Minnesota Department of Human Services Waiver Review Initiative

Report for: **Southwest Health and Human Services**

Waiver Review Site Visit: October 2013

Report Issued: January 2014

Contents

Acknowledgements

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

ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

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

ABOUT THE IMPROVE GROUP

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

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for SWHHS
Case File Review	244 cases
Provider survey	17 respondents
Supervisor Interviews	3 interviews with 3 staff
Focus Group	2 focus group(s) with 25 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 SWHHS

In October 2013, the Minnesota Department of Human Services conducted a review of Southwest Health and Human Services' (SWHHS) Home and Community Based Services (HCBS) programs. SWHHS is a multi-county agency that includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. Of the six counties that currently make up SWHHS, Lincoln, Lyon, and Murray Counties have been operating as one Human Services agency for many years. In January 2012, Rock County joined the agency and Pipestone and Redwood Counties joined the agency in January 2013. Additional information about each county is presented below in Table 2.

Table 2: Demographic information about each county in the SWHHS agency

County	County seat	Total number of cities	Total number of townships	Total population
Lincoln	Ivanhoe	5	15	5,816
Lyon	Marshall	11	20	25,667
Murray	Slayton	10	20	8,573
Pipestone	Pipestone	9	12	9,394
Redwood	Redwood Falls	17	26	15,842
Rock	Luverne	9	12	9,567

According to the 2010 Census Data, the counties served by SWHHS had an elderly population of 17.7%, placing them collectively 37th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of SWHHS's elderly population, 11.2% are poor, placing them collectively 23rd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Southwest Health and Human Services (SWHHS) is the lead agency for all HCBS programs. SWHHS has three supervisors who are housed in the Marshall office and also frequently visit the lead agency's satellite offices located in Ivanhoe, Slayton, Pipestone, Redwood Falls, and Luverne. They have three Adult Services Supervisors that work with HCBS programs. One focuses on Senior Programs, one focuses on Disability Programs and one focuses on Developmental Disability Programs. Together, the three supervisors oversee all waiver case managers serving the six-county region. The Adult Services Supervisor for Developmental Disability Programs oversees nine case managers who work with the DD waiver program and their average caseload is about 50. One of the case managers specializes in children out-of-home placement and has a caseload of 39.

The Adult Services Supervisor for Senior Programs manages the AC and EW waiver programs and all managed care programs. She oversees 10 case managers who have an average caseload of about 70 cases. She also supervises two adult protection workers. Lincoln, Lyon, Murray, Rock, and Redwood Counties provide care coordination for the Managed Care Organizations (MCOs) UCare and Blue Plus while Pipestone County provides care coordination for PrimeWest.

The Adult Services Supervisor for Disability Programs manages the CAC, CADI, and BI programs and oversees eight total staff; one intake worker and seven waiver case managers who have average caseloads of about 67 cases. One case manager specializes in servicing CADI participants with mental health needs, and she has a smaller caseload around 40. Five of the seven waiver case managers serve CAC, CADI, and BI participants and two focus on CADI and BI participants. One CCB case manager serves participants in Redwood and eastern Lyon Counties, one serves participants in Rock County, four serve participants in Lyon and Murray

Counties, one serves participants Pipestone County. Additionally, all case managers share Lincoln County participants.

SWHHS has a centralized intake for all counties and has two case aides that share intake responsibilities. They enter the information into SSIS and supervisors check this log daily for new participants. Across programs, supervisors assign cases to case managers based on caseload size and the geographic location of the participant. A supervisor stated that while geography has the biggest impact in determining who will be assigned a case, participant's needs and case manager specialty are also taken into consideration when assigning cases. Some case managers maintain areas of specialization. For example, some EW case managers specialize by assisted living facility and a DD case manager specializes in children out-of-home placements for the six-county agency. Currently, the LTCC assessor will become the ongoing case manager and the DD case manager who completes the initial screening becomes the ongoing case manager.

All SWHHS waiver case managers have a Social Services background. Case managers' practices of collaborating with public health nurses vary by county. In Pipestone County, waiver case mangers consistently conduct dual initial assessments and reassessments with public health nurses in long-term care programs. In Redwood County, public health nurses will come on most initial LTCC assessments with the waiver case manager, and will attend LTCC reassessments only when participants have high medical needs. In Lincoln, Lyon, Murray and Rock Counties, case managers conduct one-person initial LTCC assessments and reassessments and will consult with public health nurses about medically complex cases. In most cases, the DD case manager conducts a one-person DD screenings. Pipestone County case managers noted that when there is a high medical need, the public health nurse will attend the DD screening as well.

Working Across the Lead Agency

There are financial workers located in every county in SWHHS. Lead agency staff shared that their relationships with financial workers vary by county. The financial workers serving Lincoln, Lyon, Murray, and Rock Counties do case banking, while Pipestone and Redwood Counties' financial workers currently are assigned by geographic location. Supervisors stated that the counties who are not currently case banking are in the process of transitioning so that all

SWHHS counties are on the same system. Case managers in Pipestone and Redwood Counties shared that they have strong relationships with financial workers. For example, financial workers are responsible for communicating eligibility issues to case managers and staff have found that there is strong communication in this area. Case managers from Lincoln, Lyon, Murray, and Rock Counties said that they do not always know which financial worker to contact.

