

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Watonwan County**

Waiver Review Site Visit: March 2015

Report Issued: May 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 Watonwan 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 Watonwan County
Case File Review	41 cases
Provider survey	6 respondents
Supervisor Interviews	1 interview with 1 staff
Focus Group	1 focus group with 4 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 Watonwan County

In March 2015, the Minnesota Department of Human Services conducted a review of Watonwan County's Home and Community Based Services (HCBS) programs. Watonwan County is a rural county located in south central Minnesota. Its county seat is located in St. James, Minnesota and the County has another seven cities and 12 townships. In State Fiscal Year 2013, Watonwan County's population was approximately 11,136 and served 174 people through the HCBS programs. According to the 2010 Census data, Watonwan County had an elderly population of 18.5%, placing it 29<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Watonwan County's elderly population, 9.3% are poor, placing it 45<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

The Adult Social Services unit of Watonwan County Human Services Department is the lead agency for the HCBS waiver programs. The lead agency has one Social Services Supervisor who oversee the management of all the waiver programs. Watonwan County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) UCare, Blue Plus, and Medica.

The Social Services Supervisor oversees five social workers and a public health nurse who conduct assessments and provide ongoing case management for HCBS waiver participants. Two social workers manage EW and AC cases and have caseloads of approximately 65 cases each, with one of them also having some adult protection responsibilities. Two other social workers primarily manage DD cases and have caseloads of approximately 50 cases each. At the time of the review, the lead agency had a vacant social work position and was in the process of hiring. This individual will provide ongoing case management for CCB cases and also have adult

protection duties. Because of this vacancy, the public health nurse who manages CAC, CADI, and BI cases had a caseload of about 50 cases.

All social workers with a waiver caseload rotate covering intake for the waiver programs. They gather initial information from potential participants and enter it into SSIS. The Social Services Supervisor reviews each case and decides who will conduct the assessment based on the individual's needs. The lead agency, which launched MnCHOICES in August 2014, originally had its CCB social worker case manager and both EW/AC case managers certified as MnCHOICES assessors. Once the vacant CCB social worker case manager position is filled and trained in, that individual will then begin the process of becoming a certified assessor, returning them to having three case manager/assessors. The Social Services Supervisor is also a certified assessor and fills in when others are not available. Staff shared that they hope to train additional staff as MnCHOICES assessors in the future. Once participants are assessed and opened to waiver, the Social Services Supervisor assigns them to an ongoing case manager based on their waiver program and case manager caseload sizes.

### Working Across the Lead Agency

Waiver staff indicated that one of the strengths of the lead agency is their ability to work with staff from other areas within the Human Services Department. Although staff within the Public Health Division are not directly involved in the management of the waiver programs, they are collocated with waiver case managers and are available to them if they need consultations on medically complex cases. Public Health staff also connect with Social Services staff to access their expertise as well and make referrals. The CCB case manager who is a public health nurse has several responsibilities within Public Health and sits in on their meetings.

Case managers shared that they have they have great relationships with financial workers. Waiver participants are assigned to specific financial workers, and case managers stated that they are always aware of who they need to contact when they have questions. The lead agency holds monthly meetings that includes waiver staff and financial workers. Staff discuss participants' status regarding their Medical Assistance (MA) eligibility during these monthly meetings, and case managers receive weekly e-mails updating them about any outstanding paperwork. Case

manager also connect with financial workers through informal face-to-face and telephone conversations and use the formal DHS financial communication form.

At the time of the review, because of a vacancy, the Social Services Supervisor was the primary adult protection investigator and another waiver case manager served as backup. Case managers are notified when there is an investigation opened for one of their waiver participants. Case managers may make joint visits with the adult protection investigator if needed. All waiver case managers are members of Watonwan County's Adult Protection Team which meets every other month. Child protection staff attend the Social Services Division's weekly meeting where staff discuss individuals and families working with multiple areas of the lead agency to better coordinate services. Case managers shared that they have good communication with child protection staff, but the amount of information that can be shared depends on the nature of the investigation.

Watonwan County has three adult mental health workers and two children's mental health workers. They all attend the weekly Social Services Division meetings and are housed in the same building as waiver staff. When participants receive both waiver and Rule79 Targeted Mental Health case management, they typically have two case managers. In those situations, the mental health case manager acts as the lead worker. Waiver case managers shared that they work very closely with the mental health case manager when dual managing cases and that they often coordinate their visits together. Case managers shared that as cases have become more complex, their work has progressively become more intertwined with mental health. Also, the two areas routinely make referrals to one another to enhance the supports they can offer to community members.

The Social Services Supervisor attends the Watonwan County Human Services Board meeting every month. She provides general updates about the waiver programs to the Board and shares information about changes in caseload sizes.

## Health and Safety

In the Quality Assurance survey, Watonwan 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 they have good, open communication with case managers and that the lead agency works cooperatively with providers. They also said that Watonwan County has well trained and knowledgeable case managers who are advocates for consumers.

