

Minnesota Department of Human Services Waiver Review Initiative

Report for: **White Earth Nation**

Waiver Review Site Visit: April 2015

Report Issued: July 2015

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Acknowledgements

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

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

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

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

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for White Earth Nation
Case File Review	21 cases
Provider survey	8 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group with 6 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 White Earth Nation

In April 2015, the Minnesota Department of Human Services conducted a review of White Earth Nation's ("Tribe") Home and Community Based Services (HCBS) programs. White Earth Indian Reservation is located in northwestern Minnesota. Its Tribal Health department is located in White Earth and the Reservation has 36 townships. As of the 2000 Census, White Earth's population was approximately 9,562. In State Fiscal Year 2013, it served 136 people through the HCBS program.

The White Earth Tribal Health Division is the lead agency for all HCBS waiver programs and is located in White Earth, MN. To be eligible to receive waiver funding and case management from the lead agency, participants must live on the White Earth Reservation, which includes all of Mahnommen County and parts of Becker and Clearwater counties or have White Earth Nation as the County of Financial Responsibility.

The lead agency has one Long Term Care Program Coordinator who oversees the management of the waiver programs. She supervises a case management team that includes two social workers and four Registered Nurses (RNs). Each case manager manages a mix of AC, EW, CADI, and BI cases. Case load sizes vary depending on their other responsibilities including managing non-waiver cases and working with other units within the lead agency. At the time of the review, White Earth did not have any CAC or DD waiver cases. The lead agency also has one case aide who provides general support to waiver case managers.

Case managers are all certified assessors and rotate intake responsibilities. The Long Term Care Program Coordinator is also a certified assessor. The team leads assign cases to assessors based on case manager availability and expertise. Typically, whoever performs the assessment

becomes the ongoing case manager. Staff shared that the lead agency has chosen this model given the challenges they have faced building trust with participants in their communities.

Working Across the Lead Agency

Staff stated that one of the strengths of the lead agency was their ability to communicate with one another. Case managers come from a variety of backgrounds and shared that they frequently rely on their coworkers for their knowledge and expertise. Waiver staff have weekly meetings where they do case consultations to problem solve challenging situations. Staff shared that they work well together to provide participants the services they need.

White Earth recently created the White Earth Nation Financial Services Department which provides, among other services, Medical Assistance (MA) eligibility determination for waiver participants. Lead agency staff work primarily with two financial workers located in Mahnommen, MN. Case managers shared that they have frequent contact with financial workers predominately through telephone conversations regarding required paperwork that needs to be completed. Staff stated that they have good communication with those financial workers and that their calls are always returned promptly. Although most participants have transitioned to having White Earth financial workers, some are currently still assigned to financial workers from Mahnommen, Becker, and Clearwater counties. White Earth staff communicate with lead agency financial workers using formal financial communication forms as well as through email and telephone conversations.

White Earth also has adult protection staff housed in the Human Services Division. The lead agency has one primary adult protection worker who performs investigations and may coordinate with waiver staff if required. Case managers shared that they work closely with the adult protection staff when investigations involve one of their waiver participants and are notified about progress with the case. Case managers stated that they are often brought in to consult in those situations and have gone on dual visits with the adult protection worker in the past. Child protection staff are housed within Indian Child Welfare and are located in different building than waiver staff. Case managers shared that they are typically not as involved in child protection investigations, but communicate well with child protection workers when their help is requested.

They are working on increasing collaboration and communication amongst all tribal programs by using the WECARE model.

Additionally, mental health workers are located in the White Earth Behavioral Health Division. Case managers shared that they frequently receive referrals from mental health case managers but do not currently share any cases with them. The lead agency may open a participant receiving mental health case management to a waiver program in order to set up specific services but would typically close out their case once services are established. The participant would then continue to receive only mental health case management. Case managers shared that if they determined a waiver participant should also receive ongoing mental health case management, that participant would have two case managers to fill those roles.

The lead agency has a Tribal Health Director who interacts with the White Earth Tribal executive director and the tribal council. She provides the executive director with quarterly reports with details regarding the management of the waiver programs.

Health and Safety

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

Lead agency staff shared that keeping up with the changing waiver program policies and documentation requirements is one of their biggest challenges. Case managers discuss updates at weekly staff meetings and review information from bulletins and listserv announcements. Staff also attend videoconference trainings, webinars, and other DHS trainings in order to expand their knowledge of the waiver programs and stay updated on requirements. Staff also attend regional meetings and connect with case managers from surrounding counties. The lead agency has a quality assurance form that staff use to perform internal audits of their case files.

