

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Stearns County**

Waiver Review Site Visit: June 2014

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**Contents**

**Contents** ..... 2

**Acknowledgements** ..... 3

    About the Minnesota Department of Human Services..... 3

    About the Improve Group ..... 3

    Additional Resources ..... 3

**About the Waiver Review Initiative**..... 4

**About Stearns County** ..... 5

    Working Across the Lead Agency ..... 6

    Health and Safety ..... 8

    Service Development and Gaps ..... 9

    Community and Provider Relationships/Monitoring ..... 9

**Capacity** ..... 12

**Value**..... 13

**Sustainability** ..... 15

**Usage of Long-Term Care Services**..... 18

**Managing Resources** ..... 20

**Lead Agency Feedback on DHS Resources** ..... 21

**Lead Agency Strengths, Recommendations & Corrective Actions**..... 23

    Stearns County Strengths ..... 23

    Recommendations ..... 25

    Corrective Action Requirements ..... 28

**Waiver Review Performance Indicator Dashboard** ..... 31

**Attachment A: Glossary of Key Terms**..... 35

## 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 Stearns County.

### About the Minnesota Department of Human Services

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

### About the Improve Group

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

### Additional Resources

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

[http://www.dhs.state.mn.us/main/dhs16\\_166609](http://www.dhs.state.mn.us/main/dhs16_166609)

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

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Stearns County
Case File Review	147 cases
Provider survey	40 respondents
Supervisor Interviews	3 interviews with 3 staff
Focus Group	2 focus groups with 25 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1)

Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

## About Stearns County

In June 2014, the Minnesota Department of Human Services conducted a review of Stearns County's Home and Community Based Services (HCBS) programs. Stearns County is located in central Minnesota. It is a rural county, but it is adjacent to the growing metro suburbs. Its county seat is located in St. Cloud, Minnesota and the County has another 33 cities and 34 townships. In State Fiscal Year 2012, Stearns County's population was approximately 151,591 and served 1,404 people through the HCBS programs. According to the 2010 Census Data, Stearns County had an elderly population of 11.7%, placing it 74<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Stearns County's elderly population, 11.0% are poor, placing it 24<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

All of the HCBS programs are managed in the Community Supports Division of Stearns County Human Services. The Stearns County Administration Center is located in St. Cloud, MN, and the County has service centers in located in Melrose, MN and Waite Park, MN. Stearns County serves as a contracted care coordinator for Managed Care Organizations (MCOs) UCare, Blue Plus, and Medica. The lead agency has one Community Supports Division Director who oversees the management of the waiver programs and supervises three units that manage waiver cases; the Disability & Chemical Dependency (CD) Services Unit, the Senior and Managed Care Services Unit, and the Developmental Disabilities Services Unit. Each unit has one supervisor.

The Disability/ CD Services Unit Supervisor oversees 11 case managers who manage CAC, CADI, and BI cases. Each case manager has a mixed caseload, and eight case managers have a specialty caseload area. Three case managers work with many of the lead agency's waiver participants with mental health needs, three case managers are nurses who manage CAC cases or

others that involve participants with complex medical needs, and two other case managers specialize in working with children. All full-time CCB case managers have caseloads of approximately 70 cases.

The Senior and Managed Care Services Unit Supervisor oversees 15 case managers who manage EW and AC cases, including MCO cases. Each EW and AC case manager is assigned to only one of the health plans. This Senior and Managed Care Services Unit Supervisor also supervises adult protection at the lead agency. Three of his case managers have adult protection responsibilities in addition to having a waiver caseload of about 30 cases each. The other 12 case managers in this unit have caseloads of approximately 70 cases each.

The Developmental Disabilities Services Unit Supervisor oversees five DD case managers who have caseloads of about 70 cases each. Amongst the DD case managers, there is also some specialization. One case manager focuses primarily on children with developmental disabilities.

Case managers for waiver participants are located primarily in the St. Cloud office. Staff from all three units are also based at the lead agency's Melrose office. Staff located in the Melrose service center receive most of the participants who are located in that part of Stearns County.

The lead agency's Services Entry Unit performs intake for the entire Human Services Department. Intake staff gather initial information from the participant and then route the case to the Process Specialist in the Community Supports Division, who formally inputs the information into the county's system. The information then goes to supervisors, notifying them of the potential new participant's request for services. Supervisors assign cases based on geographic location, caseload sizes, and specialty areas of individual case managers.

### Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency was their ability to communicate across their department. Case managers said they understand other units' systems and have good relationships with staff from other areas. Community Supports Division's waiver units use a multi-disciplinary approach with social workers and public health nurses in each unit. Social workers often consult with nurses in their units when presented with cases that involve participants with high medical needs.

Financial workers are co-located with waiver case managers in both the St. Cloud and Melrose service centers. Stearns County uses a case banking system for their economic assistance cases. Case managers communicate with financial workers through e-mail and formal DHS communication forms. Case managers send all of their communication to a single financial unit inbox and financial workers rotate responsibilities daily. Case banking is used for all department economic assistance programs except for one program area: after MA eligibility is determined and participants are opened to the EW waiver or AC program, their cases get assigned to one of a few specific financial workers that specialize in the elderly programs. Staff shared that it has been more difficult for case managers to establish close relationships with financial workers since the switch to case banking. Case managers shared that they have experienced delays in processing eligibility paperwork, negatively impacting participants and their services. They also reported confusion from participants and their families.

Adult protection is housed in the Senior and Managed Care Services Unit within the Community Supports Division. Three social workers with these responsibilities also manage waiver cases. Other case managers consult with adult protection workers and frequently communicate with them when a protection case is opened for one of their waiver participants. Case managers will occasionally do joint visits with adult protection workers and collaborate with them to gather needed information.

