DD that was consolidating into a children's ICF/DD, creating a five beds facility for children with high needs.

Public Health and Social Services do not have a formal process for developing services such as issuing an RFP. Staff said they generally develop services on a case-by-case basis rather than on a large population need basis. Case managers approach providers directly and ask them to provide the service to the participant. They also get recommendations at the regional supervisors group about providers for special services. Staff said area providers help to close service gaps by helping participants who need special services.

The lead agency engages in educational activities about the waiver programs. The Public Health Department makes presentations about services at churches and maintains a presence at resource fairs. A monthly meeting is held at the North Mankato Social Services office to provide information to Nicollet County residents and families who are potential waiver participants about Medical Assistance eligibility rules, budgeting, timelines, paperwork, and services. Attendees may reside in either a community-based setting or nursing facility. A waiver staff person from Public Health and a financial worker explain the MA eligibility process and how it impacts participation in the HCBS programs. There is an opportunity for attendees to ask questions at the end of the presentation.

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

Nicollet 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.

The Public Health Supervisor and Social Services Supervisor manage the service vendor files in their respective departments. Of the Tier 2 and 3 services, Nicollet County primarily uses

transportation, homemaking, and occasionally home modifications. Nicollet County supervisors shared that they have continued to use non-enrolled providers because they wanted to offer clients choices in the community.

Public Health has a log template for tracking excluded providers and voucher information that is checked and updated on a monthly basis by support staff. Public Health also plans to use the DHS Service Purchase Agreement (SPA) template with Tier 2 service providers. Social Services uses a form developed prior to January 1, 2014 that contains key information about the vendor, but does not include the full details included in the updated SPA template such as exclusions list checks and other MA assurances.

Two service claims were reviewed including one for a Tier 2 service and one for a Tier 3 service. The claims reviewed were for services delivered by two unique providers to two unique participants. None of the cases reviewed were in complete compliance with all documentation requirements. Public Health's log included all required information, but the provider of the service had not been added to the log until after the date of service delivery. Social Service's SPA contained the participant name, vendor information, service name, and rate but did not include the required lead agency signature, date, or other required MA assurances. Social Services did not have a log for tracking verification that the vendor was not on the CMS or MHCP Exclusion lists, and did not have a record of an owner background study.

### 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: Nicollet County Case Manager Rankings of Local Agency Relationships**

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	2	5
Schools (IEIC or CTIC)	0	1	3
Hospitals (in and out of county)	0	5	2

<b>Local Agencies</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Customized Living Providers	0	1	5
Foster Care Providers	0	2	3
Employment Providers (DT&H, Supported Employment)	0	6	1

Staff shared that they have good relationships with providers in their area. Case managers monitor providers informally during visits and perform regular site visits. Public Health also uses six-month visit sheets to collect participant satisfaction with providers. Staff said that when there is a concern with a provider they discuss it as a team before working with the provider to resolve the issue. Case managers also said that licensing sends satisfaction surveys to them and brings any problems with providers to their attention.

Most case managers rated their relationships with nursing facilities as above average, although they noted that the relationships are stronger with in-county facilities than with out-of-county facilities. Case managers shared they have strong communication with local nursing facilities explaining that they are invited to care conferences and are involved in discharge planning. They also said the local nursing facility notifies them when a participant is admitted.

Case managers who work with schools said they have average to above average relationships with schools. They shared that schools do a good job of transition planning. The schools make plans for work or continuing education for participants. Case managers have attended several transition meetings for participants nearing graduation. However, case managers said that schools often wait too long to refer participants who are close to transitioning to adult services, often making a referral just before graduation. One case manager said she used to participate on the Community Transition Interagency Committee, but that the committee is not currently active.

Case managers rated their relationship with hospitals as average. They explained that they are not notified if a participant is admitted to the hospital and that hospital staff are not responsive to case manager phone calls. They added that they have met with the hospital social worker about their roles and expectations, but that hospital staff turnover has made it difficult to build relationships.

Case managers rated their relationships with customized living facilities as above average. They said they have good working relationships with staff. They explained that the providers are very good about notifying them when a participant has changing needs or is admitted to the hospital. Case managers said that the staff at these providers are genuinely interested in the participants and are good at meeting participant's needs. They added that customized living facilities do not send participants to the nursing home as their needs increase and keep people until end of life. Case managers did say they have had some problems with management and staff turnover, but added that they are able to take time to educate new staff about the case manager's role.

