

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Brown County**

Waiver Review Site Visit: October 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 Brown County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

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

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

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

| Method | Number for Brown County |
|--------------------------|--|
| Case File Review | 46 cases |
| Provider survey | 5 respondents |
| Supervisor Interviews | 1 interview with 1 staff |
| Focus Group | 1 focus group with 10 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 Brown County

In October 2014, the Minnesota Department of Human Services conducted a review of Brown County's Home and Community Based Services (HCBS) programs. Brown County is a rural county located in south central Minnesota. Its county seat is located in New Ulm, Minnesota and the County has another six cities and 16 townships. In State Fiscal Year 2013, Brown County's population was approximately 25,465 and served 391 people through the HCBS programs. According to the 2010 Census Data, Brown County had an elderly population of 19.0%, placing it 26th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Brown County's elderly population, 10.7% are poor, placing it 28th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Brown County Social Services Department is the lead agency for the HCBS waiver programs. Waiver cases are managed in the Department's Adult Services Unit, Adult Mental Health Unit, and Children's Services Unit. Brown County Public Health Department is a Medicare Certified Home Health Agency. The Public Health Department does not provide waiver case management; however, public health nurses participate in long-term care consultation (LTCC) assessments and MnCHOICES assessments. The lead agency serves as a contracted care coordinator for the Managed Care Organization (MCO), South Country Health Alliance.

There is one Adult Services Supervisor who manages all of the waiver programs. At the time of the review, in addition to her responsibilities in the Adult Services Unit, the Adult Services Supervisor was also acting supervisor for the Mental Health Unit. She currently supervises 17 total staff, including nine waiver case managers in the Adult Services Unit, five waiver case managers in the Adult Mental Health Unit, an intake worker, a mental health coordinator and a

case aide. Additionally, the Adult Services Supervisor also provides guidance to three case managers in the Children's Services Unit related to their waiver cases. Three Adult Services case managers manage EW and AC cases and each have caseloads of approximately 75 cases. One of those case managers also has adult protection responsibilities. Three DD case managers in the Adult Services Unit have a caseload of about 60 cases. The DD case manager who works exclusively with participants with Autism has a case load of 25 cases and a worker who is both a CD and DD worker has a few DD cases. Adult Services also has one other case manager who specializes in working with CAC, CADI, and BI participants who are physically disabled. She has a caseload of approximately 50 cases. There are five case managers within the Adult Mental Health Unit who also have CADI cases. Their caseload of mental health and CADI cases is about 35 cases. Three case managers in the Children Services Unit manage CAC, CADI, and BI cases and have caseloads ranging from 20 to 25 cases.

The Adult Services Supervisor supervises one case aide who supports waiver case managers. She compiles the updated versions of required forms and creates packets for case managers to take on visits. She also performs audits of case files periodically to ensure compliance with requirements.

The Social Services Department has one full time intake worker who conducts intake for all HCBS waiver programs. The intake worker gathers initial information from participants and notifies the Adult Services Supervisor about new cases. Brown County has traditionally completed dual assessments with both a nurse and social worker present to assess participants who have high medical needs. Dual assessments are rarely done for CADI participants with mental health needs or for DD participants unless they are going to be receiving PCA services. At the time of the review, the lead agency was continuing this practice of sending two assessors to do MnCHOICES assessments so that assessors could gain more experience using the tool. Brown County has three public health nurses and four social workers who are trained MnCHOICES assessors. The Adult Services Supervisor assigns cases to case managers on a rotating basis based on staff availability.

Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is their ability to communicate across departments and collaborate to meet participants' needs. They shared that social workers and public health nurses draw upon each other's expertise and consult frequently. Staff communicates with one another through emails and face-to-face conversations.

Financial workers are collocated with waiver case managers, which allow them to meet with each other face-to-face to work on urgent issues regarding participants' eligibility. Case managers also communicate with financial workers through email conversations and by using formal DHS financial communication forms. There is one financial worker who manages all of the cases involving children on the HCBS waiver program. Case managers shared that they are aware of which financial worker is handling each of their waiver cases. The lead agency also has two account techs who enter all of the service agreements into MMIS for case managers.

One EW/AC case manager in the Adult Services Unit conducts adult protection investigations. The adult protection worker notifies the waiver case manager if an investigation is opened for a participant on their caseload. In the event that a protection case needed to be opened for one of the adult protection worker's waiver participants, the investigation responsibilities would go to another case manager. There are three child protection workers in the Children Services Unit. Case managers shared that while they are kept in the loop, those investigations tend to be more separate from waiver case management. For both adult and child protection investigations, waiver case managers may be brought in to provide background information or consultation.

At the time of the review, the Adult Services Supervisor was acting as the supervisor for the Mental Health Unit. The lead agency recently received permission from the County Board to hire a supervisor to fill that position. Several waiver case managers are located in the Mental Health Unit and manage all of the cases where participants qualify for both waiver and Adult Mental Health Targeted Case Management services. Whenever possible, the lead agency prefers that participants only have a single case manager.

The Social Services Director has most of the interaction with the County Board and attends their monthly meetings. He chooses topics to share to the Board and often will bring supervisors from

different departments to make presentations. The Adult Services Supervisor, for instance, has done presentations about how MnCHOICES and the Rate Management System (RMS) will affect the management of the waiver programs. Staff shared that the County Board is supportive of their work and are interested in being kept up-to-date about changes.

Health and Safety

In the Quality Assurance survey, Brown County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that they have good, open communication with case managers and that the lead agency quickly responds to questions or inquiries from providers and participants. They also said that Brown County works with providers to address service gaps to better serve participants.

