

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Anoka County**

Waiver Review Site Visit: February 2014

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Contents

Contents 2

Acknowledgements 3

About the Waiver Review Initiative 4

About Anoka County 5

 Working Across the Lead Agency 7

 Health and Safety 8

 Service Development and Gaps 10

 Community and Provider Relationships/Monitoring 11

Capacity 13

Value 15

Sustainability 17

Usage of Long-Term Care Services 21

Managing Resources 22

Lead Agency Feedback on DHS Resources 25

Lead Agency Strengths, Recommendations & Corrective Actions 28

 Anoka County Strengths 28

 Recommendations 31

 Corrective Action Requirements 33

Waiver Review Performance Indicator Dashboard 36

Attachment A: Glossary of Key Terms 40

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 Anoka 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

Waiver Review Website:

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 Anoka County
Case File Review	353 cases
Provider survey	65 respondents
Supervisor Interviews	3 interviews with 8 staff
Focus Group	3 focus groups with 36 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 Anoka County

In February 2014, the Minnesota Department of Human Services conducted a review of Anoka County's Home and Community Based Services (HCBS) programs. Anoka County is a metro county located in east central Minnesota. Its county seat is located in Anoka, Minnesota and the County has 20 cities and one township. In State Fiscal Year 2012, Anoka County's population was approximately 336,748 and served 3,132 people through the HCBS programs. According to the 2010 Census Data, Anoka County had an elderly population of 9.1%, placing it 83rd (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Anoka County's elderly population, 5.8% are poor, placing it 82nd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

All the HCBS programs are managed within two Departments of the Human Services Division of Anoka County: the Community Health and Environmental Services Department and the Community Social Services and Mental Health Department. The Community Health and Environmental Services Department is lead for the CAC, CADI, EW waivers and the AC program and the programs are managed in the Department's Home and Community Health Care Unit (HCHC). The Community Social Services and Mental Health Department is the lead for the DD waiver and the BI waiver, and also provides case management to adult mental health and DD CADI waiver clients. The programs are managed in the Developmental Disabilities Unit and the Adult Mental Health Unit.

The HCHC Unit and the Developmental Disability Unit are located in the agency's main office in Anoka, Minnesota, while the Adult Mental Health Unit is located in the agency's Rum River

campus. Anoka County serves as a contracted care coordinator for Managed Care Organizations (MCOs) Blue Plus, Health Partners, and Medica.

The HCHC Unit has one Public Health Nurse Manager and two Public Health Nurse Supervisors working with the HCBS programs. One of the supervisors oversees 21 total staff including 14 case managers, four case aides, and three support staff who work with the waiver programs. This team performs all intake duties and conducts initial assessments for the lead agency's HCBS programs. The other Public Health Nurse Supervisor oversees 27 total staff including 24 case managers and three case aides. Eight of their case managers manage MCO cases and have caseloads of about 80 cases, four do EW and AC fee-for-service cases and have caseloads of about 75 cases, and 12 manage CAC and CADI cases and have case loads of about 58 cases. The HCHC Unit does outreach at senior fairs as well as a resource fair that is held every fall at Anoka County. They have also presented information about programs to waiver providers and other community partners.

All initial intake for the AC, EW, CAC, CADI, and BI waiver programs goes through the HCHC Unit. After initial intake and assessment, ongoing case management is assigned during the allocation team meeting that includes the HCHC manager and supervisors from HCHC, DD and AMH. Supervisors assign the cases to case managers based on caseload and expertise.

The Adult and Disability Services Manager supervises the Developmental Disabilities Units which includes three Supervisors that work with the waiver programs. One DD Supervisor oversees the case management of DD participants who are age 17 and under. She supervises 15 county staff including 8 DD case managers who have caseloads of about 70 cases. She also serves as the liaison to four contracted case managers with child caseloads and supervises two case aides, one office support staff, and four waiver team members including the CDCS Coordinator, DD Waiver Specialist, the DD Waiver Coordinator, and Waiver Case Aide Specialist.

Another DD supervisor oversees intake for all DD participants and supervises three DD case managers who have caseloads of about 65 cases, three CADI case managers who have caseloads of about 50 cases, two intake workers, and one case aide specialist. This supervisor also serves as

the liaison for seven contracted adult DD case managers. The lead agency has contracts with private case management companies to manage about one third of their DD cases and each contracted DD case manager carries 65 cases. Contracted case managers attend lead agency unit meetings to ensure they are up-to-date on Anoka County requirements.

The third DD Supervisor oversees the case management of transition-age and adult DD participants. He supervises 12 case managers who have caseloads of about 65 cases. He also supervises one case aide as well as one part-time Special Needs Basic Care (SNBC) care coordinator.

Community Social Services and Mental Health Department also has a Mental Health and Chemical Health Manager and an Adult Mental Health Unit Supervisor who oversee the case management of all BI and some mental health CADI cases. The Adult Mental Health Unit Supervisor supervises eight case managers who all have mixed caseloads of both waiver programs. They carry averages of about 33 CADI cases and 11 BI cases.

CADI participants with high physical health needs are served in the HCHC Unit. CADI participants with high mental health needs are served in the Adult Mental Health Unit by one case manager that is able to address both mental health and waiver requirements. The children's mental health unit provides all of the targeted case management for youth. If a children's mental health participant is also on a waiver, they will have two separate case managers, one for the waivers and one for mental health. Waiver case managers and children's mental health case managers will often visit participants together and define their roles to the families.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency is that all departments work well together and communication and collaboration is strong across the lead agency. Staff stated that each unit is well organized which encourages communication and allows workers to use one another as resources for consultations and problem solving. Case managers also said that collaboration with case aides and support staff is strong as well.

Lead agency staff stated that they have very good working relationships with financial workers. Financial workers attend case manager meetings and each department has ongoing supervisory meetings with financial worker staff. Financial worker units specialize in families, adults over 65, and adults under 65. DD case aides act as liaisons with financial workers for the DD unit and help ensure that participants maintain their MA eligibility. Case managers shared that they communicate with financial workers through phone and email conversations and that they get fast responses when they have questions.

