

Round 4 case file compliance dashboard

REQUIRED ITEMS	TOTAL	AC	EW	CAC	DD	ВІ	CADI
Total Cases Reviewed	6851	795	1479	445	1667	544	1921
Documentation that face to face visits with the person has occurred within the required timelines for each HCBS program.	99%	100%	100%	99%	98%	98%	99%
Current Assessment - LTCC (DHS-3428), DD (DHS-3067) or MnCHOICES Assessment.	100%	100%	100%	100%	99%	100%	100%
ICF/DD Related Conditions Checklist (DHS-3848) is completed annually for a person with a related condition.	79%	N/A	N/A	N/A	79%	N/A	N/A
A current AC Program Client Disclosure Form (DHS-3548) is completed annually.	99%	99%	N/A	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet (DHS 2360/A) is completed annually.	99%	99%	N/A	N/A	N/A	N/A	N/A
Documents are signed correctly when a person has a public guardian.	97%	N/A	100%	100%	97%	96%	97%
Documentation that a person received Right to Appeal information in the last year.	99%	100%	99%	99%	100%	99%	99%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person.	95%	97%	94%	94%	97%	94%	95%
Timelines between assessment and support plan have been met.	72%	77%	79%	72%	68%	64%	70%
The support plan (ISP, CSSP, etc.) was completed in the last year.	97%	97%	98%	95%	96%	95%	96%
The current support plan was signed by all required parties.	97%	97%	98%	95%	96%	95%	96%
The person's outcomes and goals are documented in the person's support plan.	96%	96%	98%	95%	96%	95%	96%
The needs that were identified in the assessment/screening process are documented in the support plan.	83%	84%	75%	84%	85%	87%	86%
A person's health and safety concerns are documented in their support plan.	96%	96%	98%	95%	96%	94%	96%

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*Natural supports and/or services are included in the support plan.	96%	97%	98%	95%	96%	95%	96%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	96%	96%	98%	95%	96%	94%	96%
The services a person is receiving are documented in the support plan.	96%	96%	97%	95%	96%	95%	96%
Service details are included in the support plan (frequency, type, cost, and name).	92%	94%	94%	93%	89%	92%	93%
An emergency back-up plan has been completed within the last year.	99%	99%	99%	99%	99%	98%	99%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	96%	96%	98%	95%	95%	94%	95%
Provider Signatures were requested or evidenced as part of the support planning process.	90%	88%	89%	78%	93%	88%	89%
*For those who chose a different living arrangement than their current living arrangement, a plan is in place on how to help the person move to their preferred setting.	98%	100%	99%	100%	98%	94%	99%
*Information on competitive employment opportunities is provided to people annually.	100%	N/A	N/A	100%	100%	100%	100%
*The person was provided information to make an informed decision about employment.	99%	N/A	N/A	99%	99%	99%	99%
*The person was offered experiences to help them make an informed decision about employment.	99%	N/A	N/A	99%	98%	99%	99%
*A decision about employment has been documented.	99%	N/A	N/A	100%	99%	100%	99%
*My Move Plan present for individuals that moved in the past year.	82%	85%	77%	79%	81%	87%	83%
Support Plan Developed using Person Centered Planning elements. (Need 9 of the following 12 measures)	95%	95%	95%	93%	95%	93%	95%
**The support plan includes details about what is important to the person.	96%	97%	98%	95%	96%	95%	96%
**The person's strengths are included in the support plan.	86%	86%	79%	90%	90%	89%	87%
**The support plan describes goals or skills that are related to the person's preferences.	94%	95%	94%	93%	94%	94%	95%
**The support plan incorporates other health concerns e.g.; mental, chemical, chronic medical.	96%	96%	98%	95%	96%	93%	96%

REQUIRED ITEMS	TOTAL	AC	EW	CAC	DD	ВІ	CADI
**The support plan includes a global statement about the person's dreams and aspirations.	79%	83%	65%	79%	78%	84%	87%
**The support plan identifies who is responsible for monitoring implementation of the plan.	85%	83%	89%	82%	84%	83%	84%
**Action steps describing what needs to be done to achieve goals or skills are documented.	99%	99%	99%	97%	99%	98%	99%
**The person's current rituals and routines (quality, predictability, and preferences) are described.	82%	78%	82%	78%	86%	86%	78%
**Social, leisure, or religious activities the person wants to participate in are described.	99%	99%	99%	100%	99%	100%	99%
**The person's preferred work activities are identified.	99%	N/A	N/A	99%	99%	99%	99%
**The person's preferred living setting is identified.	100%	100%	100%	100%	99%	100%	100%
**Opportunities for choice in the current environment are described.	100%	100%	99%	100%	99%	100%	100%
Support Plan was developed using person centered record keeping and documentation. (Need all 7 following measures.)	88%	92%	91%	86%	87%	85%	88%
***The support plan is written in plain language.	96%	96%	97%	95%	96%	94%	95%
***The support plan records the alternative home and community-based services that were considered by the person.	98%	99%	98%	96%	98%	97%	98%
***The support plan includes strategies for solving conflict or disagreement within the process.	96%	96%	98%	95%	96%	95%	96%
***The support plan includes a method for the individual to request updates to the plan.	96%	96%	98%	95%	96%	95%	96%
***The person's level of involvement in the planning process is described.	100%	100%	100%	100%	100%	100%	100%
***Documentation that the plan was distributed to the individual.	90%	92%	93%	87%	88%	85%	90%
***Documentation that the plan was distributed to other people involved.	96%	96%	96%	92%	97%	96%	95%

Key:

A green shaded box indicates full compliance. Boxes marked 100% but no green color indicates compliance at or above 99.5%.

^{*}Not requiring Corrective Action Planning at this time

^{**}Measure is part of the overall category of: Support Plan Developed Using Person Centered Planning

^{***}Measure is part of the overall category of: Support Plan Developed Using Person Centered Record Keeping N/A - No case files reviewed that reflected this measure

An orange shaded box indicates a measure below 86% and requires corrective action A yellow shaded box indicates measure is below the level for compliance but not required for corrective action planning.