

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Steele County**

Waiver Review Site Visit: March 2014

Report Issued: May 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 Steele 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 \$3.6 billion in state and federal funds, which serve over 350,000 individuals.

### **ABOUT THE IMPROVE GROUP**

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

### **ADDITIONAL RESOURCES**

#### ***Continuing Care Administration (CCA) Performance Reports:***

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_166609](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609)

#### ***Waiver Review Website:***

[www.MinnesotaHCBS.info](http://www.MinnesotaHCBS.info)

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Steele County
Case File Review	74 cases
Provider survey	7 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group(s) with 10 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 Steele County

In March 2014, the Minnesota Department of Human Services conducted a review of Steele County's Home and Community Based Services (HCBS) programs. Steele County is a rural county located in south east Minnesota. Its county seat is located in Owatonna, Minnesota and the County has another three cities and thirteen townships. In State Fiscal Year 2012, Steele County's population was approximately 36,299 and served 458 people through the HCBS programs. According to the 2010 Census Data, Steele County had an elderly population of 14.2%, placing it 61<sup>st</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Steele County's elderly population, 9.8% are poor, placing it 42<sup>nd</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Steele County's Human Services Department is the lead agency for the HCBS waiver programs. Steele County's Public Health Department also manages some waiver cases in addition to being a Medicare-certified home health care agency. The lead agency also serves as a contracted care coordinator for the Managed Care Organization (MCO) South Country Health Alliance. Steele County is currently in the process of merging their Human Services Department with Waseca and Dodge Counties to form a new Service Delivery Authority.

Steele County has one Adult Services Supervisor who oversees the management of all of the waiver programs. There are four case managers who manage EW cases; two are registered nurses who have caseloads of about 50 cases each and the other two are social workers who have caseloads of about 60 cases each. There is also one AC case manager who also serves as the

primary assessor. She completes all initial LTCCs and sets up services for participants before passing the cases onto one of the ongoing case managers.

There is one case manager who manages the majority of the lead agency's CADI and BI cases and has a caseload of about 70 cases. The remaining BI cases are dispersed amongst other case managers in Adult Services. Two other staff have small CADI caseloads of about 10 cases each in addition to other duties. Three case managers primarily manage DD cases and have average caseloads of 72 cases. There is also one other DD case manager who has a caseload of about 10 DD cases in addition to other responsibilities including serving as a care coordinator for Special Needs BasicCare (SNBC) cases. The lead agency also has three case aides who assist with data entry, prepare case files, and communicate with South Country Health Alliance.

Steele County Public Health has one Public Health Supervisor who oversees four nurses who manage three to four CADI cases each. At the time of the review, the lead agency did not have any CAC cases but staff shared that if they did, those cases would be managed in Public Health. The Public Health Supervisor also is currently doing some case management while the department fills staff vacancies.

Steele County has one worker who manages intake for Human Services and enters intake information into SSIS. In the past, Steele County performed dual assessments with a nurse and social worker for all programs except DD, but found it difficult to coordinate schedules during staff shortages. They recently switched to performing one person assessments with one primary assessor for under age 65 cases as they prepare for the transition to MnCHOICES. The lead agency still performs dual assessments for the EW and AC programs when they are able. The assessor coordinates with financial workers to complete applications and paperwork, and the cases are assigned based on geographic location, case manager expertise, and caseloads. Most CADI and CAC cases that involve participants with high medical needs are sent to the Public Health Supervisor who assigns them based on caseloads.

## Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is that staff work well together and are supportive of one another. Public Health is located across the street from Human Services, and staff from both departments communicate through instant messaging, e-mail, and telephone conversations. They frequently consult with one another to draw on different case managers' knowledge and expertise.

Steele County has two financial workers who work with the waiver programs and are located in the same building as Human Services. They are the only two financial workers in the county who do not operate within the case banking system. The two financial workers attend monthly CADI waiver team meetings to discuss any issues about Medical Assistance (MA) applications and paperwork. Case managers primarily communicate with financial workers through e-mail and instant messaging. Lead agency staff shared that financial workers have experienced a lot of staff turnover and higher caseloads which has impacted their communication with waiver case managers and has limited their ability to respond to questions and issues in a timely manner.

Lead agency staff shared that they collaborate well with adult protection and child protection. Case managers check SSIS to see if there is an open protection case and consult with protection workers through e-mail conversations. Steele County also has full staff meetings that waiver case managers and protection workers attend.

All of Steele County's mental health case management is contracted out to the South Central Human Relations Center (SCHRC). The SCHRC children's mental health workers are located in the same building as Human Services, while adult mental health workers are located off-site. Lead agency staff shared that the close proximity of the children's mental health workers has helped them build strong communication between the two agencies. Staff said that communication between case managers and adult mental health workers continues to be a challenge due to SCHRC staff turnover. However, the Adult Services Supervisor has worked to improve this relationship by conducting trainings for SCHRC about the referral process and the proper uses of CADI services, which includes advancing the lead agency's goal to help participants live in the least-restrictive settings.