The Child Protection Unit is housed in the Family and Children's Division of Human Services. Case managers shared that they have good relationships with child protection workers and that their involvement in child protection varies depending on the worker and the situation. Waiver case managers are brought in to consult on these cases and will provide support to child protection workers as they conduct their investigations.

The Mental Health Services Unit is housed in the Community Supports Division and includes both adult and children's Rule 79 mental health workers. Waiver case managers have close relationships with mental health workers and consult with them frequently. Adult participants typically do not have both a mental health case manager and a waiver case manager. Once Rule 79 participants are opened to a waiver program, their mental health case is closed, as the participant remains eligible for all mental health treatment services available under MA. Three

case managers in the Disability/CD Services Unit manage cases of participants with mental health needs.

The Community Supports Division Director has most of the interaction with the county board in communicating changes related to the waivers. She regularly attends board meetings and provides updates on the volume of waiver cases. She also informs them about significant policy changes that affect the management of the waiver programs.

### Health and Safety

In the Quality Assurance survey, Stearns 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 that the lead agency works cooperatively with them and that they have good, open communication with case managers. They also said that Stearns County case managers are well-trained and knowledgeable.

Case managers shared that one of their major challenges they face is keeping up with the constant changes of the waiver programs. They receive bulletins, attend webinars and other group trainings, and consult with each other to stay updated on requirements and policies. They have quarterly Community Supports Division meetings and each unit also has monthly meetings where they discuss changes, disseminate information, and make sure they are all interpreting everything in the same way. Supervisors and case managers also attend regional meetings to consult with other lead agencies.

Supervisors meet individually with case managers to review cases and provide consultation. New case managers are assigned a mentor during their first month while they are trained in. They are encouraged to go on visits with multiple case managers to learn from their different styles and backgrounds.

### Service Development and Gaps

Staff shared that Stearns County has a good provider base and that participants have ample choice of high quality providers. However, they did share that there are significant service gaps. Staff said that their growing Somali population would benefit from additional culturally appropriate providers (e.g., home delivered meals).

They also said that the area lacks homemaking providers. Case managers said that transportation providers located within the county are limited. There is a public transit bus in St. Cloud, but for participants living in other parts of the county, accessing the community can be challenge with limited affordable transportation resources.

Lead agency staff also shared the need for increased community based employment opportunities for waiver participants. Although they have made this desire know to their local providers, they have not yet seen improvements. Staff shared that participants accessing employment or vocational services from providers located in other counties tend to have better outcomes.

Additionally, staff indicated that the county lacks appropriate residential placement options for participants who have high behavioral or medical needs. Case managers shared that this has forced them to find placements for these participants that are outside of the county and away from their families. The lead agency has made some efforts to develop foster care homes in Stearns County. For example, they sent out a Request for Proposals (RFP) a few years ago and were able to develop a foster home specifically for high needs female participants.

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

Local agencies	Below Average	Average	Above Average
Nursing Facility	0	14	7

<b>Local agencies</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Schools (IEIC or CTIC)	0	8	3
Hospitals (in and out of county)	1	15	7
Area Agency on Aging	0	1	0
Customized Living Providers	2	16	1
Foster Care Providers	1	5	9
Home Care Providers	0	18	4
Advocacy Organizations	0	0	4
Employment Providers (DT&H, Supported Employment)	0	2	10
Community Mental Health Agencies	0	4	0
Adult Day Care Providers	0	5	4
Transportation Providers	6	2	0

Lead agency staff shared that overall, Stearns County has good providers that provide high quality services. Case managers said that they would meet with providers informally to discuss issues brought to them by participants.

Case managers shared that they have good communication with nursing facilities in Stearns County and that they are usually invited to discharge planning meetings. However, some case managers expressed that their relationships with nursing home staff have recently declined and that they are not always notified about discharge planning meetings. They cited turnover in nursing home staff and their unfamiliarity with HCBS programs as the cause. Case managers also said that they have good working relationships with local school districts. Case managers are sometimes involved in Individualized Education Program (IEP) planning process and meetings, but they often have to remind the school or rely on parents to invite them.

Case managers rated their relationships with staff at local area hospitals as average. Most case managers are notified by hospital staff when a participant has been discharged. Case managers also reported that they have easy access to information and that the mental health unit at the hospital is good at coordinating staffing meetings for participants. One case manager has worked with their Area Agency on Aging and reported that referring participants to the agency for

nursing home preadmission screenings is going well. Case managers rated their working relationships with home care providers as average to above average but shared that have had some restrictions on who local home health care agencies will serve. For example, some of the providers do not have staffing for participants at night or on the weekends.

Case managers said that their relationships with customized living providers in the area are average. Case managers noted that they are not always notified when a participant is discharged from the provider or when a participant has been hospitalized. In addition, they noted that these providers have frequent staff turnover and some of the staff members do not fully understand the case manager's role.