Case managers shared that one of the biggest challenges they face is keeping up with changes in waiver program requirements and policies. Staff review bulletins and listserv announcements during their weekly meetings. Case managers also monitor the DHS website for updates and attend videoconference trainings, webinars, and other trainings hosted by DHS. In addition, lead agency staff attend quarterly regional meetings where they connect with staff from other lead agencies. They indicated that they have developed strong relationships with surrounding counties. Because some of their neighboring counties are much larger, Watonwan County can turn to them for more in-depth expertise on situations that they may not encounter as frequently.

The Social Services Supervisor periodically reviews case files to monitor compliance with waiver program requirements. In addition to reviewing files for documentation requirements, she also accesses SSIS to monitor how case managers are documenting their time.

### Service Development and Gaps

Case managers shared that while they work with a great group of providers, Watonwan County has several gaps in the services available to waiver participants. Staff said that they contact providers directly when they have a participant who needs something different than the current service options to see if providers are willing to enhance their service offerings. They also shared that they have had providers approach them as well about developing services in their county.

Staff stated that finding appropriate placements for participants with high behavioral needs is very challenging. They indicated that the moratorium on corporate foster care development has created a tight market for those openings and that many foster care providers have long waiting lists. They shared that they have worked with local providers to develop two new foster care locations recently; one for participants with high behavioral needs and one for participants with high medical needs. Watonwan County has very few foster cares within its borders and case

managers reported that many participants on CADI, BI, and DD prefer to live in neighboring counties, which have more service options for leisure activity, medical care, employment opportunities, and public transportation.

Staff also shared that transportation is a major service gap. They stated that the lead agency has been unable to establish a consistent base of volunteer drivers for that program and that Watonwan County's current public bus system has limited hours and days of operation, which makes it challenging for participants to find transportation at night or on weekends. Staff highlighted a large group of participants who require transportation to Mankato, MN for regular dialysis treatments as being especially affected by Watonwan County's transportation limitations.

Lead agency staff shared that there are limited employment opportunities for participants within Watonwan County. They stated that they have regular contact with area employment providers about developing programs outside of their traditional center-based models and said that they are working with several providers to expand programs that create opportunities for participants to work in the community.

Staff shared that Watonwan County has a large Hispanic population. To help build relationships and trust within that community, the lead agency has tried to find individuals who can act as "community connectors". The lead agency hires these community connectors as interpreters, but they provide much more than that – including outreach and education on county services. Staff shared that this program has proven to be exceptionally effective. The lead agency also conducts other educational activities by sending staff to local hospitals and assisted living providers as well as nursing facilities and congregate meal sites.

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

Watonwan County participated in a review of the lead agency's practices for verifying that non-enrolled Tier 2 and 3 service vendors are qualified to deliver services. With the end of lead agency contracts for HCBS services effective January 1, 2014, this is a new requirement for lead agencies electing to use non-enrolled vendors. Since this change to DHS and lead agency operations is new, and the review of the non-enrolled vendor monitoring process is meant to be

educational and advisory; DHS is not issuing corrective actions for the requirement at this time. However, if non-compliance is identified, the lead agency will be asked to remediate any required documentation.

The Social Services Supervisor manages the pass through billing process for non-enrolled providers. Of the Tier 2 and 3 services, Watonwan County staff shared that they primarily use non-enrolled vendors for 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. Staff shared that the enrollment process was challenging for some of their smaller providers, requiring significant assistance from the lead agency to get them enrolled with MHCP.

One Tier 2 service claim was reviewed, and although the lead agency utilized the DHS Service Purchase Agreement (SPA), reviewed the provider's status with disenrolled vendor lists, and kept a log, the one claim reviewed was not found to be in complete compliance. This is because the SPA was not signed and dated by both the lead agency and vendor prior to the provision of the service.

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

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	1	2
Schools (IEIC or CTIC)	1	1	0
Hospitals (in and out of county)	0	0	2
Customized Living Providers	0	0	1
Foster Care Providers	0	0	3

Local Agencies	Below Average	Average	Above Average
Home Care Providers	0	0	4
Employment Providers (DT&H, Supported Employment)	0	2	1

Staff shared that they have good relationships overall with area providers. Case managers ask participants about their satisfaction with their waiver services informally during visits. The Human Services Department also sends out a satisfaction survey regarding its services. Staff also fill out surveys for foster care licensors regarding provider performance. When issues arise, case managers communicate with providers directly and notify the Social Services Supervisor if issues persist. Lead agency staff have regular meetings with different providers to help them stay up to date on program and policy changes.

Case managers said that they work with two nursing facilities in Watonwan County and reported having good relationships with staff. They shared that because they know most of the social workers, they are always invited to care conferences at the nursing facilities. However, case managers noted that communication around discharge planning is not as strong as it has been in the past. To improve the communication with discharge planners, case managers said that they share DHS bulletins with discharge planners that are most relevant for their daily work.