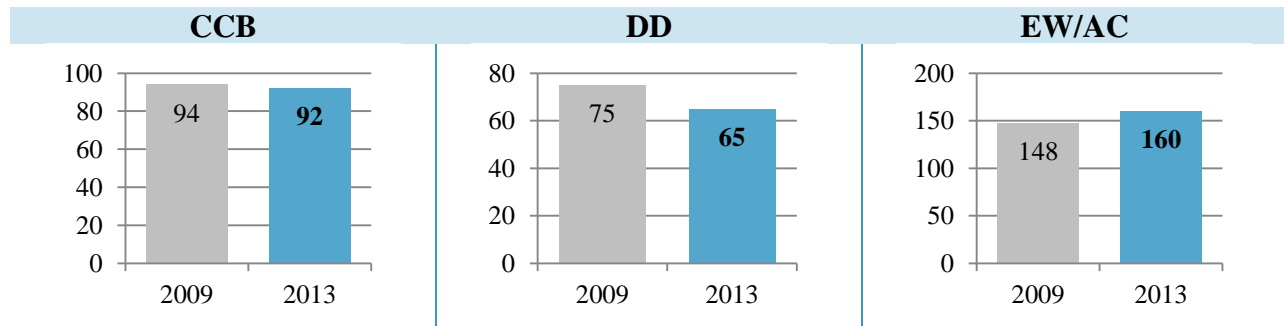
Case managers said their relationship with foster care providers varies depending on the provider and the individual home. They explained that the quality of foster care providers depends entirely on management and staff. The case managers added that that the foster care moratorium has made it difficult to be person-centered. The limited choices make it harder to find a good fit, especially for people with high behavioral needs. Case managers said that family foster care providers are great, but that the providers have struggled with provider enrollment paperwork.

Case managers rated vocational providers as average. They said they have good communication with some vocational providers. However, they shared that many of the providers have had a hard time finding community employment. Participants often have to share jobs or travel out of county for work. Case managers said that limited transportation options make it difficult for participants to get to and from work. They explained that, while vocational providers may provide transportation, the transportation schedule is not flexible enough for participants to use.

## 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 Nicollet County (2009 & 2013)**



	2009	2013
CCB	94	92
DD	75	65
EW/AC	148	160

**Since 2009, the total number of people served in the CCB Waiver program in Nicollet County has decreased** by two participants (2.1 percent); from 94 in 2009 to 92 in 2013. The largest increase occurred in the case mix B, which grew by 16 people. With this increase Nicollet 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 Nicollet County decreased** by 10 participants, from 75 in 2009 to 65 in 2013. While Nicollet County experienced a 13.3 percent decrease in the number of people served from 2009 to 2013, its cohort had a 6.5 percent increase in number of people served. In Nicollet County, the profile group 4 had the largest increase growing by seven people, while profile group 3 decreased by 13 people. The greatest change in the cohort profile groups also occurred in people having a Profile 3. Nicollet County serves a smaller proportion of people in profile groups 1 and 2 (23.1 percent), than its cohort (34.7 percent).

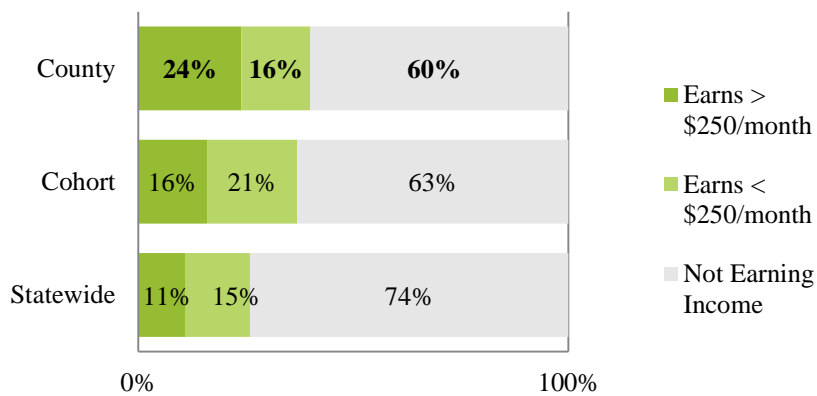
**Since 2009, the number of people served in the EW/AC program in Nicollet County has increased** by 12 people (8.1 percent), from 148 people in 2009 to 160 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increases occurred in people having case mixes B and E, which

increased by 20 and 12 people respectively. With this increase Nicollet 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.