Case managers shared that keeping up with the ever-changing waiver program policies and requirements is one of the top challenge they face. The lead agency has weekly unit meetings for Adult Services, Children Services and Mental Health where they discuss these changes. DD case managers also have a separate weekly meeting and MnCHOICES assessors meet together every other week to discuss pertinent information. They also have a weekly full Social Services staff meeting to review changes that affect multiple units in the department.

Case managers also utilize webinars and videoconference training and review listserv announcements and bulletins to stay updated on changes. In addition, case managers attend quarterly regional meetings to connect with other lead agencies and their Regional Resource Specialist. When a new case manager is hired at the lead agency, they receive some training from the Adult Services Supervisor and shadow other staff in order to learn how to manage the waiver programs.

Service Development and Gaps

Staff shared that while they have many great providers who are committed to serving the needs of participants, Brown County has some service gaps. They said that residential service choices

are limited in the area and that they need an option for participants who do not need to live in a foster care, but who are not quite ready to live by themselves. They would like to see a provider develop an apartment complex where participants could learn to live independently but still have access to staff if they need them.

Lead agency staff mentioned that some customized living providers have expanded their memory care units to address a growing need in that area. They said one of their new providers has been very willing to accommodate higher need participants and as a result, some participants have been able to transfer there after previously living in a nursing facility. Staff said that the demand for customized living providers remains high, but they have started to turn their attention to working with a local provider in an effort to develop more in-home services and supports.

Staff said that transportation is a major service gap in Brown County. They shared that they have a bus that operates locally, but it has limited hours and it does not travel outside the county. Staff also said that there are very few volunteer drivers, so it is often difficult for participants without vehicles to get to appointments and other events that are held during the evening or on weekends.

Staff shared that they recently added some new home care providers, which has benefited participants and increased the amount of choices they have for those services. Even with the new additions, however, staff said that they still struggle to find home care providers who are available late at night or on weekends. They also mentioned that they recently added a new PCA provider, which has been working out quite well.

Brown County staff participate in several outreach activities designed to educate the public about the HCBS waiver programs and other available services. Case managers set up an informational booth at the senior fair to talk with people interested in the programs and hand out pamphlets. They have also made announcements on the local radio station and participate in a program every year that allows community members to visit their offices to learn about the services they provide. Staff also utilizes a directory that lists senior services that are available in Brown County that was developed by a countywide senior collaborative group including the United Way. They plan to bring the directories to different places in the community to educate people about options outside of customized living and nursing facility placements.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

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

The Adult Services Supervisor manages the service vendor files. Of the Tier 2 and 3 services, Brown County primarily uses transportation and chore services, such as lawn care and snow removal. Staff shared that these providers are not interested in enrolling due to administrative requirements. Therefore, in order to meet local needs and make these services available, the lead agency must use the lead agency-affiliate vendor arrangement and act as a pass through billing agent.

A total of seven Tier 2 service claims and seven Tier 3 service claims were reviewed. The Tier 2 claims reviewed were for services delivered by six unique providers to seven unique participants and the Tier 3 claims were for services delivered by one provider to seven unique participants. Two Tier 2 cases did not include Service Purchase Agreements (SPAs) and two cases had SPAs that contained vendor and lead agency signatures that were dated after the claim start date. Brown County had a log for tracking verification that the vendor was not on the MHCP Exclusion lists, but it did not include a field to verify that the vendor was not on the CMS Exclusion list. This was the only requirement that was out of compliance for two Tier 2 cases and for all seven Tier 3 cases.

Community and Provider Relationships/Monitoring

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

Table 2: Brown County Case Manager Rankings of Local Agency Relationships

| Local Agencies | Below Average | Average | Above Average |
|---|---------------|---------|---------------|
| Nursing Facility | 0 | 0 | 2 |
| Schools (IEIC or CTIC) | 0 | 3 | 0 |
| Hospitals (in and out of county) | 0 | 5 | 1 |
| Customized Living Providers | 0 | 1 | 1 |
| Foster Care Providers | 0 | 2 | 3 |
| Home Care Providers | 0 | 4 | 1 |
| Employment Providers (DT&H, Supported Employment) | 0 | 4 | 0 |

Lead agency staff shared that they have very good working relationships with area providers. They have quarterly provider meetings to discuss updates related to the waiver programs and to identify service gaps. Case managers ask participants if they are satisfied with their services during annual visits. They also complete surveys about providers for the county licenser. Case managers often will contact the provider directly if issues arise.

The two case managers who frequently work with nursing facilities said that they have great communication with nursing facility staff. They shared that those providers have stable administrative staff and that this has helped establish positive relationships between the nursing facility and the lead agency. The case managers said that the nursing facility staff are usually good about letting them know when participants are discharged.

Case managers shared that they find it challenging to coordinate meetings with school administrators or special education teachers at some schools. They also said that transition planning could be improved and that schools are dealing with a shortage of space and resources for these programs. They said that the middle schools and elementary schools are good about inviting them to meetings and asking for their input during planning phases. Case managers also highlighted the early intervention program as being especially helpful for participants and families.

Staff shared that they have great relationships with hospital staff, but that communication could be improved in some situations. Case managers shared that they are not always notified when adult participants are admitted or discharged, which makes coordinating services for those participants difficult. They said that communication regarding participants who are children is much better, however.

The case managers who have caseloads that consist primarily of participants in customized living facilities said that those providers do a good job of serving participants even as their needs increase. They shared that memory care units in those facilities have expanded and that this has benefited many participants. The case managers added that many providers limit the number of waiver participants they will take due to low reimbursement rates.

