

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **Olmsted County**

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About the HCBS Lead Agency Review process

Overview

Minnesota strives to help people live as independently as possible so they can continue to be a part of their communities. Each year about \$3.9 billion in state and federal funds is spent on Medical Assistance Long-Term Service and Support (LTSS) programs that serve over 80,000 people. These programs are large and demand is growing. By 2020, they will serve nearly 110,000 people. LTSS programs have a large impact on Minnesotans, so it is crucial that they enhance the quality of life and independence of people who rely on them.

Home and Community-Based Services (HCBS) refers to the long-term services and supports an individual needs due to a chronic health condition or disability that are delivered in home or other community-based settings. These services and supports include private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The HCBS Lead Agency Review examines six programs: (1) Alternative Care (AC) Program; (2) Brain Injury (BI) Waiver; (3) Community Alternative Care (CAC) Waiver; (4) Community Alternatives for Disabled Individuals (CADI) Waiver; (5) Developmental Disabilities (DD) Waiver; and (6) Elderly Waiver (EW). The CAC, CADI and BI programs, referred to as the CCB programs, and the DD waiver program generally serve those 64 and younger; while the EW and AC programs serve persons aged 65 and older.

The overarching goal of the HCBS Lead Agency Review is to determine how HCBS programs are operating and meeting the needs of the people they serve. Local and national pressures are influencing the current system and encouraging the state to re-examine how to best support people receiving services in a person-centered way. Some of these pressures include: [Minnesota's Olmstead Plan](#) and [Jensen Settlement Agreement](#), [Federal HCBS rule changes](#), [Minnesota Statute 245D](#), and the [Positive Supports rule](#). Additionally, the demand for services continues to grow faster than available revenues. All of these changes require that practices be aligned with person-centered thinking, person-centered planning, and positive supports to ensure high quality and sustainable programs.

This evaluation process helps the Minnesota Department of Human Services (DHS) assure the compliance of counties and tribes in the administration of HCBS programs, share performance on key measures and outcomes, identify best practices to promote collaboration between lead agencies (counties, tribes, and Managed Care Organizations), and obtain feedback about DHS resources to prompt state improvements. Successfully serving Minnesotans hinges on state partnerships with counties, tribes, and other agencies involved in administering and delivering the programs.

Mixed methods approach

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. These methods are intended to provide a full picture of compliance, context and practices within each lead agency, and further explain how people benefit from the HCBS programs. The data collection methods are intended to glean supporting information, so that when strengths, recommendations or corrective actions are issued, they are supported by multiple sources.

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

Table 1: Summary of data collection methods

Method	Numbers for Olmsted County
Case file review	159 cases
Provider survey	40 respondents
Supervisor phone interviews	4 interviews with 4 staff
Case manager and assessor survey	12 respondents
Case manager and assessor focus group	2 focus groups with 21 staff
Assurance plan	1 assurance plan completed
Supervisor meeting	1 meeting with 4 staff
Tier 2 non-enrolled vendor claims review	28 claims

About the lead agency

Department management

In December 2015, DHS conducted a review of Olmsted County’s HCBS programs. Olmsted County is located in southeastern Minnesota, and is made up of both urban and rural communities. Its county seat is Rochester, Minnesota. Previous HCBS lead agency reviews were conducted in 2007 and more recently in 2012.

Olmsted County Community Services Department is the lead agency for all HCBS programs and provides case management for these programs. These programs are managed by the Adult and Family Services Division. Within this structure, the Disability Services unit manages the CAC, CADI, BI, and DD programs while the Aging and Care Coordination Services unit works with the elderly programs in tandem with Olmsted County Public Health Department’s Aging and Disability Services unit. Olmsted County also serves as a contracted care coordinator for three Managed Care Organizations (MCO): Ucare, Blue Plus, and Medica, which was recently added.

Persons served

Statewide 94% of people receiving long-term services and supports do so with community-based services. HCBS provides people with more control over services, which promotes independence and reduces costs over institutional care. Table 2 shows the percent of people receiving HCBS by program in Olmsted County.

Table 2. Percent of people receiving HCBS (2014)

Program or Disability Type	Olmsted County	Cohort
Disabilities	94.8%	94.9%
Developmental Disabilities	95.1%	94.2%
Elderly	71.0%	67.3%

In State Fiscal Year 2014, Olmsted County’s population was approximately 150,287 and served 1,573 people through the HCBS waiver programs. Table 3 shows the number of people enrolled in HCBS waivers by program.

Table 3. Number of people enrolled in HCBS by program

Program	2010	2014
CCB	511	482
DD	405	444
EW/AC	687	647

One indicator which determines how well these programs support independence and person-centered outcomes is the percent of people on the waivers with high needs. A higher percentage of people with high needs shows that services are available to support people in the community even when they need more intense supports. Table 4 shows the percent of people on the waivers with high needs.

Table 4. Percent of people on waivers with high needs (2014)

Program	Olmsted County	Cohort
CCB	93.2%	84.4%
DD	78.4%	78.4%
EW/AC	77.1%	66.9%

Persons with higher needs are those with a case-mix of "B"- "K" for CCB and EW/AC. Persons with higher needs are those with Profiles 1 through 3 for DD.

Olmsted County is the top performer in their cohort for the percent of people on waivers with high needs in CCB and EW/AC, ranking second and fourth in the state respectively. The lead agency's status as a destination medical center attracts a higher needs population and helps create a robust network of providers, creating their ability to serve people with high needs in the community.

Staffing roles and responsibilities

In spring of 2015, the Community Services Department began restructuring some staff and units, which impacted these programs. As of this review, additional changes were forthcoming. Olmsted County has five supervisors who have oversight over the administration of HCBS waiver programs; four whom are housed within the Community Services Department. One Program Manager oversees staff who work with people on a CCB waiver and people 18 years of age or younger with a developmental disability. A Community Services Supervisor oversees staff who work with people over 18 years old with a developmental disability, including those on the DD waiver and those utilizing other programs.

At the time of the review, an additional supervisory position had just been filled, and the lead agency was establishing a plan to redistribute some duties from the third supervisor. She will continue to oversee the AC, EW, and all MCO-related care coordination, including SNBC and Community Well. The new, fourth supervisor in the Community Services Department will supervise support staff, the relocation service coordination program, and the MnCHOICES assessment team within the department. Finally, the Public Health Department's Program Manager for Aging and Disability Services co-manages the AC and EW programs, along with several initial MnCHOICES assessors.

