

# Minnesota Department of Human Services Waiver Review Initiative

---

Report for: **Clearwater County**

Waiver Review Site Visit: August 2013

Report Issued: October 2013

**Contents**

**Contents** ..... 2

**Acknowledgements** ..... 3

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

**About Clearwater County** ..... 5

    Working Across the Lead Agency ..... 6

    Health and Safety ..... 7

    Service Development and Gaps ..... 8

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

**Capacity** ..... 11

**Value** ..... 12

**Sustainability** ..... 14

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

**Managing Resources** ..... 19

    Lead Agency Feedback on DHS Resources ..... 22

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

    Clearwater County Strengths ..... 23

    Recommendations ..... 25

    Corrective Action Requirements ..... 27

**Waiver Review Performance Indicator Dashboard** ..... 30

**Attachment A: Glossary of Key Terms** ..... 34

## 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 Clearwater County.

### **ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES**

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

### **ABOUT THE IMPROVE GROUP**

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

### **ADDITIONAL RESOURCES**

*Continuing Care Administration (CCA) Performance Reports:*

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

*Waiver Review Website:*

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

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Clearwater County
Case File Review	35 cases
Provider survey	9 respondents
Supervisor Interviews	1 interviews with 2 staff
Focus Group	1 focus group(s) with 4 staff
Quality Assurance Survey	One quality assurance survey completed

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

## About Clearwater County

In August 2013, the Minnesota Department of Human Services conducted a review of Clearwater County's Home and Community Based Services (HCBS) programs. Clearwater County is a rural county located in north central Minnesota. Its county seat is located in Bagley, Minnesota and the County has another four cities and 22 townships. In State Fiscal Year 2012, Clearwater County's population was approximately 8,713 and served 172 people through the HCBS programs. According to the 2010 Census Data, Clearwater County had an elderly population of 16.2%, placing it 41<sup>st</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Clearwater County's elderly population, 14.7% are poor, placing it 4<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Clearwater County Human Services Department is the lead agency for the HCBS programs and provides case management for these programs. The Social Services Supervisor oversees a total of eight staff including six social workers and two case aides working in Adult Services and Children's Services. Three of the social workers are waiver case managers; one works primarily with the CAC, BI, and DD programs and two primarily work with AC and EW programs but also provide limited case management for the other waiver programs. Both of the case aides complete data entry in MMIS. Clearwater County Public Health/Nursing Services Department provides primary case management for one DD case and dual case management in a consultative role with a Social Services case manager for some participants with more intensive medical needs. Nurses coordinate with social worker case managers to perform dual LTCC assessments. The Public Health/Nursing Services Department is also a Medicare certified home health care

and hospice provider. The Director of Public Health/Nursing Services oversees nine registered nurses and 21 home health aides. Clearwater County contracts with a private agency to provide case management for one participant who lives in the Twin Cities. Clearwater County serves as a contracted care coordinator for Primewest Managed Care Organization (MCOs).

When a possible waiver-related intake call comes in, it is directed to the Social Services Supervisor. She first checks with the financial workers to get information for the potential participant and then assigns it to one of the three case managers based on the likely waiver program type and caseload size. From there, for all waiver programs except DD, the case manager contacts the Director of Public Health/Nursing Services to schedule the LTCC with a nurse. Based on the eligibility that is determined as a result of the LTCC, it is likely that the same case manager will stay with the participant. In addition, Public Health/Nursing Services makes referrals to Clearwater County Human Services as needed as they come in contact with people who may benefit from the additional supports of the waiver programs while doing homecare work.

Case manager's waiver caseloads range in size from 40 to 68. While nurses do not have a waiver caseload, one RN has approximately 45 Community Well cases and one RN provides nursing facility case management for about 35 cases. All social workers and nurses working with the waiver programs have additional responsibilities. For social workers, these include intake, prepetition screenings, and adult protection. For nurses, these include skilled nurse visits and other public health duties.

### Working Across the Lead Agency

There are two financial workers who are assigned cases that are open to a waiver program. The financial workers are in the Human Services Department, so case managers and financial workers are housed in the same building. While informal communication works well because of the small size of the agency, DHS communication forms are also used. Case managers explained that the eligibility determination process with the financial workers can take some time and delay provision of services.

When participants are receiving both Rule 79 and CADI case management, the participant has a separate mental health worker and CADI waiver case manager. The two case managers work together informally to coordinate services, but create a separate care plan for both programs. Depending on the specific needs of the participant, one worker serves as the primary case manager to best utilize the case manager's expertise. At the time of the review, there were no waiver children receiving both CADI and mental health case management.

All three Social Services waiver case managers also have adult protection duties. When a report is received, one of the three is assigned the case. If the report involves a waiver participant or family member, they attempt to separate their roles as waiver case manager and adult protection investigator as much as possible but are sometimes unable to do so due to limited staffing. Similarly, if a child protection or child welfare report is received involving a waiver participant or family, the waiver case manager would not investigate that report. The agency found that it was challenging for the case managers to have expertise in both children's services and the waiver program so the roles are split and the participant would have two case managers. There is a Vulnerable Adult group that meets to discuss and staff cases. Public Health/Nursing Services is a source of adult protection referrals and reports.

