

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Washington County**

Waiver Review Site Visit: December 2013

Report Issued: February 2014

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## Acknowledgements

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

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

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

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

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Washington County
Case File Review	167 cases
Provider survey	43 respondents
Supervisor Interviews	4 interviews with 4 staff
Focus Group	2 focus group(s) with 20 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 Washington County

In December 2013, the Minnesota Department of Human Services conducted a review of Washington County's Home and Community Based Services (HCBS) programs. Washington County is a metro county located in Southeastern Minnesota. Its county seat is located in Stillwater, Minnesota and the County has another 26 cities and six townships. In State Fiscal Year 2012, Washington County's population was approximately 243,313 and served 1,683 people through the HCBS programs. According to the 2010 Census Data, Washington County had an elderly population of 9.7%, placing it 81<sup>st</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Washington County's elderly population, 5.4% are poor, placing it 83<sup>rd</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Washington County Community Services is the lead agency for all HCBS programs. The agency's main offices are in Stillwater, Minnesota, with additional service centers in Forrest Lake, Cottage Grove and Woodbury. The waiver programs are managed in the Adult/Disabilities Division which is split into the Adult Services and Disabilities Units. Washington County serves as a contracted care coordinator for managed care organizations (MCOs) Medica and Blue Plus.

There is one Adult Services Supervisor who supervises the case management of the CCB and elderly waiver programs. The Adult Services Supervisor oversees six CCB case managers and seven elderly program case managers who manage EW and AC cases. In addition, the CCB and elderly waiver programs both have lead workers who carry reduced caseloads and perform

additional responsibilities, such as managing the CCB budget, keeping up-to-date on policy changes and assigning cases to case managers. Three of the CCB case managers specialize in CADI mental health cases and have caseloads of about 45 cases. Other CADI case managers have approximately 55 cases. Two elderly program case managers specialize in Medica cases and two specialize in Blue Plus cases. Elderly program case managers carry caseloads of about 70 cases.

There are two DD units and the two supervisors oversee a total of 16 staff. One DD unit is housed in Stillwater and the other is in Washington County's service center in Cottage Grove. There are a total of 15 social workers and one case aide on staff. The case aide is a family service worker who supports the case managers, enters data into MMIS, and also carries a small caseload of low-needs, non-Rule 185 cases. DD case managers have average caseloads of about 70 cases that include both children and adults. Two DD case managers also manage CADI waiver participants who have a developmental disability diagnosis. Washington County also contracts with three different companies to do DD case management due to lack of capacity. The DD supervisors act as liaisons with the contracted case management companies and communicate with them through email and telephone conversations. Contracted case managers who have high caseloads are required to attend unit meetings and trainings.

All intake calls go through the Adult Services intake phone line to the Intake and Assessment unit. The Intake and Assessment Unit has one supervisor who oversees 10 staff; three intake workers, two public health nurses who conduct PCA assessments, one public health nurse who is the lead worker and also does LTCC assessments, three social workers who complete LTCC assessments, and one administrative assistant. One intake worker handles all waiver calls, one specializes in vulnerable adult and DD, and the third specializes in mental health and chemical dependency cases. All of the intake workers back up each other. No staff in the Intake and Assessment Unit performs ongoing case management duties.

All intake workers, with the exception of DD, collect initial information from the participant and pass the case on to the assigned assessor. After the assessor completes the assessment or screening, the case is transferred to the designated senior worker in either the Adult Services or DD unit. The senior worker then assigns the case based on the geographical location of the

participant and case manager caseloads. The DD intake worker collects initial information from the participant and consults with the DD supervisor regarding potential eligibility. If program eligibility is determined, the case is transferred to an on-going developmental disabilities case manager for screen and services.

### Working Across the Lead Agency

Case managers stated that one of the strengths of Washington County is their ability work well across different units. They stated that the ability to consult with other units gives them an advantage and has allowed them to build a “culture of quality” and provide high quality services to their participants. All unit supervisors meet twice a month and case managers frequently consult with each other to work through issues and draw on one another’s knowledge and experience.

Washington County has several financial workers who work specifically with the waiver programs and are located down the hall from case managers. This allows them to have informal communication and face to face contact when needed. Staff stated that high caseloads and turnover of financial workers has made communication somewhat difficult, especially when it comes to the notification and tracking of MA eligibility. In response, the lead agency developed a process using formal communication forms and having a case aide follow up on cases to ensure eligibility paperwork goes through. Financial workers attend interdisciplinary team meetings to discuss issues, problem solve, and improve workflow.

Staff reported that they have frequent informal communication with adult protection and child protection staff and have some protection workers from each unit located in the main office and satellite service centers. Adult protection and child protection workers notify case managers when a waiver participant on their caseload has an open protection case and to get background information. If the protection case is of a serious nature, case managers may be pulled in to consult and play a role outside of the investigation such as follow-up. The lead agency also has monthly team meetings with representatives from the police department and providers.

As previously mentioned, several case managers in the Adult Services unit have participants on their caseloads who are on the CADI waiver and have mental health needs. There are two other

adult mental health units located in the Stillwater and Cottage Grove service centers and staff reported having good working relationships with workers from those units. The units manage participants with mental health needs who are not currently on a waiver program. Washington County contracts out for children's mental health cases. Case managers have monthly meetings with the contracted mental health center to discuss participants who are transitioning to a waiver program.

Supervisors do presentations and workshops for the Washington County Board to educate them about the waiver programs. They also talk to the board about hiring new staff and the board is involved in the contracting process. Supervisors also frequently attend board meetings and provide additional education and information when requested.