Each supervisor manages 15-23 staff. Although it will be changing, at the time of review, initial MnCHOICES assessors were imbedded within each unit and on average, completed 12 initial assessments a month. Case managers on those teams have a caseload size of 25-65 people, which can vary by worker and his/her additional duties. For example, those who act as a lead worker or bridge worker, i.e. performing both mental health targeted case management and waiver case management,

have lower caseloads. The county has a Revenue Enhancement Team and case aides who act as support staff for some case managers; for example, revenue enhancement staff enter data into MMIS for case managers while case aides conduct clerical tasks.

Intake, assessment, and case assignment

Olmsted County's Community Services Department has a central intake system with two dedicated staff who work across all programs. These staff complete the preadmission screenings and referrals for all waiver programs and Personal Care Assistance (PCA). If someone contacts the Public Health Department, the call is transferred to the Community Services central intake line. The intake staff gather basic information from the person and explain the assessment process. If the person is interested in a MnCHOICES assessment, the intake workers follow different processes depending on the initial information they have collected from the person.

For people over age 65 who may open to EW or AC, the intake worker assigns the case to one of four MnCHOICES assessors on a rotating basis. If for whatever reason, the assessors are unable to schedule an initial assessment, it is assigned to an ongoing case manager, as they are all certified assessors. Once the assessment has been completed, the assessor assigns an ongoing case manager from a rotating case manager assignment log. If the person selects a health plan, the case manager assigned is based on their MCO specialization. Revenue enhancement staff help the assessor transfer the case to the ongoing case manager. County staff report this hand-off is easier than it has been in the past now that both case managers and public health nurses use an electronic file system, PH-Doc, for case file management. For ongoing reassessments, case managers will be responsible for completing MnCHOICES assessments for their respective caseloads, with the exception of the AC program.

If the intake worker believes the person may be eligible for a DD waiver, the call is forwarded to a dedicated DD intake worker. This DD waiver intake worker begins the Rule 185 eligibility determination process and confirms the person is open to Medical Assistance. Once this is complete, the DD waiver intake worker assigns the person a case manager based on specialization, other requirements specific to the person, or on a volunteer basis. This case manager conducts the MnCHOICES assessment and performs ongoing case management.

For those who may open to a CCB waiver or only PCA services, the intake worker forwards the information to the CCB screening team to complete the initial assessment. At the time of the review, the screening team consisted of one full-time social worker and one half-time public health nurse. If one of the assessors is unable to complete an assessment, it is assigned to an ongoing case manager who is also a certified assessor. Once the assessment is complete, the case is presented at a staff meeting where it is assigned to a case manager based on expertise.

Currently, Minnesota Statute requires LTSS assessments to be completed within 20 days from the initial intake in order to ensure equal and expedient access to all people requesting HCBS services. Olmsted County had 82% of assessments completed on time in EW and AC, while CCB and DD had 84% and 71% respectively. The lead agency acknowledged that despite their best effort, assessments are not always completed within the required timeframe due to extenuating circumstances, such as scheduling requests from the person or family. Staff consider each situation and act in accordance with whatever is in the best interest of the person served in order to complete the assessment.

Maintaining programmatic expertise

As HCBS programs' requirements and expectations change, the lead agency must stay up-to-date in order to provide seamless services. There are several strategies lead agency staff employ to stay

current with program and policy changes, successfully implement those changes, and maintain expertise in the HCBS programs.

To stay current on programmatic changes, Olmsted County staff employ a number of different strategies. They rely most often on listserv announcements, bulletins, and email to get the most recent changes. Staff also use an internal SharePoint site as a central repository for forms and new policy items. Supervisors report they hold all-staff meetings by program at least once a month to share summary information. For the aging programs, the social workers in the Community Services Department meet monthly with Public Health staff. In DD, staff also meet with an all-ages group monthly. In light of the recent reorganization, the supervisors who oversee the CCB and DD programs are still figuring out how to best share information across the division at these monthly staff meetings. In addition to larger meetings, supervisors meet individually with staff for case consultation and more in-depth training. Finally, Olmsted County hosts meetings to keep up on best practices relating to the waiver programs.

In the elderly programs, the supervisors meet monthly with senior workers who serve as liaisons for the staff. These monthly meetings serve as an open forum to review any issues staff may be having with documentation, programmatic changes, and cases. Staff report this helps ensure everyone is on the same page and that they are implementing changes consistently from one worker to the next. The lead worker and senior workers also have a role in training new employees. Supervisors and staff in these areas report they actively work to create a culture of change, which incorporates new ideas and promotes growth within the unit. In addition, public health nurses in Community Services have recently reorganized internally to create specializations in the three MCOs, a practice long held in the Public Health Department. Staff report that while this can create challenges when people switch health plans, the people served ultimately benefit from the case manager having more expert knowledge.

All supervisors report that case file audits are conducted to ensure technical compliance. For workers in the Disability Services units, cases are audited periodically by the Continuous Improvement and Analysis Specialist. CCB staff have a formal audit once a year which has been modeled off of a health plan audit, whereas DD staff files are reviewed monthly. The Aging and Care Coordination Services supervisor and the Aging and Disability Services supervisor audit a random sample of cases whenever a staff person has an annual review. The Aging and Care Coordination Services supervisor reports the conversion to a single filing system, PH-Doc, has made informal auditing easier to do throughout the year. The MCOs also conduct annual case file audits for the EW program.

Provider survey respondents report that lead agency staff have adapted well to recent program changes and had the capacity to remain current with program changes overall. In particular, providers responding to the survey rated Olmsted County staff highly on implementing the changes associated with 245D licensing (75%), person-centered planning (73%), and MHCP provider re-enrollment (70%).

Working across the lead agency

The Lead Agency Review process looks at internal and external working relationships to gain greater insight into how the lead agency works together as a whole, how services are being delivered, and how the agency interacts with others delivering these services. Effective working relationships, both internally and externally, increases the level of coordination and quality of the services being delivered.

Internal relationships

The Community Services and Public Health departments are separate entities in Olmsted County but are housed in the same building on separate floors. Although they are independent agencies, HCBS

program staff work collaboratively to ensure that quality services are seamlessly delivered. For all programs, public health nurses provide consultation to Community Services social workers for people with high medical needs.

For the elderly programs, Public Health and Community Services have had a long-standing relationship. This is largely credited to their former dual assessment model, a practice that ended approximately a year ago with the implementation of MnCHOICES. Despite no longer conducting dual assessments, the two supervisors hold joint meetings with case managers from both departments once a month and try to make joint decisions in order to maintain continuity. Case managers and public health nurses participating in the focus group reported that the transition to PH-Doc for case filing has also helped maintain good working relationships between workers. Social workers stated they have appreciated the technical expertise of Public Health staff in navigating the system.