Staff said that they also have good working relationships with adult protection and child protection staff and work in close collaboration. They frequently get referrals from adult protection and child protection workers for participants who might benefit from waiver services and may be eligible for a waiver program. While waiver case managers and adult protection staff consult and share information with one another frequently, Adult protection case management and waiver case management responsibilities are kept separate. Adult protection staff conducts the investigations while waiver staff continues with their on-going case management responsibilities. However, they are able to visit participants together as needed.

The HCHC Unit and the Developmental Disability Unit staff frequently consult with mental health case managers to tap into their expertise. Adult mental health and DD staff attend the PHN CADI waiver team meetings and children's mental health staff are invited to attend as well.

The Human Services Division Manager along with the Directors of Community Health and Environmental Services and Community Social Services and Mental Health share information on program and policy changes with the Anoka County Board's Human Services Committee. The Human Services Committee works on human services issues including contract approval as well as significant changes to waiver programs, such as MnCHOICES.

Health and Safety

In the Quality Assurance survey, Anoka County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-

neglect, and exploitation. Providers responding to the provider survey indicated they have good, open communication with case managers. They also said that Anoka 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 staff meetings to consult with one another and stay updated on policy and waiver changes. All of the supervisors are responsible for staying current with changes and relaying any relevant information back to their staff during meetings or by forwarding Listservs or bulletins. Supervisors also have staff attend various trainings and bring back information they learned to share it with the rest of the unit. Anoka County has a budget designated for staff to attend trainings. Staff from different units often collaborate and attend trainings together. The HCHC Unit has a shared drive that includes information about service providers as well as links to the most current forms.

The CCB Waiver Coordinator, DD Waiver Coordinator, DD Waiver Specialist, and DD CDCS Coordinator also attend unit meetings when supervisors feel it is necessary. The DD Waiver Specialist coordinates several quality assurance activities including ongoing client satisfaction surveys and SLS site reviews. The results gathered are summarized and each provider receives information on its performance. The CDCS Coordinator attends monthly metro CDCS meetings and presents information at the internal CDCS review committee meetings. The CDCS Coordinator also reviews all CDCS care plans to ensure the care plans meet program requirements. The CDCS Coordinator provides CDCS trainings for all HCBS waiver case managers, participants, and providers. She also is responsible for keeping updated on CDCS policy changes that impact client service delivery and will affect case managers in the HCHC Unit and the Community Social Services and Mental Health Department.

Because the HCHC Unit provides care coordination for several MCOs, they are subject to regular audits. Supervisors also conduct periodic random case file reviews and review case notes as an internal monitoring practice. They use a checklist to aid case managers in making sure they have all required documentation in case files. The Adult Mental Health Unit has a similar practice of reviewing cases randomly and plans to incorporate the HCHC Unit checklist into

their practice in the future. Case managers in the DD unit review waiver case files annually using a checklist to ensure completion of all required documentation and monitoring. Supervisors review and sign off on the checklists to provide quality assurance.

Service Development and Gaps

Case managers shared that transportation is a challenge for many participants who need to get to work and various appointments. Affordable housing was another gap mentioned by various staff. Several staff shared that the moratorium on corporate foster care development has made it difficult to find placements for participants. The lead agency has made an effort to move some low needs participants from foster care into other housing situations in order to serve more high need participants in foster care. They have also tried to increase their use of independent living services to help support participants in their own homes. Other staff also stated that they struggle to find housing that provides 24-hour services for younger participants. They shared that there is no middle ground housing options for participants who need some supports but do not fit into foster care or independent living.

Staff also said that community-based supported employment is another service gap, especially for transition-age participants who have high behavioral needs. They shared that crisis services for DD participants are also limited. The crisis beds they have in the area are usually full. Staff also said that there is a lack of day programs with openings for transition-aged DD participants. They said that they could also use more drop-in centers and adult day care facilities.

The lead agency has conducted formal and informal service development processes in the past. For instance, the DD Unit sent letters to area DD providers a few years ago to express their desire to develop individualized housing options programs for DD participants. Several providers developed a program where the provider rents an apartment in the same apartment complex as participants for easy service delivery. Some of these were existing apartment complexes and others had to be developed. These services have been expanding to include CADI participants as well. Currently 25 participants are living in these developments. Also, before county contracts ended, the HCHC Unit sent out similar requests for housing options that provide 24-hour

emergency services. They tried to develop homes for participants with high medical and behavioral needs, but ran into challenges with DHS licensing.

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.

Anoka County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facility	2	17	4
Schools (IEIC or CTIC)	0	9	5
Public Health programs for Seniors	0	2	0
Advocacy Organizations	0	7	5
Hospitals (in and out of county)	3	23	6
Area Agency on Aging	0	1	1
Customized Living Providers	0	18	1
Corporate Foster Care Providers	0	14	3
Family Foster Care Providers	0	5	6
Home Care Providers	7	22	2
Employment Providers (DT&H, Supported Employment)	3	9	9
Community Mental Health Center	0	2	0

Lead agency staff shared that their relationships with local providers have traditionally been very strong. Case managers stated that their relationships with nursing facilities vary, saying that some nursing facility staff do not return calls in a timely manner or invite them to care planning meetings. They also said that some of these facilities expect case managers to conduct discharge planning without providing them with the information they need to do so.

Case managers shared that their relationships with schools varied depending on the school and staff. They stated that they have good relationships with some school staff members who have been at their positions a long time. Case managers said that they often have to rely on parents to invite them to Individual Education Program (IEP) meetings and that some schools give them short notice about transition planning meetings.

Staff stated that advocacy organizations in the area have been very helpful sharing information with families about their rights and for advocating for their children to live in the least restrictive settings. Case managers did mention, however, that certain organizations do not return phone calls in a timely manner.