### Health and Safety

In the Quality Assurance survey, Washington County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Washington County case managers are well-trained and knowledgeable and quickly respond to questions or inquiries from providers and waiver participants.

Case managers attend unit meetings and interdisciplinary all staff meetings to consult with one another and stay updated on policy and waiver changes. They also communicate with one another through emails about changes. Elderly waiver program managers also have separate health plan meetings. Supervisors and team leads attend regional meetings and bring information back to share with the rest of the case managers. Case managers also attend trainings and utilize webinars.

The lead agency also has a shared drive where case managers can obtain current forms for managing their cases. The administrative assistant keeps these forms updated and makes them available in a fillable format. Helpful links and tools are also saved on the shared drive so case managers can easily find information they need. Case managers have yearly performance

reviews and have case audits where supervisors pull a random sample from their caseload to make sure the files include all the needed paperwork. Contracted case managers also have yearly case audits and are held to the same standards as Washington County employees. Supervisors also receive feedback from providers and participants in order to monitor case manager compliance.

### Service Development and Gaps

Overall, lead agency staff reported being satisfied with their working relationships with service providers. Lead agency staff stated that they have limited resources to serve high needs participants including a lack of crisis beds and corporate foster care providers that provide 24 hour supervision. They also shared that their lead agency has limited options for placing participants with high behavioral and mental health needs in foster care. However, they have done a good job developing independent living options for these participants including apartment programs and the use of assistive technology. They also said that they do not have the number of nursing facilities that some other counties have.

Staff mentioned that transportation for non-medical purposes was a major service gap in Washington County. Metro mobility providers do not serve all areas of the county and volunteer drivers rarely have accessible vehicles for participants in wheelchairs. Staff also shared that the lead agency has a lack of employment providers who can offer in-center training which results in many participants working with providers that do not fit their specific needs. They stated that schools in Washington County do not offer job skills training which makes finding competitive employment difficult for transition-age participants.

Case managers shared that home care providers could improve the supervision and support they give PCA's and that they could have more accountability overall. They also stated that it has been hard for these providers to retain staff and that the lead agency lacks providers of homemaking services.

**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.

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

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

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	4	3
Schools (IEIC or CTIC)	0	5	1
Advocacy Organizations	1	2	7
Hospitals (in and out of county)	4	5	0
Area Agency on Aging	0	3	1
Home Care Providers	0	8	0
Customized Living Providers	2	4	1
Foster Care Providers	0	2	5
Employment Providers	0	7	4
Transportation Providers	6	4	0

Case managers shared that they have good communication with most of the nursing facilities in Washington County, but that it can vary depending on the facility. Most providers are responsive to case managers and are great at returning their calls and sharing information. Case managers added that there are instances where they are not informed that a participant has been admitted, but said that they have good overall communication with discharge planners.

Case managers said that they have three primary school districts that they work with. They reported that their relationships with schools vary but that they have been invited to more IEP

and transition planning meetings than they were previously. Case managers shared that they think some schools may not know exactly what participants need as they transition after graduation which can lead to them being automatically sent to vocational rehabilitation centers. They also said that they feel schools need to better equip themselves to serve the increasing number of participants who are on the autism spectrum.

Case managers said that their experiences with advocacy organizations have varied. Some shared instances where an organization worked well with parents dealing with educational issues. Other case managers gave examples of organizations who work hard to get participants the assistive technology and equipment that they need to live in the least restrictive environments possible.

Case managers shared that they have poor communication with hospitals in the area and that many do not have adequate discharge planning. Some of them said that they have found it difficult to get participants admitted to the hospital. Case managers who have had experience with the Area Agency on Aging said that the organization has been helpful when dealing with caregiver issues.

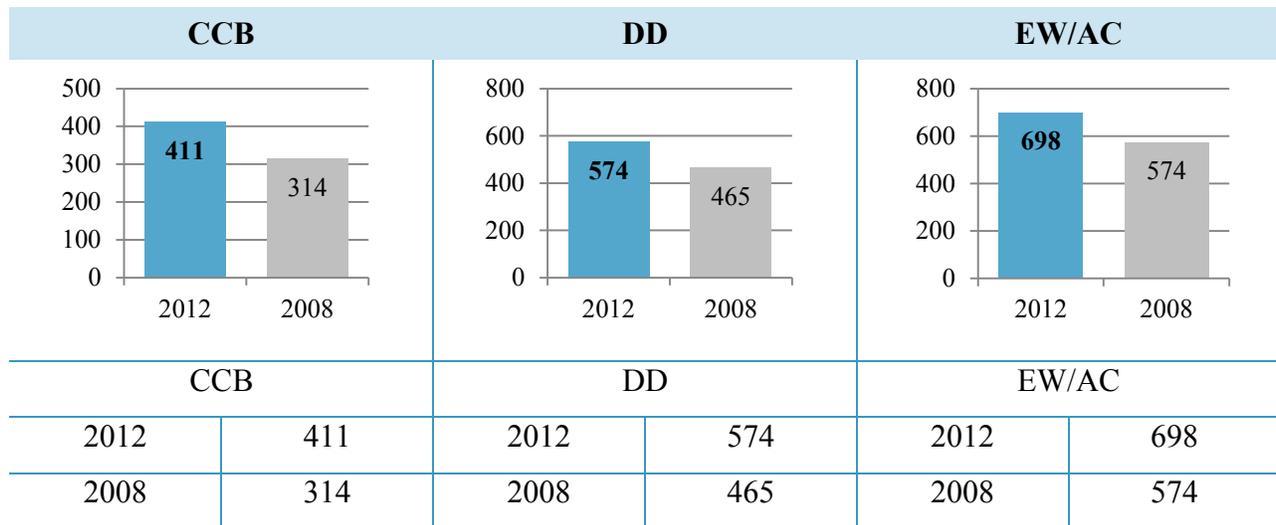
Case managers also said that customized living providers do a good job of providing services to participants and that they talk monthly with these providers. Although communication is strong, case managers said that billing can be a challenge with these providers. They reported having good on-going collaboration with foster care providers, saying they get weekly updates and that the providers are very responsive to case managers. They also added that these providers are willing to be creative in service delivery, looking for participant-centered independent service options. Case managers did mention that they do not have enough family foster care providers in their area and that many times, their staff are not trained in mental health.