Most of the communication with the County Board is done by the Steele County Human Services Director. Supervisors put together quarterly reports for the waiver programs and the Director presents the information at board meetings. These quarterly reports include information about current waiver caseloads as well as highlights about significant changes and how they will affect the management of the waiver programs moving forward.

### Health and Safety

In the Quality Assurance survey, Steele County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Steele County case managers are well-trained and knowledgeable and that they are responsive to changes in participant needs.

Case managers shared that one of their major challenges is keeping up with the ever-changing waiver program requirements and policies. Human Services and Public Health both have frequent team meetings to keep case managers updated on any changes to the waiver programs. The Adult Services Supervisor receives and summarizes information from listservs and bulletins, presents the information to staff at meetings, and conducts staff trainings if necessary. Staff also use videoconference trainings and webinars to stay current on waiver requirements. Newly hired lead agency staff are given several different resources when they start out and also shadow experienced case managers.

The EW program area performs internal audits for their files to make sure they meet the South Country Health Alliance requirements. Case aides review Public Health files to make sure they contain all of the required forms. Staff shared that there are plans to initiate audits for the under age 65 programs as well in the near future.

### Service Development and Gaps

Case managers shared that one of the strengths of Steele County is the number of quality service providers in the area. Overall, lead agency staff reported being satisfied with provider



performance and relationships. However, they did share that there are a few service gaps, specifically limited options for transportation, family foster care, behavioral health services, and housing for difficult to serve participants in the area.

Service development efforts have not been necessary for the most part due to the abundance of quality services in Steele County, but the lead agency remains active in conversations about service developments in the community. For example, the lead agency has participated in conversations with a provider who was considering expanding community services and resources in a customized living building. The lead agency recently began using an additional personal emergency response system company that offered better technology for participants. Steele County has also partnered with neighboring counties for service development; most recently, they worked on the development of a board and lodge to serve homeless individuals.

**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.

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

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

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	1	5	1
Schools (IEIC or CTIC)	1	0	3
Advocacy Organizations	0	0	4
Hospitals (in and out of county)	0	4	5
Home Care Providers	1	8	0
Customized Living Providers	1	5	0
Foster Care Providers	0	1	5
Employment Providers (DT&H, Supported Employment)	0	3	3

Case managers give out satisfaction surveys to participants during annual visits in an effort to monitor the performance of service providers. One of the case aides receives the completed surveys, compiles the results and shares them with staff every three to six months. The Adult Services Supervisor addresses any concerns noted in the satisfaction surveys and brings them to the attention of the providers.

Case managers shared that their relationships vary with nursing facilities. They stated that some nursing facilities are very proactive and actively work on discharge planning while others do not. They indicated that nursing facilities have experienced high staff turnover, which has hindered

their ability to establish good relationships. Case managers added that nursing facility staff sometimes do not notify them when a waiver participant is admitted.

Most case managers rated their relationships with schools as above average and several mentioned that their connections with one school district's special education director are very strong. They shared that high school teachers are good about connecting with them but that they need to work on establishing the same relationships with teachers at the elementary level.

Case managers stated that the discharge planner at the local hospital has been very good at sharing information with them. Most case managers said they had good relationships with staff at most of the area hospitals, but it varies depending on the size and who they are able to connect with. Some hospital staff do not always notify them when a participant has been discharged which can create challenges for coordinating services such as home health care when that individual returns home.

Case managers varied when rating their relationships with vocational providers. They shared that providers are receptive to the changing needs of waiver participants but that the opportunities available also depend on the specific community. They stated that there is a waitlist for the Extended Employment program, which provides higher wage community based employment, and that there are very few options for elderly participants who want to continue working.

Most case managers rated their relationships with customized living providers as being average. They shared that in some cases, customized living staff can be slow to respond to case manager requests. Almost every case manager who works with foster care providers said they had good relationships and communication, especially with providers located in Steele County. They shared that these foster cares provide high quality services for participants.