Case managers varied in rating their relationships with hospitals, with most rating them as being average. They stated that some hospital staff are very good about contacting case managers when one of their participants is admitted, but that others seem to believe that it is the participant's responsibility to do so. Some mental health case managers mentioned that they have seen a lack of discharge planning on the part of some hospital staff.

Case managers said that some of their customized living providers are excellent and go above and beyond to meet the needs of the participants. They stated that communication varies depending on the provider and that they are not always updated if a participant has a change in condition. Case managers' communication with foster care providers also varied greatly depending on the provider. Some providers update them consistently about significant changes and incidents while others do not.

Case managers rated their relationships with home care providers, particularly those offering PCA and homemaking services, as being below average, and cited poor communication and

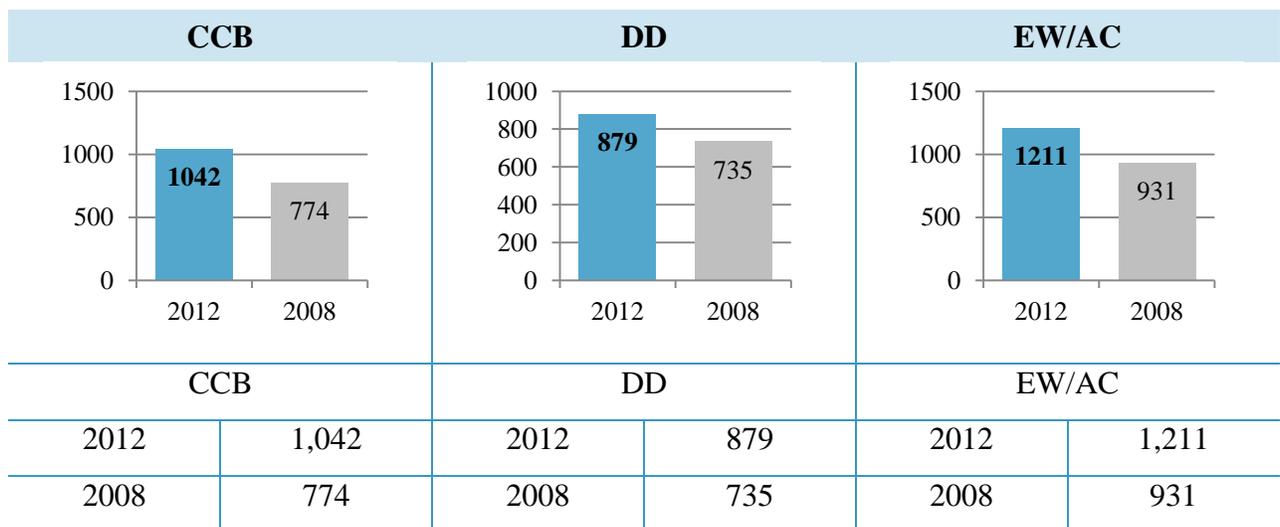
staffing turnover on the part of the PCA agency as the main reasons. Case managers said that high staff turnover was a bigger issue for some providers than others. Some other case managers said they have had good relationships with home health agencies but that they have also had difficulty finding qualified staff able to adequately provide services for participants.

Case manager shared that they have good communication with employment providers in the area. They added that many of the providers have had trouble finding community employment and that transportation is often an issue that limits job options for participants.

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 Anoka County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Anoka County has increased by 268 participants (34.6 percent); from 774 in 2008 to 1,042 in 2012. Most of this growth occurred in the case mix B, which grew by 142 people. Case mixes D and E also increased by 44 and 40 people respectively. With the increase in case mixes B and E, Anoka County may be serving a larger proportion of people with mental health needs.

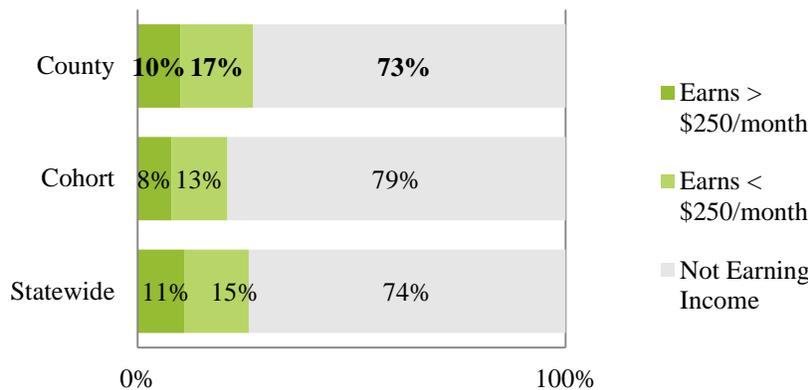
Since 2008, the number of people served with the DD waiver in Anoka County increased by 144 participants, from 735 in 2008 to 879 in 2012. In Anoka County, the DD waiver program is growing more quickly than in the cohort as a whole. While Anoka County experienced a 19.6 percent increase in the number of people served from 2008 to 2012, its cohort had a 10.2 percent increase in number of people served. In Anoka County, profile group 2 increased the most, growing by 84 people. The greatest change in the cohort profile groups also occurred in people having a Profile 2. Although the number of people in Profiles 1 and 2 grew by a total of 98 people, Anoka County serves a slightly lower proportion of people in these groups (52.3 percent), than its cohort (53.8 percent).

Since 2008, the number of people served in the EW/AC program in Anoka County has increased by 280 people (30.1 percent), from 931 people in 2008 to 1211 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mix B had the largest increase, growing by 82 people. With this increase Anoka County may be serving a greater proportion of people with behavioral needs that require interventions. Case mix D also had a large increase, growing by 51 people.

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.