Case managers said that their employment providers are in frequent communication with them, send them quarterly reports, and consistently invite them to meetings. They said that vocational rehabilitation providers do a good job assessing participants and placing them in the right situations with realistic expectations.

## 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 Washington County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Washington County has increased by 97 participants (30.9 percent); from 314 in 2008 to 411 in 2012. Most of this growth occurred in the case mix B, which grew by 56 people. With this increase Washington County may be serving a higher proportion of people with mental health needs.

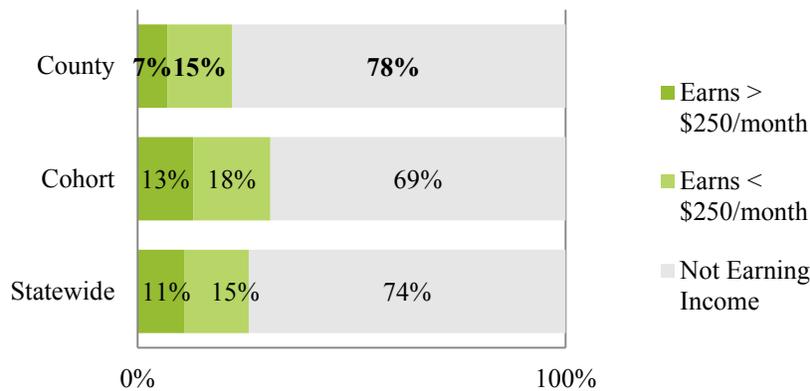
Since 2008, the number of people served with the DD waiver in Washington County increased by 109 participants, from 465 in 2008 to 574 in 2012. In Washington County, the DD waiver program is growing more quickly than in the cohort as a whole. While Washington County experienced a 23.4 percent increase in the number of people served from 2008 to 2012, its cohort had a 15.0 percent increase in number of people served. In Washington County, the profile group three had the largest increase, growing by 66 people. The greatest change in the cohort profile groups occurred in people having a Profile two. Washington County serves a slightly larger proportion of people in profile groups one and two (40.4 percent), than its cohort (40.0 percent).

Since 2008, the number of people served in the EW/AC program in Washington County has increased by 124 people (21.6 percent), from 574 people in 2008 to 698 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 happened in case mix H which grew by 28 people. Case mixes B and E grew by a combined total of 46 people. As a result Washington County may be serving a larger proportion of people with mental health needs.

## Value

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

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

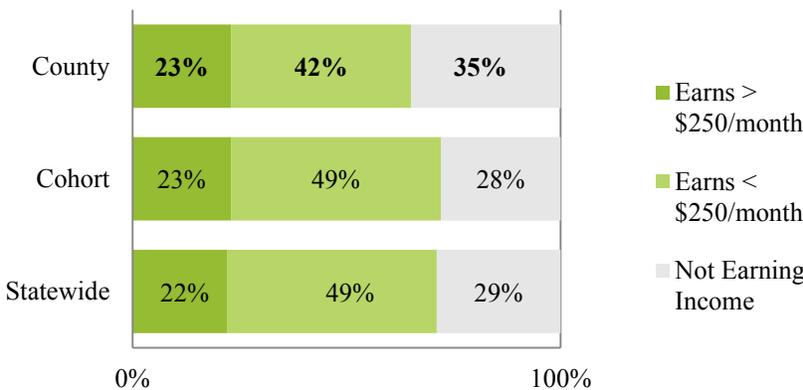


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Washington County	7%	15%	78%
Cohort	13%	18%	69%
Statewide	11%	15%	74%

In 2012, Washington County served 315 working age (22-64 years old) CCB participants. Of working age participants, 21.9 percent had earned income, compared to 30.8 percent of the cohort's working age participants. **Washington County ranked 78<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Washington County