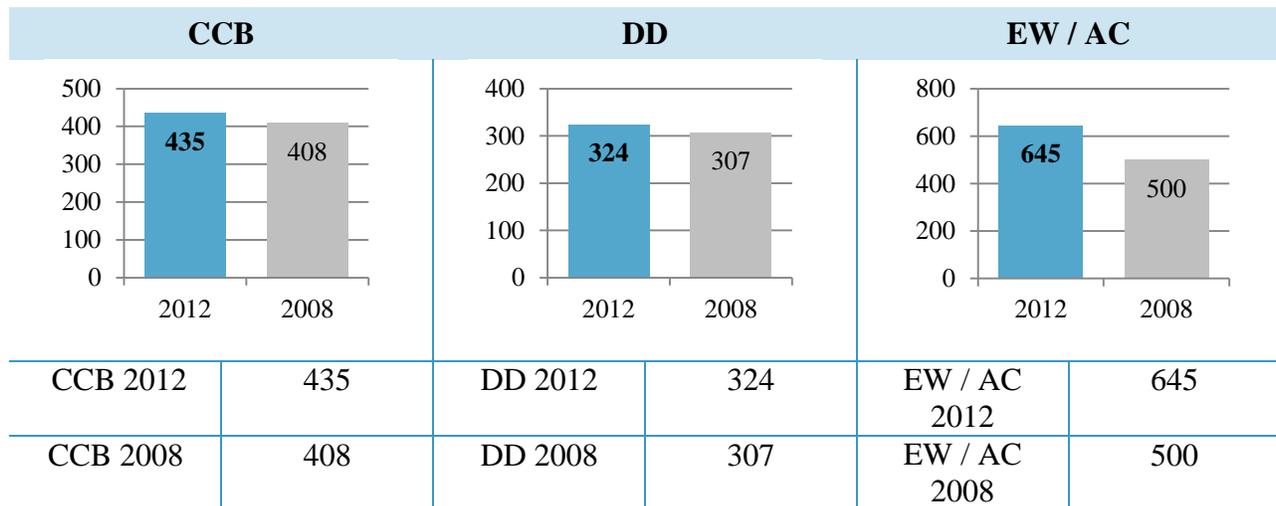
Case managers rated their relationships with foster care providers as average to above average. The county licensors send surveys to case managers before they visit providers in order to monitor provider performance. One of the challenges case managers cited regarding corporate foster care providers include having to place many participants with higher needs out-of-county because existing providers are more inclined to take lower needs participants, even if he/she is from another county. They also cited the implementation of the Disability Waivers Rates System and 245D as changes that have caused confusion amongst providers and put some strains on their provider relationships.

A few case managers have worked with advocacy organizations and rated their relationships as above average. In addition, a few case managers have worked with community mental health agencies and rated their relationships as average. Case manager shared that they have great communication with employment providers in the area and are included in all of the annual meetings. They added that many of the providers have had trouble finding community employment.

## 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 Stearns County (2008 & 2012)



**Since 2008, the total number of people served in the CCB waiver program in Stearns County has increased** by 27 participants (6.6 percent); from 408 in 2008 to 435 in 2012. Most of this growth occurred in the case mix A, which grew by 10 people. Additionally, case mixes B and E each grew by seven people. With this increase, Stearns County may be serving a higher proportion of people with mental health needs.

**Since 2008, the number of people served with the DD waiver in Stearns County increased** by 17 participants, from 307 in 2008 to 324 in 2012. While Stearns County experienced a 5.5 percent increase in the number of people served from 2008 to 2012, its cohort had a 15.0 percent increase in number of people served. In Stearns County, the profile groups 1 and 2 each increased by eight people. The greatest change in the cohort profile groups occurred in people having a Profile 2. With the increase in the number of people in Profiles 1 and 2, Stearns County serves a larger proportion of people in these groups (45.7 percent), than its cohort (40.0 percent).

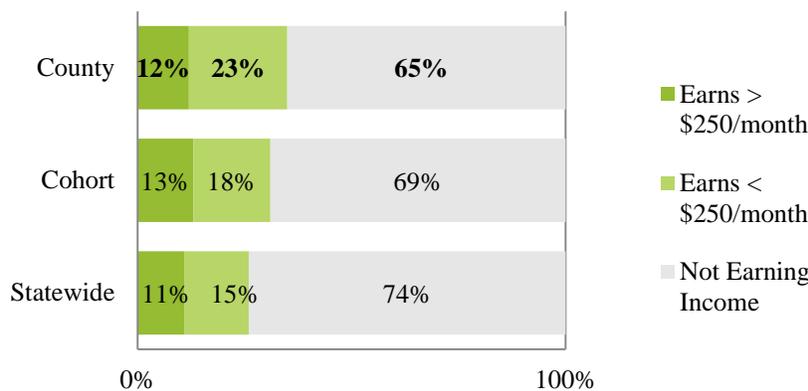
**Since 2008, the number of people served in the EW/AC program in Stearns County has increased** by 145 people (29.0 percent), from 500 people in 2008 to 645 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need

participants. The largest increase occurred in case mixes B and E, increasing by 80 and 37 people respectively. With this increase Stearns County may be serving a larger proportion of participants 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.

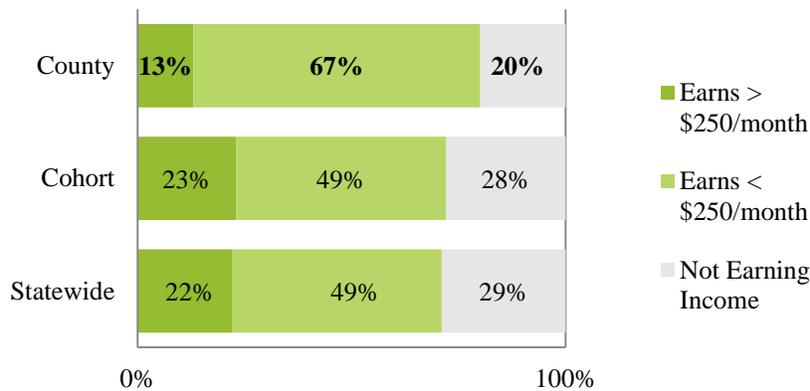
**CCB Participants Age 22-64 Earned Income from Employment (2012)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Stearns County	12%	23%	65%
Cohort	13%	18%	69%
Statewide	11%	15%	74%

