

# Minnesota Department of Human Services Waiver Review Initiative

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Report for: **Waseca County**

Waiver Review Site Visit: March 2014

Report Issued: May 2014

**Contents**

**Contents** ..... 2

**Acknowledgements** ..... 3

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

**About Waseca County** ..... 5

    Working Across the Lead Agency ..... 7

    Health and Safety ..... 8

    Service Development and Gaps ..... 9

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

**Capacity** ..... 12

**Value** ..... 13

**Sustainability** ..... 15

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

**Managing Resources** ..... 20

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

**Lead Agency Strengths, Recommendations & Corrective Actions** ..... 24

    Waseca County Strengths ..... 24

    Recommendations ..... 26

    Corrective Action Requirements ..... 28

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

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

## Acknowledgements

This report was prepared by the Minnesota Department of Human Services with assistance from the Improve Group. The findings presented in this report are based on a comprehensive review process made possible through the help and assistance of Waseca 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 \$3.6 billion in state and federal funds, which serve over 350,000 individuals.

### **ABOUT THE IMPROVE GROUP**

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

### **ADDITIONAL RESOURCES**

#### ***Continuing Care Administration (CCA) Performance Reports:***

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

#### ***Waiver Review Website:***

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

## About the Waiver Review Initiative

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

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

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

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

Method	Number for Waseca County
Case File Review	52 cases
Provider survey	4 respondents
Supervisor Interviews	2 interviews with 2 staff
Focus Group	1 focus group with 5 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 Waseca County

In March 2014, the Minnesota Department of Human Services conducted a review of Waseca County's Home and Community Based Services (HCBS) programs. Waseca County is a rural county located in south central Minnesota. Its county seat is located in Waseca, Minnesota and the County has another four cities and twelve townships. In State Fiscal Year 2012, Waseca County's population was approximately 19,229 and served 234 people through the HCBS programs. According to the 2010 Census Data, Waseca County had an elderly population of 15.2%, placing it 52<sup>nd</sup> (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Waseca County's elderly population, 8.3% are poor, placing it 57<sup>th</sup> (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Waseca County Human Services is the lead agency for the CCB and DD waiver programs and Waseca County Public Health is the lead agency for the AC and EW programs. Waseca County serves as a contracted care coordinator for the managed care organization (MCO), South Country Health Alliance. Waseca County will be merging their Human Services Department with Steele and Dodge Counties in 2015.

Waseca County Human Services has one Social Services Supervisor who oversees the management of the CCB and DD waiver programs. She supervises three full-time case managers who all have mixed caseloads. Caseloads range from 50 to 90 cases, with the low end belonging to a case manager who has mostly children cases and the high end belonging to a case manager who has mostly participants who are in adult foster care and managed care. In addition,

the Social Services Supervisor supervises four contracted case managers including three from Thomas Allen Inc. and one independent contractor. The two of the Thomas Allen Inc. case managers manage CADI and CAC cases, and one manages DD cases. The independent contracted staff member manages DD, CAC, CADI, and BI waiver cases. The Social Services Supervisor also carries a small caseload of about three or four CADI cases.

Waseca County Public Health has one Public Health Lead Nurse who oversees the management of the EW and AC programs. The Public Health Lead Nurse carries a caseload of 31 cases and also over sees the work of two other full-time case managers. All three case managers work with both EW and AC participants. One of the case managers is an experienced social worker that has a caseload of 44 cases while the other is a newer public health nurse who currently has a caseload of 15 cases.

Intake calls go to the Human Services intake worker who gathers personal information from participants and sends the information via e-mail either to the Social Services Supervisor if the participant is under 65 years of age or to Public Health if the participant is 65 years of age or older. When the Social Services Supervisor receives an intake e-mail, she looks at which case manager is available and schedules an initial assessment. The case manager who performs the initial assessment may or may not become the ongoing case manager. Case assignment is determined by caseload sizes, the age of the participant and case manager population of focus. For instance, one case manager has more experience working with participants who have mental health needs, so this case manager is most likely assigned to participants with mental health needs.

In Public Health, the Public Health Lead Nurse assigns cases based on caseload size, geographic location and case manager population of focus. Participants with high medical needs are assigned to one of the nurses while participants with high social service needs are assigned to a social worker. Case managers might also be assigned a case if they have pre-existing relationships with the participants or the participants' families.

The lead agency occasionally performs dual assessments, particularly in cases where participants have both high medical and social needs. Public Health staff will also participate in adult protection cases if the participant has high medical needs.

### Working Across the Lead Agency

Case managers shared that one of the strengths of the lead agency is that Human Services, Public Health, and financial workers are co-located which has made it easy for staff to communicate across different departments. Case managers from Human Services and Public Health consult with one another on complex cases. For example, although Human Services is the lead for CAC cases, they often consult with Public Health case managers on these cases since CAC participants generally have high medical needs. Likewise, Human Services staff often consults on AC or EW cases when the participant has significant mental health or behavioral issues.

Waseca County financial workers use a case banking system. Staff from both Human Services and Public Health shared that they work closely with financial workers and have good relationships with them. Case managers are able to meet with financial workers informally due to their close proximity, but they also use a formal communication form to relay information that may affect participants' MA eligibility.