Relationships with schools were rated as average to below average. One case manager said that they have overall good relationships with specialized education staff at the local schools. Another case manager shared that communication with schools could be improved, citing that they learn of Individualized Education Program (IEP) meetings from parents – not the school staff. They also said that they often do not learn about individuals needing transition planning assistance from the lead agency until it is too late to properly plan in advance of graduation. The case manager also added that parents have to be advocates for their children because some of the local schools are not offering appropriate services to participants.

Case managers shared that they have strong relationships with in-county hospital staff. Case managers know most of the social workers at the local hospitals, and they collaborate with hospital staff at quarterly meetings. However, case managers said the out-of-county hospitals do

not notify case when adult participants are admitted or discharged, which makes coordinating services for those participants difficult. They also stated that they do not know many of the social workers at the out-of-county hospitals and staff are not responsive to case manager phone calls.

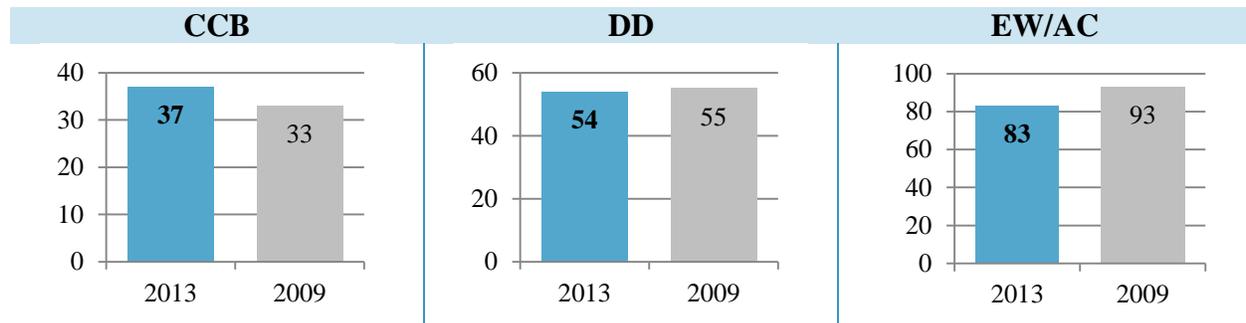
There is one customized living facility in the county, and one case manager rated their working relationship as above average. The case manager noted that staff communicate regularly and that they are very open with sharing information to better coordinate care. Case managers rated their working relationships with foster care providers very highly. They shared, however, that recent staff turnover and 245D licensing changes have put strains on their relationships with family foster care providers. Case managers also rated their working relationships with home care providers very highly and stated that they have quarterly meetings.

Case managers rated their relationships with vocational providers as average to above average. Although the current programs offered are appropriate for some waiver participants, staff stated that they would like providers to develop more opportunities for participants who wish to work at community sites instead of the center-based model. They also said it would be helpful if providers proactively sought out employment opportunities with more community businesses.

## 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 Watonwan County (2009 & 2013)



	2009	2013
CCB	33	37
DD	55	54
EW/AC	93	83

**Since 2009, the total number of people served in the CCB Waiver program in Watonwan County has increased** by 4 participants (12.1 percent); from 33 in 2009 to 37 in 2013. The largest increase occurred in the case mix B, which grew by 13 people. With this increase Watonwan County may be serving a higher proportion of people with mental health needs.

**Since 2009, the number of people served with the DD waiver in Watonwan County decreased** by 1 participant, from 55 in 2009 to 54 in 2013. Watonwan County experienced a 1.8 percent decrease in the number of people served from 2009 to 2013, while its cohort had a 6.8 percent increase in number of people served. In Watonwan County, the profile group 3 increased by 2 people, while the greatest change in the cohort profile groups also occurred in people having a Profile 3. With the decrease in people in profile groups 1 and 2 Watonwan County serves a smaller proportion of people in these groups (29.6 percent) than its cohort (34.5 percent).

Since 2009, the number of people served in the EW/AC program in Watonwan County has decreased by 10 people (10.8 percent), from 93 people in 2009 to 83 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix B, which increased by 7 people. With this increase Watonwan County may be serving a larger proportion of people with mental health needs.

## Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

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

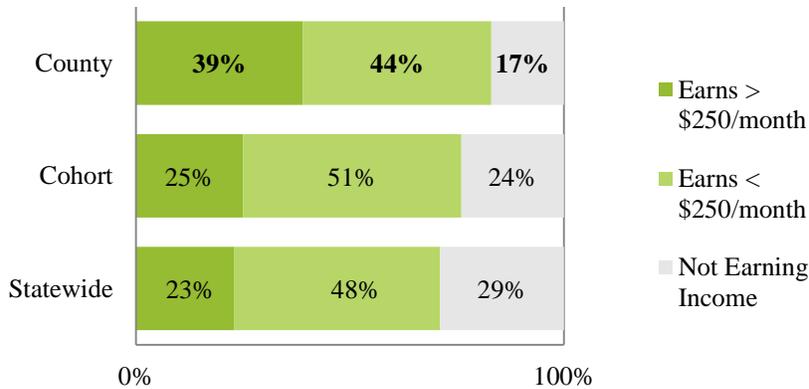


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Watonwan County	7%	16%	77%
Cohort	16%	20%	64%
Statewide	11%	15%	74%