Service Development and Gaps

Lead agency staff shared that there is a general lack of service options on the White Earth Reservation. Therefore, participants must access providers who are not located in their communities. Staff stated that non-medical transportation is a major barrier for many participants as many of them do not own cars. There is a public bus available, but it has limited hours and days of operation.

Staff also stated that both the lead agency and providers have struggled in hiring qualified staff to deliver services. They shared that this may be due to the rural area and competition with Indian Health Services (IHS) facilities on the reservation. Staff stated that while they advertise in local newspapers and at colleges in the area, most of their staff were referred by someone who works at the lead agency.

Additionally, staff mentioned that they do not have enough specialty services in their area, particularly behavioral services for children. They indicated that they can only offer PCA services in most cases. CTSS services are also limited.

Lead agency staff attend community events to educate participants about the services that the lead agency provides. They hand out booklets and fliers with information about the long-term care services and programs. The White Earth Nation website also has information about programs and services.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

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

Each case manager is responsible for managing the pass through billing process for non-enrolled providers. Of the Tier 2 and 3 services, White Earth staff shared that they primarily use home modifications. Staff shared that because they are a rural community, they do not have many affordable options for these services. Therefore, in order to meet local needs and make these services available, the lead agency must use the lead agency-affiliate vendor arrangement and act as a pass through billing agent.

Seven Tier 2 service claims were reviewed for one home modifications vendor. Although the document requirements were not met, the lead agency maintained copies of the vendor's contractor license as well as detailed plans for each project. Each service claim also included a "Proposal of Project Cost" that was signed by the vendor, participant, and case manager. While the document detailed the services to be provided as well as the cost for each service, it did not include several other required elements found in DHS's Service Purchase Agreement (SPA). The lead agency also did not maintain a log verifying that the vendor was not on either the CMS or MHCP Exclusion Lists.

Community and Provider Relationships/Monitoring

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

Table 2: White Earth Nation Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	3	2
Schools (IEIC or CTIC)	0	0	1
Hospitals	0	3	0
Customized Living Providers	0	1	1
Home Care Providers	0	0	3

Case managers said that their working relationships vary across the different nursing facilities. For example, the case managers noted that some nursing facilities do not do a good job of discharge planning and often give too short of a discharge notice.

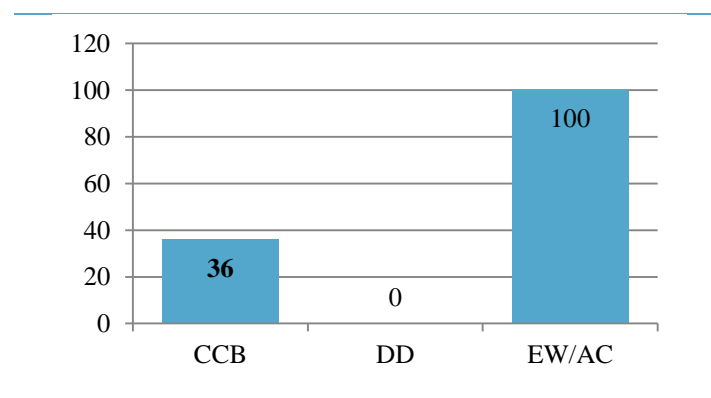
Case managers generally rated their relationships with staff at local area hospitals as average. Case managers stated that communication with hospital staff has been a challenge. Case managers shared that they are not always notified when adult participants are admitted or discharged, which makes coordinating services for those participants difficult.

A case manager rated Customized Living providers as average and another case manager gave an above average rating and stated that they have excellent communication and hear from the staff regularly. Case managers said that White Earth Nation is one of their home care providers and rated their relationships with staff as above average citing that they are close with staff and have many opportunities to build relationships.

Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity. Of all the HCBS programs, the AC and EW programs have been administered the longest by the lead agency to serve elderly participants. While those programs remain the most heavily utilized, the lead agency expanded its service offerings a few years ago to include disability waivers: CAC, CADI, BI, and DD.