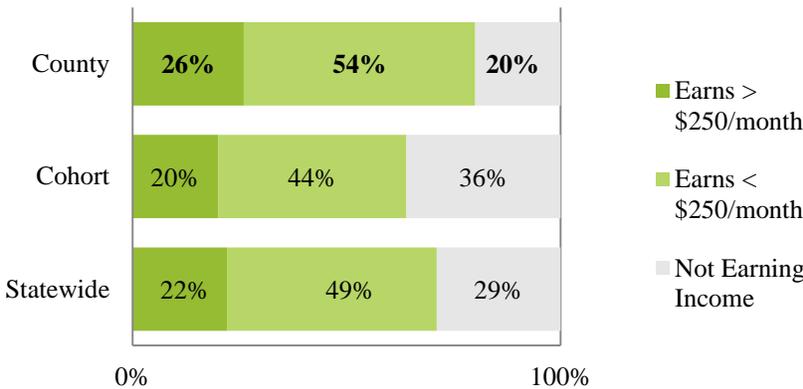
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Anoka County	10%	17%	73%
Cohort	8%	13%	79%
Statewide	11%	15%	74%

In 2012, Anoka County served 826 working age (22-64 years old) CCB participants. Of working age participants, 27.0 percent had earned income, compared to 20.4 percent of the cohort's working age participants. **Anoka County ranked 60th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Anoka County 10.3 percent of the participants earned \$250 or more per month, compared to 7.9 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 (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Anoka County	26%	54%	20%
Cohort	20%	44%	36%
Statewide	22%	49%	29%

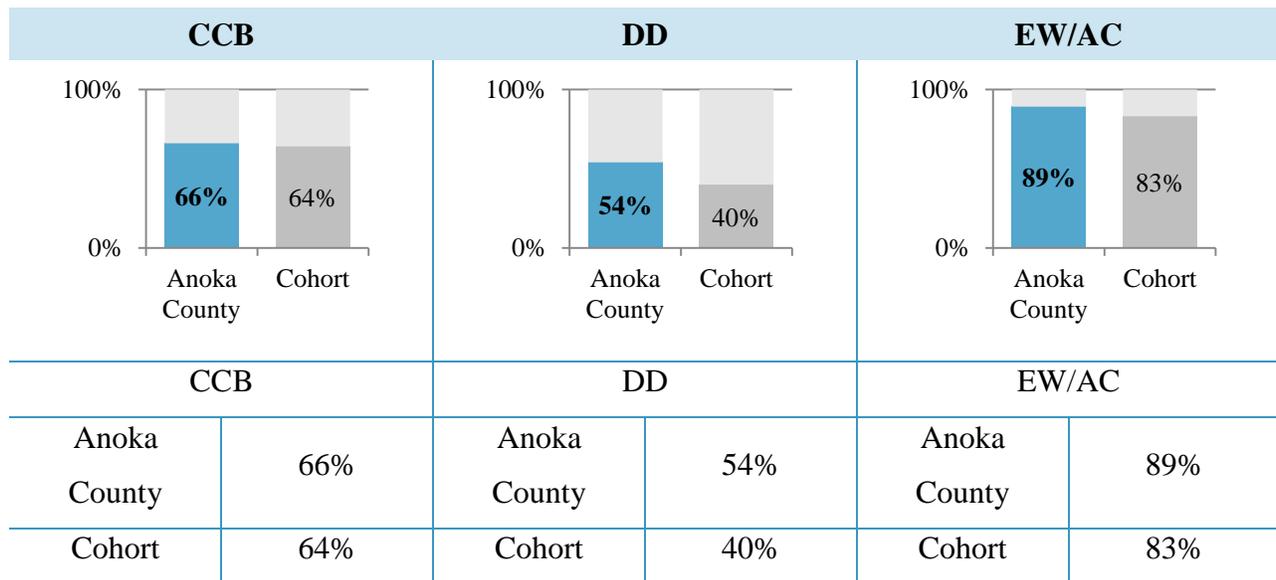
In 2012, Anoka County served 586 DD waiver participants of working age (22-64 years old).

The county ranked 36th in the state for working-age participants earning more than \$250 per month. In Anoka County, 25.8 percent of working age participants earned \$250 or more per month, while 20.2 percent of working age participants in the cohort as a whole did. Also, 80.0 percent of working age DD waiver participants in Anoka County had some earned income, while 64.4 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)



Anoka County ranks 33rd out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 684 participants at home. Between 2008 and 2012, the percentage decreased by 2.1 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 4.2 points. In 2012, 65.6 percent of CCB participants in Anoka County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Anoka County ranks 3rd out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 475 participants at home. Between 2008 and 2012, the percentage increased by 4.1 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.0 percentage points. Statewide, the percentage of

DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

Anoka County ranks 13th out of 87 counties in the percentage of EW/AC program

participants served at home. In 2012, the county served 1075 participants at home. Between 2008 and 2012, the percentage increased by 3.4 percentage points. In comparison, the percentage of participants served at home increased by 4.9 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Anoka 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)

	CADI	DD								
Total average rates per day	<table border="1"> <tr><td>Anoka County</td><td>\$117</td></tr> <tr><td>Cohort</td><td>\$102</td></tr> </table>	Anoka County	\$117	Cohort	\$102	<table border="1"> <tr><td>Anoka County</td><td>\$183</td></tr> <tr><td>Cohort</td><td>\$198</td></tr> </table>	Anoka County	\$183	Cohort	\$198
Anoka County	\$117									
Cohort	\$102									
Anoka County	\$183									
Cohort	\$198									
Average rate per day for residential services	<table border="1"> <tr><td>Anoka County</td><td>\$198</td></tr> <tr><td>Cohort</td><td>\$175</td></tr> </table>	Anoka County	\$198	Cohort	\$175	<table border="1"> <tr><td>Anoka County</td><td>\$257</td></tr> <tr><td>Cohort</td><td>\$247</td></tr> </table>	Anoka County	\$257	Cohort	\$247
Anoka County	\$198									
Cohort	\$175									
Anoka County	\$257									
Cohort	\$247									
Average rate per day for in-home services	<table border="1"> <tr><td>Anoka County</td><td>\$76</td></tr> <tr><td>Cohort</td><td>\$65</td></tr> </table>	Anoka County	\$76	Cohort	\$65	<table border="1"> <tr><td>Anoka County</td><td>\$116</td></tr> <tr><td>Cohort</td><td>\$122</td></tr> </table>	Anoka County	\$116	Cohort	\$122
Anoka County	\$76									
Cohort	\$65									
Anoka County	\$116									
Cohort	\$122									