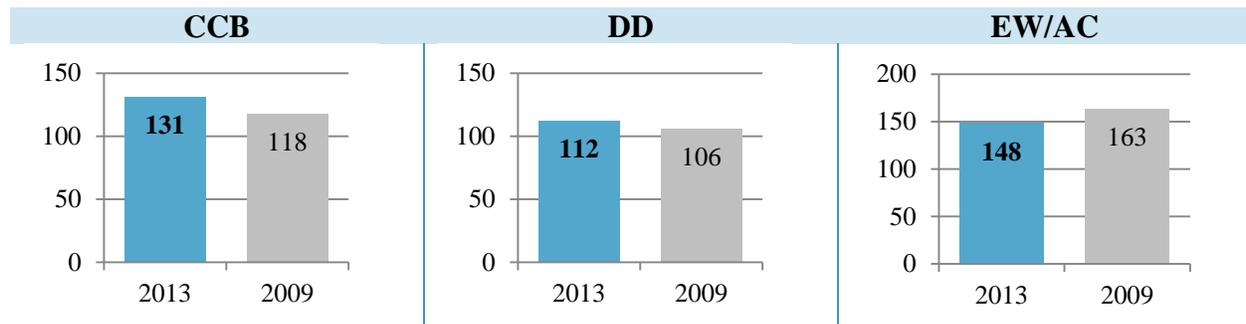
Case managers shared that they have good communication with foster care providers and that they receive frequent email updates about participants. They said that those providers experience a lot of turnover in direct care staff and that a few have seen some turnover at the administrative level as well. A few case managers said that communication with some providers is unclear and that they sometimes receive mixed messages about how participants are doing.

Case managers rated their relationships with vocational providers as being average overall. They shared that one provider in particular is geared toward serving those who have physical disabilities. Case managers mentioned that finding work for participants who have significant mental health issues is difficult due to insurance concerns. They said that providers have waitlists for some of these programs. Case managers shared that there are not very many opportunities for participants to find community-based employment in Brown County.

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 Brown County (2009 & 2013)



| | 2009 | 2013 |
|-------|------|------|
| CCB | 118 | 131 |
| DD | 106 | 112 |
| EW/AC | 163 | 148 |

Since 2009, the total number of people served in the CCB Waiver program in Brown County has increased by 13 participants (11.0 percent); from 118 in 2009 to 131 in 2013. Most of this growth occurred in the case mix D, which grew by six people. Case mixes B and G each decreased by two people.

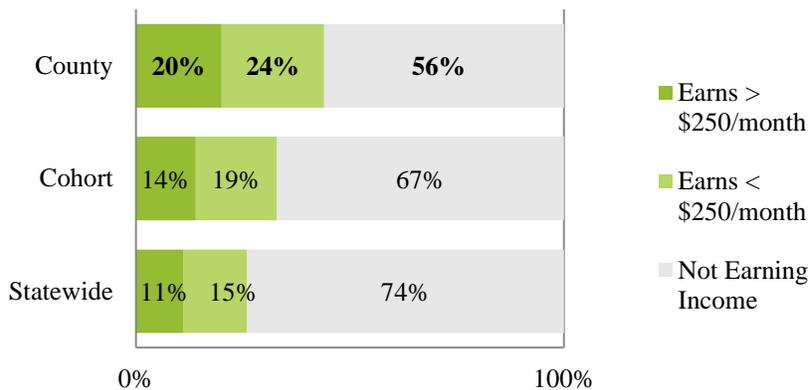
Since 2009, the number of people served with the DD waiver in Brown County increased by six participants, from 106 in 2009 to 112 in 2013. While Brown County experienced a 5.7 percent increase in the number of people served from 2009 to 2013, its cohort had an 8.8 percent increase in number of people served. In Brown County, the profile group 2 had the largest increase, growing by nine people. The greatest change in the cohort profile groups also occurred in people having a Profile 2. Even with the increase in the number of people in Profiles 1 and 2, Brown County still serves a smaller proportion of people in these groups (29.5 percent), than its cohort (40.4 percent).

Since 2009, the number of people served in the EW/AC program in Brown County has decreased by 15 people (9.2 percent), from 163 people in 2009 to 148 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix H or J, each increasing by five people. The largest decrease occurred in people having case mix B, falling by eight 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.

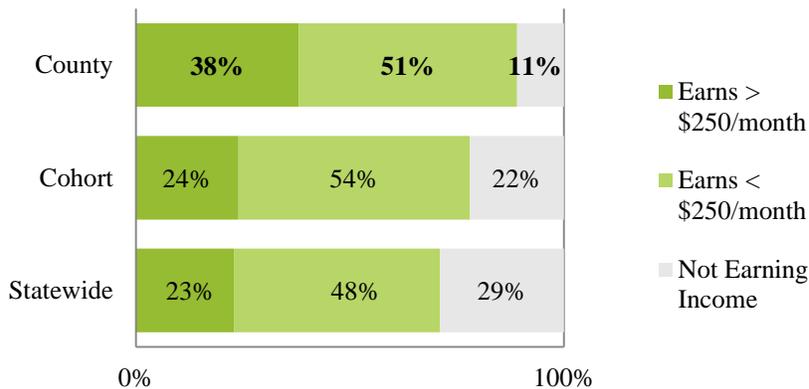
CCB Participants Age 22-64 Earned Income from Employment (2013)



| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|--------------|---------------------|---------------------|--------------------|
| Brown County | 20% | 24% | 56% |
| Cohort | 14% | 19% | 67% |
| Statewide | 11% | 15% | 74% |