Adult protection staff are housed in Human Services and there is one waiver case manager with adult protection responsibilities. Lead agency staff shared that if an adult protection case were to open for a waiver participant on this case manager's caseload, another case manager would assume waiver responsibilities or a case manager from another lead agency would conduct the investigation. Child protection, while located in the same building as Human Services and Public Health, is a separate department. Case managers communicate face to face with child protection workers and are very aware if one of their participants has an open protection case.

Waseca County contracts with South Central Human Relations Center (SCHRC) in Owatonna, Minnesota for adult mental health and children's mental health case management. If participants receive both waiver and Rule 79 services, they will have two separate case managers. Staff from

Human Services and Public Health attend monthly meetings at SCHRC and mental health case managers from SCHRC attend the lead agency's monthly staff meetings as well.

The Human Services Director and the Public Health Director both report to the county board and attend their meetings. The Social Services Supervisor and Public Health Lead Nurse provide information about changes affecting the waiver programs to the directors who then make presentations to the board. The Public Health Director also attends quarterly meetings for the Community Health Board.

### Health and Safety

In the Quality Assurance survey, Waseca 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 they have good, open communication with case managers. They also said that Waseca County case managers are well-trained and knowledgeable and that the lead agency responds to questions or inquiries from providers and waiver participants.

Case managers shared that one of their main challenges is keeping up with all of the changes related to the HCBS waiver programs. The Social Services Supervisor and Public Health Lead Nurse are responsible for staying current on changes in requirements and policies. They receive listserv announcements and bulletins and forward relevant information to staff. They also share important information during monthly unit meetings. Lead agency staff attend quarterly regional meetings and utilize videoconference trainings and webinars to stay current with program requirements.

The Social Services Supervisor monitors staff compliance by regularly reviewing case managers' case notes. She develops Excel spreadsheets to help case managers know when paperwork is due and uses the Waiver Management System to make sure screening documents are current. Public Health case managers frequently participate in peer reviews and EW care plans are audited quarterly by their MCO, South Country Health Alliance.



### Service Development and Gaps

Overall, staff from the lead agency reported having strong relationships with providers. Staff are able to draw upon resources and providers across the region to meet participant's needs.

However, they shared that there are still some service gaps in their area. Case managers said that there are a limited number of vendors who provide assistive technology in the area, particularly for speech technology. They shared that Waseca County does not currently have good broadband access and if even when participants can get access, it can be expensive.

The lead agency has been proactive in developing services in their area. Case managers shared that finding transportation providers can be challenging in Waseca County, especially for participants trying to maintain employment. Staff shared that the lead agency has collaborated with several supportive employment providers to coordinate vans that transport participants to and from work. The lead agency has also encouraged providers in the area to obtain mental health training and certification to ensure their staff are qualified to work with participants who have mental health needs.

The lead agency does not have a formal Request for Proposals (RFP) process, but they do have a form they send to providers when they have difficulty placing certain participants. Most of their service development efforts involve calling providers directly or communicating with their MCO about developing services in particular areas. Lead agency staff shared that most providers are very willing to work with them and develop services to meet participants' needs.

### 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.

### Waseca County Case Manager Rankings of Local Agency Relationships

Count of Ratings for Each Agency	1 -2
	3 -4
	5+

	Below Average	Average	Above Average
Nursing Facility	0	0	4
Schools (IEIC or CTIC)	0	2	1
Hospitals (in and out of county)	0	0	4
Area Agency on Aging	0	0	3
Home Care Providers	0	3	1
Customized Living Providers	0	0	4
Foster Care Providers	0	1	4
Employment Providers (DT&H, Supported Employment)	0	4	0

Staff shared that one of the strengths of the lead agency is their relationships with their local providers. Case managers rated their working relationship with the majority of providers as being above average. They also have a number of processes in place to support them in monitoring providers. Case managers do unannounced “drop-in” visits to monitor provider performance, observe staffing patterns, and review participant records. The county licenser also visits providers and surveys case managers about their experiences with providers in the area. In addition, staff shared that South Country Health Alliance sends results of their consumer satisfaction surveys to the lead agency.

Case managers reported they have good relationships with local nursing facilities. They said that these providers have a good understanding of what participants need and that there is not much staff turnover. This has helped case managers to develop good communication when discussing relocations and discharge planning.

Case managers shared that they have good communication with school nurses and teachers. Several case managers indicated that the school districts have many helpful and committed teachers. They did share, however, that it is often up to parents to advocate for children to ensure employment options are available. If parents do not advocate, participants find it difficult to obtain employment when transitioning out of the school system.

Case managers said their relationships with hospital staff are good overall. However, they shared that they are not always contacted when participants are admitted, and the level of communication can vary depending the staff member they work with. Case managers highlighted communication with behavioral health units as being particularly strong.

Case managers reported having good relationships with customized living providers. They shared that staff from these providers are good about contacting them when participants have problems and are very responsive and patient. They said that management for customized living providers has been stable which has helped create continuity. Case managers shared that foster care providers have experienced some staff turnover, but that some providers are very creative when developing homes that are individualized to fit participants' situations.