Olmsted County utilizes case banking for its financial workers, but there is a specialized team for individuals on HCBS programs called Placement and Waiver Services (PAWS) workers. During the last lead agency review in 2012, supervisors noted that the system worked more smoothly when case managers were able to work directly with an assigned financial worker. Case managers also noted that relationships with financial workers have become more challenging as financial worker caseloads increase. Since that time, Olmsted County has taken several steps to improve the business processes between PAWS workers and case managers. While case managers consult with financial workers often, they do not necessarily know who the assigned financial worker is if the individual is new to the waiver. Case managers use DHS' 5181 form or they email a shared address to communicate with financial workers. Staff at all levels agreed that having a central email address has greatly improved communication, as PAWS workers email confirmation to case managers that their message has been received and respond to questions either same day or within 24 hours. In addition, the supervisors of each team meet monthly, and the financial workers and assessors themselves meet quarterly to better understand current priorities and to problem solve.

Olmsted County's Adult Protection unit is also housed within the Adult and Family Services Division. Staff and supervisors state there is frequent consultation across the two units, and that the adult protection workers give good guidance on when to report certain situations and on how to navigate guardianship petitions. While a majority of case managers characterized their relationship with the Adult Protection unit as average to good, some voiced concerns about the changing role of this unit due to the recent implementation of the statewide centralized common entry point. Some case managers felt more could be done to prevent a person's minor issue from becoming a major issue in the future. Issues like these are often brought to the Community Action Team made up of stakeholders including law enforcement, elder network representatives, Area Agency on Aging staff, county staff, county attorneys, primary care doctors, veterans, and others. The Community Action Team meets every other month to present on new programs and discuss ongoing and emerging issues.

Many CADI participants with mental health needs are served by one of three bridge workers. However, when their caseloads are full, the county will assign separate case managers. While the case managers and assessors in the focus group saw a lot of value to having a single bridge worker, many were concerned about how to keep those supports in place as people transition from one program to another. Case managers reported that it is rare for an individual to be open to both the DD waiver and mental health targeted case management, which reduces their access to behavioral health or mental health workers. However, the mental health workers are available for consultation. Public Health staff are involved in the Assertive Community Treatment team, a team of social workers, psychiatrists, and public health nurses who work with individuals diagnosed with Serious and Persistent Mental Illness (SPMI), and staff appreciate this resource. Children's mental health and child protection are housed in a different building, separate from the waiver case managers and assessors. Assessors in the focus

group stated they often conduct home visits with Children’s Mental Health workers and rated their relationship positively.

External relationships

During the Lead Agency Review, case managers and assessors were asked to rate their working relationships with other local service providers. Case managers and assessors only rated agencies they have had experience working with. Table 5 lists the results of the focus group ranking of local agency relationships.

Table 5: Olmsted County Case Manager/Assessor Rankings of Local Agency Relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	10%	20%	0%	70%
Nursing facilities	0%	65%	6%	29%
Hospitals	10%	60%	15%	15%
Primary care clinics	0%	52%	43%	5%
Mental health service providers	15%	40%	30%	15%
Area Agency on Aging	0%	24%	29%	47%
Crisis services	11%	37%	0%	53%
Foster care providers	0%	40%	50%	10%
Customized living facilities	0%	16%	53%	32%
Center-based day programs	0%	32%	42%	26%
Community-based employment providers	0%	33%	22%	44%
Home health agencies	10%	50%	30%	10%

Lead agency staff shared they have overall positive relationships with providers in Olmsted County. They rated their relationships with primary care clinics, foster care providers, and customized living facilities as the strongest. For foster care providers and customized living facilities, lead agency staff appreciate having close working relationships and open communication with the providers in their network. For primary care clinics, staff reported difficulty in finding a primary care physician for new patients, but also reported that clinics are working to address this challenge creatively. In response to the shortage in physicians, Mayo Clinic has put into place a transition team of care coordinators who now conduct home visits which alleviates the number of people needing to see a physician while also providing the care that people need.

Case managers and assessors voiced concerns about relationships with some providers, most notably with crisis services and mental health providers. They stated there is a mobile crisis team that provides quality services but there are not enough providers to meet the growing need for crisis services. Similarly, case managers reported there is a lack of providers who provide mental health services such as psychiatry and counseling in the area. Case managers cited one provider’s current procedure of rotating mental health practitioners as an additional barrier because people are often seeing different doctors throughout the year, making relationship-building with that physician more difficult.

The Lead Agency Review process also includes surveying the providers about their relationship with lead agency staff. The providers responding to the survey agreed that overall the lead agency is very

responsive. Eighty-five percent of respondents reported that the lead agency responds in a timely manner, and 90% agreed that they received the needed assistance from Olmsted County when they ask a question. Lead agency staff believe the long-established relationships their staff have with certain providers in the community helps providers know who to contact when issues arise. In addition, Olmsted County participates in several provider-oriented community groups which helps continue building relationships. These meetings inform attendees on trends, processes, and procedures of each agency. It also becomes a forum to discuss service-delivery expansion and recent policy changes.

Provider monitoring process

It is the lead agency's responsibility to monitor the on-going provision of services for efficacy, people's satisfaction, continued eligibility, while making adjustments when necessary. Region 10, a group of counties in southeastern Minnesota, has historically shared contracting staff and some provider monitoring duties. However, supervisors in Olmsted County stated that they experienced some uncertainty in their role of monitoring providers since county contracts with HCBS providers ended in 2013. Lead agency staff shared that it is becoming increasingly difficult to establish exactly which providers serve Olmsted County residents, particularly because some of vendors operate out of a neighboring county.

Because of this change, Olmsted County's provider monitoring process is more informal than it had been in the past. Supervisors and case managers regularly meet with some of their larger providers either on a monthly or quarterly basis to discuss what is going well and where improvements in service-delivery can be made. Some providers responding to the survey reported they welcome this practice. Results from the provider survey indicated that case managers are good at defining how best to monitor and participate in the service delivery for an individual. They reported that most often, the monitoring is in the form of phone or email communication. When issues arise, case managers are expected to discuss those incidences with supervisors or at staff meetings to not only problem-solve but to identify if a pattern exists. In addition, Olmsted County Public Health staff send out a quarterly satisfaction survey to people receiving its case management services. Feedback is shared with case managers, who are then expected to follow up with people or providers as needed. Olmsted County Public Health is also planning to send a yearly survey to their providers.

Person-centered practices and supports

The State of Minnesota has a goal of broadening the effective use of person-centered planning principles and techniques for people with disabilities. People with disabilities will now decide for themselves where they will live, learn, work, and conduct their lives. In addition, the person will choose the services through a planning process directed by the person that discovers and implements what is important *to* the person and what is important *for* the person. This process is meant to improve the person's quality of life.

The [Minnesota Olmstead Plan](#) sees person-centered planning as foundational to overcoming system biases and supporting peoples' ability to engage fully in their communities. These priorities, coupled with changes in federal mandates, require that lead agencies' practices be updated for better alignment.