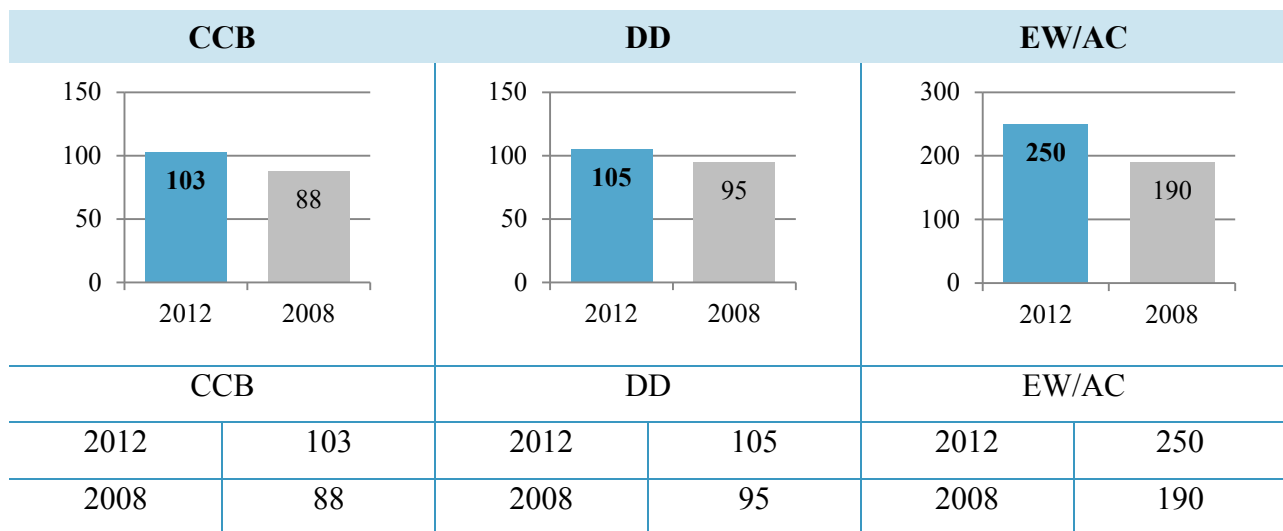
Case managers said that finding qualified home care providers is difficult due to high staff turnover. They shared that they are concerned about the quality of care that participants get and the level of satisfaction they have with their services. Case managers added that it is difficult to find providers for participants in rural areas. All four case managers who had experience working with DD advocacy organizations said that they have great relationships with them,

stating that the groups provide great information to participants and are very helpful resources for families. There are also community and advocacy organizations providing services like companion, shopping, chore, and medical transportation for seniors.

## 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 Steele County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Steele County has increased by 15 participants (17.0 percent); from 88 in 2008 to 103 in 2012. Most of this growth occurred in three case mixes A, B and D, each growing by six people. Decreases occurred in two case-mix categories; J and K.

Since 2008, the number of people served with the DD waiver in Steele County increased by 10 participants, from 95 in 2008 to 105 in 2012. In Steele County, the DD waiver program is growing more quickly than in the cohort as a whole. While Steele County experienced a 10.5 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.0 percent increase in number of people served. In Steele County, the profile group 2 had the largest

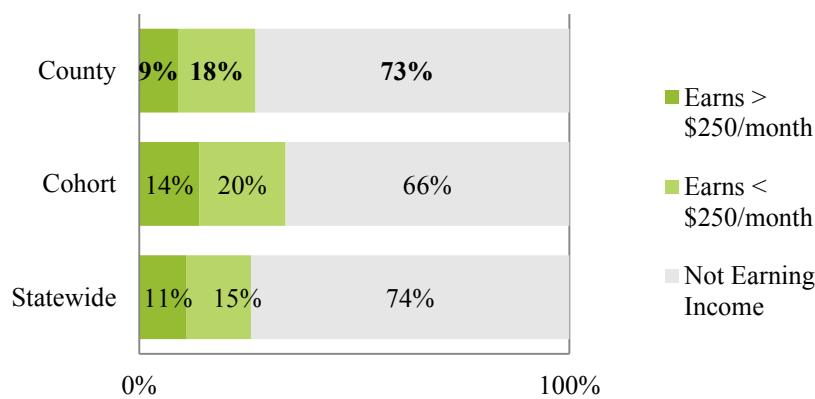
increase, growing by 14 people. The greatest change in the cohort profile groups occurred in people having a Profile 3. Steele County serves a larger proportion of people in profile groups 1 and 2 (46.7 percent), than its cohort (34.4 percent).

**Since 2008, the number of people served in the EW/AC program in Steele County has increased** by 60 people (31.6 percent), from 190 people in 2008 to 250 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in case mix B, which grew by 31 people. There are also significant increases in case mixes E and J, each growing by 14 people. Steele 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.