In 2013, Brown County served 86 working age (22-64 years old) CCB participants. Of working age participants, 44.2 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Brown County ranked 12th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Brown County 19.8 percent of the participants earned \$250 or more per month, compared to 14.2 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



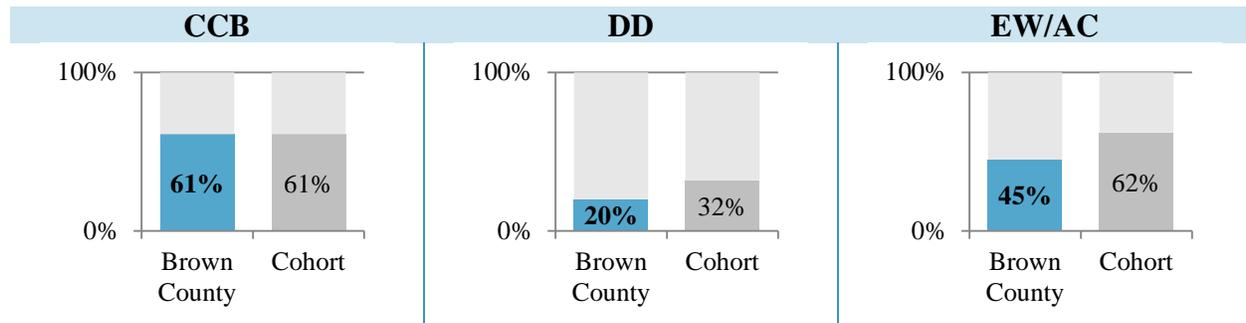
| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|--------------|---------------------|---------------------|--------------------|
| Brown County | 38% | 51% | 11% |
| Cohort | 24% | 54% | 22% |
| Statewide | 23% | 48% | 29% |

In 2013, Brown County served 80 DD waiver participants of working age (22-64 years old). **The county ranked 5th in the state** for working-age participants earning more than \$250 per month. In Brown County, 37.5 percent of working age participants earned \$250 or more per month, while 24.4 percent of working age participants in the cohort as a whole did. Also, 88.8 percent of working age DD waiver participants in Brown County had some earned income, while 78.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2013)



| | Brown County | Cohort |
|-------|--------------|--------|
| CCB | 61% | 61% |
| DD | 20% | 32% |
| EW/AC | 45% | 62% |

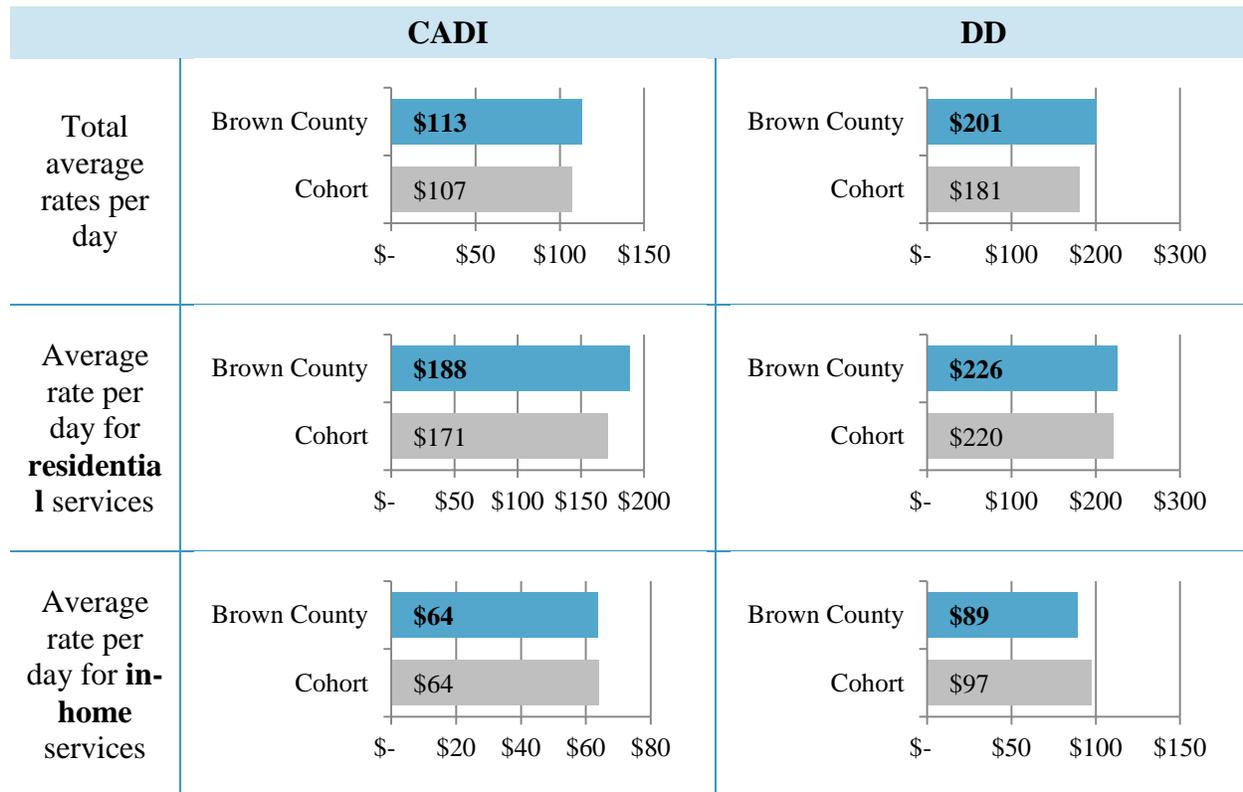
Brown County ranks 45th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 80 participants at home. Between 2009 and 2013, the percentage increased by 9.4 percentage points. In comparison, the cohort percentage fell by 1.1 percentage points and the statewide average fell by 3.7 points. In 2013, 61.1 percent of CCB participants in Brown County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Brown County ranks 80th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 22 participants at home. Between 2009 and 2013, the percentage decreased by 2.1 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, falling by only 0.1 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.4 percent to 35.2 percent.

