

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Scott County**

Waiver Review Site Visit: February 2015

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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 Scott County.

About the Minnesota Department of Human Services

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

About the Improve Group

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

Additional Resources

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

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

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

About the Waiver Review Initiative

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

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

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

Table 1: Summary of Data Collection Methods

Method	Number for Scott County
Case File Review	103 cases
Provider survey	21 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 12 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 Scott County

In February 2015, the Minnesota Department of Human Services conducted a review of Scott County's Home and Community Based Services (HCBS) programs. Scott County is a metro county located in southeast Minnesota. Its county seat is located in Shakopee, Minnesota and the County has another six cities and 11 townships. In State Fiscal Year 2013, Scott County's population was approximately 136,926 and served 864 people through the HCBS programs. According to the 2010 Census Data, Scott County had an elderly population of 6.9%, placing it 87th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Scott County's elderly population, 6.1% are poor, placing it 80th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

All of the HCBS programs are managed in the Adult Services Division of Scott County's Health and Human Services Department. Scott County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) Blue Cross Blue Shield and Medica. The lead agency has one Adult Services Manager and two Adult Services Supervisors who oversee the waiver programs. Each supervisor has a unit of case managers and/or assessors who provide services to HCBS waiver participants. Scott County also contracts with a private agency to provide case management for some adult CADI and DD participants.

One Adult Services Supervisor manages the DD Unit which is comprised of 12 social workers who manage all of the lead agency's DD participants as well as CADI and BI participants who have developmental disabilities. Some case managers in this unit specialize in working with participants in certain age groups such as young children, transition-age youth, or adults. Staff shared that while they attempt to stay true to this specialization, they often are not able to transfer

cases as participants age to another case manager due to caseload sizes. Caseloads for case managers in the DD Unit range from 50-60 cases each. This unit also includes one case aide who is responsible for entering service agreements and screening documents into MMIS and provides general support to case managers.

The other Adult Services Supervisor oversees two Home and Community Care Units – one which focuses on ongoing case management services and one that focuses on MnCHOICES assessments. The Home and Community Care case management unit consists of nine case managers. Five social workers and one nurse manage AC and EW cases and carry caseloads of approximately 70 cases each. Case managers are assigned to specific geographical areas and have designated customized living providers with which they work. Three other case managers in this unit are social workers who work with CAC, CADI, and BI participants and carry caseloads of approximately 57 cases each.

The Home and Community Care assessment unit manages intake and MnCHOICES assessment activities for all of the waiver programs. The Assessment Unit includes one Intake Coordinator and five certified MnCHOICES assessors. Two of the assessors are nurses and three are social workers. The Intake Coordinator gathers initial information from participants and assigns them to an assessor based on their availability. When assigning, they also take into account the participants' age, geographical location, and needs identified during the intake call. After participants are assessed and opened to a waiver program, supervisors meet to discuss which unit will provide case management based on the participants' needs. That unit's supervisor then assigns the case to an ongoing case manager. Assessors meet with the ongoing case manager to formally transfer the case and provide a detailed a summary of the participant's situation.

Working Across the Lead Agency

Staff reported that one of the strengths of the lead agency is their ability to navigate across different units to get participants the services they need. They shared that case managers from the DD and Home and Community Care Units have great relationships with one another. The two units became collocated one year ago and case managers regularly collaborate with one another.

Social workers and nurses share knowledge during informal face-to-face consultations and e-mail conversations.

Lead agency staff shared that case managers have good communication with financial workers in Scott County. Each waiver participant has an assigned financial worker, and case managers regularly receive updated lists that tell them which worker is managing their cases. There are two financial workers who are designated to work with waiver participants over the age of 65. Participants under the age of 65 could be assigned to one of many financial workers depending on what other programs they are on and to whom they were previously assigned. Waiver supervisors regularly meet with the financial supervisor to problem solve. Case managers shared that financial workers are very accessible when they have questions.

Case managers shared that they have good relationships with staff from adult protection and child protection. They stated that they are always notified when there is an open investigation on one of their waiver participants. Case managers also said that, although they do not normally conduct joint visits with protection staff, they may be brought in to consult during investigations depending on the nature of the reports.

Staff reported that case managers work very closely with mental health workers as well. Until recently, waiver participants who also received Rule 79 Targeted Mental Health Case Management had a single case manager who filled both roles. Growing caseloads along with the complexity of cases caused the lead agency to transition to a dual case management model for participants receiving case management under both programs. New participants now have both a waiver case manager and a mental health case manager, with the mental health case manager acting as the lead. Staff shared that there is frequent collaboration between the units and that case managers work with one another to access common resources for their participants. Waiver case managers may attend visits with mental health case managers as well.

The Adult Services Manager and Adult Services Supervisors communicate with the County Board to update them on the waiver programs and to obtain authorization to hire additional waiver staff. In the past, they have presented to the board on how various changes, such as MnCHOICES, affect the management and staffing needs of the waiver programs. The lead agency has also developed several public performance measures to help demonstrate the impact

of the services they provide. They report to the board on a variety of items including total caseloads, timeliness of referrals to assessments, and the number of participants they relocate to less restrictive settings.

Health and Safety

In the Quality Assurance survey, Scott County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that there is good, open communication between case managers, participants and providers. Providers reported that case managers are well-trained and knowledgeable and also shared that the lead agency quickly responds to questions from participants and providers.

