

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Pine County**

Waiver Review Site Visit: March 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 Pine 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 Pine County
Case File Review	52 cases
Provider survey	22 respondents
Supervisor Interviews	2 interviews with 3 staff
Focus Group	1 focus group with 13 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 Pine County

In March 2015, the Minnesota Department of Human Services conducted a review of Pine County's Home and Community Based Services (HCBS) programs. Pine County is a rural county located in eastern Minnesota. Its county seat is located in Pine City, Minnesota and the County has another 13 cities and 33 townships. In State Fiscal Year 2013, Pine County's population was approximately 29,125 and served 414 people through the HCBS programs. According to the 2010 Census Data, Pine County had an elderly population of 15.9%, placing it 45th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Pine County's elderly population, 10.0% are poor, placing it 38th (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Pine County Health and Human Services is the lead agency for the HCBS waiver programs. Two departments within the lead agency provide case management for these programs: Adult Services and Public Health. Adult Services is the lead for the CAC, CADI, BI, and DD programs while Public Health is the lead for the AC and EW programs. In January 2015, Pine County and Kanabec County have enhanced their collaboration in their Public Health departments. Pine County case managers work from two locations; Pine City and Sandstone, MN. The lead agency also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) UCare and Blue Plus.

Pine County has one Adult Services Supervisor who oversees seven case managers. There are two DD case managers who have caseloads of approximately 60 cases each. One case manager manages CAC, CADI, and BI cases and has a caseload of 46 cases. The other four are mental health case managers who manage two or three CADI cases each. Participants who receive both

waiver case management and Rule 79 Targeted Mental Health case management typically only have one case manager in Pine County. However, participants with significantly higher mental health needs may have both a waiver case manager and mental health case manager. The Adult Services Supervisor also oversees one social worker who is the primary certified MnCHOICES assessor for participants under age 65 as well as one intake social worker. She also supervises one case aide who enters service agreements and screenings into MMIS and works with the waiver rate management system.

The lead agency has one Public Health Supervisor who oversees five staff who work with the waiver programs. One of them is the Nurse Team Leader who acts as the primary MnCHOICES assessor for participants who are over the age of 65. One social worker manages EW and AC waiver cases and has a caseload of approximately 40 cases. Two other case managers are Registered Nurses who manage EW managed care cases and have caseloads of approximately 80 cases each. Their caseloads also include Community Well cases. In addition, the Public Health Supervisor oversees one case aide who performs data entry for PCA programs, prepares visit packets and provides general support for case managers. Public Health had an open position at the time of the waiver review.

Pine County has separate intake lines for Adult Services and Public Health. Participants under the age of 65 are routed to Adult Services and participants age 65 and older go to Public Health. If an individual calls Pine County's central 800 number, the operator transfers them to the appropriate intake line. Intake staff gather initial information from participants, and they are subsequently assessed by one of the certified MnCHOICES assessors. Although each department has one primary assessor, staff in both Adult Services and Public Health act as backup if the primary assessors are not available. At the time of the review, additional staff were in the process of becoming certified assessors. The Adult Services Supervisor reviews cases at monthly allocation meetings and evaluates whether budgets allow them to be opened to a waiver. Once participants are opened to one of the waiver programs, supervisors assign them to ongoing case managers based on caseload sizes, geographic location, and their assessed needs. Case managers are expected to make their initial visit within a week of being assigned to a case.

Working Across the Lead Agency

Staff shared that one of the strengths of the lead agency was their ability to collaborate with one another. They said that they have a strong team of experienced case managers who brainstorm together to help get participants the services they need. Adult Services has separate weekly staff meetings where staff can consult on cases and communicate about providers. Staff from each department access one another through e-mail, and face to face conversations when they need to draw upon each other's knowledge and expertise. Pine County also has an all staff meeting twice a year to share updates across departments.

Two financial workers located in Sandstone, MN manage the majority of Pine County's waiver cases. There are also several financial workers collocated with waiver case managers at the Pine City office. Case managers shared that they are in frequent contact with financial workers and connect with them typically through e-mail and telephone conversations. They stated that most of the communication revolves around participants obtaining and maintaining Medical Assistance (MA) eligibility. Case managers shared that, although they provide financial workers with updated lists of waiver participants each month, they are not always notified when participants are nearing the end of their eligibility. They stated that communication and utilization of formal financial communication forms could improve this process.

One of the waiver case managers in the Adult Services Department conducts most of Pine County's adult protection investigations while another case manager acts as backup. If an investigation is opened concerning a waiver participant, the waiver case manager is notified and often brought in to consult. The two workers keep an open line of communication with one another and may even go on visits together. Child protection is housed in the Child Services Department and child protection workers are located in Pine City and Sandstone. Staff said that child protection workers communicate with them as needed and that they are currently working on a formal process for waiver case managers to make referrals and vice versa.

Case managers shared that they frequently consult with the mental health case managers within the Adult Services Department to communicate about participants with mental health needs. In situations where cases are dual case managed, staff shared that the two case managers work well

together. There are children's mental health workers in the Child Services Department who manage children who also receive waived services. In those situations, the mental health worker would be the lead on the case.