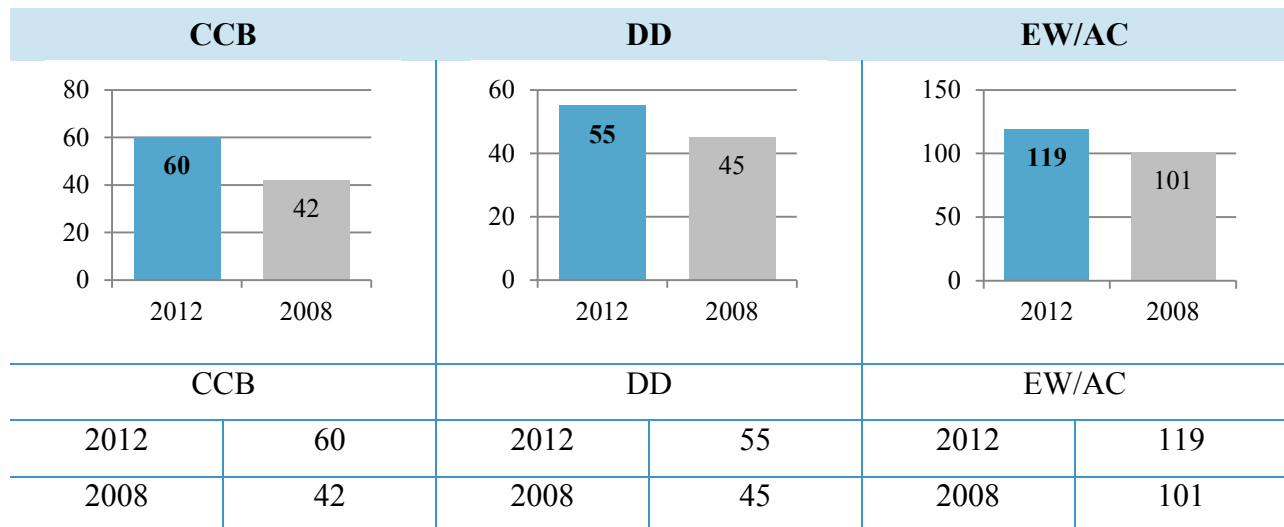
Case managers shared that the quality of their working relationships with home health care agencies varied. Some case managers indicated that working with certain homemaking providers can be a challenge due to performance issues and high staff turnover. They shared that some of these providers do not communicate with them regularly and that finding agencies that fit participants' needs can be challenging.

Case managers also had varying relationships with area employment providers. They said that staff at local Day Training and Habilitations providers are good, but that these providers are having difficulty finding jobs for participants and have waitlists. Other providers vary a lot in what they offer participants and have varying degrees of creativity when developing new employment options.

## 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 Waseca County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Waseca County has increased by 18 participants (42.9 percent); from 42 in 2008 to 60 in 2012. Most of this growth occurred in the case mix B, which grew by 12 people. With this increase Waseca County may be serving a larger proportion of people with mental health needs. Additionally, case mixes A and K each grew by three people.

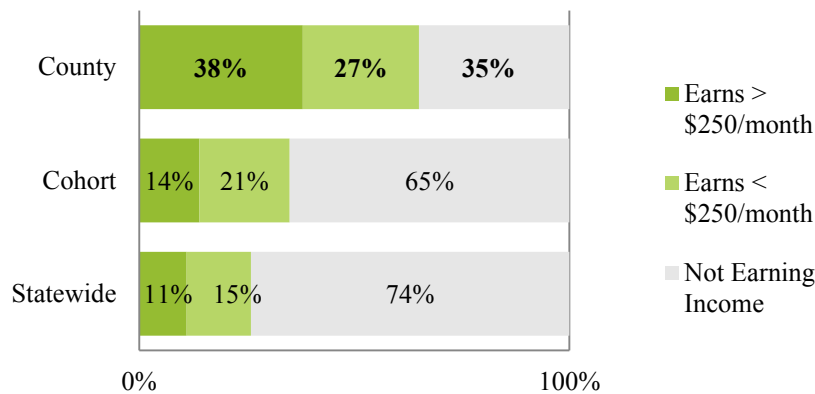
Since 2008, the number of people served with the DD waiver in Waseca County increased by 10 participants, from 45 in 2008 to 55 in 2012. In Waseca County, the DD waiver program is growing more quickly than in the cohort as a whole. While Waseca County experienced a 22.2 percent increase in the number of people served from 2008 to 2012, its cohort had a 7.1 percent increase in number of people served. In Waseca County, the profile group 4 increased by 8 people. The greatest change in the cohort profile groups occurred in people having a Profile 3. Although the number of people in Profiles 1 and 2 increased by one person, Waseca County still serves a larger proportion of people in these groups (40.0 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Waseca County has increased by 18 people (17.8 percent), from 101 people in 2008 to 119 people in 2012. 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 case mixes B and E, each growing by 12 participants. As a result, Waseca County may be serving a higher proportion of people with mental health needs.

**Value**

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

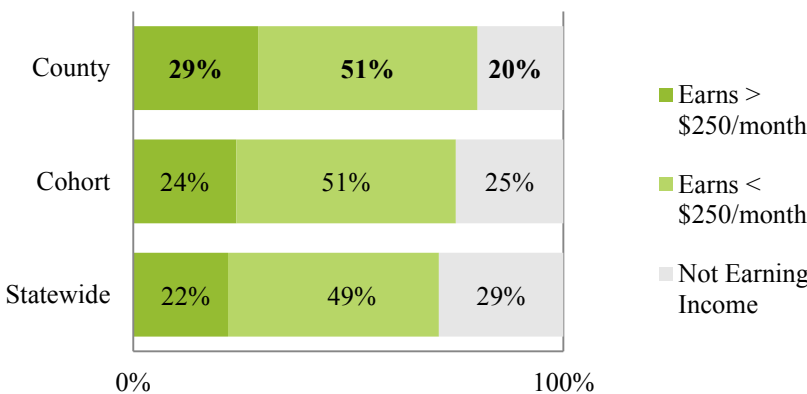
**CCB Participants Age 22-64 Earned Income from Employment (2012)**