Staff shared that one of their biggest challenges is keeping up with the rapidly changing waiver program requirements. All waiver staff receive bulletins and listserv announcements and review changes during their unit meetings which are held twice a month. Supervisors also have weekly one on one meetings with each case manager or assessor to help them problem solve and keep updated on their role and responsibilities. Waiver staff also attend webinars and videoconference trainings provided by DHS. The lead agency also sends staff to quarterly regional meetings to learn information from the Regional Resource Specialist and participates in several metro-wide lead agency work groups to stay informed.

Staff have developed a case manager training manual for new case managers. In addition to being assigned a mentor when they begin, new case managers are trained in on different portions of the manual from staff who are experienced in those areas. New case managers frequently meet with their unit supervisor and have the opportunity to job shadow multiple case managers before taking on a full caseload.

The lead agency conducts quarterly internal audits of waiver participant case files. One staff member audits a percentage of each case manager's files and has a scoring system that they report to the unit supervisor. The results are directly tied to performance reviews, and supervisors discuss them during their one on one meetings with case managers. In addition, The Home and

Community Care Unit also conducts an annual survey of participants to gauge their satisfaction with their case management services. The DD Unit is considering doing a satisfaction survey as well.

Service Development and Gaps

While lead agency staff shared that they work with many great providers, they also indicated that Scott County has several significant service gaps. They reported that finding appropriate housing for waiver participants is often extremely challenging, especially for those who have high behavioral needs. Case managers shared that the moratorium on corporate foster cares and overall lack of customized living providers leaves waiver participants needing residential placements with limited options. The lead agency attempts to bring services into participants' homes whenever possible, but case managers shared that it is difficult to find home care and behavioral support providers who are able send staff to the more outlying or rural areas of Scott County. The lead agency has made attempts to develop more independent housing options for participants. Staff said that that process has been challenging as well, but plan to reignite their efforts in this area in 2015.

Staff also shared that Scott County currently has limited employment options for waiver participants. Case managers said that it is difficult to find opportunities in the community for participants with mental health needs and added that the lack of public transportation further limits those opportunities. Staff said that the lead agency has been working with local vocational providers to offer more community-based employment options. One case manager also attends the Employment First community group focused on the development of employment opportunities. Those meetings include staff from local school districts so that they can learn about the transition process and the resources available to young participants.

Lead agency supervisors generally contact staff from surrounding lead agencies when they have service gaps to learn about other quality providers that may be willing to extend services into Scott County. They reach out to providers to discuss their needs informally. The lead agency collaborates with Dakota and Carver Counties to hold an annual event where they educate people about the waiver programs and let them know all of the resources available to them.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

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

The Adult Services Supervisors manage the pass through billing process for non-enrolled providers. Of the Tier 2 and 3 services, Scott County staff shared that they primarily use non-enrolled vendors for home modifications, transportation, and chore services. Staff shared that because parts of the county are rural, they do not have many affordable options for these services, nor are qualified providers willing to complete the MHCP enrollment process. Therefore, in order to meet participant needs and make these services available, the lead agency must use a lead agency-affiliate vendor arrangement and act as a pass through billing agent.

Nine Tier 2 service claims and two Tier 3 service claims were reviewed and none were found to be in perfect compliance with documentation requirements. A log is maintained, however, it only included Tier 2 providers. The lead agency utilized their own "Letter of Understanding" instead of the DHS template for a Service Purchase Agreement (SPA) and the lead agency's document contained most of the required elements. However, it was not always signed and dated by both the lead agency and vendor.

Community and Provider Relationships/Monitoring

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

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

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	0	5
Schools (IEIC or CTIC)	0	1	3
Hospitals (in and out of county)	1	7	1
Customized Living Providers	0	0	4
Foster Care Providers	0	4	5
Home Care Providers	1	7	0
Employment Providers (DT&H, Supported Employment)	1	1	4

Staff shared that they have very close relationships with providers who serve Scott County. The lead agency sends out a quarterly newsletter to all providers that reviews DHS and lead agency updates. The DD Unit Supervisor holds quarterly meetings with certain providers and the Home and Community Care Unit monitors participants' satisfaction with their providers through their regular participant surveys. The information gathered from the surveys is summarized and shared with staff during unit meetings.

Case managers rated their relationship with schools as average to above average. Case managers noted that although they are assigned to specific school districts, the quality of their relationships with school districts can vary. When their relationship with a school district is strong, they are invited to various school and Individual Education Program (IEP) meetings. Case managers shared that the quality of transition planning in most of the schools could improve, but noted that one school district conducts assessments for vocational and employment services.

All of the case managers who have worked with nursing facilities rated their working relationship as above average, stating that they are always notified when a waiver participant is admitted and are involved in discharge planning. In general, case managers rated their relationship with hospitals as average. They explained that they are not notified if a participant is admitted to the hospital, but they feel that this is likely because hospital staff do not know that the participant has a case manager. They also mentioned that they do not usually receive advance notice about discharge, making the transition back to the community less smooth. Case managers

shared that more recently they have taken time to educate hospital staff about the case manager's role and expectations.

