

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Pennington County**

Waiver Review Site Visit: May 2014

Report Issued: July 2014



Contents 2

Acknowledgements 3

 About the Minnesota Department of Human Services..... 3

 About the Improve Group 3

 Additional Resources 3

About the Waiver Review Initiative..... 4

About Pennington County..... 5

 Working Across the Lead Agency 6

 Health and Safety 7

 Service Development and Gaps 7

 Community and Provider Relationships/Monitoring 8

Capacity 10

Value..... 11

Sustainability 13

Usage of Long-Term Care Services..... 16

Managing Resources 18

 Lead Agency Feedback on DHS Resources 20

Lead Agency Strengths, Recommendations & Corrective Actions..... 22

 Pennington County Strengths..... 22

 Recommendations 23

 Corrective Action Requirements..... 26

Waiver Review Performance Indicator Dashboard 31

Attachment A: Glossary of Key Terms..... 35

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 Pennington 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 Pennington County
Case File Review	41 cases
Provider survey	8 respondents
Supervisor Interviews	1 interview with 2 staff
Focus Group	1 focus group with 6 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 Pennington County

In May 2014, the Minnesota Department of Human Services conducted a review of Pennington County's Home and Community Based Services (HCBS) programs. Pennington County is a rural county located in North West Minnesota. Its county seat is located in Thief River Falls, Minnesota and the County has another two cities and 21 townships. In State Fiscal Year 2012, Pennington County's population was approximately 14,075 and served 274 people through the HCBS programs. According to the 2010 Census Data, Pennington County had an elderly population of 15.4%, placing it 50th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Pennington County's elderly population, 15.7% are poor, placing it 3rd (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Pennington County Human Services is the lead agency for the HCBS waiver programs. The lead agency serves as a contracted care coordinator for the Managed Care Organizations (MCOs), Blue Plus, UCare, and Medica. Pennington County Human Services has one Social Services Supervisor who oversees the management of all of the waiver programs. She supervises seven waiver case managers, all of whom have mixed caseloads. Three case managers have the AC, EW, and managed care cases; two case managers handle DD and BI cases; and all seven case managers have CADI cases on their caseloads. Caseloads range from 40 to 70 cases with the low end belonging to case managers who manage mostly EW and AC cases and the high end belonging to case managers who manage CADI, BI, and DD cases. At the time of the waiver review, Pennington County Human Services did not have any participants on the CAC waiver.

Case managers rotate intake duties daily and communicate the intake information to the Social Services Supervisor. The Social Services Supervisor then ensures that the case assignment is discussed with all of the case managers as a team. The team considers the needs of the participant and which case manager is able to accommodate a new case. The case manager who is assigned to the case conducts the initial LTCC assessment and becomes the ongoing case manager as well.

Public Health staff in Pennington County work for Inter-County Nursing Services which is in the same building as Human Services and also serves Red Lake County. Although Human Services does not typically collaborate with Public Health staff on dual initial LTCC assessments, they may include a nurse from Public Health for reassessments if the participant has high medical needs. Human Services may also bring them in to conduct Personal Care Assistance (PCA) assessments. One public health nurse performs nursing facility visits as required by managed care organizations and consults regularly with case managers during the LTCC assessment process. She is also included in meetings and trainings pertaining to managed care cases.

When a waiver participant receives Rule 79 targeted mental health case management and waiver case management, they have one care plan for both programs. For these cases, the waiver case manager is responsible for fulfilling the responsibilities under both programs.

Working Across the Lead Agency

Lead agency staff shared that one of the strengths of the lead agency is their ability to consult with one another and to problem solve across different agencies. They highlighted their relationships with financial workers as being good. Financial workers are located in the same building as Human Services and case managers communicate with them through formal financial forms in addition to informal telephone conversations and face-to-face meetings. Financial workers usually alert the Social Services Supervisor when paperwork needs to be completed so participants do not lose Medical Assistance (MA) eligibility.

Six out of the seven waiver case managers have adult protection responsibilities. If an adult protection case is opened for one of their waiver participants, the protection responsibilities

would be assigned to a different case manager. Four Pennington County workers and the county attorney participate on the child protection team. Case managers shared that they occasionally conduct the initial intake for child protection cases but then would transfer it to the child protection team. Staff said they are often brought in to consult if a child protection case is opened for a waiver participant, but they are not always notified when a report is made if Human Services does not do the initial intake.

The Human Services Director is the main point of contact for the County Board in regards to the HCBS waiver programs. He also attends monthly Human Services Committee meetings and updates them on issues and changes that will affect the waiver programs.

Health and Safety

In the Quality Assurance survey, the lead agency 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 case managers are advocates for consumers, are responsive to changes in consumer needs, and are well-trained and knowledgeable.

Case managers shared that one of the major challenges they face is staying on top of the frequent changes in policies and requirements associated with managing the waiver programs. Case managers said they are responsible for information that comes in bulletins and rely on experienced staff as resources. Case managers also said they are encouraged to attend regional trainings. The lead agency conducts internal case file reviews for waiver cases.

Service Development and Gaps

Lead agency staff shared that a major barrier in Pennington County is the limited number of providers in the area. Case managers shared that the two nursing facilities located in Pennington County are full, causing participants to have to find nursing facility placements outside of the county. Case managers also stated that transportation is an issue for participants in Pennington

County, and providers also shared that this is one of the biggest service gaps. They said that while several providers have contracts with the local bus company, the buses have limited hours of operation, making it difficult for participants to make it to early appointments. Case managers noted that it is difficult to find employment opportunities for participants with behavioral needs. Lead agency staff also highlighted cultural competency as an area the lead agency needs to address. For participants who speak other languages, case managers have used Language Line or other family members to translate. Case managers expressed that the county is caught in a paradox between not having enough services for participants and not having enough participants to sustain providers. As a result, participants often have to travel long distances to get the services they need.

