

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Freeborn County**

Waiver Review Site Visit: November 2012

Report Issued: February 2013

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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 Freeborn 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 Freeborn County
Case File Review	51 cases
Provider survey	7 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group(s) with 9 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 Freeborn County

In November 2012, the Minnesota Department of Human Services conducted a review of Freeborn County's Home and Community Based Services (HCBS) programs. Freeborn County is a rural county located in south central Minnesota. Its county seat is located in Albert Lea, Minnesota and the County has another nineteen cities and twenty townships. In State Fiscal Year 2011, Freeborn County's population was approximately 31,172 and served 347 people through the HCBS programs. In 2011, Freeborn County had an elderly population of 19.7%, placing it 20<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Freeborn County's elderly population, 9.1% are poor, placing it 47<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Freeborn County Department of Human Services and Freeborn County Public Health are the lead agencies for all HCBS programs and provide case management for these programs. The county also provides care coordination for South Country Health Alliance Managed Care Organization (MCO). Freeborn County Human Services includes all Social Services functions and is responsible for the management of DD, CAC, BI, and some CADI waiver cases. Public Health is the lead agency responsible for the management of EW, AC, and CADI waiver cases.

The Social Services Administrator in Freeborn County oversees four case managers who work with the DD, CAC, CADI, and BI waiver programs. The Public Health Director oversees 28 staff members, four of which work with the EW, AC, and CADI waiver programs. Case managers' experience working with the waiver programs ranges between five years to 20 years. Social Services has one lead worker in Adult Services who manages all intake for DD, CAC, and BI.

The lead worker has an informal process for assigning cases to staff based on caseloads. In Public Health, case managers have intake responsibilities and divide the cases up amongst themselves based on who is most available to take the case. A majority of CADI cases are directed to Public Health if the referral comes into Human Services. CADI case management decisions are usually based on the medical and mental health needs of the participant; participants with high medical needs are assigned to Public Health, while Rule 79 Targeted Case Management participants or those already receiving services from Human Services are assigned to Social Services.

The county uses contracted case management primarily for cases in the metro area for DD and one CADI case. The decision to use contracted case management is made on a case-by-case basis by the county. When contracted case management is used, a county case manager is still assigned to the case.

Typically, a social worker or public health nurse completes a one-person assessment or screening. However, they complete two person assessments when a public health nurse or social worker would like another staff person to attend to address the complex medical or social needs of a participant. Social workers and public health nurses also consult with one another on cases on an informal basis.

The average caseload in Social Services is about 30 cases. In addition, one Social Services case manager has all the BI cases, and one case manager has all of the CAC cases. Social Services currently has approximately 25% of the CADI cases, and Public Health manages the rest. . On average, Public Health case managers have between 50 and 80 cases. They also have one case manager who has assumed a leadership role. She has about 25 cases and other responsibilities including leading weekly team meetings, reading and sharing bulletins, and staying current with policy and programs.

### Working Across the Lead Agency

Freeborn County recently converted to a case banking system for financial workers. There is a dedicated Adult Team that is responsible for waiver participants' cases. Case managers reported

they have a good relationship with financial workers. However, they do not work as closely with financial workers as they did before financial workers converted to the case banking system. Case managers rarely have face-to-face contact with financial workers now. In order to communicate with financial workers, case managers use the DHS communication form, email, or call financial workers on the Adult Team.

One waiver case manager serves as the county's Adult Protection worker. Other case managers serve as back-up for Adult Protection. Case managers know when there are vulnerable adult reports issued for their participants and they refer cases to the Adult Protection worker when needed. The Adult Protection case manager conducts investigations, and the waiver case manager participates in a lot of the follow up from the investigation, especially in cases of self-neglect. Public Health contacts Social Services by phone or email if they become aware that one of their cases is also open as an adult protection case. In Child Protection, waiver case managers collaborate with child protection workers and share information with one another. DD Case managers reported that they are aware of what is going on with Child Protection cases involving their DD child participants, but might not know about investigation updates immediately.

The Mental Health unit is located in the same area in Social Services as the waiver case managers, and they communicate face-to-face about participants when needed. Adult Mental Health case managers used to manage CADI waiver cases for their Rule 79 Targeted Case Management cases that were also on the CADI waiver. However, there was little oversight of the management of the waiver requirements and the county decided to discontinue that practice. A CADI worker in Social Services now manages the waiver portion of the case and a mental health worker addresses the mental health needs of the participant.

The Social Services Administrator does not have direct contact with the County Board. All communication goes through the Human Services Director. The Public Health Director contacts the Board to get permission to hire staff or make other staffing decisions. The Board is involved in staffing decisions, contracts, and changes in policies that require county funds.

## Health and Safety

In the Quality Assurance survey, Freeborn County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers also indicated they have good, open communication with case managers and that Freeborn County case managers are well-trained.

Case managers stated that they keep current with program and policy changes by attending videoconferences, webinars, attending regional meetings, reading bulletins and Listserv announcements, and by contacting the Help Desk. County staff also attend the Odyssey Conference and other conferences. The county does not offer their own waiver specific trainings, but they do have trainings about other topics like vulnerable adult reporting and Medicare.