Case managers reported having strong relationships with customized living providers. Case managers are assigned to specific customized living facilities, and this facilitates strong communication between case managers and customized living staff. They also shared that their customized living providers serving CADI, CAC or BI participants have adjusted quickly to the new changes with the Disability Waivers Rates System and the customized living tool.

Case managers rated their working relationships with foster care providers as average to above average. They shared that recent changes to the Disability Waiver Rate System has put some strains on their relationships with family foster care providers, but noted that their corporate family foster care providers have improved at completing paperwork on time.

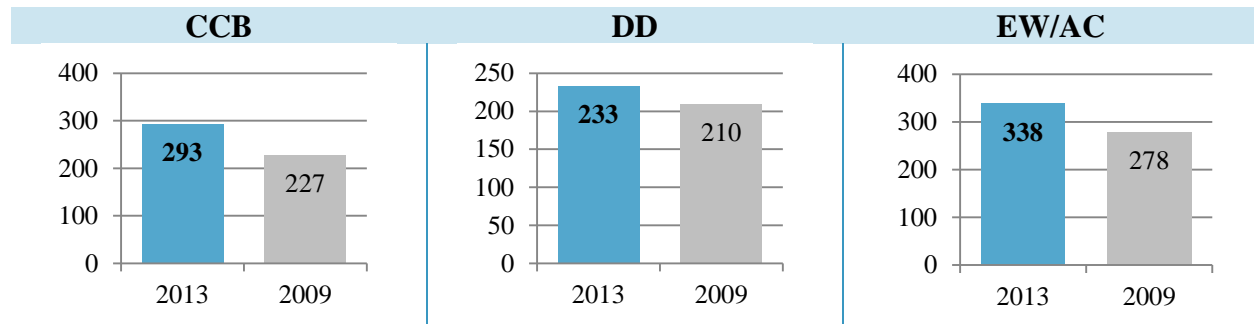
Case managers said their relationship with home care providers are better with in-county providers than with out-of-county providers. Case managers added that they feel that some home care providers are not always aware of the case manager's role and responsibilities which limits their ability to coordinate care.

Finally, case managers explained that their relationships with vocational providers vary. While some providers have been successful in finding community-based work for participants wanting that, other providers have had a difficult time transitioning participants from center based employment to community jobs. Case managers also noted that some providers do not return referral calls in a timely manner which makes it difficult to set up services for waiver participants. The DD Unit Supervisor meets with one of their major vocational providers quarterly and said they do a great job working with DD participants.

Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

Program Enrollment in Scott County (2009 & 2013)



	2009	2013
CCB	227	293
DD	210	233
EW/AC	278	338

Since 2009, the total number of people served in the CCB Waiver program in Scott County has increased by 66 participants (29.1 percent); from 227 in 2009 to 293 in 2013. Most of this growth occurred in the case mix E, which grew by 30 people. With this increase Scott County may be serving a higher proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Scott County increased by 23 participants, from 210 in 2009 to 233 in 2013. In Scott County, the DD waiver program is growing more quickly than in the cohort as a whole. While Scott County experienced an 11.0 percent increase in the number of people served from 2009 to 2013, its cohort had an 8.8 percent increase in number of people served. In Scott County, the profile group 2 increased by 22 people. The greatest change in the cohort profile groups also occurred in people having a Profile 2. Scott County serves a larger proportion of people in these profile groups 1 and 2 (60.9 percent), than its cohort (40.4 percent).

Since 2009, the number of people served in the EW/AC program in Scott County has increased by 60 people (21.6 percent), from 278 people in 2009, to 338 people in 2013. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. The largest increase occurred in people having case mix H, which increased by 20 people.

Value

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

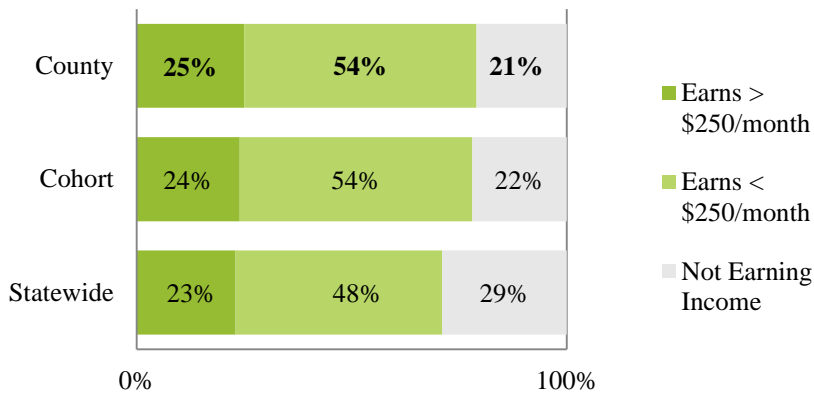
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Scott County	10%	29%	61%
Cohort	14%	19%	67%
Statewide	11%	15%	74%

In 2013, Scott County served 195 working age (22-64 years old) CCB participants. Of working age participants, 39.0 percent had earned income, compared to 32.9 percent of the cohort's working age participants. **Scott County ranked 65th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Scott County 9.7 percent of the participants earned \$250 or more per month, compared to 14.2 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