Pine County's Health and Human Services Director reports to the County Board and provides them information about the number of intakes and new participants being brought on to the waiver programs. The Director also updates the board about upcoming changes that affect the waiver programs and goes to them to request permission to hire additional staff to accommodate growing caseloads.

Health and Safety

In the Quality Assurance survey, Pine 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 advocates for participants, are well-trained and knowledgeable, and are responsive to changes in participant needs.

Case managers shared that one of their biggest challenges is keeping up with the changing waiver program requirements. Supervisors receive bulletins and listserv announcements, distribute them to staff, and review those updates during weekly meetings. Staff also attend quarterly regional meetings and are encouraged to attend other DHS trainings as they become available. They also attend videoconference trainings and webinars to stay current on the waiver programs. In addition, case managers access the Community Based Services Manual regularly to research program requirements. Public Health has an electronic shared drive where the case aide stores the most updated forms. The case aide also creates visit packets for Public Health case managers that also include a community directory of providers and resources.

Supervisors conduct regular audits of participant case files to ensure they meet DHS standards. Adult Services case files are peer reviewed and subsequently reviewed for accuracy by both the case aide and Adult Services Supervisor. In Public Health, the Nurse Team Leader audits all

reassessments and reviews case notes to monitor case manager visits to ensure they are implementing what is written in the care plan. Public Health case files are also audited annually by MCOs.

Service Development and Gaps

Lead agency staff shared that while they have a good network of providers in Pine County, the overall number of providers available is very limited. Providers also have a hard time finding staff in the rural areas. They also highlighted a few significant service gaps in the area.

Staff stated that the lack of employment providers severely limits participant's ability to choose a work program that fits them best. They indicated participants who have had poor experiences with different providers do not have much choice for alternative work experience. Staff also stated that the limitations of their current transportation services inhibits participants' ability to access employment elsewhere. They added that while the local bus system has improved and that participants do utilize volunteer drivers for MA appointments, those resources have limitations, fill up quickly, and are in high demand.

Housing is another significant service gap in Pine County. Staff said that there is an overall lack of foster care providers, especially those that can serve participants with high behavioral needs. In addition, staff stated that Pine County lacks crisis homes and customized living providers for participants under the age of 65.

The Adult Services Supervisor sits on the Region 7E Advisory Council which is working to develop mental health services in eastern Minnesota. Residential and employment providers also attend their meetings. After the closure of a crisis provider, the council partnered with another provider to develop a crisis line. They are also working with several providers to develop more crisis beds in their current locations. In addition, the council aims to create more affordable housing options for participants with mental illness through several methods including subsidized rent credit and developing more affordable apartments.

Public Health staff attend the Pine County Fair to educate potential participants about all of the waiver programs. They set up a table with displays and hand out informational brochures. They

also attend a community health fair twice a year. Different providers attend the health fair which allows participants to learn about the resources are available in their community.

Non-Enrolled Tier 2 and 3 Vendor Monitoring

Pine 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 Nurse Team Leader manages the pass through billing process for non-enrolled providers. Of the Tier 2 and 3 services, Pine County staff shared that they primarily use home modifications and chore services. Staff shared that because they are a rural community, they do not have many affordable options for these services. Therefore, in order to meet local needs and make these services available, the lead agency must use the lead agency-affiliate vendor arrangement and act as a pass through billing agent.

One Tier 2 service claim was reviewed and it was not found to be in compliance with documentation requirements. While the lead agency used an old version of the DHS service purchase agreement (SPA) it did not contain all the required elements. The lead agency kept a log of non-enrolled vendors stored in Public Health's shared drive but the log did not include the date that the lead agency verified that the vendor was not on the CMS or MHCP Exclusion Lists.

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: Pine County Case Manager Rankings of Local Agency Relationships

Local Agencies	Below Average	Average	Above Average
Nursing Facility	0	5	3
Schools (IEIC or CTIC)	0	0	3
Hospitals (in and out of county)	0	6	1
Customized Living Providers	0	4	1
Foster Care Providers	0	0	7
Home Care Providers	0	5	3
Employment Providers (DT&H, Supported Employment)	0	0	7

Lead agency staff shared that they have good relationships with providers in Pine County. They stated that case managers do regular drop-in visits to providers to ensure their participants are receiving quality services and that the providers are very open to that practice. Case managers discuss provider performance during staff meetings and contact providers directly if issues arise.

Case managers' ratings of their relationships with nursing facilities varied. The workers said nursing facility staff are very cooperative and always return their calls about concerns regarding vulnerable adults. Case managers said that most nursing facilities do not do a good job of discharge planning and often give too short of a discharge notice. They also added that they are not always notified when a waiver participant is admitted to a nursing facility.

Case managers said that they work primarily with four school districts in Pine County and reported having very strong relationships with school staff. They shared that they're invited to Individualized Education Program (IEP) meetings and that schools do a good job of transition planning. One case managers also said that they serve on a local Community Transition Interagency Committee (CTIC).

Case managers generally rated their relationships with staff at the local hospitals as average. Case managers stated that communication with hospital staff has been a challenge. Case managers shared that they are not always notified when adult participants are admitted or

discharged, which makes coordinating services for those participants difficult. They also shared that hospitals are often discharge participants before they are ready.