The Social Services Administrator reads bulletins and forwards them to staff to review new information. They talk about implementing changes and discuss program changes during regular staff meetings. County staff attend regional waiver meetings which include a mix of presentations, consultations, and discussions about how other counties are managing programs. The Social Services Administrator does case file audits once per month and pulls random files. A Public Health lead worker has the responsibility of maintaining program expertise and shares information with other staff. Information about waiver policies and programs are shared at weekly team meetings.

## Service Development and Gaps

Freeborn County noted that they have a few gaps in the services that are available for participants. County staff shared having only one Day Training and Habilitation provider limits participant options and competition. The county has also seen a decrease in the amount of home health services available. Case managers shared that its foster care providers have been good at working hard to meet participant needs. County staff shared that if they determine the county needs more providers, they informally ask their existing providers if they are interested in expanding services; the county does not usually issue an RFP.

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.

**Freeborn 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 Homes	0	1	4
Schools (IEIC or CTIC)	0	1	3
Public Health Programs for Seniors	0	0	1
Hospitals (in and out of county)	0	3	4
Area Agency on Aging	1	1	0
Residential Providers (CL, SLS)	0	0	4
Employment Providers (DT&H, Supported Employment)	0	0	4
Foster Care (Corporate/Family), Supportive Living Services	0	0	3
Home Health Care	0	0	6
Advocacy Organizations (ARC, Centers for Independent Living)	0	0	4

Case managers primarily monitor providers through their contact with providers and client feedback. A satisfaction sheet is completed by case managers annually or semi-annually, but this information is not used to inform any actions from the county. As a common practice, the licenser asks social workers about foster care providers before visiting the provider.

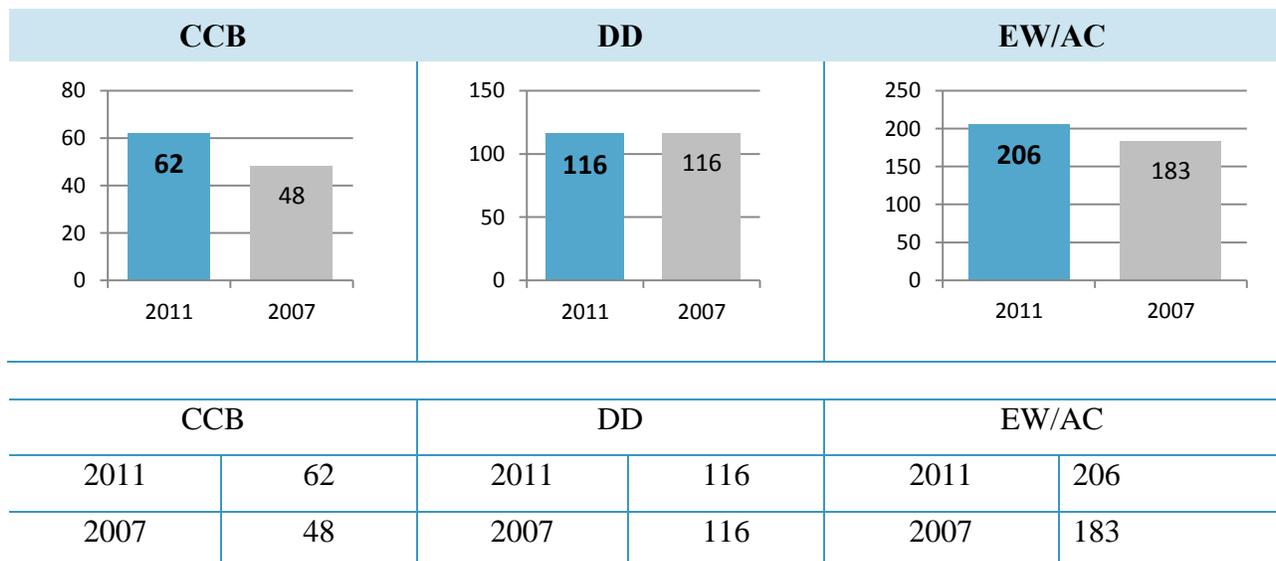
Case managers stated that their relationships with schools have improved recently. Schools now know that case managers should be involved and included in Individual Education Program (IEP) meetings. Case managers still struggle to communicate with some smaller districts in the county. One case manager is on the Community Transition Interagency Committee (CTIC) and another case manager serves on the Help Me Grow early intervention committee.

Case managers noted that the social worker at the hospital calls county staff about participant admissions and discharges. Case managers stated that customized living providers are good about keeping clients as long as they can and successfully delaying nursing home placement. Case managers rated their relationships with home care providers as good noting that the providers expect their staff to be conscientious. Case managers report that there have been no chronic issues with home health care providers. Case managers stated that they do not have much contact with the Area Agency on Aging; it is based in Rochester and tends to be more Rochester-oriented. Case managers stated that the local ARC agency Director is a great resource.

## 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 Freeborn County (2007 & 2011)



**Since 2007, the total number of persons served in the CCB Waiver program in Freeborn County has increased** by 14 participants (29.2 percent); from 48 in 2007 to 62 in 2011. Most of this growth occurred in the case mix B, which grew by 19 people. As a result, Freeborn County may be serving a higher proportion of people with mental health needs on the CCB waivers.