Supervisors stated that case managers have good communication with Adult and Child Protection workers. There are two Adult Protection workers who are supervised by the Adult Services Supervisor for Senior Programs and they conduct all of the vulnerable adult investigations. Child Protection staff is supervised by a separate unit. When a waiver participant also has an Adult or Child Protection case open, the worker will stay in frequent contact with case managers and sometimes will accompany them on waiver visits. Adult and Child Protection workers attend case manager staff meetings periodically.

Waiver case managers work with adult and children's mental health workers when a participant on a CADI waiver is also receiving Rule 79 case management. There are mental health workers in each of the six counties so case managers can easily contact them when they have a referral. Case managers stated that they generally have good working relationships with both adult and children's mental health. They said they will go on waiver visits with adult mental health workers, especially for participants who live far away. Case managers also shared that they put packets together with information regarding children's mental health and the DD waiver and provide them to all the schools in the area.

SWHHS reports to three different boards which have members from all six counties: the Governing Board, Public Health Board, and Human Services Board. Supervisors attend each Board's monthly meetings where they review policies, talk about procedural changes and make presentations. Board members have a high level of interest about the HCBS waiver programs. Supervisors stated that the board is very supportive of the Lead Agency and are interested in learning about the effect things such as MnCHOICES will have on the programs.

Health and Safety

In the Quality Assurance survey, SWHHS 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 they have good, open communication with case managers. They also said that SWHHS works cooperatively with providers and that the lead agency responds to questions or inquiries from providers and waiver participants.

Staff from the lead agency maintain program expertise and are informed of changes in waiver program management through staff meetings. The DD unit and Seniors unit both meet monthly while the Disability unit meets either monthly or bi-monthly depending on staff needs. Supervisors and case managers also regularly attend quarterly meetings with the Regional Resources Specialist, whom they expressed is a great resource for their agency. Supervisors and case managers receive and review listserv emails and bulletins from the Department of Human Services, and they are often reviewed at unit meetings. All case managers communicate by e-mail to share information and resources. Supervisors informally monitor case manager compliance by reviewing case files and case notes, and stated that they hope to institute a more formal review process.

Service Development and Gaps

Overall, staff from the lead agency reported having strong relationships with providers and being able to draw upon resources and providers across the region to meet participant needs. However, they shared that there is still a lack of providers, which poses a challenge for coordinating services. Staff shared that there is a need for more community based and competitive employment opportunities. They stated that they frequently brainstorm with vocational providers about how best to meet participant needs, but struggle to find work for them in the community.

The limited options for and access to community-based employment is also closely linked to the lack of transportation options, especially in rural areas. Some regional vocational sites provide

transportation, and SWHHS has a volunteer driver program, but these options are not always available for transport outside of town or do not operate in the evening or on weekends. They also stated that many participants require more support than volunteer drivers are able to provide but these participants do not qualify for specialized transportation.

Case managers also shared that they have limited resources for serving waiver participants who have Alzheimer's and dementia in the community. They said that it is difficult to find providers who can work with participants who have behavioral issues and that behavioral management resources overall are limited. Foster care options for participants with mental health needs can also be hard to find. Case managers shared that crisis beds are not available in their area. They also shared that they struggle to find placements for transition-age DD participants and some high risk DD participants. In response to the lack of residential openings, SWHHS worked with providers to develop some alternative living arrangements for participants. They recently moved some participants from a residential setting to apartments with 24-hour supervision. The participants have thrived in this new environment and it will serve as a model for service development in the future.

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.

SWHHS Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facility	1	2	9
Schools (IEIC or CTIC)	0	8	5
Public Health Programs for Seniors	0	0	1
Advocacy Organizations	0	6	2
Hospitals (in and out of county)	4	17	0
Area Agency on Aging	2	5	0
Home Care Providers	1	6	6
Customized Living Providers	0	5	5
Foster Care Providers	0	2	12
Employment Providers (DT&H, Supported Employment)	0	2	13

The lead agency monitors performance of providers by reviewing provider reports or through other communication with participants and families, staff or other interested parties. Case managers identify and address concerns directly with providers and bring them to their supervisor's attention if problems persist.

The majority of case managers rated their communication with nursing facilities as being above average. Some shared that the relationships vary depending on the facility. Most nursing facilities are good about letting them know when one of their participants has been admitted. Some facilities need to work on better discharge planning so that there is sufficient time to set up services before participants move back into the community.

Likewise, case managers said that relationships with schools can vary depending on the school or district. They said they are usually invited to IEP meetings. In the last few years, the DD Supervisor sent a packet of information to all of the school districts which details eligibility requirements and outlines when it is appropriate to make referrals to the lead agency for services. Case managers reported the educational materials and information has helped schools better understand the waiver programs.