Case managers generally rated the relationship with customized living providers as average. Case managers shared that communication can be a challenge, but it is better with the customized living providers in the county compared with the out-of county providers. They also said that while customized living providers work hard to keep participants, there are limited choices for people under 65 with high behavioral needs.

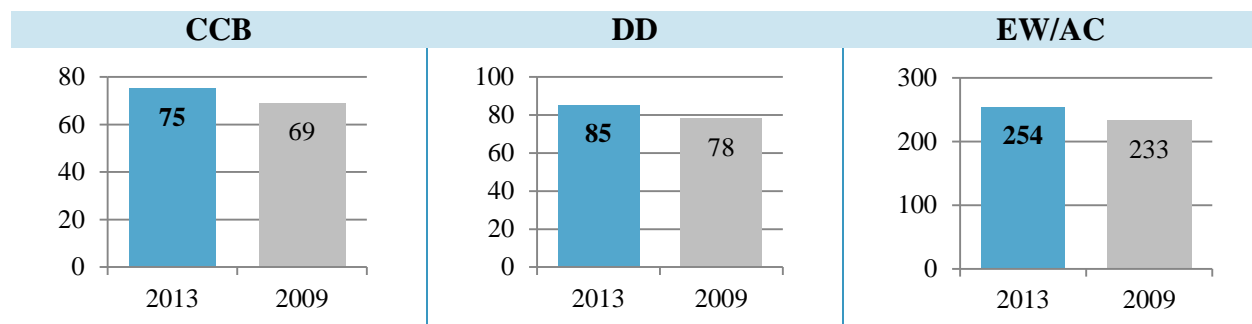
Case managers rated their working relationships with foster care providers very highly. They shared that there is strong communication, and foster care staff are very responsive to requests for information about participants. Case managers also rated their relationships with home care providers as average to above average but most case managers agreed that there are limited numbers of available choices and high amounts of staff turnover.

Case managers rated their relationships with vocational providers as above average. Case managers said that they have good communication with employment providers and given the lack of resources in the area, providers work hard to find placements for participants that are a good match for their abilities.

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 Pine County (2009 & 2013)



	2009	2013
CCB	69	75
DD	78	85
EW/AC	233	254

Since 2009, the total number of people served in the CCB Waiver program in Pine County has increased by 6 participants (8.7 percent); from 69 in 2009 to 75 in 2013. Most of this growth occurred in the case mix B, which grew by 2 people. With this increase Pine County may be serving a higher proportion of people with mental health needs.

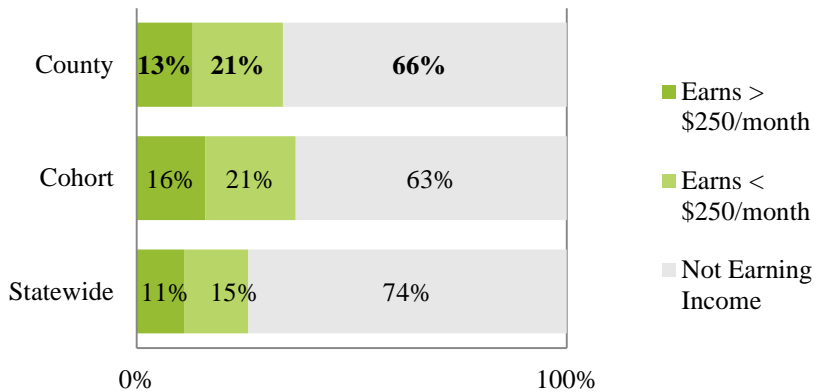
Since 2009, the number of people served with the DD waiver in Pine County increased by 7 participants, from 78 in 2009 to 85 in 2013. In Pine County, the DD waiver program is growing more quickly than in the cohort as a whole. While Pine County experienced a 9.0 percent increase in the number of people served from 2009 to 2013, its cohort had a 7.0 percent increase in number of people served. In Pine County, the profile group 4 increased by 6 people. The greatest change in the cohort profile groups occurred in people having a Profile 3. With the increase in the number of people in Profiles 1 and 2, Pine County serves a larger proportion of people in these groups (37.6 percent), than its cohort (35.2 percent).

Since 2009, the number of people served in the EW/AC program in Pine County has increased by 21 people (9.0 percent), from 233 people in 2009 to 254 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 17 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.

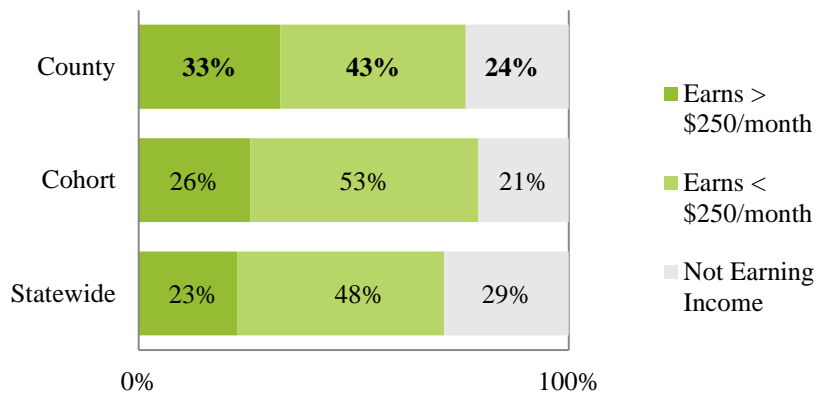
CCB Participants Age 22-64 Earned Income from Employment (2013)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Pine County	13%	21%	66%
Cohort	16%	21%	63%
Statewide	11%	15%	74%