In 2012, Stearns County served 372 working age (22-64 years old) CCB participants. Of working age participants, 35.2 percent had earned income, compared to 30.8 percent of the cohort's working age participants. **Stearns County ranked 46<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Stearns County 12.1 percent of the participants earned \$250 or more per month, compared to 13.3 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)**



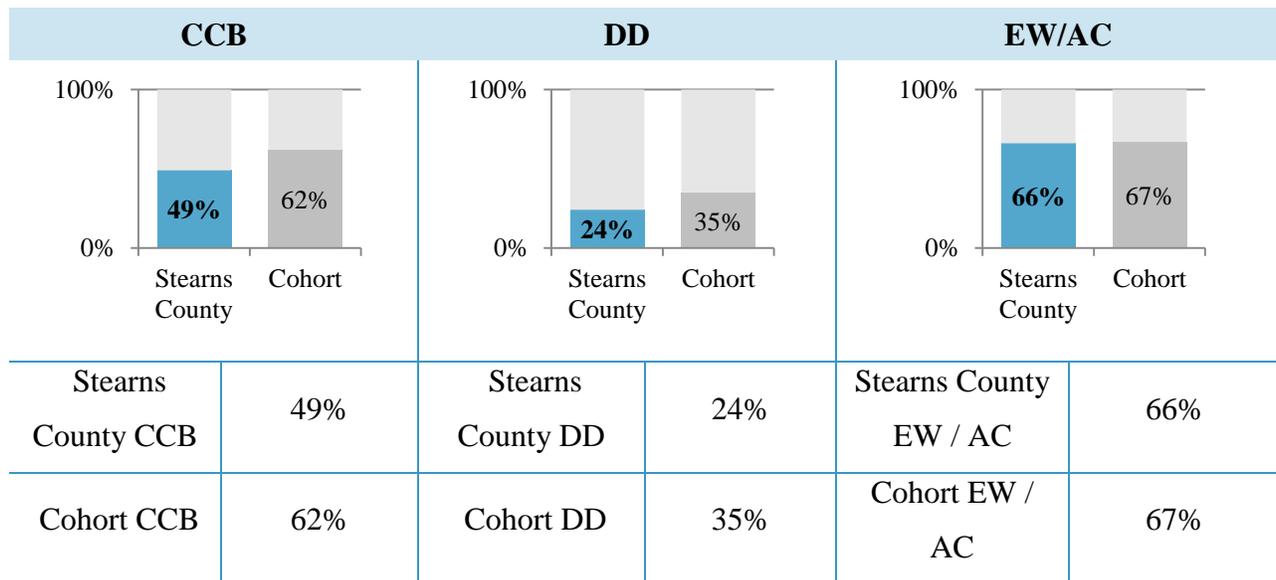
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Stearns County	13%	67%	20%
Cohort	23%	49%	28%
Statewide	22%	49%	29%

In 2012, Stearns County served 255 DD waiver participants of working age (22-64 years old). **The county ranked 73<sup>rd</sup> in the state** for working-age participants earning \$250 or more per month. In Stearns County, 12.9 percent of working age participants earned \$250 or more per month, while 23.0 percent of working age participants in the cohort as a whole did. Also, 80.0 percent of working age DD waiver participants in Stearns County had some earned income, while 72.1 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

## Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

### Percent of Participants Living at Home (2012)

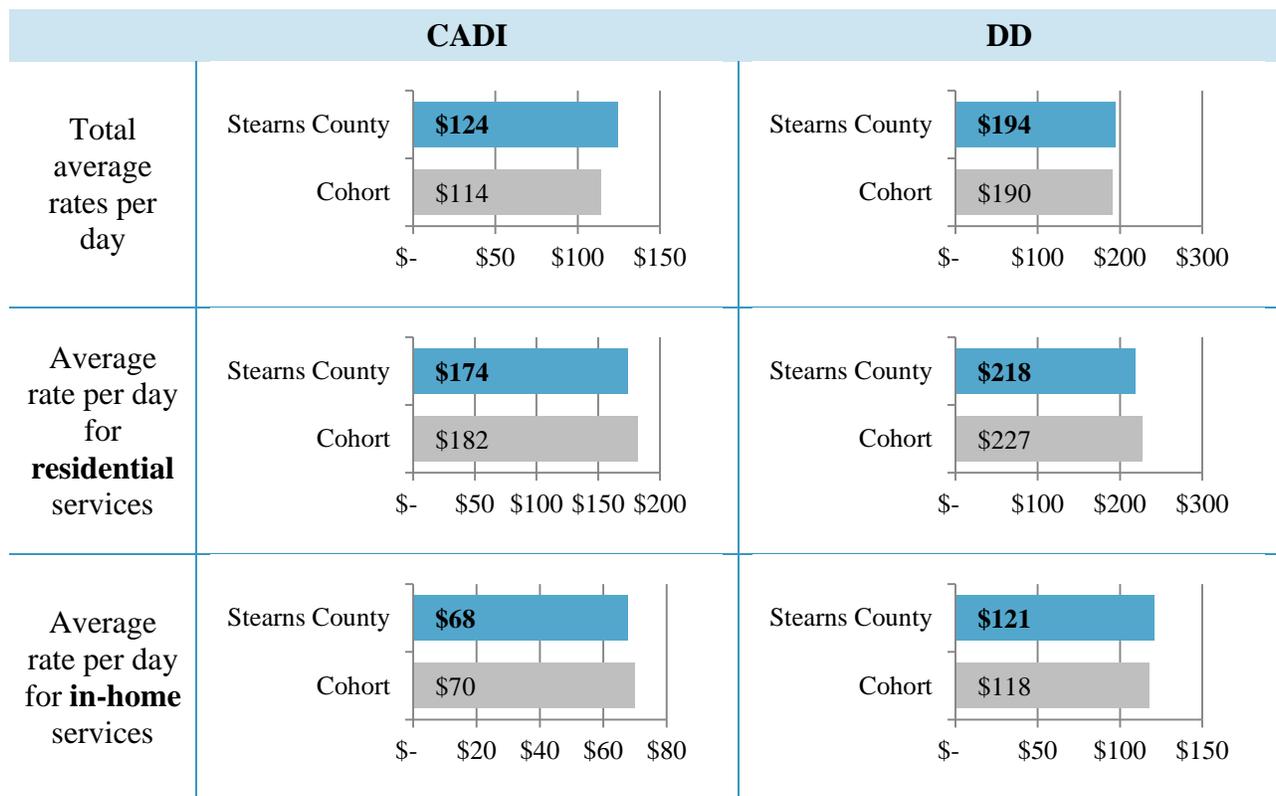


**Stearns County ranks 77<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 214 participants at home. Between 2008 and 2012, the percentage decreased by 5.5 percentage points. In comparison, the cohort percentage fell by 4.0 percentage points and the statewide average fell by 4.2 points. In 2012, 49.2 percent of CCB participants in Stearns County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Stearns County ranks 70<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 78 participants at home. Between 2008 and 2012, the percentage increased by 2.9 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 3.3 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

**Stearns County ranks 57<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012 the county served 426 participants at home. Between 2008 and 2012, the percentage increased slightly, rising by 0.6 percentage points. In comparison, the percentage of participants served at home increased by 1.6 percentage points in their cohort, and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Stearns 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)**



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

	Stearns County	Cohort
Total average rates per day	\$124.11	\$113.92
Average rate per day for <b>residential</b> services	\$173.88	\$182.03
Average rate per day for <b>in-home</b> services	\$67.88	\$69.91

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

	Stearns County	Cohort
Total average rates per day	\$194.38	\$190.33
Average rate per day for <b>residential</b> services	\$217.81	\$227.28
Average rate per day for <b>in-home</b> services	\$120.98	\$117.91

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 Stearns County is \$10.19 (8.9 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Stearns County spends \$8.15 (4.5 percent) less on residential services and \$2.03 (2.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Stearns County ranks 77<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 Stearns County is \$4.05 (2.1 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Stearns County spends \$9.47 (4.2 percent) less on residential services and \$3.07 (2.6 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Stearns County ranks 71<sup>st</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.

**Stearns County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (37% vs. 27%) and Customized Living (13% vs. 7%)). The lead agency has a higher use of Prevocational Services (22% vs. 8%) and a lower use of Supported Employment Services (13% vs. 14%). They also have a lower use of some in-home services, such as Skilled Nursing (17% vs. 21%), Home Health Aide (3% vs. 5%), Home Delivered Meals (9% vs. 19%), and Homemaker (23% vs. 27%). Sixty-four percent (64%) of Stearns County's total payments for CADI services are for residential services (57% foster care and 7%

customized living) which is higher than its cohort group (53%). Stearns County’s family foster care rates are higher than its cohort when billed monthly and when billed daily (\$3,063.71 vs. \$2,630.30 per month and \$161.56 vs. \$139.92 per day). Corporate foster care rates are lower than its cohort when billed monthly and when billed daily (\$5,946.84 vs. \$6,314.74 per month and \$218.40 vs. \$222.97 per day).

**Stearns County’s use of Supportive Living Services (SLS) is higher than its cohort (75% vs. 67%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (68% vs. 61%) and a lower use of Supported Employment Services (7% vs. 9%). It also has a lower use of Respite Care (9% vs. 18%) and Personal Support (1% vs. 12%) 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)**

Disabilities		Developmental Disabilities		Elderly Programs	
Stearns County Disability Area	95%	Stearns County Developmental Disabilities Area	94%	Stearns County Elderly Programs	62%
Cohort Disability Area	96%	Cohort Developmental Disabilities Area	95%	Cohort Elderly Programs	67%

**In 2012, Stearns County served 876 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 104 in institutional care.** Stearns County ranked 23<sup>rd</sup> of 87 counties with 94.8 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 95.6 percent were HCBS participants. Since 2008, Stearns County has increased its use of HCBS by 1.5 percentage points, while the cohort increased its use by 2.0 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Stearns County served 427 LTC participants (persons with development disabilities) in HCBS settings and 36 in institutional settings.** Stearns County ranked 40<sup>th</sup> of 87 counties with 94.0 percent of its DD participants receiving HCBS; a lower rate than its cohort (95.3 percent). Since 2008, the county has increased its use by 1.7 percentage points while its cohort rate has increased by 1.3 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Stearns County served 712 LTC participants (over the age of 65) in HCBS settings and 479 in institutional care.** Stearns County ranked 39<sup>th</sup> of 87 counties with 62.4 percent of LTC participants receiving HCBS. This is lower than their cohort, where 67.3 percent were HCBS participants. Since 2008, Stearns County has increased its use of HCBS by 8.2 percentage points, while their cohort has increased by 4.9 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

**Table 3: Nursing Facility Usage Rates per 1000 Residents (2012)**

	Stearns County	Cohort	Statewide
Age 0-64	0.30	0.24	0.54
Age 65+	20.61	16.98	21.99
TOTAL	2.72	2.02	3.19