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.

Pennington County Case Manager Rankings of Local Agency Relationships

Local agencies	Below Average	Average	Above Average
Nursing Facility	0	3	0
Schools (IEIC or CTIC)	0	1	0
Advocacy Organizations	4	0	0
Public Health Programs for Seniors	0	4	0
Hospitals (in and out of county)	3	1	0
Area Agency on Aging	2	0	0
Family Foster Care Providers	0	2	0
Corporate Foster Care Providers	0	2	1
Customized Living Providers	0	1	2
Employment Providers (DT&H, Supported Employment)	0	1	3

Case managers shared that the lack of providers in Pennington County makes it difficult to coordinate quality services for participants. Case managers stated that while they work with a few good nursing facilities outside of Pennington County, they do not have strong communication with staff from nursing facilities located in Pennington County. Lead agency staff shared concerns about the quality services to participants and said they rarely are included in discharge planning.

The majority of case managers rated their relationships with hospital staff as below average. They shared that hospital staff do minimal discharge planning and lack knowledge about the waiver programs and other community services. Case managers stated that there is not enough collaboration between case managers, hospital staff, and law enforcement. Case managers also rated their relationships with the Area Agency on Aging as below average, saying that the agency has very little involvement in the community.

Most case managers said that they have good relationships with vocational providers. They shared that they generally have very few problems with those providers and that they are fairly involved in the community. A case manager who has experience working with area schools rated their relationships with them as average, stating that staff sometimes do not invite them to Individualized Education Plan (IEP) meetings.

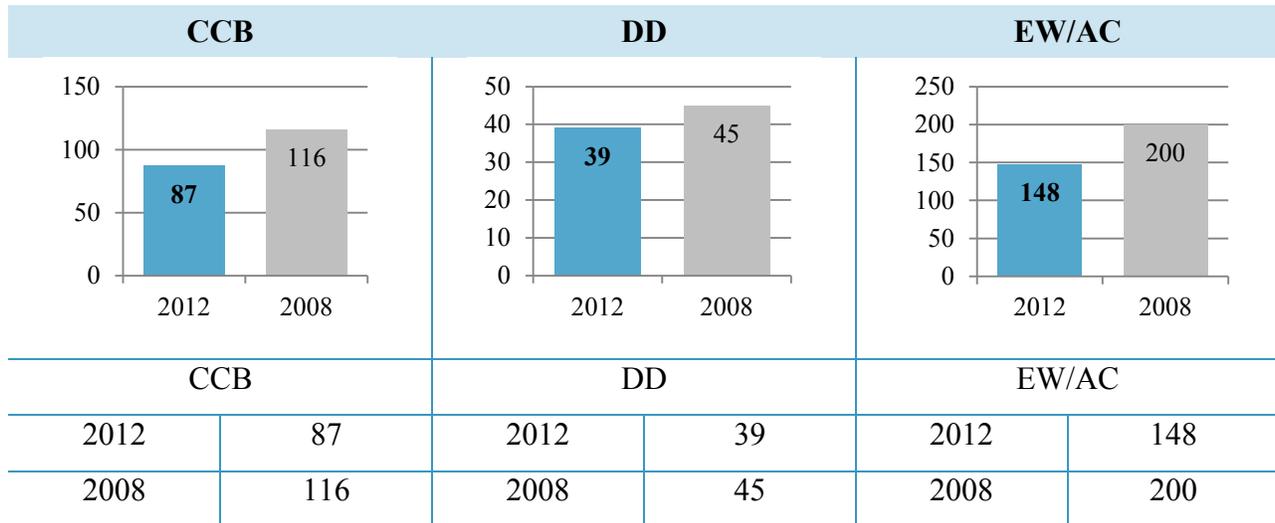
Case managers said that their relationships with customized living providers in the area vary depending on the provider. They noted that one provider is very responsive when case managers contact them and is willing to work with participants who have behavioral issues. They noted that these providers have high staff turnover which may contribute to the reason some of the staff members do not fully understand the case manager's role. Case managers also had varying relationships with foster care providers saying that some lack knowledge about mental health.

Case managers shared that their relationships with advocacy organizations are below average, explaining that advocacy staff often want to dictate what will happen without completely knowing the participant's background. Case managers said that these relationships can feel adversarial at times when advocacy staff have unrealistic expectations without considering all of the factors.

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 Pennington County (2008 & 2012)



Since 2008, the total number of people served in the CCB Waiver program in Pennington County has decreased by 29 participants (25.0 percent); from 116 in 2008 to 87 in 2012.

Growth did occur in case mix B, which grew by 3 people. With this increase Pennington County may be serving a larger proportion of people with mental health needs. Additionally, case mixes E and G each grew by one person. There was a large drop in case mix A, which decreased by 26 people.

Since 2008, the number of people served with the DD waiver in Pennington County decreased by six participants, from 45 in 2008 to 39 in 2012. While Pennington County experienced a 13.3 percent decrease in the number of people served from 2008 to 2012, its cohort had a 7.0 percent increase in number of people served. In Pennington County, the profile groups 1 and 3 decreased by four and three people respectively. The greatest change in the cohort profile groups occurred in people having a Profile 3. With the decrease in profile groups 1

and 2, Pennington County serves a smaller proportion of people in these groups (23.1 percent), than its cohort (34.4 percent).