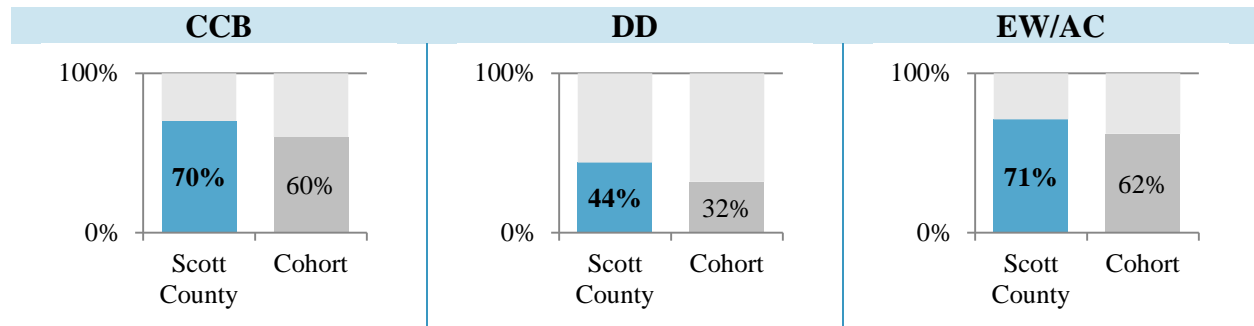
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Scott County	25%	54%	21%
Cohort	24%	54%	22%
Statewide	23%	48%	29%

In 2013, Scott County served 162 DD waiver participants of working age (22-64 years old). **The county ranked 43rd in the state** for working-age participants earning more than \$250 per month. In Scott County, 24.7 percent of working age participants earned \$250 or more per month, while 24.4 percent of working age participants in the cohort as a whole did. Also, 79.0 percent of working age DD waiver participants in Scott County had some earned income, while 78.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2013)



	Scott County	Cohort
CCB	70%	60%
DD	44%	32%
EW/AC	71%	62%

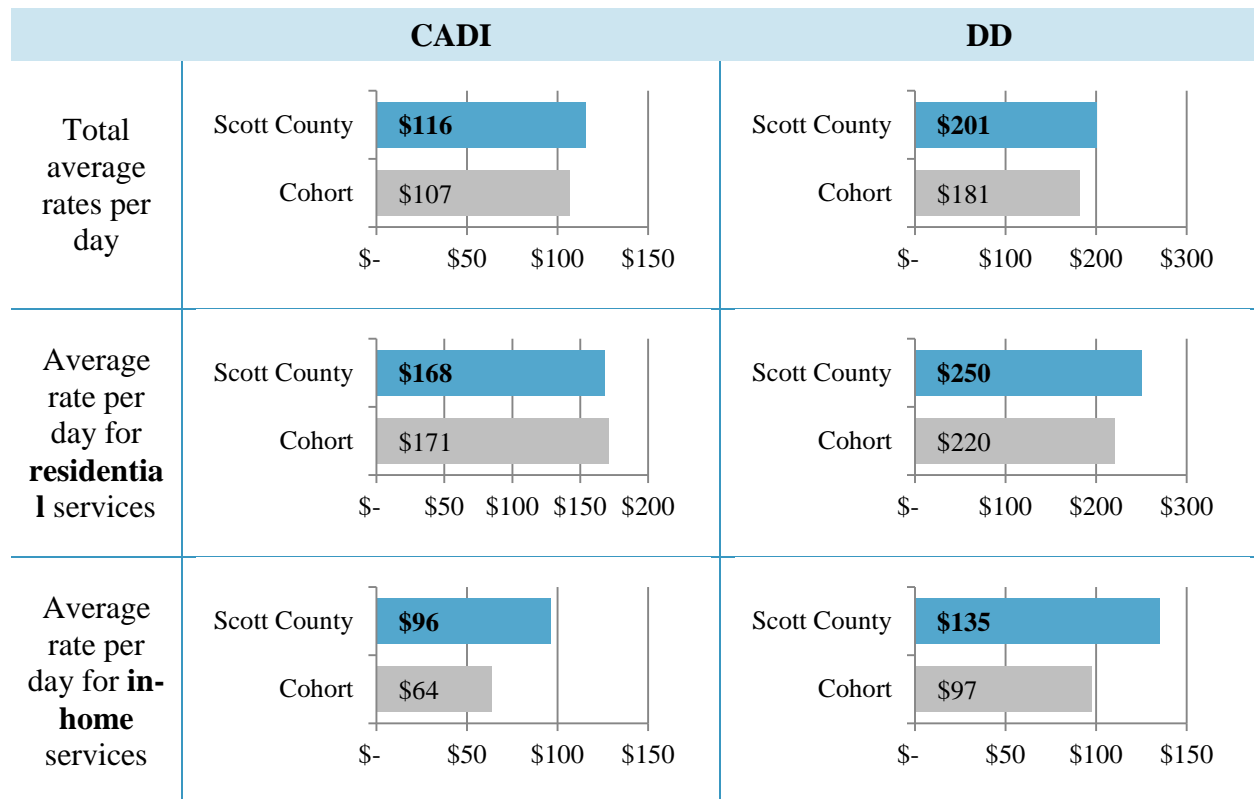
Scott County ranks 25th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 204 participants at home. Between 2009 and 2013, the percentage decreased by 4.8 percentage points. In comparison, the cohort percentage fell by 1.4 percentage points and the statewide average fell by 3.7 points. In 2013, 69.6 percent of CCB participants in Scott County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Scott County ranks 8th out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 102 participants at home. Between 2009 and 2013, the percentage decreased by 1.9 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, rising by only 0.1 percentage points. Statewide, the percentage of DD waiver participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Scott County ranks 45th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 240 participants at home. Between 2009 and 2013, the percentage decreased by 7.1 percentage points. In comparison, the percentage of participants served at home fell by 5.2 percentage points in their cohort and decreased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were

served in their homes statewide. Scott County serves a higher proportion of EW/AC participants at home than their cohort.