6.7 percent of 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)**



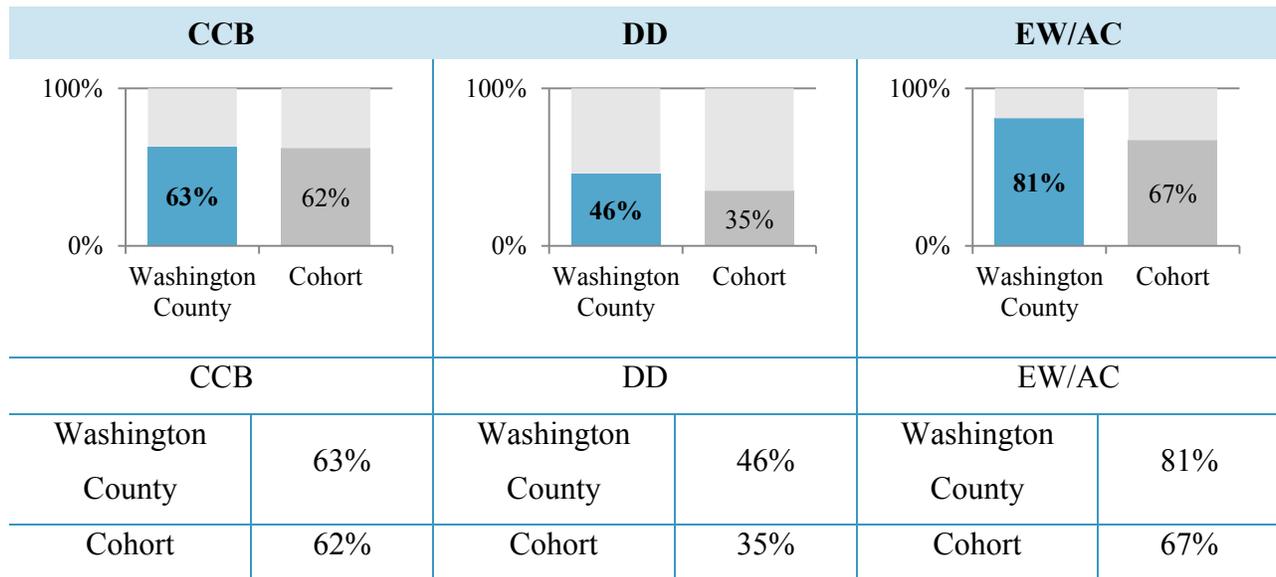
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Washington County	23%	42%	35%
Cohort	23%	49%	28%
Statewide	22%	49%	29%

In 2012, Washington County served 429 DD waiver participants of working age (22-64 years old). **The county ranked 46<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Washington County, 22.6 percent of working age participants earned over \$250 per month, while 23.0 percent of working age participants in the cohort as a whole did. Also, 64.1 percent of working age DD waiver participants in Washington 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)**



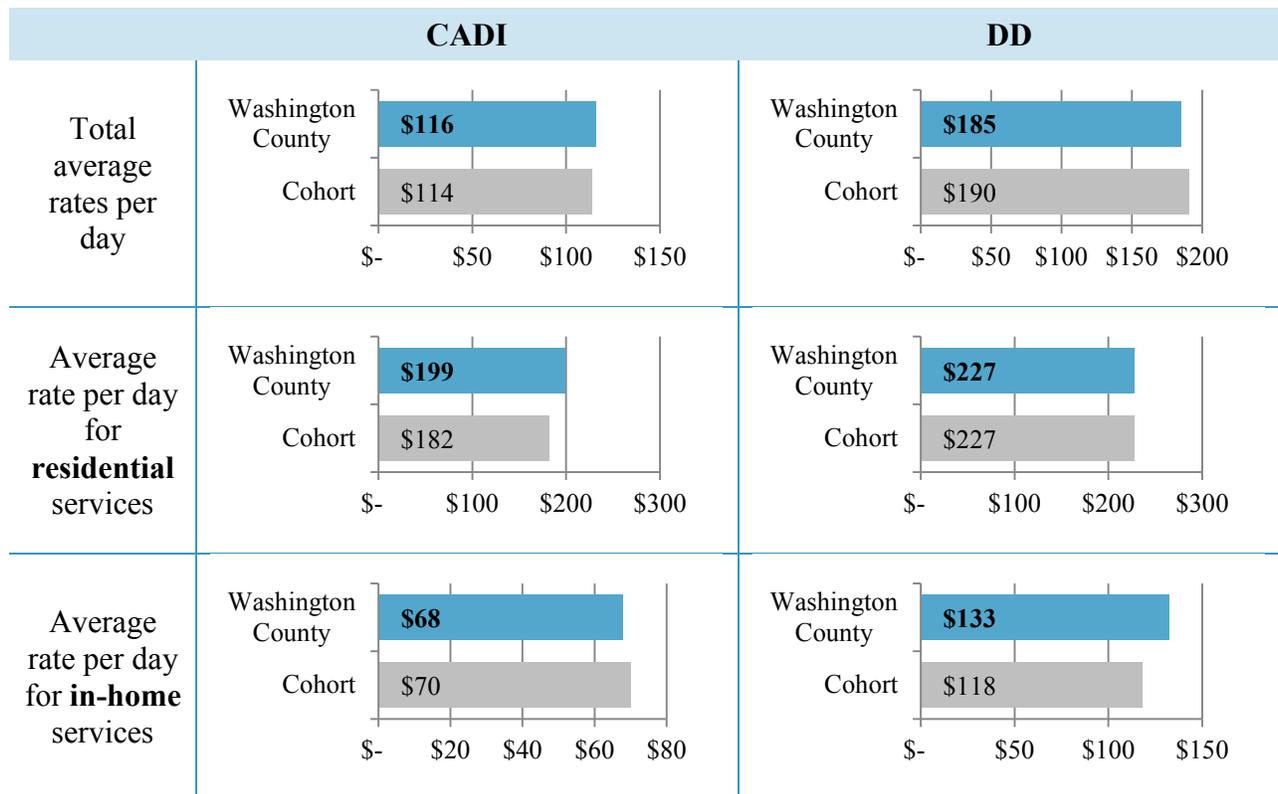
**Washington County ranks 41<sup>st</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 259 participants at home. Between 2008 and 2012, the percentage decreased by 4.5 percentage points. In comparison, the cohort percentage fell by 4.0 percentage points, and the statewide average fell by 4.2 points. In 2012, 63.0 percent of CCB participants in Washington County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Washington County ranks 9<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 265 participants at home. Between 2008 and 2012, the percentage increased by 1.7 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.