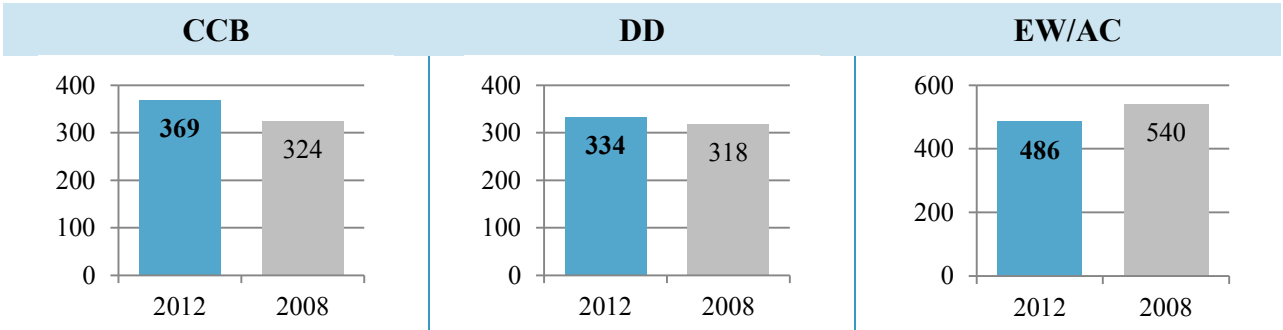
Most of the case managers rated their relationships with hospitals as average, saying that communication with smaller local hospitals was much better than some large ones. Case managers who have worked with the Area Agency on Aging said that communication with the agency has been mediocre, leading to duplication of services for some participants transitioning from nursing facilities back to their homes.

Case managers reported that local home care providers do not always let case managers know about changes in participant needs. They also stated that some Customized Living Providers will only accept a limited number of participants on Medical Assistance and this has resulted in waiting lists for publicly funded participants. The majority of case managers rated their relationships with Foster Care providers very highly saying that they do a great job serving their participants, but have experienced a lot of staff turnover. Case managers also rated their relationships with employment providers as being very good and stated that they have good communication with these providers.

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 SWHHS (2008 & 2012)



CCB		DD		EW/AC	
2012	369	2012	334	2012	486
2008	324	2008	318	2008	540

Since 2008, the total number of people served in the CCB Waiver program in SWHHS has increased by 45 participants (13.9 percent); from 324 in 2008 to 369 in 2012. Most of this growth occurred in the case mix B, which grew by 28 people. Because of this increase SWHHS may be serving more people with mental health needs. The largest decrease occurred in case mix K (10 people).

Since 2008, the number of people served with the DD waiver in SWHHS increased by 16 participants, from 318 in 2008 to 334 in 2012. While SWHHS experienced a 5.0 percent increase in the number of people served from 2008 to 2012, its cohort had a 15.0 percent increase in number of people served. In SWHHS, the profile group 3 increased by 15 people, while profile group 4 decreased by 11 people. In comparison, the greatest change in the cohort profile groups occurred in people having a Profile 2. Although the number of people in Profiles 1 and 2 increased by 12 people, SWHHS still serves a smaller proportion of people in these groups (27.8 percent), than its cohort (40.0 percent).

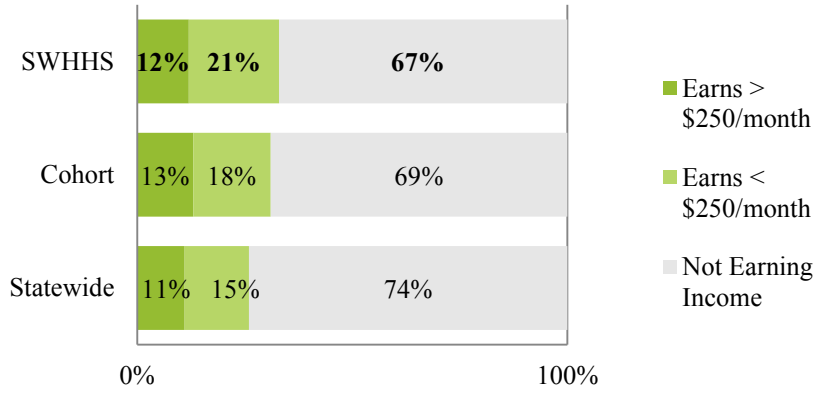
Since 2008, the number of people served in the EW/AC program in SWHHS has decreased by 54 people (10.0 percent), from 540 people in 2008 to 486 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants.

Even accounting for this change, SWHHS still served 50 fewer lower needs participants in 2012 than in 2008. In addition, there was an increase in case mixes B and D, and a decrease in case mix C.

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.