Average Rates per day for CADI services (2012)

	Anoka County	Cohort
Total average rates per day	\$117.03	\$102.13
Average rate per day for residential services	\$198.41	\$174.89
Average rate per day for in-home services	\$75.99	\$64.54

Average Rates per day for DD services (2012)

	Anoka County	Cohort
Total average rates per day	\$182.92	\$197.64
Average rate per day for residential services	\$256.80	\$246.56
Average rate per day for in-home services	\$116.28	\$122.27

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 Anoka County is \$14.90 (14.6 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Anoka County spends \$23.52 (13.4 percent) more on residential services and \$11.45 (17.7 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Anoka County ranks 68th 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 Anoka County is \$14.72 (7.4 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Anoka County spends \$10.24 (4.2 percent) more on residential services but \$5.99 (4.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Anoka County ranks 55th 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.

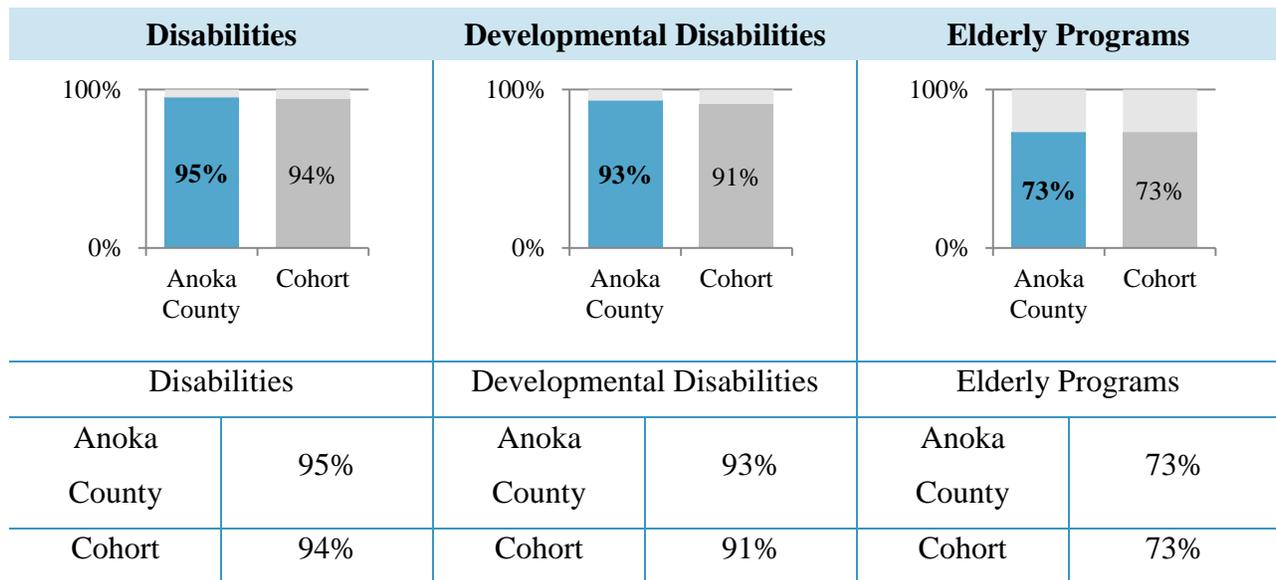
Anoka County has a higher use in the CADI program than its cohort of residential based services such as Foster Care (22% vs. 18%), but a lower use of others (Customized Living (8% vs. 16%). The lead agency has identical use of Prevocational Services (6% vs. 6%) and higher use of Supported Employment Services (10% vs. 5%). They also have a lower use of some in-home services, such as Home Delivered Meals (21% vs. 26%), Homemaker (27% vs. 33%), and Independent Living Skills (26% vs. 36%). but they have a higher use of others such as Consumer Directed Community Supports (11% vs. 5%). Forty-nine percent (49%) of Anoka County's total payments for CADI services are for residential services (43% foster care and 6% customized living) which is lower than its cohort group (51%). Anoka County's family foster care rates are lower than its cohort when billed monthly and when billed daily (\$4,485.73 vs. \$4,765.11 per month and \$181.21 vs. \$184.31 per day). Corporate foster care rates are lower than its cohort when billed monthly (\$6,703.69 vs. \$7,214.64) but are higher when billed daily (\$288.70 vs. \$241.56).

Anoka County's use of Supportive Living Services (SLS) is lower than its cohort (45% vs. 59%) 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. Anoka County's bi-monthly corporate Supportive Living Services rates are higher than its cohort (\$3,368.53 vs. \$3,168.17). The lead agency has lower use of Day Training & Habilitation (59% vs. 63%) and Supported Employment Services (2% vs. 5%). It has a higher use of In-Home Family Support (16% vs. 13%) and Respite Care (29% vs. 19%) than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Anoka County served 2,546 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 225 in institutional care. Anoka County ranked 26th of 87 counties with 94.8 percent of their LTC participants received HCBS. This is higher than their cohort, where 93.8 percent were HCBS participants. Since 2008, Anoka County has increased its use of HCBS by 2.6 percentage points, while the cohort increased its use by 2.9 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Anoka County served 1,451 LTC participants (persons with developmental disabilities) in HCBS settings and 107 in institutional settings. Anoka County ranked 48th of 87 counties with 93.0 percent of its DD participants receiving HCBS; a higher rate than its cohort (91.1 percent). Since 2008, the county has increased its use by 1.3 percentage points while

its cohort rate has increased by 1.5 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Anoka County served 1,356 LTC participants (over the age of 65) in HCBS settings and 588 in institutional care. Anoka County ranked 9th of 87 counties with 73.1 percent of LTC participants receiving HCBS. This is higher than their cohort, where 72.8 percent were HCBS participants. Since 2008, Anoka County has increased its use of HCBS by 8.3 percentage points, while their cohort has increased by 8.8 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