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Waseca County	38%	27%	35%
Cohort	14%	21%	65%
Statewide	11%	15%	74%

In 2012, Waseca County served 48 working age (22-64 years old) CCB participants. Of working age participants, 64.6 percent had earned income, compared to 35.4 percent of the cohort's working age participants. **Waseca County ranked 2<sup>nd</sup> of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Waseca County 37.5 percent of the participants earned \$250 or more per month, compared to 14.3 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

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



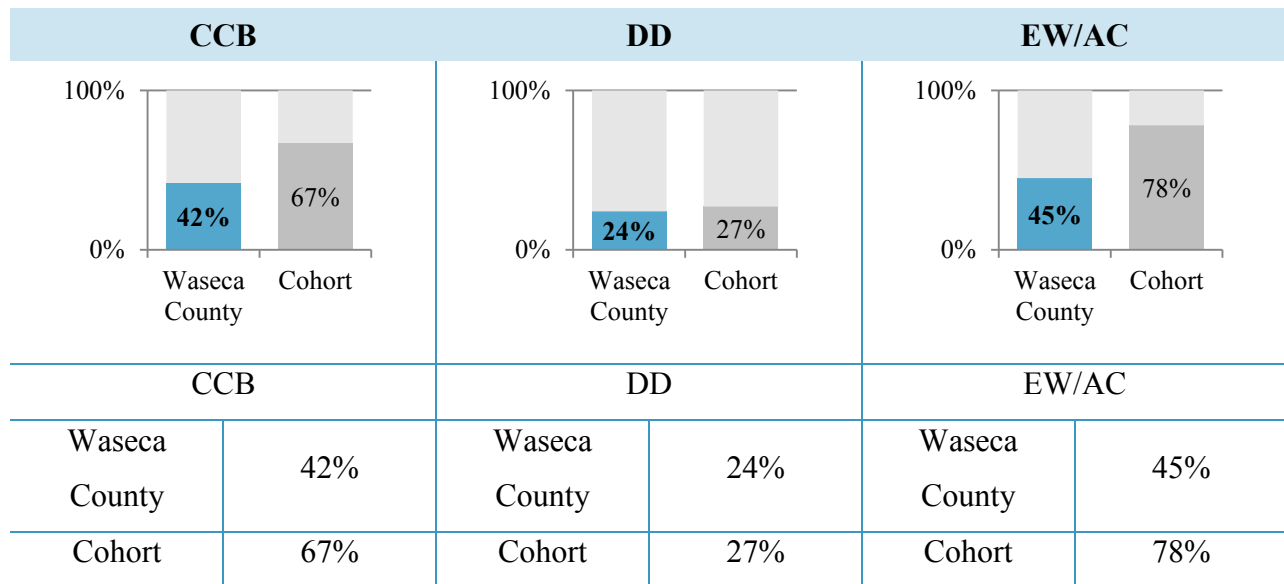
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Waseca County	29%	51%	20%
Cohort	24%	51%	25%
Statewide	22%	49%	29%

In 2012, Waseca County served 35 DD waiver participants of working age (22-64 years old). **The county ranked 29<sup>th</sup> in the state** for working-age participants earning more than \$250 per month. In Waseca County, 28.6 percent of working age participants earned \$250 or more per month, while 24.1 percent of working age participants in the cohort as a whole did. Also, 80.0 percent of working age DD waiver participants in Waseca County had some earned income, while 74.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

## Sustainability

Each year, costs for HCBS exceed \$3.6 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

### Percent of Participants Living at Home (2012)



**Waseca County ranks 85<sup>th</sup> out of 87 counties in the percentage of CCB waiver participants served at home.** In 2012, the county served 25 participants at home. Between 2008 and 2012, the percentage decreased by 3.6 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points and the statewide average fell by 4.2 points. In 2012, 41.7 percent of CCB participants in Waseca County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

**Waseca County ranks 71<sup>st</sup> out of 87 counties in the percentage of DD waiver participants served at home.** In 2012, the county served 13 participants at home. Between 2008 and 2012, the percentage increased by 10.3 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by 0.4 percentage points.

Statewide, the percentage of DD waiver participants served at home increased by 1.2 percentage points, from 34.2 percent to 35.4 percent.

**Waseca County ranks 82<sup>nd</sup> out of 87 counties in the percentage of EW/AC program participants served at home.** In 2012, the county served 54 participants at home. Between 2008 and 2012, the percentage decreased by 6.1 percentage points. In comparison, the percentage of participants served at home fell by 4.8 percentage points in their cohort and increased by 0.4 percentage points statewide. In 2012, 75.1 percent of EW/AC participants were served in their homes statewide. Waseca County serves lower proportion of EW/AC participants at home than their cohort or the state.