Program Enrollment in White Earth Tribe (2013)

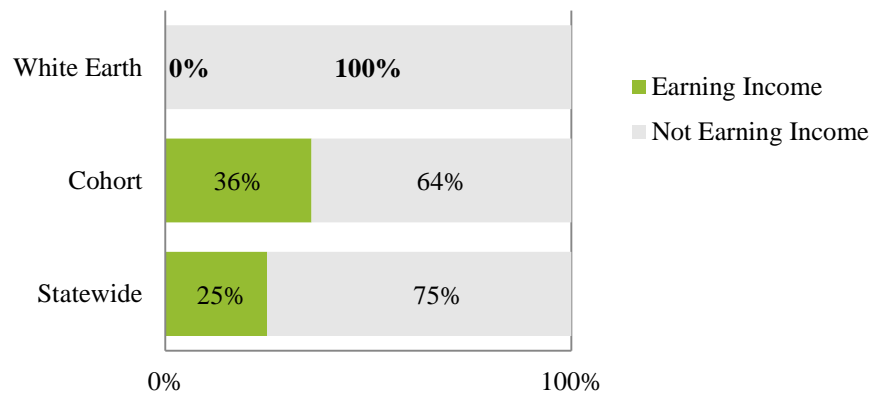


	CY 2013
CCB	36
DD	0
EW/AC	100

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency. In December 2013, White Earth had 24 working age participants, none of which had reported earnings from employment.

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

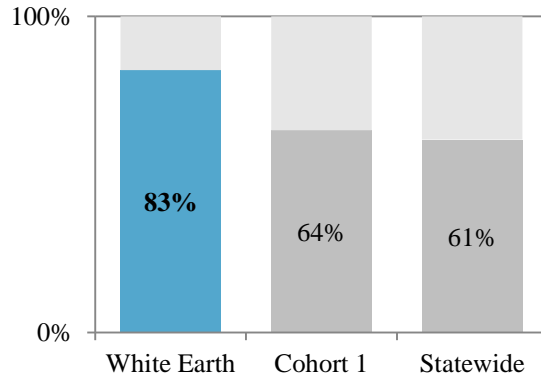


	Earning Income	Not Earning Income
White Earth Tribe	0%	100%
Cohort 1	36%	64%
Statewide	25%	75%

Sustainability

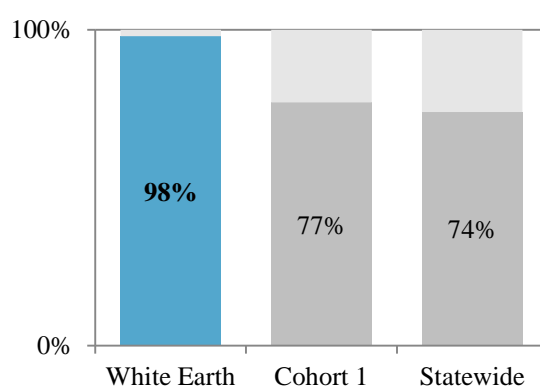
Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability. In FY13, there were 36 disability waiver participants in White Earth, six of which received services in a residential setting. There were also 100 elderly participants on either the EW or AC waiver and all but two were served in their own home.

Percent of CCB Participants Living at Home (FY 2013)