**Washington County ranks 25<sup>th</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 562 participants at home. Between 2008 and 2012, the percentage increased by 6.8 percentage points. In comparison, the percentage of participants served at home rose by 1.6 percentage points in their cohort and by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes

statewide. Washington County serves a higher 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)**

	Washington County	Cohort
Total average rates per day	\$115.70	\$113.92
Average rate per day for <b>residential</b> services	\$199.19	\$182.03
Average rate per day for <b>in-home</b> services	\$67.86	\$69.91

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

	Washington County	Cohort
Total average rates per day	\$184.89	\$190.33
Average rate per day for <b>residential</b> services	\$227.40	\$227.28
Average rate per day for <b>in-home</b> services	\$132.53	\$117.91

The average cost per day is one measure of how efficient and sustainable a lead agencies waiver program is. **The average cost per day for CADI waiver participants in Washington County is \$1.78 (1.6 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Washington County spends \$17.16 (9.4 percent) more on residential services but \$2.05 (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, Washington County ranks 67<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 Washington County is \$5.44 (2.9 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, Washington County spends \$0.12 (0.1 percent) more on residential services and \$14.62 (12.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Washington County ranks 60<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.

**Washington County has a lower use in the CADI program than its cohort of some residential based services** such as Foster Care (24% vs. 27%), but a higher use of others (Customized Living (8% vs. 7%)). The lead agency has identical use of Prevocational Services (8% vs. 8%) and lower use of Supported Employment Services (7% vs. 14%). They also have a lower use of some in-home services, such as Skilled Nursing (18% vs. 21%), Home Health Aide

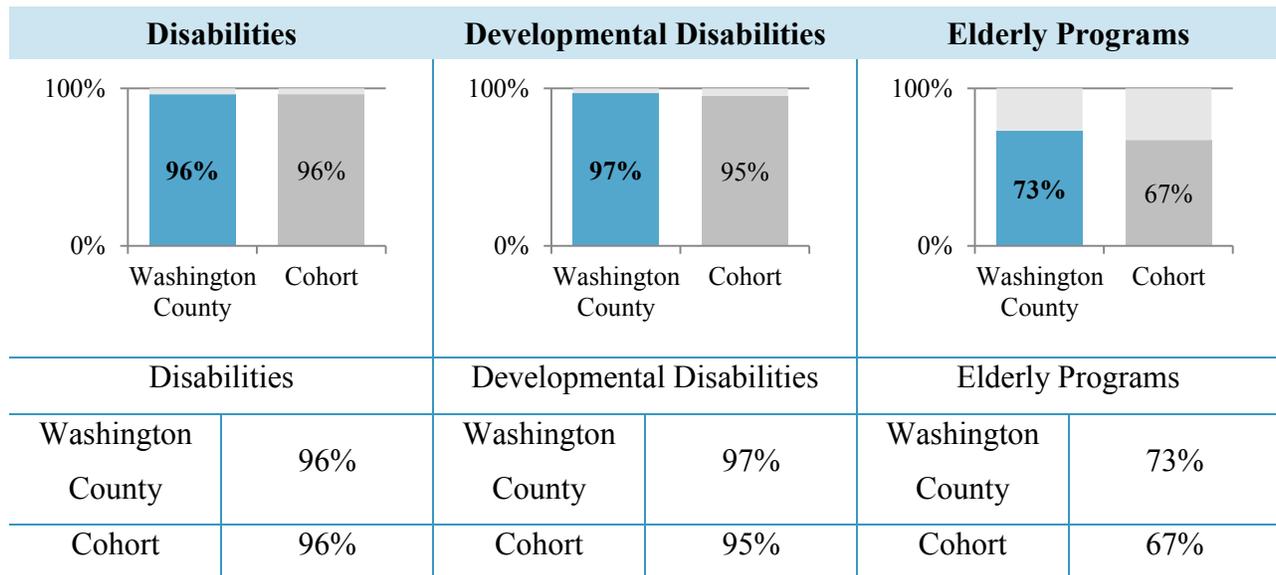
(4% vs. 5%), and Homemaker (26% vs. 27%), but they have a higher use of others such as Consumer Directed Community Supports (20% vs. 11%) and Home Delivered Meals (20% vs. 19%). Fifty-four percent (54%) of Washington County's total payments for CADI services are for residential services (49% foster care and 5% customized living) which is higher than its cohort group (53%). Washington County's family foster care rates are higher than its cohort when billed monthly and when billed daily (\$4,121.24 vs. \$2,630.30 per month and \$163.61 vs. \$139.92 per day). Corporate foster care rates are higher than its cohort when billed monthly (\$7,341.79 vs. \$6,314.74).

**Washington County's use of Supportive Living Services (SLS) is lower than its cohort (53% 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. Washington County's monthly corporate Supportive Living Services rates are higher than its cohort (\$3,175.00 vs. \$3,089.95). The lead agency has similar use of Day Training & Habilitation (61% vs. 61%) and lower use of Supported Employment Services (4% vs. 9%). It has a lower use of In-Home Family Support (9% vs. 15%) than its cohort, but a higher use of Respite Care (24% vs. 18%) and Personal Support (26% vs. 12%).