The Social Services Supervisor and Director of Public Health/Nursing Services are in direct communication with the Clearwater County Board. The Social Services Supervisor attends a monthly meeting with the Social Services Board, which is made up of five commissioners and two lay community members. The Board approves contracts with service providers, and the Social Service Supervisor discusses budgets and answers any program related questions. This is also an opportunity for the Human Services Director to educate the board about different areas or DHS initiatives. The Director of Public Health/Nursing Services attends the full, regular commissioners meetings and keeps the board updated on the caseloads for the waiver programs and homecare.

## Health and Safety

In the Quality Assurance survey, Clearwater County reported that staff receives training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or

practices that address screening and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that there is good, open communication between case managers, consumers and providers, and that case managers are well-trained and knowledgeable.

Human Services staff have monthly waiver meetings, and they use this time to discuss changes in all DHS programs. They also meet more frequently if any issues come up in the time between regularly scheduled meetings. The Social Services Unit also has monthly meeting with Public Health/Nursing Services and communicates with them regularly through e-mail and through an online chat system used by both offices. The Social Services Supervisor provides updates at regular meetings and notifies staff of any training opportunities. She also receives DHS communication about policy and program changes through listservs and bulletins, and she forwards them to staff; the expectation is that they read whatever she sends them. Staff also share any new resources they are aware of with the group. The Director of Public Health/Nursing Services receives regular updates by e-mail, and also receives information from Social Services about any relevant updates. The Social Services Supervisor reviews case files approximately twice per year, and is involved with case consultation daily. Primewest does regular auditing of case files and holds training for the county's staff.

### Service Development and Gaps

Lead agency staff shared that the primary service gaps in Clearwater County are chore services, residential services, and respite. In addition, it is difficult to find specialty services, particularly for participants with mental illness and/or chemical dependency. Participants who need more specialized services often travel to Bemidji, MN, which is approximately 30 miles from Bagley, or are placed outside of the region in order to receive appropriate services. Case managers shared that there are limited choices for community-based employment in the county. In addition, they noted that the limited transportation options make it difficult for participants to access opportunities that do exist in Bemidji.

In order to address identified gaps, the county talks informally to providers to see if they can modify or expand services to meet the needs of participants. For example, they may ask a

homemaking company if they will do chore services as well. Clearwater County may also ask providers from a neighboring county to provide services in the county. It has not made deliberate efforts to develop services, such as formal requests for proposals,

**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.

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

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

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
Nursing Facility	0	3	0
Schools (IEIC or CTIC)	0	3	0
Home Care Providers	0	0	3
Hospitals (in and out of county)	0	3	1
Foster Care Providers	0	0	4
Customized Living Providers	0	4	0
Employment Providers (DT&H, Supported Employment)	0	0	3

Lead agency staff shared that they have strong relationships with providers. Case managers informally ask participants about their satisfaction with their providers and services. If there is an issue identified with a provider, the case manager works with the provider to address it and the Social Services Supervisor is brought in if they are unable to come to a resolution. The Human Services Director is only involved with persistent issues or those involving contracts. Case

manager are able to connect with the foster care licenser at regular Social Services meetings if they have a concern to share.

Case managers stated that their relationships with nursing facilities vary. They said that they have great communication with the local nursing facility staff and are invited to weekly care conferences. A few case managers expressed difficulty in getting information from other nursing facilities and stated that they do not get notified when participants are discharged.

Case managers shared that they have good relationships with hospital nurses but have had mixed experiences with hospital doctors. They noted that their relationships with staff at hospitals have been negatively affected by ownership changes and staff turnover. Case managers also stated that, although staff are responsive to requests, the local hospital does not have a social worker or a discharge planner they can work with to coordinate services when a participant is discharged. They have also had difficulty getting information from staff in certain instances due to privacy requirements.

Case managers noted that the quality of relationships with schools depend on which school they work with. They shared that some schools are better than others at communicating, especially when the case manager contacts them to get service referrals or when planning for a participant who is in transition. However, case managers said that schools do not always contact them to participate in Individual Education Program (IEP) meetings. Case managers rated their relationships with employment providers as above average overall. They shared that employment providers in their region are easy to contact and give prompt status updates about participants. Within Clearwater County there are limited options for community employment, as local employers are not able to expand opportunities for higher functioning waiver participants.