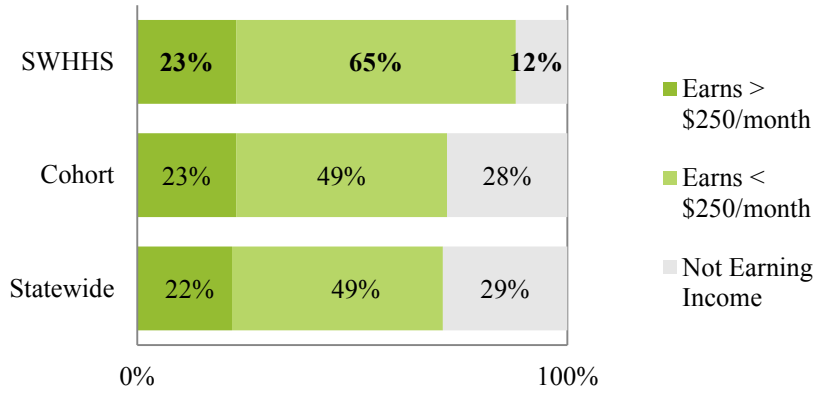
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > $250/month	Earns < $250/month	Not Earning Income
SWHHS	12%	21%	67%
Cohort	13%	18%	69%
Statewide	11%	15%	74%

In 2012, SWHHS served 271 working age (22-64 years old) CCB participants. Of working age participants, 33.6 percent had earned income, compared to 30.8 percent of the cohort's working age participants. **SWHHS ranked 45th in the state** in the percent of CCB waiver participants earning more than $250 per month. In SWHHS, 12.2 percent of the participants earned $250 or more per month, compared to 13.3 percent 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 (2012)



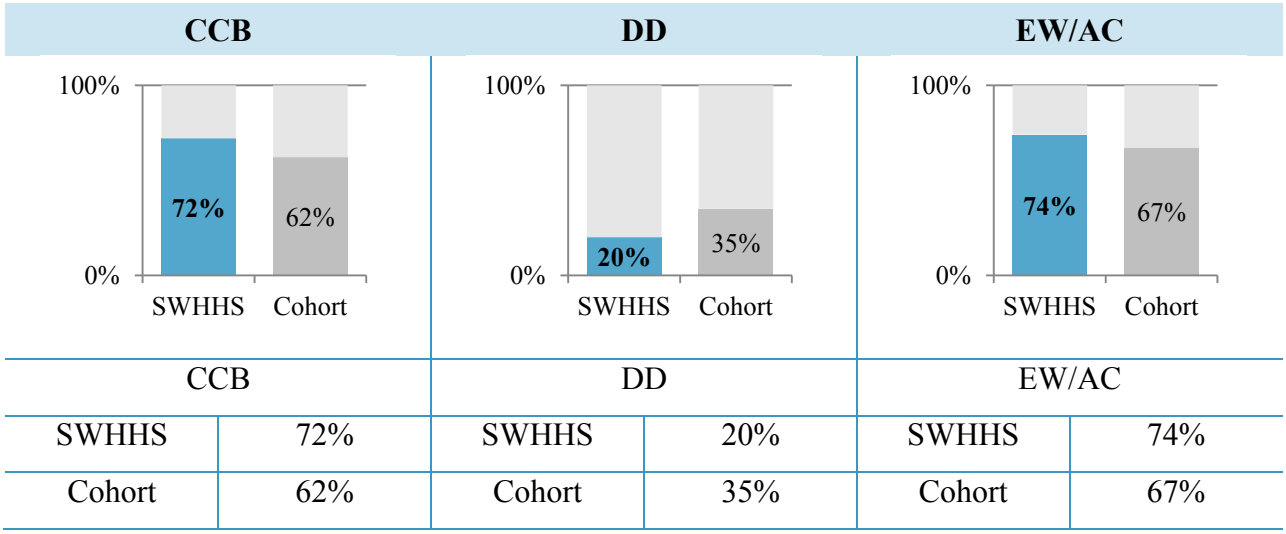
	Earns > $250/month	Earns < $250/month	Not Earning Income
SWHHS	23%	65%	12%
Cohort	23%	49%	28%
Statewide	22%	49%	29%

In 2012, SWHHS served 231 DD waiver participants of working age (22-64 years old). **They ranked 46th in the state** for working-age participants earning more than $250 per month. In SWHHS, 22.5 percent of working age participants earned over $250 per month, while 23.0 percent of working age participants in the cohort as a whole did. Also, 87.9 percent of working age DD waiver participants in SWHHS had some earned income, while 72.1 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 (2012)



CCB		DD		EW/AC	
SWHHS	72%	SWHHS	20%	SWHHS	74%
Cohort	62%	Cohort	35%	Cohort	67%

SWHHS ranked 18th in the state in the percentage of CCB waiver participants served at home. In 2012, the lead agency served 267 participants at home. Between 2008 and 2012, the percentage decreased by 1.1 percentage points. In comparison, the cohort percentage fell by 4.0 percentage points and the statewide average fell by 4.2 points. In 2012, 72.4 percent of CCB participants in SWHHS were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

SWHHS ranks 78th in the state in the percentage of DD waiver participants served at home. In 2012, they served 68 participants at home. Between 2008 and 2012, the percentage decreased by 3.2 percent. In comparison, the percentage of participants served at home in their cohort increased by 3.3 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

SWHHS ranks 40th in the state in the percentage of EW/AC program participants served at home. In 2012, the lead agency served 359 participants at home. Between 2008 and 2012, the percentage decreased by 1.5 percentage points. In comparison, the percentage of participants served at home increased by 1.6 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 73.9 percent of EW/AC participants were served in their homes in SWHHS, while 75.1 percent were served in their homes statewide.

