

FAQ: Lead Agency Review (LAR)

DHS developed the HCBS Lead Agency Review (LAR) process to determine how these programs are operating and meeting the needs of the people they serve. This evaluation process helps DHS assure compliance by 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. Included in this document are questions that are frequently asked of the DHS LAR Team.

Pre-Visit

Who is reviewed and how frequently does a review happen?

Any lead agency (county or tribal nation) that administers Home and Community Based Services (HCBS) waiver programs. Each lead agency will be reviewed approximately every 3 to 4 years (this is called a “round”). Round 4 of lead agency review began in 2019 and is scheduled to wrap up at the end of summer 2023. The 5th round of reviews is anticipated to begin in the spring of 2024.

How can I find out when my Lead Agency will be reviewed?

The lead agency review team posts a tentative schedule on the project website: [Round Four Tentative Lead Agency Review Schedule](#).

When will my agency be notified of a scheduled review?

Lead agencies are notified 60-90 days prior to the scheduled Lead Agency Review. The review process is meant to be collaborative in nature, as outlined in the [LAR foundational principles](#).

Review

Will the review be done completely remote?

Yes, currently all aspects of the review will be completed in a virtual format using the WebEx platform. Documents for review will be shared with DHS via Axway, a secure file transport system.

What kind of data does the Lead Agency Review Team share as part of the LAR process?

The LAR Team shares annual Long-term Services and Supports (LTSS) data as part of the review, to evaluate Lead Agency performance with key outcome measures. Some of these dashboards and data are currently available to the public and can be found on the [DHS partners and providers page](#) as well as the [Reports and Data](#) section of the LAR Website.

I was asked to be a part of a focus group, what does that involve?

The purpose of the case manager and assessor focus group is to discuss trends, barriers and opportunities within the community and explore policy practices and protocols. Focus group details including agenda and materials will be sent out via email prior to the scheduled focus group. Additionally, prior to the focus group, participants will be asked to submit responses to questions via Padlet, an online message board platform. This helps to initiate and guide the conversation during the focus group.

Our staff would like to learn more about the LAR process and have questions, who should we contact?

The LAR Team looks forward to opportunities to work with Lead Agencies to prepare for a review whenever possible. We suggest lead agencies reach out to their Regional Resource specialists to inquire about LAR presenting at a Community of Practice or regional meeting near them. This allows LAR to meet with multiple lead agencies at once and maximize the opportunity for questions by lead agency staff. In addition, we welcome any questions via our LAR email at dhs.leadagencyreviewteam@state.mn.us

Case File Review

Are the cases LAR reviews a surprise?

The lead agency review (LAR) team does a random sampling for each program and reviews those cases for compliance during the review process. The LAR team sends a list of the cases that will be reviewed to the primary contact that was indicated during initial conversations with the lead agency. The cases reviewed (sample) typically includes about 10% of the entire program size. For example if there are 100 people be served through the CADI waiver program, the LAR team would review about 10 CADI cases. LAR will review a minimum of 10 cases per program; or if the program size is less than 10 LAR will review all cases within that program. This list is provided at least 30 days before the LAR team visits.

What will the LAR Team be reviewing in case files?

Case file review identifies compliance with program requirements for CAC, CADI, BI, DD, EW (MCO and FFS) and AC programs; assessing the quality and consistency of assessment and support planning by the lead agency. You can see the [List of items that are reviewed](#) by the LAR team by visiting the LAR project website and finding the case file review protocol.

What time period does the LAR Team review when looking at case files?

When the LAR team is reviewing case files, evaluators look at the previous 18 months of case notes, the most current assessment, and the current active support plan (CSP and CSSP or Collaborative Care Plan) that correlates with the current assessment.

What does the LAR Team mean by Support Plan?

The support plan document includes a signed and dated CSP and CSSP, or Collaborative Care Plan. When an individual is receiving CDCS an approved CDCS Plan is part of the support plan.

Does the LAR Team review Provider CSSP Addendums?

No, the LAR team does not review provider addendums or documentation of any kind. The LAR project's purpose is to review and monitor Lead Agencies, which does not include provider requirements.

When the LAR team is looking for a dream statement, does it have to have the word "Dream"?

No, the word "Dream" is not required to be used in a dream statement. The dream statement is required to be evidenced in the support plan. LAR is looking for statement about the person's dreams, aspirations or long-term priorities that is future oriented. If the individual is non-verbal or otherwise unable to articulate a dream statement, it is appropriate to ask the guardian/family/caregiver, but the dream statement must be from the individual's perspective. "The guardian thinks they would like _____" vs "The guardian would like _____ for them."

What is considered to be a strength?

Specific positive behaviors, attributes, skills, gifts, and strengths about the person are described. This should be tied back to a description about the person such as "skilled cook" vs "loves to cook" or "Able to maintain strong relationships" vs "Having a supportive family".

When the LAR team is looking for "Rituals & Routines", what information is LAR looking for?

LAR team is looking for a statement regarding regularly scheduled activities, daily preferences, or routines. This information must include when the ritual/routine occurs such as daily, weekly, nightly, etc. Examples of meeting this measure would be: "... prefers to watch wheel of fortune weeknights" "...prefers to shower in the evenings", "...enjoys a cup of coffee first thing in the morning".