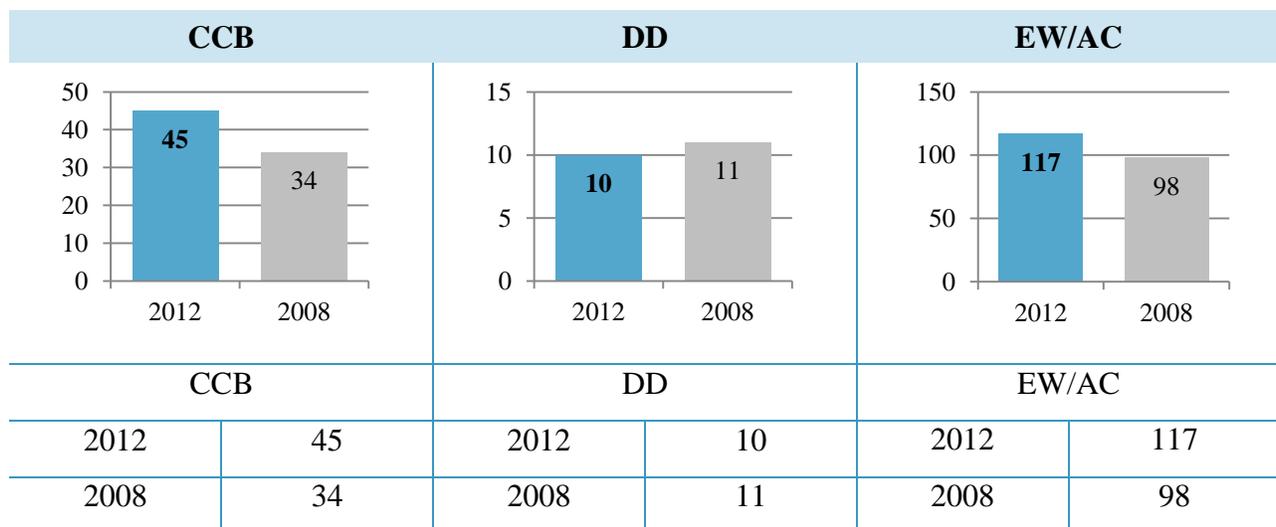
Case managers shared that they have very good connections with some customized living providers, pointing out that they often know their limitations in terms of the level of care they are able to provide. They also said that the customized livings are good at providing monitoring forms and notifying the lead agency if a participant falls. Case managers noted that reduced staffing levels impact providers' abilities to properly care for waiver participants and limit their abilities to extend their capacities when needed. Case managers also expressed that they have

good relationships with foster care and home care providers and have good communication with them. In addition, case managers shared that they have good relationships and communication with PCA providers.

## 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 Clearwater County (2008 & 2012)



**Since 2008, the total number of people served in the CCB Waiver program in Clearwater County has increased** by 11 people (32.4 percent); from 34 in 2008 to 45 in 2012. Most of this growth occurred in the case mix A, which grew by 8 people. Additionally, case mixes D and G each grew by three people. Decreases occurred in case-mixes B, E and H.

**Since 2008, the number of people served with the DD waiver in Clearwater County decreased** by 1 person, from 11 in 2008 to 10 in 2012. While Clearwater County experienced a 9.1 percent decrease in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Clearwater County, the profile groups 1 and 3 each increased by two people, while profile group 2 decreased by 4 people. The greatest change

in the cohort profile groups occurred in people having a Profile 3. Clearwater County serves a larger proportion of people in profile groups 1 and 2 (60.0 percent), than its cohort (34.4 percent).

**Since 2008, the number of people served in the EW/AC program in Clearwater County has increased** by 19 people (19.4 percent), from 98 people in 2008 to 117 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Even accounting for this change, Clearwater County still served an additional 21 lower needs participants in 2012 than in 2008. In addition, case mix B grew by 10 people. As a result, Clearwater County may be serving a higher proportion of people with mental health needs.

## Value

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

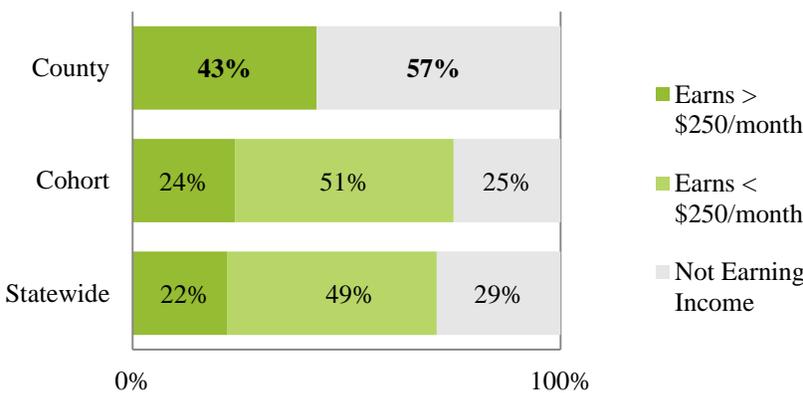
### CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Clearwater County	13%	19%	68%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Clearwater County served 32 working age (22-64 years old) CCB participants. Of working age participants, 31.3 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Clearwater County ranked 43<sup>rd</sup> of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Clearwater County 12.5 percent of the participants earned \$250 or more per month, compared to 14.3 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