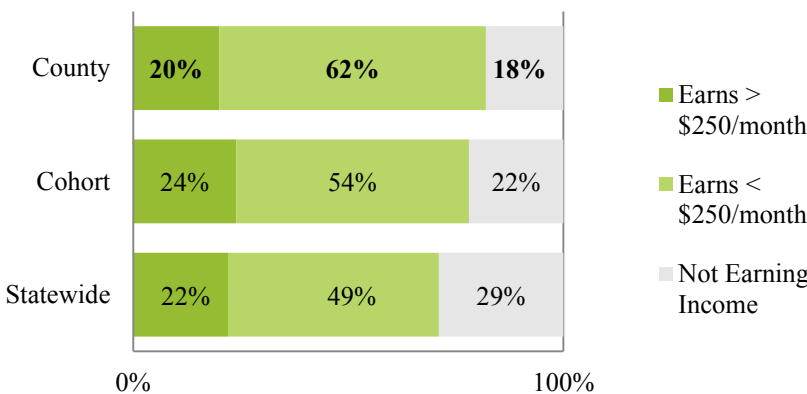
**CCB Participants Age 22-64 Earned Income from Employment (2012)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Steele County	9%	18%	73%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, Steele County served 85 working age (22-64 years old) CCB participants. Of working age participants, 27.1 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **Steele County ranked 67<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Steele County 9.4 percent of the participants earned \$250 or more per month, compared to 14.4 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 (2012)**



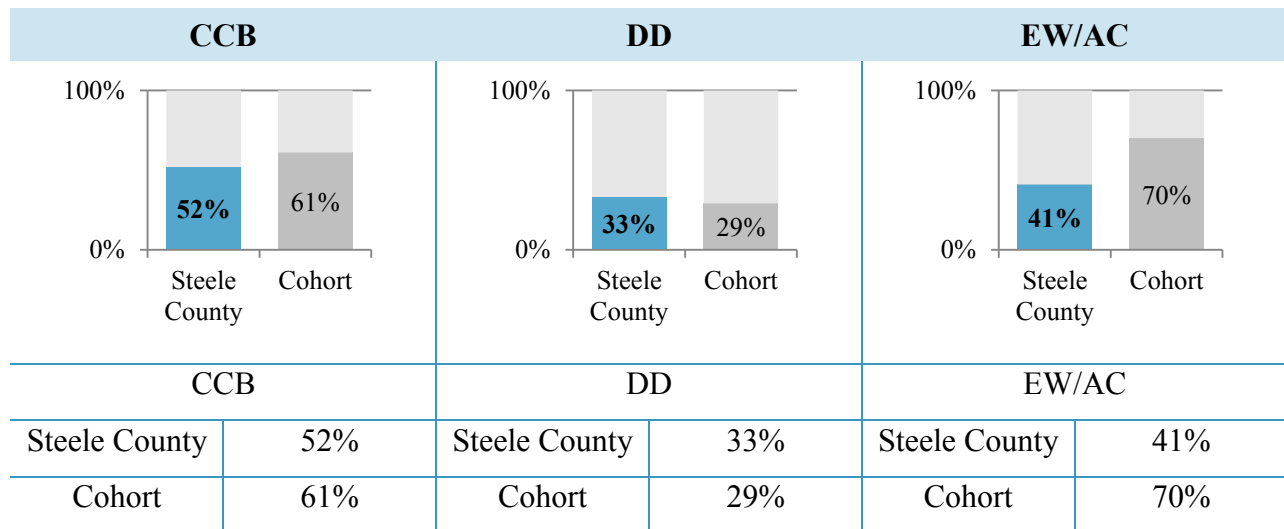
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Steele County	20%	62%	18%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

In 2012, Steele County served 82 DD waiver participants of working age (22-64 years old). **The county ranked 55<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Steele County, 19.5 percent of working age participants earned \$250 or more per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 81.7 percent of working age DD waiver participants in Steele County had some earned income, while 77.8 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 \$3.6 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)



**Steele County ranks 72<sup>nd</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 54 participants at home. Between 2008 and 2012, the percentage decreased by 2.1 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points and the statewide average fell by 4.2 points. In 2012, 52.4 percent of CCB participants in Steele County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Steele County ranks 25<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 35 participants at home. Between 2008 and 2012, the percentage decreased by 2.5 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling by only 1.0 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.

**Steele County ranks 87<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 102 participants at home. Between 2008 and 2012, the percentage decreased by 29.7 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Steele County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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

	<b>CADI</b>	<b>DD</b>												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Steele County</td><td>\$88</td></tr> <tr><td>Cohort</td><td>\$97</td></tr> </table>	Category	Rate	Steele County	\$88	Cohort	\$97	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Steele County</td><td>\$159</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Category	Rate	Steele County	\$159	Cohort	\$171
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Steele County	\$88													
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Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Steele County</td><td>\$124</td></tr> <tr><td>Cohort</td><td>\$161</td></tr> </table>	Category	Rate	Steele County	\$124	Cohort	\$161	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Steele County</td><td>\$197</td></tr> <tr><td>Cohort</td><td>\$207</td></tr> </table>	Category	Rate	Steele County	\$197	Cohort	\$207
Category	Rate													
Steele County	\$124													
Cohort	\$161													
Category	Rate													
Steele County	\$197													
Cohort	\$207													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Steele County</td><td>\$53</td></tr> <tr><td>Cohort</td><td>\$55</td></tr> </table>	Category	Rate	Steele County	\$53	Cohort	\$55	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Steele County</td><td>\$86</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	Steele County	\$86	Cohort	\$81
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Steele County	\$53													
Cohort	\$55													
Category	Rate													
Steele County	\$86													
Cohort	\$81													