	Living at Home
White Earth	83%
Cohort 1	64%
Statewide	61%

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

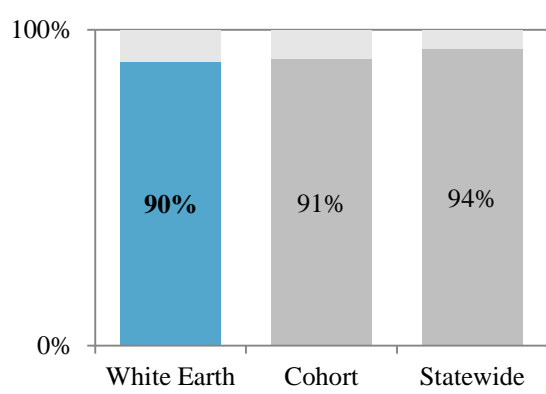


	Living at Home
White Earth	98%
Cohort 1	77%
Statewide	74%

Usage of Long-Term Care Services

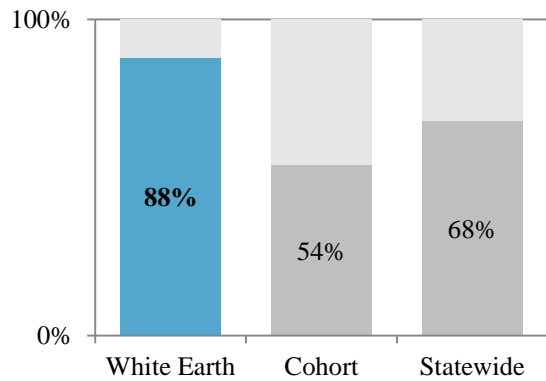
Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible. In 2013, White Earth served 36 CCB participants in HCBS settings and 4 in institutional care. They served 100 EW/AC participants in HCBS settings and 14 in institutional care.

Percent of CCB Participants Receiving HCBS (2013)



	Receiving HCBS
White Earth	90%
Cohort 1	91%
Statewide	94%

Percent of EW and AC Participants Receiving HCBS (2013)

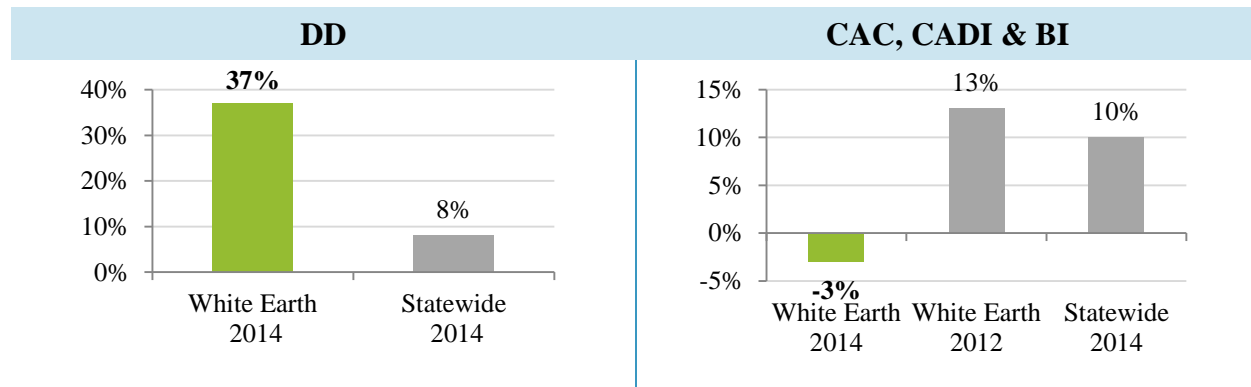


	Receiving HCBS
White Earth	88%
Cohort 1	54%
Statewide	68%

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
White Earth (2014)	37%	-3%
White Earth (2012)	NA	13%
Statewide (2014)	8%	10%

At the end of calendar year 2014 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 2014. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, White Earth had a 37% balance at the end of calendar year 2014, which indicates the DD waiver budget had a reserve. The statewide average was 8%.

At the end of fiscal year 2014, the CCB waiver budget had a reserve. White Earth’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2014. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, White Earth had a -3%

balance at the end of fiscal year 2014, which is a smaller balance than the statewide average (10%), and smaller than the balance in FY 2012 (13%).

White Earth does not currently have a waitlist for any of the waiver programs. The Long Term Care Program Coordinator and a case manager monitor the waiver budgets and run simulations using the Waiver Management System (WMS). The waiver case management team reviews new waiver participants at their weekly meeting and discusses how they will fit into the waiver budgets. The lead agency does have a formal process for prioritizing participants based on their level of need when they have a waiting list. Large allocation increase requests must be approved by the Long Term Care Program Coordinator.

Lead Agency Feedback on DHS Resources

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

Table 3: White Earth Nation Case Manager Rankings of DHS Resources

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

Case managers reported that the Regional Resource Specialist (RRS), E-Docs, and the DHS website were the most useful DHS resources. Case managers and supervisors said that the Regional Resource Specialist (RRS) is excellent and is helpful in answering Waiver Management System (WMS) questions. Case managers said that their case aide uses E-Docs to get the most current forms and put together visit packets which has been very helpful. Case managers noted that it would be helpful to receive timely notifications from DHS when new form updates are available. The supervisors shared that the website was becoming more user-friendly. Some case managers also rated the DHS website highly, but others felt it was not as useful because it is not user-friendly and the search function doesn't always return helpful results. All staff members reported that a recent update made the website harder to navigate.