Brown County ranks 84th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 67 participants at home. Between 2009 and 2013, the percentage decreased by 6.2 percentage points. In comparison, the percentage of participants served at home fell by 5.2 percentage points in their cohort and decreased by 1.2

percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Brown County serves a lower proportion of EW/AC participants at home than their cohort or the state.

Average Rates per day for CADI and DD services (2013)



Average Rates per day for CADI services (2013)

| | Brown County | Cohort |
|---|--------------|----------|
| Total average rates per day | \$113.01 | \$106.85 |
| Average rate per day for residential services | \$188.11 | \$170.95 |
| Average rate per day for in-home services | \$63.56 | \$63.98 |

Average Rates per day for DD services (2013)

| | Brown County | Cohort |
|---|--------------|----------|
| Total average rates per day | \$200.88 | \$181.46 |
| Average rate per day for residential services | \$225.85 | \$220.48 |
| Average rate per day for in-home services | \$89.43 | \$97.29 |

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 Brown County is \$6.16 (5.8 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Brown County spends \$17.16 (10.0 percent) more on residential services and \$.42 (0.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Brown County ranks 58th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Brown County is \$19.42 (10.7 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Brown County spends \$5.37 (2.4 percent) more on residential services, and \$7.86 (8.1 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Brown County ranks 76th 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.

Brown County has a higher use in the CADI program than its cohort of some residential based services like Foster Care (29% vs. 26%), but a lower use of others like Customized Living (5% vs. 12%). The lead agency has a lower use of Supported Employment Services (2% vs. 13%). They also have a lower use of some in-home services, such as Skilled Nursing (5% vs. 14%) and Home Health Aide (2% vs. 5%), but a higher use of others like Home Delivered Meals (23% vs. 18%) and Independent Living Skills (22% vs. 19%). Fifty-four percent (54%) of Brown County's total payments for CADI services are for residential services (52% foster care and 2% customized living) which is slightly lower than its cohort group (55%). Brown County's corporate foster care rates are lower than its cohort when billed daily (\$192.81 vs. \$225.58 per day).

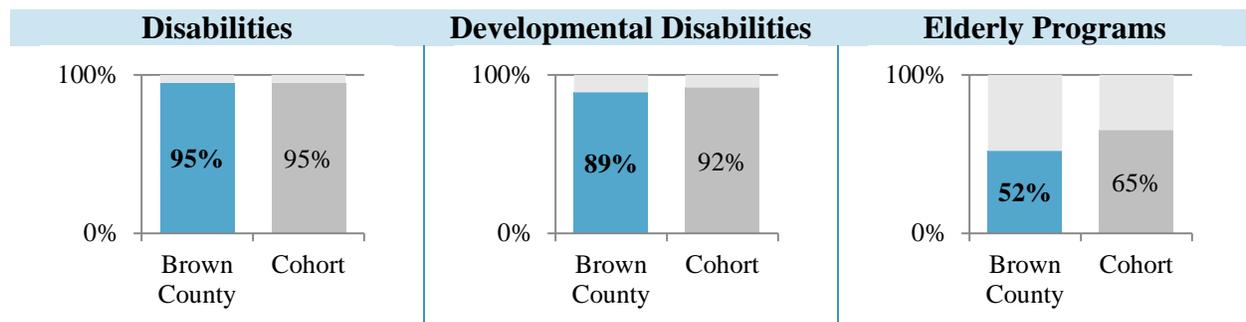
Brown County's use of Supportive Living Services (SLS) is higher than its cohort (79% vs. 67%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own

home. The lead agency has a lower use of Day Training & Habilitation (50% vs. 61%) and of Supported Employment Services (1% vs. 4%). It also has a lower use of Respite Care (5% vs. 18%) 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 (2013)



| | Brown County | Cohort |
|----------------------------|--------------|--------|
| Disabilities | 95% | 95% |
| Developmental Disabilities | 89% | 92% |
| Elderly Programs | 52% | 65% |

In 2013, Brown County served 363 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 21 in institutional care. Brown County ranked 23rd of 87 counties with 95.1 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 94.9 percent were HCBS participants. Since 2009, Brown County has decreased its use of HCBS by 0.4 percentage points, while the cohort increased its use by 1.6 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Brown County served 121 LTC participants (persons with development disabilities) in HCBS settings and 20 in institutional settings. Brown County ranked 66th of 87 counties with 88.5 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.0 percent). Since 2009, the county has increased its use by 1.4 percentage points while its cohort rate has increased by 0.6 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Brown County served 154 LTC participants (over the age of 65) in HCBS settings and 175 in institutional care. Brown County ranked 68th of 87 counties with 52.3 percent of LTC participants receiving HCBS. This is lower than their cohort, where 65.0 percent were HCBS participants. Since 2009, Brown County has increased its use of HCBS by 4.9 percentage points, while their cohort has increased by 3.9 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