Since 2008, the number of people served in the EW/AC program in Pennington County has decreased by 52 people (26.0 percent), from 200 people in 2008 to 148 people in 2012. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. There were increases in case mixes D, G, H and I, and decreases in case mixes B, C and E.

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.

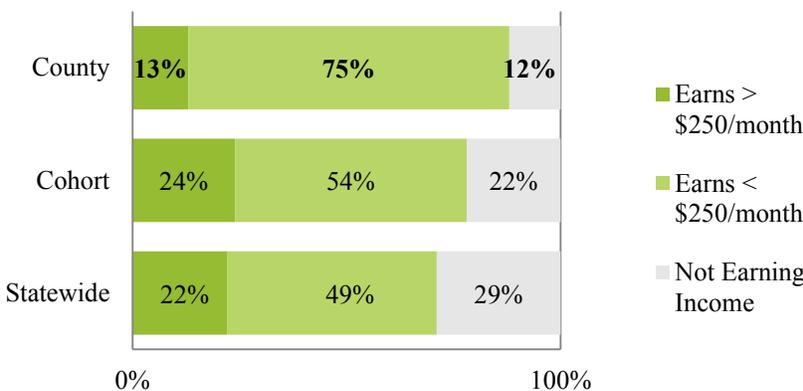
CCB Participants Age 22-64 Earned Income from Employment (2012)



	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Pennington County	20%	24%	56%
Cohort	14%	20%	66%
Statewide	11%	15%	74%

In 2012, Pennington County served 66 working age (22-64 years old) CCB participants. Of working age participants, 43.9 percent had earned income, compared to 34.4 percent of the cohort's working age participants. **Pennington County ranked 10th of 87 counties** in the percent of CCB waiver participants earning more than \$250 per month. In Pennington County 19.7 percent of the participants earned \$250 or more per month, compared to 14.4 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)



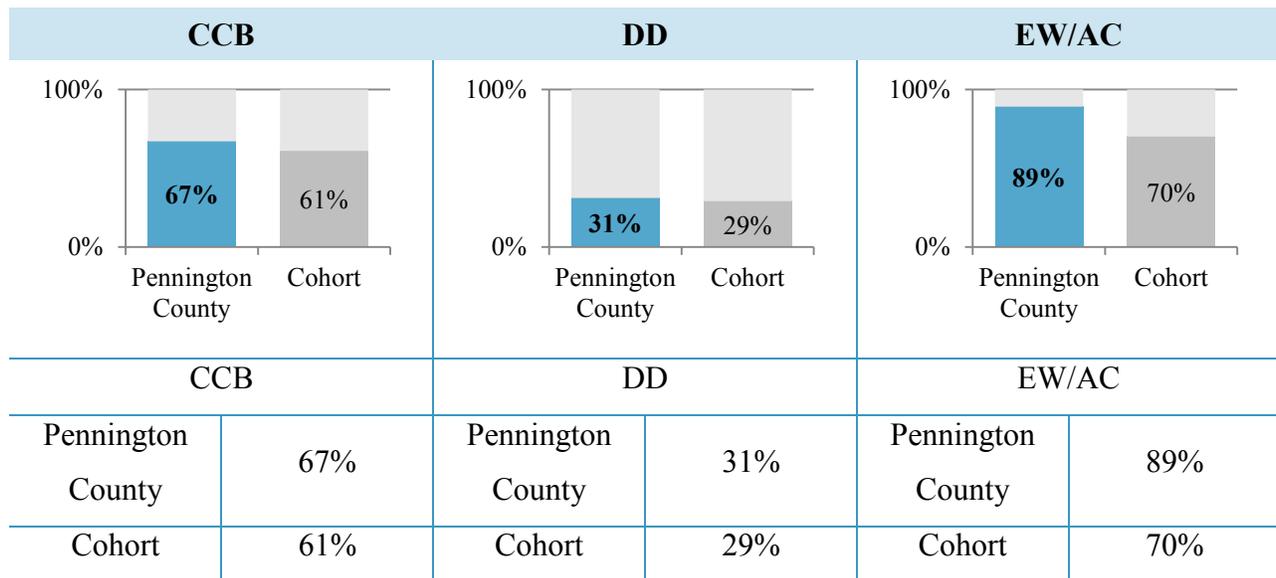
	Earns > \$250/month	Earns < \$250/month	Not Earning Income
Pennington County	13%	75%	12%
Cohort	24%	54%	22%
Statewide	22%	49%	29%

In 2012, Pennington County served 32 DD waiver participants of working age (22-64 years old). **The county ranked 74th in the state** for working-age participants earning more than \$250 per month. In Pennington County, 12.5 percent of working age participants earned \$250 or more per month, while 24.2 percent of working age participants in the cohort as a whole did. Also, 87.5 percent of working age DD waiver participants in Pennington County had some earned income, while 77.8 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

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

Percent of Participants Living at Home (2012)



Pennington County ranks 30th out of 87 counties in the percentage of CCB waiver participants served at home. In 2012, the county served 58 participants at home. Between 2008 and 2012, the percentage decreased by 8.3 percentage points. In comparison, the cohort percentage fell by 3.6 percentage points and the statewide average fell by 4.2 points. In 2012, 66.7 percent of CCB participants in Pennington County were served at home. Statewide, 62.5 percent of CCB waiver participants are served at home.