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



Average Rates per day for CADI services (2013)

	Scott County	Cohort
Total average rates per day	\$115.51	\$106.85
Average rate per day for residential services	\$168.04	\$170.95
Average rate per day for in-home services	\$96.03	\$63.98

Average Rates per day for DD services (2013)

	Scott County	Cohort
Total average rates per day	\$200.75	\$181.46
Average rate per day for residential services	\$250.43	\$220.48
Average rate per day for in-home services	\$135.17	\$97.29

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Scott County is \$8.66 (8.1 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Scott County spends \$2.91 (1.7 percent) less on residential services, and \$32.05 (50.1 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Scott County ranks 61st of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Scott County is \$19.29 (10.6 percent) higher than in their cohort. In comparing the average cost of residential to in-home services, Scott County spends \$29.95 (13.6 percent) more on residential services, and \$37.88 (38.9 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Scott County ranks 75th 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.

Scott County has a lower use in the CADI program than its cohort of residential based services (Foster Care (15% vs. 26%) and Customized Living (12% vs. 12%)). The lead agency has a higher use of Prevocational Services (16% vs. 10%) and a lower use of Supported Employment Services (7% vs. 13%). They also have a lower use of some in-home services, such as Skilled Nursing (9% vs. 14%), Home Health Aide (2% vs. 5%), Home Delivered Meals (8% vs. 18%), and Homemaker (17% vs. 28%). Thirty-four percent (34%) of Scott County's total payments for CADI services are for residential services (27% foster care and 7% customized living) which is lower than its cohort group (55%).

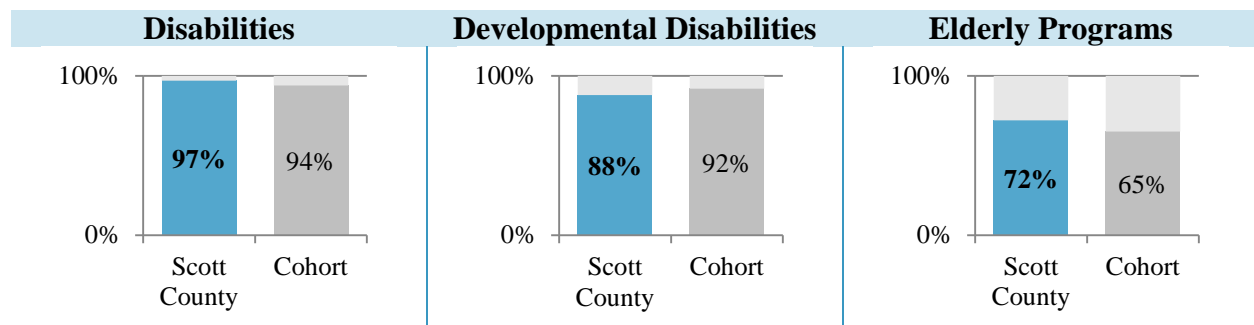
Scott County's use of Supportive Living Services (SLS) is lower than its cohort (55% vs. 67%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of vocational services (Day Training & Habilitation (47% vs. 61%) and Supported Employment Services (4% vs. 4%)). It has a lower use of Respite

Care (13% vs. 18%) and In-Home Family Support (5% vs. 15%) than its cohort, but this likely due in part to its significantly higher utilization of Consumer Directed Community Supports (30% vs. 10%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2013)



	Scott County	Cohort
Disabilities	97%	94%
Developmental Disabilities	88%	92%
Elderly Programs	72%	65%

In 2013, Scott County served 751 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 46 in institutional care. Scott County ranked 11th of 87 counties with 96.5 percent of their LTC participants received HCBS. This is higher than their cohort, where 94.0 percent were HCBS participants. Since 2009, Scott County has increased its use of HCBS by 2.6 percentage points, while the cohort decreased its use by 0.3 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Scott County served 429 LTC participants (persons with development disabilities) in HCBS settings and 53 in institutional settings. Scott County ranked 68th of 87 counties with

87.9 percent of its DD participants receiving HCBS; a lower rate than its cohort (92.0 percent). Since 2009, the county has decreased its use by 2.4 percentage points while its cohort rate has increased by 0.6 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Scott County served 405 LTC participants (over the age of 65) in HCBS settings and 179 in institutional care. Scott County ranked 14th of 87 counties with 72.2 percent of LTC participants receiving HCBS. This is higher than their cohort, where 65.0 percent were HCBS participants. Since 2009, Scott County has increased its use of HCBS by 7.0 percentage points, while their cohort has increased by 3.9 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