The Lead Agency Review process evaluates multiple data sources for evidence of person-centered practices within lead agencies using six criteria, or domains. These domains focus on various areas of person-centered practices such as: identifying dreams; having the person direct the planning process; providing opportunities for people to connect with others in their communities of choice; providing supports and services that are shaped by the person, and evaluating the quality of those services; and

developing organizational alignment with these principals. For more information on the assessment tool and criteria, visit the [Lead Agency Review website](#).

Olmsted County staff have not received any formal training on person-centered practices recently, but most have completed the MnCHOICES certified assessor training, which includes some components of person-centered planning. Supervisors report that they conduct informal trainings and discussions internally. At the time of the site visit, supervisors were in communication with DHS and the University of Minnesota’s Institute on Community Integration to sponsor the two-day person-centered thinking training for any case manager, assessor or supervisor in the region who have not yet completed this training.

Supervisors, case managers and assessors reported they have a history and culture of delivering services in the spirit of person-centeredness, particularly in the area of DD. They further explained that they practice person-centered principles by encouraging people to think about and express what they want, not what others may want for them. They also stated that they treat the person as the expert in what is best for them and work with the individuals and their providers to ensure goals are met.

Providers responding to the provider survey identified strengths in case managers and assessors incorporating what is important to the person (60% of respondents identified this as a strength) as well as what is important for the person (45% identified this as a strength). In addition, they reported that case managers and assessors make accommodations to ensure the process is understandable to the person (45%). While a majority of providers viewed Olmsted County’s person-centeredness overwhelmingly positively, there were areas providers also identified as growth opportunities, including incorporating unique strengths and goals into the persons support plan.

Evidence of person-centered practices in case files is also reviewed during the Lead Agency Review site visit. Figure 1 and Table 6 show the results of the assessment.

Figure 1. Person-centered practices assessment



Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

Table 6. Average score by domain

Domain	Average Score
Assessment, Discovery, Exploration	2.33
Planning Practices	2.57
Community Participation and Inclusion	3.00
Current Level of Support and Services	2.64
Organizational Design and Processes	2.50
Evaluation of Person Centered Practices	2.39

Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

Of the case files reviewed, some areas of strength were identified, including writing the support plan in plain language (93.7%) and the support plan has sufficient details about what is important to the person (61.7%). Some areas of improvement for the lead agency include documenting the person’s preferred work (25.3%) and preferred living setting in the support plan (37.1%). In addition, while a majority of support plans (88%) identified outcomes and goals, only 11.3% describe the person’s dreams. The distinction between a goal and a dream is important to make as dreams often reflect what motivates and inspires people, which helps create improved outcomes for the individual. If a person’s dreams, preferred work, and preferred living setting are outlined in their support plan, when providers review those plans, as is required by statute, they will modify their services to meet an individual’s aspirations. These results demonstrate the need for improved application of person-centered thinking techniques when drafting HCBS support plans.

Jensen Settlement Agreement

The [Jensen Settlement Agreement](#) is the result of a lawsuit filed against the DHS, which is prompting significant improvements to the care and treatment of people with developmental and other disabilities in the state of Minnesota. People who were a part of this class action settlement are entitled to additional services and supports from DHS and lead agencies to assist them in successfully transitioning into the community setting of their choice.

At the time of this review, this lead agency was serving several Jensen Settlement Agreement members on an HCBS waiver. Case file review for these individuals includes the evaluation of a separate person-centered plan, in addition to the HCBS support plan, using 16 person-centered planning criteria. Eighty percent of the case files reviewed had the required separate person-centered plan for the person. Because some of these were one-page profiles of the person, the plans were inconsistent in the content and the depth of what was covered. While each plan addressed some of the required criteria, there was large variation in which criteria were addressed. The lead agency reported that it is seeking guidance from DHS on the types of tools they should be using for Jensen Settlement members. Overall, 60% of the separate person-centered plans and the HCBS support plans showed continuity.

Positive Support Transition Plans

In accordance with the Jensen Settlement Agreement, DHS was required to modernize “Rule 40” to reflect current best practices, including the use of positive and social behavioral supports. New rules and laws governing positive support strategies have been put into place. In extreme situations where a person’s behavior poses an immediate risk of physical harm to themselves or others, a Positive

Support Transition Plan (PSTP) is required. The person and their team, including providers and the lead agency case manager, design a PSTP that incorporates positive support strategies into a person's life to eliminate the use of aversive procedures, to avoid the emergency use of manual restraint, and to prevent the person from doing physical harm. It is important for these plans to be monitored to ensure that these new rules are being implemented appropriately and plans are reflecting current best practices.

At the time of review, this lead agency was serving several people with PSTPs who were on either the DD or CADI waiver programs. The case files, and the related PSTP paperwork for eight individuals were reviewed as a part of the on-site case file review. Of the cases reviewed, six people (75%) had an approved DHS PSTP and three of those six (50%) had a PSTP review form that was completed at the appropriate intervals. The information provided on the PSTP form and PSTP review forms were very detailed. The lead agency acknowledges the need for more training in this area, and are seeking additional technical assistance from DHS. They are also working with providers to confirm that plans are being drafted and reviewed in accordance with Minnesota statute and rule.

Service development

Minnesota strives to help people live as independently as possible so they can continue to be a part of their communities. Increasing the availability of choice and quality of services, helps support people's independence and control over the services and supports that fit a person's needs. The Lead Agency Review evaluates the lead agencies' abilities to connect people to opportunities (i.e. employment) and services (i.e. transportation), as well as how lead agencies ensure quality services are being delivered.

Supervisors stated the discovery process for service development is informal. Information is gathered through conversations with staff and providers on a case-by-case basis and by sharing feedback from the people served. The supervisors take the stance that if one person is not having their needs met, someone else might have a similar unmet need. In general, economic development is an issue for the city of Rochester. Largely because of Mayo Clinic's expansion, there is a need for ancillary services, such as hotels and restaurants, to support out-of-town visitors and Mayo employees moving to the region. The result is that HCBS providers have difficulties filling vacancies as they are often competing for the same pool of applicants. Because of the lack of staffing, providers that deliver high quality services are unable to take new referrals.

Employment

When people have higher monthly earnings, it indicates that community-based employment, and the supportive services sometimes needed to maintain employment, are available. Employment not only provides income for people, but is also one way that people participate in and contribute to their communities. The Minnesota Olmstead Plan establishes statewide goals to increase employment and earnings for people with disabilities. Table 7 and Table 8 show the percent of earning for those who are working by program.