Pennington County ranks 33rd out of 87 counties in the percentage of DD waiver participants served at home. In 2012, the county served 12 participants at home. Between 2008 and 2012, the percentage decreased by 2.5 percentage points. In comparison, the percentage of participants served at home in their cohort remained fairly stable, increasing by only 1.0

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.

Pennington County ranks 11th out of 87 counties in the percentage of EW/AC program participants served at home. In 2012, the county served 132 participants at home. Between 2008 and 2012, the percentage increased slightly, rising by 0.2 percentage points. In comparison, the percentage of participants served at home fell by 6.1 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. Pennington 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 (2012)

	CADI	DD												
Total average rates per day	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pennington County</td><td>\$70</td></tr> <tr><td>Cohort</td><td>\$97</td></tr> </table>	Entity	Rate	Pennington County	\$70	Cohort	\$97	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pennington County</td><td>\$146</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table>	Entity	Rate	Pennington County	\$146	Cohort	\$171
Entity	Rate													
Pennington County	\$70													
Cohort	\$97													
Entity	Rate													
Pennington County	\$146													
Cohort	\$171													
Average rate per day for residential services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pennington County</td><td>\$146</td></tr> <tr><td>Cohort</td><td>\$161</td></tr> </table>	Entity	Rate	Pennington County	\$146	Cohort	\$161	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pennington County</td><td>\$179</td></tr> <tr><td>Cohort</td><td>\$207</td></tr> </table>	Entity	Rate	Pennington County	\$179	Cohort	\$207
Entity	Rate													
Pennington County	\$146													
Cohort	\$161													
Entity	Rate													
Pennington County	\$179													
Cohort	\$207													
Average rate per day for in-home services	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pennington County</td><td>\$37</td></tr> <tr><td>Cohort</td><td>\$55</td></tr> </table>	Entity	Rate	Pennington County	\$37	Cohort	\$55	<table border="1"> <tr><th>Entity</th><th>Rate</th></tr> <tr><td>Pennington County</td><td>\$64</td></tr> <tr><td>Cohort</td><td>\$81</td></tr> </table>	Entity	Rate	Pennington County	\$64	Cohort	\$81
Entity	Rate													
Pennington County	\$37													
Cohort	\$55													
Entity	Rate													
Pennington County	\$64													
Cohort	\$81													

Average Rates per day for CADI services (2012)

	Pennington County	Cohort
Total average rates per day	\$70.03	\$96.60
Average rate per day for residential services	\$145.63	\$160.81
Average rate per day for in-home services	\$37.49	\$55.43

Average Rates per day for DD services (2012)

	Pennington County	Cohort
Total average rates per day	\$145.59	\$170.56
Average rate per day for residential services	\$179.34	\$206.94
Average rate per day for in-home services	\$63.79	\$80.98

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 Pennington County is \$26.57 (27.5 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Pennington County spends \$15.18 (9.4 percent) less on residential services and \$17.94 (32.4 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Pennington County ranks 10th 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 Pennington County is \$24.97 (14.6 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Pennington County spends \$27.60 (13.3 percent) less on residential services and \$17.19 (21.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Pennington County ranks 10th 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.

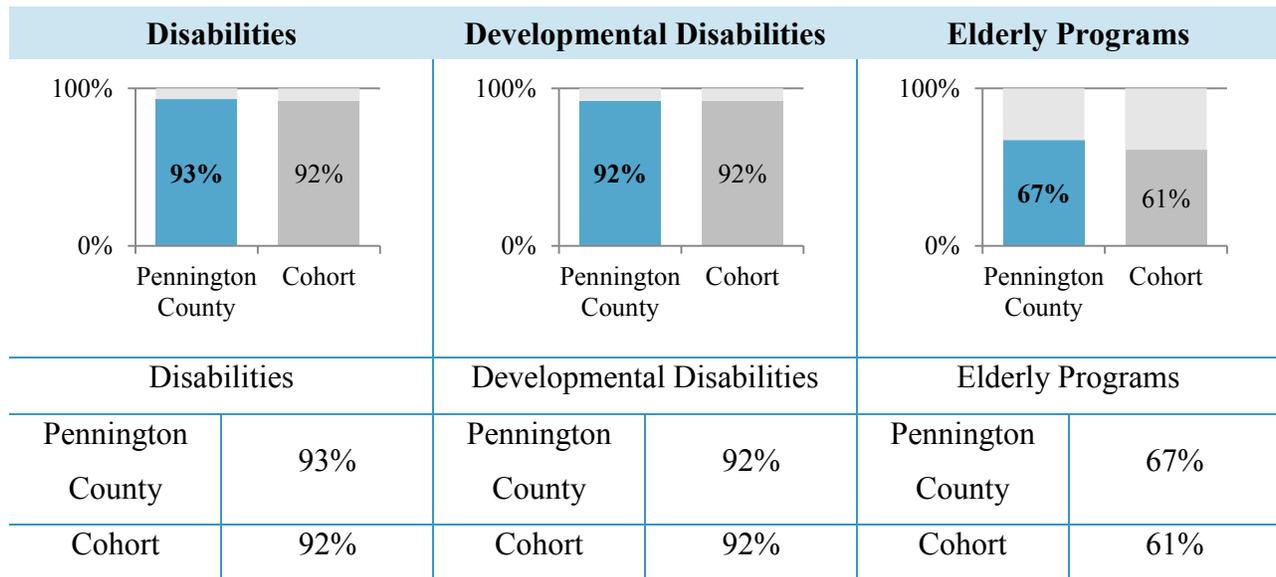
Pennington County has a lower use in the CADI program than its cohort of some residential based services such as Foster Care (18% vs. 28%), but a slightly higher use of others such as Customized Living (9% vs. 8%). The lead agency has a higher use of Prevocational Services (14% vs. 11%) and Supported Employment Services (28% vs. 11%). They also have a lower use of some in-home services, such as Skilled Nursing (8% vs. 22%), Home Health Aide (2% vs. 7%), Independent Living Skills (12% vs. 13%), and Homemaker (27% vs. 28%), but a higher use of Home Delivered Meals (25% vs. 21%). Fifty-three percent (53%) of Pennington County's total payments for CADI services are for residential services (45% foster care and 8% customized living) which is lower than its cohort group (45% foster care and 9% customized living). Corporate foster care rates are higher than its cohort when billed daily (\$217.26 vs. \$192.17 per day). Pennington County's family foster care rates are higher when billed daily (\$297.89 vs. \$145.85 per day) and when billed monthly (\$3,425.09 vs. \$3,095.41 per month).