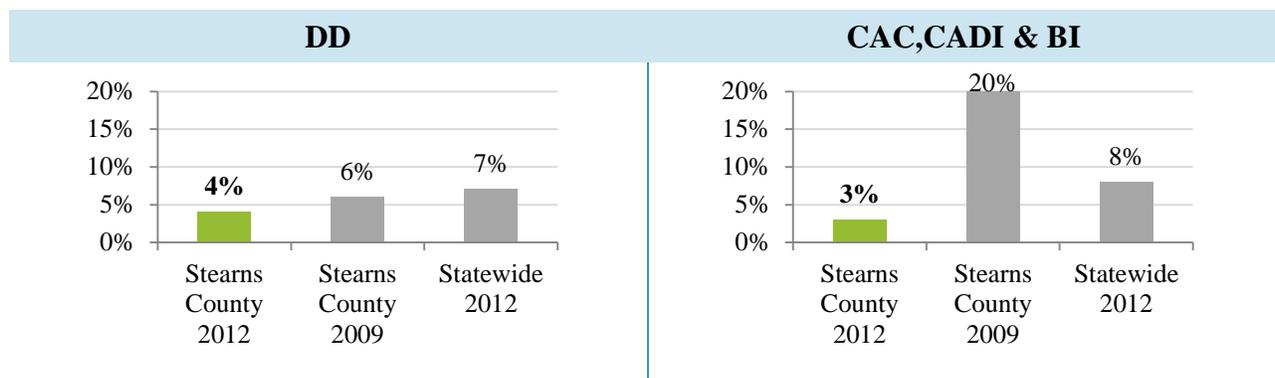
**In 2012, Stearns County was ranked 16<sup>th</sup> out of 87 counties in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults under 65 years old and also for adults 65 years and older is higher than its cohort, but lower than the statewide rate. Since 2010, the number of nursing home residents 65 and older has decreased by 3.4

percent in Stearns County. Overall, the number of residents in nursing facilities has decreased by 2.6 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
Stearns County (2012)	4%	3%
Stearns County (2009)	6%	20%
Statewide (2012)	7%	8%

**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Stearns County had a 4% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Stearns County’s DD waiver balance is smaller than its balance in CY 2009 (6%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget had a reserve.** Stearns 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, Stearns County had a 3% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (20%).

Stearns County currently has waitlists for the CCB and DD programs. The Disability/ CD Services Unit Supervisor manages the CCB budget and notifies case managers about the availability of resources. Case managers are authorized to make small allocation increases, but must fill out a request form and get the supervisor's approval for larger amounts. The Developmental Disabilities Services Unit Supervisor manages the DD budget and has similar process for allocation increase requests. The lead agency has a formal policy of prioritizing participants to determine who receives new waiver slots. Participants are evaluated based on how at-risk they are of entering institutional placement or hospitalization. Supervisors consult with case managers but ultimately make the final decision and assign waiver slots.

### 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 4: Stearns County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	2	5	6	5
MMIS Help Desk	0	0	4	9	4
Community Based Services Manual	0	0	3	6	8
DHS website	0	3	8	6	2
E-Docs	0	0	1	8	11
Disability Linkage Line	0	1	1	7	4

Resource	1= Not Useful	2	3	4	5= Very Useful
Senior Linkage Line	0	1	0	10	3
Bulletins	4	4	3	8	4
Videoconference trainings	6	0	12	5	0
Webinars	1	5	10	7	0
Regional Resource Specialist	2	5	4	1	0
Listserv announcements	2	2	5	3	0
MinnesotaHelp.Info	0	10	5	1	0
Ombudsmen	0	5	5	4	0

Case managers rated Policy Quest as a moderately to very useful resource but stated that it can be confusing when they get information that conflicts information they have previously received from other staff. The supervisors stated that they are the only staff who have the ability to post questions in Policy Quest while all staff can see the answers. Some case managers shared that the MMIS Help Desk is a very useful resource and they are prompt in responding to questions. However, supervisors said that the MMIS Help Desk staff are overwhelmed and they do not provide timely responses. Case managers rated the DHS website as moderately to not very useful stating that the website is not very user friendly and the search function does not return useful results. Most of the supervisors shared that the website was becoming more user friendly, but that a recent update made it harder to navigate. Stearns County supervisors were also very satisfied with the Community Based Service Manual (CBSM) and said that it is a good resource to supplement Policy Quest responses. However, one supervisor added that manual tends to have more general information and it would be helpful to include more specific information. Case managers rated E-Docs as moderately to very useful; case managers frequently use E-Docs and that they have the ability to save and fill the forms. Supervisors noted that it would be helpful to receive timely notifications from DHS when new form updates are available.

County staff reported a variety of experiences with DHS bulletins. For example, one supervisor said that it is helpful that each bulletin contains background information and a clearly stated section highlighting the change in policy. However some case managers and supervisors agreed that the bulletins can be rather lengthy and it would be helpful to have a summary by program

with bullet points. Case managers rated the Disability Linkage Line and the Senior Linkage Line as useful to very useful resources. Case managers shared that they refer participants to the Disability Linkage Line and that they have received good feedback from participants. Case managers also said that Senior Linkage Line is particularly helpful for informing participants about Medicare Part D.

Although Stearns County has the capacity to host videoconference trainings, case managers generally rated these as being not very useful. The presentation skills of presenters vary and case managers shared that many trainings are too heavily focused on the aging populations. Case managers also said that Webinars are helpful but they have had some technical difficulties. At the time of the waiver review site visit, Stearns County had an interim Regional Resource Specialist (RRS) due to DHS staff turnover in that position. While case managers shared that the RRS can be slow in responding to questions, supervisors found the past, interim, and newly assigned RRSs to be responsive and vital to their ability to understand and interpret DHS directives. Supervisors shared that the listserv announcements are helpful and case managers shared that MinnesotaHelp.Info could be updated more frequently with more recent data.