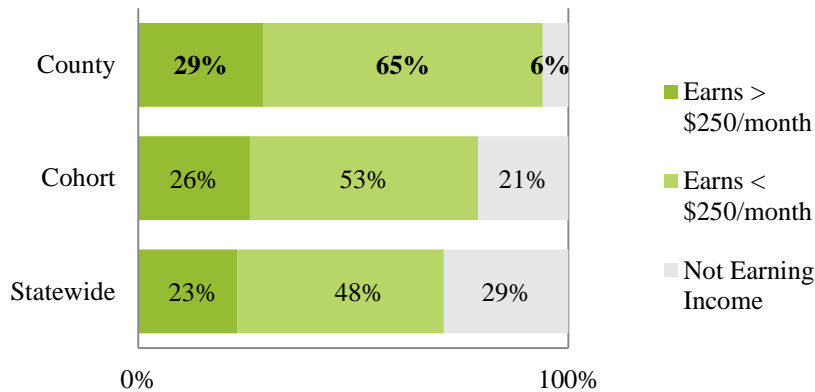
### CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Nicollet County	24%	16%	60%
Cohort	16%	21%	63%
Statewide	11%	15%	74%

In 2013, Nicollet County served 83 working age (22-64 years old) CCB participants. Of working age participants, 39.8 percent had earned income, compared to 36.3 percent of the cohort's working age participants. **Nicollet County ranked 6<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Nicollet County 24.1 percent of the participants earned \$250 or more per month, compared to 15.7 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)**



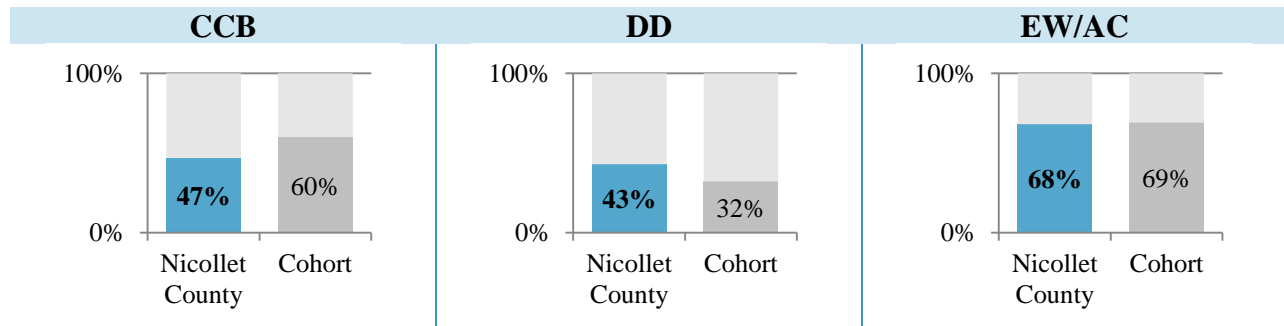
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Nicollet County	29%	65%	6%
Cohort	26%	53%	21%
Statewide	23%	48%	29%

In 2013, Nicollet County served 49 DD waiver participants of working age (22-64 years old). **The county ranked 29<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Nicollet County, 28.6 percent of working age participants earned \$250 or more per month, while 26.4 percent of working age participants in the cohort as a whole did. Also, 93.9 percent of working age DD waiver participants in Nicollet County had some earned income, while 79.3 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)**



	Nicollet County	Cohort
CCB	47%	60%
DD	43%	32%
EW/AC	68%	69%

**Nicollet County ranks 80<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2013, the county served 43 participants at home. Between 2009 and 2013, the percentage decreased by 11.8 percentage points. In comparison, the cohort percentage fell by 2.6 percentage points and the statewide average fell by 3.7 points. In 2013, 46.7 percent of CCB participants in Nicollet County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