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

	<b>CADI</b>	<b>DD</b>
Total average rates per day		
Average rate per day for residential services		
Average rate per day for in-home services		

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

	Waseca County	Cohort



Total average rates per day	\$135.43	\$97.99
Average rate per day for <b>residential</b> services	\$168.26	\$170.52
Average rate per day for <b>in-home</b> services	\$76.35	\$60.30

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

	Waseca County	Cohort
Total average rates per day	\$166.59	\$169.97
Average rate per day for <b>residential</b> services	\$188.92	\$196.37
Average rate per day for <b>in-home</b> services	\$86.01	\$74.78

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Waseca County is \$37.44 (38.2 percent) more per day than that of their cohort.** In comparing the average cost of residential to in-home services, Waseca County spends \$2.26 (1.3 percent) less on residential services and \$16.05 (26.6 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Waseca County ranks 83<sup>rd</sup> of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$103.04.

**The average cost per day for DD waiver participants in Waseca County is \$3.38 (2.0 percent) lower than in their cohort.** In comparing the average cost of residential to in-home services, Waseca County spends \$7.45 (3.8 percent) less on residential services and \$11.23 (15.0 percent) more on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Waseca County ranks 33<sup>rd</sup> of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

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

**Waseca County has a higher use in the CADI program than its cohort of residential based services** (Foster Care (48% vs. 25%) and Customized Living (7% vs. 6%)). The lead agency has

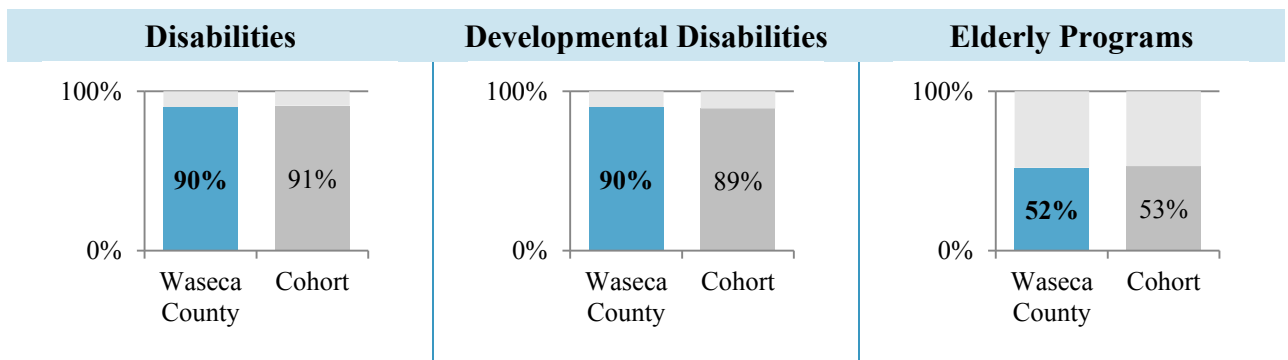
a lower use of Prevocational Services (7% vs. 9%) and a higher use of Supported Employment Services (37% vs. 14%). They also have a lower use of some in-home services, such as Skilled Nursing (7% vs. 27%), Home Health Aide (1% vs. 11%), Home Delivered Meals (3% vs. 27%), and Homemaker (11% vs. 33%), but a higher use of Independent Living Skills (29% vs. 16%). Sixty-five percent (65%) of Waseca County’s total payments for CADI services are for residential services (62% foster care and 3% customized living) which is higher than its cohort group (51%). Corporate foster care rates are lower than its cohort when billed daily (\$179.63 vs. \$202.48 per day) and when billed monthly (\$4,406.38 vs. \$5,236.56 per month).

**Waseca County’s use of Supportive Living Services (SLS) is higher than its cohort (76% vs. 71%) 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 (65% vs. 61%) and a lower use of Supported Employment Services (3% vs. 4%). It has a lower use of In-Home Family Support (14% vs. 16%) and Respite Care (14% vs. 20%) than its cohort, but a higher use of personal support (7% vs. 4%).

**Usage of Long-Term Care Services**

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

**Percent of LTC Participants Receiving HCBS (2012)**



Disabilities		Developmental Disabilities		Elderly Programs	
Waseca County	90%	Waseca County	90%	Waseca County	52%
Cohort	91%	Cohort	89%	Cohort	53%

**In 2012, Waseca County served 90 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 14 in institutional care.** Waseca County ranked 66<sup>th</sup> of 87 counties with 90.1 percent of their LTC participants received HCBS. This is slightly lower than their cohort, where 91.3 percent were HCBS participants. Since 2008, Waseca County has increased its use of HCBS by 3.2 percentage points, while the cohort increased its use by 0.7 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

**In 2012, Waseca County served 73 LTC participants (persons with developmental disabilities) in HCBS settings and nine in institutional settings.** Waseca County ranked 59<sup>th</sup> of 87 counties with 90.3 percent of its DD participants receiving HCBS; a higher rate than its cohort (89.2 percent). Since 2008, the county has increased its use by 3.7 percentage points while its cohort rate has increased by 1.4 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

**In 2012, Waseca County served 122 LTC participants (over the age of 65) in HCBS settings and 102 in institutional care.** Waseca County ranked 68<sup>th</sup> of 87 counties with 51.6 percent of LTC participants receiving HCBS. This is lower than their cohort, where 52.9 percent were HCBS participants. Since 2008, Waseca County has decreased its use of HCBS by 2.1 percentage points, while their cohort has increased by 2.7 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