In 2013, Watonwan County served 31 working age (22-64 years old) CCB participants. Of working age participants, 22.6 percent had earned income, compared to 36.1 percent of the cohort's working age participants. **Watonwan County ranked 77<sup>th</sup> of 87 counties** in the percent

of CCB waiver participants earning more than \$250 per month. In Watonwan County 6.5 percent of the participants earned \$250 or more per month, compared to 15.9 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



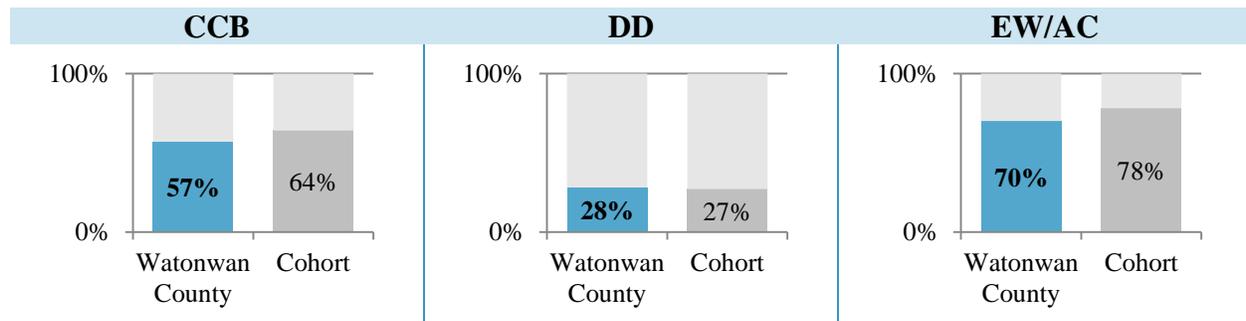
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Watonwan County	39%	44%	17%
Cohort	25%	51%	24%
Statewide	23%	48%	29%

In 2013, Watonwan County served 39 DD waiver participants of working age (22-64 years old). **The county ranked 3<sup>rd</sup> in the state** for working-age participants earning more than \$250 per month. In Watonwan County, 38.5 percent of working age participants earned \$250 or more per month, while 25.1 percent of working age participants in the cohort as a whole did. Also, 82.1 percent of working age DD waiver participants in Watonwan County had some earned income, while 75.6 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

## Sustainability

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

### Percent of Participants Living at Home (2013)



	Watonwan County	Cohort
CCB	57%	64%
DD	28%	27%
EW/AC	70%	78%

**Watonwan County ranks 58<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2013, the county served 21 participants at home. Between 2009 and 2013, the percentage increased by 5.3 percentage points. In comparison, the cohort percentage fell by 1.5 percentage points and the statewide average fell by 3.7 points. In 2013, 56.8 percent of CCB participants in Watonwan County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

**Watonwan County ranks 51<sup>st</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2013, the county served 15 participants at home. Between 2009 and 2013, the percentage increased by 4.2 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by only 1.0 percentage

points. Statewide, the percentage of DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

**Watonwan County ranks 50<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2013, the county served 58 participants at home. Between 2009 and 2013, the percentage decreased by 7.5 percentage points. In comparison, the percentage of participants served at home fell by 4.6 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Watonwan 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 (2013)**

	<b>CADI</b>	<b>DD</b>												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Watonwan County</td><td>\$116</td></tr> <tr><td>Cohort</td><td>\$100</td></tr> </table>	Entity	Rate	Watonwan County	\$116	Cohort	\$100	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Watonwan County</td><td>\$168</td></tr> <tr><td>Cohort</td><td>\$166</td></tr> </table>	Entity	Rate	Watonwan County	\$168	Cohort	\$166
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Cohort	\$100													
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Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Watonwan County</td><td>\$212</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Watonwan County	\$212	Cohort	\$171	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Watonwan County</td><td>\$201</td></tr> <tr><td>Cohort</td><td>\$199</td></tr> </table>	Entity	Rate	Watonwan County	\$201	Cohort	\$199
Entity	Rate													
Watonwan County	\$212													
Cohort	\$171													
Entity	Rate													
Watonwan County	\$201													
Cohort	\$199													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Watonwan County</td><td>\$37</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Entity	Rate	Watonwan County	\$37	Cohort	\$57	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Watonwan County</td><td>\$84</td></tr> <tr><td>Cohort</td><td>\$79</td></tr> </table>	Entity	Rate	Watonwan County	\$84	Cohort	\$79
Entity	Rate													
Watonwan County	\$37													
Cohort	\$57													
Entity	Rate													
Watonwan County	\$84													
Cohort	\$79													