In 2013, Pine County served 62 working age (22-64 years old) CCB participants. Of working age participants, 33.9 percent had earned income, compared to 36.3 percent of the cohort's working age participants. **Pine County ranked 47th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Pine County 12.9 percent of the participants earned \$250 or more per month, compared to 15.7 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)



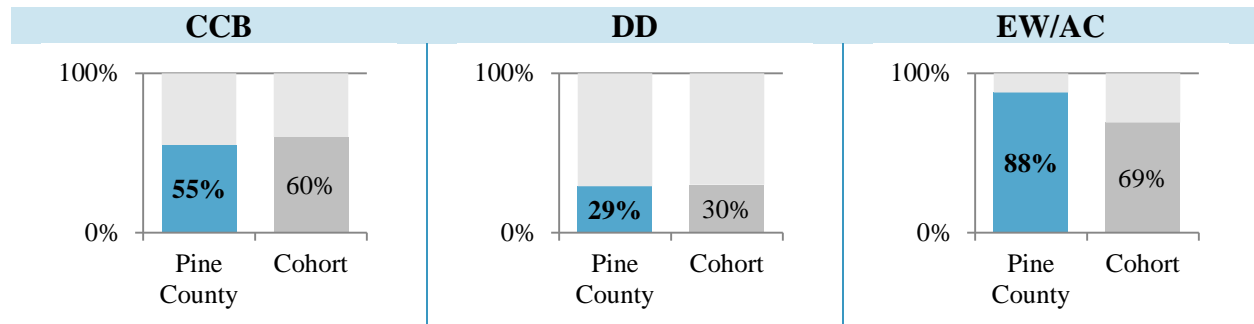
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Pine County	33%	43%	24%
Cohort	26%	53%	21%
Statewide	23%	48%	29%

In 2013, Pine County served 67 DD waiver participants of working age (22-64 years old). **The county ranked 16th in the state** for working-age participants earning more than \$250 per month. In Pine County, 32.8 percent of working age participants earned \$250 or more per month, while 26.4 percent of working age participants in the cohort as a whole did. Also, 76.1 percent of working age DD waiver participants in Pine County had some earned income, while 79.3 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)



	Pine County	Cohort
CCB	55%	60%
DD	29%	30%
EW/AC	88%	69%

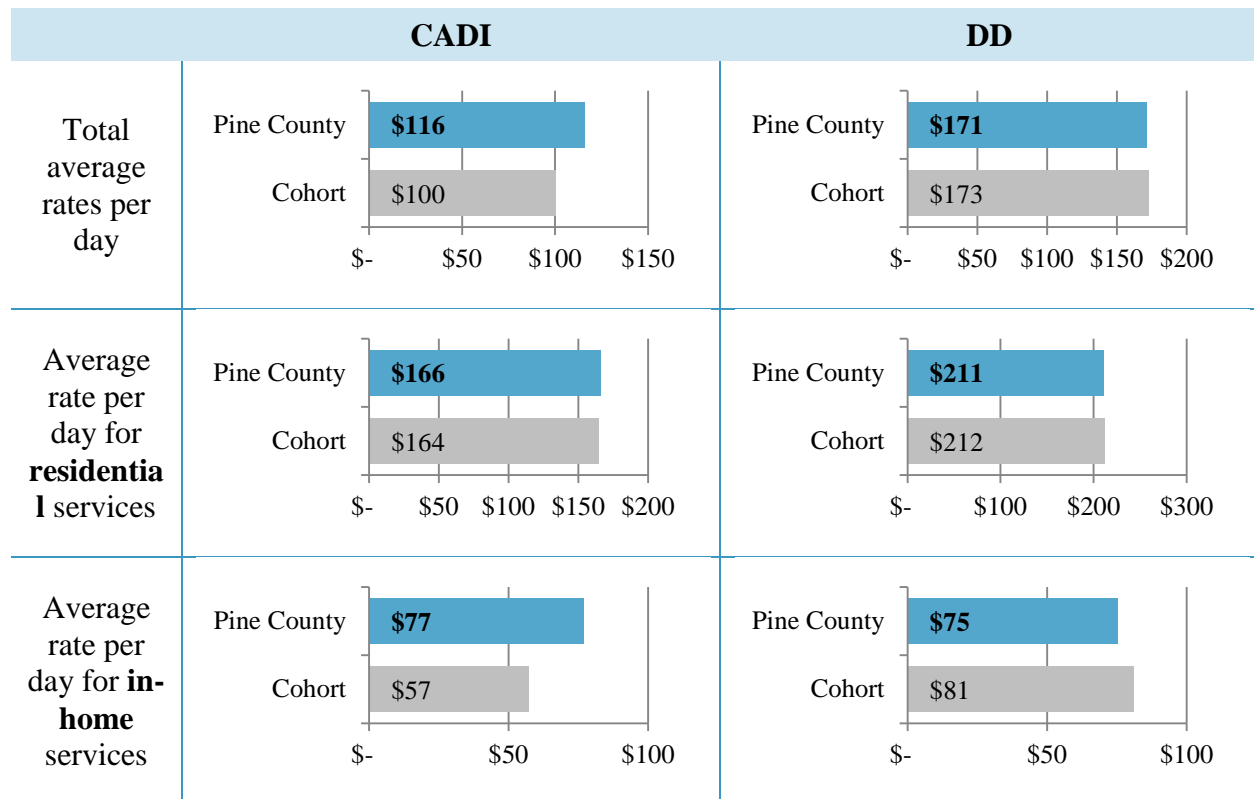
Pine County ranks 66th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 41 participants at home. Between 2009 and 2013, the percentage decreased by 14.9 percentage points. In comparison, the cohort percentage fell by 2.8 percentage points and the statewide average fell by 3.7 points. In 2013, 54.7 percent of CCB participants in Pine County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Pine County ranks 42nd out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 25 participants at home. Between 2009 and 2013, the percentage increased by 3.8 percentage points. In comparison, the percentage of participants served at home in their cohort increased by 1.2 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.