**Since 2007, the number of persons served with the DD waiver in Freeborn County has remained stable** at 116 participants. In comparison, the cohort grew by 6.9 percent. In Freeborn County, the profile groups one and two, the highest need profiles, decreased by a total of seven people. As a result, Freeborn County serves a lower proportion of people in profiles one and two (24.1 percent) than their cohort (33.3 percent).

**Since 2007, the number of persons served in the EW/AC program in Freeborn County has increased** by 23 people (12.6 percent), from 183 people in 2007 to 206 people in 2011. The largest increases occurred in case mixes B and E, which grew by 19 and 16 people respectively. Participants in both of these profiles typically have mental health needs. As a result of these increases, Freeborn County may be serving a larger proportion of individuals with mental health needs on the EW/AC programs.

## 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 (2011)**

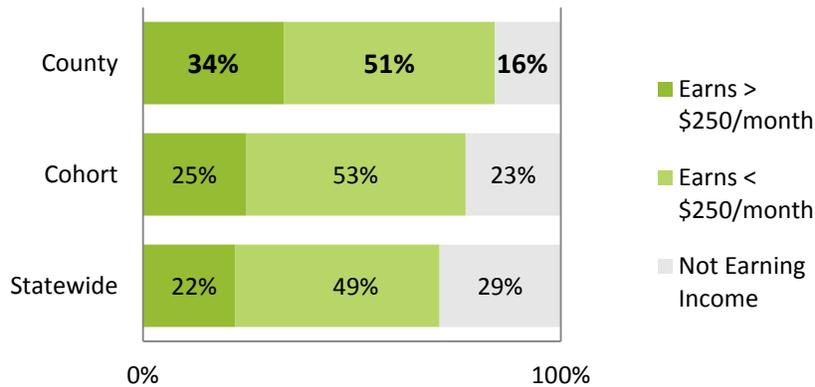


	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Freeborn County	10%	12%	78%
Cohort	13%	18%	69%
Statewide	10%	15%	75%

In 2011, Freeborn County served 60 working age (22-64 years old) CCB participants. Of working age participants, 21.7 percent had earned income, compared to 31.6 percent of the cohort's working age participants. **Freeborn County ranked 56<sup>th</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Freeborn County 10.0 percent of the participants earned \$250 or more per month, compared to 13.4 percent of the cohort's participants. Statewide, 10.0 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

From 2007-2011, the number of working age CCB participants in Freeborn County increased by 21 people. Over the same time period, the percentage of those participants with earned income increased from 12.8 percent to 21.7 percent. In comparison, its cohort increased just slightly from 30.1 percent to 31.6 percent and the statewide rate increased from 10.2 percent to 25.0 percent.

**DD Participants Age 22-64 Earned Income from Employment (2011)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Freeborn County	34%	51%	16%
Cohort	25%	53%	23%
Statewide	22%	49%	29%

In 2011, Freeborn County served 95 DD waiver participants of working age (22-64 years old). **The county ranked 12<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Freeborn County, 33.7 percent of working age participants earned over \$250 per month, while 24.6 percent of working age participants in the cohort as a whole did. Also, 84.2 percent of working age DD waiver participants in Freeborn County had some earned income, while 77.2 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.

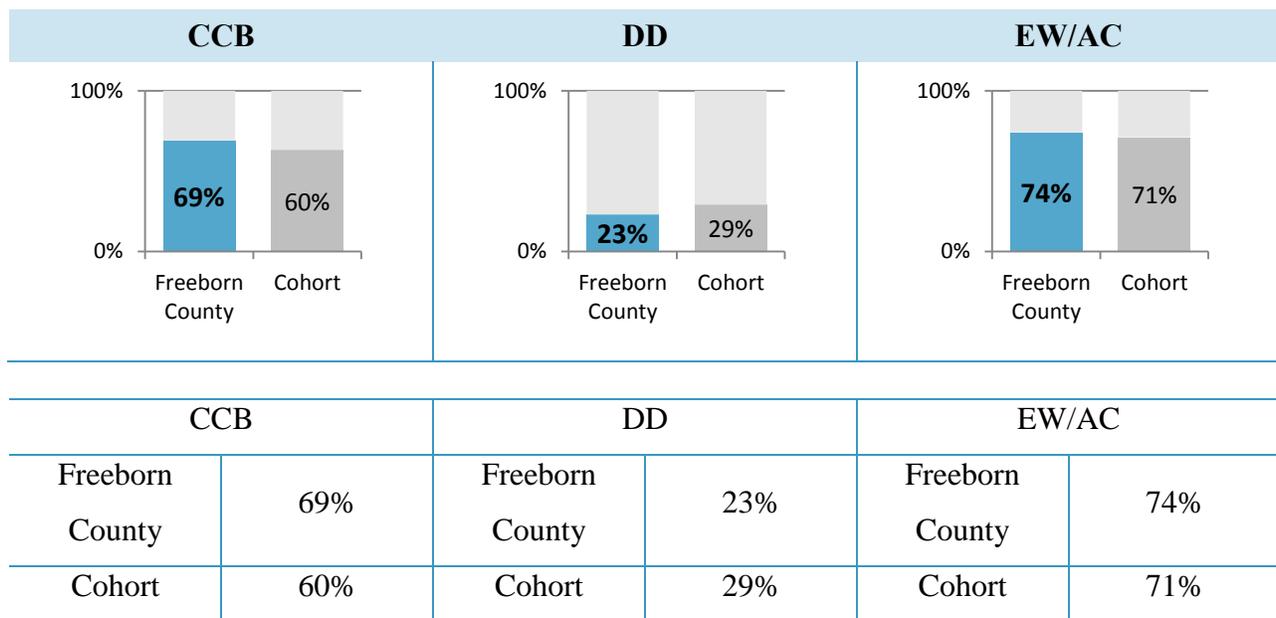
From 2007-2011, Freeborn County's percentage of working-age DD waiver participants with earned income remained stable at just over 84 percent. In comparison, the percentage of working age participants with earned income in the cohort decreased from 80.0 percent to 77.2 percent. Statewide, there was a modest decrease in the number of participants with earnings; from 71.1 percent to 70.8 percent over the same time period. Freeborn County continues to outperform the state average.