Table 7. Percent of working age people on a CCB waiver with earned income (2014)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Olmsted County	65.9%	18.9%	9.6%	5.6%
Cohort	66.5%	18.3%	9.0%	6.2%
Statewide	72.5%	14.4%	7.5%	5.5%

Table 8. Percent of working age people on the DD waiver with earned income (2014)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
Olmsted County	28.7%	41.3%	22.8%	7.2%
Cohort	30.8%	45.0%	15.8%	8.4%
Statewide	33.5%	42.9%	15.7%	7.8%

Olmsted County has demonstrated a commitment to increasing the number of people with disabilities who have employment. This lead agency authorizes supported employment services more than other agencies in its cohort, with 12.3% authorized in Olmsted County for the CADI waiver and 18.7% for DD. This is in comparison to 9.1% and 8.5%, respectively, authorized by those in their cohort. In addition, the percent of working age people on a DD waiver with earned income over \$250 a month increased from 24.9% in 2010 to 30% in 2014, and for those on a CCB waiver from 10.8% to 15.2%, in this lead agency.

Olmsted County's portion of the Minnesota Olmstead Plan's benchmark to increase employment and earnings for people with disabilities is 12 people per fiscal year. Lead agency staff reported that vocational providers in their community are committed to helping individuals prepare for and obtain competitive employment in the community. They cited providers not having enough staff to meet the rising need for employment services, making them unable to quickly accept new referrals. This creates a barrier for moving people out of sheltered workshops to more community-based employment.

This lead agency has employed a number of strategies to increase employment and earnings. This includes utilizing the same employment providers for people on a CCB waiver as for those on a DD waiver. Olmsted County has also worked individually with providers to develop more employment options for people. In addition, Olmsted County currently uses an outcomes-based program for people receiving vocational services using county funds, where they issue a \$1,000 payment 30 days after a successful result on employment. This lead agency is also working with area schools to do improved transition planning for younger adults.

Housing and services

Higher percentages of people able to receive services in their own homes versus provider controlled housing and residential settings reflect the availability of more flexible and customizable services. When people are served in their own homes, they have more choices and are able to make more decisions in

how they live their life. Services coming into a person’s home must be flexible and must be well coordinated. The Minnesota Olmstead Plan also establishes statewide goals to improve housing integration and choice for people with disabilities. Table 9 shows the percent of people who receive services in their own home.

Table 9: Percent of people who receive services at home (2014)

Program	Olmsted County	Cohort
CCB	60.0%	63.0%
DD	33.1%	38.8%
EW/AC	51.6%	68.2%

As Table 9 demonstrates, this lead agency is performing below its cohort in serving people on HCBS waivers in their own homes. For individuals in Olmsted County on HCBS waivers wanting services in their own homes, two significant barriers make this challenging. First, while Olmsted County reports growth in its housing stock, it has not included affordable housing, creating significant competition for affordable housing. Also, as noted earlier, because many HCBS providers cannot hire additional staff, the community also lacks in-home care service provider capacity. The result is that many find they cannot afford to live in their preferred setting without roommates or cannot find providers to deliver the services they need to stay in their homes. Olmsted County staff are members of an area business development group, which are collaborating on ways to attract staff away from other industries to home care.

Utilization of non-enrolled Tier 2 vendors

With the end of lead agency contracts for HCBS services effective January 1, 2014, lead agencies may elect to use vendors not enrolled as a Minnesota Health Care Programs (MHCP) provider for some waiver services to increase local access to those services. Lead agencies choosing to do this must comply with DHS policies and document verification that all providers receiving Medical Assistance funds meet all applicable service standards.

Olmsted County utilizes non-enrolled vendors for some Tier 2 services such as chore services, environmental modifications, and transportation. This process benefits those served because it creates additional provider capacity by allowing small businesses or informal supports to become formal providers without needing to develop their own capacity to enroll and bill MA directly. Using non-enrolled Tier 2 vendors also creates access to specialized services, such as deep cleaning, waste disposal, and pest control.

This Community Services Department recently put into place a pass-through billing process for non-enrolled vendors that is overseen by the contract manager. When a case manager is looking for a vendor, they check to see if there are any MHCP enrolled providers available to complete the service. If not, the case managers can reference a Tier 2/Tier 3 log, which is maintained by the contract manager. This log identifies non-MHCP enrolled vendors who have previously worked with the county. If a vendor is identified who has not been previously authorized, case managers complete an internal Tier 2/Tier 3 vendor form, which gathers all the information needed for the contract manager to complete and mail a Service Purchase Agreement (SPA) to the vendor. The contract manager has met with program staff to review the pass-through billing process and expectations to help ensure each person knows his/her role in the process.

A sample of Tier 2 service claims was reviewed during the lead agency site visit. Of the 28 claims, 15 had a completed SPA in place, but 11 of those 15 (73%) SPAs were not effective prior to the provision of services. The contract manager has been following up with vendors to have the remaining SPAs returned. The lead agency’s vendor log included all providers but was missing a place to document verification of applicable certification or licensure.

Managing resources

In Minnesota, waiting lists occur when the overall budgets for the waiver programs are limited by the federal and/or state government. A waiting list is created when people who are eligible for the program do not have immediate access because of funding or enrollment limits.

Lead agencies receive separate annual aggregate allocations for the DD and CCB programs. 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). Beginning in 2015, changes in spending and wait list requirements will create added accountability for lead agencies and DHS to ensure timely access to HCBS waiver programs.

Table 10: Combined year-end budget balance and percent of program need met for CCB (2014)

	Year-end budget balance	Percent of program need met
Olmsted County	7%	100%
Statewide	8%	96.8%

At the time of the review, there was no waitlist for these programs. The Disability Services program manager stated that the county rarely has a waiting list because its budget is large enough to meet people’s needs. For the CAC, CADI and BI programs, Olmsted County had a 7% balance at the end of fiscal year 2014, which was smaller than the statewide average (8%). Overall, the year end balances for CCB have been decreasing recently, from 13% in FY2011 down to 5% in FY2015.

A waiver allocation team meets every other week to manage any waitlist and allocations in the Waiver Management System. The team uses guidelines about which categories of need are prioritized and which types of service requests are reasonable so funding can be more consistently applied. The Disability Services program manager and case aide also run simulations which helps prioritize remaining allocations.

Table 11: Combined year-end budget balance and percent of program need met for DD (2014)

	Year-end budget balance	Percent of program need met
Olmsted County	1%	78.4%
Statewide	8%	96%

Similar to the CCB program, the DD waiver year-end balances have decreased in recent years, indicating the needs in the county have grown. At the end of calendar year 2014, the DD waiver budget had a balance of 1%, much lower than its 2014 balance of 14%.