Pennington County's use of Supportive Living Services (SLS) is lower than its cohort (69% vs. 70%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (74% vs. 64%) and a lower use of Supported Employment Services (2% vs. 5%). It is also a lower user of in-home family support (0% vs. 17%). It has a higher use of Respite Care (30% vs. 19%) and homemaker services (10% vs. 1%).

Usage of Long-Term Care Services

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

Percent of LTC Participants Receiving HCBS (2012)



In 2012, Pennington County served 114 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 15 in institutional care. Pennington County ranked 42nd of 87 counties with 92.9 percent of their LTC participants received HCBS. This is slightly higher than their cohort, where 92.0 percent were HCBS participants. Since 2008, Pennington County has decreased its use of HCBS by 2.6 percentage points, while the cohort increased its use by 0.5 percentage points. Statewide, 93.7 percent of LTC participants received HCBS in 2012.

In 2012, Pennington County served 50 LTC participants (persons with development disabilities) in HCBS settings and five in institutional settings. Pennington County ranked 50th of 87 counties with 92.2 percent of its DD participants receiving HCBS; the same rate as its cohort (92.2 percent). Since 2008, the county has decreased its use by 1.5 percentage points while its cohort rate has increased by 1.2 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2012.

In 2012, Pennington County served 149 LTC participants (over the age of 65) in HCBS settings and 76 in institutional care. Pennington County ranked 27th of 87 counties with 67.0 percent of LTC participants receiving HCBS. This is higher than their cohort, where 60.7 percent were HCBS participants. Since 2008, Pennington County has increased its use of HCBS by 4.2

percentage points, while their cohort has increased by 5.4 percentage points. Statewide, 67.2 percent of LTC participants received HCBS in 2012.

Nursing Facility Usage Rates per 1000 Residents (2012)

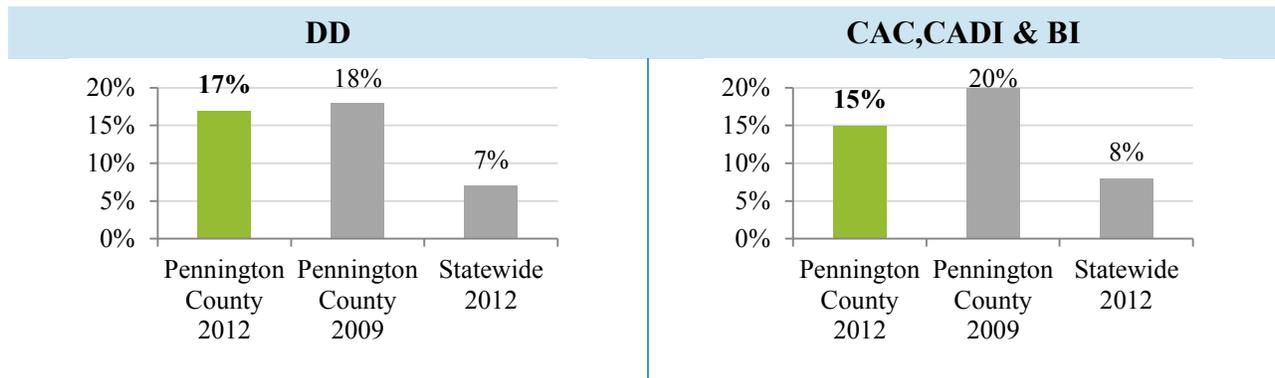
	Pennington County	Cohort	Statewide
Age 0-64	0.60	0.57	0.54
Age 65+	28.26	24.57	21.99
TOTAL	4.85	4.48	3.19

In 2012, Pennington County was ranked 44th 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 higher than its cohort and the statewide rate. Pennington County also has a higher nursing facility utilization rate for people under 65 years old. Since 2010, the number of nursing home residents 65 and older has decreased by 10.4 percent in Pennington County. Overall, the number of residents in nursing facilities has decreased by 13.0 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
Pennington County (2012)	17%	15%
Pennington County (2009)	18%	20%
Statewide (2012)	7%	8%

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, Pennington County had a 17% balance at the end of calendar year 2012, which indicates the DD waiver budget had a reserve. Pennington County’s DD waiver balance is smaller than its balance in CY 2009 (18%), but larger than the statewide average (7%).

At the end of fiscal year 2012, the CCB waiver budget had a reserve. Pennington 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, Pennington County had a 15% balance at the end of fiscal year 2012, which is a larger balance than the statewide average (8%), but smaller than the balance in FY 2009 (20%).