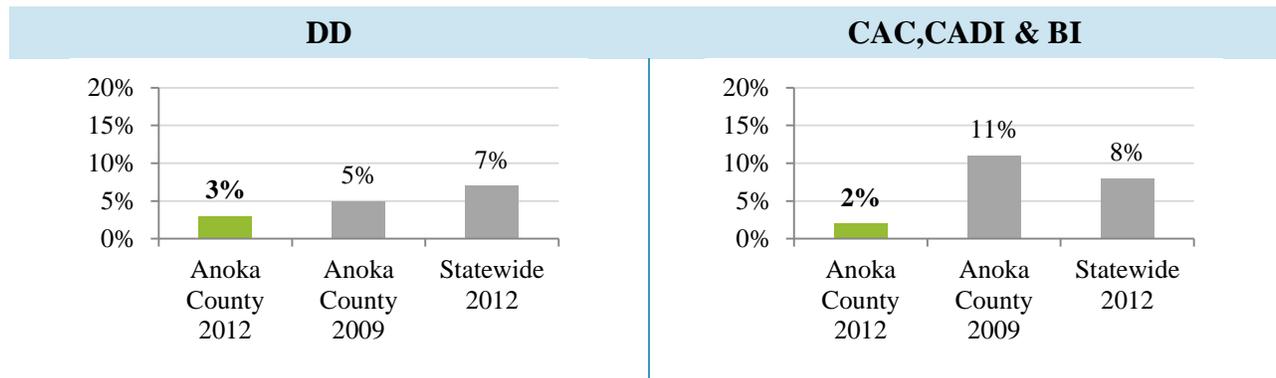
	Anoka County	Cohort	Statewide
Age 0-64	0.32	0.63	0.54
Age 65+	13.79	19.93	21.99
TOTAL	1.54	2.75	3.19

In 2012, Anoka County was ranked 5th 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. Anoka 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 6.5 percent in Anoka County. Overall, the number of residents in nursing facilities has decreased by 5.0 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
Anoka County (2012)	3%	2%
Anoka County (2009)	5%	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, Anoka County had a 3% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Anoka County’s DD waiver balance is smaller than its balance in CY 2009 (5%), and the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Anoka 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, Anoka County had a 2% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (11%).

Anoka County currently has waiting lists in the CCB and DD waiver programs. They have a CCB waiver review team which includes the CCB Waiver Coordinator as well as CADI supervisors from various units. They meet every two weeks to discuss assigning new waiver slots and approving large allocation increases. Case managers only need extra approval for allocation increases greater than \$1,000 a month. If the request is greater than that amount, they must complete a formal allocation request form and it is discussed at the waiver review team meeting. The Waiver Coordinators track the CCB and DD budgets. The DD Waiver Coordinator developed a real-time spending Excel spreadsheet that captures spending increases and decreases in an effort to ensure efficient use of the agency's DD waiver allocation. The three DD Supervisors and the DD waiver coordinator also meet monthly to review the real-time spending spreadsheet, make policy decisions, and prioritize new slots. For the CCB waivers, Anoka County has an agency-wide participant prioritization process where participants are given scores based on their level of need. New waiver slots are assigned to participants who have the greatest need for services.

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.

Anoka County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	4	4	1	1
MMIS Help Desk	0	4	7	2	3
Community Based Services Manual	0	1	11	4	3
DHS website	0	2	16	5	7
E-Docs	0	0	1	13	15
Disability Linkage Line	0	0	4	8	4
Senior Linkage Line	0	0	2	12	6
Bulletins	9	7	12	4	0
Videoconference trainings	1	3	24	1	0
Webinars	2	6	19	2	0
Regional Resource Specialist	2	0	3	1	1
Listserv announcements	1	3	7	1	0
MinnesotaHelp.Info	0	4	7	5	0
Ombudsmen	0	2	8	6	2
DB101.org	1	2	5	2	0

Case managers reported that E-Docs and Senior Linkage Line were the most useful DHS resources for their work. They said that E-Docs is very helpful and easy to use, however, mental health staff stated that it is hard to make sure they have the most up-to-date forms. Case managers shared that Senior Linkage Line is a great resource to refer participants to and that it has really helped them with Medicare questions. They also said that Disability Linkage Line has been a good resource for SNBC, Medicare, and MA eligibility questions, but mentioned that it can take a long time to get a response. Case managers said that the Disability Linkage Line is especially helpful for participants transitioning to adult services.

Lead agency staff said that the DHS website allows them to access the forms they need, but that it is cumbersome and difficult to navigate. Some of the case managers utilize the website quite frequently mainly because it includes the rate system. Case managers also said that the Community Based Services Manual is difficult to navigate and that it is not always updated in a timely manner. Some staff consistently use the manual as a tool to help waiver participants understand their service options.

Case managers shared that they have had positive experiences working with the Ombudsmen, saying that they have been very helpful dealing with participants and have advocated for participants' rights in the past. Case managers also said that the Ombudsmen has always been helpful educating families and policy makers.

Case aides are the staff that utilize MMIS Help Desk the most and shared that they sometimes do not get the answers they are looking for when using the resource. Case managers said that they refer participants and families to MinnesotaHelp.Info as a tool to find different community resources. They mentioned that it does not always bring up a complete and accurate list of the resources and that the format is not user friendly, making it difficult to search for things or print information.