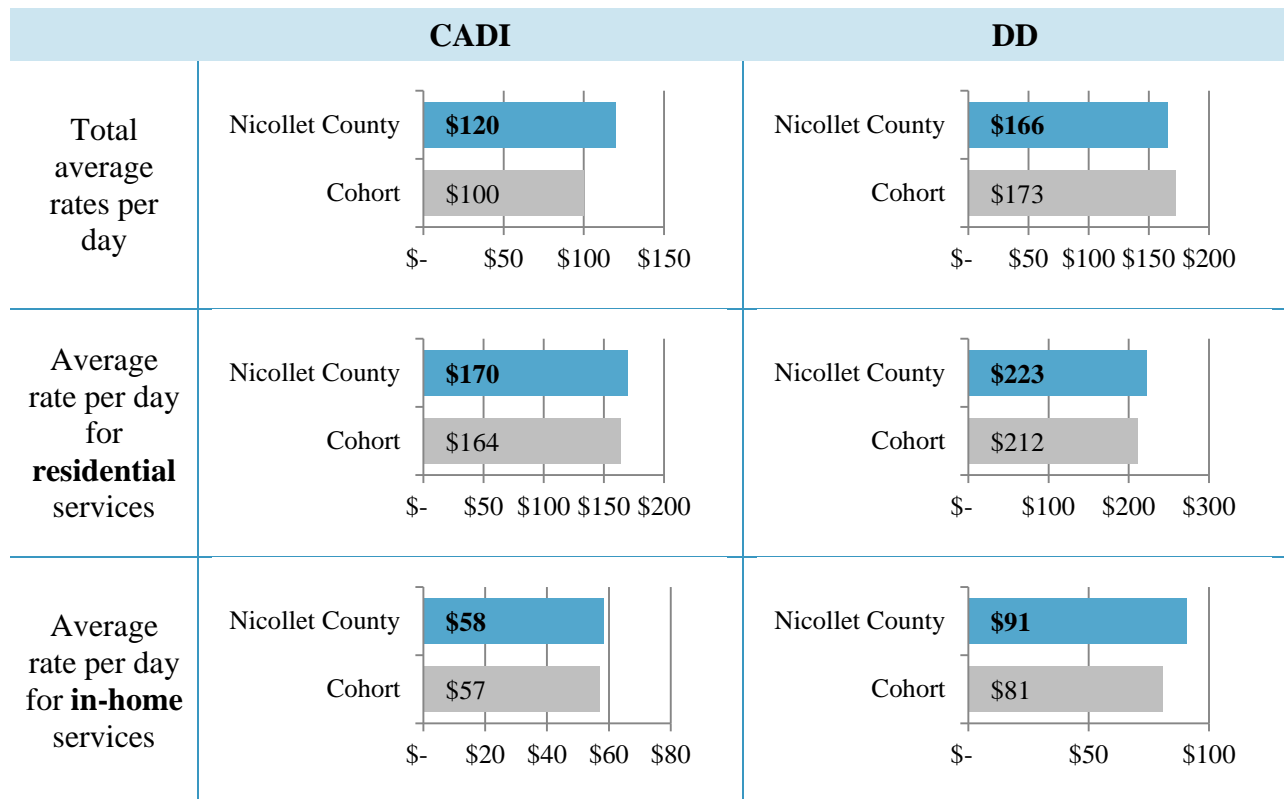
**Nicollet County ranks 9<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2013, the county served 32 participants at home. Between 2009 and 2013, the percentage increased by 1.1 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 2.6 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.

**Nicollet County ranks 53<sup>rd</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2013, the county served 109 participants at home. Between 2009 and 2013, the percentage decreased by 2.1 percentage points. In comparison, the percentage of participants served at home fell by 6.9 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. Nicollet County serves a slightly lower proportion of EW/AC participants at home than their cohort.

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



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

	Nicollet County	Cohort
Total average rates per day	\$120.34	\$100.18
Average rate per day for <b>residential</b> services	\$169.63	\$164.14
Average rate per day for <b>in-home</b> services	\$58.43	\$57.27

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

	Nicollet County	Cohort
Total average rates per day	\$165.60	\$172.82
Average rate per day for <b>residential</b> services	\$223.03	\$211.72
Average rate per day for <b>in-home</b> services	\$90.70	\$80.94

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 Nicollet County is \$20.16 (20.1 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Nicollet County spends \$5.49 (3.3 percent) more on residential services and \$1.16 (2.0 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Nicollet County ranks 71<sup>st</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 Nicollet County is \$7.22 (4.2 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, Nicollet County spends \$11.31 (5.3 percent) more on residential services and \$9.76 (12.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Nicollet County ranks 29<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.