**Average Rates per day for CADI services (2012)**

	Steele County	Cohort
Total average rates per day	\$88.15	\$96.60
Average rate per day for <b>residential</b> services	\$124.31	\$160.81
Average rate per day for <b>in-home</b> services	\$53.27	\$55.43

**Average Rates per day for DD services (2012)**

	Steele County	Cohort
Total average rates per day	\$158.56	\$170.56
Average rate per day for <b>residential</b> services	\$197.41	\$206.94
Average rate per day for <b>in-home</b> services	\$85.58	\$80.98

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 Steele County is \$8.45 (8.7 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Steele County spends \$36.50 (22.7 percent) less on residential services and \$2.16 (3.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Steele County ranks 25<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Steele County is \$12.00 (7.0 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, Steele County spends \$9.53 (4.6 percent) less on residential services and \$4.60 (5.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Steele County ranks 23<sup>rd</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.

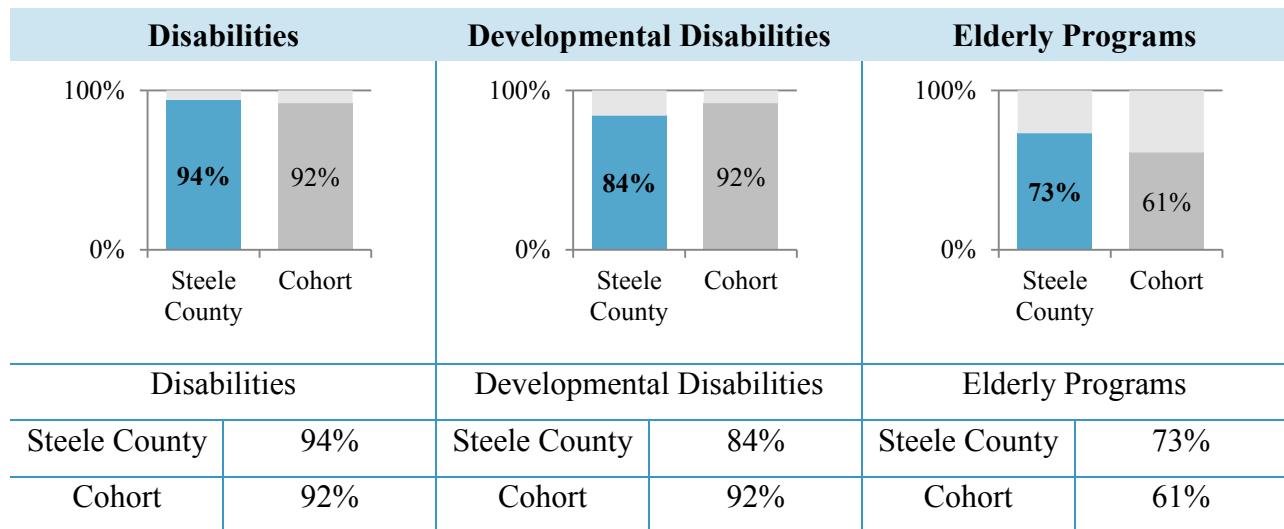
**Steele County has a lower use in the CADI program than its cohort of some residential based services** like Foster Care (22% vs. 28%), but a higher use of others , including Customized Living (19% vs. 8%) and Residential Care Services (3% vs. 0%). The lead agency has a lower use of Prevocational Services (5% vs. 11%) and Supported Employment Services (4% vs. 11%). They also have a lower use of some in-home services, such as Skilled Nursing (9% vs. 22%), Home Health Aide (4% vs. 7%), Home Delivered Meals (12% vs. 21%), and Homemaker (19% vs. 28%), but a higher use of Independent Living Skills (24% vs. 13%). Sixty-five (65%) of Steele County's total payments for CADI services are for residential services (46% foster care and 19% customized living) which is higher than its cohort group (56%). Steele County corporate foster care rates are higher than its cohort when billed daily (\$196.79 vs. \$192.17 per day).

**Steele County's use of Supportive Living Services (SLS) is lower than its cohort (64% vs. 70%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a lower use of Day Training & Habilitation (49% vs. 64%) and Supported Employment (0% vs. 5%). It has a higher use of Consumer Directed Community Supports (CDCS) (11% vs. 4%), In-Home Family Support (19% vs. 17%) and Respite Care (21% vs. 19%) than its cohort.