## Usage of Long-Term Care Services

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

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



**In 2012, Washington County served 1,072 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 78 in institutional care.** Washington County ranked 12<sup>th</sup> of 87 counties with 96.2 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 95.6 percent were HCBS participants. Since 2008, Washington County has increased its use of HCBS by 3.9 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, Washington County served 840 LTC participants (persons with development disabilities) in HCBS settings and 37 in institutional settings.** Washington County ranked 14<sup>th</sup> of 87 counties with 97.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (95.3 percent). Since 2008, the county has increased its use by 1.2 percentage points while its cohort rate has increased by 1.3 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Washington County served 768 LTC participants (over the age of 65) in HCBS settings and 328 in institutional care.** Washington County ranked 8<sup>th</sup> of 87 counties with 73.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 67.3 percent were HCBS participants. Since 2008, Washington County has increased its use of HCBS by 4.9

percentage points, while their cohort increased by 4.8 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

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

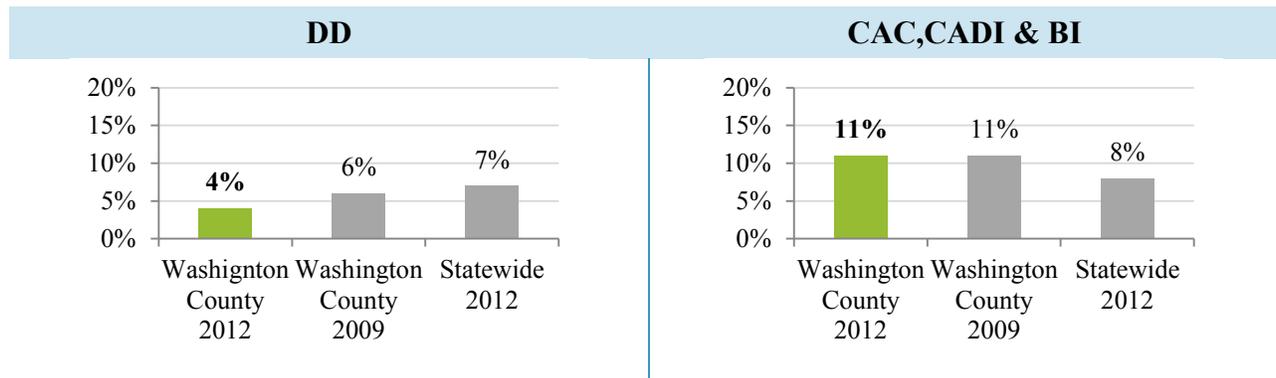
	Washington County	Cohort	Statewide
Age 0-64	0.13	0.24	0.54
Age 65+	10.20	16.98	21.99
TOTAL	1.11	2.02	3.19

**In 2012, Washington County was ranked 1<sup>st</sup> out of 87 counties in their use of nursing facility services for people of all ages.** The county's rate of nursing facility use for adults 65 years and older is lower than its cohort and the statewide rate. Washington County also has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 7.7 percent in Washington County. Overall, the number of residents in nursing facilities has decreased by 9.3 percent since 2010.

## Managing Resources

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

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



	DD	CAC, CADI, BI
Washington County (2012)	4%	11%
Washington County (2009)	6%	11%
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, Washington County had a 4% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Washington 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.** Washington 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, Washington County had a 11% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), and the same as the balance in FY 2009 (11%).

Washington County has a waitlist for the DD program but does not currently have a waitlist for any other waiver program. There are two committees, one for the DD allocation and one for CADI allocation, that have written policies and use ranking tools to determine which participants receive waiver slots or allocation increases. Cases are taken to the waiver management meetings once every two weeks. This multi-disciplinary group includes workers from all waivers. Decisions to open or deny cases are made as a group. For allocation increases, case managers complete allocation increase request forms and present their cases to lead workers during committee meetings. Lead workers run simulations in WMS and manage the allocation increases.

### 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.

**Washington County Case Manager Rankings of DHS Resources**

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

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	3	3	1	1
MMIS Help Desk	1	2	3	4	3
Community Based Services Manual	0	2	1	6	2
DHS website	0	0	1	5	10
E-Docs	0	0	0	2	12
Disability Linkage Line	0	0	5	6	2
Senior Linkage Line	0	0	6	4	3
Bulletins	0	2	3	3	7
Videoconference trainings	0	0	6	7	4
Webinars	0	0	3	5	7
Regional Resource Specialist	2	1	5	0	0
Listserv announcements	0	2	3	2	2
MinnesotaHelp.Info	0	1	2	0	0
Ombudsmen	0	0	6	3	2
DB101.org	0	0	1	1	1

Case managers reported that the DHS website and E-Docs were the most useful DHS resources for their work. Staff shared that they use the DHS website to quote statutes and that it has good resources and is easy to navigate, but the search function can be difficult. Staff access E-Docs to obtain the most up to date forms and bring them into Washington County's shared drive. The majority of case managers found webinars and videoconference trainings to be helpful and liked not having to travel for the presentations. They shared that they try to watch the presentations as a group and that some prefer videoconference trainings because of the technical difficulties they've experienced with webinars.

Supervisors forward pertinent information from bulletins to case managers and discuss them during staff meetings. Case managers shared that, while bulletins are helpful, it can be time consuming to sift through all of the information. Staff said that the Community Based Services Manual is a good resource that is updated routinely. Supervisors use the manual for appeals and information about which expenses are allowed under each waiver program. Case managers have found the Disability Linkage Line to be pretty resourceful and have received good feedback from participants about it. Case managers also found the Senior Linkage Line to be helpful but expressed that changes in pre-admission have made the process cumbersome. They stated that they like the “calling tree” even though clients sometimes just get referred back to the lead agency.