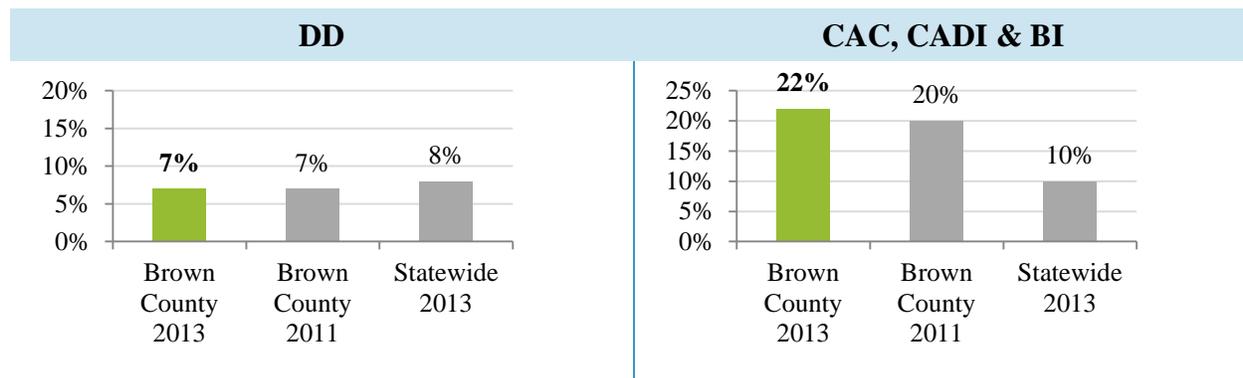
| Age | Brown County | Cohort | Statewide |
|--------------|---------------------|---------------|------------------|
| Age 0-64 | 0.50 | 0.30 | 0.52 |
| Age 65+ | 23.72 | 22.30 | 21.03 |
| TOTAL | 4.87 | 3.25 | 3.00 |

In 2013, Brown County was ranked 52nd out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults under 65 years is higher than its cohort and lower than the statewide rate. Brown County has a higher nursing facility utilization rate for people 65 years and older. Since 2011, the number of nursing home residents 65 and older has decreased by 21.1 percent in Brown County. Overall, the number of residents in nursing facilities has decreased by 20.5 percent since 2011.

Managing Resources

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

Budget Balance Remaining at the End of the Year



| | DD | CAC, CADI, BI |
|---------------------|----|---------------|
| Brown County (2013) | 7% | 22% |
| Brown County (2011) | 7% | 20% |
| Statewide (2013) | 8% | 10% |

At the end of calendar year 2013, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Brown County had a 7% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Brown County’s DD waiver balance is equal to its balance in CY 2011 (7%), and smaller than the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Brown County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013. This

balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Brown County had a 22% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2011 (20%).

Brown County does not have a waitlist for the CCB or DD waiver programs. The Adult Services Supervisor manages both budgets and must approve any allocation increases that are more than \$500. Case managers can complete an allocation request worksheet and submit it to her to review. She discusses the budgets at unit meetings and also meets informally with case managers to approve requests. The two account techs in the financial unit have access to the Waiver Management System (WMS) and run simulations to aid the supervisor in managing the budgets.

Lead Agency Feedback on DHS Resources

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

Table 3: Brown County Case Manager Rankings of DHS Resources

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

| Resource | 1= Not Useful | 2 | 3 | 4 | 5= Very Useful |
|--------------------|---------------|---|---|---|----------------|
| MinnesotaHelp.Info | 0 | 0 | 1 | 0 | 0 |
| Ombudsmen | 0 | 1 | 2 | 0 | 0 |
| DB101.org | 0 | 0 | 1 | 0 | 0 |

Case managers reported that E-Docs was the most useful DHS resource for their work. They utilize E-Docs to get the most current forms. Case managers also shared that they think videoconference trainings and webinars have been valuable resources that have helped them keep updated on changes in waiver program policies and requirements. Staff said that they would like it if videoconference trainings had better descriptions so they would know which ones they should attend. They stated that they like webinars due to the convenience.

The case managers who have access to Policy Quest rated it as a fairly helpful resource. They look up answers to past questions and also submit their own, but shared that it often takes a long time to receive answers. They shared that the two account techs they work with use the MMIS Help Desk and have not reported having any problems with that resource.

Case managers said that the Community Based Services Manual has good links and is the first place they go when researching questions. Staff stated that the search function is not user-friendly, however, and that they need to know exactly what they are looking for in order to find what they need. Case managers use this resource a lot when they are new to case management and need to orient themselves to the waiver programs. Staff also shared that navigating the DHS website is very difficult and the search function is not very effective.

The Adult Services Supervisor forwards listserv announcements to case managers. They shared that a good portion of the announcements are not relevant to their work, but appreciate that their supervisor highlights important information that they need to pay special attention. Staff also receive bulletins and stated that it helps them stay current with program requirement changes.

Staff stated that they attend quarterly meetings put on by the Regional Resource Specialist (RRS) to connect with other counties and learn about changes. They shared that the RRS is good about finding answers to their questions, but that she is also experiencing a heavy workload, which has affected her availability to lead agency staff. Case managers said that they refer participants to

the Disability Linkage Line and Senior Linkage Line. They shared that those resources have been valuable at times.

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.

Brown County Strengths

The following findings focus on Brown 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.