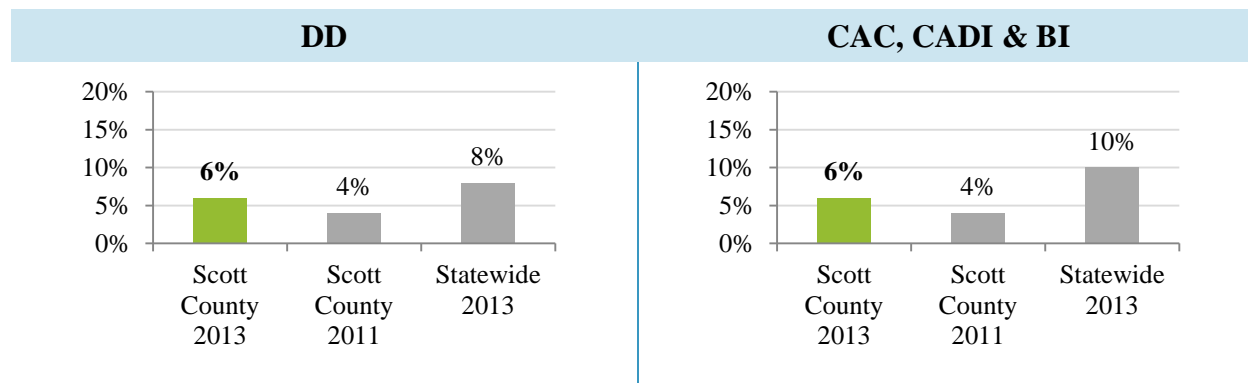
Age	Scott County	Cohort	Statewide
Age 0-64	0.16	0.44	0.52
Age 65+	14.04	22.30	21.03
TOTAL	1.13	3.25	3.00

In 2013, Scott County was ranked 2nd out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults under 65 years old is lower than its cohort and the statewide rate. Scott County also has a lower nursing facility utilization rate for people 65 years and older. Since 2011, the number of nursing home residents 65 and older has decreased by 6.2 percent in Scott County. Overall, the number of residents in nursing facilities has decreased by 3.4 percent since 2011.

Managing Resources

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

Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
Scott County (2013)	6%	6%
Scott County (2011)	4%	4%
Statewide (2013)	8%	10%

At the end of calendar year 2013, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Scott County had a 6% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Scott County’s DD waiver balance is larger than its balance in CY 2011 (4%), but smaller than the statewide average (8%).

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

balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Scott County had a 6% balance at the end of fiscal year 2013, which is a smaller balance than the statewide average (10%), but larger than the balance in FY 2011 (4%).

At the time of the waiver review site visit, MMIS data showed that Scott County has waitlists for the CCB and DD waiver programs. The lead agency reviewed this data during the site visit and reported that while the DD waiver did include individuals that were waiting for waiver services, the CCB waitlist had no individuals actively awaiting services at that time and planned to update the MMIS data. The Home and Community Care Supervisor manages the CCB budget and the DD Unit Supervisor manages the DD budget. The lead agency has a standard policy in place that prioritizes participants on the waitlists based on need and who is at risk of out of home placement. Case managers from both units contact the appropriate supervisor when they have allocation increase requests.

Lead Agency Feedback on DHS Resources

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

Table 3: Scott County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	1	9	0
MMIS Help Desk	0	1	0	1	1
Community Based Services Manual	0	2	4	3	2
DHS website	0	9	2	0	0
E-Docs	0	1	8	3	0
Disability Linkage Line	0	0	0	0	9
Senior Linkage Line	0	0	0	1	5
Bulletins	0	3	7	1	0
Videoconference trainings	1	7	2	1	1

Resource	1= Not Useful	2	3	4	5= Very Useful
Webinars	1	5	4	1	1
Regional Resource Specialist	2	7	0	1	0
Listserv announcements	0	0	3	3	0
MinnesotaHelp.Info	0	0	2	5	1
Ombudsmen	0	7	1	0	0
DB101.org	0	0	3	2	0

Case managers rated Policy Quest as a useful resource and shared that both of the unit supervisors have access to submit questions on behalf of case managers. Case managers reported that case aides use the MMIS Help Desk when they need assistance with entering screening documents into MMIS. Supervisors shared that case aides are sometimes not receiving timely responses to their questions. Case managers said that the Community Based Services Manual is a very useful resource if it is updated. Supervisors shared that the navigation within the manual has improved, but it would be helpful if the manual was updated more frequently. One supervisor also noted that the manual can sometimes be vague, making it difficult to interpret.

Case managers rated the DHS website as somewhat useful stating that it is not user friendly and that they find it difficult to navigate. Case managers said that they use E-Docs and are responsible for finding forms and keeping track of updates to forms. Supervisors shared that case managers are able to save and fill the forms because they have access to Adobe Professional. Case managers reported that participants in Scott County have had positive experiences with the Senior Linkage Line and the Disability Linkage Line. They said both services are very helpful, and they refer participants to these resources.

Case managers generally rated videoconferences and webinars as being somewhat useful. Case managers shared that the presentations in which DHS staff simply reads PowerPoint slides are not very effective. However, they added that the recent training on MnCHOICES was particularly helpful and they appreciate when videoconference trainings are supplemented with a webinar. A few case managers said that webinars sometimes have too much background information and that they would prefer to focus on issues relevant to their specific work.