In the focus group, all case managers that work with employment providers rated their relationships with these provides as good. They added that the employment providers’ staff are great, and they have good counselors.

## 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 (2011)



**Freeborn County ranks 25<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2011, the county served 43 participants at home. Between 2007 and 2011, the percentage decreased by 7.7 percentage points. In comparison, the cohort percentage fell by 4.5 percentage points and the statewide average fell by 2.0 points. In 2011, 69.4 percent of CCB participants in Freeborn County were served at home. Statewide, 63.0 percent of CCB waiver participants are served at home. Despite the decrease, Freeborn County continues to outperform their cohort and state.

**Freeborn County ranks 67<sup>th</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2011, the county served 27 participants at home. Between 2007 and 2011, the percentage increased by 1.7 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.6 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 1.1 percentage points, from 34.6 percent to 35.7 percent.

**Freeborn County ranks 43<sup>rd</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2011, the county served 152 participants at home. Between 2007 and 2011, the percentage decreased by 3.8 percentage points. In comparison, the percentage of participants served at home fell by 6.1 percentage points in their cohort and increased by 1.2 points statewide. In 2011, 75.4 percent of EW/AC participants were served in their homes statewide. Freeborn County serves a higher proportion of EW/AC participants than their cohort.

**Average Rates per day for CADI and DD services (2011)**

	<b>CADI</b>	<b>DD</b>												
Total average rates per day	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Freeborn County</td><td>\$81</td></tr> <tr><td>Cohort</td><td>\$96</td></tr> </table>	Category	Rate	Freeborn County	\$81	Cohort	\$96	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Freeborn County</td><td>\$182</td></tr> <tr><td>Cohort</td><td>\$172</td></tr> </table>	Category	Rate	Freeborn County	\$182	Cohort	\$172
Category	Rate													
Freeborn County	\$81													
Cohort	\$96													
Category	Rate													
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Cohort	\$172													
Average rate per day for residential services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Freeborn County</td><td>\$137</td></tr> <tr><td>Cohort</td><td>\$156</td></tr> </table>	Category	Rate	Freeborn County	\$137	Cohort	\$156	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Freeborn County</td><td>\$223</td></tr> <tr><td>Cohort</td><td>\$209</td></tr> </table>	Category	Rate	Freeborn County	\$223	Cohort	\$209
Category	Rate													
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Category	Rate													
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Cohort	\$209													
Average rate per day for in-home services	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Freeborn County</td><td>\$55</td></tr> <tr><td>Cohort</td><td>\$57</td></tr> </table>	Category	Rate	Freeborn County	\$55	Cohort	\$57	<table border="1"> <tr><th>Category</th><th>Rate</th></tr> <tr><td>Freeborn County</td><td>\$51</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Category	Rate	Freeborn County	\$51	Cohort	\$81
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Cohort	\$57													
Category	Rate													
Freeborn County	\$51													
Cohort	\$81													

**Average Rates per day for CADI services (2011)**

	Freeborn County	Cohort
Total average rates per day	\$81.45	\$95.98
Average rate per day for <b>residential</b> services	\$136.83	\$155.87
Average rate per day for <b>in-home</b> services	\$55.26	\$56.68

**Average Rates per day for DD services (2011)**

	Freeborn County	Cohort
Total average rates per day	\$182.37	\$171.92
Average rate per day for <b>residential</b> services	\$222.72	\$208.53
Average rate per day for <b>in-home</b> services	\$51.40	\$80.99

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 Freeborn County is \$14.53 (15.1 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Freeborn County spends \$19.04 (12.2 percent) less on residential services and \$1.42 (2.5 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Freeborn County ranks 20<sup>th</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$100.52.

From 2007-2011, the average cost per day for CADI waiver participants in Freeborn County increased by \$38.44 (89.4 percent), from \$43.01 to \$81.45. In comparison, the average cost per day in the cohort increased by \$23.57 (32.6 percent), from \$72.41 to \$95.98. Similarly, the statewide average cost increased by \$23.16 (29.9 percent) over the same time period, from \$77.36 to \$100.52.

**The average cost per day for DD waiver participants in Freeborn County is \$10.45 (6.1 percent) higher than in their cohort.** In comparing the average cost of residential to in-home services, the graph above shows that Freeborn County spends \$14.19 (6.8 percent) more on residential services but \$29.59 (36.5 percent) less on in-home services than their cohort. In a

statewide comparison of the average daily cost of a DD waiver participant, Freeborn County ranks 56th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$188.52.