- **Brown County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Brown County received a corrective action for frequency of face to face visits, timeliness of referral to LTTC assessments for CCB and EW/AC programs, timeliness of assessment to care plan, signatures in the care plans, current care plans, signed and dated care plans, documentation of needs, health and safety issues, and services to be provided in the care plan, documentation of choice, emergency contact and back-up plans, and the BI form. In 2014, Brown County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **Case managers build relationships with waiver participants and families over time, and help them navigate systems to receive the services that they need.** Case managers are strong advocates for participants and are dedicated to helping them and their families navigate systems. Case managers are also experienced and knowledgeable about available programs and services. In addition, some case managers specialize in serving participants with Autism, brain injuries and mental health needs. Case managers are in frequent contact with waiver participants; case managers visited participants on average five times in the past 18 months across all programs.
- **Brown County has excellent supports in place to assist case managers.** The lead agency has worked to make case managers' daily work more efficient by using case aides and

account techs. Case aides reduce the administrative burdens on case managers by maintaining current forms and compiling assessment and reassessment information packets for participants. They also conduct an annual audit of a sample of the waiver case files to help case managers stay current on program requirements. In addition, account techs submit and manage all service agreements for case managers. Together these supports free up time for case managers to provide quality care to participants. To help case managers with the arrival of MnCHOICES, Brown County has trained a group that includes both social workers and public health nurses to be MnCHOICES assessors. The lead agency sends both a social worker and a public health nurse to do MnCHOICES assessments so that assessors will gain more experience using the tool. The supervisor assigns new assessments on a rotating basis and holds regular consultation meetings where assessors from both disciplines share expertise and build relationships with one another.

- **Brown County assigns one case manager to serve CADI participants who also receive Rule 79 targeted mental health case management.** Having a single case manager allows the lead agency to streamline services for the participants. Case managers are flexible about working across these programs to deliver high quality services. This structure also allows one case manager to cover treatment and ongoing support and leads to increased quality of care and much better outcomes for participants.
- **Brown County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have especially good communication with participants' primary doctors at local hospitals and clinics as well as with staff at nursing facilities and senior centers. The lead agency has deliberately built strong relationships and collaborated with providers over time. For example, the lead agency hosts quarterly meetings with various providers to talk about service expectations and oversight. In addition, the lead agency is participating in a senior service council to help facilitate discussions about how to serve senior participants among HCBS service providers. The council has created a brochure to help educate senior citizens in the community about the different types of services available. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that those needs are met.

- **Brown County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers shared that the relationship between Social Services and Public Health is a strength of the lead agency. In addition, case managers have good and frequent communication with other teams involved with HCBS participants, including lead financial workers, adult protection, child protection, licensing and adult mental health staff. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility and receive coordinated care.
- **The case files reviewed in Brown County consistently met HCBS program requirements. Participant case files are well-organized and complete.** Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, CAC forms, and the Related Conditions Checklist. Care plans are also current, and include the required choice questions. All DD screening documents are current. In addition, emergency contacts were included in files and 24 hour supervision was documented for EW cases.

Recommendations

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

- **Continue to expand community-based employment opportunities for participants in the CCB and DD waiver programs particularly those of transition age.** Twenty-six percent of CCB participants and 20% of DD participants in Brown County are currently under age 22 and will be transitioning 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. 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. Brown County is ranked 12th in the CCB programs with 19.8% of CCB waiver participants (compared to 14.2% for the cohort) and ranked 5th in the DD program with 37.5% of DD waiver participants (compared to 24.4% for the cohort) earning more than \$250 per month. It is clear that it is a lead agency wide practice to focus on employment for participants with disabilities.

- **Continue to work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** In particular, Brown County had lower rates of participants served at home than its cohort in the DD program (19.6% vs. 31.6%) and EW program (45% vs. 62%), ranking 80th and 84th, respectively, out of 87 counties. It is recommended that the lead agency build on the success evident in its CCB programs, which saw an increase of participants served at home from 52% in 2009 to 61% in 2013. The lead agency should work across programs to develop HCBS services to serve participants of all levels of need in their own homes in the community instead of in residential settings. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs.
- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow the staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used in a formal way to monitor provider performance and completion of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Brown County, only 48% of the case files reviewed contained documentation of participant satisfaction.
- **Update 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 Brown County were compliant in several areas; however, the language used was often not

individualized to each participant. The care plan is the one document that all participants receive, and it should include personalized and detailed information about their plan of care, including meaningful and unique goals. For example, only 72% of Brown County care plans reviewed had individualized and meaningful goals and only 61% of care plans reviewed included participant friendly language. The lead agency must also 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). While 78% of case files reviewed included the type of service in the care plan, only 24% of cases reviewed included the annual amount allowed. It is important for Brown County to set expectations for the format and quality of care plans to create consistency across the lead agency.

- **Expand opportunities for use of Consumer Directed Community Supports (CDCS) to help reduce reliance on residential services and reach people in more rural areas of the county.** These programs are particularly effective at supporting participants in their homes because the participant designs a plan of care for in-home services. As a result of the flexibility of these programs, they offer opportunities for families and participants to select services and supports that meet specific cultural needs. Additionally, the programs can fill gaps for families who live in rural areas and struggle to find service providers.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Brown County was found to be inconsistent in meeting state and federal requirements and will require a response by Brown 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 Brown 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 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. Nine out of 10 CADI cases and six out of 10 BI cases did not have documentation in the case file showing that participants had been informed of their right to appeal.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Brown 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 participant case file reviewed. This report required follow up on 18 cases. Brown County submitted a completed compliance report on December 1, 2014.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Brown County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 15 cases. Brown County submitted a completed compliance report on December 1, 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