Average Rates per day for CADI and DD services (2012)

Average Rates per day for CADI services (2012)

	SWHHS	Cohort
Total average rates per day	$97.87	$113.92
Average rate per day for **residential** services	$197.38	$182.03
Average rate per day for **in-home** services	$62.35	$69.91

Average Rates per day for DD services (2012)

	SWHHS	Cohort
Total average rates per day	$165.85	$190.33
Average rate per day for **residential** services	$190.92	$227.28
Average rate per day for **in-home** services	$64.94	$117.91

The average cost per day is one measure of how efficient and sustainable a lead agency's waiver program is. **The average cost per day for CADI waiver participants in SWHHS is $16.05 (14.1 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, SWHHS spends $15.35 (8.4 percent) more on residential services but $7.56 (10.8 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, SWHHS ranks 41st in the state. Statewide, the average waiver cost per day for CADI waiver participants is $103.04.

The average cost per day for DD waiver participants in SWHHS is $24.48 (12.9 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, SWHHS spends $36.36 (16.0 percent) less on residential services and $52.97 (44.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, SWHHS ranks 32nd in the state. 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.

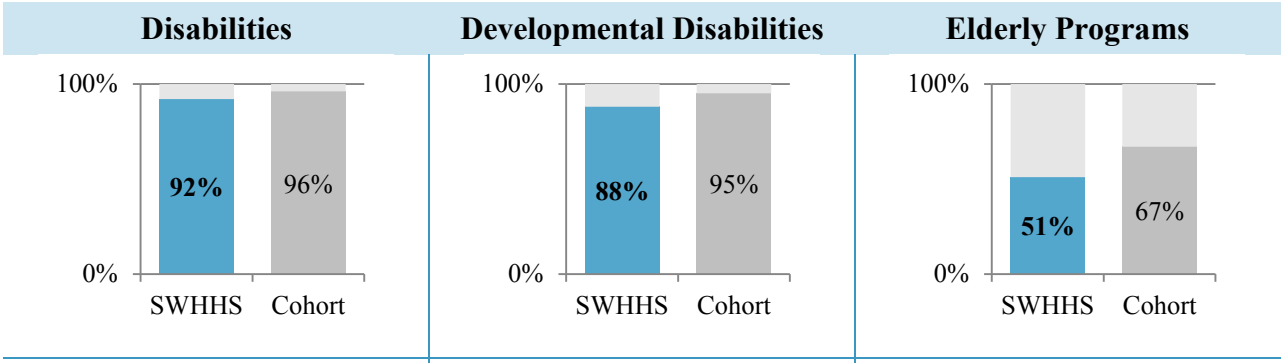
SWHHS has a lower use in the CADI program than its cohort of some residential based services (Foster Care (22% vs. 27%) and Customized Living (3% vs. 7%)). The lead agency has lower use of vocational services like Prevocational Services (7% vs. 8%) and identical use of Supported Employment Services (14% vs. 14%). They have a higher use of some in-home services including Homemaker (39% vs. 27%), Home Delivered Meals (26% vs. 19%), and Home Health Aide (9% vs. 5%), but have a lower use of Independent Living Skills (18% vs. 27%). Forty-eight percent (48%) of SWHHS's total payments for CADI services are for residential services (46% foster care and 2% customized living) which is lower than its cohort group (53%). SWHHS's family foster care rates are higher than its cohort when billed monthly ($3,460.28 vs. $2,630.30 per month) and when billed daily ($199.78 vs. $139.92 per day). Corporate foster care rates are lower than its cohort when billed monthly, but are higher when billed daily ($5,248.05 vs. $6,314.74 per month and $235.82 vs. $222.97 per day).

SWHHS's use of Supportive Living Services (SLS) is higher than its cohort (79% vs. 67%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. SWHHS's Supportive Living Services rates are lower than its cohort when billed daily ($177.39 vs. $197.93 per day). The lead agency has a higher use of Day Training & Habilitation (67% vs. 61%), but a lower use of Supported Employment (4% vs. 9%) and Respite Care (16% vs. 18%). Its use of Consumer Directed Community Supports (CDCS) is also lower than its cohort (1% vs. 9%).

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 (2012)



Disabilities		Developmental Disabilities		Elderly Programs	
SWHHS	92%	SWHHS	88%	SWHHS	51%
Cohort	96%	Cohort	95%	Cohort	67%

In 2012, SWHHS served 597 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 70 in institutional care. SWHHS ranked 51st in the state with 91.8 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 95.6 percent were HCBS participants. Since 2008, SWHHS has decreased its use of HCBS by

0.5 percentage points, while the cohort increased its use by 2.0 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, SWHHS served 359 LTC participants (persons with development disabilities) in HCBS settings and 58 in institutional settings. SWHHS ranked 67th in the state with 87.6 percent of its DD participants receiving HCBS; a lower rate than its cohort (95.3 percent). Since 2008, SWHHS has decreased its use by 0.2 percentage points while its cohort rate has increased by 1.3 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, SWHHS served 514 LTC participants (over the age of 65) in HCBS settings and 542 in institutional care. SWHHS ranked 69th in the state with 51.1 percent of LTC participants receiving HCBS. This is lower than their cohort, where 67.3 percent were HCBS participants. Since 2008, SWHHS has increased its use of HCBS by 5.2 percentage points, while their cohort has increased by 4.9 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