From 2007-2011, the average cost per day for DD waiver participants in Freeborn County increased by \$3.31 (1.8 percent); from \$179.06 to \$182.37. In comparison, the average cost per day in the cohort increased by \$7.89 (4.8 percent), from \$164.03 to \$171.92. Similarly, the statewide average cost increased by \$8.00 (4.4 percent) over the same time period, from \$180.52 to \$188.52. Although costs have increased, Freeborn County has been able to control the growth more effectively than many other counties.

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.

**Freeborn County has a lower use in the CADI program than its cohort of residential based services** (26% vs. 35% for Foster Care and Customized Living). The county also has lower use than its cohort for employment related services such as Prevocational Services (1% vs. 10%) and Supported Employment Services (6% vs. 12%). They have notably higher use of some in-home services including Homemaker (58% vs. 28%) and Home Delivered Meals (33% vs. 22%), but lower use of others such as Home Health Aide (1% vs. 9%), and Independent Living Services (1% vs. 14%). Fifty percent (50%) of Freeborn County's total payments for CADI services are for residential services (42% foster care and 8% customized living), which is lower than its cohort group (54%). Freeborn County's average corporate foster care rates are higher than its cohort (\$5,702.95 vs. \$5,199.94 per month and \$298.71 vs. \$186.87 per day), while its average 24-hour customized living rates are lower than its cohort (\$1,437.63 vs. \$2,309.82 per month).

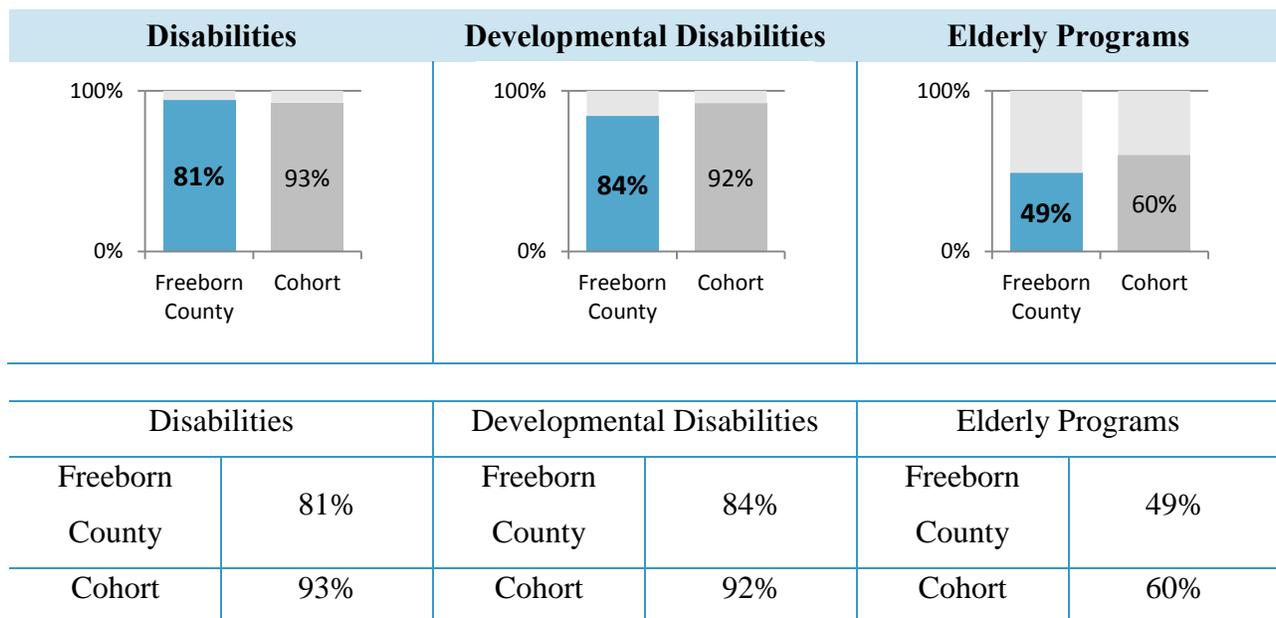
**Freeborn County's use of Supportive Living Services (SLS) is higher than its cohort (76% vs. 70%) in the DD program.** SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The county's use of in-home services are lower than its cohort, including In-Home Family Support (6% vs. 17%) and Personal Supports (1% vs. 5%), but the county same

use of Respite Services (20% vs. 20%). The county also has lower use than its cohort of employment related services such as Supported Employment Services (2% vs. 5%) and Day Training & Habilitation (61% vs. 64%).

## 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 (2011)



**In 2011, Freeborn County served 117 under age 65 Long-Term Care (LTC) participants in HCBS settings and 28 in institutional care.** Freeborn County ranked 86<sup>th</sup> of 87 counties in the percent of LTC participants receiving HCBS; 81.3 percent of their LTC participants received HCBS. This is lower than their cohort, where 92.6 percent were HCBS participants. Since 2007, Freeborn County has increased its use of HCBS by 8.2 percentage points. Statewide, 94.0 percent of LTC participants received HCBS in 2011.