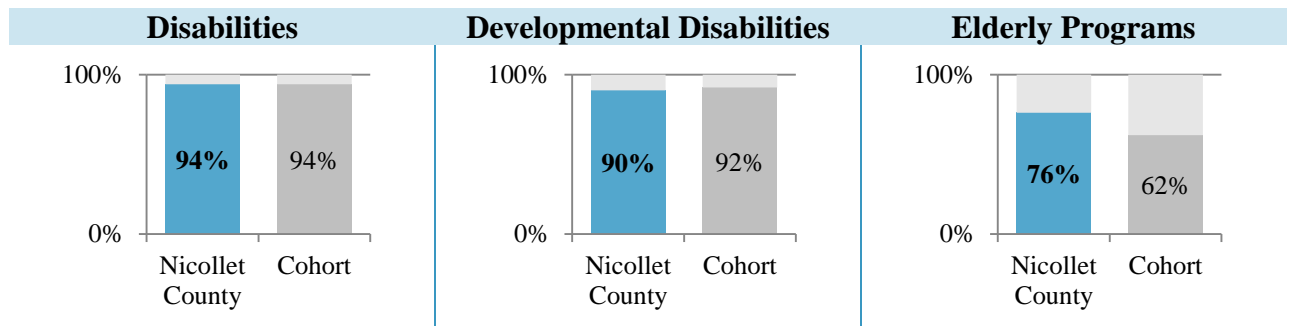
**Nicollet County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (39% vs. 28%) and Customized Living (13% vs. 8%)). The lead agency has a higher use of Prevocational Services (17% vs. 11%) and Supported Employment Services (21% vs. 11%). They also have a lower use of some in-home services, such as Consumer Directed Community Supports (CDCS) (4% vs. 6%), Skilled Nursing (7% vs. 16%), Home Delivered Meals (16% vs. 21%), Home Health Aide (2% vs. 6%), Homemaker (23% vs. 27%), and Independent Living Skills (13% vs. 14%). Sixty-eight percent (68%) of Nicollet County's total payments for CADI services are for residential services (63% foster care and 5% customized living) which is higher than its cohort group (57%). Corporate foster care rates are higher than its cohort when billed daily (\$330.86 vs. \$196.65 per day), but lower when billed monthly (\$4,428.34 vs. \$5,154.64).

**Nicollet County’s use of Supportive Living Services (SLS) is lower than its cohort (58% vs. 69%) 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 lower use of Day Training & Habilitation (57% vs. 64%) and Supported Employment Services (3% vs. 5%) than its cohort. It has a higher use of CDCS (9% vs. 5%), Respite Care (31% vs. 18%), and personal support (11% vs. 5%) than its cohort, but a lower use of In-Home Family Support (15% vs. 17%).

**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)**



	Nicollet County	Cohort
Disabilities	94%	94%
Developmental Disabilities	90%	92%
Elderly Programs	76%	62%

**In 2013, Nicollet County served 164 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 17 in institutional care.** Nicollet County ranked 40<sup>th</sup> of 87 counties with 93.8 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 94.0 percent were HCBS participants. Since 2009, Nicollet County has

increased its use of HCBS by 1.3 percentage points, while the cohort decreased its use by 1.2 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

**In 2013, Nicollet County served 81 LTC participants (persons with development disabilities) in HCBS settings and nine in institutional settings.** Nicollet County ranked 61<sup>st</sup> of 87 counties with 89.7 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.0 percent). Since 2009, the county has increased its use by 3.0 percentage points while its cohort rate has increased slightly, rising by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

**In 2013, Nicollet County served 165 LTC participants (over the age of 65) in HCBS settings and 73 in institutional care.** Nicollet County ranked 5<sup>th</sup> of 87 counties with 75.7 percent of LTC participants receiving HCBS. This is higher than their cohort, where 62.1 percent were HCBS participants. Since 2009, Nicollet County has increased its use of HCBS by 8.9 percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

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

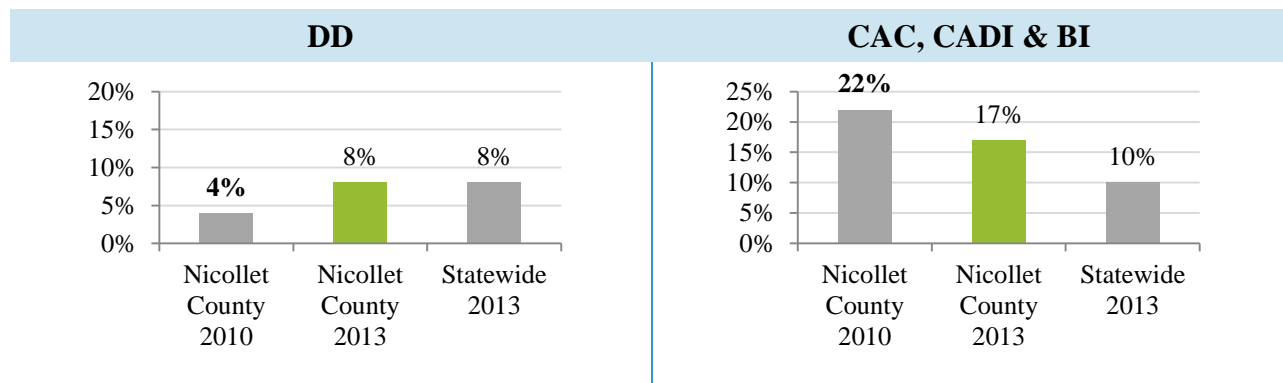
Age	Nicollet County	Cohort	Statewide
Age 0-64	<b>0.38</b>	0.44	0.52
Age 65+	<b>11.61</b>	23.40	21.03
TOTAL	<b>1.69</b>	4.17	3.00