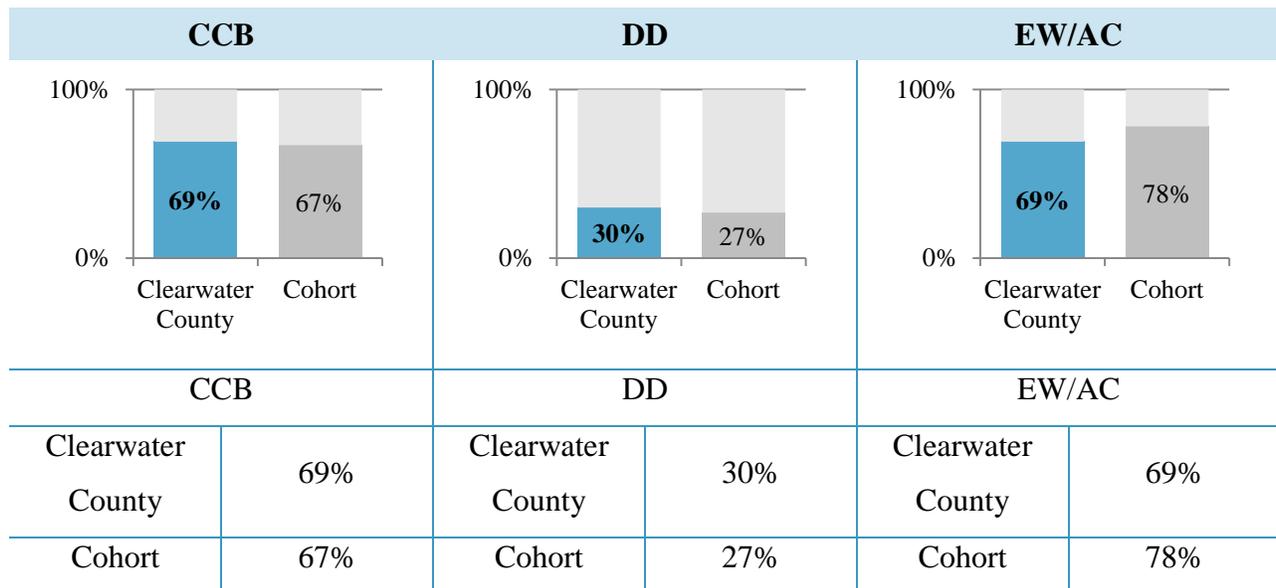
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Clearwater County	43%	0%	57%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Clearwater County served 7 DD waiver participants of working age (22-64 years old). **The lead agency ranked 3<sup>rd</sup> in the state for working-age participants earning more than \$250 per month.** In Clearwater County, 42.9 percent of working age participants earned over \$250 per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 42.9 percent of working age DD waiver participants in Clearwater County had some earned income, while 74.7 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 (2012)**



**Clearwater County ranks 27<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 31 participants at home. Between 2008 and 2012, the percentage decreased by 13.5 percentage points. In comparison, the cohort percentage decreased by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 68.9 percent of CCB participants in Clearwater were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Clearwater County ranks 37<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served three participants at home. Between 2008 and 2012, the percentage decreased by 15.5 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by

only 0.4 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.2 percent to 35.4 percent.

**Clearwater County ranks 51<sup>st</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 81 participants at home. Between 2008 and 2012, the percentage decreased by 21.6 percentage points. In comparison, the percentage of participants served at home fell by 4.8 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. Clearwater County serves a lower proportion of EW/AC participants at home than their cohort or the state.

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

	<b>CADI</b>	<b>DD</b>												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Clearwater County</td><td>\$72</td></tr> <tr><td>Cohort</td><td>\$98</td></tr> </table>	Entity	Rate	Clearwater County	\$72	Cohort	\$98	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Clearwater County</td><td>\$217</td></tr> <tr><td>Cohort</td><td>\$170</td></tr> </table>	Entity	Rate	Clearwater County	\$217	Cohort	\$170
Entity	Rate													
Clearwater County	\$72													
Cohort	\$98													
Entity	Rate													
Clearwater County	\$217													
Cohort	\$170													
Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Clearwater County</td><td>\$112</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Clearwater County	\$112	Cohort	\$171	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Clearwater County</td><td>\$264</td></tr> <tr><td>Cohort</td><td>\$196</td></tr> </table>	Entity	Rate	Clearwater County	\$264	Cohort	\$196
Entity	Rate													
Clearwater County	\$112													
Cohort	\$171													
Entity	Rate													
Clearwater County	\$264													
Cohort	\$196													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Clearwater County</td><td>\$55</td></tr> <tr><td>Cohort</td><td>\$60</td></tr> </table>	Entity	Rate	Clearwater County	\$55	Cohort	\$60	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Clearwater County</td><td>\$66</td></tr> <tr><td>Cohort</td><td>\$75</td></tr> </table>	Entity	Rate	Clearwater County	\$66	Cohort	\$75
Entity	Rate													
Clearwater County	\$55													
Cohort	\$60													
Entity	Rate													
Clearwater County	\$66													
Cohort	\$75													

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

	Clearwater County	Cohort
Total average rates per day	\$72.43	\$97.99
Average rate per day for <b>residential</b> services	\$112.08	\$170.52
Average rate per day for <b>in-home</b> services	\$54.64	\$60.30

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

	Clearwater County	Cohort
Total average rates per day	\$216.90	\$169.97
Average rate per day for <b>residential</b> services	\$264.47	\$196.37
Average rate per day for <b>in-home</b> services	\$66.03	\$74.78

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 Clearwater County is \$25.56 (26.1 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Clearwater County spends \$58.44 (34.3 percent) less on residential services and \$5.66 (9.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Clearwater County ranks 13<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Clearwater County is \$46.93 (27.6 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, Clearwater County spends \$68.10 (34.7 percent) more on residential services but \$8.75 (11.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Clearwater County ranks 87<sup>th</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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