Case managers and supervisors explained that they have had a significant amount of turnover with their Regional Resource Specialist (RRS) which has made it difficult to develop a good working relationship. They explained that the new RRS is still learning and can be slow in responding to questions, and noted that this may be due to balancing multiple responsibilities. Case managers added that the new RRS continues to hold quarterly meetings for case managers. Case managers said that listserv announcements are very helpful in keeping them updated on the different waiver programs with which they work and supervisors said that they read listserv announcements more than bulletins. Some case managers have used MinnesotaHelp.info and DB101.org and generally rated the usefulness as average to above average. Case managers who have used DB101.org said it has been especially helpful for families with transition age children who are exploring work options. Most of the case managers rated Ombudsmen as not useful explaining that they are not always responsive and there has been some recent turnover in staff.

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.

Scott County Strengths

The following findings focus on Scott 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.

- **Scott County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Scott County received a corrective action for timeliness of referral to LTTC assessments for CCB and EW/AC programs and timeliness of assessment to care plans for the CCB programs. In 2015, Scott County was fully compliant in these areas, thus demonstrating technical improvements over time.
- **The case files reviewed in Scott County consistently met HCBS program requirements.** Participant case files are well-organized and complete. Nearly all of the required documentation and forms were included in the file, including 100% of OBRA Level One forms, ICF/DD Level of Care forms, BI forms, CAC forms, current right to appeal, informed

consent to share information and employment assessment information. Care plans are current, signed and dated by participants and case managers. DD screening documents are current, signed and dated by all required parties. Emergency contacts were included in files and 24 hour supervision was documented for EW cases.

- **Scott County has excellent supports in place to assist case managers.** In particular, the lead agency's leadership team, including the director, manager, and supervisors, are well informed and actively engaged in the management of the waiver programs. Additionally, the County Board is knowledgeable about the waiver programs and have been supportive of hiring staff when necessary to maintain reasonable caseload sizes and properly implement programmatic changes. The lead agency also has an excellent system for training new employees. For example, the supervisor strategically assigns a mentor to all new staff based on what waiver program or population they will serve. The DD supervisor developed a formal training manual for new staff to complete with one-on-one guidance and training from the supervisor and mentorship from seasoned staff.
- **Scott County waiver case managers build strong relationships with waiver participants and providers.** Providers reported that they have good, open communication with case managers and that lead agency staff quickly respond to their questions. Case managers are also responsive to participant needs and help them navigate the systems to receive the services that they need. Case managers have backgrounds in a variety of areas which help them quickly navigate across agency units to provide seamless services for participants. There is a good mix of new and experienced case managers and both are supportive to one another. New case managers bring strengths that include new ideas, energy, and technological literacy and seasoned case managers have strong relationships with participants and are knowledgeable about community resources. Case managers also rated their working relationships with providers and other community service agencies as being strong.
- **Case managers demonstrate person-centered planning practices.** Case managers do a great job of documenting detailed information about participants in the LTCC assessment. 93% of Scott County LTCC assessments were thoroughly complete and detailed. A thoroughly complete and detailed assessment or discovery process helps the case manager develop a strong and comprehensive care plan that is thoughtfully written and meaningful to

each individual participant and his/her unique situation. All care plans reviewed addressed participants' behavioral or medical issues and 83% of care plans reviewed in Scott County included participant friendly language. In addition, 90% of care plans reviewed in the AC and EW programs had individualized and meaningful goals, a practice the lead agency should develop across programs, as only 78% of care plans reviewed in the CCB programs and only 52% of DD care plans reviewed had individualized and meaningful goals.

- **Scott County has the capacity to serve waiver participants with high needs in the community.** From 2009 to 2013, the percentage of waiver participants with high needs increased for the CCB programs (from 91.6% to 95.9%) and EW/AC programs (from 73.0% to 76.6% high needs). Over the same time period, Scott County was able to increase the percentage of long term care recipients receiving services in the community instead of an institution for the CCB programs (93.9% to 96.5%) and EW/AC programs (65.2% to 72.2%). Scott County has also worked hard to use their disability waiver programs to meet the growing need for services for young participants and their families. Serving many participants through HCBS means that Scott County is able to meet participants' health and safety needs within their community and avoid costly and restrictive institutional placements.

Recommendations

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

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 83% of case files

reviewed included the provider name in the care plan, only 17% of cases reviewed included the annual cost.

- **Scott County should build off of current service monitoring or “visit sheets” in the DD program and expand the practice to the AC, EW, CAC, CADI, and BI waiver programs.** These forms can be used to document face-to-face visits and monitoring the fulfillment of the services as outlined in the care plan. They make it possible to consistently document participant progress on goals and changes to needs, monitor providers in their delivery of services, and evaluate provider performance. The lead agency should consider adopting this practice in order to assess participant satisfaction with providers as only 46% of case files reviewed in Scott County included documentation of participant satisfaction.
- **The lead agency should continue working to develop a single care plan format that is person-centered and meets all program requirements.** With the arrival of MnCHOICES, the Adult Services Supervisors and their teams developed a single care plan format to be used for all waiver programs. While the care plan template includes all required information, it could be enhanced to include more detailed information that is unique to the participant. Staff should consider revisiting their old care plan formats to select and combine the strongest components from each document. In addition, the lead agency should consider consolidating the ISP and CDCS care plans for CDCS participants on the DD waiver. This would allow participants to reference one care plan document for all of their program needs. It is important for Scott County to think about organizational efficiencies and to set expectations for the format and quality of care plans to create consistency across the lead agency.
- **Scott County should continue to monitor current caseload sizes.** From 2009 to 2013 enrollment in HCBS waiver programs increased dramatically in Scott County – by 22% for EW/AC, 11% for DD, and 29% for CCB. Caseloads will continue to grow over time and continually changing requirements and complexity of cases will make administering the waiver programs more complicated. The lead agency may want to consider strategies such as expanding use of contracted case management services to help serve participants that live out of the region to cut down on travel time and cover during staffing shortages or hiring additional staff.