**In 2013, Nicollet County was ranked 7<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. Nicollet 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 35.8 percent in Nicollet County. Overall, the number of residents in nursing facilities has decreased by 30.6 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
Nicollet County (2010)	4%	22%
Nicollet County (2013)	8%	17%
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, Nicollet County had an 8% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Nicollet County’s DD waiver balance is larger than its balance in CY 2010 (4%), and equal to the statewide average (8%).

**At the end of fiscal year 2013, the CCB waiver budget had a reserve.** Nicollet 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, Nicollet County had a 17% 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 2010 (22%).

DHS records indicate Nicollet County has a waitlist for both the CCB and DD programs. Public Health maintains a list of people who are on Medical Assistance but who are not in a waiver program, and is in the process of doing assessments for CCB referrals. The waiver team reviews referrals at monthly meetings, and prioritizes placement on the CCB waivers based on priority. People who are relocating from a nursing home, hospital, regional treatment center, or who are at risk for admission are given priority. In Public Health, the supervisor and one case manager have access to the waiver management system (WMS) and run simulations to determine if they can make allocation increases.

Social Services makes decisions about placement on the DD waiver and allocation increases as a team. Waiver slots are based on priority and highest level of need. The Social Services waiver team discusses allocation increases as a team at monthly meetings.

### 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: Nicollet County Case Manager Rankings of DHS Resources**

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	2	4	2	0
MMIS Help Desk	0	2	1	2	0
Community Based Services Manual	0	0	6	1	1
DHS website	0	0	4	2	0
E-Docs	0	0	0	2	5
Disability Linkage Line	0	0	1	3	1

Resource	1= Not Useful	2	3	4	5= Very Useful
Senior Linkage Line	0	0	0	3	4
Bulletins	0	0	0	8	0
Videoconference trainings	0	0	7	1	0
Webinars	0	1	6	1	0
Regional Resource Specialist	0	0	5	2	0
Listserv announcements	0	1	3	3	0
MinnesotaHelp.Info	0	0	3	1	1
Ombudsmen	0	0	0	0	5
DB101.org	0	0	3	1	0

Case managers reported E-Docs and Ombudsmen were the most useful resources. They shared that they use E-Docs frequently and appreciate receiving the summary emails about the new and updated forms. They added that they prefer the forms to be fillable and savable because they do not have Adobe Professional. Case managers said they have a good relationship with the Ombudsmen and find them very helpful, especially for elderly participants.

Case managers rated Policy Quest as a moderately useful resource. They explained that the search function can be cumbersome because it relies on matching words to find questions that have been asked. They also said it can take a long time to get a response to a question. Case managers said that supervisors are the only staff members who have the ability to submit questions to Policy Quest.

Case managers said they have not had good experiences with the MMIS Help Desk. They explained that they sometimes get responses that are curt or simply repeating the bulletin back to them. Case managers also said that because they have to submit questions using email it can take a long time to get a response.

Case managers rated the Community Based Services Manual as average. Lead agency staff shared that although the manual has improved, it is difficult to search and it is easy to end up back where they started. They added that the manual is more useful for some topics than others. Case managers said the DHS website is difficult to navigate and that the search function does not work. They added that the website has improved.

Case managers said they receive bulletins and find them informative. However, they said that there are too many bulletins and that they are released too soon. Supervisors added that the bulletins do not always have enough detail. Case managers also said they receive listserv announcements and find them moderately useful. They explained that the listserv is useful because it gives them a heads up about what is going on, but that they can be confusing.

Case managers said videoconference trainings and webinars are moderately useful resources. They said that videoconference trainings are a good way to get information and they appreciate being able to ask questions, but said that presenters do not always follow up with answers. They also said that Nicollet County is not always a videoconference site. The Public Health Supervisor added that videoconferences are most helpful when they related to program implementation. Case managers said they like webinars because they are flexible, but would find them more useful if they were able to ask questions during the presentation.