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

	Watonwan County	Cohort
Total average rates per day	\$116.18	\$99.93
Average rate per day for <b>residential</b> services	\$212.25	\$170.71
Average rate per day for <b>in-home</b> services	\$36.54	\$56.66

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

	Watonwan County	Cohort
Total average rates per day	\$167.70	\$165.66
Average rate per day for <b>residential</b> services	\$200.82	\$199.16
Average rate per day for <b>in-home</b> services	\$83.68	\$79.21

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 Watonwan County is \$16.25 (16.3 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Watonwan County spends \$41.54 (24.3 percent) more on residential services and \$20.12 (35.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Watonwan County ranks 66<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

**The average cost per day for DD waiver participants in Watonwan County is \$2.04 (1.2 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Watonwan County spends \$1.66 (0.8 percent) more on residential services, and \$4.47 (5.6 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Watonwan County ranks 35<sup>th</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

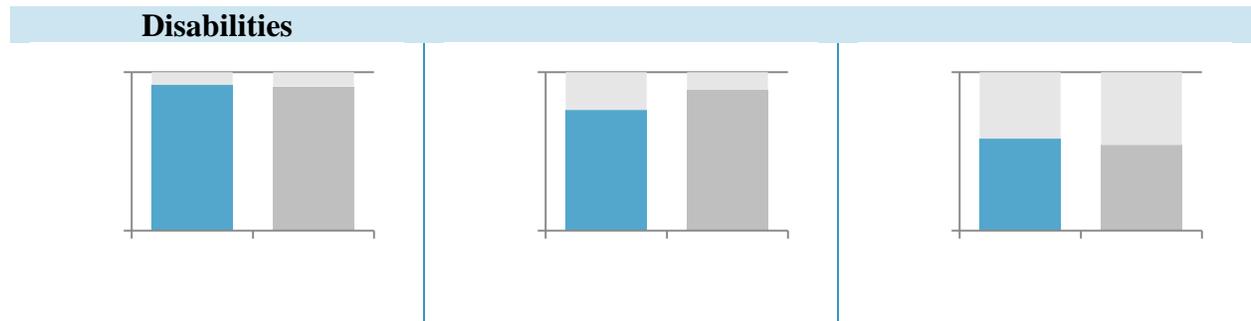
**Watonwan County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (36% vs. 27%) and Customized Living (5% vs. 6%)). The lead agency has a higher use of Prevocational Services (22% vs. 10%) and a lower use of Supported Employment Services (5% vs. 15%). They also have a higher use of some in-home services, such as Skilled Nursing (38% vs. 21%), Home Health Aide (19% vs. 9%), Home Delivered Meals (41% vs. 25%). Sixty-nine percent (69%) of Watonwan County’s total payments for CADI services are for residential services (66% foster care and 3% customized living) which is higher than its cohort group (53%).

**Watonwan County’s use of Supportive Living Services (SLS) is higher than its cohort (72% vs. 71%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a lower use of vocational services, including Day Training & Habilitation (61% vs. 62%) and Supported Employment Services (5% vs. 2%). It has no DD participants utilizing Consumer Directed Community Supports (CDCS) (0% vs. 4%).

## Usage of Long-Term Care Services

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

### Percent of LTC Participants Receiving HCBS (2013)



	Watonwan County	Cohort
Disabilities	92%	91%
Developmental Disabilities	76%	89%
Elderly Programs	58%	54%

**In 2013, Watonwan County served 59 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 9 in institutional care.** Watonwan County ranked 57<sup>th</sup> of 87 counties with 92.2 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 91.3 percent were HCBS participants. Since 2009, Watonwan County has decreased its use of HCBS by 1.1 percentage points, while the cohort decreased its use by 0.9 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

**In 2013, Watonwan County served 59 LTC participants (persons with development disabilities) in HCBS settings and 20 in institutional settings.** Watonwan County ranked 86<sup>th</sup> of 87 counties with 76.3 percent of its DD participants receiving HCBS; a lower rate than its cohort (89.4 percent). Since 2009, the county has decreased its use by 1.3 percentage points while its cohort rate has increased by 0.8 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

**In 2013, Watonwan County served 85 LTC participants (over the age of 65) in HCBS settings and 68 in institutional care.** Watonwan County ranked 52<sup>nd</sup> of 87 counties with 58.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 53.9 percent were HCBS participants. Since 2009, Watonwan County has increased its use of HCBS by 7.2 percentage points, while their cohort has increased by 3.2 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