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

Waseca County	Cohort	Statewide

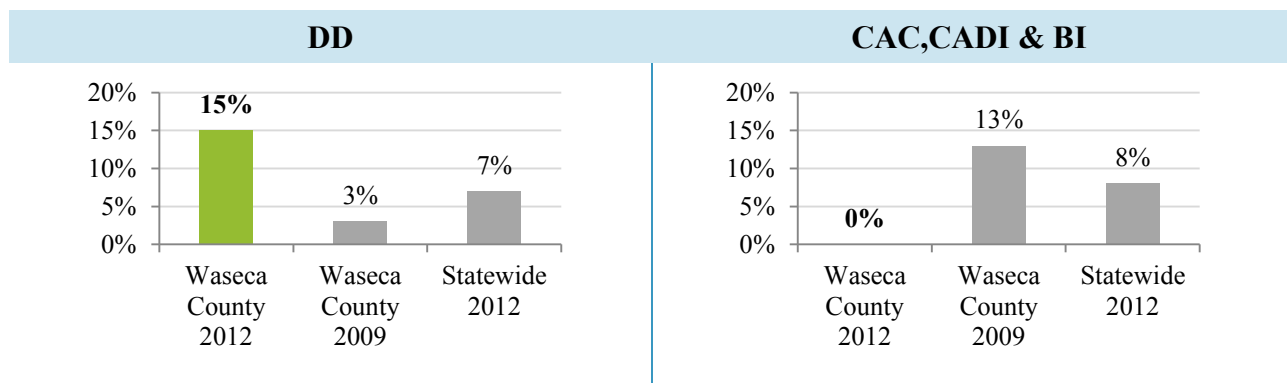
Age 0-64	<b>0.52</b>	0.65	0.54
Age 65+	<b>26.65</b>	32.06	21.99
TOTAL	<b>4.55</b>	6.42	3.19

**In 2012, Waseca County was ranked 39<sup>th</sup> 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 65 years and older is lower than its cohort and the statewide rate. Waseca County also has a lower nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 6.3 percent in Waseca County. Overall, the number of residents in nursing facilities has decreased by 6.8 percent since 2010.

## Managing Resources

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

### Budget Balance Remaining at the End of the Year



	DD	CAC, CADI, BI
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Waseca County (2012)	15%	0%
Waseca County (2009)	3%	13%
Statewide (2012)	7%	8%

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**At the end of calendar year 2012, the DD waiver budget had a reserve.** Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2012. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Waseca County had a 15% balance at the end of calendar year 2012, which indicates the DD waiver budget, had a reserve. Waseca County's DD waiver balance is larger than its balance in CY 2009 (3%), and the statewide average (7%).

**At the end of fiscal year 2012, the CCB waiver budget did not have a reserve.** Waseca County's waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2012. This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Waseca County had a 0% balance at the end of fiscal year 2012, which is a smaller balance than the statewide average (8%), and the balance in FY 2009 (13%).

Waseca County currently has a waitlist for the CCB and DD waiver programs. The Social Services Supervisor uses the Waiver Management System (WMS) to track waiver budgets and monitor participants who are on the waitlist for services. The lead agency prioritizes participants by level of need, for example, those who would lose housing or be placed in a more restrictive setting without waiver services. Case managers are always aware of whether or not there are slots available. Case managers submit requests for increased allocations to the Social Services Supervisor via e-mail. The Social Services Supervisor then runs a simulation in the Waiver Management System (WMS) to verify whether the budget will allow an increased allocation.

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.

Waseca County Case Manager Rankings of DHS Resources

Count of Ratings for Each Resource	1 -2
	3 -4
	5+

Scale: 1= Not Useful; 5= Very Useful

	1	2	3	4	5
Policy Quest	0	0	0	0	1
MMIS Help Desk	0	0	0	2	1
Community Based Services Manual	0	0	0	2	0
DHS website	0	0	1	2	1
E-Docs	0	0	0	2	2
Disability Linkage Line	0	0	0	1	0
Senior Linkage Line	0	0	0	1	2
Bulletins	0	0	4	0	0
Videoconference trainings	0	1	0	3	0
Webinars	0	2	1	0	0
Regional Resource Specialist	0	0	0	2	0
Listserv announcements	0	0	0	2	0
Ombudsmen	0	0	0	1	0

Case managers reported that MMIS Help Desk is a very useful DHS resource for their work and explained that it provides timely responses to questions. In addition, lead agency staff shared that the MMIS Help Desk is very helpful with service agreements and screening documents. A few

case managers have used Policy Quest and the Community Based Services Manual and rated these resources highly. Lead agency staff said that Policy Quest is somewhat useful and that they often receive timely responses but explained the validity of the responses often depends on who is answering the question from DHS. Lead agency staff also said that the Community Based Service Manual is somewhat useful but added that some of the online webpage links do not work and that it would be helpful if there was a function to report bad links.

Case managers and other lead agency staff stated that the DHS website has been helpful with finding information about licensing, but that navigation can be difficult and it is not very intuitive. Case managers said that they use E-Docs and are responsible for finding forms and keeping track of updates to forms.

Case managers said it was most helpful when their former LTC case aide created packets for them with updated forms. Lead agency staff also noted that it would be helpful to receive timely notifications from DHS when new updates are available.

Case managers rated the Senior Linkage Line as very useful and stated that the informative section on Medicare Part D is particularly helpful. Case managers and lead agency staff stated that although they find bulletins helpful, they can get overwhelmed by the amount of information in them and do not always have the time to review them.

Case managers said that Waseca County just started offering videoconference trainings on site and like that they do not have to travel to receive training. They also said that it is helpful to receive hand out materials before the teleconference. Lead agency staff added that some presenters are better than others at answering questions. Case managers generally rated webinars as being not very useful, citing that they have had some technical issues with them at times.