	SWHHS	Cohort	Statewide
Age 0-64	**0.65**	0.24	0.54
Age 65+	**29.88**	16.98	21.99
TOTAL	**5.75**	2.02	3.19

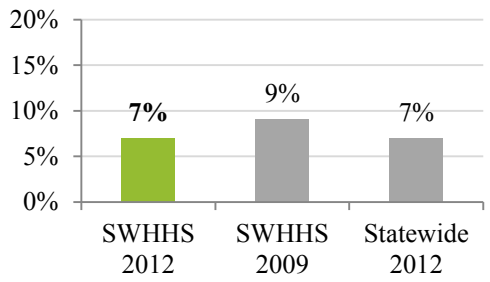
In 2012, SWHHS was ranked 59th in the state in their use of nursing facility services for people of all ages. The lead agency's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. SWHHS also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 21.5 percent in SWHHS. Overall, the number of residents in nursing facilities has decreased by 20.3 percent since 2010.

Managing Resources

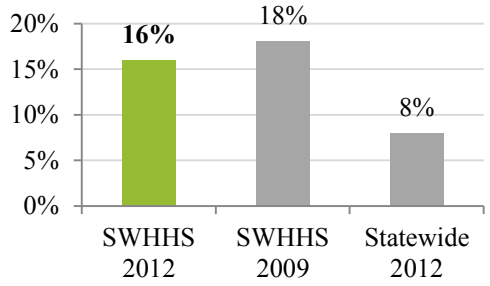
Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year

DD



CAC,CADI & BI



	DD	CAC, CADI, BI
SWHHS (2012)	7%	16%
SWHHS (2009)	9%	18%
Statewide (2012)	7%	8%

At the end of calendar year 2012, 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 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, SWHHS had a 7% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. SWHHS's DD waiver balance is smaller than its balance in CY 2009 (9%), and equal to the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. SWHHS's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, SWHHS had a 16% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2009 (18%).

There is currently a waitlist for the DD program but not for the CCB programs in SWHHS. Both units review their budgets and waitlists at monthly meetings and allocate new spots to participants based on need. Case managers get to present their case and are involved in allocation decisions but the unit supervisors have the final say. The Disability Supervisor stated that one of the benefits of having a multi-county agency is that participants do not usually have to wait for services since they tend to have open slots and money in the combined budget.

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.

SWHHS Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	7	3	0	0	0
MMIS Help Desk	0	3	16	1	0
Community Based Services Manual	1	1	5	5	1
DHS website	0	9	6	3	1
E-Docs	1	0	5	8	8
Disability Linkage Line	0	0	6	0	1
Senior Linkage Line	0	2	4	2	1
Bulletins	2	4	7	7	0
Videoconference trainings	1	15	6	1	0
Webinars	1	16	6	0	0
Regional Resource Specialist	0	0	1	3	11
Listserv announcements	2	2	3	1	2
MinnesotaHelp.Info	1	0	1	2	0
Ombudsmen	1	2	8	3	1
DB101.org				0	

Case managers reported that E-Docs and the Regional Resource Specialist were the most useful DHS resources for their work. Staff stated that they use E-Docs on a daily basis and that it has been helpful. Supervisors shared that they meet with the Regional Resource Specialist on a quarterly basis and that they are great about updating agency staff on changes. Supervisors stated that the Ombudsman they work with is very helpful and supportive of the participants they advocate for. Some case managers have had good experiences working with the Ombudsman and others reported negative experiences when dealing with participants requesting a plan of care that the case managers deem unsafe.

Supervisors stated that Bulletins have always been useful and that they utilize them frequently. Supervisors said that Listserv announcements have been very helpful and that they receive the information and then send it to case managers. They also shared that the Community Based Services Manual is usually the first place they go to for questions and has been very helpful. Staff reported that the DHS website has a lot of useful information but is hard to navigate. Supervisors said that the website has gotten better recently and is good for finding information on Adult Protection. One supervisor shared that MinnesotaHelp.Info is particularly helpful to communicate with family from out-of-state.

Supervisors stated that videoconference trainings have been useful but that the presenters sometimes forget who the audience is that they are talking to, presenting elementary information that is not helpful to their knowledgeable and experienced staff. Case managers shared that it is difficult to get relevant information for their daily work through that videoconference trainings. Supervisors said that they prefer webinars to the videoconference training and said that the webinars about MnCHOICES have been especially useful. They also expressed that they wish that previous webinars would continue to be available on the website and that they have had some technical issues while trying to look at old trainings. Case managers rated Policy Quest poorly and Supervisors said that the resource does not respond to their questions in a timely manner. Case managers shared that they also have challenges accessing MMIS Help Desk because of its limited hours. Additionally, they are asked to communicate by fax with the Help Desk, which is less convenient than communicating by phone or email.