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

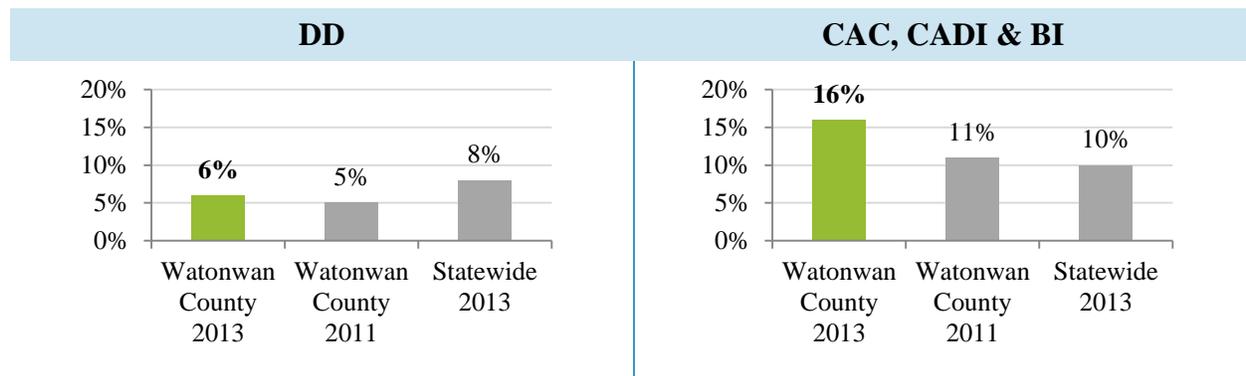
Age	Watonwan County	Cohort	Statewide
Age 0-64	<b>0.55</b>	0.69	0.52
Age 65+	<b>23.41</b>	30.81	21.03
TOTAL	<b>4.59</b>	6.11	3.00

In 2013, Watonwan County was ranked 44<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 is lower than its cohort, but higher than the statewide rate. Similarly, Watonwan County has a lower nursing facility utilization rate for people 65 years and older than it's cohort, but higher than the statewide rate. Since 2011, the number of nursing home residents 65 and older has decreased by 11.1 percent in Watonwan County. Overall, the number of residents in nursing facilities has decreased by 12.1 percent since 2011.

**Managing Resources**

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

**Budget Balance Remaining at the End of the Year**



	DD	CAC, CADI, BI
Watonwan County (2013)	6%	16%
Watonwan County (2011)	5%	11%
Statewide (2013)	8%	10%

**At the end of calendar year 2013, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Watonwan County had a 6% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Watonwan County's DD waiver balance is larger than its balance in CY 2011 (5%), but smaller than the statewide average (8%).

**At the end of fiscal year 2013, the CCB waiver budget had a reserve.** Watonwan County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Watonwan County had a 16% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2011 (11%). However, data indicates that the reserve for FY2014 will be reduced to approximately 6%.

At the time of the waiver review, Watonwan County did not have a waitlist for the CCB or DD waiver programs. The Public Health Nurse with a CCB caseload and one of the DD case managers monitor the budgets for their respective waiver programs. They run simulations using the Waiver Management System (WMS) for all allocation increases and run reports that they share during meetings. Large allocation increases must be approved by the Social Services Supervisor.

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

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	3	0	0	0
MMIS Help Desk	0	1	0	1	0
Community Based Services Manual	0	0	1	2	1
DHS website	0	0	2	2	0
E-Docs	0	0	0	2	2
Disability Linkage Line	0	0	2	1	0
Senior Linkage Line	0	1	1	1	0
Bulletins	0	0	3	1	0
Videoconference trainings	0	0	4	0	0
Webinars	0	1	2	0	0
Regional Resource Specialist	0	1	1	0	0
Listserv announcements	0	0	2	1	0
MinnesotaHelp.Info	0	0	1	1	0
Ombudsmen	0	0	2	2	0
DB101.org	0	0	1	1	0

Case managers rated Policy Quest as not very useful but then said that that they look up responses to previous questions which is a particularly helpful feature. The lead agency supervisor is able to submit questions through Policy Quest and said it has been helpful. Case managers who have used the MMIS Help Desk reported receiving prompt responses via e-mail. However, they have had varied experiences when contacting the MMIS Help Desk by phone depending on who they speak.

Case managers said that they have used the Community Based Service Manual (CBSM) but stated that the search function is not user-friendly and that they need to know exactly what they

are looking for in order to find what they need. The lead agency supervisor said that they use the CBSM regularly, but it is occasionally too vague and difficult to interpret. Case managers stated that the DHS website has helpful information, but it can be cumbersome to search for and find information. Case managers rated E-Docs as moderately to very useful and shared that they are each independently responsible for finding and keeping track of updates to forms.

Case managers shared that DHS Bulletins are easy to understand, but they are not disseminated in a timely manner prior to a policy change. They reported multiple instances where they were notified via bulletin of a new change after it had already taken effect. Case managers said that they attend quarterly meetings with the Regional Resource Specialist (RRS) which is helpful. They noted however, that the RRS is slow in responding to questions and seems to be spread thin across many responsibilities. Case managers said that they rely on Listserv announcements for identifying policy changes.