| PARTICIPANT ACCESS | ALL | AC / EW | CCB | DD | Strength | Challenge |
|--|------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| Participants waiting for HCBS program services | 0 | N / A | 0 | 0 | N / A | N / A |
| Screenings done on time for new participants (PR) | 94% | 91% | 96% | 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 | 35% | 85% | DD | CCB |
| PERSON-CENTERED SERVICE PLANNING & DELIVERY | ALL | AC / EW n=12 | CCB n=24 | DD n=10 | Strength | Challenge |
| Timeliness of assessment to development of care plan (PR) | 100% | 100% | 100% | 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=12 | CCB n=24 | DD n=10 | Strength | Challenge |
|--|------------------|-------------------------|---------------------|----------------|-----------------|------------------|
| Care plan signed and dated by all relevant parties (PR) | 98% | 100% | 96% | 100% | ALL | N / A |
| All needed services to be provided in care plan (PR) | 98% | 100% | 96% | 100% | ALL | N / A |
| Choice questions answered in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Participant needs identified in care plan (PR) | 87% | 92% | 79% | 100% | AC / EW, DD | N / A |
| Inclusion of caregiver needs in care plans | 50% | 0% | 50% | 100% | DD | N / A |
| OBRA Level I in case file (PR) | 100% | 100% | 100% | N / A | AC / EW, CCB | N / A |
| ICF/DD level of care documentation in case file (PR for DD only) | 90% | N / A | N / A | 90% | 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) | 70% | N / A | N / A | 70% | N / A | N / A |
| Related Conditions checklist in case file (DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| 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 | 97% | N / A | 95% | 100% | CCB, DD | N / A |
| Need for 24 hour supervision documented when applicable (EW only) | 100% | 100% | N / A | N / A | AC / EW | N / A |
| PROVIDER CAPACITY & CAPABILITIES | ALL | AC / EW | CCB | DD | Strength | Challenge |
| Case managers provide oversight to providers on a systematic basis (QA survey) | Most of the time | N / A | N / A | N / A | ALL | N / A |
| LA recruits service providers to address gaps (QA survey) | Most of the time | N / A | N / A | N / A | ALL | N / A |

| PROVIDER CAPACITY & CAPABILITIES (continued) | ALL | AC / EW | CCB | DD | Strength | Challenge |
|--|------------------|-------------------------|---------------------|----------------|-----------------|------------------|
| Case managers document provider performance (QA survey) | Most of the time | N / A | N / A | N / A | ALL | N / A |
| Percent of providers who report receiving the needed assistance when they request it from the LA <i>(Provider survey, n=00)</i> | 80% | N / A | N / A | N / A | N / A | N / A |
| Percent of providers who submit monitoring reports to the LA <i>(Provider survey, n=00)</i> | 80% | N / A | N / A | N / A | N / A | N / A |
| LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS | ALL | AC / EW | CCB | DD | Strength | Challenge |
| Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR) | 0% | N / A | N / A | N / A | N / A | N / A |
| Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR) | 0% | N / A | N / A | N / A | N / A | N / A |
| PARTICIPANT SAFEGUARDS | ALL | AC / EW n=12 | CCB n=24 | DD n=10 | Strength | Challenge |
| Participants are visited at the frequency required by their waiver program (PR) | 98% | 100% | 96% | 100% | ALL | N / A |
| Health and safety issues outlined in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Back-up plan (Required for EW, CCB, and DD) | 94% | 83% | 100% | 90% | CCB, DD | N / A |
| Emergency contact information | 100% | 100% | 100% | 100% | ALL | N / A |
| PARTICIPANT RIGHTS & RESPONSIBILITIES | ALL | AC / EW n=12 | CCB n=24 | DD n=10 | Strength | Challenge |
| Informed consent documentation in the case file (PR) | 98% | 100% | 96% | 100% | ALL | N / A |

| PARTICIPANT RIGHTS & RESPONSIBILITIES (continued) | ALL | AC / EW n=12 | CCB n=24 | DD n=10 | Strength | Challenge |
|--|------------|-------------------------|---------------------|----------------|-----------------|------------------|
| Person informed of right to appeal documentation in the case file (PR) | 67% | 100% | 38% | 100% | AC / EW, DD | CCB |
| Person informed privacy practice (HIPAA) documentation in the case file (PR) | 98% | 100% | 96% | 100% | ALL | N / A |
| PARTICIPANT OUTCOMES & SATISFACTION | ALL | AC / EW n=12 | CCB n=24 | DD n=10 | Strength | Challenge |
| Participant outcomes & goals stated in individual care plan (PR) | 96% | 100% | 92% | 100% | ALL | N / A |
| Documentation of participant satisfaction in the case file | 48% | 33% | 54% | 50% | N / A | N / A |
| SYSTEM PERFORMANCE | ALL | AC / EW | CCB | DD | Strength | Challenge |
| Percent of required HCBS activities in which the LA is in compliance (QA survey) | 100% | N / A | N / A | N / A | ALL | N / A |
| Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey) | N / A | N / A | N / A | N / A | N / A | N / A |
| Percent of LTC recipients receiving HCBS | N / A | 52% | 95% | 89% | N / A | AC / EW, DD |
| Percent of LTC funds spent on HCBS | N / A | 27% | 91% | 84% | N / A | AC / EW, DD |
| Percent of waiver participants with higher needs | N / A | 48% | 66% | 80% | N / A | ALL |
| Percent of program need met (enrollment vs. waitlist) | N / A | N / A | 100% | 100% | CCB, DD | N / A |
| Percent of waiver participants served at home | N / A | 45% | 61% | 20% | N / A | AC / EW, DD |

| SYSTEM PERFORMANCE (continued) | ALL | AC / EW | CCB | DD | Strength | Challenge |
|---|------------|----------------|------------|-----------|-----------------|------------------|
| Percent of working age adults employed and earning \$250+ per month | N / A | N / A | 20% | 38% | 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.