Lead agency staff shared that the Regional Resource Specialist (RRS) holds a quarterly case manager meeting for the LTC waiver programs and case managers. Case management staff shared that they miss the deep content expertise and ready availability of their previous RRS. Lastly, lead agency staff shared that they refer participants to the Ombudsmen but they do not work with them directly.

## 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.

### Waseca County Strengths

The following findings focus on Waseca 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.

- **Waseca County addresses issues to comply with Federal and State requirements.** During the previous review in 2009, Waseca County received a corrective action for timeliness of referral to DD screenings, timeliness of assessment to care plan and face to face visits. In 2014, Waseca County was fully compliant in these areas thus demonstrating technical improvements over time.
- **Case managers are experienced and provide quality case management services to meet participant needs.** Case managers are participant focused, resourceful, and creative in ensuring participants receive needed services. Case managers have backgrounds in a variety of areas which help them quickly navigate across agency units to provide seamless services for participants. They build relationships with families and are responsive to changing participant needs. Case managers are in frequent contact with their HCBS waiver participants through face-to-face visits as they see participants an average of eight times every 18 months across all programs.
- **Case managers collaborate well with each other and other units within Waseca County.** There are strong interagency relationships at Waseca County as well as great working relationships between Public Health and Human Services. Teamwork and collaboration among social workers and public health nurses are strengths of the lead agency. Case managers also said that they have good communication with financial workers, adult protection staff, and licensing staff. This collaboration enhances the services participants are receiving and helps them navigate services.



- **Waseca County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Waseca County has a focus on employment for participants with disabilities and has the expectation that participants will work. Of the 24 cases reviewed where participants were of working age, 100% contained employment assessment documentation. In addition, Waseca County ranks 2<sup>nd</sup> of 87 counties statewide in the percentage of working age CCB waiver participants (aged 22 to 64 years) with earned income over \$250 a month. Waseca County also ranks 29<sup>th</sup> of 87 counties statewide in the percentage of working age DD waiver participants (aged 22 to 64 years) with earned income over \$250 a month. The lead agency is also outperforming its cohort with 37.5% of CCB waiver participants (compared to 14.3% for the cohort) and 28.6% of DD waiver participants (compared to 24.1% for the cohort) earning more than \$250 per month. Case managers are accessing new vendors and working closely with existing providers both in Waseca County and across the region to increase opportunities for their CCB participants. Waiver participants are benefitting from these increased efforts to expand community-based and competitive employment opportunities.
- **Waseca County's use of contracted case management is a strength.** Waseca County has developed a strong infrastructure for managing contracted cases in the CCB and DD waiver program. Contracted case managers are provided with all current documentation and required paperwork and they attend meetings at the lead agency several times a year to make sure that Waseca County policies and practices are communicated. In addition, contracted cases reviewed in Waseca County consistently met HCBS requirements indicating that contracted agencies and case managers are providing quality case management to waiver participants.
- **Waseca County staff are well-connected with providers and other organizations in communities that serve participants.** Case managers have worked to build strong relationships with area providers. They work closely with staff and are in frequent communication with providers about the needs of the participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. Case managers said that they have good communication with local school teachers and nurses. In addition, during case file

review, of the 8 applicable cases reviewed 100% had school and IEP information in the case file.

- **The case files reviewed in Waseca consistently met several 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 ICF/DD Level of Care, current DD screenings, signed and dated screenings, current care plans, signed and dated care plans, OBRA Level One form, BI form, CAC form, employment assessed, 24 hour supervision documented for EW cases, and notice of privacy practices (HIPPA). In addition, 94% of case files included right to appeal information. Waseca County care plans reviewed also include required elements. For example, 100% of care plans reviewed included emergency contacts, 90% included a back-up plan, 96% included all needed services, 96% included goals and outcomes, and 98% included choice questions.

## Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Waseca County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Waseca 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 96% of case files reviewed included the service type in the care plan, only 4% of cases reviewed included the annual amount allowed.
- **Consider developing additional systems or practices to support case managers during the merger with Steele and Dodge Counties.** From 2008 to 2012, caseloads in Waseca

County increased by 18% for AC/EW, 43% for CCB, and 22% for DD. With growing caseloads and increasing complexity of cases, administering the waiver programs and providing case management will become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. Such strategies include: specialization for case managers by waiver program; create similar forms for use across the three lead agencies to promote consistency; and consider sharing an office support staff or case aide across lead agencies to assist in updating forms and creating packets to ensure forms are current. Thinking about ways to create more efficient practices with Steele and Dodge Counties is important as the lead agency combines staff and business practices.

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Waseca County has lower rates of participants served at home than its cohort in the CCB, DD, and elderly programs. Only 41.7% of CCB participants (85<sup>th</sup> of 87 counties), 23.6% of DD participants (71<sup>st</sup> out of 87 counties) and 45.4% of elderly participants (82<sup>nd</sup> of 87 counties) are served at home, indicating a higher use of residential services. Waseca County should continue to work to influence what services are available to its waiver participants. This may include partnering with neighboring counties with similar needs or service capacity. This could include developing a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. As the lead agency experiences demographic changes and serves younger participants, they should continue to be deliberate in developing service choices that are appropriate for the needs of participants. To plan for the future, the lead agency should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should work with providers to repurpose the vacant foster care beds to meet emerging needs.