Pennington County is part of the Northwest Eight Waiver Alliance and pools their DD and CCB waiver budgets with other counties in the alliance. They do not currently have any participants on waitlists for the CCB or DD waiver programs. The lead agency does, however, have an unofficial wait list for the CADI program that includes participants who have needs that suggest they may at some point qualify for services but who do not currently qualify. The lead agency is in the process of developing a formal policy to prioritize participants. Case managers bring allocation increase requests informally to the Social Services Supervisor for approval.

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.

Pennington County Case Manager Rankings of DHS Resources

Resource	1= Not Useful	2	3	4	5= Very Useful
Policy Quest	0	0	3	1	0
MMIS Help Desk	1	2	0	0	0
Community Based Services Manual	0	0	1	4	1
DHS website	0	0	0	3	0
E-Docs	0	0	0	0	5
Disability Linkage Line	0	0	0	1	1
Senior Linkage Line	3	1	0	0	0
Bulletins	0	0	2	4	0
Videoconference trainings	0	0	6	0	0
Webinars	0	0	6	0	0
Regional Resource Specialist	0	0	0	0	3
Listserv announcements	0	1	1	0	0
Ombudsmen	1	3	0	0	0

Pennington County case managers rated E-Docs very high and shared that the fillable form feature is very helpful. Case managers also rated the Regional Resource Specialist (RRS) very high and said that the RRS is very helpful and promptly responds their questions. They also added that the RRS is organizing trainings for new staff members. Case managers rated Policy Quest as moderately to very useful but rated the MMIS Help Desk as being not very useful. Lead agency staff and case managers were very satisfied with the Community Based Service Manual (CBMS), but case managers noted that if the CBMS is missing information and can be difficult to navigate. Case managers stated that the DHS website has helpful information but added that navigation is not very intuitive.

Some case managers have used the Disability Linkage Line and said it has been a very helpful resource for waiver participants. Case managers reported they receive bulletins but they are not very practical because they often come out after changes have already taken place. They shared that it would be helpful if they could receive more advanced notice about program changes.

Case managers generally rated the usefulness of webinars and videoconference trainings as being average. Case managers said that although the topics are relevant to their work, they have to travel to a neighboring county to view videoconference trainings. Case managers also said that videoconference trainings are not their preferred learning style and that they have had some technical issues and wished that presenters would take the time to answer their questions. A few case managers have used Listserv Announcements and rated them as not very useful because of the high amount that they receive. They also shared that the Ombudsmen are not very involved in the waiver process.

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.

Pennington County Strengths

The following findings focus on Pennington 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.

- **Case management in Pennington County is strong.** The case managers build relationships with families, advocate for participants and have good continuity over time. Case managers are responsive to changing participant needs, and are in frequent contact with their HCBS participants through face-to-face visits. Across all programs, case managers had face-to-face visits with participants on average 3.5 times in the past 18 months. There is a good mix of new and experienced case managers and both are supportive to one another, which allows them to navigate easily across programs within the agency to provide seamless services for participants. They are accessible to one another and frequently consult each other on cases. Case managers are knowledgeable about resources and informal supports in the communities they serve, and access these and regional resources to serve their participants. Case managers are also participant driven. In the provider survey, 88% of respondents said that case managers are advocates for waiver participants

- **Pennington County addresses issues to comply with Federal and State requirements.**
During the previous review in 2011, Pennington County received a corrective action for timeliness of assessments from referral in the CCB programs. In 2014, Pennington County was fully compliant in this area thus demonstrating technical improvements over time.
- **Pennington County offers employment opportunities to CCB participants and has achieved high rates of participants with earned income of \$250 or more.** Pennington County has a focus on employment for participants with disabilities and has the expectation that participants will work. The lead agency is outperforming the statewide average and its cohort with 19.7% of CCB waiver participants (compared to 14.4% for the cohort) earning more than \$250 per month which ranks them 10th out of 87 counties. Waiver participants are benefitting from these increased efforts to expand community-based and competitive employment opportunities.
- **Pennington County case managers work well with other units within the agency.** Case managers frequently communicate with financial workers about waiver participants on their caseload. This strong communication helps case managers easily navigate across the units in a timely manner and ensure that participants maintain financial eligibility to receive services. Case managers also said that they have good communication with adult and child protection as they keep investigations separate to avoid conflicts of interest.
- **The case files reviewed in Pennington County met several HCBS program requirements.** The lead agency included elements in case files that met requirements. For example, 86% of EW/ AC assessments and 100% of CCB assessments were completed within required time lines during 2013. In addition, 95% of case files reviewed included emergency contact information, and also documented participant's informed consent to share information.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Pennington County work toward reaching their goals around HCBS

program administration. The following recommendations would benefit Pennington 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 93% of case files reviewed included the type of service in the care plan, only 2% of cases reviewed included the annual amount allowed.
- **Pennington County has reserves in the CCB and DD budgets.** Pennington County had a CCB waiver budget balance of 15% at the end of FY 2012 and a 17% budget reserve in their DD budget for CY 2012. Pennington County should develop a formal process for managing slots and their allocations to demonstrate the need for additional funding to DHS. There may also be room in the budget to provide additional services or enhance services such as supportive employment or in-home services for current participants. The lead agency may also want to consider having a staff person with accounting expertise participate in waiver allocation meetings.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Across all programs, Pennington County has achieved higher rates of participants served at home than its cohort or the state. In Pennington County, 89% of elderly program participants are served at home (ranking 11th out of 87 counties), 31% of DD waiver participants are served at home (ranking 33rd out of 87 counties) and 67% of the CCB program participants are served at home (ranking 30th out of 87 counties). However, in the provider survey, 25% of providers (2 out of 8 respondents) identified increasing service options for participant residing in their own home as one of the most urgent areas of unmet participant services. To plan for the future, the lead agency should work across populations to ensure access to participants

regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the lead agency should continue to work on repurposing home 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 the 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 to monitor provider performance and fulfillment of the services outlined in the care plan. The visit sheet should also include standard questions to assess participant satisfaction with providers. In Pennington County, only 37% of the case files reviewed contained documentation of participant satisfaction. The lead agency should also request progress reports as a way to regularly monitor provider performance.
- **Pennington County may want to 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 improves care oversight and 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 for case managers as distance cases require significant windshield time. In such cases, Pennington County should treat contracted case managers as their own employees by having them adhere to county practices and by maintaining a case file with current documentation of all required paperwork.
- **Consider developing additional systems or practices to support case managers.** With growing caseloads and increasing complexity of cases, administering the waiver programs and providing case management has 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: holding staff meetings to include discussions on new bulletins and program changes; develop consistent policies and business procedures; and ensure consistent use of case file checklists. Other lead agencies have also used fillable electronic forms, or have office support assist in creating packets or shared drives to ensure forms are current and promote consistency across the lead agency. Thinking about ways to create more efficient practices is important as the lead agency brings on new staff who require training and mentorship from existing staff.

Corrective Action Requirements

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

- **Beginning immediately, ensure that all LTC participants have a LTCC assessment that is current within the past year included in their case file.** All LTC cases must include an LTCC assessment that is updated at least annually or whenever needs change, whichever is sooner. Currently, there are four waiver participants who do not have a current LTCC assessment in their case file including one out of 10 CADI cases, two out of five BI cases, and one out of 10 EW cases.
- **Beginning immediately, ensure that all participants have an individual care plan that is current within the past year included in their case file.** All care plans must be completed on at least an annual basis. Currently, there are four waiver participants who do not have a

current care plan in their case file including one out of 10 CADI cases, one out of five BI cases, one out of 10 EW cases, and one out of 10 DD cases.

- **Beginning immediately, ensure that all participants have an individual care plan that is signed and dated by the appropriate parties, within the past year included in their case file.** All care plans must be completed and signed by the appropriate parties on at least an annual basis. Currently, there are three participants who do not have signed care plans in their case file including one out of 10 CADI cases, one out of five BI cases, and one out of 10 DD cases.
- **Beginning immediately, ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services.** It is required that all HCBS participants have completed documentation of choice in the care plan. Two out of 10 CADI cases, one out of five BI cases, one out of 10 EW cases, and five out of 10 DD cases did not have information in the case file showing that choice was documented in the participant's care plan.
- **Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of services to be provided, participant needs, health and safety issues, and outcomes and goals.** All care plans must be updated with this information. Five of 10 CADI care plans, two of five BI care plans, six of 10 EW care plans, four of 6 AC care plans, and one of 10 DD care plans did not include documentation of participant needs. Three CADI care plans, one BI care plan, two EW care plans, one AC care plan, and one DD care plan did not include documentation of participant health and safety issues. One CADI case, one BI case, and three DD cases did not include documentation of participant outcomes and goals. The care plan is the one document that all participants receive. Therefore, it must include information about the participant's needs along with which services, formal or informal, will be provided to address those needs, the participant's health and safety issues, and goals and outcomes for their involvement with home- and community-based services.
- **Beginning immediately, include a back-up plan in the care plan of all CCB, EW, and DD program participants.** 1) All care plans must be updated with this information. This is

required for all 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, two out of 10 CADI cases, two out of five BI cases, two out of 10 EW cases, , and two out of 10 DD cases did not have a back-up plan. In addition, four out of 10 CADI cases, one out of 10 EW cases, and three out of 10 DD cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.

- **Beginning immediately, ensure that all LTC participants include a completed OBRA Level One form in their case file.** The OBRA form has two sections and both must be completed by the case manager. The sections ask whether a developmental disability diagnosis or mental health diagnosis is present. Three out of 10 CADI cases, three out of five BI cases, and one out of six AC cases did not include this completed documentation. It is considered a best practice for this form to be completed on an annual basis.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames.** DD participants under 22 must have a full team screening at least once every three years and DD participants over 22 must have a full team screening at least once every six years. Five out of 10 DD participants did not meet this requirement.
- **Beginning immediately, ensure that all DD cases have a full-team screening document fully completed that includes the three required signatures and dates.** Nine out of 10 DD were missing the case manager's signature, participant's or legal representative's signature and the QDDP's signature on the DD screening document.
- **Beginning immediately, ensure that case files include the annual BI Assessment and Eligibility Determination form for all BI participants.** It is required that participants have this signed documentation in their case file to confirm eligibility for the waiver program for a person with a documented diagnosis of brain injury or related neurological condition on an

annual basis. Two out of five BI cases did not have this documentation on file and one out of five BI cases reviewed did not have complete and current documentation in the file.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file. In Pennington County, two out of 10 CADI cases, one out of five BI cases, and three out of six AC cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 10 CADI cases, one out of 10 EW cases, and one out of 10 DD cases did not have current documentation that the participant had been informed of their right to appeal within the past year.
- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CADI and BI waiver participants must have a documented face-to-face visit by the case manager two times a year. However, three of 10 CADI cases (30%) and three out of five BI cases had case manager visits less frequently than required. In addition, DD waiver participants must have a documented face-to-face visit by the case manager every six months. However, four DD cases (40%) did not meet this requirement.
- **Develop and implement a caseload management plan that will assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.** DHS initiatives (e.g. MnCHOICES, the rates management system, etc.), the changes in the waiver programs, increased caseloads, and staffing issues have resulted in case managers' inability to meet waiver program compliance requirements. In addition, many of the cases involve complex medical or behavioral needs. Case managers have had to absorb these additional cases and complexities. Pennington County may want to consider strategies that have worked in other lead agencies such as accelerating contract efforts with private agencies for case management, adding additional county case managers, and streamlining processes so case managers are able to be more efficient and have more time to spend providing direct care planning. Pennington County must carefully consider its options for

managing caseloads and develop a plan that meets the lead agency's needs while assuring all waiver program requirements are met.