Staff shared that MMIS help desk is very helpful and that they use it for service agreements and screenings. Case managers said they receive quick responses via email and wish the Help Desk had more hours of operation. Staff shared that ombudsmen do a great job with advocacy and that they welcome their input and involvement. Supervisors stated that they have found Listserv announcements to be useful and case managers said that they receive so many of them that it is difficult to know which ones are important. Staff shared that they use Policy Quest to ask questions and to look up responses to previous questions. They added that the search function is not very intuitive, however, and that the validity of the responses often depends on who is answering the question from DHS. Lead workers share information learned from Policy Quest at staff meetings. Staff said that it is nice to have the Regional Resource Specialist as a resource who can help troubleshoot with them and as a connection to DHS. Some case managers have found it difficult to get in contact with them at times, but stated that this has improved. One case manager shared that they think DB101.org is a great tool and that they wish they could use it more.

### **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.

## Washington County Strengths

The following findings focus on Washington 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.

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

During the previous review in 2008, Washington County received a corrective action for DD screening signatures, DD ISP signatures, designating separate case management and public guardianship roles, back-up plans and emergency contact information, face-to-face visits, timeliness of assessment to care plan, and screenings on time. In 2013, Washington County was fully compliant in these areas thus demonstrating technical improvements over time.

- **Case managers provide high quality case management services to meet participant needs.**

Washington County case managers build relationships with families, advocate for participants, and are responsive to changing participant needs. Case managers navigate easily across programs within the agency to provide seamless services for participants. Case managers work within the communities they serve and are in frequent contact with their HCBS participants through face-to-face visits. Case managers see participants an average of five times every 18 months across all programs. Additionally, Washington County has excellent teamwork and collaboration among workers. Experienced case managers support newer workers and frequently consult each other on cases. The Community Services Department also employs public health nurses. Social workers and public health nurses consult with each other regularly on cases to bring the perspective of both disciplines when serving participants.

- **Washington County assigns one case manager to serve CADI participants who also receive Mental Health case management.**

The single case manager allows the lead agency to streamline services for the participant. They are flexible about working across these programs to deliver high quality services to participants. Having one case manager cover treatment and ongoing support leads to increased quality of care and much better outcomes for participants.

- **Washington County supports their contracted case managers to get the results they need for their participants.** The lead agency is dedicated to support the work of all contracted case managers. Contracted case managers are invited to all meetings and trainings to make sure that Washington County policies and practices are communicated. In addition, the lead agency holds contracted case managers to the same standards as their own employees. Contracted case managers participate in case file audits along with Washington County staff.
- **Lead workers at Washington County are a strong and valued resource for case managers.** The lead agency has designated their senior social workers to communicate changes in policy and health plan requirements to case managers. The use of lead workers has positioned Washington County well for the number of policy changes coming in the year ahead. With the arrival of MnCHOICES, it is especially important that the lead senior workers focus their time on helping Washington County transition to the new policy requirements.
- **Washington County has an efficient intake process that allows them to successfully complete assessment and screenings within the required timeframes.** Washington County has made considerable improvements overtime in completing the assessment during the required timeframe after a referral. During the first review in 2008, 63% of the assessments for the CCB program, and 75% of the assessments for EW/AC programs were completed within the required timeframe. Comparatively, 94% of the assessments for FY 2012 for the CCB program (48 of 51), and 91% of the assessments for EW/AC (105 of 115) programs were completed within the required timeframe. All DD screenings (49 of 49) in FY 2012 were also done within the required timeframes. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Case managers collaborate with other units across the agency.** Case managers' collaboration with different teams and units across Washington County is strong, especially with adult and child protection where there is frequent communication and good working relationships. Case managers' reported during the focus group that they are well connected and have good working relationships with licensors and financial workers.

- **Lead agency staff are well-connected with providers and other organizations that serve participants.** Washington County case managers have worked to build strong relationships with area providers. They work closely with SLS providers, schools, and nursing homes and are in frequent communication with providers about the needs of the participants they are serving. The collaborative nature of the relationships between providers and case managers is supported by the providers. Ninety-eight percent (98%) of providers responding to the survey reported they always or most of the time receive assistance from Washington County when they need it. Washington County's close relationship with SLS providers assures that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. For example, Washington County worked with a SLS provider in recent years to develop an unmet need in the area for independent apartment living opportunities for DD participants.
- **Washington County serves many high needs participants at home.** The county serves a greater proportion of high needs participants at home in all program areas when compared to its cohort and statewide averages. In 2012, the county served 59.7% of its high needs CCB participants, 47.4% of its high needs DD participants, and 72.4% of its EW/AC high needs participants at home.

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Washington County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Washington 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 93% of case files

reviewed included the provider name in the care plan, only 12% of cases reviewed included the annual amount allowed.

- **Consider broadening the use of technology and practices to support case managers.**  
With high caseloads, continually changing programs, and four different geographic locations, administering the waiver programs and providing case management is increasingly complicated. The lead agency may want to consider strategies such as, creating consistency in care plan formats used and have office support assist in creating packets or shared drives. This will help ensure forms are current and promote consistency across the satellite service centers. Thinking about ways to create more efficient practices is important as the lead agency brings on new staff who require training and mentorship from existing staff.
- **Develop community-based employment opportunities for individuals in the CCB programs, particularly focusing on CADI waiver participants.** Washington County has a lower percentage of working age participants earning more than \$250 a month than its cohorts for the CCB program (6.7% vs. 13.3%) and ranks 78th of 87 counties in this area. Washington County should focus on strengthening employment options by working to reduce use of center-based employment and develop more community-based employment opportunities. Twenty percent of Washington County CADI participants are currently under age 22 and will be transitioning soon from school to work. The lead agency should work closely with schools and be more involved in transition planning for youth to better connect them to community-based employment opportunities. Developing a more supported, community-based employment model will help integrate participants into their communities and allow them to earn higher wages.
- **Washington County has reserves in the CCB budget and is able to serve more participants and provide additional services to participants already enrolled in these programs.** Washington County's CCB waiver budget balance was 11% at the end of FY 2012. Given the size of the agency, a budget reserve of three percent is adequate to manage risks. Therefore, there may be room in the budget to add more participants on the CADI waiver. Additionally, Washington County should consider enhancing services for current participants such as supportive employment, transportation, or in-home services.