**In 2011, Freeborn County served 128 DD Long-Term Care (LTC) participants in HCBS settings and 23 in institutional settings.** Freeborn County ranked 75<sup>th</sup> of 87 counties in the percentage of LTC participants receiving HCBS with 84.2 percent of its LTC participants receiving HCBS; a lower rate than its cohort (92.3 percent). Freeborn County has slightly improved the rate of participants receiving HCBS services. Since 2007, the county has increased its use by 0.6 percentage points while its cohort rate has increased by 1.5 percentage points. Statewide, 91.6 percent of LTC participants received HCBS in 2011.

**In 2011, Freeborn County served 216 elderly Long-Term Care (LTC) participants in HCBS settings and 249 in institutional care.** Freeborn County ranked 71<sup>st</sup> of 87 counties in the percent of LTC participants receiving HCBS. Of LTC participants, 48.9 percent received HCBS. This is lower than their cohort, where 59.9 percent were HCBS participants. Since 2007, Freeborn County has increased its use of HCBS by 8.9 percentage points, while their cohort has increased by 6.8 percentage points. Statewide, 65.9 percent of LTC participants received HCBS in 2011.

**Nursing Home Usage Rates per 1000 Residents (2011)**

	<b>Freeborn County</b>	Cohort	Statewide
Age 0-64	<b>0.73</b>	0.46	0.47
Age 65-84	<b>27.92</b>	26.01	23.11
TOTAL	<b>6.10</b>	4.59	3.24

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**In 2011, Freeborn County was ranked 62<sup>nd</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, since 2009 the number of nursing home residents 65 and older has decreased by 1.7 percent in Freeborn County. Overall, the number of residents of all ages in nursing facilities has decreased by 2.6 percent since 2009.

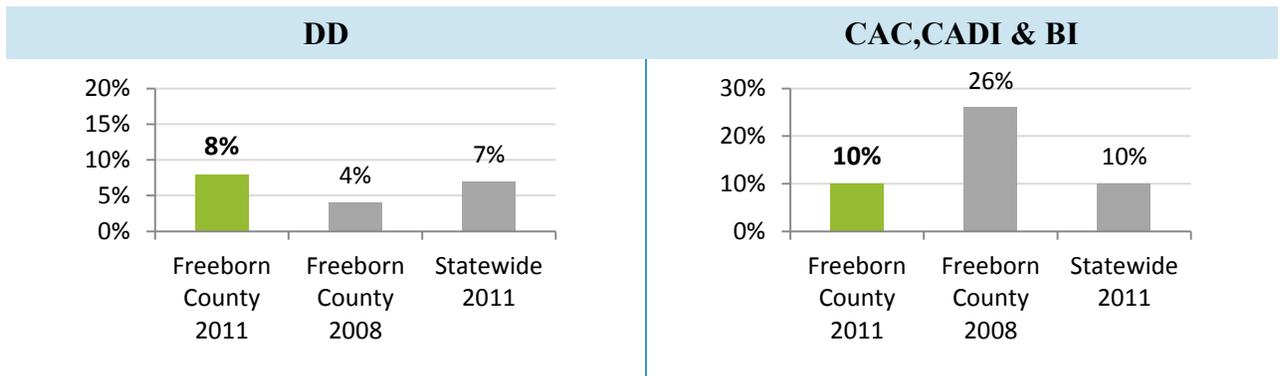
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Most case managers that work with nursing homes rated their relationship with nursing homes as good. The social workers in the nursing home are good and approachable. Nursing home social workers call waiver case managers about admissions and the county case managers frequently know when a participant is being discharged. Nursing home staff also call if they have a billing issue and case managers will try to help them.

## 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
Freeborn County (2011)	8%	10%
Freeborn County (2008)	4%	26%
Statewide (2011)	7%	10%

**At the end of calendar year 2011, 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 2011. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Freeborn County had an 8% balance at the end of calendar year 2011, which indicates the DD waiver budget had a reserve. Freeborn County's DD waiver balance is larger than its balance in CY 2008 (4%), and the statewide average (7%).

**At the end of state fiscal year 2011, the CCB waiver budget had a reserve.** Freeborn County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2011. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Freeborn County had a 10% balance at the end of fiscal year 2011, which is the same balance as the statewide average (10%), but smaller than its balance in FY 2008 (26%).

The county does not currently have a waiting list for the CADI, CAC, or BI waiver programs. For the CCB programs, Social Services staff is on an aggregate funding team with Public Health staff. The group discusses budget requests, which are prioritized based on health, safety, and availability of funds. A senior public health nurse manages the CCB allocations, and this responsibility is being transitioned to the Public Health Director. The public health nurse currently runs simulations and has access to the Waiver Management System. The CCB workers in Human Services meet weekly to talk about referrals and requests.

The DD budget is managed separately from the CCB budget. The DD lead worker in social services manages the DD allocation and is authorized to make changes. The lead worker manages the waiting list and communicates with staff frequently about what funding is available. Currently, there is not a waiting list for the DD waiver in Freeborn County. The responsibility for managing the waiver budget is being transitioned to the Social Services Administrator. The DD team meets as a unit once per month and talks about the budget during this time.