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

Team's site visit. Although it does not require Pennington 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 29 cases. All items are to be corrected by Tuesday, July 1, and verification submitted to the Waiver Review Team to document full compliance.

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	0	N / A	0	0	N / A	N / A
Screenings done on time for new participants (PR)	86%	90%	75%	N / A	AC / EW	CCB
Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years	N / A	N / A	100%	40%	CCB	DD
PERSON-CENTERED SERVICE PLANNING & DELIVERY	ALL	AC / EW n=16	CCB n=15	DD n=10	Strength	Challenge
Timeliness of assessment to development of care plan (PR)	87%	100%	73%	N / A	AC / EW	N / A

PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued)	ALL	AC / EW n=16	CCB n=15	DD n=10	Strength	Challenge
Care plan is current (PR)	90%	94%	87%	90%	AC / EW, DD	N / A
Care plan signed and dated by all relevant parties (PR)	93%	100%	87%	90%	AC / EW, DD	N / A
All needed services to be provided in care plan (PR)	93%	100%	87%	90%	AC / EW, DD	N / A
Choice questions answered in care plan (PR)	78%	94%	80%	50%	AC / EW	DD
Participant needs identified in care plan (PR)	56%	38%	53%	90%	DD	AC / EW, CCB
Inclusion of caregiver needs in care plans	50%	0%	100%	N / A	CCB	N / A
OBRA Level I in case file (PR)	77%	94%	60%	N / A	AC / EW	CCB
ICF/DD level of care documentation in case file (PR for DD only)	80%	N / A	N / A	80%	N / A	N / A
DD screening document is current (PR for DD only)	50%	N / A	N / A	50%	N / A	DD
DD screening document signed by all relevant parties (PR for DD only)	10%	N / A	N / A	10%	N / A	DD
Related Conditions checklist in case file (DD only)	0%	N / A	N / A	0%	N / A	DD
TBI Form	40%	N / A	40%	N / A	N / A	CCB
CAC Form	N / A	N / A	N / A	N / A	N / A	N / A
Employment assessed for working-age participants	78%	N / A	62%	100%	DD	CCB
Need for 24 hour supervision documented when applicable (EW only)	75%	75%	N / A	N / A	N / A	N / A

PROVIDER CAPACITY & CAPABILITIES	ALL	AC / EW	CCB	DD	Strength	Challenge
Case managers provide oversight to providers on a systematic basis (QA survey)	Never	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
Case managers document provider performance (QA survey)	Never	N / A	N / A	N / A	N / A	ALL
Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=8</i>)	76%	N / A	N / A	N / A	N / A	N / A
Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=8</i>)	88%	N / A	N / A	N / A	N / A	N / A
PARTICIPANT SAFEGUARDS	ALL	AC / EW n=16	CCB n=15	DD n=10	Strength	Challenge
Participants are visited at the frequency required by their waiver program (PR)	76%	100%	60%	60%	AC / EW	CCB, DD
Health and safety issues outlined in care plan (PR)	81%	81%	73%	90%	DD	N / A
Back-up plan (Required for EW, CCB, and DD)	54%	63%	47%	50%	N / A	ALL
Emergency contact information	95%	94%	93%	100%	ALL	N / A
PARTICIPANT RIGHTS & RESPONSIBILITIES	ALL	AC / EW n=16	CCB n=15	DD n=10	Strength	Challenge
Informed consent documentation in the case file (PR)	95%	100%	87%	100%	AC / EW, DD	N / A
Person informed of right to appeal documentation in the case file (PR)	78%	75%	73%	90%	DD	N / A

PARTICIPANT RIGHTS & RESPONSIBILITIES (continued)	ALL	AC / EW n=16	CCB n=15	DD n=10	Strength	Challenge
Person informed privacy practice (HIPAA) documentation in the case file (PR)	85%	75%	87%	100%	DD	N / A
PARTICIPANT OUTCOMES & SATISFACTION	ALL	AC / EW n=16	CCB n=15	DD n=10	Strength	Challenge
Participant outcomes & goals stated in individual care plan (PR)	88%	100%	87%	70%	AC / EW	N / A
Documentation of participant satisfaction in the case file	37%	44%	20%	50%	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)	85%	N / A	N / A	N / A	N / A	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	67%	93%	92%	AC / EW	N / A
Percent of LTC funds spent on HCBS	N / A	38%	89%	84%	AC / EW, CCB	DD
Percent of waiver participants with higher needs	N / A	26%	60%	67%	N / A	ALL
Percent of program need met (enrollment vs. waitlist)	N / A	N / A	100%	100%	CCB, DD	N / A
Percent of waiver participants served at home	N / A	89%	67%	31%	ALL	N / A
Percent of working age adults employed and earning \$250+ per month	N / A	N / A	20%	13%	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.