Pine County ranks 12th out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 224 participants at home. Between 2009 and 2013, the percentage increased by 7.5 percentage points. In comparison, the percentage of participants served at home fell by 6.9 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. Pine County serves a higher proportion of EW/AC participants at home than their cohort or the state.

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



Average Rates per day for CADI services (2013)

	Pine County	Cohort
Total average rates per day	\$116.00	\$100.18
Average rate per day for residential services	\$165.88	\$164.14
Average rate per day for in-home services	\$76.99	\$57.27

Average Rates per day for DD services (2013)

	Pine County	Cohort
Total average rates per day	\$171.27	\$172.82
Average rate per day for residential services	\$211.11	\$211.72
Average rate per day for in-home services	\$75.35	\$80.94

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 Pine County is \$15.82 (15.8 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Pine County spends \$1.74 (1.1 percent) more on residential services, and \$19.72 (34.4 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Pine County ranks 64th 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 Pine County is \$1.55 (0.9 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Pine County spends \$.61 (0.3 percent) less on residential services, and \$5.59 (6.9 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Pine County ranks 39th 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.

Pine County has a higher use in the CADI program than its cohort of some residential based services like Foster Care (32% vs. 28%) and equal use of others like Customized Living (8% vs. 8%). The lead agency has a lower use of Prevocational Services (8% vs. 11%) and a higher use of Supported Employment Services (26% vs. 11%). They have a lower use of some in-home services, such as Skilled Nursing (6% vs. 16%), Home Delivered Meals (10% vs. 21%), and Homemaker (20% vs. 27%). Fifty-five percent (55%) of Pine County's total payments for CADI services are for residential services (52% foster care and 3% customized living) which is slightly lower than its cohort group (57%). Pine County's family foster care rates are higher than its cohort when billed daily and \$168.33 vs. \$150.71 per day). Corporate foster care rates are lower than its cohort when billed daily (\$181.50 vs. \$196.65 per day).

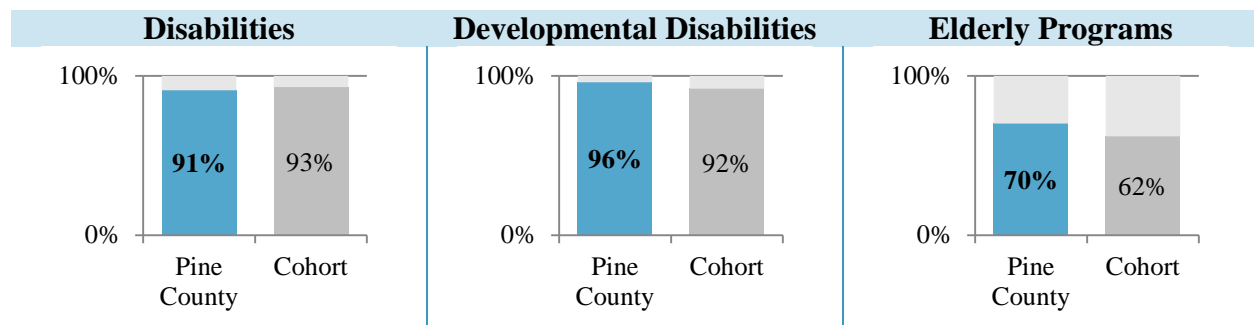
Pine County's use of Supportive Living Services (SLS) is slightly higher than its cohort (70% vs. 69%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in

his/her own home. The lead agency has a higher use of Day Training & Habilitation (82% vs. 64%) and a lower use of Respite Care (12% vs. 18%) and In-Home Family Support (16% vs. 17%) than its cohort.