In November of 2015, Olmsted County had a waitlist of 165 people for the DD waiver program. However, as Olmsted County works with DHS to restructure the DD waitlist, this number will be reduced or eliminated over the next year. The county has a waiver management team of five people who meet twice a month to review the county’s DD waiver priority list. Case managers follow internal

guidelines and must complete a series of documents in order to add someone to the priority list. When allocations are available, Olmsted County uses DHS guidelines on imminent danger, change in program needs, and the loss of a caregiver when prioritizing funding. Olmsted County is currently working with DHS to enroll additional people in the program using available diversionary funds.

Oversight of Rate Management System (RMS) entry is also the responsibility of the program managers and supervisors, and is handled differently depending on the program. For CCB, RMS information is completed by assistant social workers and MMIS service agreements are entered directly by case managers. In DD, however, the same dedicated revenue enhancement person enters both the RMS information and the MMIS service agreements. The DD protocol has been more successful in MMIS authorization lines matching the RMS record with an RMS compliance rate of 95.4% versus 80.4% in CCB. In addition, the community services supervisor has regular meetings with providers on rate changes, and keeps a log of rate discrepancies. The supervisor reports that providers appreciate the lead agency keeping track of this.

Lead Agency feedback on DHS resources

During the Lead Agency 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. Supervisors, case managers, and assessors only rated resources they have had experience working with. Table 12 shows the DHS resources that were rated the highest and the lowest by lead agency staff.

Table 12: Highest and lowest rated DHS resources by lead agency staff

Rating	Resource
High	<ul style="list-style-type: none"> • Bulletins • Community-based Services Manual • eDocs • Senior Linkage Line • Webinars and videoconference trainings
Low	<ul style="list-style-type: none"> • Ombudsmen • MinnesotaHCBS.info • MinnesotaHelp.info

Both supervisors and staff in the focus group reported that bulletins are a helpful resource. However, some indicated the bulletins can often be too long or are not issued in a timely manner. The supervisors also said they reference the Community-Based Services Manual frequently, and rely on videoconferences and webinars to keep up-to-date on program changes, which saves time and money. They also stated that they had a strong relationship with their Regional Resource Specialist and found the DSD Response Center to be a responsive to their questions.

The case managers and assessors in the focus group stated the MinnesotaHelp.info website has too many resources and is difficult to navigate. They stated that the number of providers listed in the directory is continually increasing, yet they continue to struggle to find providers with staff available to take on new referrals. In addition, staff believe the Ombudsmen are spread too thinly, and often are operating under different timelines than county staff need.

Results and findings

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.

Follow up from previous reviews

During Olmsted County’s 2012 review, DHS issued several recommendations and corrective actions to prompt lead agency improvements. These were identified by the review team as opportunities where additional actions by the lead agency would further benefit its staff and people receiving services. Table 13 gives an update on the lead agency’s actions on previous recommendations.

Table 13. Lead agency actions on previous recommendations

2012 Recommendation	Update on Lead Agency Actions
Assess vocational skills and abilities for all working age individuals and document that they are informed of their right to appeal annually.	A review of case files confirms that this recommendation was implemented by Olmsted County. Ninety-one percent of applicable case files contained documentation confirming information on competitive employment opportunities was provided annually. Also, 95% of case files reviewed contained documentation that a person received information on his/her appeal rights.
Consider using contracted case management services to expand your ability to provide culturally appropriate services to participants.	Olmsted County has not implemented this recommendation. They use a private contracted agency for a small number of cases that pose a conflict of interest.
Expand the scope of visit sheets to include standard questions to document satisfaction and provider performance.	Visit sheets continue to be used only in some programs and by some case managers, depending on his/her preference.
When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these individuals.	Olmsted County reports that this model has been in place since 2003 for individuals they believe this model fits well for. Some individuals have one case manager (called a bridge worker), while others have two separate case managers. The decision is made based on each individual’s situation and needs.
Work to ensure that each person’s needs, along with health and safety concerns are well documented in the support plan.	The lead agency stated that they implemented this recommendation, which pertained to individuals on the EW waiver receiving 24 Hour Customized Living. The specific reasons as to why a person needs this level of care are documented in the CSSP and Customized Living Rate Tool.

During the previous review in 2012, the lead agency received corrective actions for three areas of non-compliance. Since that time, the lead agency has implemented practices to correct two of the three areas: drafting back-up plans for individuals on the CAC, CADI and BI waivers, and documenting that

individuals receive information on their appeal rights annually. However, completing initial assessments within the timeframes laid out in statute continues to pose a challenge for the lead agency. Olmsted County's overall performance demonstrates that it remediates issues to improve its compliance HCBS program requirements.

Strengths

The following findings focus on the strengths observed during the recent review of Olmsted County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in its community, Olmsted County continues to create positive results for the people receiving services.

Olmsted County is utilizing technology to improve efficiencies. This lead agency utilizes a central electronic content management system across its Public Health and Human Services Departments, PH-Doc, for the AC and EW programs. The HCBS Lead Agency Review team found this system to be well-organized. It allows for streamlining and real-time updates from local hospitals and clinics. This will also allow supervisors and case managers to easily access all case file documentation for internal auditing and monitoring.

Olmsted County has established processes, structures, and systems to effectively manage allocations and minimize waitlists, including centralized rate setting with providers. The county has a long-established protocol to ensure that individuals are receiving the proper level of services and supports. This in turn allows the county to better manage its waiver funds for sustainable and maximum participation. An added benefit of this process is the increased collaboration and consultation that occurs between case managers and supervisors before a decision is made about waiver funding or service authorization. This has allowed them to successfully manage program budgets while meeting the needs of the people in their community.

Olmsted County HCBS staff continue to have strong relationships with service providers and other community service organizations. Case managers and assessors are knowledgeable about local resources and have developed good working relationships with providers. Lead agency supervisors strengthen these relationships by establishing recurring meetings to discuss issues and by attending meetings with community stakeholders. The case managers are in frequent communication with providers about the needs of the people they are serving. They have deliberately built strong relationships with providers in and outside of the county borders. These relationships assure that providers are responsive to peoples' changing needs and are willing to stretch to ensure that a person's needs are met.

Olmsted County's staff collaborate across departments and units to serve people receiving waived services. Case managers shared that the relationship between social workers and public health nurses is strong. They rely on each other's expertise and knowledge when serving the people on their caseloads. They also report good communication with financial workers, as evidenced by the successful implementation of a centralized email address for questions and issues. The use of bridge workers for some individuals open to both adult mental health targeted case management and a waiver provides specialized and comprehensive care for these individuals. Also, the recent specialization of case managers by MCO has allowed staff to focus more on specific program knowledge. These strong working relationships and practices heighten the level of quality of the services delivered.