## 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.

### Stearns County Strengths

The following findings focus on Stearns 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.

- **Stearns County addresses issues to comply with Federal and State requirements.** During the previous review in 2010, Stearns County received a corrective action for timeliness of assessment to care plan, emergency contacts and back-up plans, care plan signatures, choice questions answered, OBRA Level One, ICF/DD Level of Care, and designating separate case management and public guardianship roles. In 2014, Stearns County was fully compliant in these areas, thus demonstrating technical improvements over time.

- **Stearns County assigns one case manager to serve CADI participants with mental health needs.** The county's three case managers that serve this population have a background in both waiver case management and mental health services. The single case manager allows the lead agency to streamline services for the participant. The case manager uses a blend of mental health and waived services to support adults with high behavioral needs and this allows them to achieve good outcomes for these participants.
- **Stearns County case managers work well with each other and the county's other units.** Social workers and public health nurses work well together in their integrated units. Case managers are resourceful and frequently consult with one another to ensure that participants' medical and social services needs are met. There is a good mix of new and experienced case managers and both are supportive to one another. New case managers bring strengths that include new ideas, energy, and technological literacy, while seasoned case managers have strong relationships with participants and are knowledgeable about community resources. Seasoned case managers also do a good job of mentoring and integrating new staff onto the team. In addition, case managers work closely and have good communication with staff from other units within the lead agency including adult protection and child protection. These strong working relationships allow case managers to help participants navigate across units enhance the services participants are receiving.
- **Stearns County has the capacity to serve waiver participants with high needs in the community.** From 2008 to 2012, the percentage of waiver participants with high needs increased for the DD program (from 21.1% to 24.4% high needs). During that same time period, the percentage of long term care recipients receiving services in the community instead of an institution increased from 92% to 94%. Even with the higher needs, Stearns County was able to serve more participants in the community, demonstrating capable provider resources.
- **Based on budget reports, Stearns County's waiver allocations are well-managed.** Stearns County's DD waiver budget balance was 6% at the end of CY 2009, and there was a 20% balance in the CADI, CAC and BI programs at the end of FY 2009. However, the balances were significantly reduced in 2012 – down to 4% in DD and 3% in CCB. This provides

Stearns County with adequate reserve funds to balance risks from costly participant crises, while maximizing its ability to meet local needs and assist those waiting for services.

- **Stearns County has used technology to support case managers' work for the waiver programs.** Stearns County has purchased laptop computers for case management staff to prepare for the transition to MnCHOICES. Case managers access forms through E-Docs and have software to save the fillable forms. Technology supports case managers to be more efficient and organized in their work.

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Stearns County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Stearns 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 100% of case files reviewed included the type of service in the care plan, only 2% of cases reviewed included the annual amount allowed.
- **Adopt strategies to reduce current caseloads.** This may include hiring additional staff, redeploying current staff, or contracting for case management with private agencies. With already high caseloads that will continue to grow for continually changing programs, administering the waiver programs and providing quality case management has become more complicated. In the EW and AC programs, program enrollment increased by 145 cases, or 29%, from 2008 to 2012. In the CCB programs, program enrollment increased by 27 cases, or 7%, and growth occurred in participants with mental health needs and higher medical needs. Finally, in the DD waiver, the program grew by 17 participants or 5.5% from 2008 to

2012. Stearns County currently has very high caseloads in the disability waiver programs compared to other lead agencies across the State. It is difficult for staff to stay current on program requirements, and case managers are in need of additional supports. Other lead agencies report success with contracted case management services, as it can help cut down on travel time for participants living outside the region, provide flexibility for added or reduced lead agency caseload needs, and provide culturally appropriate services.

- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** Stearns County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (12.9% vs. 23.0%) and ranks 73rd of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 12.1% vs. 13.3% for the cohort which ranks 46th of 87 counties. The county should build off current efforts to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants. The county should consider creating a Request for Information (RFI) for the community-based employment opportunities and set expectations for providers about these services. Finally, the county should ensure these opportunities can be accessed by all participants regardless of the waiver program
- **Consider expanding the exception to case banking in the elderly programs to all HCBS Waiver programs.** Delayed response times for MA eligibility issues, participant confusion, and other challenges have resulted in poor outcomes for participants. Management should undertake a review of its current systems for MA eligibility determination and going functions to determine what changes are needed to produce better outcomes for participants. For example, currently, there are designated financial workers that staff EW/AC programs and staff report far fewer problems with this model. Stearns County should review its practices across waiver programs.
- **Consider developing additional practices to provide support and oversight to case managers.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated. The lead agency will need to develop strategies to ensure staff understand complex program

requirements and are able to meet those requirements. Such strategies could include: structure staff meetings as a learning forum to disseminate information to case managers about program changes; assign staff to keep up-to-date on certain policy areas and serve as a resource for their colleagues; and have the supervisors develop and use audit tools and processes to provide oversight of waiver program requirements.