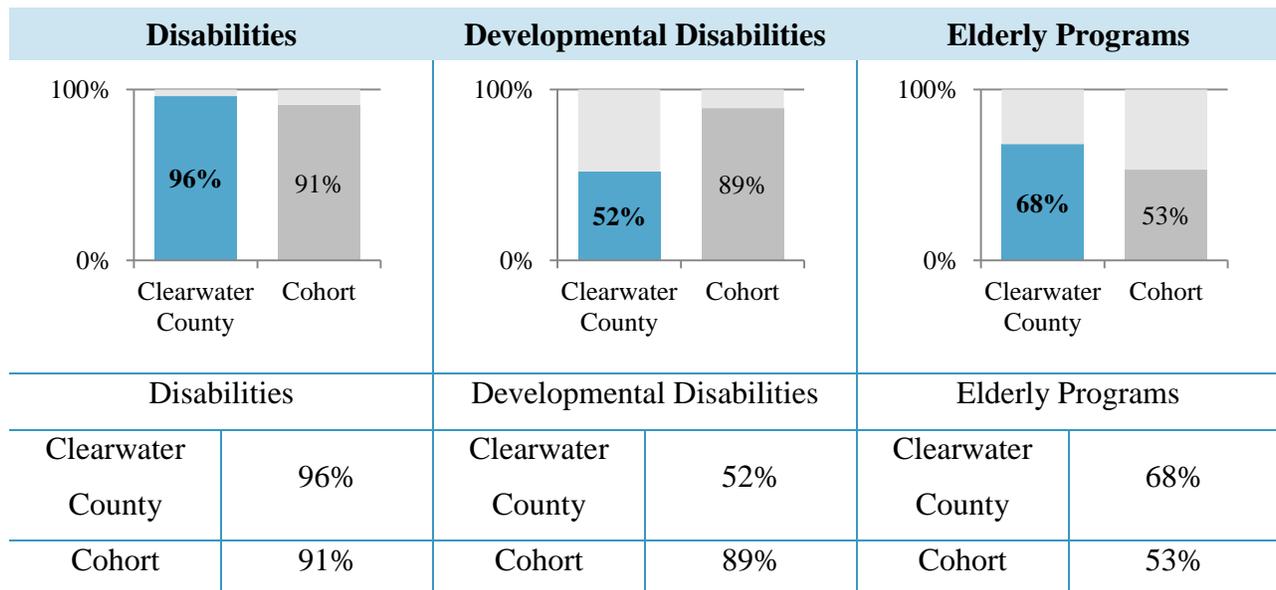
**Clearwater County has a lower use in the CADI program than its cohort of residential based services** (Customized Living (4% vs. 6%) and Foster Care (24% vs. 24%)). They have a lower use of some in-home services including Homemaker (31% vs. 33%) and Independent Living Skills (2% vs. 17%), and Home Delivered Meals (2% vs. 26%), but a higher use of Home Health Aide (17% vs. 11%). Forty-one percent (41%) of Clearwater County's total payments for CADI services are for residential services (37% foster care and 4% customized living) which is lower than its cohort group (50%). All average foster care rates, for both corporate and family providers on both monthly and daily billing authorizations, are lower in Clearwater County than its cohort.

**Clearwater County's use of Supportive Living Services (SLS) is lower than its cohort (70% vs. 73%) 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. Clearwater County's daily Supportive Living Services rates are lower than its cohort (\$175.12 vs. \$196.37). The county has a notably lower use of Day Training & Habilitation (10% vs. 62%) than its cohort, but has a higher use of Supported Employment (30% vs. 5). It also has a higher use of Respite Services (40% vs. 19%) and Extended Transportation (30% vs. 7%) 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, Clearwater County served 114 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 10 in institutional care.** Clearwater County ranked 15<sup>th</sup> of 87 counties with 96.1 percent of their LTC participants received HCBS. This is higher than their cohort, where 91.3 percent were HCBS participants. Since 2008, Clearwater County has increased its use of HCBS by 0.6 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Clearwater County served 16 LTC participants (persons with development disabilities) in HCBS settings and 14 in institutional settings.** Clearwater County ranked 87<sup>th</sup> of 87 counties with 51.7 percent of its DD participants receiving HCBS; a lower rate than its cohort (89.2 percent). Since 2008, the percent of people receiving HCBS services in Clearwater

County has remained the same while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Clearwater County served 132 LTC participants (over the age of 65) in HCBS settings and 66 in institutional care.** Clearwater County ranked 22<sup>nd</sup> of 87 counties with 68.3 percent of LTC participants receiving HCBS. This is higher than their cohort, where 52.9 percent were HCBS participants. Since 2008, Clearwater County has increased its use of HCBS by 14.7 percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