Case managers said that they do not have time to read through bulletins and that they are difficult to understand. They rely on supervisors to interpret information and share it with them in staff meetings. Supervisors shared that they believe bulletins provide a nice summary and act as a resources for staff. However they said that bulletins are not timely and that by the time they

receive them, there have probably already been webinars covering the information. Anoka County supervisors also receive Listserv announcements and pass along pertinent information to case managers. Staff said that the announcements are sometimes broad and are more of a signal for supervisors to look for more information on topics.

Supervisors and the waiver coordinators have used Policy Quest and said that it has been a helpful resource. Staff stated that they must ask very specific questions in order to get an answer and do not receive a helpful response if the question is too vague. They shared that responses are not timely and that there can be inconsistency in the answers they receive.

The HCHC Unit supervisors have interaction with the Regional Resource Specialist and said that he is easy to work with and that they do not hesitate to contact him when needed. They mentioned that they would like it if the RRS could come to the lead agency for quarterly visits. Case managers said that DB101.org has been used mostly by their DD participants and that it has been a good resource for transition planning as well as employment.

Case managers rated webinars and videoconference trainings as not being very useful resources for their work. They shared that they often have technical issues with both resources and it has led to some frustration. Case managers said that webinars sometimes have too much information and that they would prefer to focus on relevant issues to their specific work. They also stated that they often do not get their questions answered through webinars. Case managers shared that the quality of videoconference trainings depends on the speaker.

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.

Anoka County Strengths

The following findings focus on Anoka 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.

- **Anoka County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Anoka County received a corrective action for frequency of face to face visits, screenings on time, timeliness of assessment to care plan, emergency contacts and back-up plans, and documentation of needs in care plan, health and safety issues in care plan, and goals and outcomes in the care plan. In 2014, Anoka County was fully compliant in these areas thus demonstrating technical improvements over time.
- **The case files reviewed in Anoka 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 BI forms, emergency contacts, current care plans and current DD screenings. In addition, 99% of case files included a current signed and dated care plan, informed consent, notice of privacy practices (HIPAA), and an OBRA Level One form, while 98% of case files included a current ICF/DD Level of Care, signed and dated DD screening, and a back-up plan. In addition, 97% participants received the number of face-to-face visit required by their program in the past 18 months. Anoka County's electronic case filing system has supported the overall organization and completeness of case files. The HCHC Unit and Community Social Services and Mental Health Department CADI case managers can access a shared network drive, which includes required forms and links to EDOC so that case managers can easily find and complete current forms electronically. Community Social Services and Mental Health could benefit from using an electronic file system as well and it would be easy to adopt a system similar to that used by the HCHC Unit. This practice facilitates organization and enables other staff to access information in a case manager's absence.

- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Case managers are well-trained, experienced, and knowledgeable about available programs and services. Case managers' collaboration with different teams and units across Anoka County is strong. Case managers' reported during the focus group that they are well connected and have good working relationships with licensors, financial workers, and adult protection staff. These strong working relationships enhance the services participants are receiving and helps them navigate services. In addition, Anoka County brought mental health capacity to their waiver team which provides more streamlined services for participants.
- **Anoka County's use of contracted case management for persons with a Developmental Disability is a strength. Anoka County is dedicated to supporting the work of all case managers and** this allows them to get the results they need for their participants. Contracted case managers are invited to meetings and trainings to make sure that Anoka County policies and practices are communicated. In addition, the lead agency holds contracted case managers to the same standards as their own employees. Contracted cases reviewed in Anoka County consistently met HCBS requirements indicating that contracted agencies and case managers are providing quality case management to waiver participants.
- **Anoka County regularly monitors provider performance and fulfillment of services for participants.** Anoka County Home and Community Health Care and Community Social Services and Mental Health departments both send out satisfaction surveys to participants and/or guardians as well as providers to gather feedback about services. The DD waiver program has strong quality assurance practices in place. For example, the DD Waiver Specialist has developed a comprehensive plan to conduct evaluation of service providers and provide quality assurance. The results are compiled and shared with case managers and providers. DD unit case managers also use visit sheets to track provider performance and the lead agency issues summary reports to each provider that detail their performance. These practices help ensure that when problems with providers arise, they are identified and addressed in a timely manner.
- **Anoka County staff are well-connected with providers and other organizations that serve participants.** Case managers have good knowledge of the community and who can provide

needed services for participants. Being a metro county gives participants access to many resources and choices in providers. Case managers have developed close working relationships with providers. These relationships assure that providers are responsive to participants' changing needs. The results of the provider survey gave very positive feedback about Anoka County; 89% of respondents reported that they receive needed assistance when it is requested and 86% submit monitoring reports to the lead agency.

- **Anoka County has supports in place to make consumer directed programs very accessible to participants.** The DD Unit CDCS Coordinator provides training to HCBS participants and families to educate them about the Consumer-Directed Community Supports (CDCS) service option. These programs are particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services and it allows for added flexibility in staffing. These programs also may help families and participants design a plan of care for services and supports that meets specific cultural needs. While participants are waiting for a waiver slot for CDCS, Anoka County makes use of the Consumer Support Grant and Family Support Grant for its participants. It also provides additional county-funded services through the Anoka Support Grant for individuals with developmental disabilities. In 2013, Anoka County had 164 DD participants using Consumer Directed Community Supports (CDCS) and 97 CCB participants using CDCS.
- **Based on budget reports, Anoka County's waiver allocations are well-managed.** Anoka County's DD waiver budget balance was 3% at the end of CY 2012, and there was a 2% balance in the CADI, CAC and BI programs at the end of FY 2012. This is an adequate amount of reserve funds for a lead agency of this size to balance risks from costly participant crises with meeting local needs.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Anoka County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Anoka 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 94% of case files reviewed included the type of service in the care plan, only 12% of cases reviewed included the annual amount allowed.
- **Update long-term care program care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.** Care plans in Anoka County were complaint in several areas; however, some of the language used was not individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care. The goals in the care plan should be meaningful and unique to the participant and include their preferences and their name. The care plan should outline information about the participant's health and safety and needs and explain how planned services will address these needs. It is important for Anoka County to set expectations for the format and quality of care plans to create consistency across the lead agency.
- **Anoka County should build off of current provider monitoring practices in the DD program and expand the practice to the AC, EW, CAC, CADI, and BI waiver programs.** 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 lead agency is currently using a case monitoring form in the DD program. Consider expanding this practice to the other waiver programs and adding a space to document participant satisfaction with services. Anoka County should also consider summarizing the provider performance and participant satisfaction results for the EW/AC and CCB programs and share the results with providers. This will help the lead agency monitor provider performance and fulfillment of services outlined in the care plan.