- **Continue and expedite your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care. Expand this effort to include all waiver programs.** Across all programs, Stearns County has lower rates of participants served at home than its cohort. Only 49.2% of CCB participants are served at home (77th of 87 counties), 24.1% of DD participants are served at home (70th of 87 counties), and 66.0% of elderly participants are served at home (57th of 87 counties) indicating high use of residential services. The lead agency should build on the work in their DD in-home pilot programs and continue to work to influence what services are available to its waiver participants with high needs across all programs. 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 lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs. Stearns County should connect with other lead agencies that have done work in this area to learn from their experiences. It should also consider partnering with its neighboring counties, particularly the Benton and Sherburne who share the St. Cloud area.
- **Use consistent practices and formats across the waiver programs to document provider performance and participant feedback.** Visit sheets are one way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used to monitor provider performance and fulfillment of the services

outlined in the care plan. Whichever format is used, Stearns County should ensure standard questions are asked of all participants to assess participant satisfaction with providers. In Stearns County, only 54% of the case files reviewed contained documentation of participant satisfaction.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that case files include the annual BI Assessment and Eligibility Determination form for all BI participants.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a documented diagnosis of brain injury or related neurological condition on an annual basis. Three out of 10 BI cases did not have this documentation on file, one out of 10 BI cases reviewed did not have complete and current documentation in the file, and two out of 10 BI cases included only partial documentation in the file.
- **Beginning immediately, ensure that case files include the current Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a condition related to developmental disability on an annual basis. One out of 2 DD cases reviewed with a related condition did not have the Related Conditions Checklist in the file and one out of 2 DD cases reviewed with a related condition did not have a complete and current Related Conditions Checklist in the file.

- **Beginning immediately, ensure that case files include a completed CAC Application and Reassessment Support Plan that is signed and dated within the past year.** It is required that the primary physician signs the form to certify the level of care needed to confirm eligibility for the CAC waiver program. Two out of 10 CAC cases reviewed did not have complete and current documentation in the file and two out of 10 CAC cases included only partial documentation in the file.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices. Currently, two out of 38 CADI cases, 12 out of 48 EW cases, and 19 out of 31 DD cases did not have this completed documentation in the case file. In addition, one out of 10 CAC cases, seven out of 38 CADI cases, three out of 10 BI cases, ten out of 48 EW cases, three out of 10 AC cases, and seven out of 31 DD did not have current documentation and one out of 48 EW cases had only partial 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. One out of 10 CAC cases, 32 out of 38 CADI cases, 4 out of 10 BI cases, 23 out of 48 EW cases, and two out of 10 AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, two out of 10 CAC cases, four out of 38 CADI cases, three out of 10 BI cases, eight out of 48 EW cases, three out of 10 AC cases, and two out of 31 DD cases did not have current documentation, and one out of 38 CADI cases included only partial documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that LTC screenings for CCB programs occur within 20 days of referral. As of August 1, 2012, MN Statute 256B.0911 requires that LTCC**

**assessments be conducted within 20 days of the request.** Twenty-seven percent (27%) or 8 out of 30 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed.** Stearns 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 68 applicable cases, 28% did not have employment assessed. Most notably, three out of 4 CAC cases, 11 out of 31 CADI cases and 5 out of 9 BI cases did not have evidence that employment was assessed.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CAC and CADI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, one out of 10 CAC cases, five out of 38 CADI cases, and two out of 10 BI cases had case manager visits less frequently than on a biannual basis. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, 14 out of 31 DD cases did not meet this requirement.
- **Beginning immediately, ensure that all care plans include information documenting the participant's need for 24-hour supervision for all EW participants using customized living services.** All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information. Nine of the 14 cases where this was applicable included this information in the care plan.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Stearns 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 119 cases. All items are to be corrected by August 5, 2014 and verification submitted to the Waiver Review Team to document full compliance.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	95	N / A	66	29	N / A	N / A
Screenings done on time for new participants (PR)	70%	71%	27%	100%	DD	AC / EW, CCB
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	38%	83%	DD	CCB
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=58</b>	<b>DD n=31</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	98%	98%	98%	N / A	AC / EW, CCB	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=58</b>	<b>DD n=31</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	99%	100%	98%	94%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	98%	100%	95%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	97%	100%	91%	100%	ALL	N / A
Choice questions answered in care plan (PR)	95%	100%	88%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	67%	50%	71%	94%	DD	AC / EW
Inclusion of caregiver needs in care plans	38%	21%	32%	100%	DD	N / A
OBRA Level I in case file (PR)	99%	100%	98%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	87%	N / A	N / A	87%	N / A	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form	40%	N / A	40%	N / A	N / A	CCB
CAC Form	60%	N / A	60%	N / A	N / A	CCB
Employment assessed for working-age participants	72%	N / A	57%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	64%	64%	N / A	N / A	N / A	AC / EW
<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)	Most of the time	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	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=40</i> )	98%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=40</i> )	78%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=58</b>	<b>DD n=31</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	85%	100%	86%	55%	AC / EW	DD
Health and safety issues outlined in care plan (PR)	89%	88%	86%	97%	DD	N / A
Back-up plan (Required for EW, CCB, and DD)	90%	79%	95%	100%	CCB, DD	N / A
Emergency contact information	99%	97%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=58</b>	<b>DD n=31</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	98%	98%	100%	94%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	42%	38%	19%	94%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	56%	55%	78%	16%	N / A	AC / EW, DD

<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=58</b>	<b>DD n=31</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	98%	98%	97%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	48%	57%	38%	48%	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)	95%	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)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	62%	95%	94%	N / A	AC / EW, DD
Percent of LTC funds spent on HCBS	N / A	33%	91%	93%	N / A	AC / EW, CCB
Percent of waiver participants with higher needs	N / A	57%	70%	87%	DD	AC / EW, CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	91%	93%	DD	CCB
Percent of waiver participants served at home	N / A	66%	49%	24%	N / A	ALL
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	12%	13%	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.