## Usage of Long-Term Care Services

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

### Percent of LTC Participants Receiving HCBS (2012)



**In 2012, Steele County served 207 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 26 in institutional care.** Steele County ranked 34<sup>th</sup> of 87 counties with 94.3 percent of their LTC participants received HCBS. This is higher than their cohort, where 92.0 percent were HCBS participants. Since 2008, Steele County has increased its use of HCBS by 1.1 percentage points, while the cohort increased its use by 0.5 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Steele County served 135 LTC participants (persons with development disabilities) in HCBS settings and 26 in institutional settings.** Steele County ranked 76<sup>th</sup> of 87 counties with 83.7 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.2 percent). Since 2008, the county has decreased its use by 2.2 percentage points while its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Steele County served 267 LTC participants (over the age of 65) in HCBS settings and 119 in institutional care.** Steele County ranked 10<sup>th</sup> of 87 counties with 72.8 percent of LTC participants receiving HCBS. This is higher than their cohort, where 60.7 percent were HCBS participants. Since 2008, Steele County has increased its use of HCBS by 13.8 percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

#### **Nursing Facility Usage Rates per 1000 Residents (2012)**

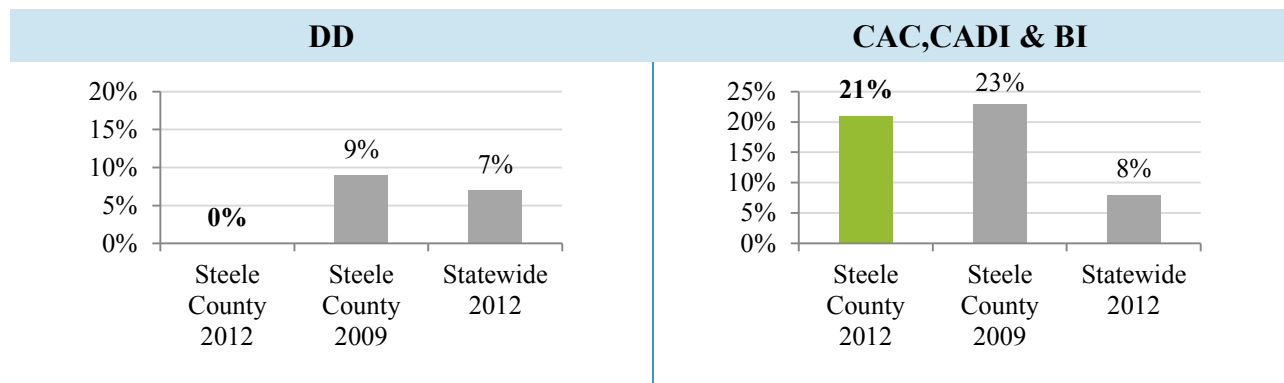
	<b>Steele County</b>	Cohort	Statewide
Age 0-64	<b>0.32</b>	0.57	0.54
Age 65+	<b>15.90</b>	24.57	21.99
TOTAL	<b>2.54</b>	4.48	3.19

**In 2012, Steele County was ranked 13<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. Steele County also has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 18.8 percent in Steele County. Overall, the number of residents in nursing facilities has decreased by 15.6 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
Steele County (2012)	0%	21%
Steele County (2009)	9%	23%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a small 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, Steele County had a balance of \$26,944 or 0% at the end of calendar year 2012, which indicates the DD waiver budget did not have a reserve. Steele County’s DD waiver balance is smaller than its balance in CY 2009 (9%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Steele County'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, Steele County had a 21% 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 (23%). However, the FY 2013 balance is expected to be 10%.

Steele County currently has a small waitlist for the DD program (three) and the CADI program (one). The DD team meets monthly to discuss new waiver slots and prioritize participants based on health and safety needs. Steele County has a less formal CADI waitlist which is primarily comprised of participants who have already been screened but are waiting for MA eligibility or other paperwork to be processed. Their management of their CADI budget has allowed them to meet the needs of those on the CADI waiver. The CADI team meets to discuss the budget, and the Public Health case managers participate in this meeting.

For allocation increase requests, case managers use allocation request forms and e-mail them to the Adult Services Supervisor who then runs simulations using the Waiver Management System (WMS). Staff shared that they believe one of the strengths of the lead agency is their ability to balance the waiver budget while also providing quality service to participants.

### 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.

### Steele County 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	0	0	1	3	2
MMIS Help Desk	0	0	1	4	3
Community Based Services Manual	0	0	0	3	3
DHS website	1	1	4	0	1
eDocs	0	0	1	3	3
Disability Linkage Line	0	0	1	1	0
Senior Linkage Line	0	3	3	1	1
Bulletins	0	2	1	1	5
Videoconference trainings	0	0	4	5	0
Webinars	0	1	3	4	0
Regional Resource Specialist	0	0	0	1	3
Listserv announcements	0	0	7	0	0
MinnesotaHelp.Info	0	0	1	3	0
Ombudsmen	0	0	0	4	4

Case managers rated Policy Quest and MMIS Help desk as moderately to very useful resources. Most staff can access Policy Quest and lead agency staff shared that they have been more

responsive than in the past. Lead agency case managers shared that the MMIS Help Desk is helpful but it is used more frequently by their case aides. . Case managers stated that the Community Based Service Manual (CBSM) is helpful but it is difficult to find specific information quickly. Lead agency staff noted that they like the CBSM service summary section and that they sometimes print off the information to share with participants, which is helpful .