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

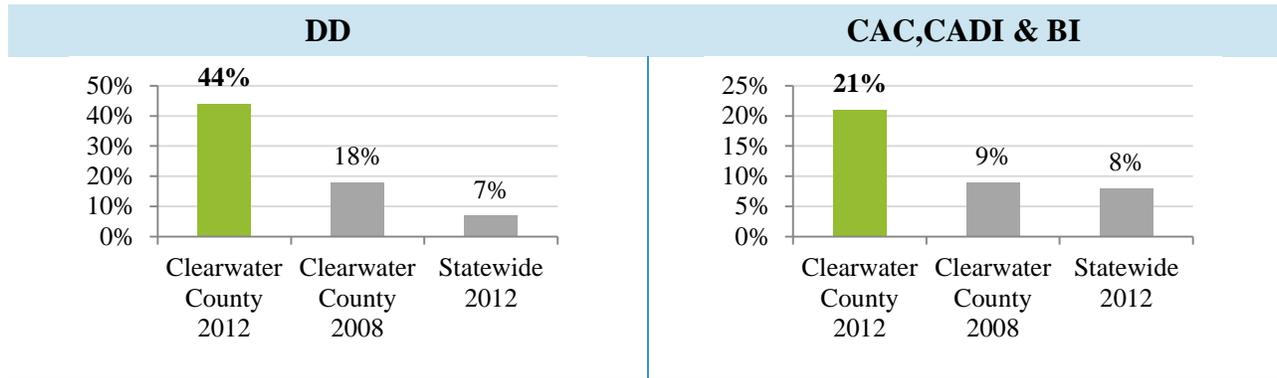
	Clearwater County	Cohort	Statewide
Age 0-64	0.43	0.65	0.54
Age 65+	37.64	32.06	21.99
TOTAL	6.47	6.42	3.19

**In 2012, Clearwater County was ranked 65<sup>th</sup> 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 higher than its cohort and the statewide rate. However, Clearwater County 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 5.6 percent in Clearwater County. Overall, the number of residents in nursing facilities has decreased by 8.5 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
Clearwater County (2012)	44%	21%
Clearwater County (2008)	18%	9%
Statewide (2012)	7%	8%

**At the end of Calendar Year (CY) 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 CY 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Clearwater County had a 44% balance at the end of CY 2012, which indicates the DD waiver budget had a reserve. Clearwater County’s DD waiver balance is larger than its balance in CY 2008 (18%), and the statewide average (7%).

**At the end of Fiscal Year (FY) 2012, the CCB waiver budget had a reserve.** Clearwater County’s waiver budget balance was also calculated for CAC, CADI and BI programs for FY 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, Clearwater County had a 21% balance at the end of FY 2012, which is a larger balance than the statewide average (8%) and its balance in FY 2008 (9%).

At the time of Clearwater County waiver review, there was no waitlist for DD or on individual on the CCB programs waitlist. On a rare occasion, the lead agency has a small waitlist. Lead agency staff shared that this often happens when parents want to move their children from one waiver program to another. Most individuals on the waitlist in Clearwater County are receiving other MA services in the interim to meet their immediate health and safety needs.

The Social Service Supervisor monitors the Waiver Management System to track and manage waiver allocations. There is a waiver team meeting whenever there is a new screening with staff from both Public Health and Human Services to look at the proposed budget. When current participant needs increase in funding, the case manager brings the request to the Social Services Supervisor; they discuss options internally as the small size of the county allows for face-to-face discussions. Case managers only use a form to request funding related to equipment or modifications. The Social Services Supervisor makes all final decisions related to waiver allocations.

**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.

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

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

Scale: 1= Not Useful; 5= Very Useful

Community Based Services e (CBSM)	0	0	0	0	3
DHS website	0	0	1	1	1
E-Docs	0	0	1	1	1
Disability Linkage Line	0	0	1	0	2
Senior Linkage Line	0	0	0	1	2
Bulletins	0	1	0	1	1
Videoconference trainings	0	0	2	0	0
Webinars	0	0	3	0	0
Regional Resource Specialist	2	0	0	0	0
Ombudsmen	0	0	0	0	2

Case managers reported that the Community Based Services Manual (CBSM), Disability Linkage Line, and Senior Linkage Line are the most useful resources for their work. Case managers stated that the CBSM contains detailed information and easy to navigate. Supervisors found it to be very helpful but would like to see more efforts to keep it updated. Case managers shared that they have had good experiences with the Disability Linkage Line and the Senior Linkage Line and refer waiver participants to those resources. Staff also stated that Ombudsmen

have been helpful and described them as being very participant-oriented and responsive. Case managers use E-Docs to get the most current forms. Staff shared that the DHS website is not intuitive and is difficult to navigate, stating that the sections are not well organized. Supervisors reported that bulletins work well at delivering information but are not updated enough. Case managers varied on their ratings of how useful bulletins are, citing how time consuming it can be to find the specific information that is relevant to their work. Supervisors stated that videoconference trainings and webinars are a nice resource for small out-state counties and that they would like more of them. Case managers shared that although videoconference trainings contain useful information, they would prefer them to be less dry and more interactive. They also stated that webinars are more relevant to their actual work and contain hands on examples. Staff shared that although the Regional Resource Specialist is responsive to questions, they do not always get the needed specificity in the responses and are often referred elsewhere.

### 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.

#### Clearwater County Strengths

The following findings focus on Clearwater 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.