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2013)



	Pine County	Cohort
Disabilities	91%	93%
Developmental Disabilities	96%	92%
Elderly Programs	70%	62%

In 2013, Pine County served 217 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 44 in institutional care. Pine County ranked 64th of 87 counties with 90.8 percent of their LTC participants received HCBS. This is lower than their cohort, where 92.9 percent were HCBS participants. Since 2009, Pine County has decreased its use of HCBS by 1.0 percentage points, while the cohort increased its use by 0.8 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Pine County served 113 LTC participants (persons with development disabilities) in HCBS settings and 7 in institutional settings. Pine County ranked 27th of 87 counties with

95.6 percent of its DD participants receiving HCBS; a higher rate than its cohort (92.2 percent). Since 2009, the county has increased its use by 2.1 percentage points while its cohort rate has increased by 1.0 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Pine County served 262 LTC participants (over the age of 65) in HCBS settings and 132 in institutional care. Pine County ranked 23rd of 87 counties with 70.2 percent of LTC participants receiving HCBS. This is higher than their cohort, where 62.1 percent were HCBS participants. Since 2009, Pine County has increased its use of HCBS by 4.1 percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

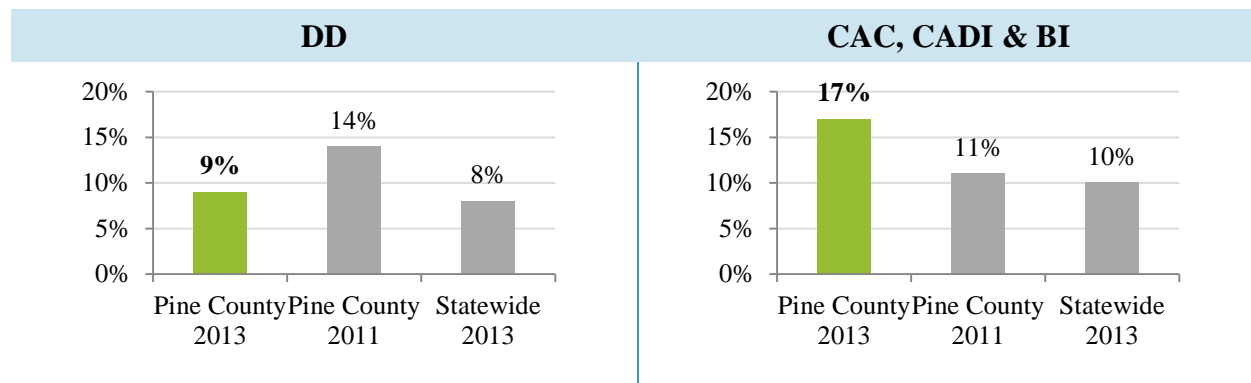
Age	Pine County	Cohort	Statewide
Age 0-64	0.89	0.53	0.52
Age 65+	20.32	23.40	21.03
TOTAL	3.70	4.17	3.00

In 2013, Pine County was ranked 28th 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 higher than its cohort and the statewide rate. However, Pine County 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 4.2 percent in Pine County. Overall, the number of residents in nursing facilities has decreased by 1.0 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
Pine County (2013)	9%	17%
Pine County (2011)	14%	11%
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, Pine County had a 9% balance at the end of calendar year 2013, which indicates the DD waiver budget had a reserve. Pine County’s DD waiver balance is smaller than its balance in CY 2011 (14%), but slightly higher than the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Pine 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, Pine County had a 17% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), and the balance in FY 2011 (11%).

Pine County currently has waitlists for the CCB and DD waiver programs. The Adult Services Supervisor monitors both budgets and approves all allocation increase requests. Case managers request allocation increases using formal “Request for Funding” forms or face-to-face during staff meetings. The case aide from Adult Services runs simulations using the Waiver Management System (WMS) to see if the budgets will support increases. The Adult Services Supervisor, case aide, and primary MnCHOICES assessor meet monthly to discuss the budgets and waitlists. The lead agency has a policy in place that prioritizes participants on the waitlists based on their level of need for services.

Lead Agency Feedback on DHS Resources

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

Table 3: Pine County Case Manager Rankings of DHS Resources

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

Regional Resource Specialist	0	0	0	4	0
Listserv announcements	0	0	1	0	1
MinnesotaHelp.Info	0	2	0	1	2
Ombudsmen	3	1	1	0	0
DB101.org	0	0	0	1	0

Case managers said that they use E-Docs and are responsible for finding forms and keeping track of updates to forms. The case aide from Public Health uses E-Docs to get the most current forms to put in visit packets for waiver case managers. Case managers and supervisors said that the new Regional Resource Specialist (RRS) is excellent and is very responsive to questions. One of the supervisors mentioned that they would like it if the RRS could come to the lead agency to visit.

One case manager said that they have access to Policy Quest and rated it as not useful citing that they often do not receive timely responses to their questions. One lead agency supervisor is also able to ask questions through Policy Quest and shared that sometimes the response is to refer them back to the CBSM instead of receiving a more detailed response to their question. The usefulness of the Community Based Service Manual (CBSM) varied among case managers, but most agreed that they cannot always find specific information quickly and do not always have time to search the manual for answers. Supervisors shared that all case aides and case managers have had training from DHS staff on how to use the MMIS manual, and case managers who have used the MMIS Help Desk rated the usefulness as above average. However, case managers noted that the key word search function is not very helpful and could be improved.