Case managers generally rated videoconferences and webinars as being somewhat useful. Case managers shared that the presentations in which DHS staff simply reads PowerPoint slides are not very effective. They also said they appreciate being able to ask questions, but presenters do not allocate enough time to respond. Case managers shared that they like webinars because they can watch them at their own computers and type their questions but noted that they sometimes experience technological issues.

Case managers have had a range of experiences with the Disability Linkage Line. Some case managers rated the Disability Linkage Line as not very useful, while others said it is a good resource for participants. A few case managers said they were giving waiver participants inaccurate information about waiver services. Some case managers have used MinnesotaHelp.info and generally rated the usefulness as average to above average. However, they added that it is not easy to navigate or search, and it does not always contain up-to-date information. Case managers shared that they have had positive experiences with Ombudsmen in the past and they are available to participants and attend meetings when requested.

## 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.

### Watonwan County Strengths

The following findings focus on Watonwan 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.

- **Watonwan County addresses issues to comply with Federal and State requirements.**

During the previous review in 2012, Watonwan County received a corrective action for documentation of choice, signatures in the care plan, Related Conditions Checklist, ICF/DD Level of Care, and frequency of face to face visits. In 2015, Watonwan County was fully compliant in these areas demonstrating technical improvements over time.

- **The case files reviewed in Watonwan County consistently met HCBS program requirements.**

Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, ICF/DD Level of Care forms, BI forms, and informed consent to share information. Care plans and DD screening documents are also current. In addition, emergency contacts were included in files and participants received the required number of face-to-face visits by case managers in the past 18 months.

- **Watonwan County case managers work well with each other and other department units, coordinating services to better serve participants.**

There are strong interagency relationships at Watonwan County. Teamwork and collaboration among waiver case managers and public health nurses are strengths of the lead agency; they are located on the same floor and frequently consult with one another. The Human Service Department also has a public health nurse on their LTSS team. This interdisciplinary approach to waiver case management ensures that perspectives and expertise from both fields are considered when care planning which benefits waiver participants. Case managers also work closely with mental health staff to coordinate services and supports to address participants' health and

safety needs. In addition, case managers have very strong working relationships with financial workers. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility to receive services.

- **Watonwan County staff are well-connected with providers and other organizations that serve participants.** Case managers have local ties to the community, giving them good knowledge of resources and who can provide needed services for participants. Case managers have developed close working relationships with providers located within Watonwan County and in neighboring counties that they frequently use. These relationships assure that providers are responsive to participants' changing needs. In particular, case managers have strong communication with the local customized living facility, hospitals, foster care providers, and home care providers. Furthermore, providers responding to a survey identified open communication with case managers as a lead agency strength.
- **Watonwan County has the capacity to serve CADI, BI, AC, and EW waiver participants with high needs in the community.** From 2009 to 2013, the percentage of waiver participants with high needs increased for the CCB programs (from 60.6% to 83.8%), DD program (72.7% to 75.9% and EW/AC programs (from 31.2% to 48.2% high needs). Over the same time period, Watonwan County was able to increase the percentage of long term care recipients receiving services in the community instead of an institution for the EW/AC programs (51.1% to 58.3%). For the CCB program, Watonwan County serves a slightly higher percentage of residents in community settings than its cohort (92% vs 91%). In addition, Watonwan County has lower use of nursing facilities (per 1,000 residents) than its cohort for people of all ages. Serving many participants through HCBS means that Watonwan County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.
- **Based on budget reports, Watonwan County's waiver allocations are well-managed.** Watonwan County's DD waiver budget balance was 6% at the end of CY 2013, and the balance in the CADI, CAC and BI programs at the end of FY 2014 is projected to be 6% also. This provides Watonwan County with some reserve funds to balance risks from costly participant crises while maximizing its ability to meet local demands. Although these funds

are well managed, Watonwan County can further maximize its ability to meet local needs by developing or joining an alliance for their DD and CCB programs. Participating in the alliance would help lay the groundwork for the lead agency to continue to build relationships and conduct regional planning in order to enhance services for their participants. In addition, other similar sized lead agencies have found that they are able to spend more of the HCBS budget while being protected in the event of participant crises.

## Recommendations

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

- **Continue your work on incorporating 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).. Watonwan County has incorporated many of these service details into their care plan. For example, 95% of case files reviewed included the frequency in the care plan, 93% of case files reviewed included the type of service in the care plan, and 58% of cases reviewed included the monthly budget. In comparison, all of the Waiver Review Round two counties reviewed (84 of 87) had an average of 73%, 87%, and 42%, respectively. However, only 26.8% of cases reviewed included the annual amount allowed. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. Many DHS CSP/CSSP templates include sections for completing this properly, including the [6791B](#) which can be found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6791B-ENG>.
- **Watonwan County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.** The care plan is the one document that all participants receive. The care plan should outline information about the participant’s health and safety needs and explain how

planned services will address these needs. In Watonwan County, only 46.3% of cases reviewed included participant needs that met or exceeded reviewer expectations. While 100% of Watonwan County EW care plans reviewed had individualized and meaningful goals, only 30% of AC care plans and 64% of CADI/BI care plans reviewed had individualized and meaningful goals. Therefore, it is recommended that the lead agency use the MCO care plan template for all AC cases. It is also recommended that the lead agency update its care plan for the CADI and BI programs to be more comprehensive and meaningful to each individual participant and his or her unique situation. In addition, while the lead agency's Individual Support Plan template (ISP) includes a lot of detailed information for the case manager and service providers, it should be structured in a manner that is also useful to the participant. It is important for Watonwan County to set expectations for the format and quality of care plans to create consistency across the lead agency.