- **Clearwater County has made significant progress in addressing issues to comply with Federal and State requirements.** During the previous review in 2008, Clearwater County received a corrective action in 14 areas, nine of which have been corrected for the 2013 review: face-to-face visits for DD participants, current care plans, ICF/DD Level of Care, OBRA Level One, BI form, right to appeal, consent to release information, documentation of choice, and emergency contact and back-up plan for CCB. These improvements indicate that the lead agency has developed systems and practices to ensure that a majority of technical requirements are being met.

- **Case managers are experienced and build relationships with waiver participants and families over time.** Case managers are knowledgeable about services and have expertise in multiple programs which allows them to easily navigate across programs within the agency and provide seamless services for participants. Frequent visits to participants allow case managers to not only build a strong relationship, but also monitor the participant and be proactive in putting preventative services in place to ensure their health and safety. Case managers visited participants an average of 4.9 times in the past 18 months across all programs, well above required amounts. In addition, case managers documented participant life events in case notes 86% of the time and included caregiver needs in the care plan 78% of the time.
- **Clearwater County staff work well together and collaborate across departments and units to serve waiver participants.** Case managers in Nursing Services and Social Services are accessible to one another and frequently consult and problem solve with each other on cases. The lead agency completes dual assessments with both a social worker and a nurse which allows them to draw on the expertise from both disciplines. The relationship between the two departments helps bring an outside perspective which is valuable in meeting participants' unique needs. Clearwater County Public Health is a Medicare certified home health care provider and serves many waiver participants; nurses are a source of referrals and play a role in monitoring participant health and safety.
- **Clearwater County staff are well-connected with providers and other organizations that serve participants.** Case managers have local ties to the community, giving them good knowledge of the community and who can provide needed services for participants. Case managers have developed close working relationships with providers and relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. In particular, case managers have strong communication with the local nursing facility and with vocational providers.

## Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants.** The county must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process.
- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff.** The visit sheet can be used to monitor a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face-to-face visits. Only 37% of case files reviewed in Clearwater County included documentation of participant satisfaction. Clearwater County currently has a short, general survey about county services that could be expanded to include additional questions to assess participant satisfaction with providers. The lead agency should also request progress reports as a way to monitor provider performance.
- **Be proactive in developing services to meet participant needs and provide choices in providers.** Clearwater County should be more deliberate in pursuing opportunities to develop services to fill gaps and provide more choices for participants. This may include continuing to initiate discussions with existing providers or providers in neighboring counties. It may also include pursuing leads about new service options, creating a formal Request for Proposal (RFP) or Request for Information (RFI) to seek out new providers or partnering with neighboring counties with similar needs.
- **One area of service development to focus on is in the area of community employment for individuals with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** While Clearwater County has higher rates

than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (42.9% vs. 24.1%) ranking 3<sup>rd</sup> of 87 counties, fewer DD participants are working overall than in the lead agency's cohort (42.9% vs. 74.7%). In addition, the percentage of CCB participants earning more than \$250 income is lower than its cohort (12.5% vs. 14.3%) ranking 43<sup>rd</sup> of 87 counties. The lead agency should continue to work with local providers to develop community-based employment opportunities for participants and focus on creating opportunities that result in higher wages for participants across all waiver programs. These efforts may include outreach to local businesses or implementing creative solutions to address transportation barriers.

- **Clearwater County should work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential and institutional care.** Clearwater County has high rates of institutional use for elders; 30.8% of elderly participants are served in residential settings vs. 21.8% in its cohort. In addition, Clearwater County also ranked 65<sup>th</sup> in the nursing facility use for people of all ages. Nearly half (48.3%) of DD participants reside in an ICF/DD facility vs. 10.3% in its cohort and 7.9% statewide. For those in the community receiving waiver services, it also has lower rates of participants served at home than its cohort in the elderly programs. Only 69.2% of elderly participants are served at home (51<sup>st</sup> of 87 counties) indicating high use of residential services. While the county serves a high number of CCB and DD participants at home (68.9% and 30.0%, respectively), the percent served at home in these programs has decreased since 2008 (down 15.5% for DD and down 13.5% for CCB). Clearwater County should work to influence services available which may include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. It may also involve strategically developing assisted living services that can care for persons who otherwise may have to live in nursing facilities, such as those living in isolated rural communities or those needing memory care. As the county 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 including more independent housing options and transition services. To plan for the future,

the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **Clearwater County has reserves in the CCB and DD budgets and is able to serve additional community members or provide additional services to participants already enrolled in these programs.** Clearwater County's CCB waiver budget balance was 21% at the end of FY 2012. Since then, it has reduced its reserve and is projected to be at 14% for FY 2013. Its DD waiver budget balance was 44% at the end of CY 2012. Given the county's smaller size a balance of 10% is adequate to manage risks. Therefore, there is room in both budgets to add more participants or enhance services such as supportive employment, transportation, or in-home services for current participants. The lead agency may want to consider forming a waiver alliance which would allow Clearwater County to ensure resources are being used regionally and minimize its risk of overspending were monies to become tight in the future.

#### Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within required time frames.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy-five percent (75%) or six out of eight assessments for new CAC, CADI and BI participants occurred within this

timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

- **Beginning immediately, ensure that all future care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.** It is required that all care plans are completed and signed by the participant, parent, or legal representative within the 50 day timeframe. All care plans that are not completed or signed within this time frame must be updated with required information and signatures. Five out of 10 CADI cases and one out of four AC cases reviewed in Clearwater County did not meet this standard.
- **Beginning immediately, ensure that all care plans include information documenting the participant's specific need for 24-hour supervision for all EW participants using customized living services.** All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information. None of the four cases where this was applicable included this information in the care plan.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames that includes the two required signatures and dates.** Two out of nine DD cases were missing a full-team screening document, and therefore had neither the case manager's signature nor the participant's or legal representative's signature on the DD screening document.
- **Beginning immediately, ensure that all participants have an individual care plan that is signed and dated by the appropriate parties within the past year included in their case file.** All care plans must be completed and signed by the appropriate parties on at least an annual basis. Currently, there are two waiver participants who have completed care plans in their case file including one out of 10 CADI cases and one out of nine DD cases. The CADI case does not include a participant signature, and the DD case does not include a legal representative/guardian or case manager signature.

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

**Team's site visit.** Although it does not require Clearwater 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 10 cases. All items are to be corrected by October 21, 2013 and verification submitted to the Waiver Review Team to document full compliance. Clearwater County submitted a completed compliance report on October 9, 2013.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	2	N / A	1	1	N / A	N / A
Screenings done on time for new participants (PR)	90%	100%	75%	N / A	AC / EW	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	0%	33%	N / A	CCB, DD
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=12</b>	<b>DD n=9</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	77%	93%	58%	N / A	AC / EW	CCB

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=12</b>	<b>DD n=9</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	94%	100%	92%	89%	AC / EW, CCB	N / A
All needed services to be provided in care plan (PR)	94%	93%	92%	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)	77%	93%	67%	67%	AC / EW	CCB, DD
Inclusion of caregiver needs in care plans	78%	75%	80%	N / A	N / A	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	78%	N / A	N / A	78%	N / A	N / A
DD screening document signed by all relevant parties (PR for DD only)	78%	N / A	N / A	78%	N / A	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	100%	N / A	100%	N / A	CCB	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis most of the time or always (QA survey)	Never	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps most of the time or always (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance most of the time or always (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=9</i> )	100%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=9</i> )	67%	N / A	N / A	N / A	N / A	ALL
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=12</b>	<b>DD n=9</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	97%	100%	100%	89%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	91%	86%	92%	100%	CCB, DD	N / A
Back-up plan (PR for CCB)	86%	79%	100%	78%	CCB	N / A
Emergency contact information (PR for CCB)	97%	100%	100%	89%	AC / EW, CCB	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=12</b>	<b>DD n=9</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	94%	86%	100%	100%	CCB, DD	N / A
Person informed of right to appeal documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=14</b>	<b>CCB n=12</b>	<b>DD n=9</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	100%	100%	100%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	37%	43%	42%	22%	N / A	N / A

<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	68%	96%	52%	AC / EW, CCB	DD
Percent of LTC funds spent on HCBS	N / A	48%	88%	49%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	44%	67%	100%	AC / EW, DD	CCB
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	94%	N / A	DD
Percent of waiver participants served at home	N / A	69%	69%	30%	CCB, DD	AC / EW
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	13%	43%	DD	CCB

## Attachment A: Glossary of Key Terms

**AC** is the Alternative Care program.

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

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

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

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

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

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

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

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

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

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

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

***DD*** is the Developmental Disabilities Waiver.

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

***Disability waiver programs*** refers to the CAC, CADI and BI Waiver programs.

***EW*** is the Elderly Waiver.

***HCBS*** are Home and Community-Based Services for persons with disabilities and the elderly: For the purpose of this report, HCBS include the Alternative Care program, CAC, CADI, Elderly, DD and BI Waivers.

***Home care services*** refer to medical and health-related services and assistance with day-to-day activities provided to people in their homes. Examples of home care services include personal care assistant, home health aide and private duty nursing.

***Lead agency*** is the local organization that administers the HCBS programs. A lead agency may be a County, Managed Care Organization, or Tribal Community.

***Lead Agency Quality Assurance (QA) Plan Survey***: Gathers information about lead agency compliance with state and federal requirements, quality assurance activities, and policies/practices related to health and safety.

***Lead Agency Program Summary Data*** is data from MMIS/MAXIS and is used to compare lead agency performance to State averages and similar lead agencies for several operational indicators. This packet of data is formerly known as the operational indicators report. This data is presented to each lead agency during the waiver review site visit.

***LTCC***, or Long-Term Care Consultation, is used by case managers to assess participant health needs and participants' ability to live safely in their homes.

***MnCHOICES*** is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

***Participants*** are individuals enrolled and receiving services in a HCBS program.

***Promising practice***: An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

***Policies*** are written procedures used by lead agencies to guide their operations.

***Provider contracts*** are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

***Provider Survey***: Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

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

***Residential Services*** support people in outside of their homes, and include supported living services, foster care and customized living services.

***Waiver Review Performance Indicators Dashboard*** is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

***Waiver Review Site visit*** refers to the time DHS and IG are on site with the lead agency to collect data used in this report.