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.

SWHHS Strengths

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

- **SWHHS addresses issues to comply with Federal and State requirements.** During the previous review in 2007, the agency (comprised of Lincoln, Lyon, and Murray Counties at the time) received a corrective action for current DD screenings, documentation of needs in care plan, health and safety issues in care plan, back-up plans for CCB participants, OBRA Level One, frequency of visits, and timeliness of assessment to care plan. In 2013, SWHHS was fully compliant in these areas thus demonstrating technical improvements over time.
- **Through their merger, SWHHS has been able to meet participant needs and manage risks in a way the counties were unable to do as smaller agencies.** This merger has helped lay the groundwork for the lead agency to continue to build relationships and conduct regional planning in order to enhance services for their participants. Case managers are able to specialize and access other case managers as part of the broader network within the lead agency. Being part of a Joint Powers Organization allows SWHHS to spend more of the HCBS budget while being protected in the event of high cost participants.
- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Case managers have backgrounds in a variety of areas which help them quickly navigate across agency units to provide seamless services for participants. Case managers are responsive and resourceful when coordinating services to meet participants' needs. There is a good mix of new and experienced case managers and both are supportive to one another. New case managers bring strengths that include new ideas, energy, and technological literacy and seasoned case managers have strong relationships with participants and are knowledgeable about community resources. SWHHS also brought mental health capacity on their team which provides more streamlined services for participants.
- **Case managers build relationships with waiver participants through frequent visits.** Frequent visits to participants allow case managers to not only build a strong relationship, but also monitor the participant and be proactive in putting preventative services in place to ensure their health and safety. They have a practice of making six month visits and case managers visited participants an average of 3.9 times in the past 18 months across all programs, above the required amounts.

- **The case files reviewed in SWHHS consistently met several HCBS program requirements.** Participant case files are well-organized and complete. 100% of required documentation and forms were included in the file, including the ICF/DD Level of Care, current DD screening, and Related Conditions Checklist. In addition, 99% of case files included OBRA Level One and 97% included informed consent to release information. In addition, SWHHS care plans reviewed include required elements. For example, 97% of care plans reviewed included choice questions, 99% included all needed services, and 99% had emergency contact information. In addition, 97% of the goals and outcomes reviewed met or exceeded requirements.

- **DD case managers develop person-centered and participant friendly care plans in addition to including required information.** The care plan is the one document that all participants receive, and it should include detailed information about their plan of care. All (100%) of DD Individual Support Plans reviewed used participant friendly language. Moreover, DD care plans in SWHHS were thoughtfully written and meaningful to each individual participant in his or her unique situation. For example, 97% of the care plans addressed the participants' behavioral/medical issues and had formats that were comprehensive and completed well.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help SWHHS work toward reaching their goals around HCBS program administration. The following recommendations would benefit SWHHS 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 89% of case files reviewed included the provider name in the care plan, only 14% of cases reviewed included the annual amount allowed.

- **Consider developing additional systems and practices to support case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency may want to consider strategies such as: conduct regular team meetings with supervisors setting the agenda to cover important waiver program and policy changes at both the State and local level; consider assigning a mentor to new staff and develop orientation practices to connect them to community resources; and create fillable electronic forms or have office support assist in creating packets or shared drives to ensure forms are current and promote consistency across the satellite offices.

- **Be more deliberate in expanding community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** SWHHS currently slightly underperforms its cohort for participants earning more than $250 per month in the CCB programs (12% vs. 13%), and is currently performing at the same rate as its cohort for the DD program (23% vs. 23%).The lead agency should focus on strengthening employment by working with providers to reduce use of center-based employment and develop more opportunities that result in higher wages for participants. This could be achieved by directing some of its waiver allocation to expanding community-based employment opportunities. If the current providers are unable to meet the need for employment services the lead agency should consider formalizing the request for these opportunities across programs by creating a request for assistance (RFA) detailing the community-based employment services that they are looking to develop in their local communities.

- **Work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care**. SWHHS has lower rates of participants served at home than its cohort in the DD program. Only 20.4% of DD participants are served at home (78th of 87 counties), and 21.9% of DD participants with high

needs are served at home which is lower than its cohort (31.8%). The lead agency should build on the success of their in-home pilot programs and continue to work to influence what services are available to its waiver participants with high needs. This could include developing 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. As SWHHS experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **SWHHS may want to consider using contracted case management services to help serve participants that live out of the region and to provide culturally appropriate services.** Agencies have found that contracted case management in these types of situations improves care oversight, is an effective use of case management time and helps the 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, SWHHS should treat contracted case managers as their own employees by having them adhere to lead agency practices and by maintaining a case file with current documentation of all required paperwork.
- **SWHHS should build off of current provider monitoring practices in the DD program and expand the practice across waiver programs.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. They can also be used to document provider performance and participant satisfaction. The agency is currently

using a case monitoring form in the DD program. Consider adding a space to document participant satisfaction with services and extend the use of this form to the LTC programs.