Lead agency staff have used Policy Quest and said that it has been a very helpful resource. They look up answers to past questions and also submit their own, and shared that responses are timely. Case managers rated videoconference trainings as above average but noted that they are not always a site. They also said that sometimes videoconferences and webinars can be too long and it would be helpful to have a break during the training.

Case managers enter their own service agreements into MMIS and said they sometimes use the MMIS Help Desk for questions but they often refer to the Community Based Service Manual (CBSM) instead. A few case managers shared that they refer participants both to the Senior Linkage Line and the Disability Linkage Line and rated their usefulness as above average. Case managers rated bulletins and Listserv announcements as below average to above average. However staff reported that they are sometimes overwhelmed by the amount of information in them and they are not always able to tell what is relevant for their daily work.

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.

White Earth Strengths

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

- **White Earth Nation staff work together and collaborate across disciplines to serve waiver participants.** Although the majority of case managers are new, there is excellent teamwork and collaboration among social workers and public health nurses. Case managers have backgrounds in a variety of disciplines and they are able to draw on each other's expertise to help meet participants' needs. The lead agency has also developed a mentorship program to help train employees on policies, practices, and Waiver program requirements. This is evident in the provider survey when asked what works well at the lead agency; half of respondents (50%) said that case managers are well trained and knowledgeable.
- **Case managers collaborate well with other units across the tribal agency to serve waiver participants.** Case managers have good and frequent communication with other tribal agency units involved with HCBS participants, including home health care, financial workers, and adult protection. These strong working relationships allow case managers to help participants navigate across tribal agencies and programs to enhance the services participants are receiving.
- **White Earth Nation is a Medicare-certified home health care agency which allows them to reach a greater number of participants and streamline services.** White Earth Nation's role as a home health care agency allows for more community outreach than many other agencies and to access community members who otherwise may not be reached. In addition, they are able to make referrals for services, supply medical supplies and invite participants into the agency for care. In addition, the tribe provides services through their Contract Health Program with the goal of helping participants live in their own homes for as long as possible. They provide life line and other home health services using tribal funds.
- **White Earth Nation serves many participants at home and has the capacity to serve a high need population in the community.** The lead agency serves a greater proportion of participants at home when compared to its cohort in the CCB program (83% vs. 64%) and

EW/AC program (98% vs. 77%). Serving many participants through HCBS means that White Earth 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 White Earth Nation work toward reaching their goals around HCBS program administration. The following recommendations would benefit White Earth Nation and its HCBS participants.

- **White Earth Nation has reserves DD budget but no reserve in the CCB budget.** White Earth Nation's CCB waiver budget balance was -3% at the end of FY 2014 and a 37% budget reserve in their DD budget for CY 2014. There is room in the DD budget to add participants or enhance services such as supportive employment or in-home services for current participants. White Earth Nation should consider requesting additional slots in the CCB program since the balance in the budget is -3%. It would allow the lead agency to add people to the program who need services. Additionally, the lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.
- **Consider using the DHS MnCHOICES care plan format (6791B) to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** Care plans in White Earth were compliant in many areas; however, the language used was often not individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care, including meaningful and unique goals. For example, only 10% of White Earth Nation care plans reviewed had individualized and meaningful goals and only 14% of care plans reviewed included participant friendly language. It is important for White Earth Nation to set expectations for the format and quality of care plans to create consistency across the lead agency.

- **Develop systems and practices to track compliance with program requirements and monitor quality provision of services outlined in participant care plans.** To ensure corrective actions are implemented and practices remain compliant, the lead agency should create monitoring tools such as case file checklists that are kept up-to-date as requirements change. For ongoing monitoring of providers and quality of services, the lead agency may also want to develop and use quality assurance visit sheets for case manager face-to-face visits with participants, their family, or provider staff across all programs. Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Specifically, visit sheets make it possible to consistently document participant progress on goals and changes to needs, monitor providers in their delivery of services, and evaluate provider performance by obtaining feedback from participants. Also consider including standard questions to assess participant satisfaction with providers. In White Earth Nation, only 5% of the case files reviewed contained documentation of participant satisfaction.
- **White Earth Nation should focus on building capacity to serve CADI, DD, and mental health participants.** White Earth Nation is experiencing a growing need for services for young participants in their families. In the future, White Earth Nation will have an emerging transition age population who will want options for independent housing and community-based employment. The lead agency should be deliberate in developing these services and work with providers and neighboring counties who have similar needs for this type of service capacity. Set expectations for providers and ensure they can be accessed by all participants regardless of their age or disability. White Earth Nation is also experiencing demographic changes and serving more participants with mental illnesses in its programs. The lead agency should consider formalizing the communication process with the tribal child welfare unit. Holding regular joint meetings and trainings with both units would allow case managers to work more closely and build relationships with one another and streamline services for HCBS program participants.
- **Invest resources into developing community-based employment opportunities for participants in the CCB and DD programs.** White Earth Nation currently has 24 working age CCB participants who would all benefit from community-based employment. White Earth Nation faces unique challenges; they serve a small number of participants and they do