### County 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.

**Freeborn 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

	1	2	3	4	5
Policy Quest	2	1	0	0	2
Help Desk	0	1	2	4	1
Disabilities Service Program Manual	0	1	2	3	1
DHS website	0	4	4	1	0
E-Docs	0	2	4	3	0
Disability Linkage Line	1	1	3	0	1
Senior Linkage Line	1	2	2	1	0
Bulletins	0	3	3	2	0
Videoconference trainings	0	1	4	3	0
Webinars	0	3	2	3	0
Regional Resource Specialist	0	0	2	3	2
Listserv announcements	1	2	2	1	1
MinnesotaHelp.Info	4	0	0	0	0
Ombudsmen	0	2	1	2	1

County staff provided feedback about DHS resources and support that it provides to counties. When using Policy Quest, case managers report that sometimes they do not receive a response in a timely manner. The Social Services Administrator also shared that it can be frustrating waiting for responses from Policy Quest. Case managers stated that the Help Desk is useful when they are able to get in touch with someone, but Help Desk staff are not always available. Case managers also added that they prefer to call with questions because it is more difficult to explain

an issue through email. Case managers said the Disabilities Service Program Manual (DSPM) is an easy tool to look at because it gives definitions and parameters, but added that the information is not always clear. County staff agreed that the DHS website difficult to navigate. The county uses E-Docs to ensure they have the most recent LTCC tool or other required documents. Case managers said E-Docs can be difficult to search successfully without the exact document name or number. While it is helpful, they would prefer that all forms were fillable. The Public Health Director shared that staff would like an email notification when forms have been changed since they assemble packets for case managers before they go out to visit participants.

County staff shared that bulletins are helpful, and provide information that is current most of the time. Case managers noted they would like more face to face presentations instead of videoconference trainings. The Social Services Administrator added that it is a hassle to travel somewhere else to watch the videoconference trainings; even though they have equipment in the county, Freeborn County is not often chosen as an ITV site. Case managers find webinars to be a hard way to learn and they easily get off task, but it is convenient as no travel is required; they noted that they liked the webinar on the customized living tool. County staff shared that the Regional Resource Specialist (RRS) is responsive and answers questions as quickly as she can. While she doesn't have enough time to devote to answering questions, she is a good resource. Case managers noted that their ombudsman is useful in dealing with issues related to guardianship.

## **County Strengths, Recommendations & Corrective Actions**

The findings in the following sections are drawn from reports by the county staff, reviews of participant case files, and observations made during the site visit.

### **Freeborn County Strengths**

The following findings focus on Freeborn County's recent improvements, strengths, and promising practices. They are items or processes used by the county that create positive results for the county and its HCBS participants.

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

During the previous review in 2007, Freeborn County received a corrective action for the following items being out of compliance: current LTCC assessments, DD screening document signatures, OBRA Level One form, ICF/DD Level of Care, and emergency contact information for CCB participants. In 2012, none of these issues remain for Freeborn County, indicating technical improvements over time.
- **Case managers are responsive to participant needs and work hard to ensure participants receive needed services.** In addition, case managers are well-trained and knowledgeable, which allows them to navigate easily across programs within the agency to respond to changing participant needs. Case managers get to know participants and frequently visit them. Participants receive a face-to-face visit from their case manager an average of three times per year across all programs.
- **Freeborn County offers employment opportunities to DD participants and has achieved high rates of participants with earned income.** Freeborn County has a strong focus on employment for participants with developmental disabilities and has the expectation that participants will work. The county ranks 12<sup>th</sup> of 87 counties statewide in the percentage of working age earning income over \$250 a month. In 2011, 33.7% of DD waiver participants (aged 22 to 64 years) earned income over \$250 a month which is higher than the county cohort (24.6%).
- **Freeborn County has the capacity to serve a high need population in the community and serves many participants at home.** The county serves a greater proportion of participants at home in the EW/AC and CCB programs when compared to its cohort and the statewide average. In 2011, the county ranked 25<sup>th</sup> out of 87 in the percent of CCB waiver participants served at home (69.4%) and 43<sup>rd</sup> out of 87 counties in the percent of EW waiver participants served a home (73.8%). Between 2007 and 2011, Freeborn County has also seen an increase in the percent of waiver participants with higher needs.
- **The case files reviewed in Freeborn County consistently met HCBS program requirements.** There was good documentation of required forms including documentation of OBRA Level One, BI forms, CAC forms, informed consent to release information, right to

appeal, and privacy practices (HIPAA). Ninety-eight percent of care plans are current and are signed and dated by the participant.

- **Based on budget allocation reports, Freeborn County waiver budgets are well-managed.** Freeborn County does not currently have a waitlist. The DD waiver budget balance was 8% at the end of CY 2011, and there was a 10% balance in the CADI, CAC and BI programs at the end of FY 2011. This is an adequate amount of reserve funds for a county of this size to balance risks from costly participant crises with meeting local needs.