- **SWHHS has reserves in the CCB and DD budgets and is able to serve more participants and provide additional services to participants already enrolled in these programs**. SWHHS' CCB waiver budget balance was 16% ($2.9 million) at the end of FY 2012 and their DD waiver budget balance was 7% ($1.5 million) at the end of CY 2012. Given the size of the agency, a budget reserve of $500,000 is adequate to manage risks. Therefore, there is room in the budget to add more participants and reduce the DD waitlist.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices. Currently, one out of 16 CAC cases, three out of 61 CADI cases, four out of 62 EW cases, and two out of 30 AC cases did not have this completed documentation in the case file. In addition, three out of 16 CAC cases, two out of 61 CADI cases, four out of 14 BI cases, six out of 62 EW cases, two out of 30 AC cases, and one out of 61 DD cases did not have current documentation that the participant had been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. Three out of 16 CAC cases, 24 out of 61 CADI cases, 11 out of 14 BI cases, 25 out of 62 EW cases, 12 out of 30 AC cases, two out of 61 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, 19 out of 61 CADI cases, one out of 14 BI cases, 18 out of 62 EW cases, and seven out of 30 AC cases did not have documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed**. SWHHS must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Of the 118 applicable cases, 15% did not have employment assessed. Most notably, 14 out of 48 CADI cases and four out of 14 BI cases did not have evidence that employment was assessed.
- **Beginning immediately, ensure that LTC screenings for CCB programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-nine percent (79%) or 26 out of 33 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, ensure that case files include a completed CAC Application and Reassessment Support Plan that is signed and dated within the past year.** It is required that the primary physician signs the form to certify the level of care needed to confirm eligibility for the CAC waiver program. Nine out of 16 CAC cases reviewed did not have complete and current documentation in the file.
- **Beginning immediately, ensure that all participants have an individual care plan that is signed and dated by the appropriate parties within the past year included in their case**

file. All care plans must be completed and signed by the appropriate parties on at least an annual basis. Currently, there are five participants who do not have signed care plans in their case file including two out of 61 CADI cases, one out of 30 AC cases, and two out of 61 DD cases.

- **Beginning immediately, ensure that all participants have an individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are two participants in the AC program who do not have a current care plan in their case file.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require SWHHS 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 151 cases. SWHHS submitted a completed compliance report on December 16, 2013.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	18	N / A	4	14	N / A	N / A
Screenings done on time for new participants (PR)	86%	88%	79%	93%	AC / EW, CCB	DD
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	68%	73%	CCB, DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	**ALL**	**AC / EW n=92**	**CCB n=91**	**DD n=61**	**Strength**	**Challenge**
Timeliness of assessment to development of care plan (PR)	95%	98%	92%	N / A	AC / EW, CCB	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=92	CCB n=91	DD n=61	Strength	Challenge
Care plan is current (PR)	99%	98%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	98%	99%	98%	97%	ALL	N / A
All needed services to be provided in care plan (PR)	99%	98%	99%	100%	ALL	N / A
Choice questions answered in care plan (PR)	97%	99%	93%	100%	ALL	N / A
Participant needs identified in care plan (PR)	78%	69%	73%	100%	DD	AC / EW
Inclusion of caregiver needs in care plans	76%	60%	74%	100%	DD	N / A
OBRA Level I in case file (PR)	99%	100%	99%	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)	97%	N / A	N / A	97%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	93%	N / A	93%	N / A	CCB	N / A
CAC Form	44%	N / A	44%	N / A	N / A	CCB
Employment assessed for working-age participants	85%	N / A	73%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	91%	91%	N / A	N / A	AC / EW	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)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
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 *(Provider survey, n=17)*	76%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA *(Provider survey, n=17)*	88%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	**ALL**	**AC / EW n=92**	**CCB n=91**	**DD n=61**	**Strength**	**Challenge**
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	95%	87%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	94%	94%	92%	98%	ALL	N / A
Back-up plan (PR for EW, CCB, and DD)	91%	88%	90%	98%	CCB, DD	N / A
Emergency contact information (PR)	99%	99%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	**ALL**	**AC / EW n=92**	**CCB n=91**	**DD n=61**	**Strength**	**Challenge**
Informed consent documentation in the case file (PR)	97%	94%	98%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	50%	33%	36%	97%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	89%	85%	86%	98%	DD	N / A
PARTICIPANT OUTCOMES & SATISFACTION	**ALL**	**AC / EW n=92**	**CCB n=91**	**DD n=61**	**Strength**	**Challenge**
Participant outcomes & goals stated in individual care plan (PR)	97%	97%	97%	97%	ALL	N / A
Documentation of participant satisfaction in the case file	54%	59%	55%	44%	N / A	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	99%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans summited by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	51%	92%	88%	N / A	ALL
Percent of LTC funds spent on HCBS	N / A	26%	90%	84%	N / A	ALL
Percent of waiver participants with higher needs	N / A	37%	71%	74%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	96%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	74%	72%	20%	AC / EW, CCB	DD
Percent of working age adults employed and earning $250+ per month	N / A	N / A	12%	23%	N / A	CCB

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

Disability waiver programs refer 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 or group of Counties, 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.