Round Five Case File Review: List of Items Reviewed

Case file review monitors compliance with requirements for the following HCBS programs: CAC, CADI, BI, DD, AC, EW (MCO and FFS). Measuring the quality of assessment and support planning by lead agencies and their contracted case management providers (if applicable). The Lead Agency Review (LAR) team identifies a random sampling for each program to be reviewed for compliance.

Assessment and Support Planning

Assessment and support planning measures may be found in the person's support plan, assessment, and case notes. Items indicated with an asterisk (*) must be evidenced in a current support plan[1].

Measure		CAC	CADI	BI	DD	EW	AC
1	Documentation that face-to-face waiver case management visits with the person has occurred within the required timelines outlined for each HCBS waiver program (the previous eighteen months of face-to-face visit documentation is reviewed).	X	X	X	X	X	X
2	Current assessment. Note: Legacy DD screening DHS3067 must be signed and dated by all required parties.	X	X	X	X	X	X
3	LTSS Assessment and Program Information and Signature Page (DHS-2727) is completed and signed annually by the person. Does not apply to assessments completed using legacy assessment tools (DHS-3428, DHS-3067).	X	X	X	X	X	X
4	Evidence that right to appeal information has been provided to the person in the last year.	X	X	X	X	X	X
5	Related Conditions Checklist (DHS-3848) is completed annually for people with a related condition.				X		
6	Waiver case manager is not performing the duties of both case manager and public guardian during the assessment and support planning process (Including signing documentation).	X	X	X	X	X	X
7	Timeline between assessment activity date and the date the support was sent to the individual and or rep is less than 60 days.	X	X	X	X	X	X
8	*Support plan (CSSP, Collaborative care plan, MnCHOICES Revision Support plan) was developed in the last year.	X	X	X	X	X	X
9	*Support plan is signed by all required parties (person and/or guardian, waiver case manager, care coordinator).	X	X	X	X	X	X
10	*The needs that were identified in the assessment/screening process are documented in the support plan.	X	X	X	X	X	X
11	*The person's health and safety concerns identified in the assessment process are documented and addressed in the support plan.	X	X	X	X	X	X

[1]The support plan document includes CSP, CSSP, DHS 6791D, Collaborative Care Plan, MnCHOICES Revision support plan and electronic or paper support plan signature sheet. When an individual is receiving CDCS an **approved** CDCS Plan is considered part of the support plan.

Measure		CAC	CADI	BI	DD	EW	AC
12	*Risks are identified and addressed in the support plan.	X	X	X	X	X	X
13	In the last year, the support plan or emergency backup plan identifies an emergency contact AND addresses other elements such as, emergency medical care, provider no-shows, weather conditions, etc. based on the person's needs.	X	X	X	X	X	X
14	*The person acknowledges choices in the support planning process, including choices in providers, services, living and employment settings.	X	X	X	X	X	X
15	*Services to address assessed needs are documented in the support plan (Services may be formal or informal).	X	X	X	X	X	X
16	*Service details are included in the support plan. Service details include; provider name, type, frequency, and cost.	X	X	X	X	X	X
17	*Natural supports and/or services are included in the support plan. Natural or informal supports include unpaid people in the person's life, as well as activities available to everyone in the community.	X	X	X	X	X	X
18	Provider Signatures are acquired, or evidence of two attempts to obtain provider signatures are documented (Based on person's preference to share support plan)	X	X	X	X	X	X

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Development of a Plan that is Person Centered

The support plan must reflect nine of the twelve high impact elements described in the development of a person centered plan according to The Person Centered, Informed Choice and Transition Protocol (DHS-3825) and included below. Items indicated with an asterisk (*) must be evidenced in a current support plan[1].