Case managers rated the Regional Resource Specialist (RRS) as moderately useful. They explained that the RRS is knowledgeable but can be slow to respond and seems to be spread thin across many responsibilities. Lead agency staff added that the RRS holds quarterly meetings for the LTC waiver programs and case managers.

Case managers said the Senior Linkage Line and the Disability Linkage Line are very good resources and that the operators are very responsive. Case managers said that they refer participants and families to MinnesotaHelp.Info as a tool for finding different community resources and think it is a helpful resource. However, they said the usefulness varies depending on the resource they are trying to find. The Public Health Supervisor said that the MinnesotaHelp.Info website has improved, and case managers have been using it more and referring participants to it as a resource. Sometimes the information on the website is outdated or incorrect. The Public Health Supervisor shared that they have worked with the Long Term Care Ombudsman and that this person answers questions about cases and has sat in on adult protection meetings. Case managers said they have referred participants to DB101.org but do not think it is being used.



## Nicollet County Strengths

The following findings focus on Nicollet 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.

- **Nicollet County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Nicollet County received a corrective action for timeliness of referral to LTTC assessments for CCB and EW/AC programs and timeliness of referral to DD screenings, and the BI form. In 2014, Nicollet County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Waiver cases are managed by a great combination of knowledgeable staff. Case managers have backgrounds in a variety of areas and they are able to draw on each other's expertise to provide seamless services for participants. There is a good mix of new and experienced case managers and both are supportive to one another. Case managers are also responsive and resourceful when coordinating services to meet participants' needs. In the provider survey, 92% of respondents said that case managers are responsive to consumer changing needs. Across all programs, case managers visited participants an average of 3.5 times in the last 18 months.
- **Nicollet County case managers work well with each other and the county's other units.** There are strong interagency relationships at Nicollet County as well as great working relationships between Public Health and Social Services. Teamwork and collaboration among social workers and public health nurses are strengths of the lead agency; they are resourceful and frequently consult with one another. In addition, case managers have very strong working relationships with financial workers. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility to receive services. Case managers also work closely with adult protection staff to coordinate services and supports to address participants' health and safety needs.

- **The case files reviewed in Nicollet County 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 OBRA Level One forms, ICF/DD Level of Care forms, BI forms, CAC forms, right to appeal information, signed and dated informed consent to share information, and notice of privacy practices (HIPPA). Emergency contacts were included in files, 24-hour supervision was documented for EW cases, and required choice questions were answered. Care plans were current, signed, and dated by participants and case managers. DD screening documents were also current, signed and dated by all required parties.
- **Nicollet County regularly monitors participant satisfaction with services and providers.** The Public Health department at Nicollet County is using a six-month visit sheet that includes standardized questions about satisfaction with current services for case managers to ask during routine visits. The Social Services department at Nicollet County sends out satisfaction survey to participants and/or guardians as well as providers to gather feedback. Evidence in SSIS case notes also revealed that case managers are discussing the participant's choice and satisfaction with providers. In Nicollet County, 73% of the case files reviewed contained documentation of participant satisfaction. In comparison, an average of 41% of all of the Waiver Review Round Two counties reviewed (66 of 87) contained documentation of participant satisfaction. These practices help ensure that when problems with providers arise, they are identified and addressed in a timely manner.
- **Nicollet County has a low use of nursing facilities for persons under and over 65 years of age, and serves many people through HCBS.** The lead agency ranks 7<sup>th</sup> out of 87 counties for their lower nursing facility usage per 1,000 people than its cohort and statewide for people of all ages. In addition, the lead agency has high use of HCBS for the EW/AC program (48.1%) which is ranked 11<sup>th</sup> of 87 counties. Serving many participants through HCBS means that Nicollet County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.
- **Nicollet County staff are well-connected with providers and other organizations that serve participants.** Case managers have local ties to the community, giving them good knowledge of the community and who can provide needed services for participants. Case

managers have developed close working relationships with providers. These relationships assure that providers are responsive to participants' changing needs. Providers are willing to stretch to ensure that participant needs are met. In particular, case managers have strong communication with local nursing facilities, customized living providers, foster care providers, and employment providers.

- **Nicollet County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Nicollet County has a focus on employment for participants with disabilities and has the expectation that participants will work. Nicollet County ranks 6<sup>th</sup> of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month. Nicollet County also ranks 29<sup>th</sup> of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income over \$250 a month. The lead agency is also outperforming its cohort with 24.1% vs. 15.7% of CCB waiver participants and 28.6% vs. 26.4% of DD waiver participants earning more than \$250 per month. Waiver participants are benefitting from these increased efforts to expand community-based and competitive employment opportunities. The lead agency should continue their effort to partner with providers in this area to grow employment opportunities for waiver participants.