- **Create visit sheets and use them consistently across the waiver programs to document provider performance and gather participant feedback.** Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Specifically, visit sheets 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 58% of case files reviewed in Waseca County included documentation of participant satisfaction.

### Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Waseca County was found to be inconsistent in meeting state and federal requirements and will require a response by Waseca 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. Waseca County identified three areas of non-compliance as a result of completing the self-assessment Quality Assurance Plan Survey which they are also working to remediate. The following are areas in which Waseca 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. Fifty-seven percent (57%) or four out of seven 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 each participant case file includes signed documentation that participants have given informed consent to release private information.** It is an annual requirement that all HCBS participants have a completed documentation of informed consent included in their case file. One out of 4 CAC cases, one

out of 10 CADI cases, one out of 5 BI cases, and 10 out of 10 AC cases did not have completed documentation in the case file.

- **Beginning immediately, include a back-up plan in the care plan of all DD program participants.** All DD care plans must be updated with this information. This is required for all CCB, EW, and DD programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Currently, 3 out of 10 DD cases did not have a back-up plan. In addition, one DD case and 1 BI case included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.
- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Waseca County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 19 cases. Waseca County submitted a completed compliance report on April 24, 2014.

## Waiver Review Performance Indicator Dashboard

### Scales for Waiver Review Performance Indicator Dashboard

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

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

**PR:** Program Requirement

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

<b>PARTICIPANT ACCESS</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Participants waiting for HCBS program services	4	N / A	1	3	N / A	N / A
Screenings done on time for new participants (PR)	85%	94%	57%	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	71%	82%	CCB, DD	N / A
<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Timeliness of assessment to development of care plan (PR)	100%	100%	100%	N / A	AC / EW, CCB	N / A

<b>PERSON-CENTERED SERVICE PLANNING &amp; DELIVERY (continued)</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Care plan is current (PR)	100%	100%	100%	100%	ALL	N / A
Care plan signed and dated by all relevant parties (PR)	100%	100%	100%	100%	ALL	N / A
All needed services to be provided in care plan (PR)	96%	100%	90%	100%	ALL	N / A
Choice questions answered in care plan (PR)	98%	100%	95%	100%	ALL	N / A
Participant needs identified in care plan (PR)	81%	83%	69%	100%	DD	CCB
Inclusion of caregiver needs in care plans	55%	100%	29%	100%	AC / EW, DD	N / A
OBRA Level I in case file (PR)	100%	100%	100%	N / A	ALL	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)	50%	N / A	N / A	50%	N / A	DD
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	N / A	AC / EW	N / A
<b>PROVIDER CAPACITY &amp; CAPABILITIES</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers provide oversight to providers on a systematic basis (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL
LA recruits service providers to address gaps (QA survey)	Some of the time	N / A	N / A	N / A	N / A	ALL

<b>PROVIDER CAPACITY &amp; CAPABILITIES (continued)</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Case managers document provider performance (QA survey)	Most of the time	N / A	N / A	N / A	ALL	N / A
Percent of providers who report receiving the needed assistance when they request it from the LA ( <i>Provider survey, n=4</i> )	75%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA ( <i>Provider survey, n=4</i> )	75%	N / A	N / A	N / A	N / A	N / A
<b>PARTICIPANT SAFEGUARDS</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participants are visited at the frequency required by their waiver program (PR)	98%	100%	95%	100%	ALL	N / A
Health and safety issues outlined in care plan (PR)	96%	100%	90%	100%	ALL	N / A
Back-up plan (Required for EW, CCB, and DD)	90%	100%	95%	60%	ALL	N / A
Emergency contact information	100%	100%	100%	100%	ALL	N / A
<b>PARTICIPANT RIGHTS &amp; RESPONSIBILITIES</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Informed consent documentation in the case file (PR)	75%	57%	84%	100%	DD	AC / EW
Person informed of right to appeal documentation in the case file (PR)	94%	87%	100%	100%	CCB, DD	N / A
Person informed privacy practice (HIPAA) documentation in the case file (PR)	100%	100%	100%	100%	ALL	N / A



<b>PARTICIPANT OUTCOMES &amp; SATISFACTION</b>	<b>ALL</b>	<b>AC / EW n=23</b>	<b>CCB n=19</b>	<b>DD n=10</b>	<b>Strength</b>	<b>Challenge</b>
Participant outcomes & goals stated in individual care plan (PR)	96%	100%	90%	100%	ALL	N / A
Documentation of participant satisfaction in the case file	58%	52%	53%	80%	N / A	N / A
<b>SYSTEM PERFORMANCE</b>	<b>ALL</b>	<b>AC / EW</b>	<b>CCB</b>	<b>DD</b>	<b>Strength</b>	<b>Challenge</b>
Percent of required HCBS activities in which the LA is in compliance (QA survey)	96%	N / A	N / A	N / A	ALL	N / A
Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey)	100%	N / A	N / A	N / A	ALL	N / A
Percent of LTC recipients receiving HCBS	N / A	52%	90%	90%	DD	AC / EW, CCB
Percent of LTC funds spent on HCBS	N / A	27%	85%	83%	N / A	DD
Percent of waiver participants with higher needs	N / A	50%	80%	71%	AC / EW, CCB	DD
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	99%	96%	N / A	DD
Percent of waiver participants served at home	N / A	45%	42%	24%	N / A	CCB, DD
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	38%	29%	N / A	CCB, DD

## 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.