- **Consider developing additional systems and practices to support case managers.** With growing caseloads and continually changing programs, administering the waiver programs and providing case management will become increasingly complicated and put more strain on existing resources. This may include designating a single person (e.g., a lead worker, case aide, support staff), to access E-Docs and assist in creating electronic fillable forms and use shared drives to store forms. Developing a consistent process for updating and storing forms on organized shared drives ensures that case managers are able to access current forms more efficiently.
- **Continue to work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** In particular, Watonwan County had lower rates of participants served at home than its cohort in the CCB programs (57% vs. 64%) and EW program (70% vs. 77%), and has only achieved slightly higher rates of participants served at home compared to its cohort (28% vs. 27%). It is recommended that the lead agency work across waiver programs when developing services for participants of all levels of need in their own homes including the transition group who also need independent housing options and supportive services. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services.

By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs. In addition, 16% of Watonwan County CCB participants and 28% of DD participants are currently under age 22. The lead agency should be mindful of the number of youth who will soon be transitioning to adulthood and continue to work with providers to develop independent housing options that include supportive services.

- **Continue to expand community-based employment opportunities for individuals in the CCB waiver participants.** While Watonwan County ranked 3<sup>rd</sup> in the state for working age participants earning more than \$250 per month, it has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the CCB programs (6.5% vs. 15.9%) and ranks 77<sup>th</sup> of 87 counties in this area. Watonwan County should focus on strengthening employment by working with providers to increase the use of community-based employment and develop more opportunities that result in higher wages for participants who have significant mental health or behavioral needs. When developing services, work across programs to ensure they can be accessed by all participants regardless of the waiver program.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Watonwan County was found to be inconsistent in meeting state and federal requirements and will require a response by Watonwan County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which Watonwan County will be required to take corrective action.

- **Beginning immediately, include a back-up plan in the care plan of all CCB, EW, and DD program participants.** All care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached

during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Currently, nine out of 10 DD cases CADI cases had partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

- **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. Four out of 10 CADI cases, one out of 10 EW cases, and one 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, one out of 10 CADI cases, one out of 1 BI cases, and three out of 10 AC cases did not have current documentation.
- **Beginning immediately, ensure that all new assessments for CCB and EW/AC 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. Zero percent (0%) or zero out of one assessments for new CAC, CADI and BI participants and fifty percent (50%) or one out of two screenings for new EW and AC participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Watonwan County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant case file reviewed. This report required follow up on 22 cases. Watonwan County submitted their completed compliance report on May 5<sup>th</sup>, 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 Watonwan County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-

Enrolled Vendors Compliance Worksheet(s), which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 1 case. Watonwan County submitted a completed non-enrolled vendor compliance worksheet.

## 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	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	63%	71%	0%	N / A	N / A	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	50%	21%	N / A	CCB, DD
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=20</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	94%	100%	82%	N / A	AC / EW	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	98%	95%	100%	100%	ALL	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=20</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
All needed services to be provided in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Choice questions answered in care plan (PR)	95%	90%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	46%	25%	46%	90%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	75%	60%	100%	N / A	CCB	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	90%	N / A	N / A	90%	DD	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	94%	N / A	91%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	N / A	N / A	N / A	N / A	N / A	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	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>
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=6</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=6</i> )	100%	N / A	N / A	N / A	ALL	N / A
<b>LEAD AGENCY UTILIZATION OF NON- ENROLLED VENDORS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR, n=1)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR, n=0)	N / A	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=20</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	100%	100%	100%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	83%	90%	55%	100%	AC / EW, DD	CCB
Back-up plan (Required for EW, CCB, and DD)	54%	50%	100%	10%	CCB	DD
Emergency contact information	100%	100%	100%	100%	ALL	N / A

<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=20</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	73%	75%	46%	100%	DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	98%	100%	91%	100%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=20</b>	<b>CCB n=11</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	93%	100%	82%	90%	AC / EW, DD	N / A
Documentation of participant satisfaction in the case file	49%	55%	18%	70%	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)	99%	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	58%	92%	76%	AC / EW	DD
Percent of LTC funds spent on HCBS	N / A	36%	86%	65%	AC / EW	DD
Percent of waiver participants with higher needs	N / A	48%	84%	76%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	70%	57%	28%	N / A	AC / EW, CCB

SYSTEM PERFORMANCE (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	7%	39%	DD	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.