## Recommendations

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

- **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 Nicollet County were complaint in several areas; however, the language used was not individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care, including meaningful and unique goals. For example, only 73% of

Nicollet County care plans reviewed had individualized and meaningful goals and only 66% of care plans reviewed included participant friendly language. 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). While 95% of case files reviewed included the type of service in the care plan, only 2% of cases reviewed included the annual amount allowed. It is important for Nicollet County to set expectations for the format and quality of care plans to create consistency across the lead agency.

- **Consider expanding contracted case management services to help serve participants that live out of the region and to provide culturally appropriate services.** Lead agencies have found that contracted case management in these situations improves care oversight and is an effective use of case management time. It helps the lead agency respond to shifts in the demographics of people served by the waiver programs. For participants placed far away, 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. When using contracted case management services, Nicollet should require contracted case managers to adhere to lead agency practices and maintain a case file with documentation of all required paperwork.
- **Consider developing additional systems or practices across business area's to support case managers.** With growing caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency's Social Services and Public Health departments may want to work together to create an electronic case file system; create and use fillable electronic forms; and use shared drives to store forms. Developing a consistent process for updating and storing forms on organized shared drives ensures that case managers are able to access current forms. In addition, to help case managers keep up to date with policy changes to programs, the lead agency may want to consider specializing case managers by waiver program.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Nicollet County has lower rates of participants served at home than its cohort in the CCB programs

(46.7% vs. 60.2%) which ranks 80<sup>th</sup> of 87 counties indicating high use of residential services. In addition, 18% of Nicollet County CCB participants and 30% of Nicollet County DD participants are currently under age 22. It is recommended that the lead agency work across programs to develop HCBS services to serve participants of all levels of need in their own homes in the community instead of in a residential setting. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. The lead agency needs to be deliberate in developing these services and communicating expectations to providers by issuing a Request for Information (RFI) or Request for Proposals (RFP) from area providers. By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs.

- **When possible assign one case manager to serve CADI participants with mental health needs and use a single, integrated care plan for these participants.** Having a single case manager would stream line services for HCBS program participants. Lead agency staff would benefit from formalizing the communication process between waiver case managers and adult mental health staff. Holding regular joint meetings and trainings with both departments would allow case managers to work more closely and build relationships with one another. In addition, the use of one integrated care plan format would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at [www.MinnesotaHCBS.info/](http://www.MinnesotaHCBS.info/).

### Corrective Action Requirements

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

- **Beginning immediately, include a back-up plan in the care plan of all DD program participants.** 1) All DD care plans must be updated with this information. This is required for all programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, three out of 10 DD cases did not have a back-up plan. In addition, four out of 10 DD cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Nicollet County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 9 cases. All items are to be corrected by Monday, October 6, 2014 and verification submitted to the Waiver Review Tem 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 Nicollet County to submit a Correction 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 lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 2 cases. All items are to be corrected by Monday, October 6, 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	6	N / A	1	5	N / A	N / A
Screenings done on time for new participants (PR)	87%	87%	82%	100%	ALL	N / A
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	34%	100%	DD	CCB
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=17</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=17</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	98%	100%	94%	100%	ALL	N / A
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	83%	79%	77%	100%	DD	N / A
Inclusion of caregiver needs in care plans	60%	67%	50%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	50%	N / A	N / A	50%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	91%	N / A	85%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL



<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
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=13</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=13</i> )	100%	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=1)	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=14</b>	<b>CCB n=17</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	100%	80%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	90%	93%	82%	100%	AC / EW, DD	N / A
Back-up plan (Required for EW, CCB, and DD)	83%	100%	100%	30%	AC / EW, CCB	DD
Emergency contact information	100%	100%	100%	100%	ALL	N / A

<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=17</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=17</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	95%	100%	88%	100%	AC / EW, DD	N / A
Documentation of participant satisfaction in the case file	73%	86%	77%	50%	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	76%	94%	90%	AC / EW	DD
Percent of LTC funds spent on HCBS	N / A	48%	92%	85%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	58%	79%	77%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	95%	94%	DD	CCB
Percent of waiver participants served at home	N / A	68%	47%	43%	DD	CCB

<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 working age adults employed and earning \$250+ per month	N / A	N / A	24%	29%	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.