### Recommendations

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

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** 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. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.
- **Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the CADI program.** Freeborn County has lower rates than its cohort in the percentage of working age participants earning more than \$250 in income for the CADI program (10.0% vs. 13.4%) and ranks 56<sup>th</sup> of 87 counties. The county should build off its current strength in the DD waiver and develop community-based employment opportunities for participants, focusing on creating opportunities that result in higher wages for participants. The county should consider creating a Request for Information (RFI) for the community-based services that you are

looking to develop. The county should set expectations for providers about these services, and ensure they can be accessed by all participants regardless of the program.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** 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. The county should continue to be deliberate in developing service choices that are appropriate for the needs of participants. Work across populations to ensure access to participants regardless of their age or disability. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Proposal (RFP) or Request for Information (RFI). Currently, only 23.3% of DD participants receive services at home (ranking Freeborn County 67<sup>th</sup> of 87 counties).
- **Consider expanding the scope of existing visit sheets to include standard questions to document provider performance and participant satisfaction.** In addition to documenting required face-to-face visits in the participant's case file, visit sheets can be used to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include questions to specifically assess participant satisfaction with providers. The county should also request progress reports as a way to regularly monitor provider performance.
- **Consider formalizing the relationship between Social Services and Public Health.** Aging participants and participants with disabilities would benefit from an interdisciplinary approach to service planning. This is particularly true given that, as noted earlier in the report, the number of persons served in the CCB programs in Freeborn County has increased by 14 participants and in the EW/AC programs by 23 people since 2007, and many of these individuals have mental health needs. The current division of cases between the departments allows the county to assign either a nurse or social worker as case manager. However, participants, such as medically frail elders with mental health barriers, their care planning, and provider selection may have increased advantages from having both types of

expertise, social work and nursing, involved in the case. Freeborn County may want to consider things such as creating staff meetings for case managers from both departments to consult with each other in a more formal setting or creating a liaison to bridge the work of the two departments. In addition, the county should consider moving the management of CAC cases to Public Health in order to better match the medical needs of this particular population to the expertise in the Public Health Department.

- **Develop learning systems that cross units in the agency to allow case managers to stay informed on HCBS programs and to address staff turnover and transitions.** With high caseloads and continually changing programs, administering the waiver programs and providing case management becomes increasingly complicated over time. Moreover, cases are dispersed across many units, supervisors, and offices. It is difficult for staff to stay current on program requirements, and case managers are in need of additional supports. The county may want to consider strategies such as contracting with retired staff to train and mentor new staff; streamlining the process for creating fillable electronic documents in a centralized location accessible to both Public Health and Human Services; and providing regular updates to current case managers to assist them in staying current with the waiver programs;.

### Corrective Action Requirements

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

- **Beginning immediately, ensure that all care plans include documentation of participant choice in their care planning.** Currently, two out of two BI cases, two of 20 EW cases and one out of eight CADI cases do not include documentation of participant choice in the care

plan. The county should ensure that all care plan formats include all required elements such as choice questions.

- **Beginning immediately, include a back-up plan in the care plan of all CADI participants.**<sup>1</sup> All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provided needed services. Currently, six out of eight CADI cases did not have a back-up plan.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Freeborn 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 17 cases. All items are to be corrected by January 28, 2013 and verification submitted to the Waiver Review Team to document full compliance. Freeborn County submitted a completed compliance report on January 28, 2013

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<sup>1</sup> A sample back-up plan with emergency contact information can be accessed at:  
[http://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/dhs\\_id\\_048151.pdf](http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf)

**Waiver Review Performance Indicator Dashboard**

**Scales for Waiver Review Performance Indicator Dashboard**

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

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

PR: Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	89%	89%	86%	100%	DD	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	84%	11%	CCB	DD

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=28</b>	<b>CCB n=12</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	88%	89%	83%	N / A	N / A	N / A
Care plan is current (PR)	98%	100%	100%	91%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	98%	96%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	94%	93%	100%	91%	ALL	N / A
Choice questions answered in care plan (PR)	90%	93%	75%	100%	AC / EW, DD	N / A
Participant needs identified in care plan (PR)	84%	79%	83%	100%	DD	N / A
Inclusion of caregiver needs in care plans	40%	33%	0%	100%	DD	N / A
OBRA Level I in case file (PR)	98%	100%	92%	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 (DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form completed and current	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 (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL

<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>
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Providers report receiving assistance when requested from the LA (Provider survey, n=7)	100%	N / A	N / A	N / A	ALL	N / A
Providers submit monitoring reports to the LA (Provider survey, n=7)	57%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=28</b>	<b>CCB n=12</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Participants have a face-to-face visit at the frequency required by their waiver program (PR)	96%	100%	100%	82%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	71%	68%	50%	100%	DD	AC / EW, CCB
Back-up plan (PR for CCB only)	43%	32%	50%	64%	N / A	CCB
Emergency contact information (PR for CCB only)	80%	75%	83%	91%	DD	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=28</b>	<b>CCB n=12</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A
Person informed of right to appeal documentation in the case file (PR)	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=28</b>	<b>CCB n=12</b>	<b>DD n=11</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	86%	86%	75%	100%	DD	N / A
Documentation of participant satisfaction in the case file	37%	43%	50%	9%	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)	96%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	49%	81%	84%	N / A	ALL
Percent of LTC funds spent on HCBS	N / A	25%	72%	82%	N / A	ALL
Percent of waiver participants with higher needs	N / A	47%	60%	74%	AC / EW	CCB, DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	74%	69%	23%	AC / EW, CCB	DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	34%	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.

**MN Choices** 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.

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

**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.

**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.