- **When possible, use a single, integrated care plan for CADI participants with mental health needs.** Anoka County already assigns a single case manager for adult participants which helps streamline services for HCBS program participants. When using one care plan format, it should meet all requirements for waiver programs and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format can be found at www.MinnesotaHCBS.info/.
- **Anoka County may want to consider expanding contracted case management services to the AC, EW, CAC, CADI, and BI waiver programs to help serve participants and manage growing program caseloads.** Other lead agencies have found that contracted case management in these types of situations improves care oversight and is an effective use of case management time. When used for participants living outside of the region, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden for case managers as some cases require significant travel time. A case manager from a contracted agency may provide more continuity for participants than temporary county staff. Anoka County has a strong infrastructure for managing contracted cases in the DD waiver program which could be expanded to other areas.
- **Continue to work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across all programs, Anoka County has achieved higher rates of participants served at home than its cohort or the state. In Anoka County, 89% of elderly program participants are served at home (ranking 13th out of 87 counties), 54% of DD waiver participants are served at home (ranking 3rd out of 87 counties) and 66% of the CCB program participants are served at home (ranking 33rd out of 87 counties). However, over one third (36%) of Anoka County DD participants and 18% of Anoka County

CCB participants are currently under age 22. As the lead agency experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should 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 are supported by respite and specialist services.

○ **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.**

Employment offers participants an opportunity to contribute their skills and talents to the workforce, and income offers participants the opportunity to make choices about how they want to spend their free time. In Anoka County, only 10% of working age CCB participants and 26% of working age DD participants earn more than \$250 in income each month. Anoka County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. Of the 116 cases reviewed where participants were of working age, 23% did not have employment assessed. Most notably, 24 out of 55 CADI cases and three out of 5 CAC cases did not have evidence that employment was assessed. Anoka County should focus on strengthening employment by working to increase the use of community-based employment and develop more opportunities that result in higher wages for participants. When developing services, work across programs to ensure they can be accessed by all participants regardless of the program.

Corrective Action Requirements

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

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services..** It is required that all HCBS participants have completed documentation of choice in the care plan. Two out of 12 CAC cases, 16 out of 87 CADI cases, one out of 86 EW cases, and four out of 63 AC 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 current Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a condition related to developmental disability on an annual basis. One out of 15 DD cases reviewed with a related condition did not have the Related Conditions Checklist in the file and ten out of 15 DD cases reviewed with a related condition did not have a current Related Conditions Checklist in the file.
- **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 Anoka County, one out of 12 CAC cases, 63 out of 87 CADI cases, 19 out of 19 BI cases, and one out of 86 EW cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, two out of 87 CADI cases, one out of 86 EW cases, and one out of 63 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 working-age participant’s case file includes documentation that vocational skills and abilities have been assessed.** Anoka County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 116 applicable cases, 23% did not have employment assessed. Most notably, 24 out of 55 CADI cases and three out of five CAC cases did not have evidence that employment was assessed.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team’s site visit.** Although it does not require Anoka County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 135 cases. Anoka County submitted a completed compliance report on April 28, 2014, and the lead agency is working with the Waiver Review Team to resolve one outstanding item.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	156	N / A	53	506	N / A	N / A
Screenings done on time for new participants (PR)	93%	97%	85%	92%	AC / EW, CCB	DD
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	45%	88%	DD	CCB
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=149	CCB n=118	DD n=86	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	99%	99%	98%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=149	CCB n=118	DD n=86	Strength	Challenge
Care plan signed and dated by all relevant parties (PR)	99%	99%	99%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	97%	99%	94%	98%	ALL	N / A
Choice questions answered in care plan (PR)	94%	97%	85%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	81%	83%	69%	95%	DD	CCB
Inclusion of caregiver needs in care plans	70%	43%	76%	100%	DD	N / A
OBRA Level I in case file (PR)	99%	99%	99%	N / A	ALL	N / A
ICF/DD level of care documentation in case file (PR for DD only)	98%	N / A	N / A	98%	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)	98%	N / A	N / A	98%	DD	N / A
Related Conditions checklist in case file (DD only)	27%	N / A	N / A	27%	N / A	DD
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	83%	N / A	83%	N / A	N / A	N / A
Employment assessed for working-age participants	77%	N / A	65%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	90%	90%	N / A	N / A	N / A	AC / EW
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
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)	Most of the time	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=65</i>)	89%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=65</i>)	86%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=149	CCB n=118	DD n=86	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	92%	98%	ALL	N / A
Health and safety issues outlined in care plan (PR)	97%	99%	92%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	98%	100%	98%	94%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=149	CCB n=118	DD n=86	Strength	Challenge
Informed consent documentation in the case file (PR)	99%	99%	99%	98%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	75%	98%	28%	100%	AC / EW, DD	CCB
Person informed privacy practice (HIPAA) documentation in the case file (PR)	99%	99%	99%	98%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=149	CCB n=118	DD n=86	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	57%	53%	42%	83%	N / A	N / A

SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	96%	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	73%	95%	93%	DD	N / A
Percent of LTC funds spent on HCBS	N / A	54%	92%	89%	ALL	N / A
Percent of waiver participants with higher needs	N / A	62%	85%	87%	CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	97%	72%	CCB	DD
Percent of waiver participants served at home	N / A	89%	66%	54%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	26%	CCB, DD	N / A

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.