- **Continue efforts to expand community-based employment opportunities for participants in the DD and CCB waiver participants.** Between 2009 and 2013, the lead agency was able to increase the percentage of participants earning income by 4.8% in DD programs and 2.6% in the CCB programs. However, Scott County is performing at about the same rate as its cohort for the participants earning more than \$250 per month in the DD program (25% vs 24%) and are underperforming their cohort in the CCB programs (10% vs 14%). While it is clear that case managers in the DD program are working closely with existing providers to increase opportunities for their DD participants, the lead agency should continue to set expectations for providers and ensure they can deliver results for all participants - regardless of the waiver program. The lead agency should also continue to participate in state initiatives to increase meaningful employment options for waiver participants.

Scott County has reserves in the CCB and DD budgets. Scott County had a CCB waiver budget balance of 6% at the end of FY 2013, a 6% budget reserve in their DD budget for CY 2013, and 2014 projections indicate those will be higher. MMIS data also shows a waitlist for these programs. Typically a 3% allocation reserve is more than adequate to manage risk for a lead agency of this size. Therefore, there is room to add more participants via service optimization to reduce the waiting lists or, if the individuals on the waitlist do not want waiver services at this time, to enhance the quality of current waiver participant's lives through services such as supportive employment.

Corrective Action Requirements

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

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Scott County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the lead agency, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow-up on 11 cases. Scott County submitted all required information regarding their case file compliance on March 20, 2015.

- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Scott County to submit a Correction Action plan on this item, a prompt response to this item is required. The Non-Enrolled Vendors Compliance Worksheet(s), which was given to the lead agency, provides detailed information on areas found to be non-compliant for each participant claim reviewed. This report required follow up on 11 cases. Scott County submitted a completed non-enrolled vendor compliance worksheet on March 20, 2015.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

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

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

PR: Program Requirement

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

PARTICIPANT ACCESS	ALL	AC / EW	CCB	DD	Strength	Challenge
Participants waiting for HCBS program services	223	N / A	12	211	N / A	N / A
Screenings done on time for new participants (PR)	97%	100%	94%	98%	ALL	N / A
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	67%	89%	DD	N / A
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=39	CCB n=41	DD n=23	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	99%	100%	98%	N / A	AC / EW, CCB	N / A
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=39	CCB n=41	DD n=23	Strength	Challenge
All needed services to be provided in care plan (PR)	98%	100%	98%	96%	ALL	N / A
Choice questions answered in care plan (PR)	99%	100%	98%	100%	ALL	N / A
Participant needs identified in care plan (PR)	93%	85%	98%	100%	CCB, DD	N / A
Inclusion of caregiver needs in care plans	70%	25%	100%	N / A	CCB	N / A
OBRA Level I in case file (PR)	98%	100%	95%	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)	100%	N / A	N / A	100%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
Related Conditions checklist in case file (DD only)	N / A	N / A	N / A	N / A	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
Employment assessed for working-age participants	100%	N / A	100%	100%	CCB, DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	100%	AC / EW, DD	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=21</i>)	95%	N / A	N / A	N / A	ALL	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=21</i>)	86%	N / A	N / A	N / A	N / A	N / A
LEAD AGENCY UTILIZATION OF NON-ENROLLED VENDORS	ALL	AC / EW	CCB	DD	Strength	Challenge
Service incidents in which lead agency maintained all required qualification documentation for Tier 2 vendors (PR)	0%	N / A	N / A	N / A	N / A	N / A
Service incidents in which lead agency maintained all required qualification documentation for Tier 3 vendors (PR)	0%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=39	CCB n=41	DD n=23	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	95%	100%	98%	83%	AC / EW, CCB	N / A
Health and safety issues outlined in care plan (PR)	99%	100%	98%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	98%	100%	100%	91%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=39	CCB n=41	DD n=23	Strength	Challenge
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

PARTICIPANT RIGHTS & RESPONSIBILITIES (continued)	ALL	AC / EW n=39	CCB n=41	DD n=23	Strength	Challenge
Person informed privacy practice (HIPAA) documentation in the case file (PR)	99%	100%	100%	96%	ALL	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=39	CCB n=41	DD n=23	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	99%	100%	98%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	46%	64%	29%	44%	N / A	N / A
SYSTEM PERFORMANCE	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of required HCBS activities in which the LA is in compliance (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	N / A	N / A	N / A	N / A	N / A	N / A
Percent of LTC recipients receiving HCBS	N / A	72%	97%	88%	AC / EW, CCB	DD
Percent of LTC funds spent on HCBS	N / A	52%	93%	83%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	77%	96%	91%	ALL	N / A
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	98%	65%	N / A	DD
Percent of waiver participants served at home	N / A	71%	70%	44%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	10%	25%	N / A	CCB

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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