Case managers rated the DHS website as moderately to not very useful stating that it is not very user friendly and that they find it difficult to navigate. Lead agency staff said they receive bulletins and find them informative and share them at weekly meetings. The majority of case managers said that even though the amount of bulletins they received have decreased, they still can get overwhelmed by the amount of information contained in each bulletin. The staff also said that bulletins are sometimes difficult to understand. Only a few case managers have used Listserv announcements and rated their usefulness as average to above average. Case managers rated videoconferences and webinars as being somewhat useful. Case managers said that videoconference trainings are convenient since they are a site but that the quality of

videoconference trainings depends on the speaker. Case managers shared that they like webinars because they can watch them at their own computers but noted that they sometimes experience technological issues.

Case managers shared that they refer participants both to the Senior Linkage Line and the Disability Linkage Line and rated their usefulness as below average to above average. Case managers who rated the Disability Linkage Line as very useful said that it has been a good resource for MA and UCare eligibility questions. Case managers who rated the Disability and Senior Linkage Line as not very useful said that some staff are referring participants to services that are not available at the county. Case managers said that they refer participants and families to MinnesotaHelp.Info as a tool for finding different community resources and think it is a helpful resource. One case manager has used DB101.org and said it was a nice resource to use with participants to see how work impacts their benefits. Some staff said they have had differing experiences with the responsiveness and helpfulness of the Ombudsmen while other staff shared that they have had positive experiences with Ombudsmen in the past.

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.

Pine County Strengths

The following findings focus on Pine 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.

The following findings focus on Pine 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.

- **Pine County addresses issues to comply with Federal and State requirements.** During the previous review in 2011, Pine County received a corrective action for right to appeal, consent to release information, current care plans, documentation of needs in the care plan,

and back-up plans and emergency contact information for CADI participants. In 2015, none of these issues remain for Pine County indicating technical improvements over time.

- **The case files reviewed in Pine 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, the Related Conditions Checklist, signed and dated notice of privacy practices (HIPPA) and informed consent to share information. Care plans are current, signed and dated by participants and case managers. Emergency contacts were included in files, 24 hour supervision was documented for EW cases, and required choice questions were answered.
- **Pine County has high quality care plans that include all required information and are person-centered.** The care plan is the one document that all participants receive that contains all the information about their plan of care. The care plans reviewed included 100% of required content, such as participant health and safety issues and participant outcomes and goals were documented. The lead agency also included information about needs, services, and health and safety in the care plan which exceeds program requirements. Moreover, care plans in Pine County were thoughtfully written and meaningful to each individual participant and his/her unique situation. 92% of care plans reviewed included goals that were individualized and meaningful and 98% of care plans reviewed addressed participants' behavioral medical issues.
- **Case managers are advocates for participants, and bring knowledge and experience about waiver programs to their work.** Case managers are also responsive, resourceful, and creative when coordinating services to meet participants' needs. In the provider survey, 95% of respondents said that case managers are responsive to consumer changing needs. Case managers are also in frequent contact with their HCBS waiver participants through face-to-face visits as they see participants an average of 3.8 times every 18 months across all programs.
- **Pine County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have local ties to the community, giving them good knowledge of the community and who can provide needed services for

participants. Case managers have developed close working relationships with providers. Additionally, Pine County monitors providers by gathering participant feedback about services. These relationships assure that providers are responsive to participants' changing needs. In particular, case managers have strong communication with local schools, vocational providers, and foster care providers. Furthermore, providers responding to a survey identified open communication with case managers as a county strength.

- **Pine County case managers work well with each other across departments.** The Public Health and the Adult Services departments and their staff have excellent working relationships with one another. Teamwork and collaboration among social workers and the public health nurses are strengths of the lead agency. Social workers and public health nurses are able to consult with each other regularly on cases despite working across different buildings. More recently, lead agency supervisors moved a few public health nurses over to the Human Services building and Public Health added a social worker to their team. The adult protection unit is also housed in the Human Services building which helps case managers coordinate services and supports to address participants' health and safety needs. In addition, Pine County case managers also specialize in certain areas in order to better serve participants. For example, some mental health waiver case managers are also CADI case managers. This interdisciplinary approach to waiver case management ensures that perspectives and expertise from multiple fields are considered when care planning which benefits waiver participants.
- **Pine County Public Health has developed a strong electronic case file system for the waiver programs.** Public Health uses an electronic system for case files to promote consistency across programs and cases they manage. The electronic case file system is well organized and easy to navigate. This helps provide seamless services to participants as important information is easily accessible in the event that a case manager is out of the office.

Recommendations

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

- **Continue to work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** In particular, Pine County had lower rates of participants served at home than its cohort in the DD program (29.4% vs. 30.2%) and CCB programs (54.7% vs. 60.0%), ranking 42nd and 66th, respectively, out of 87 counties. It is recommended that the lead agency build on the success evident in its EW/AC programs; 88% of EW/AC waiver participants are being served at home (ranking 12th out of 87 counties). To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should continue to work on repurposing foster care capacity, specifically repurposing foster care beds within the county to serve more high needs participants.
- **Create visit sheets and use them consistently across the waiver programs to document provider performance and participant satisfaction.** Visit sheets are a good way to document face-to-face visits in the participant's case file, and they allow new and experienced staff to ensure the participants are being visited at the frequency required by their program. In addition to documenting visits, visit sheets should be used in a formal way to monitor provider performance and completion of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Pine County, only 37% of the case files reviewed contained documentation of participant satisfaction. Pine County should consider summarizing the provider performance and participant satisfaction results to share with providers.