Olmsted County has the capacity to serve people with high needs in community settings. The county serves a greater proportion of participants with high needs in the CCB and elderly programs when compared to its cohort and the statewide average. The county ranked second out of 87 counties in the percent of CCB waiver participants having higher needs (93.2%) and fourth out of 87 in the

percent of elderly waiver participants having higher needs (77.1%). The lead agency's proximity to Mayo Clinic and its robust network of providers attribute to their ability to serve people with high needs in the community.

Recommendations

Recommendations are developed by the Lead Agency Review Team, and are intended to prompt improvements in the lead agency's administration of HCBS programs. The following recommendations could benefit Olmsted County and people receiving services.

Adopt a support plan template to create a document that is meaningful and person-centered. Also, take advantage of newly designed Person-Centered Planning and Thinking training opportunities. The support plan is the one document that all people receive, which contains personalized and detailed information about their plan of care. The case manager, in collaboration with the person and others he/she wishes to involve, is responsible for drafting the support plan. This is an opportunity to ask people about their dreams, where they want to live and work, and how they want to spend their free time. Once these details are documented in the support plan, this information can be used to establish meaningful and customized goals. It is recommended Olmsted County set expectations for the quality and content of support plans to create consistency across the lead agency. For example, using DHS-6791B would allow the lead agency to meet compliance requirements and enhance the usefulness of this plan for people and providers.

In addition, it is suggested that Olmsted County seek out person-centered training for their staff and work towards redefining what it means to provide person-centered services. This may involve changes in its agency practices, changes in how it works with other community partners, and changes in how it drafts HCBS support plans. As trainings are scheduled, they are announced via DHS listservs. Face-to-face person-centered trainings are also available through DHS's training partner, the Institute on Community Integration, while on-demand trainings are available through the College of Direct Supports.

Enhance the internal case file review process for people with disabilities. Currently, there are several people and processes in place for conducting internal technical compliance reviews. It is recommended that the lead agency update its processes within its departments to create more consistency and organization to ensure all programmatic requirements are being met. If an internal file review process is applied across all HCBS programs, supervisors could more easily monitor compliance. Other lead agencies have also had success with creating a case file checklist to assist case managers in making sure all required documentation is completed at the appropriate time. A peer review process could also be utilized to monitor quality and to promote a culture of continuous improvement amongst staff.

Expand lead workers to provide needed supports for HCBS case managers to help stay current on rapidly changing programs. Olmsted County successfully utilizes a lead worker position, who acts as a subject matter expert and new employee mentor, in the elderly programs. LTSS programs in Minnesota have undergone a significant number of major changes in recent years, and Olmsted County supervisors have seen increases in the number of staff they oversee. Supervisors, case managers and assessors in Olmsted County would benefit from additional support in keeping up-to-date with the HCBS programs, fee-for-service waivers, and emerging initiatives. Creating a lead worker for the disability waiver programs would provide additional oversight for waiver case managers, conducting internal file reviews, and disseminating information from trainings and bulletins.

Use waiver programs to enhance the supportive services Olmsted County can offer children who require ongoing supports and their families. This age group is an emerging population for many lead agencies, as children and families with complex needs turn to counties for help. Currently, only 7% of Olmsted County's CCB and DD programs is under 22 years of age, notably less than its cohorts and other larger counties. Olmsted County will need to be proactive in endorsing CADI and DD waivers for children and transition-aged youth. This may include further education on services that are offered through these programs that are especially useful for children and their families, such as CDCS, Behavioral Supports, and respite. This may also include continuing to foster their relationships with area schools to educate staff on waiver programs and encouraging referrals for struggling families.

Continue to increase community-based employment opportunities for people on the DD and CCB waivers. The State's Olmstead Plan establishes benchmarks for all counties to increase the number of people with disabilities earning income through community based employment. Olmsted County's benchmark will be 12 people per year. Olmsted County has been successful in recent years at increasing the number of people with earned income in due in large part to its close partnerships with providers and other stakeholders in the community. Olmsted County can capitalize on these good relationships and maintain its focus on increasing the number of people with competitive employment, which would include people with mental illnesses and those of transition age. It is recommended Olmsted County continue working with providers to reduce their use of center-based employment and developing more opportunities that result in higher wages.

Work with existing waiver providers in your community to develop service options for people wanting alternatives to foster care. Olmsted County serves a higher percentage of people with disabilities and seniors on HCBS waivers in restrictive residential settings when compared to its cohort. It is recommended the lead agency work with its existing providers to develop service models aimed at meeting the needs of people in the most integrated settings possible. Services such as Supportive Living Services, Independent Living Skills, 24-Hour Emergency Assistance, and Housing Access Coordination are designed to help people access and maintain housing while building skills. By growing local qualified providers, Olmsted County residents will be able to utilize different levels of supports and have meaningful options about where and with whom they want to live. This will also free up corporate foster care capacity so it can be re-used to more effectively respond to emerging needs relating to crisis services and services for youth.

Corrective action requirements

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements¹. A corrective action plan must be developed and submitted to DHS, outlining how the lead agency will bring all items into full compliance. The following are areas in which Olmsted County will be required to take corrective action. Because some items below were previously issued, it is recommended Olmsted County review past submissions to ensure the corrective action plan will result in a compliant result this time.

- **Complete LTSS MnCHOICES assessments within 20 days of referral.** MN Statute 256B.0911 requires that assessments be conducted within 20 days of the request. For people who newly opened to a waiver program in SFY 2015, 18% were not assessed within this time frame. This includes 10 of 61 (16%) for CCB, 13 of 71 (18%) for EW/AC and 2 of 7 (29%) for DD. Completing assessments and eligibility determinations within 20 days helps ensure prompt access to those

¹ In instances where five or fewer cases are reviewed, compliance is reported as a percentage.

needing services. As a past corrective action, this continues to pose challenges for Olmsted County.