Where does LAR look for "monitoring measure" in the support plan during the review?

The [List of items that are reviewed](#) document on the LAR project website provides an overview of which measures LAR is currently monitoring. Any measures indicated with an asterisk (*) must be found in the individual's support plan; this includes the monitoring statement. The Language in the 2021 Minnesota Statute 256B.092 about monitoring of support plan states that the case manager is required to provide "evaluation and monitoring of the services identified in the [plan]." Here is an example of a monitoring statement that would meet compliance: "Case Manager will create and implement the support plan and make referrals for services as needed, and will monitor the services in the plan to ensure that the services offered will meet the assessed needs. Case Manager will review plan with individual at least twice a year and will update the plan as needed."

When the LAR team is looking for needs identified, what are they looking for?

The most frequent and ongoing area of noncompliance is the requirement that all assessed needs identified in the assessment process be addressed within the support plan. Each individual need should be explicitly outlined

within the support plan (CSP/CSSP, CCP) avoid phrases such as “all ADLs” or “total assistance” and even if the need is managed informally it should be addressed in the support plan.

What is the Timeliness Measurement?

In Jan. 1, 2020, the LAR team modified the monitoring of this measure to align with Minn.Stat 256B.0911, subd.3a (e) regarding assessment and support planning. The CSP and CSSP is required to be completed within 60 days of the assessment or eligibility update (measured using the date of the assessment or eligibility update to the date the CSSP is sent to the person and or rep). To aide LA’s in identifying areas within their internal processes that impact compliance with the timeline we’ve developed a timeline dashboard.

Which provider signatures is the LAR team looking for?

The LAR team looks for provider signatures of those providers the person has identified on the 6791D that they want to share their plan with. Avoid using see “ROI” in this section of the 6791D and avoid listing providers the person is not currently using (even if a provider is no longer providing the service but is listed on the 6791D the signature is still required). LAR team will review case notes to verify at least 2 documented attempts to obtain signature if provider signatures are not found on 6791D.

Is there an example CSP or CSSP that we can use for training and consultation discussion?

There are two examples of the CSP and CSSP on the [MnCHOICES CountyLink](#) website. These examples were prepared by assessors and case managers, supporting complex individuals. They were reviewed and adapted by DHS Disability Services, MnCHOICES Assessment and Lead Agency Review staff to provide a comprehensive support plan example that can be used as a tool for discussions, trainings, and collaborative consultation. They are not intended as a template or a means of copying specific support planning phrases.

Do I need to use the person’s name in the support plan?

The LAR team does not currently monitor for the use of the individual’s name. An area that is measured includes the use of plain language. As defined, Plain Language is a communication which an audience can understand the first time they read or hear it, providing Minnesotans better services by reducing confusion, saving time, and improving satisfaction. To achieve that, the following steps must be taken:

- Use language commonly understood by the public;
- Write in short and complete sentences;
- Present information in a format that is easy-to-find and easy-to-understand; and
- Clearly state directions and deadlines to the audience.
- Avoid the use of acronyms unless you spell it out first. For example, “John lives in a Community Residential Service (CRS) program. His CRS staff will...”

Do the goals in a support plan need to be SMART? Do they need to match the providers?

No. The LAR team monitors two measures that are related to goals at this time. The first is that there is any goal or outcome included in the plan. The second is whether goals and outcomes are related to the individual's preferences, as identified by what is important to them and information shared by the assessor and case manager.

Is the EW – Residential Services Tool considered part of the support plan?

Per directions from DHS policy partners, an approved EW RS tool is an extension of the support plan (CSP/CSSP or Collaborative Care of Plan) and therefore, Lead Agency Review considers this document as part of the support plan provided there is evidence that the RS tool is given to the person and/or their legal representative.

Post-Review

Where can I find the final reports for previous Lead Agency Reviews?

Reports from [previous Lead Agency Reviews](#), including summary reports from the entire review can be found on the LAR project website in the findings section.

What is remediation?

While corrective actions are at a program level, remediation occurs at the case file level. When a case file is reviewed and found to be missing information, DHS requires lead agency staff to correct and amend case files to meet all monitored compliance measures. Lead agency staff are given 60 days from the end of the lead agency review to complete remediation. Lead agency supervisors, directors or managers are then asked to verify that the remediation is complete and notify DHS on what date the remediation took place. DHS provides this information the Centers for Medicaid and Medicare when renewing waiver plans to show an overall culture of compliance.

What is a corrective action plan and when do I need to have it completed by?

Corrective actions are required when evidence of repeated non-compliance is determined through the case file review process. Corrective actions are issued to lead agencies and are programmatic rather than action needed on individual case files. Once a lead agency has received the final Lead Agency Review report for their review, lead agencies have 10 days to submit a Corrective Action Plan (CAP) to DHS. Lead agency's CAP must address each of the corrective actions identified in the report, including their plan to address that particular issue systemically with their staff. If a CAP is required, a template will be provided.