- **Washington County should build off of current provider monitoring practices in the LTC and CCB programs and expand the practice to the DD waiver program.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. They can also be used to document provider performance and participant satisfaction. The agency is currently using a case monitoring form in the LTC and CCB programs. Consider expanding this practice to the DD waiver program and adding a space to document participant satisfaction with services.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across all programs, Washington County has achieved higher rates of participants served at home than its cohort or the state. In Washington County, 46% of DD waiver participants are served at home (ranking 9th out of 87 counties) and 81% of the elderly program participants are served at home (ranking 25<sup>th</sup> out of 87 counties). However, Washington County's CCB program has only achieved slightly higher rates of participants served at home compared to both the cohort and the state, (ranking 41<sup>st</sup> out of 87 counties). The lead agency should continue to work on repurposing home capacity, specifically repurposing foster care beds to serve more high needs participants. The lead agency should consider using more family foster care providers that is supported by respite and specialist services.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes.** It is required that all HCBS

participants have signed documentation in their case file stating that they have been informed of the lead agency's privacy practices. Currently, five out of 10 CAC cases, thirteen out of 34 CADI cases, two out of 10 BI cases, eleven out of 47 EW cases, six out of 11 AC cases, and two out of 55 DD cases did not have this completed documentation in the case file. In addition, three out of 10 CAC cases, three out of 34 CADI cases, one out of 10 BI cases, eighteen out of 47 EW cases, and two out of 11 AC cases did not have current documentation and one out of 34 CADI cases, and one out of 10 BI cases, had partial documentation that the participant had been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes. The one BI and one CADI case were partial because the document did not contain a date.

- **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. In Washington County, 16 out of 34 CADI cases, six out of 10 BI cases, 35 out of 47 EW cases, and 10 out of 11 AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, seven out of 34 CADI cases, four out of 10 BI cases, 10 out of 47 EW cases, and one out of 11 AC cases did not have current documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, ensure that each participant case file includes signed documentation that choice questions are answered in participant care plans** It is required that all HCBS participants have completed documentation of choice in the care plan. Nine out of 34 CADI cases, one out of 10 BI cases, and two out of 47 EW cases did not have information in the case file showing that choice was documented in the participant's care plan.
- **Beginning immediately, ensure that case files include the 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. Seven out of

11 DD cases reviewed with a related condition did not have the Related Conditions Checklist in the file.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review**

**Team's site visit.** Although it does not require Washington 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 consumer case file reviewed. This report required follow up on 126 cases. Washington County submitted a completed compliance report on January 31st, 2014.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	362	N / A	3	359	N / A	N / A
Screenings done on time for new participants (PR)	94%	91%	94%	100%	ALL	N / A
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	44%	26%	N / A	CCB, DD
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=54</b>	<b>DD n=55</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	99%	98%	100%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	99%	100%	98%	100%	ALL	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=54</b>	<b>DD n=55</b>	<b>Strength</b>	<b>Challenge</b>
All needed services to be provided in care plan (PR)	97%	100%	94%	96%	ALL	N / A
Choice questions answered in care plan (PR)	93%	97%	82%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	76%	72%	82%	75%	N / A	N / A
Inclusion of caregiver needs in care plans	58%	32%	65%	100%	DD	N / A
OBRA Level I in case file (PR)	94%	100%	87%	N / A	AC / EW	N / A
ICF/DD level of care documentation in case file (PR for DD only)	86%	N / A	N / A	86%	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)	98%	N / A	N / A	98%	DD	N / A
Related Conditions checklist in case file (DD only)	36%	N / A	N / A	36%	N / A	DD
TBI Form	90%	N / A	90%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
Employment assessed for working-age participants	96%	N / A	92%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	80%	80%	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)	Always	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=43</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=43</i> )	93%	N / A	N / A	N / A	ALL	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=54</b>	<b>DD n=55</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	100%	91%	ALL	N / A
Health and safety issues outlined in care plan (PR)	97%	100%	93%	98%	ALL	N / A
Back-up plan (PR for CCB)	95%	91%	100%	95%	ALL	N / A
Emergency contact information (PR for CCB)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=54</b>	<b>DD n=55</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	99%	100%	100%	98%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	47%	3%	39%	100%	DD	AC / EW, CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	59%	36%	46%	96%	DD	AC / EW, CCB
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=58</b>	<b>CCB n=54</b>	<b>DD n=55</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	97%	98%	98%	95%	ALL	N / A
Documentation of participant satisfaction in the case file	29%	26%	33%	27%	N / A	N / A

<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	73%	96%	97%	AC / EW, DD	N / A
Percent of LTC funds spent on HCBS	N / A	53%	93%	95%	ALL	N / A
Percent of waiver participants with higher needs	N / A	69%	88%	76%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	69%	CCB	DD
Percent of waiver participants served at home	N / A	81%	63%	46%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	7%	23%	N / A	CCB

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

**CAC** is the Community Alternative Care Waiver.

**CADI** is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

**CMS** is the federal Centers for Medicare & Medicaid Services.

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

**DD** is the Developmental Disabilities Waiver.

**DHS** is the Minnesota Department of Human Services.

**Disability waiver programs** 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.