Case managers reported that the DHS website can be difficult to navigate, but they bookmark the pages that they reference the most. Case managers also commented that it is easier to navigate since the recent update. Case managers said that they use eDocs to access the most current forms. The case aide also uses eDocs to find updated forms and create packets for case managers. Case managers rated the Disability Linkage Line as average to useful and explained that the chat feature is very helpful. They also shared that they refer participants to the Senior Linkage Line.

Case managers and lead agency staff stated that although they find bulletins helpful, they can be difficult to interpret and that the notifications are not always timely. Case managers shared that some videoconference trainings are good but others do not include relevant information for their daily work. Lead agency staff also commented that Webinar presenters are not always able to provide responses to questions.

During the focus group, case managers said that they attend quarterly meetings with the Regional Resource Specialist. Lead agency staff noted that the Regional Resource Specialist can be slow in responding to questions and seems to be spread thin across many responsibilities. Case managers said that the listserv announcements are helpful. They said that MinnesotaHelp.info can be hard to navigate. Most case managers have used Ombudsmen services and rated it as a moderately to very useful resource.



## 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.

### Steele County Strengths

The following findings focus on Steele 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.

- **Steele County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Steele County received a corrective action for timeliness of screening from referral for the CCB programs. In 2014, this issue does not remain for Steele County indicating technical improvements over time.
- **The case files reviewed in Steele County consistently met several 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 BI forms, OBRA Level One forms, ICF/DD Level of care, 24 hour supervision documented for EW cases, current DD screenings and current care plans. In addition, 99% of case files included notice of privacy practices (HIPPA), consent to release private information, and right to appeal information. Steele County LTTC assessments were also thoroughly complete and detailed. For example, 91% of assessments reviewed contained notes used to explain IADL and ADL needs and 92% of assessments reviewed contained detailed information to explain the client's situation. A thoroughly complete and detailed assessment helps the case manager develop a strong and comprehensive care plan for participants. Furthermore, Steele County care plans reviewed included nearly all required elements including 100% of goals and outcomes stated, 95% included all needed services, and 100% of care plans reviewed included emergency contacts and back-up plans.
- **Steele County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers in Public Health and Human Services are accessible to one another and frequently consult and problem solve with each other on cases.

The lead agency completes dual assessments with both a social worker and a nurse for elderly participants which allows them to draw on the expertise from both disciplines. The relationship between the two departments helps bring an outside perspective which is valuable in meeting participants' unique needs. Steele County assigns cases based on the participant's needs; for example, participants with high medical needs on the CAC or CADI programs are typically assigned to a nurse for case management. Steele County Public Health is a Medicare-certified home health care provider and serves many waiver participants, and nurses are a source of referrals and play a role in monitoring participant health and safety. In addition, case managers reported during the focus group that they are well connected and have good working relationships with licensors, child mental health workers and financial workers. These strong working relationships enhance the services participants are receiving and helps them navigate services.

- **Staff from the lead agencies are well-connected with providers and other organizations that serve participants.** Steele County case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. Case managers have especially good relationships with advocacy organizations and corporate foster care providers. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participants' needs are met. Steele County is also working with its Minnesota Region 10 contract manager to increase their knowledge of resources for providers and keep its providers informed of upcoming changes to HCBS services, licensures, and contracts.
- **Based on budget reports, Steele County's waiver allocations are well-managed.** Steele County's DD waiver budget balance was 9% at the end of CY 2009, and there was a 23% balance in the CADI, CAC and BI programs at the end of FY 2009. However, the balances were reduced in 2012 – down to 0% in DD and 21% in CCB. CCB has been reduced further since FY 2012 also. This provides Steele County with some reserve funds to balance risks from costly participant crises, while maximizing its ability to meet local needs. Steele County is closely monitoring and managing its waiver allocations through simulations and monthly

team meetings across agencies which has helped reduce its wait lists and provide needed services to eligible community members.

- **Steele 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 13<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 EW/AC programs (73%) which is ranked 10<sup>th</sup> of 87 counties. Steele County also has high use of HCBS for the CCB programs (94%) which is ranked 34<sup>th</sup> out of 87 counties. Serving many participants through HCBS means that Steele County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.

### Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Steele County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Steele County 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 91% of case files reviewed included the provider name in the care plan, only 12% of cases reviewed included the annual amount allowed.
- **Consider developing additional systems or practices to support case managers during the merger with Waseca and Dodge Counties.** From 2008 to 2012, caseloads in Steele County increased by 32% for AC/EW, 17% for CCB, and 11% for DD. With growing caseloads and increasing complexity of cases, administering the waiver programs and

providing case management will become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. Such strategies include: specialization for case managers by waiver program; create similar forms for use across the three lead agencies to promote consistency; and consider sharing an office support staff or case aide across lead agencies to assist in updating forms and creating packets to ensure forms are current. Thinking about ways to create more efficient practices with Waseca and Dodge Counties is important as the lead agency combines staff and business practices.

- **Continue efforts to expand community employment opportunities for individuals with disabilities.** Steele County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (19.5% vs. 24.2%) and ranks 55<sup>th</sup> of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 9.4% vs. 14.4% for the cohort which ranks 67<sup>th</sup> of 87 counties. Steele County should continue to build off of improvements that have been made around community-based employment. For example, continue to explore options like the Extended Employment program. The county should consider creating a Request for Information (RFI) for the community-based employment services to set expectations for providers and ensure they can be accessed by all participants regardless of the waiver program.
- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Steele County has lower rates of participants served at home than its cohort in the CCB and elderly programs. Only 52.4% of CCB participants are served at home (72<sup>nd</sup> of 87 counties), 33.3% of DD participants are served at home (25<sup>th</sup> of 87 counties), and 40.8% of elderly participants are served at home (87<sup>th</sup> of 87 counties) indicating high use of residential services. The county should continue to be deliberate in developing service choices that are appropriate for the needs of participants, which may include partnering with neighboring counties with similar needs or service capacity or drawing ideas and resources from the work that has been done in this area by other Region 10 counties. 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. To plan for the future, the county 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 county should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **The lead agency should consider bringing Adult Mental Health expertise to Human Services.** Steele County would benefit formalizing the communication process between Human Services and the contracted agency, especially for CADI participants with high behavioral needs. 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 lead agency could develop a care plan format that meets all requirements for waiver participants and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at [www.MinnesotaHCBS.info/](http://www.MinnesotaHCBS.info/).
- **Steele County should enhance the current provider monitoring practices and create visit sheets to use consistently across waiver programs.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Currently case managers complete another LTCC reassessment every six months. Instead of this lengthy process, the agency should consider using a visit sheet form every six months. Specifically, visit sheets can be used to note changes or additional needs of a participant, document participant feedback, and monitor provider performance. The lead agency should consider adopting this practice in order to document participant satisfaction with providers in case files, as only 23% of case files reviewed in Steele County included documentation of participant satisfaction.

## Corrective Action Requirements

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

- **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 three participants who do not have signed care plans in their case file including two out of 38 EW cases, and one out of 10 AC cases.
- **Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed.** Steele County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 22 applicable cases, 27% did not have employment assessed. Most notably, 6 out of 9 CADI cases not have evidence that employment was assessed.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames that includes the three required signatures and dates.** Four out of 10 DD cases did not have all of the required signatures, including the case manager's signature, participant's or legal representative's signature and the QDDP's signature on the DD screening document.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Steele County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to

be non-compliant for each consumer case file reviewed. This report required follow up on 16 cases. Steele County submitted a completed compliance report on April 25, 2014.

## 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	4	N / A	1	3	N / A	N / A
Screenings done on time for new participants (PR)	93%	96%	100%	78%	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	80%	89%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=48</b>	<b>CCB n=16</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	89%	88%	94%	N / A	CCB	N / A



<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=48</b>	<b>CCB n=16</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	96%	94%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	95%	94%	94%	100%	ALL	N / A
Choice questions answered in care plan (PR)	96%	94%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	93%	96%	94%	80%	AC / EW, CCB	N / A
Inclusion of caregiver needs in care plans	69%	73%	0%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	60%	N / A	N / A	60%	N / A	DD
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	73%	N / A	60%	100%	DD	CCB
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)	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>
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
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=7</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=7</i> )	100%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=48</b>	<b>CCB n=16</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	100%	80%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	93%	98%	88%	80%	AC / EW	N / A
Back-up plan (Required for EW, CCB, and DD)	100%	100%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=48</b>	<b>CCB n=16</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	99%	100%	100%	90%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	99%	98%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	99%	98%	100%	100%	ALL	N / A

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=48</b>	<b>CCB n=16</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	23%	17%	44%	20%	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	73%	94%	84%	AC / EW, CCB	DD
Percent of LTC funds spent on HCBS	N / A	48%	88%	77%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	71%	57%	88%	AC / EW, DD	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	98%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	41%	52%	33%	DD	AC / EW, CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	9%	20%	N / A	CCB, DD

## 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.