not have any DT&H providers. As a result, the lead agency should collaborate with providers, local businesses, economic development efforts, and school transition programs in the tribal area and surrounding areas to develop creative community-based employment supports and opportunities for waiver participants. 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 proposals (RFP) for the community-based employment services that they are looking to develop in their local communities.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where White Earth Nation was found to be inconsistent in meeting state and federal requirements and will require a response by White Earth Nation. 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 White Earth Nation 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 on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices on an annual basis. Currently, one out of 5 CADI cases and three out of 10 EW cases did 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. Two CADI cases, two EW cases, and one AC case did not have documentation in the case file showing that participants had been

informed of their right to appeal. In addition, one CADI case, and 5 EW cases did not have current documentation.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require White Earth Nation 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 12 cases. White Earth Nation submitted their completed compliance report on June 10th, 2015.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require White Earth Nation to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. White Earth Nation submitted their completed compliance report on June 10th, 2015.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	74%	75%	71%	N / A	N / A	AC / EW, CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=15	CCB n=6	DD n=0	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	ALL	N / A
Care plan is current (PR)	100%	100%	100%	N / A	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	95%	100%	83%	N / A	AC / EW	N / A
All needed services to be provided in care plan (PR)	91%	87%	100%	N / A	CCB	N / A
Choice questions answered in care plan (PR)	95%	100%	83%	N / A	AC / EW	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=15	CCB n=6	DD n=0	Strength	Challenge
Participant needs identified in care plan (PR)	57%	53%	67%	N / A	N / A	ALL
Inclusion of caregiver needs in care plans	0%	0%	0%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	ALL	N / A
ICF/DD level of care documentation in case file (PR for DD only)	N / A	N / A	N / A	N / A	N / A	N / A
DD screening document is current (PR for DD only)	N / A	N / A	N / A	N / A	N / A	N / A
DD screening document signed by all relevant parties (PR for DD only)	N / A	N / A	N / A	N / A	N / A	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	67%	N / A	67%	N / A	N / A	CCB
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	N / A	N / A	N / A	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Most of the time	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
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=8</i>)	63%	N / A	N / A	N / A	N / A	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA (Provider survey, n=8)	63%	N / A	N / A	N / A	N / A	N / A
LEAD AGENCY UTILIZATION OF NON- ENROLLED VENDORS	ALL	AC / EW	CCB	DD	Strength	Challenge
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=7)	0%	N / A	N / A	N / A	N / A	ALL
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=0)	N / A	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=15	CCB n=6	DD n=0	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	81%	100%	33%	N / A	AC / EW	CCB
Health and safety issues outlined in care plan (PR)	81%	80%	83%	N / A	N / A	N / A
Back-up plan (Required for EW, CCB, and DD)	95%	100%	83%	N / A	AC / EW	N / A
Emergency contact information	100%	100%	100%	N / A	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=15	CCB n=6	DD n=0	Strength	Challenge
Informed consent documentation in the case file (PR)	95%	93%	100%	N / A	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	48%	47%	50%	N / A	N / A	ALL
Person informed privacy practice (HIPAA) documentation in the case file (PR)	81%	80%	83%	N / A	N / A	N / A

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=15	CCB n=6	DD n=0	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	86%	87%	83%	N / A	N / A	N / A
Documentation of participant satisfaction in the case file	5%	0%	17%	N / A	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)	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	88%	90%	N / A	AC / EW	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	N / A	CCB	N / A
Percent of waiver participants served at home	N / A	98%	83%	N / A	AC / EW, CCB	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	0%	N / A	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 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.