- **Pine County should consider using contracted case management services to help serve participants that live out of the region and to cover during staffing shortages.** Other lead agencies have found that contracted case management in these types of situations is an effective use of case management time. For participants placed in other counties, a contracted case manager often has more knowledge of local resources to ensure quality service delivery. This also reduces some burden on staff as some cases require significant travel time and frees up time for new case managers to provide quality care to participants and to keep up with HCBS requirements. In such cases, the lead agency needs to require contracted case managers to adhere to Pine County practices and maintain case files with documentation of all required paperwork.
- **Continue to expand community employment opportunities for participants with disabilities, particularly in the area of community-based employment in the CCB and DD programs.** The lead agency is outperforming the statewide average and its cohort with 33% of DD waiver participants (compared to 26% for the cohort) earning more than \$250 per month which ranks them 16th out of 87 counties. However, Pine County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the CCB program (13% vs. 16%) and ranks 47th of 87 counties. Pine County should focus on strengthening employment by working to reduce use of center-based employment and develop more opportunities in the community that result in higher wages for participants. The lead agency should collaborate with providers, local businesses, economic development efforts, and school transition programs in the county and surrounding areas to develop creative community-based employment supports and opportunities for waiver participants.
- **Pine County has reserves in the CCB and DD budgets.** Pine County had a CCB waiver budget balance of 17% at the end of FY 2013 and a 9% budget reserve in their DD budget for CY 2013 and they have a waitlist for these programs. Typically a 5% allocation reserve is more than adequate to manage risk for a lead agency of this size. Therefore, there is room to add more participants or to enhance services such as supportive employment or in-home services for current participants. Additionally, the lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.

Corrective Action Requirements

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

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256B.0911 requires that LTCC assessments be conducted within 20 days of the request. Twenty percent (20%) or one out of 5 assessments for new CAC, CADI and BI participants occurred within this timeframe. When at least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames.** DD participants under age 22 must have a full team screening at least once every three years and DD participants over age 22 must have a full team screening at least once every six years. One out of 10 DD participants did not meet this requirement.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Pine 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 6 cases. All items are to be corrected by Monday, May 11, 2015 and verification submitted to the Waiver Review Team to document full compliance.
- **Submit the Non-Enrolled Vendors Compliance Worksheet(s) within 60 days of the Waiver Review Team's site visit.** Although it does not require Pine 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 1 case. Pine County submitted their completed compliance report on March 12, 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	24	N / A	19	5	N / A	N / A
Screenings done on time for new participants (PR)	76%	84%	20%	100%	AC / EW, DD	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	68%	20%	N / A	CCB, DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=28	CCB n=14	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	95%	96%	93%	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
All needed services to be provided in care plan (PR)	96%	93%	100%	100%	ALL	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=28	CCB n=14	DD n=10	Strength	Challenge
Choice questions answered in care plan (PR)	100%	100%	100%	100%	ALL	N / A
Participant needs identified in care plan (PR)	69%	54%	79%	100%	DD	AC / EW
Inclusion of caregiver needs in care plans	67%	50%	67%	100%	DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A
ICF/DD level of care documentation in case file (PR for DD only)	100%	N / A	N / A	100%	DD	N / A
DD screening document is current (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
DD screening document signed by all relevant parties (PR for DD only)	90%	N / A	N / A	90%	DD	N / A
Related Conditions checklist in case file (DD only)	100%	N / A	N / A	100%	DD	N / A
TBI Form	100%	N / A	100%	N / A	CCB	N / A
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	90%	N / A	82%	100%	DD	N / A
Need for 24 hour supervision documented when applicable (EW only)	100%	100%	N / A	N / A	AC / EW	N / A
PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
LA recruits service providers to address gaps (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Case managers document provider performance (QA survey)	Always	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA (Provider survey, n=22)	95%	N / A	N / A	N / A	ALL	N / A

PROVIDER CAPACITY & CAPABILITIES (continued)	ALL	AC / EW	CCB	DD	Strength	Challenge
Percent of providers who submit monitoring reports to the LA <i>(Provider survey, n=22)</i>	64%	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, n=1)	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, n=0)	N / A	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=28	CCB n=14	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	98%	100%	100%	90%	ALL	N / A
Health and safety issues outlined in care plan (PR)	98%	100%	93%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	98%	96%	100%	100%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=28	CCB n=14	DD n=10	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)	98%	100%	93%	100%	ALL	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A

PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=28	CCB n=14	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	98%	100%	93%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	37%	36%	43%	30%	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	70%	91%	96%	AC / EW, DD	CCB
Percent of LTC funds spent on HCBS	N / A	41%	85%	91%	AC / EW, DD	CCB
Percent of waiver participants with higher needs	N / A	53%	77%	68%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	89%	96%	N / A	CCB
Percent of waiver participants served at home	N / A	88%	55%	29%	AC / EW	CCB
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	13%	33%	DD	CCB

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

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

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

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

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

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

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

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

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

CMS is the federal Centers for Medicare & Medicaid Services.

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

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

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

EW is the Elderly Waiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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