Measure		CAC	CADI	BI	DD	EW	AC
19	*The support plan includes details about what is important to the person.	X	X	X	X	X	X
20	*The person's strengths are included in the support plan.	X	X	X	X	X	X
21	* The person's preferred outcomes, goals, and skills are documented in the support plan.	X	X	X	X	X	X
22	*The support plan includes a global statement about the person's dreams, hopes, or aspirations.	X	X	X	X	X	X
23	*The support plan incorporates other health concerns (e.g. mental health, chemical health, chronic medical conditions, etc.)	X	X	X	X	X	X
24	*The support plan identifies who is responsible for monitoring implementation of the plan. Including the specific process of how often and by whom the plan will be monitored and reviewed.	X	X	X	X	X	X
25	*Action steps describing what needs to be done to assist the person in achieving their goals.	X	X	X	X	X	X
26	The person's current rituals and routines are described.	X	X	X	X	X	X
27	Social, leisure, religious, cultural activities the person wants to participate in are described.	X	X	X	X	X	X
28	The person's preferred work (aged 14 to 64) is described	X	X	X	X		
29	The person's preferred living setting is described.	X	X	X	X	X	X
30	Opportunities for meaningful choices in their daily life including activities, daily routines, etc. are described.	X	X	X	X	X	X

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Support Plan Record Keeping Process

The support plan must reflect all seven of the high impact elements described in the support plan record keeping process according to The Person Centered, Informed Choice and Transition Protocol (DHS-3825) and included below. Items indicated with an asterisk (*) must be evidenced in a current support plan[1].

Measure		CAC	CADI	BI	DD	EW	AC
31	*The support plan is written in plain language. The plan does not contain acronyms or medical jargon and does not refer to the person as "client" or "member".	X	X	X	X	X	X
32	*The support plan records that alternative home and community-based services were offered to the person.	X	X	X	X	X	X
33	*The support plan includes strategies for solving conflict or disagreement within the process, including any conflicts of interest and strategies that will be used to resolve possible disagreements are described.	X	X	X	X	X	X
34	*The support plan includes a method for the person to request updates to the plan as needed.	X	X	X	X	X	X
35	The person's level of involvement in the planning process is described including their involvement in service and provider selection, establishment of goals, as well as choosing meeting location, time, planning participants and agenda.	X	X	X	X	X	X
36	Documentation that the current support plan (CSSP, Collaborative care plan, MnCHOICES Revision Support plan) was distributed to the person and or guardian if applicable.	X	X	X	X	X	X
37	Documentation that the current support plan was distributed to other people involved, (e.g. planning participants, service providers, informal support, etc.) based on the person's preferences.	X	X	X	X	X	X

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Informed Choice in Housing and Employment

These measures are monitored in relation to the Home and Community Based Services informed choice policy. Evidence may be found anywhere in the person's file including the support plan, assessment, and case notes.

Measure		CAC	CADI	BI	DD	EW	AC
38	Has the person chosen a different living arrangement than their current living arrangement? If so, transition planning is/has taken place to facilitate choice.	X	X	X	X		
39	Has the person (adult 18 and older) chosen a different living arrangement than their current living arrangement? If so, were they offered the opportunity to live independently	X	X	X	X		
40	The person's (aged 14 to 64) postsecondary education, employment, and career goals are **assessed** annually.	X	X	X	X		
41	The person (aged 14 to 64) was offered annually the **opportunity** to make an informed choice to pursue postsecondary education or competitive employment.	X	X	X	X		
42	The person (aged 14 to 64) was provided annually **information** to make an informed choice to pursue postsecondary education or competitive employment	X	X	X	X		
43	The person's (aged 14 to 64) **decisions** about postsecondary education or employment are documented.	X	X	X	X		

Transition (Move) Requirements

These measures apply when the individual has experienced a move. As outlined in part two of The Person Centered, Informed Choice and Transition Protocol (DHS-3825) additional planning is required when a person has moved. This planning must be documented using the "My Move Plan Summary" (DHS-3936) unless the person opts out or there is documentation that the case manager was not aware of the move.

Measure		CAC	CADI	BI	DD	EW	AC
44	My Move Plan present for individuals that moved within the 18 months of the review	X	X	X	X	X	X
45	During transition planning, there is evidence that the person was provided information and options to make informed choices that were meaningful to them. (May be documented anywhere in the file)	X	X	X	X	X	X

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