- **Include details about the person's services in the support plan.** For each service in an individual's support plan, the following information must be included per MN Statute 256B.0915 and MN Statute 256B.092: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost). Overall, 40% of cases reviewed across all programs contained did not contain all of the required service information. This includes: 22 of 40 CADI, 5 of 7 BI, 35 of 48 DD, and 1 of 45 EW cases. This information is the minimum required to ensure people are informed about the services they will be receiving.
- **Conduct face to face visits in accordance with program requirements.** In the disability programs, DHS's federally approved waiver plans for the CAC, CADI, and BI programs require case managers have at least two face-to-face contacts with each person within the year, and Minnesota Rule 9525.0024 further requires DD case managers conduct a monitoring visit on at least a semiannual basis. In the elderly programs, the federally approved waiver plans require case managers conduct one face to face visit per year. Overall, 10% of the individuals reviewed across all programs were not visited within the required timeframes. This includes: 1 of 9 CAC, 2 of 40 CADI, 2 of 7 BI, and 11 of 48 DD cases. Face to face visits provide case managers with an opportunity to build relationships and monitor each person's health and safety.
- **Ensure that each person's support plan includes outcomes and goals.** Minnesota's statute, rule, and federally-approved waiver plans require the case manager develop, along with the person, a support plan that contains specific information about the person including health and safety risks, assessed needs, preferred services, and goals. Overall, 12% of CSSPs reviewed did not contain outcomes or goals. One of 9 CAC, 8 of 40 CADI, 2 of 7 BI, 7 of 48 DD, and 1 of 45 EW case files did not include a support plan drafted by the case manager with goals for the person. The support plan should be a customized document written for the person that outlines the person's goals and how waiver service providers will help the person accomplish those goals.
- **Include a back-up plan in the support plan for all people receiving HCBS waiver services.** Minnesota's federally approved waiver plans require case managers develop emergency back-up plans to address unexpected events. Overall, 6% of cases reviewed across all programs did not contain this information. This includes: 1 of 9 CAC, 2 of 40 CADI, and 7 of 48 DD cases. The back-up plan should include: 1) a medical contact such as physician or preferred admitting hospital; 2) an emergency contact person; and 3) back-up staffing plans in event that primary staff are unable to provided care.
- **Obtain signed documentation the person received information on how his/her private data will be used,** as per MN Statute 256B.0911 and 13.04. Overall 13% of cases were missing this information. One of 9 CAC, 4 of 40 CADI, and 16 of 48 DD case did not have documentation that the person had been informed of the county's privacy practices in accordance with HIPAA within the past year. This is required to ensure that people understand how the private information they share with lead agency staff, as a part of assessment and care planning, will be used and protected by the county.
- **Complete the BI Waiver Assessment and Eligibility Determination form (DHS – 3471) for all persons not assessed through MnCHOICES.** DHS's federally-approved waiver plans required that this form be completed annually to determine eligibility for this specialized waiver program. Three of seven BI cases (43%) did not contain this complete and current form. The signatures on

this document confirm that the person and assessor verify BI eligibility requirements have been met for the current year's waiver span.

Required remediation

Findings indicate that some case files do not contain all required documentation. Olmsted County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), which was given to the lead agency, provides detailed information. All items are to be corrected by within 60 days of the site visit and verification submitted to the Lead Agency Review Team to document full compliance. This is due to DHS on February 9, 2016.

- **Case File Compliance Worksheet:** 86 of 159 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** 100% of cases reviewed require remediation.
- **Positive Support Transition Plan Compliance Worksheet.** 5 of 8 cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet.** 24 of 28 claims reviewed require remediation.

Appendix A – Case file results dashboard

Required Items	Total	AC	EW	CAC	CADI	BI	DD
Cases in each program are compliant with case management visit requirements .	90%	100%	100%	89%	95%	71%	77%
The support plan is current.	96%	100%	98%	100%	93%	100%	96%
The person signed the current Support Plan .	96%	100%	98%	100%	90%	100%	98%
Person acknowledges choice in services, providers, etc.	95%	100%	98%	100%	88%	86%	98%
A person's outcomes and goals are documented in the support plan.	88%	100%	98%	89%	80%	71%	85%
A person's needs are documented in the support plan.	96%	100%	98%	89%	95%	86%	96%
A person's health and safety concerns are documented in their support plan.	94%	100%	98%	89%	93%	71%	94%
The services a person is receiving are documented in the support plan.	95%	100%	98%	100%	95%	86%	92%
Service details are included in the support plan (frequency, type, cost, & name).	60%	100%	98%	100%	45%	29%	27%
Information on competitive employment opportunities has been provided annually.	94%	N/A	N/A	25%	93%	100%	100%
An emergency back-up plan has been completed within the last year.	94%	100%	100%	100%	95%	100%	85%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) is completed at the time of assessment.	91%	N/A	N/A	75%	100%	100%	N/A
Timelines between assessment and support plan have been met.	93%	100%	93%	100%	90%	86%	100%
OBRA Level One Screening form is completed.	100%	100%	100%	100%	100%	100%	N/A
A current AC Program Eligibility Worksheet is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	98%	100%	100%	100%	95%	100%	98%
Documentation that a person received Right to Appeal information in the last year.	95%	100%	100%	89%	93%	100%	92%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	87%	100%	100%	89%	90%	100%	67%
Application for Title XIX HCBS Waiver Services is completed annually	6%	N/A	N/A	0%	12%	0%	2%
BI Waiver Assessment and Eligibility Determination form) is completed annually.	57%	N/A	N/A	N/A	N/A	57%	N/A

Required Items	Total	AC	EW	CAC	CADI	BI	DD
CAC Application or Request for Physician Certification of Level of Care is completed annually.	100%	N/A	N/A	100%	N/A	N/A	N/A
DD screening document is signed/dated by all required parties.	90%	N/A	N/A	N/A	N/A	N/A	80%
ICF/DD Level of Care is completed within the last year.	94%	N/A	N/A	N/A	N/A	N/A	94%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	50%	N/A	N/A	N/A	N/A	N/A	94%
Documents are signed correctly when a person has a public guardian .	100%	N/A	N/A	N/A	100%	100%	100%

Appendix B – Quality indicators dashboard

The evidence for these findings are found in a person’s support plans, case files, and case notes.

Items Reviewed	Total	AC	EW	CAC	CADI	BI	DD
A person’s dreams are discussed in support plan.	11%	40%	13%	0%	15%	0%	4%
A person’s behavioral/mental health issues are described in the support plan.	64%	50%	44%	44%	75%	57%	79%
A person’s medical health issues are described in the support plan.	86%	100%	91%	100%	83%	43%	85%
Support plan includes natural supports .	68%	90%	80%	78%	63%	29%	60%
Support plan has sufficient details about what is important to the person.	61%	70%	73%	56%	55%	43%	58%
The person’s satisfaction with services and supports is documented.	54%	50%	29%	44%	63%	86%	69%
Case manager documents a person’s issues or life events to better understand the situation.	75%	90%	60%	33%	93%	86%	77%
Support plan clearly reflects values and beliefs of person centered planning.	59%	80%	40%	44%	83%	71%	54%
Support plan identifies and has a plan to reduce personal risks .	78%	90%	87%	78%	73%	14%	81%
Support plan is written in plain language .	94%	100%	93%	89%	96%	100%	92%
The type of preferred work activities are identified in the support plan.	25%	N/A	N/A	0%	26%	14%	30%
The type of preferred living setting is identified in the support plan.	37%	80%	49%	0%	48%	57%	13%
Support plan identifies who is responsible for monitoring implementation of the plan.	82%	80%	93%	67%	63%	71%	92%
Support plan includes a person’s strengths in the support plan.	51%	70%	73%	67%	30%	57%	40%